Seeking social support through Religion, Psychological wellbeing and Social capital: A Global Survey on Coronavirus situational stress and coping strategies

Abstract: The novel of Coronavirus (COVID-19) which emerged in Wuhan, China in December 2019 has quickly spread in China and exported to around the world including economically developed countries and it has hit Indonesia as well. It is changing social life, practices, everyday habits, and government policies toward all walks of life. The main cause of COVID-19 is to be primarily transmitted by the respiratory droplets with similar incubation time (1). The present study aimed to highlight the relationship of religiosity, social capital and psychological wellbeing of the general public with a pandemic, particularly during COVID-19 days. There are various social and religious factors which lead to a cure and give the presence of religious and social function of the society. The purpose of this study is to give socialization and to give awareness, on social distancing, religious coping strategies, and how to live a healthy lifestyle. It is also to mention that, author (s) ensured the ethical consideration from the respondents and to use this survey for the academic purpose and scientific publications. This COVID-19 awareness survey started in Indonesia and its surrounding areas to access maximum respondents. This campaign can also suggest a recommendation for safety and ensure public health precautions from such pandemics.

Keywords: COVID-19; religious & spiritual coping; social distancing; quarantine; pandemic; Indonesia.

Introduction

The spread of COVID-19 is cataclysmic and has affected every community around the globe unprecedentedly. Along with scientific and technological innovation, medical science in particular, socio-economic psychological orientations are also being discussed. Whatever humankind has achieved in the name of development and progress; seems like collapsed during this pandemics. Thus the fear of human sufferings including the vulnerability of masses, wreaking unimaginable sickness, death tolls have hovered over humanity at large. It's a locked-down of cognitive abilities, worldly knowledge and achievements, and pride of all kinds. The approaches, models, thoughts and paradigms of Human history exposed their inability to respond to the situation effectively. The history of science, technology, philosophy, and religion needs to revisit human thoughts ever developed in any field to date. However, the time invites humanity to ponder over this pandemics as a whistle-blower for those who have lived for worldly pursuits ignoring the spiritual side of Human beings. Due to the occurrence of the Novel COVID-19 pandemic, effective vaccines and antiviral drugs are not available to the public (2). Thus, if the illness and death rates of the COVID-19 virus are getting high, then how the communities will respond and protect itself? Where the closing roads, streets, mosques, buildings, universities, schools or offices, travel restrictions and community –level quarantine is the substantial solution (3). Within the society, the COVID-19 virus is spreading from person to person through their social contacts – social networks and social interactions. Hence, it is a calamitous need and should make a coping strategy such as social
campaigns for controlling this social interaction (see social distancing) during this crucial period of COVID-19 pandemic.

**Psychological Welfare**

According to Diener and Chan (4) subjective psychological well-being is an individual evaluation of the life of individual lives, including an assessment of life satisfaction and mood or emotions. Subjective psychological well-being consists of two components. The component of emotional well-being is the frequency of positive emotions experienced more by individuals than the frequency of negative emotional experiences. The cognitive component is the general evaluation of life satisfaction on the lives of individuals (5). Along with multiple causes and effects, mental health is one of the significant facets of human life which needs to be given due attention in the time of challenge the whole globe is suffering from. In the times of the COVID-19 outbreak, mental health experts are warning masses through different platforms regarding the state of fear and anxiety among people including youth and children (6).

Different measures have been given by experts belonging to distinct fields such as healthcare professionals, psychologists, community workers & health practitioners to combat COVID-19 situations. The focus during the COVID-19 outbreak is exclusively on preventing people from this virus and controlling its spread worldwide. For this purpose, different techniques for combatting stress, anxiety, fear, depression and other psychosocial problems are being circulated to keep the people unruffled in this time of social disruption (ibid). In this stance, few previous researches have indicated that acute infectious diseases such as SARS can lead people to post-traumatic disorder, anxiety, stress and depression (7, 8, 9).

**COVID-19 Virus and Religiosity**

Religiosity is a factor that is involved in the management of health even in today’s modern world where it is considered that science has replaced the belief system to some extent. While many modern scientists has overlooked this COVID-19 notion where many people still believe spiritual healing as one of the vital ways of healing in these crucial days. Religious practice and beliefs have consistently been a spring of medical care and treatment (10). Numerous researchers have found that spirituality and religiosity are directly associated with better health outcomes, life satisfaction, longevity, and happiness (11, 12, 13).

