

Hope and Religiosity as Determinants of Subjective Well-Being among Students at the Islamic Boarding School

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ABSTRACT

The inability to overcome academic challenges in boarding schools may lead to adverse health outcomes and negatively impact students' subjective well-being. One potential approach to enhance subjective well-being is through the cultivation of hope and religiosity. The purpose of this study is to prove the relationship between hope and religiosity on the subjective well-being of students. The research was conducted using quantitative methods with the help of the SPSS application. The sample was selected through cluster random sampling with the criteria of students who also live in Islamic boarding schools and are 18–25 years old. A Likert-scale questionnaire was administered to 334 students to collect data. The research location is in the Special Region of Yogyakarta. The instruments used in this study include the Satisfaction of Life Scale (SWLS), the Positive and Negative Affect Scale (PANAS), the Hope Scale, and the Religiosity Scale. The final analysis for the hypothesis test was carried out by multiple linear regression analysis, which had previously been carried out in prerequisite tests. The results indicated that the three hypotheses were supported, demonstrating a significant and positive correlation between hope and religiosity on the subjective well-being of *Mahasantri*. Furthermore, the two independent variables individually influenced the dependent variable. The practical contribution of hope and religiosity to subjective well-being was 40.2%, suggesting that these factors play a substantial role in enhancing the subjective well-being of students. The study revealed that the effect of hope (33.5%) was more pronounced than that of religiosity (17.8%), which can be attributed to hope possessing two crucial aspects in goal attainment that religiosity lacks: the development of planning and the capacity for self-motivation.

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INTRODUCTION

Subjective well-being has long been considered a core component of a good life (Park, 2004). Individuals with high subjective well-being are known to have better health than those with low subjective well-being (Myers in Leontopoulou & Triliva, 2012). Therefore, individuals feel more happiness and have less stress (Veenhoven, 1988). Subjective well-being can significantly contribute to individuals' quality of life; therefore, it is essential for all individuals, including university students, to possess this attribute.

The cognitive component of life satisfaction and the affective component in the form of positive and negative emotions are aspects of subjective well-being that students need to have to overcome academic problems and early adulthood. Coutinho & Woolery (2004) showed that there was a positive correlation between cognitive needs and life satisfaction in students. Other research shows that the need for cognition is positively related to academic performance and rankings (Leon & Dalton; Sadowski & Gulgo, in Coutinho & Woolery, 2004). Positive aphrodisiacs will give rise to feelings of activity and energy, thus making them more productive (Flügel & Johnson's opinion in Veenhoven, 1988).

Students in this study mean *mahasiswa santri* or *mahasantri*. In Indonesia, *mahasantri* is defined as a student who is studying at a university and also attends a *Pondok pesantren*. *Pondok pesantren*, or Islamic boarding schools, are one of the Islamic educational institutions with religious teachings/practices. Students at Islamic boarding schools are called *santri*, and they live there while studying religious knowledge. For this reason, students in this study refer to someone who is studying at a university on the one hand, as well as studying religious science at a *pesantren* on the other hand.

In general, students who migrate tend to choose to live with fewer rules, such as in boarding houses or rented houses. Not all students want to and are able to live in *pesantren* because of obligations that cannot be considered light (Bonita, 2020). The daily life of students will be more demanding because they have a dual role; in addition to having obligations on campus, they also have obligations at the *pesantren*. In addition, students also have the potential to experience more stressors. Hadianto stated that stress in students is mostly found in those who live in Islamic boarding schools/dormitories, namely 42.1%, in students who live in rented houses/boarding houses at 28.8%, and in students who live with parents at 28% (Hadianto, 2014).

The increasing demands and academic burdens, as well as the process of adjusting to the different social environment and atmosphere of the boarding school, often cause problems for students (Radisti et al., 2023). Nadirawati stated that mental health problems occurring in students are due to academic stress (Nadirawati, 2018). The source of academic stress in students arises from a lack of support, a busy lecture schedule, too many assignments, and demands for academic achievement. Students will experience many differences in academic

demands, social life, and environmental conditions, which become challenges for them (Radisti et al., 2023).

Previous research conducted by Wuri and Dini (2018) found that almost half of the students living in Islamic boarding schools experienced mental health problems (46.1%). The most common mental health problems experienced by students include symptoms of decreased energy, such as feeling anxious, tense, and worried. Cognitive symptoms include difficulty thinking clearly. Somatic symptoms involve experiencing an unpleasant taste in the stomach, and depressive symptoms include a loss of interest in various activities. Many students have low subjective well-being, making them vulnerable to the negative impacts of low subjective welfare.

