

# Quality of Life in Married Women: Religiosity and Psychological Immune System as Predictors

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**Abstract.** Women are known to be particularly susceptible to mental health issues, which can have a detrimental impact on various aspects of their lives, including physical, psychological, and social well-being. To enhance their quality of life, it is crucial to identify protective factors such as religiosity and psychological immune. Therefore, this research explored the relationship between religiosity, psychological immune system, and married women's quality of life. The research employed a quantitative correlational approach, with data collected from 207 married women aged 22-63 years who identified as Muslims using the convenience sampling method. Based on SEM Partial Least Square analysis, it was concluded that religiosity indirectly affects quality of life through psychological immune system with a t value of 4.722 ( $p = .000$ ) and a total effect t value of 2.803 ( $p = .003$ ). Increasing religiosity is important in improving psychological immune system to improve quality of life.

**Keywords:** Quality of life, religiosity, psychological immune system

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## Introduction

Women are an important and strategic element for the nation. Therefore, they should have a high quality of life, especially married ones. This is crucial as it directly impacts the overall quality of family life. A good quality of life will help married women achieve happiness and satisfaction (Novianti et al., 2020) and increase life expectancy (Widiastuty, 2019). In rural China, Huang et al. (2018) discovered that married women reported a low quality of life, primarily due to advanced age, chronic illnesses, stress-related insecurities, and limited income. Similarly, research conducted in Indonesia during the Covid-19 pandemic by Purba et al. (2021) revealed that married men tended to have a higher quality of life than married women.

The Covid-19 pandemic has had a profound impact on the lives of people, particularly on married women. The effect is continuous, ranging from economic factors to biopsychosocial aspects. Research conducted by Omar et al. (2021) revealed that women experienced severe levels of depression, anxiety, and stress compared to men during the pandemic. Similarly, Gupta's research (2021) on women in India during the pandemic found that married ones experienced severe depression and stress compared to unmarried and divorced. These three groups

experienced severe anxiety. Gupta (2021) also stated that housewives and women employed in the private sector reported higher levels of depression and stress compared to those working in the public sector. These results illustrated that the pandemic greatly affected psychological condition of women.

According to a survey conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) in collaboration with Indosat and submitted by the Ministry of Women and Children Empowerment (2020), the Covid-19 pandemic has worsened women's economic vulnerability and gender inequality in Indonesia. This survey also found that although men experienced a decrease in income by 80% and women by 82%, men still benefited from income sources. In terms of informal work, women (36%) had to reduce paid work hours compared to men (30%). Furthermore, the implementation of social restrictions by the government has resulted in people spending more time at home. The survey showed that 69% of women spent their time primarily on childcare and accompanying children, compared to 61% of men. This situation highlights the increased burden of domestic responsibilities that women bear, impacting their physical, mental, and emotional well-being. The survey

further indicated that 57% of women experienced anxiety due to the added pressure of housework, caregiving, unemployment, income loss, and even gender-based violence. Megatsari et al. (2020) explained that when compared to men, married women have a higher level of anxiety.

Women are known to be particularly susceptible to mental health problems. Negative mental health can hamper their ability to engage in daily activities, limit their mobility, and give rise to physiological and psychological challenges, ultimately diminishing their overall quality of life. Quality of life is intricately connected to physical, psychological, and social health. According to preliminary studies, stress, anxiety, depression, and other psychological pressures in women during the pandemic underscore the significant decline in their quality of life.

The World Health Organization explained quality of life meaning as the perception of individuals and their position in life. This is in the context of their culture and value system, relating to goals, expectations, standards, and interests. The notion of quality of life encompasses multiple domains, such as physical, emotional, social, vocational, and academic functioning. Psychologists further defined quality of life as fulfilling and attaining personal goals and objectives (Alhamed, 2021).

Quality of life can be measured through two main indicators, namely subjective and objective. Subjective quality of life refers to an individual's well-being and overall satisfaction with their living conditions based on personal perceptions. Meanwhile, objective quality of life is determined by more tangible factors related to material, social status, and physical well-being. This indicator encompasses various aspects of individual life, such as health, income, home quality, friendship networks, activities, social roles, etc (Susniene & Jurkauskas, 2009). According to Renwick et al. (in Alborz, 2017), quality of life is a multidimensional and dynamic concept that continuously interacts with the environment. In addition, Renwick et al. (in Alborz, 2017) further divided the components into three, namely 1) being, including physical health status, psychological well-being, and spiritual values. 2) belonging, such as the physical environment, social environment, and community resources. 3) becoming, comprising of practical activities such as household chores, learning, and recreational activities, as well as the development of skills and knowledge, both formal and informal.