People belonging to different religious groups have various coping strategies from denial of effect of this virus to healing practices. Counterproductive attitude of religious communities has become one of the challenges in struggling against COVID-19 even though governments are taking strict decision such as the closure of public place including religious places. Among different factors, religious understanding is one of the reasons for making it difficult to combat as it is being assumed as God’s will, the decision of giving and taking of life is in God’s hands and fearing from this virus is a deviation from the faith on God (14).

While there have been a lot of misconceptions and misinformation circulating on electronic and social media about the cure of COVID-19. In the world, various societies are taking it differently
based on their religious beliefs. India is one such example which has culturally deeply rooted notions and domestically driven misconception and misinformation adding fuel into the fire. Some of the information has been circulating on social media and electronic media were public figures and government agencies are providing ways of cure through Cow Urine particularly which is based on their religious affiliation and unfortunately has no scientific ground (15).

Spiritual healing is also one of the methods in Complementary & Alternative Medicines. According to Bornet and others (16) spirituality, that is, the feeling of believing that there is a greater power beyond the environment of human reach and other dimensions such as purpose, meaning of life, awareness of personal resources and the deepest feelings, personal integrity or connectedness. The scopes of spirituality consist of three dimensions (17), namely the meaning of life reflects the meaningfulness of life or the purpose of one's life. Peace is an effective aspect of one's spirituality and beliefs, including the individual's comfortable feelings that come from connecting with something broader than the human self (18, 19).

It has been reported through media that the information is being spread regarding the cure of COVID-19 through practicing some spiritual practices such as visiting Church, offering prayers can prevent someone while the world has observed differently (20).

**Social Capital**

Social support according to Sarafino (21), which is an act of giving help to others or someone's perception of comfort, care and help that is available when needed. During this pandemic (COVID-19) it has been observed that, people are trying to support others and sharing online material for sympathies. Social support as a protective stress processes eliminates, reduce the effects of stress experiences through the use of effective coping strategies and reduce the interpretation of an event (22).

In this situation of COVID-19, creating awareness among people is of utmost importance so they can be prevented from getting infected by the virus. This is essential for community health and the safety of the public to take preventive measures on which public health has been focusing for years and years. The present situation in Indonesia and other countries needs socialization and giving awareness to infected patients and vulnerable communities. The primary benefits of socialization during such pandemics is spread of information, controlling the social distances and stay at home strategy and following these measure world can come out of this challenging outbreak. As coronavirus pandemic has spread in Indonesia, the experts are urging people to limit their physical activities and contacts (see social distancing). Like other developed and developing countries, The Government of Indonesia has also announced the partial lockdown to reduce the physical interaction of people and the public (23).

This research article focuses on different dimensions of COVID-19 including its spread, the ways to combat this virus, and more importantly viewing the social perspective focusing vulnerabilities of people. Specifically, the study highlights the interpretation of belief systems in this novel pandemic, the role of social capital, and the importance of the mental health of people. The objective is to start a social survey and take some views from the public, share and provide basic information to the public for a healthy society from the general public. The aim of this study is
also finding the social capital and cope religiosity in these pandemics days. The author(s) are living in Surabaya, Indonesia and their many people are affected are diagnosed by the coronavirus. Social media, print media and other electronic media also advising general masses to ‘stay at home’ and reduce the ‘physical interactions’. Author(s) are personally observed that this virus has disturbed the whole city and also affected the country's progress, hospitals, universities and other buildings are closed for a tentative period. There is also a motivation that, people are not staying at home, they are regularly moving to places such as local markets, roads and streets, and after they may be affected by Coronavirus and of course to others. The awareness for safety measures from COVID-19 through social campaigns have a good strategy to reduce the public and endorsed the government policy on social distancing. The current study was started by a global social survey through sending links to academicians, students, public living in Indonesia, Pakistan and other countries. The current study unique in nature to address coronavirus infections as the main problem for human safety, healthy life, reducing social interaction – social distancing. The purpose of this study is also to explore the role of religion and a coping strategy for coronavirus in a global perspective.

LITERATURE REVIEW

As coronavirus in newly discoursed in the world and a lack of literature is available in google scholars. This coronavirus pandemics have occurred the first time in the history of the world (24, 25). The impact of coronavirus can be devastating. For example, it has been estimated that over half a million infected, over 24,000 deaths globally but on the other side 123,000 people are recovered through different measures (26). World health organization (WHO-2020) also declared that there is no vaccine to stop the coronavirus and in the press conference conducted by Mike Ryan (WHO representative), he stated ‘coronavirus vaccine is a year away’. The only remedy is to reduce the traveling, social interaction and social distancing. Other statistics declared the affected people are 400,000 people all around the world.