Low subjective well-being among students has a negative impact on their lives, such as the emergence of anxiety, which leads to low coping abilities and low motivation (Mukhlis & Koentjoro, 2016). Another consequence is that they are more susceptible to depression and stress, as subjective well-being has a negative relationship with psychological problems such as stress and depression (Park, 2004). In fact, there are still research findings related to low subjective well-being, as explained by O'Connor (2005) and Khairani (2014), indicating that the level of student well-being tends to be lower than that of adults in general. Furthermore, Nisfiannor and Rostiana (2004) mentioned a tendency for young people to report low levels of life satisfaction.

In addition to fulfilling the role of a student in college and Islamic boarding school, students have other demands in carrying out their roles as early adults. During this period, individuals are faced with a wide variety of changes that occur in their lives, such as starting to accept responsibility for themselves or making decisions independently (García-Alandete et al., 2018). These changes will interfere with their understanding of the situation, causing changes in how they build and achieve their life goals. Early adulthood experiences negative affective conditions but has the opportunity to have positive affective conditions (Santrock, 2002). It can eventually lead to problems related to health, adjustment to the environment, and the emergence of affective feelings (Leontopoulou & Triliva, 2012). It is a new and bigger challenge for student life.

Various problems have been mentioned, so students need to have subjective welfare. With high subjective well-being, students can be resilient to stress and depression, have more problem-solving alternatives (Frish, in Park, 2004), have high motivation to learn, and have satisfaction with school (Eryilmaz, 2011). To overcome problems related to the low subjective well-being of students, hope and religiosity are offered as solutions to improve their subjective well-being. One aspect that plays a role in improving health and has a positive relationship with psychological well-being and physical health is hope (Compton & Hoffman, 2019). It is also argued that hope is one of the factors that affect subjective well-being. It is confirmed that hope is an important protective factor for subjective well-being (Quan et al., 2016).

Hope theory begins by seeing goals as the main component that drives human behavior (Snyder, 2000). Furthermore, two important aspects of hope are agency, which is a thought process accompanied by motivation to achieve the goal, and pathways, which are ways to achieve the goal. Thus, individuals who have positive hope for their future will optimally develop and be able to navigate a good transition period to adulthood, so that they will continue to try their best to achieve their hopes (Arnett, 2000; Schmid & Lopez, 2011). Hope enables students to have the ability to overcome problems with various plans to achieve goals. Murphy (2023) stated that hope will predict improved well-being in school students, children, adolescents, and adults.

In addition to hope, one of the factors that affect subjective well-being is religiosity (Diener & Ryan, 2009). Religiosity refers to a person's thoughts and beliefs when looking at the world, which produces behaviors and experiences that occur in daily life. Religious beliefs have been shown to have important implications for an individual's ability to cope with difficulties, which in turn has been positively linked to physical and mental health (McGill & Paul, 1993). Likewise, participation in religious activities will influence individuals' well-being (Abdel-Khalek, 2010).

Religiosity is a protective factor for depression and stress among students in medicine (Rammouz et al., 2023), so it can contribute to improving academic performance and well-being among students. Felicilda-Reynaldo et al. (2019) showed that frequent attendance at organized and unorganized religious activities results in a better physical and environmental domain. In addition, religious activities can lead to improved psychological health. The same study concluded that the use of strategies involving religion was more often associated with better physical, psychological, and environmental health, as well as better social relationships. Furthermore, higher levels of religiosity are positively associated with indicators of well-being (life satisfaction, happiness, positive affect, and higher morals) and with depression, suicidal thoughts and behaviors, and drug and alcohol abuse (Moreira-Almeida et al., 2006).

The presentation explained above shows various obstacles and challenges that arise during the transition period from adolescence to early adulthood and when becoming a student. Students who have high subjective well-being will be effective in taking responsibility, have resilience in overcoming academic problems, feel happier, and experience life satisfaction. Therefore, students need hope and religiosity to improve their subjective well-being. Hope can give rise to motivation to achieve goals and a good future, forming a mindset to plan what will be done to achieve those goals. It can hopefully help students overcome stress due to assignments from colleges and Islamic boarding schools. Likewise, with religiosity, students can feel more positive emotions, have life satisfaction, overcome various problems, and be healthier physically and psychologically.

Therefore, this study was conducted to investigate the relationship between hope and religiosity and the subjective well-being of students. This can give students

the understanding that even though they have obligations, duties, responsibilities, and busy activities as students, religiosity and hope, along with subjective well-being, can still be attained even in difficult and depressed conditions. Three hypotheses will be proposed in this study. Firstly, is there a relationship between hope and religiosity and the subjective well-being of students? Second, is there a relationship between hope and the subjective well-being of students? Finally, is there a relationship between religiosity and the subjective well-being of students?.