Based on the description above, it can be concluded that quality of life is an evaluation of general welfare conditions in the form of objective and subjective factors related to personal goals, expectations, and standards. Mielck et al. (in Endarti, 2015) stated that the economic effect of a disease can

be calculated through quality of life when viewed from health economics.

Achieving a high quality of life is not an easy task, as evidenced by the research conducted by UN Women (Ministry of Women and Children Empowerment, 2020). According to them, women's low quality of life during the pandemic is linked to their roles within the household and as mothers, which often entail greater domestic responsibilities than men. Numerous studies have demonstrated that the health challenges faced by married women, both pre-pandemic and during the pandemic, primarily revolve around psychological aspects. These challenges can have long-lasting effects, threatening their overall quality of life. Therefore, married women must possess strong protective factors to help them cope with stressors effectively. Among the protective factors needed are psychological immune system and religiosity. As described by Oláh (as cited in Essa, 2020), psychological immune system serves as psychological defense mechanism that aids individuals in managing stress. Oláh (as cited in Attaran et al., 2018) defined it as an integrated structure that draws from personal resources and serves as a personal competence, enabling individuals to withstand environmental stressors. This competence actively enhances well-being by facilitating effective adaptation to changing situations and environments, preparing individuals to confront and overcome challenges. Women with a strong psychological immune system are better equipped to manage psychological pressure, even in severe problems. According to Takacs et al. (2021), psychological immune system assists individuals in understanding the cognitive effects on mental and physical health, focusing on the interpersonal and environmental effects.

Oláh's psychological immune system (as cited in Attaran et al., 2018; Essa, 2020; Takacs, 2021) consists of three interacting subsystems, namely Approach-belief subsystem (ABS), Monitoring-creating-executing subsystem (MCES) and Self-regulating subsystem (SRS). 1) Approach-belief subsystem, a component that provides a positive definition of the self as a competent, goal-oriented, and continuously evolving agent, such as positive thinking, confidence in action, understanding, meaningfulness of the environment (sense of control and coherence), as well as strong motivation for self-actualization and self-expansion (sense of self-growth). 2) Monitoring-creating-executing subsystem, a component that encourages exploration of the physical, social, and intrapsychic environment for new challenges, experiences, creative self-concept, and social mobilization capacity to achieve the balance between environmental demands and long-term individual goals. This is in addition to the ability to find alternative solutions, goal orientation, problem-solving, and social

capacity. 3) Self-regulating subsystem is the ability to control urges, observe situations effectively, mobilize, and control emotions and irritability.

Religiosity is a protective factor that contributes to achieving a healthy life and overall well-being of humans. In language, religiosity means piety, warmth, and *tadayyun*, signifying adherence to God's commands and refraining from His prohibitions (Suryadi & Hayat, 2021). Pargament (Fridayanti, 2015) divided religiosity into two dimensions, namely personal and social. Corvelyn and Luyten (as cited in Fridayanti, 2015) stated that personal religiosity combines theological principles with psychological and social effects. Mahudin et al. (2016) described religiosity into three essential elements, namely Islam, faith and *ihsan*. Islam is a religious obligation characterized by worship behavior. Faith is a representation of belief and cognitive system in understanding God. Meanwhile, *Ihsan* is the best moral and spiritual actualization of Muslims. These three concepts are interconnected and essential for achieving a balanced religious life.

Numerous studies have investigated the connection between religiosity and quality of life, primarily focusing on samples of individuals with terminal and chronic diseases. Goncalves et al. (2017) conducted systematic review in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. They examined 30 articles that explored the impact of religiosity interventions on quality of life of individuals with chronic diseases. The findings indicated that such interventions had a modest, yet significant, effect on improving quality of life. Research by Al-Natour et al. (2017), specifically on breast cancer patients, found a positive correlation between spirituality and various dimensions of quality of life, including physical, social, and functional well-being. Similarly, Nunes-Reis et al. (2020) investigated the role of religion in enhancing quality of life of women with chronic pain diseases, highlighting its significance in this population.