Coronavirus (COVID-19) signifies the serious threats to evolving into human pandemics (27, 28). The possibility is that this virus may transmute or espouse to increase the efficient transmission in humans during the co-infection of a single host and resulting in the spreading to the general public. According to the studies, there are possibilities of transmission of such viruses to human interactions (29). Thus reducing the chance of coronavirus, can only be done through social distancing and minimum social interaction in the community.

Due to limited effectiveness of medicines, in controlling the possible chance of spreading the coronavirus, there are other various non-pharmaceutical interventions (NPIs) are being suggested by the practitioners, such as using masks, regularly washing hands, proper cleaning stuff, social distancing, or self-quarantines, travel restriction and isolation. The model of mathematics suggests that, university or school closure during such pandemics can reduce the chances of infections around forty percent (30). Therefore, other studies from 1957-1958 an attack of Asian flu, suggests that social distancing – reduce the social interaction – closure of religious buildings too, can mitigate the local progression of pandemics without the use of medicines (31). The present study shows that, it is a grim requirement to socialize people through a social survey
on non-pharmaceutical interventions (NPIs) that can socialize people to people and may reduce the chance of such pandemics.

GLOBAL SURVEY FOR COVID-19

On the one side, World health organisation (WHO), International Organisations are helping States, Governments for the production of COVID-19 vaccine and there was a need to start a global survey for public awareness, knowledge to control further outbreaks in the society. The purpose of the social survey is to teach, build the capacity of affected patients, and give knowledge about pandemics to the general people around the globe. Usually, the general public is unaware of these viral infections and during these crises, this is a prime duty of social scientists to teach and prepare some material for social safety information. Indeed to cope with these pandemics, this social survey is useful to get public opinion and their perceptions.

MATERIALS AND METHODS

The current study opted for the quantitative methodology to gather data from the COVID-19 patients, public, social media activists, students and professionals. It is also interesting to share that, the data collected from various countries are, Indonesia, Gambia, Uganda, Pakistan, Malaysia and Madagascar. The researcher invited respondents though google forms, WhatsApp’s and Facebook applications to submit their response online (as governments lockdown). A survey questionnaire was designed in viewing the respondents, religiosity, coping strategies, education, social supports and social capital.

The timeframe of this survey was started immediately after the approval of this COVID-19 questionnaire from the faculty of the Social and Political science research committee. The research instrument was designed to follow the objectives of the data (the questionnaire is added in annexure). Socio-economic, demographic characteristics, corona effects, knowledge of the virus, eating habits, how religions help to control, losing social capital, level of social distancing, religious coping strategies, social support are the composed variables in the questionnaire. Before inviting the respondents, technical information about the COVID-19 and was given for knowledge and awareness. The procedure for this data ensured the ethical consideration, documentations of the enumerators, researchers or respondents, and informed consent has taken before the start of this study. The data collection was started at the start of February 2020 and 31st March. The total number of 221 respondents have filled this survey, but due to missing data reported, only 199 valid for the data analysis. The data was further organised in Microsoft excel and coded in the SPSS-26 and it is presented in tabulation and frequencies.

Settings

The social survey campaign on coronavirus (COVID-19) started from Indonesia and approved by the technical research committee from FISIP to ensure the ethics and accuracy of data protocols. The researchers designed their study though comprehensive meetings in the resort area of the university campus.
Statistical analysis

The collected data are analyzed through online surveys and observations. The data presented in tabulation, bivariate analysis, regression (ANOVA) pictures, and narrations.

RESULT AND ANALYSIS

Table 1: Socio-demographic variables

| Variable Name | Value            | Frequency | Percent | Cumulative % |
|---------------|------------------|-----------|---------|--------------|
| Age           | 18-30            | 169       | 76.8    | 76.8         |
|               | 31-40            | 37        | 16.8    | 93.6         |
|               | 40 or above      | 14        | 6.4     | 100          |
| Religion      | Islam            | 202       | 91.8    | 91.8         |
|               | Christian        | 8         | 3.6     | 95.5         |
|               | Buddhist         | 1         | 0.5     | 95.9         |
|               | Hindu            | 2         | 0.9     | 96.8         |
|               | Do not believe or practice religion | 7 | 3.2 | 100 |
| Education     | Bachelor         | 93        | 42.3    | 42.3         |
|               | Masters          | 95        | 43.2    | 85.5         |
|               | PhD              | 22        | 10      | 95.5         |
|               | other degree or diploma | 10 | 4.5 | 100 |
| Gender        | Male             | 153       | 69.5    | 69.5         |
|               | Female           | 67        | 30.5    | 100          |
|               | Total            | 220       | 100     |              |