METHODS

This study used a quantitative approach with a type of correlational research. The population is 1,594 students in 12 boarding schools for college students in Yogyakarta. Sample collection used probability sampling with a cluster random sampling technique. Clusters were carried out based on the area of regency/cities in the Special Region of Yogyakarta. Furthermore, the researcher took a random sample using the help of Excel and produced seven boarding schools from the total population of 12 boarding schools for college students in three regencies/cities in Yogyakarta. Then, individual samples were taken as a whole in the seven boarding schools with subject criteria, namely students with an age range of 18-25 years who are also *santri* at Yogyakarta boarding schools. After data collection, a sample of 334 students was obtained.

Data collection was carried out using a questionnaire scale through Google Forms, and hard file prints were also done with a Likert scale. Two research scales, namely the scale of hope and religiosity, were developed by the researchers. Meanwhile, a subjective well-being scale, namely the Satisfaction with Life Scale (SWLS) and the Positive and Negative Affect Scale (PANAS), used the original scale developed by the owner of the theory. The four scales can be broken down as follows:

1. *Hope Scale*: The development of the expectation scale refers to Snyder's theory, which consists of three dimensions, namely Goal, Pathway, and Agency, and two aspects: pathway and agency (Snyder et al., 1991). This theory focuses on pathways and agencies in achieving goals. The indicators are goal-oriented, long-term and short-term goals, the ability to design strategies, develop new strategies, self-confidence in solving problems, self-motivation, and survival when there are obstacles.
2. *Religiosity Scale*: The development of the religiosity scale in this study refers to Huber & Huber's theory, which focuses on a person's religious beliefs and activities, specifically the scale they developed, namely the Centrality of Religious Scale (CRS 15). The theory of religiosity by Huber & Huber (2012) has five dimensions, namely: intellectual, ideology, public practice, private practice, and religious experience. The indicators are knowledge and understanding of religion, belief in God, belief in religious and theological

concepts, performing mandatory worship rituals (alone and in congregation), participating in group religious activities, being sensitive to the environment, practicing personal religion, and learning from religious experiences.

3. *Life Satisfaction Scale*: The first scale used to measure subjective well-being is a life satisfaction scale called The Satisfaction with Life Scale (SWLS) by Diener et al. This scale consists of five items to measure cognition on an individual's overall life satisfaction, and all items are favorable (Diener et al., 1985). The five items are feeling an ideal life, living conditions being very good, being satisfied with life, obtaining important things in life, and not wishing to change the life that has passed.
4. *Positive and Negative Affect Schedule (PANAS)*: The second scale to measure subjective well-being is the Positive and Negative Affect Schedule (PANAS) by Watson et al. (1988), which researchers have translated. This measuring tool aims to assess the positive and negative feelings that a person has. If an individual has a high positive affective value and a low negative affective value, it can indicate that the subjective well-being of the individual is relatively good, and vice versa. There are 20 items, with 10 measuring positive feelings (interested, excited, strong, enthusiastic, and so on) and 10 measuring negative feelings (distressed, guilty, upset, scared, and so on).

The validation of the content on the scale of hope and religiosity was carried out by three experts: one lecturer in Islamic studies and two experts in the field of psychology. Meanwhile, the assessment of the subjective well-being scale was carried out by two linguists. The Aiken V analysis validates the scale and assesses the selection of items through total item correlation. Reliability was tested using Cronbach Alpha coefficients with SPSS program assistance 16. Some of the prerequisite tests used are the normality test, multicollinearity test, heteroscedasticity test, and hypothesis test performed at the time of data analysis with multiple linear regression.

The calculation of Aiken's index (Aiken's V) explained that the entire item is in the valid or passed category, with a value of standards in the range of 0.72 - 0.97. Calculation with differential power on the Corrected Item Total Correlation column shows a value above 0.3 and a value of reliability in the range of 0.820 - 0.913. The results of the research trial can be found in Table 1.

Table 1. Results of Content Validity, Differentiation, and Reliability

Variable	Aiken's V	Corrected Item Total Correlation	Cronbach's Alpha
Hope	0,80	0,310 - 0,760	0,913
Religiosity	0,79	0,324 - 0,628	0,861
Life satisfaction	0,72		0,820
Positive Negatif Affect	0,97		0,835

RESULTS AND DISCUSSION

Results

Demographic Description

The majority of respondent data in this study were women, with a total of 236 (71%), while men amounted to 98 (29%). Based on the age of the subjects from Table 2, as many as 87 subjects were aged 8 - 19 years (26%), 119 subjects were aged 20 - 21 years (36%), 84 subjects were aged 22 - 23 years (25%), and 44 subjects were aged 24 - 25 years (13%). Most of the subjects in this study are 20 - 21 years old. Age and gender data are described in Table 2.

Table 2. Age and Gender Data of Research Subjects

Research Subject Data		Sum	Presentation
Gender	Men	98	29%
	Woman	236	71%
Age	18 - 19 years old	87	26%
	20 - 21 years old	119	36%
	22 - 23 years old	84	25%
	24 - 25 years old	44	13%

Categorization of Research

The calculation will be carried out with the help of SPSS, which will then be categorized based on the high or low of each research variable. The categorization will be divided into three parts, namely low, medium, and high, which will be explained as follows in Figure 1.