Peres et al. (2017) conducted research involving the Brazilian population and discovered a positive correlation between religiosity and quality of life. Molina et al. (2020) examined the impact of religiosity, spirituality, and personal beliefs as a health strategy. They found that it effectively reduced depression and significantly improved quality of life among individuals aged 60-70. Based on thematic analysis, Iskandarsyah et al.'s (2021) research on health workers found that religion plays a role as a driver and reinforcement for health workers in improving mental health and quality of life. A literature review conducted by Borges et al. (2021) involving individuals aged 18-64 years who were in good health without chronic diseases found that religiosity was positively associated

with psychological, social, and environmental domains of quality of life. Additionally, some reviewed articles included subjects such as students or couples facing fertility problems.

Based on the information provided, no previous studies have specifically examined the relationship between religiosity, psychological immune system, and quality of life in married women. This gap in research includes aspects such as the measurement of religiosity, psychological immune system variable, the criteria for selecting married subjects, and the research locations. Therefore, this research investigated the impact of both religiosity and psychological immune system on quality of life of married women.

## Methods

This research employed a quantitative research approach using correlational techniques. The target population consists of Muslim married women who fall within the age range of 22-63 years. This age range corresponds to the productive age category as defined by the decree of the Indonesia Health Minister in 2021. The sampling method employed is non-probability convenience sampling, which yielded a sample size of 207 participants. This sampling technique is chosen due to the unavailability of precise population size information and, for the convenience of participants, recruitment based on their willingness to participate (Gravetter & Forzano in Elfil & Negida, 2017).

Data on quality of life was collected using the WHOQOL-BREF scale, which consists of physical, psychological, social, and environmental health domains. (WHO, 2004). The physical health domain includes illness and anxiety, sleep and rest, energy and fatigue, mobility, daily activities, dependence on medication and medical assistance, and work capacity. Psychological health domain measures positive feelings, thinking, learning, memory and concentration, self-esteem, physical appearance and image, negative feelings, and individual beliefs. The social domain comprises personal relationships, social support, and sexual activity. The environmental domain includes freedom, physical safety and security, home environment, financial resources, health and social care, recreational opportunities, environmental activities, and transportation. The scale consists of 26 items, piloted on a sample of married women with item discrimination scores of .399-.743 and a Cronbach's alpha reliability coefficient of .932. An example item is: "How often do you have negative feelings such as loneliness, hopelessness, anxiety, and depression?".

Religiosity Scale developed by Mahudin et al. (2016) consists of three aspects, namely faith, Islam, and *Ihsan*, culminating in 10 items. The item discrimination and Cronbach Alfa values are .466-.753 and .900, respectively. Sample items include: " I strive

to follow the teachings of Prophet Muhammad (PBUH) in worldly and afterlife activities." Psychological Immune System (PIS) scale developed by Oláh (2005, as cited in Bona, 2014) comprises three dimensions, namely the Approach-belief sub-system, the Monitoring-creating-executing subsystem, and Self-regulating subsystem with 16 items. A total of 4 items were invalid ( $< .025$ ), and 12 were valid (.276 - .488), Cronbach Alpha value of .783. Sample items from psychological Immune System scale include statements such as: "I believe that most things happening around me will turn out well in time."

Data analysis was carried out using the SEM-PLS method. The decision to use SEM-PLS was based on several advantages related to its application to various data scales, limited sample size, and fairly complex models, including not requiring some assumption tests (Jaya & Sumertajaya, 2008). The analysis calculations process was then conducted using the SmartPLS 3 application.

**Results and Discussion**

Based on Table 1, it can be seen that out of 207 respondents, 190 people (91.8%) were married, 13 (6.3%) were widowed, and the remaining 4 (1.9%) were Mafqud (husband's whereabouts are unclear). Regarding education level, 106 people (51.2%) had completed senior high school education or its equivalent. Regarding income, 143 people (69.1%) had an income of less than IDR 3,000,000.

**Table 1**  
*Demographic Data*

Demographic Data	Total	Percentage
<b>Marriage Status</b>		
Married	190	91.8%
Widowed	13	6.3%
Mafqud	4	1.9%
<b>Last Education</b>		
Elementary School	11	5.3%
Junior High School	30	14.5%
Senior High School	106	51.2%
Associate's Degree	13	6.3%
Bachelor's Degree	43	20.8%
Master's Degree	2	1%
No schooling	2	1%
<b>Income</b>		
<IDR 3.000.000	143	69.1%
>IDR 3.000.000 - 5.000.000	28	13.5%
IDR 7.000.000 - 10.000.000	4	1.9%
No Answer	22	10.6%
Uncertain/None/0	10	4.8%

**Table 2**  
*Variable Categorization*

Variable	High (%)	Medium (%)	Low (%)
Quality of Life	32.9	65.2	1.9
Psychological Immune System	50.7	49.3	0
Religiosity	92.8	7.2	0

**Table 3**  
*Reliability Test*

Variable	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
PIS	.691	.708	.829	.619
QOL	.901	.929	.925	.714
RELIGI	.889	.896	.931	.818

Quality of life variables categorization is in the moderate category, while religiosity and psychological immune system are in the high category, as shown in Table 2.