Table 1 of the 220 respondents, majority of the respondents were male (69.5%, n=153) and little less than half of the respondents (42.3%, n=93) reported their educational qualification as graduation. More than three-fourths of the respondents (76.8%, n=169) were 18 to 30 years old whereas there was only 6.4% percent (n=14) respondent who reported their 40 years and above. In this study, an overwhelming majority (91.8%, n=202) were Muslims and 18 respondents belonged to other religions.

Table 2: Mean and standard deviation between religiosity, social capital and coping strategies

| Statistics | Age | Religion | Education | Gender | SC* | PSYWB* | RC* | SS* |
|------------|-----|----------|-----------|--------|-----|--------|-----|-----|
| N=220      | 1.30| 1.20     | 1.77      | 1.30   | 24.82| 22.69  | 20.99| 45.05|
| Mean       |     |          |           |        |      |        |      |      |
| Std. Error of Mean | 0.039| 0.053 | 0.055 | 0.031 | 0.396| 0.353 | 0.319 | 0.507|
| Median     | 1.00| 1.00     | 2.00      | 1.00   | 25.50| 24.29  | 21.67| 47.08|
| Std. Deviation | 0.58 | 0.78 | 0.81 | 0.46 | 5.88 | 5.24 | 4.73 | 7.52|

* SC, (Social Capital), PSYWB (Psychological Wellbeing), RC (Religious coping), SS (Coronavirus Situational Stress)

Table 2 summarises the mean and standard deviation of the construct used to measure religious coping, social capital, Psychological wellbeing and perceived coronavirus situational stress in recent times. According to table findings or demographic variables are ranging from 1.20
to 1.77. The other constructs range between 20.00 to 45.5 and higher rank of coronavirus situational stress was reported.

**Table 3: Correlations**

| Variable Description          | 1    | 2    | 3    | 4    | 5    | 6    |
|-------------------------------|------|------|------|------|------|------|
| 1 Age                         | 1    |      |      |      |      |      |
| 2 Education Level             |  .312** | 1    |      |      |      |      |
| 3 Social Capital              |  -0.006 | 0.042 | 1    |      |      |      |
| 4 Psychological Wellbeing     |  -0.018 | .150* | .611** | 1    |      |      |
| 5 Religious Coping            |  -0.023 | 0.061 | 0.01 | 0.024 | 1    |      |
| 6 Situational Stress          |  -0.046 | .156* | .629** | .602** | .158* | 1    |

**Correlation is significant at the 0.01 level (2-tailed).**

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

Table 3 describes the correlational analysis of the study variables. The findings show that the social capital of the respondents was strongly correlated with psychological welling (r=.611, p<.01) and situational stress (r=.629, p<.01). Psychological welling also had a strong and positive correlation with situational stress (r=.602, p<.01). The educational level of the respondent was associated with age (r=.312, p<.01), psychological wellbeing (r=.150, p<.01), and situational stress (r=.156, p<.05). It was also found that religious coping had a statistically significant relationship with situational stress (r=.158, p<.01) as well.

**Table 4: Stepwise multiple linear regression analysis**

| R      | R Square | Adjusted R Square | Std. Error of the Estimate | Beta       | t      | Sig.  |
|--------|----------|-------------------|---------------------------|------------|--------|-------|
| .629a  | .395     | .393              | 5.85911                   | (Constant) | 14.597 | 0.000 |
|        |          |                   |                           | Social Capital | 0.629 | 11.942 | 0.000 |
| .686b  | .471     | .466              | 5.49305                   | (Constant) | 11.352 | 0.000 |
|        |          |                   |                           | Social Capital | 0.417 | 6.679  | 0.000 |
|        |          |                   |                           | Psychological Wellbeing | 0.347 | 5.570  | 0.000 |
| .702c  | .492     | .485              | 5.39508                   | (Constant) | 6.627  | 0.000 |
|        |          |                   |                           | Social Capital | 0.418 | 6.818  | 0.000 |
|        |          |                   |                           | Psychological Wellbeing | 0.343 | 5.601  | 0.000 |
|        |          |                   |                           | Religious Coping | 0.145 | 2.992  | 0.003 |

a Dependent Variable: Coronavirus Situational Stress  
b Predictors: (Constant), Social Capital  
c Predictors: (Constant), Social Capital, Psychological Wellbeing, Religious Coping