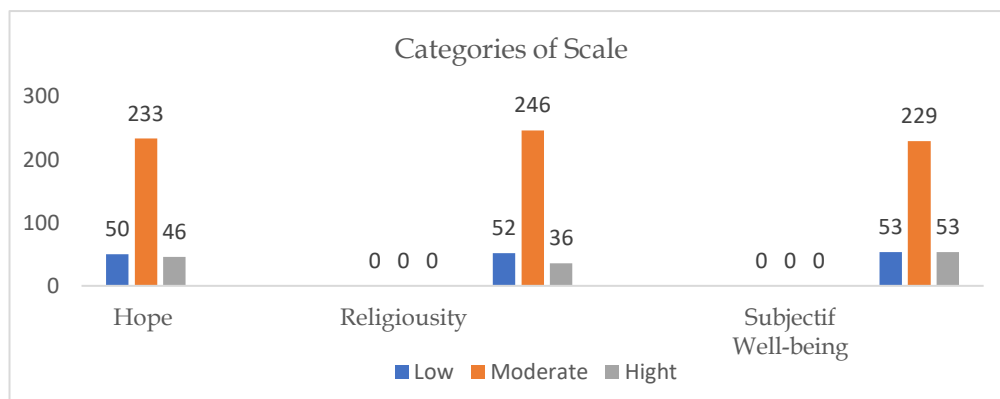


Figure 1. Categories of Scale

Hope Scale: There are 53 students (15.9%) who have low hope, 229 students (68.6%) who have medium hope, and 52 students (15.6%) who have high hope. If viewed as a whole, the hopes of students are mostly included in the medium category.

Religiosity Scale: A total of 52 students (15.6%) had low religiosity, 246 students (73.7%) had moderate religiosity, and 36 students (10.8%) had high religiosity. If

viewed as a whole, the religiosity of students is mostly included in the medium category.

Subjective Well-being Scale: It can be noted that there are 50 students (15.0%) with low subjective welfare, 233 students (69.8%) with moderate subjective welfare, and 46 students (13.8%) with high religiosity. If viewed as a whole, the subjective welfare of students is mostly included in the medium category.

Classical Assumption Test

1. Data Normality

The normality test used the One-Sample Kolmogorov-Smirnov normality test with the help of the SPSS 16 program. The normality test and analysis of the variables of hope, religiosity, and subjective well-being show a significance value of 0.331 (sig > 0.05). The distribution of data falls into the normal category.

2. Multicollinearity Test

The multicollinearity test can be assessed through the VIF magnitude and tolerance value. The data can be said to not be multicollinear if the tolerance value > 0.1 and the VIF value < 10.00 (Ghozali, 2006). Table 4 explains that the Tolerance value of the variables of expectation and religiosity is 0.673 (> < 10.00 (Ghozali, 2006). Table 4 explains that the tolerance value of the variables of expectation and religiosity is 0.673 (> 0.1) and the VIF value of the variables of expectation and religiosity is 1.485 (< 10.00). The conclusion is that the regression model does not occur in multicollinearity and is feasible to use.

Table 4. Multicoleniaritas Test Results

Model	Coefficients ^a	
	Collinearity Statistics	
	Tolerance	VIF
Hope	.673	1.485
Religiosity	.673	1.485

a. Dependent Variable: SWB

3. Heteroscedasticity Test

The result of the heteroscedasticity test using this glacier test is that if the sig value is greater than 0.05, then no symptoms of heteroscedasticity occur (Ghozali, 2006). The output results of SPSS in Table 5 show that the expectation variable has a sig value of 0.272 > 0.05, and the religiosity variable has a sig value of 0.245 > 0.05. In conclusion, the regression model does not contain heteroscedasticity.

Table 5. Heteroscedasticity Test Results

Coefficients ^a		
	Model	Sig
1	(Constant)	.011
	HOPE	.272
	RELIGIOSITY	.245

a. Dependent Variable: ABS_RES

Hypothesis Testing

The results of the hypothesis test using multiple linear regression analysis provide the following outputs:

Coefficient of Determination

If the R^2 value is close to 0, the correlation is weak. On the other hand, if it is closer to 1, the correlation is stronger (Ghozali, 2006). The determination coefficient is explained in Table 6.

Table 6. Coefficient of Determination Results

Model Summary ^b		
Model	R Square	Adjusted R Square
1	.406	.402

Table 6 explains that the AdjustedR Square value is 0.402, indicating that 40.2% of the variation in subjective well-being is explained by hope and religiosity. The influence of other variables, which account for 59.8% of the variation, was not examined in this study. Variables X1 and X2 contribute simultaneously to variable Y.