**Evaluation of the Measurement Model (Outer Model)**

The evaluation of the measurement model can be assessed by considering several factors, including convergent validity, discriminant validity, internal consistency (Cronbach's alpha), and combined reliability. Furthermore, indicators and variable constructs can be declared valid when the value is above .7 (Santosa in Astiti et al., 2019).

Figure 1 shows that all loading factor values for each indicator are above .7. The reliability test demonstrated that the measured constructs/variables have a value above .7, except for the Cronbach Alpha and AVE values of psychological immune system variable, valued at .6, as shown in Table 3. However, loading .5 to .6 is considered sufficient when the number of constructs is not large, which ranges from 3-7 indicators. For discriminant validity, it is recommended that the measurement value is more than .5 (Jaya & Sumertajaya, 2008). Considering this information, the measurement model in this research is acceptable.

Based on the discriminant validity test shown in Figure 1, it is concluded that each indicator block in one variable has a greater value than the indicator block with a cross-loading value above .7. Discriminant validity is seen from the cross-loading value of each variable, namely PIS (psychological immune system), Rel (religiosity), and QOL (quality of life) which are above .7. Therefore, the discriminant validity in this research is valid.

Table 4

R Square Value

Variable	R Square	R Square Adjusted
Psychological Immune System	.248	.245
Quality of Life	.122	.114

Table 5

Uji GoF (SRMR, Chi-Square, NFI)

	Saturated Model	Estimated Model
SRMR	.069	.069
Chi-Square	178.390	178.390
NFI	.858	.858

Structural Model Evaluation (Inner Model)

The structural model was designed to investigate the relationships and effects of religiosity and psychological immune system on quality of life.

Goodness of Fit Test

The goodness of Fit was measured using the R-square of the dependent variable. The Q-Square value was also used to evaluate the predictive relevance of the structural model by measuring the observation value and parameter estimates. Then the Q-square value >0 indicates the predictive relevance value, and vice versa (Jaya & Sumertajaya, 2008). The Q-square magnitude has a range of 0<Q-Square< 1, where values closer to 1 indicate a better-fitting model (Jaya & Sumertajaya, 2008). To calculate the Q-Square value, the formula ( $Q^2=1-(1-Rsquare1) (1-Rsquare2)$ ) was employed. This obtained a Q-square value of .340 (0<.340>1) by

substituting the values with  $Q^2=1-(1-.248) (1-.122)$ . This coefficient is equivalent to the coefficient of total determination.

The coefficient result of the determination test shows that RSquare1 is .122, indicating the ability of the two variables to explain 12.2% of the variance in quality of life. The remaining 87.8% is attributed to other factors not included in the model, as shown in Table 4. Regarding psychological immune system, 24.8% of its variance is accounted for by religiosity, while the remaining variance is attributed to other factors (Table 4). The analysis also indicates an SRMR (standard root mean residual) value of .069. According to Ghozali (2012), an SRMR value <.10 indicates a good fit for the structural equation model, while a value >.15 suggests an unfit model. Based on this opinion, the structural model is feasible when the residual value obtained meets the standards set. Furthermore, the Chi-square value is 178.390>.05 with an NFI (Normed Fit Index) value of .858 <.90. By considering the SRMR, Chi-square, and NFI values altogether, it can be concluded that the model in this research is fit.

Total Effect

The Chi-square and total effect values in Tables 5 and 6 answers whether religiosity and psychological immune system affect married women's quality of life.