Stepwise multiple linear regression (table 4) was performed to explain the variance of coronavirus situational stress. The findings confirmed that social capital was a major predictor to explain coronavirus situational stress (F= 142.61, p < .001, β =.629, R2 =.393). The second predictor was psychological wellbeing. In the second model, both variables explained 46 percent.
variance of coronavirus situational stress. The third variable was religious coping. In model three, social capital ($\beta = .418, p < .001$), psychological wellbeing ($\beta = .343, p < .001$) and religious coping ($\beta = .145, p < .01$) explained a significant amount of the variance of coronavirus situational stress ($F = 69.77, p < .001, R^2 = 0.485$).

Table 4b ANOVA

| Model | Sum of Squares | df | Mean Square | F     | Sig.  |
|-------|---------------|----|-------------|-------|-------|
| 1     | Regression   | 4895.674 | 1  | 4895.674   | 142.61 | .000b |
|       | Residual     | 7483.758 | 218 | 34.329     |        |       |
|       | Total        | 12379.43 | 219 |            | 417.84 | .000b |
| 2     | Regression   | 5831.759 | 2  | 2915.88    | 96.637 | .000c |
|       | Residual     | 6547.673 | 217 | 30.174     |        |       |
|       | Total        | 12379.43 | 219 |            | 417.84 | .000c |
| 3     | Regression   | 6092.341 | 3  | 2030.78    | 69.77  | .000d |
|       | Residual     | 6287.092 | 216 | 29.107     |        |       |
|       | Total        | 12379.43 | 219 |            | 417.84 | .000d |

a Dependent Variable: Coronavirus Situational Stress
b Predictors: (Constant), Social Capital
c Predictors: (Constant), Social Capital, Psychological Wellbeing
d Predictors: (Constant), Social Capital, Psychological Wellbeing, Religious Coping

Discussion

The present study aimed to develop and test the religiosity, social capital, psychological wellbeing, and religious coping in the COVID-19 situations. The quantitative analysis highlights two major findings. First, this pandemic due to religious & social support people are likely to adopt the religious practices either in Islamic or Christianity or have no faith. The stepwise multiple linear regression shows that social capital was a major predictor to explain coronavirus situational stress ($F = 142.61, p < .001, \beta = .629, R^2 = .393$). A study conducted by Mandelbaum et al., (2018) found that the stress-buffering hypothesis suggests that people having social resources may support to reduce or prevent the impact of stress on health (Cohen & Wills, 1985). Other studies also show that, individuals those have access to more social resources, such as social support, have better health outcome as compared to others, those have less social resources (32). Research on social capital and health has frequently emphasized the importance of weak ties and network diversity for better health conditions (33, 34). Therefore, social support & social capital are social resources, which is helping people during these pandemics days.

The results show, education is also a key factor to helped individuals during these days. It explained, educational level of the respondent was associated with age ($r = .312, p < .01$), psychological wellbeing ($r = .150, p < .01$), and situational stress ($r = .156, p < .05$). Psychological stress is associated with education and its role in supporting is consistent in previous findings (35). It is to support that, logically a good education has strong emotional and psychological wellbeing (36).
For a conceptual and methodological perspective, coping is considered as mediating variable between social support and religion. It can be seen in a model tested in the results above are social capital (β =.418, p<.001), psychological wellbeing (β =.343, p<.001) and religious coping (β=.145, p<.01) explained a significant amount of the variance of coronavirus situational stress (F= 69.77, p < .001, R2 =0.485). In conclusion, the result of the study added to the emerging area of research on coping strategies is social support, social capital, and religion in COVID-19.

Conclusion

This study summarizes the occurrence of COVID-19 pandemic which has affected the whole world. Besides its physical health implication, it has numerous effects on psychological well-being, economic situation and social relationships. This pandemic has altered the lifestyle of masses in different ways and people have varied perceptions towards this virus regarding it spread, diagnosis and treatment. The main concern of the moment is to control its spread and take preventive measures. In this regard, different factors such as religiosity, psychological well-being and social capital have their influence differently. People belonging to different religious groups have different coping strategies from denial of effect of this virus to healing practices. The results revealed that there was a statistically significant and positive relationship between praying to God and the current situation is the outcome of God’s will. The present study has some limitations due to the lack of literature and authentic knowledge on this pandemic.

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