Statistical Test F

Test F compares the statistical value of the F table with the F calculation. If the calculated F value is higher than the F value of the table, then the hypothesis is rejected (Ghozali, 2006). The test results F in Table 7 are as follows.

Table 7. Test Result F

ANOVA ^b		
Model	F	Sig.
1 Regression	113.083	.000 ^a

In Table 7, F counts as 113.083 and F table as 3.02. So, the results of the F test were obtained in that the F value was calculated at $113.083 > 3.02$ (F table), and the significance value was $0.00 < 0.05$; the conclusion was that hypothesis 1 was accepted. There is a significant relationship between hope (X1) and religiosity (X2) on the subjective well-being (Y) of students.

Statistical Test t

The t-test can compare the statistical value of the t-table with the t-calculated. If the calculated t-value is higher than the t-value of the table, then the hypothesis is accepted (Ghozali, 2006). The results of the t-test are in Table 8.

Table 8. Test Results

		Coefficients ^a			t	Sig.
		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta		
1	(Constant)	26.869	4.290		6.264	.000
	Hope	.335	.037	.473	9.169	.000
	Religiosity	.178	.039	.235	4.543	.000

a. Dependent Variable: SWB

The regression coefficient explains the regression equation to find the constant number and test the significance hypothesis of the regression coefficient. Table 8 explains that (1) the value of the constant is 26.869; (2) the regression coefficient of the expected variable is 0.335; (3) the regression coefficient of the religiosity variable is 0.178. The result of the regression coefficient calculation is that the variables of expectation and religiosity are positively related to subjective well-being. The regression equation is:

$$Y = 26,869 + 0,335X_1 + 0,178X_2$$

- A constant of 26.869 means that the value of the constant of the subjective well-being variable is 26.869. If the values of the expected variables (X₁) and religiosity (X₂) are equal to zero, then the value of Y is 26.869.
- The hope regression coefficient is 0.335. If the hope value (X₁) increases by 1%, it will increase the subjective well-being (Y) of students by 0.335. Based on the results of the calculations contained in Table 8, it is known that the hope regression coefficient is positive, meaning that there is a positive relationship between the hope variable (X₁) and the subjective well-being of students (Y).
- The regression coefficient of religiosity is 0.178. If the value of religiosity (X₂) increases by 1%, it increases the subjective well-being (Y) of students by 0.178. Based on the results in Table 8, the regression coefficient of the religiosity variable has a positive value, meaning that there is a positive relationship between religiosity (X₂) and the subjective well-being of students (Y).

The t-value is used to test the significance of the expectation variable, and religiosity is used as a predictor of the subjective well-being variable. After calculating the value of t in the table and obtaining a calculated t of 1.967 and a significance of 0.05, it can be explained that:

- a. In hope, the t-value of 9.169 was greater than the t-value of the table 1.967 ($9.169 > 1.967$), and the significance value of $0.00 < 0.05$. So, there is a significant relationship between hope and subjective well-being.
- b. Religiosity was obtained with a t-value of 4.543, greater than the t-value of the table 1.967 ($4.543 > 1.967$), and a significance value of $0.00 < 0.05$. So, there is a significant relationship between religiosity and subjective well-being < 0.05 . So, there is a significant relationship between religiosity and subjective well-being.

Discussion

The research aims to test the correlation between hope, religiosity, and subjective well-being. Furthermore, it tests hope (X1) with subjective well-being (Y) and religiosity (X2) with subjective well-being (Y). The students who participated in this study were women (71%), and the rest were men, with the majority aged between 20 and 21 years old or early adulthood.

There is a significant and positive relationship between hope (X1), religiosity (X2), and subjective well-being (Y) of students. The higher the hope and religiosity of the students, the higher the subjective well-being, and vice versa. The results of the study show that the majority of the subjective well-being of students is included in the medium category. The life that students go through until early adulthood is at a fairly satisfactory level. They feel more positive emotions than negative emotions. When students are faced with various problems in life, they can still develop positive emotions. Diener & Chan (2011) mentioned that subjective well-being is a concept that includes high life satisfaction, low negative feelings, and high positive feelings. When students respond to every event in their lives with positive feelings, such as enthusiasm, perseverance, joy, and others, compared to negative feelings, it can improve their subjective well-being.

Hope and religiosity have a significant relationship with subjective well-being. The existence of a positive and significant relationship between hope, religiosity, and subjective well-being reinforces the theory expressed by Ciarrocchi et al. (2008) that hope, religiosity, and subjective well-being refer to life satisfaction, happiness, and the extent to which a person feels positive. Chang et al. (2013) explained that hope related to religiosity is associated with positive mental health outcomes, so when there is an increase in hope and religiosity, it will predict a high level of subjective well-being.