This analysis obtains the total effect by summing the direct and indirect effects. Specifically, it examines the effects of religiosity on quality of life, psychological immune system on quality of life, religiosity on psychological immune system, and

Table 6

Total Effect Value

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
PIS --> QOL	.346	.360	.061	5.674	.000
RELIGI --> PIS	.498	.501	.054	9.269	.000
RELIGI--> QOL	.179	.178	.064	2.803	.003

Table 7

Path Coefficient

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
PIS --> QOL	.346	.360	.061	5.674	.000
RELIGI --> PIS	.498	.501	.054	9.269	.000
RELIGI --> QOL	.007	-.003	.069	.103	.459

Table 8

Total Indirect Effect

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ( O/STDEV )	P Values
RELIGI -> PIS -> QOL	.172	.180	.037	4.722	.000

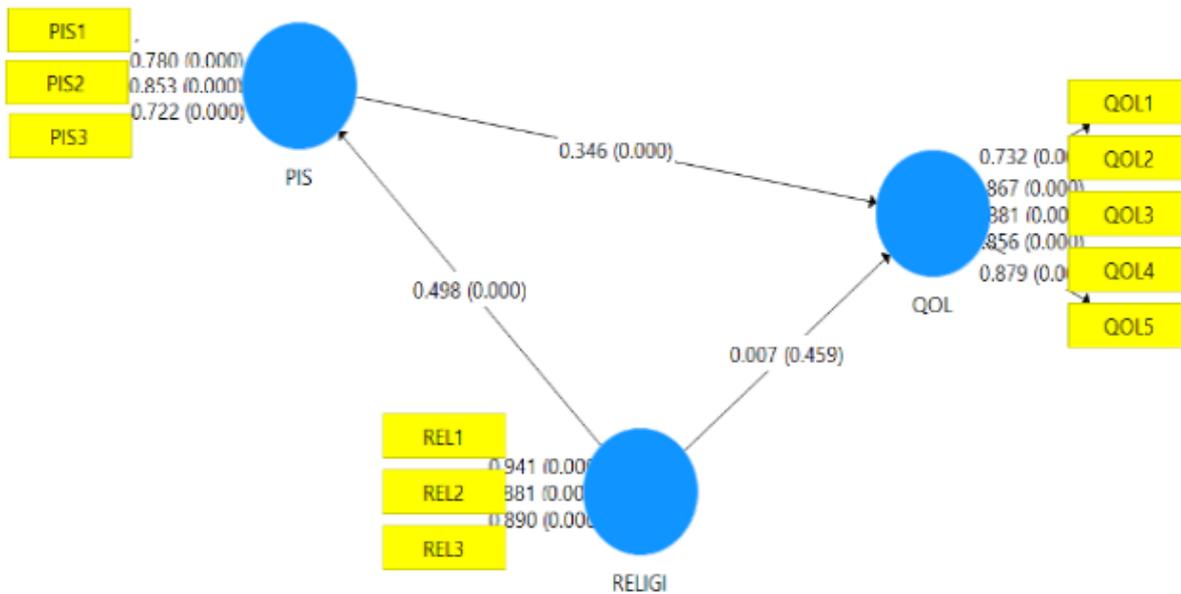


Figure 1. Structural equation model output based on smart PLSV.3.0

quality of life. The analysis results in Table 6 shows that the total effect of religiosity on quality of life is .179. This implies that when religiosity increases, directly or indirectly, through psychological immune system, quality of life increases by 17.9%.

**Path Coefficient**

The effects of each independent variable, namely religiosity and psychological immune system, on quality of life can be assessed through t statistics and the corresponding significance level (p-value). The analysis results in Table 7 show that 1) Religiosity has no direct effect on quality of life (T-statistic .103, P-value .459, positive sample .007). 2) Religiosity correlates with psychological immune system (T-statistic 9.269, P-value .000), and 3) Psychological immune system affects quality of life (T-statistic 5.674, P-value .000). Religiosity has an indirect relationship with quality of life, as shown in Table 8.

The relationship between religiosity and psychological immune system exhibited two distinct patterns. Firstly, there is a positive correlation between these attributes. This implied that more religious individuals tend to have a stronger psychological immune system, encompassing cognitive and emotional processes for coping with and recovering from adversity. Secondly, while there is no direct correlation between religiosity and quality of life, there is an indirect relationship mediated by psychological immune system. In other words, religiosity can improve quality of life of an individual by positively influencing their psychological immune system. Therefore, it is an important factor that can foster psychological potential. Religiosity acts as a defense and immune system, equipping individuals to

effectively manage internal and external pressures, ultimately contributing to their overall quality of life.

Religiosity holds key importance in indirectly impacting quality of life of married women. According to Mahfud and Mulyadi (2016), religion plays a regulatory and facilitative role in social relationships, fostering safety, harmony, and prosperity. When married women embrace religiosity, they tend to be able to keep their emotions, thoughts, actions, and relationships with both God and other individuals in check, thereby shaping their perspectives of life. Consequently, women perceive life pressures and challenges as integral components of the process that must be faced to achieve prosperity.

This factor plays a crucial role in the lives of humans, especially married women as it has the power to shape their thoughts, feelings, and behavior. Hernandez, Suryadi, and Hayat (2021) defined religion as a belief system and set of practices related to religious ties or God. Individuals who are strongly attached to God experience a sense of calmness and inner peace, likewise married women. This state of peace enables them to engage in positive coping strategies and effectively solve problems. Consequently, they are better equipped to maintain their biological, psychological, and social well-being.

Religiosity is fundamental in providing people strength, resilience, and a sense of purpose, especially when faced with illness and even death. Preliminary research has consistently reported a positive relationship between religiosity and subjective well-being, life satisfaction, and happiness. These findings are evident in Muslim subjects and individuals from other religious backgrounds, including Christians and Jews (Abdel-Khalek, 2014.) Moreover, the present

research has also proven that religiosity influences several other psychological factors, such as quality of life, hope, and optimism (Ferriss, 2002; Hsu et al., 2009; Rule, 2007; Sawatzky et al., 2005; Zullig et al., 2006; cite in [Abdel-Khalek, 2014](#)). [Abdel-Khalek \(2014\)](#) researched Muslim students and explored the relationship between religiosity, religious belief, and quality of life. The findings suggested that religiosity is a crucial factor contributing to the overall quality of life among undergraduates.

Contrary to previous research, the relationship between religiosity and quality of life is not separate or unrelated. Religiosity is connected to quality of life through psychological immune system, impacting the potential, abilities, and immune of individuals in areas such as cognition, self-regulation, maintaining balanced social relationships, etc. By nurturing their psychological immune system or self-defense mechanisms, married women can attain physical, emotional, social, and environmental well-being, contributing to quality life. [Yosep et al. \(2022\)](#) found that religiosity is related to positive thinking, which serves as an indicator to the psychological immune system. Furthermore, Jahromi et al. ([cited in Yosep et al., 2022](#)) found positive thinking effective for enhancing work-related quality of life.

Religiousness is significant in guiding humans to establish a close connection with God. According to [Rajab \(2019\)](#), the practice of religious rituals, such as prayer, fasting, zakat, and hajj, not only has a profound impact on the human psyche but also serves as a manifestation of religious energy and behavior. By invoking the name and attributes of God, individuals tend to experience an expanded spiritual realm, find solace amid sorrow, witness the manifestation of blessings, receive answers to their prayers, and seek forgiveness for their sins. Religiosity extends beyond being an identity and serves as a guiding framework for thought, actions and a source of strength in navigating various situations within the environment.

The Quran offers valuable insights into the relationship between religion and mental health. It reminds believers that remembering Allah brings peace and tranquility, whereas forgetting Him leads to emptiness ([Ariadi, 2013](#)). Additionally, religion could also serve as a form of medicine or therapy, addressing physical and psychological ailments. It provides individuals with spiritual guidance and practices that contribute to their overall well-being.

Religiosity profoundly impacts health and physical well-being, as shown by the benefits and functions of various ritual activities in Islamic teachings, particularly in the medical context. For example, prayer and fasting are known to improve body health. According to Imam Al-Alusi ([Elzaky, 2015](#)), Allah ordained the regular rotation of time, with

day and night following predetermined schedules. Daytime is designated for work exertion, while night is meant for rest and sleep. Allah divided day and night into distinct periods, during which humans are ordered to engage in obligatory prayers and sunnah ([Elzaky, 2015](#)). This division of time aligns with the regulation of the biological clock of the human body. The biological clock operates following Sunnatullah and causes all bodily functions and system to work optimally in a balanced manner, thereby promoting overall well-being. Therefore, women who consistently and regularly perform the five daily prayers experience improved physically healthy, as their bodily functions and system operate in sync with the regulation of the biological clock.

The research conducted by [El-Hadary \(2021\)](#) revealed noteworthy results concerning the relationship between psychological immune system, religious orientation, and the ability to overcome psychological problems. According to the findings, there is a close association between psychological immune system and religious orientation. [El-Hadary \(2021\)](#) further stated that external religious orientation, characterized by seeking personal gain or having a specific purpose, is negatively correlated with immune system, indicating a reduction in psychological immune. Research conducted by [Forouhari et al. \(2019\)](#) stated that an increase in external religious orientation could lead to heightened anxiety levels.