The effective contribution of hope to subjective well-being is greater than that of religiosity. Pahlevan Sharif et al. (2021) stated that religiosity is indirectly related to life satisfaction. Wagner et al. (2014) reinforced that religiosity is indirectly related to psychological well-being, namely, giving rise to personal feelings of happiness, prosperity, and contentment. In this case, hope is superior in its role in improving subjective well-being. Although religiosity can also improve subjective well-being, with the addition of hope, subjective well-being can

become even better. Hope contains an element of motivation to achieve a certain goal. One can evaluate whether the goal is achievable and then develop various ways to achieve it (path). Hopeful behavior involves effective planning, implementation, and action so that it is clearer that results can be obtained. Meanwhile, in religiosity, these elements do not yet exist.

The results of the data analysis found a significant and positive relationship between hope (X1) and subjective well-being (Y) of students. The higher the hope of students, the higher their subjective well-being. The results showed that the level of hope in students is classified as moderate.

The level of hope, which is in the medium category (68.6%), indicates that *students* have motivation and confidence in themselves that they are able to achieve their goals in the ways they think. They are able to develop ways to achieve their desired goals. Snyder (2000) explained that hope has two important aspects, namely 1) agency (a thought process with motivation to reach a goal) and 2) pathways (ways to achieve a goal). Merolla et al. (2021) explained that hope has been studied as a positive and dispositional psychological state that is manifested mainly through mutual cognitive processes (pathways) and motivation (agency).

The existence of social support influences hope, so when individuals are faced with various problems, social support is needed to maintain hope (Weil, 2000). Herth's research (1987) in Weil (2000) revealed that one form of social support comes from the family and that the family has an important role in the level of expectation and coping in solving problems. The families of students are peers in the *pesantren*; whereas, in the *pesantren*, friends are everything to them because they are in the same shade as a family in one house. Religious activities are the second strategy to maintain and support one's hope. Huber & Huber (2012) defined religiosity as the thoughts and beliefs that a person has in viewing the world to produce behaviors and experiences that occur in daily life. The behaviors and experiences that occur in students are religious activities that will form the meaning of religion individually, which will strengthen the hope of students so that religiosity accompanied by hope will foster better subjective well-being. Hope is able to make a greater contribution to subjective well-being. The existence of self-control can also cause strong hope in students (Weil, 2000). When individuals can control their behavior, the perception of control ability will increase. The ability to maintain self-control can be achieved by limiting what is and is not necessary to do, seeking information, and forming independence in order to create strong and resilient feelings and behaviors to achieve hope.

The results of the hypothesis test showed a positive and significant correlation between expectations and subjective well-being (Sulistyowati & Izzaty, 2021; Compton & Hoffman, 2019; Kirmani et al., 2015). The hope that students have can encourage them to make plans, engage in decision-making, and be responsible in the process of achieving goals and planning for the future.

Students will become more positive and directed in living life, free from negative feelings, so as to improve their subjective well-being. In addition, the strength of hope is caused by factors that affect it, namely: social support, religious activities, and self-control (Weil, 2000).

The partial hypothesis also showed a significant and positive relationship between religiosity and the subjective well-being of students. The acceptance of this research hypothesis aligns with the opinions of Diener et al. (2011), Harley & Hunn (2015), Lucette et al. (2016), and Khairudin & Mukhlis (2019), explaining the relationship between religiosity and subjective well-being. The religiosity of students contributes positively to their subjective well-being. If religiosity is high, subjective well-being will also be high. This is also explained by Hills & Argyle (2002), who stated that religiosity can encourage a person to maintain mental health when difficult conditions occur. In this case, individuals who play an active religious role will feel satisfaction in their lives and feel happy.

The results showed that the level of religiosity in students was moderate (73.75%). The level of religiosity classified as moderate indicates that students already have faith/belief in God and their religion. Their beliefs guide them to think and act in accordance with religious provisions and carry out religious activities. Belief in their religion helps them overcome difficulties and has a positive effect on their physical and mental health (McGill & Paul, 1993).

The results of the study showed a positive and significant correlation between religiosity and subjective well-being. The religiosity of students is formed in the family, education, and community environments that support the emergence of religious values, namely in *pesantren*. Life in *pesantren* can provide knowledge, learning, and experience related to religion. In addition, students also engage in many religious activities such as congregational worship (*shalat berjamaah*), studying Islamic books (*kajian kitab*), routine reading of the Al-Quran, and so on. Addai et al. (2014) stated that the activeness of individuals in religious activities influences their well-being.

In addition to these external factors, internal factors of students also affect their subjective well-being. The young age factor indicates that they are still eager to carry out various activities and responsibilities and never give up, as shown by their activeness in their studies, religious communities, and studying topics related to Islam. This statement aligns with Jalaludin's (2012) explanation that several factors affect religiosity, namely internal factors, including heredity, age level, personality, and psychological condition, as well as external factors such as family environment, educational environment, and community environment (Jalaludin, 2012).