According to [Mahudin et al. \(2016\)](#), religiosity can be understood through three levels of human compliance with external forces, namely Islam, faith, and ihsan. At the Islamic level, religiosity is shown through religious behaviors such as prayers, fasting, zakat, hajj, and fulfilling social obligations. The level of faith involves understanding individuals and belief in Allah Swt., prophets, angels, the holy book, and the last day. Meanwhile, at the level of Ihsan, people undergo a spiritual transformation from the external to the internal aspects of religion, aiming to attain a state of perfection known as insan kamil. Ihsan is the actualization of virtue due to deep understanding and heightened awareness of God.

The practice of worship as a manifestation of the Islamic faith, accompanied by views and beliefs in the involvement of a higher power in dealing with various life stressors, could instill confidence and competence in individuals. This strengthened outlook plays a vital role in enhancing psychological immune system of women, enabling them to cope effectively with challenging situations. Religiosity as a coping strategy in stressful situations positively impacts how an individual thinks and fosters a greater sense of coherence ([Yosep et al., 2022](#)). These two aspects are important components of psychological immune system.

According to [Elzaky \(2015\)](#), Islam is a religion that impacts various rules and principles of sharia. It aims to educate and refine the soul, ensuring adherence to the path taught by Islam. With its diverse provisions, Islam profoundly influences different aspects of human life, allowing individuals to nurture and strengthen their minds and wills, manage emotions, and develop abilities, ultimately leading to happiness in both the worldly life and the hereafter.

Various research has reported a connection between religious observance and mental health. For example, [Elzaky \(2015\)](#) reported that religious families tend to lead healthier lifestyles, exhibit better stress management skills, are more resilient against depression, experience improved overall well-being, possess stronger immune system, have lower risks of cardiovascular diseases, and require fewer hospital services. Additionally, engaging in profound contemplation and concentrated worship practices can enhance the capacity of the soul to prevent and alleviate various mental disorders. These activities promote balanced brain function and help alleviate suppressive emotions such as sadness, anger, or anxiety. Research conducted by [Abdel-Khalek and Lester \(2017\)](#) on Arab undergraduates supports these findings, reporting that religiosity correlates with positive traits such as self-efficacy, mental health, and happiness. Islamic beliefs and practices potentially serve as a form of psychotherapy, particularly in addressing anxiety and depression, while also strengthening religious devotion and contributing to psychological well-being of parents.

[Macloff \(in Elzaky, 2015\)](#) conducted a series of field trials and reported that the solemnity of religious practices, such as prayers in Islam, contributes to treating certain mental disorders. [Bekhet and Sarsour \(2018\)](#) further support this notion, highlighting the positive impact of religion on the cognitive well-being and health of Arab students. Religion provides guidance, a sense of support and instills hope, positively influencing their thinking. Likewise, religious activities and rituals have been proven to have a beneficial effect on overall health. Research conducted by [Piccinini et al. \(2021\)](#) on pregnant women stated that religion might not always be a positive coping mechanism for improving quality of life.

In the face of diverse stressors, married women adopt coping mechanisms to foster healthy adaptation. [Bona \(2014\)](#) stated that individuals with high psychological resilience tend to be more tolerant of stress, emotionally balanced, self-accepting, empathetic, and tend to reconcile with certain situations and events. This quality enables women to think more effectively and find solutions to the problems encountered.

The human body encompasses biological and psychological immune system, which serve essential functions. In comparison, the biological immune system protects against physical ailments, of psychological plays a vital role in coping with challenges, preserving mental and physical health, and enhancing the overall quality of life. Psychological Immune System comprises cognitive, motivational, and behavioral dimensions that act as immune against stress, fostering healthy development and serving as psychological antibodies ([Bona, 2014](#)).

Psychological immune system consists of three interconnected dimensions, namely the approach-belief, monitoring-creating-executing, and self-regulating subsystem. The approach-belief subsystem includes aspects of positive thinking as well as a sense of coherence, control, and self-growth. The monitoring-creating-executing subsystem includes aspects of change and challenge orientation, social monitoring capacity, creative self-concept, social mobilizing and creating capacities, self-efficacy, goal orientation, and problem-solving abilities. The self-regulating subsystem encompasses synchronicity, impulse, emotional, and irritability control ([Bona, 2014](#)). These three dimensions are interrelated in the form of cognition, emotion, and behavior. Psychological immune system is vital in helping women cope with psychological distress and is indispensable for achieving well-being and high quality of life. The significance of psychological immune system is evident in the field of psychology, as it contributes to the development of overall well-being ([Kaur & Som, 2020](#)).

The Approach-belief subsystem dimension includes indicators like the orientation of an individual towards the environment, which comprises a sense of coherence and positive thinking. Sense of coherence reflects the ability of individuals to understand, interpret and manage certain events, resulting in personal growth and the feeling that success is not merely by chance. On the other hand, positive thinking denotes maintaining an optimistic outlook even when life seems out of control ([Jaiswal et al., 2020](#)).

[Qiu et al. \(2020\)](#) reported a strong correlation between a sense of coherence and quality of life. Likewise, [Azarkolah et al. \(2020\)](#) researched cancer patients and reported that a significant relationship exists between a sense of coherence, positive thinking, and quality of life. These results indicate that the dimensions of psychological immune system have a significant effect on the overall quality of life of an individual. [Galletta et al. \(2019\)](#) stated that a sense of coherence indirectly affects quality of life, especially in the mental component. Given the crucial role of psychological immune system in shaping quality of

life, the results of this research hold significant importance.

The Monitoring-Creating-Executing Subsystem dimension is characterized by actively pursuing information and using necessary resources to influence and create possibilities within the environment. One crucial component of this dimension is self-efficacy. Peters et al. (2019) researched medical case patients and reported that individuals with low self-efficacy and a higher disease burden tend to have a lower quality of life. Additionally, research by Winahyu et al. (2019) on diabetes Mellitus patients showed a significant relationship between self-efficacy and quality of life domain. It was observed that increased perceived self-efficacy among patients was associated with higher scores in quality of life domain. These findings highlight the importance of self-efficacy in enhancing the overall quality of life.

The Self-Regulating Subsystem is responsible for maintaining emotional stability and facilitating the functioning of another subsystem. It encompasses emotional control, anger management, and impulse control. Manju and Basavarajappa (2016) reported that reappraisal, a facet of emotional regulation, was positively associated with various quality of life domains, including physical and psychological health, as well as social and environmental relationships. However, the suppression domain in emotional regulation negatively correlated with the environmental aspect of quality of life. The present research emphasizes the positive effects of reappraisal in reducing negative emotional experiences and facilitating social and cognitive functions. Similarly, Ciuluvicaa et al. (2014) stated that a negative relationship exists between suppression and quality of life, while reappraisal is positively related to the overall well-being of patients. Previous research on cancer patients reported that being aware of emotional conditions, appreciating the emotions of others, and feeling supported significantly influenced quality of life (Kim et al., 2022).

Adopting a biopsychosocial approach reveals the interconnectedness of psychological, biological, and social well-being of individuals. Disturbances in psychological conditions can lead to (psychosomatic illnesses and also hinders social well-being, ultimately affecting the overall quality of life, especially for women. Quality of life is important for women, as it influences the fulfillment of desires, aspirations, and needs. Quality life is characterized by sound physical, psychological, and environmental health, as well as emotional well-being.

Quality of life for married women is closely intertwined with that of their families. When women are exposed to quality life, it positively influences the dynamics within the family. This, in turn, enhances the

care showered on children, fosters physical and emotional well-being, and promotes support for the family, ultimately leading to a high-quality life. Consequently, prioritizing quality of life is needed to achieve sustainable social welfare.

Elzaky (2015) stated that practicing the teachings of Islam diligently has a positive effect on the soul, aiding in avoiding misguidance and destructive behaviors. The strong link between mental health and physical well-being underscores the importance of increasing religiosity, especially for women, to maintain a robust psychological immune system, thereby experiencing quality life.

The present research is restricted to married women, encompassing those with husbands, widows, or persons left by their husbands without clarity. However, the sample size for this investigation is limited. In order to enhance the progress of research in this area, future investigations are encouraged to employ a broader sample size for a more comprehensive analysis.

## Conclusion

In conclusion, the relationship model indicated that religiosity significantly influences quality of life through its impact on psychological immune system. Meanwhile, psychological immune system directly affects the overall quality of life experienced by married women. The findings suggested that religiosity of these women can enhance their psychological immune system, thereby positively affecting quality of life experienced. In order to improve psychological immune and overall well-being, it is important to focus on fostering aspects of religiosity, such as maintaining relationships with both God and fellow human beings as social beings

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