The study concluded a positive and significant relationship between hope, religiosity, and the subjective well-being of students in Yogyakarta. Students need to have subjective well-being, considering that the dual roles, responsibilities, and tasks they have can trigger stressors that can impact their physical and psychological well-being. Students can lose their enthusiasm to

achieve their goals, which can cause feelings of dissatisfaction and unhappiness in their lives. Students need to have subjective well-being in order to create happiness, life satisfaction, and physical and mental health. Partially, the independent variables, namely hope and religiosity, showed a positive and significant relationship with the subjective well-being of Yogyakarta students. Hope and religiosity are part of the internal factors that are able to foster subjective well-being from within a person, especially for students. Individuals with high hope and religiosity will be encouraged to do positive things, feel positive feelings, and respond to problems positively; thus, the higher the hope and religiosity they have, the higher their subjective well-being.

This study has several limitations. Primarily, the research sample could not encompass all mahasantri in seven special student pesantren, as the data collection process occurred during the semester break when many mahasantri had returned to their respective homes. Additionally, this study did not employ an observational approach to interact directly with the mahasantri, thus limiting the ability to comprehend their conditions, emotions, and development. Some limitations can serve as recommendations for future researchers. It is suggested that research development be conducted with a broader scope, encompassing subjects, research methods, and other factors that may influence subjective well-being. This approach would allow for more comprehensive, in-depth research with increased benefits and higher accuracy. The research method could be qualitative to facilitate direct interaction with subjects without restrictions. In addition to hope and religiosity, external positive aspects that may foster subjective well-being could be examined to provide a comparative analysis in determining stronger influences.

CONCLUSIONS

The study concluded a positive and significant relationship between hope and religiosity and the subjective well-being of students in Yogyakarta. Students need to have subjective well-being, considering that the dual roles, responsibilities, and tasks they have can trigger stressors that can impact their physical and psychological well-being. Students can lose their enthusiasm to achieve their goals, which can cause feelings of dissatisfaction and unhappiness in their lives. Students need to have subjective well-being in order to create happiness, life satisfaction, and physical and mental health. Partially, the independent variables, namely hope and religiosity, showed a positive and significant relationship with the subjective well-being of Yogyakarta students. Hope and religiosity are part of the internal factors that can foster subjective well-being from within a person, especially for students. Individuals with high hope and religiosity will be encouraged to do positive things, feel positive things, and respond to problems positively, so the higher the hope and religiosity they have, the higher their subjective well-being.

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REFERENCE

- Abdel-Khalek, A. M. (2010). Quality of life, subjective well-being, and religiosity in Muslim college students. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, 19(8), 1133–1143. <https://doi.org/10.1007/s11136-010-9676-7>
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Bonita, E. (2020). *Kuliah sambil nyantri (studi kasus motivasi keberagamaan mahasiswa nyantri di Pondok Pesantren Al-Lathifiyyah Palembang*. [Undergraduate, UIN Raden Fatah Palembang]. <https://repository.radenfatah.ac.id/16921/>
- Chang, E. C., Kahle, E. R., Yu, E. A., Lee, J. Y., Kupfermann, Y., & Hirsch, J. K. (2013). Relations of religiosity and spirituality with depressive symptoms in primary care adults: Evidence for hope agency and pathway as mediators. *The Journal of Positive Psychology*, 8(4), 314–321. <https://doi.org/10.1080/17439760.2013.800905>
- Ciarrocchi, J. W., Dy-Liacco, G. S., & Deneke, E. (2008). Gods or rituals? Relational faith, spiritual discontent, and religious practices as predictors of hope and optimism. *The Journal of Positive Psychology*, 3(2), 120–136. <https://doi.org/10.1080/17439760701760666>
- Compton, W. C., & Hoffman, E. (2019). *Positive psychology: The science of happiness and flourishing*. Sage Publications.
- Coutinho, S. A., & Woolery, L. M. (2004, June 1). *The need for cognition and life satisfaction among college students*. | EBSCOhost.

<https://openurl.ebsco.com/contentitem/gcd:14098755?sid=ebsco:plink:crawler&id=ebsco:gcd:14098755>

- Diener, E., & Chan, M. Y. (2011). Happy people live longer: subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, 3(1), 1–43. <https://doi.org/10.1111/j.1758-0854.2010.01045.x>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Diener, E., & Ryan, K. (2009). Subjective well-being: A general overview. *South African Journal of Psychology*, 39(4), 391–406. <https://doi.org/10.1177/008124630903900402>
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out?. *Journal of Personality and Social Psychology*, 101(6), 1278–1290. <https://doi.org/10.1037/a0024402>
- Felicilda-Reynaldo, R. F. D., Cruz, J. P., Papathanasiou, I. V., Helen Shaji, J. C., Kamau, S. M., Adams, K. A., & Valdez, G. F. D. (2019). Quality of life and the predictive roles of religiosity and spiritual coping among nursing students: a multi-country study. *Journal of Religion and Health*, 58(5), 1573–1591. <https://doi.org/10.1007/s10943-019-00771-4>
- García-Alandete, J., Martínez, E., Nohales, P., & Lozano, B. (2018). Meaning in life and psychological well-being in spanish emerging adults (ENGLISH). *Acta Colombiana de Psicología*, 21, 196–205. <https://doi.org/10.14718/ACP.2018.21.1.9>
- Ghozali, I. (2006). *Aplikasi analisis multivariate dengan program SPSS*. Semarang: Badan Penerbit Universitas Diponegoro.
- Hadianto, H. (2014). Prevalensi dan faktor-faktor risiko yang berhubungan dengan tingkat gejala depresi pada mahasiswa program studi pendidikan dokter Fakultas Kedokteran Universitas Tanjungpura. *Jurnal Mahasiswa PSPD FK Universitas Tanjungpura*, 1(1). <https://jurnal.untan.ac.id/index.php/jfk/article/view/7827>
- Harley, D., & Hunn, V. (2015). Utilization of photovoice to explore hope and spirituality among low-income african american adolescents. *Child and Adolescent Social Work Journal*, 32(1), 3–15. <https://doi.org/10.1007/s10560-014-0354-4>
- Hills, P., & Argyle, M. (2002). The oxford happiness questionnaire: a compact scale for the measurement of psychological well-being. *Personality and*

- Individual Differences*, 33(7), 1073–1082. [https://doi.org/10.1016/S0191-8869\(01\)00213-6](https://doi.org/10.1016/S0191-8869(01)00213-6)
- Huber, S., & Huber, O. W. (2012). The centrality of religiosity scale (CRS). *Religions*, 3(3), Article 3. <https://doi.org/10.3390/rel3030710>
- Jalaludin. (n.d.). *Psikologi agama edisi revisi 2012: Memahami perilaku dengan mengaplikasikan prinsip prinsip psikologi / Jalaluddin* | Perpustakaan Universitas Islam Negeri Sultan Syarif Kasim Riau. Retrieved October 16, 2024, from <https://inlislite.uin-suska.ac.id/opac/detail-opac?id=1257>
- Khairani, A. (2014). *Hubungan dukungan sosial dengan subjective well being pada mahasiswa yang bekerja* [PhD Thesis, Universitas Islam Negeri Sultan Sarif Kasim Riau]. <https://repository.uin-suska.ac.id/6372/>
- Khairudin, K., & Mukhlis, M. (2019). Peran religiusitas dan dukungan sosial terhadap subjective well-being pada remaja. *Jurnal Psikologi*, 15(1), 85–96.
- Kirmani, M., Sharma, P., Anas, M., & Sanam, R. (2015). *Hope, resilience and subjective well-being among college going adolescent girls*. 2349–6959.
- Leontopoulou, S., & Triliva, S. (2012). Explorations of subjective well-being and character strengths among a Greek university student sample. *International Journal of Wellbeing*, 2(3), Article 3. <https://www.internationaljournalofwellbeing.org/index.php/ijow/article/view/99>
- Lucette, A., Ironson, G., Pargament, K. I., & Krause, N. (2016). Spirituality and religiousness are associated with fewer depressive symptoms in individuals with medical conditions. *Psychosomatics*, 57(5), 505–513. <https://doi.org/10.1016/j.psych.2016.03.005>
- McGill, J. S., & Paul, P. B. (1993). Functional status and hope in elderly people with and without cancer. *Oncology Nursing Forum*, 20(8), 1207–1213.
- Merolla, A. J., Bernhold, Q., & Peterson, C. (2021). Pathways to connection: An intensive longitudinal examination of state and dispositional hope, day quality, and everyday interpersonal interaction. *Journal of Social and Personal Relationships*, 38(7), 1961–1986. <https://doi.org/10.1177/02654075211001933>
- Moreira-Almeida, A., Lotufo Neto, F., & Koenig, H. G. (2006). Religiousness and mental health: A review. *Brazilian Journal of Psychiatry*, 28, 242–250. <https://doi.org/10.1590/S1516-44462006005000006>
- Mukhlis, H., & Koentjoro, K. (2016). Pelatihan kebersyukuran untuk menurunkan kecemasan menghadapi ujian nasional pada siswa SMA.

- Gadjah Mada Journal of Professional Psychology (GamaJPP)*, 1(3), Article 3.
<https://doi.org/10.22146/gamajpp.9395>
- Murphy, E. R. (2023). Hope and well-being. *Current Opinion in Psychology*, 50, 101558. <https://doi.org/10.1016/j.copsyc.2023.101558>
- Nadirawati, R. (2018). *Hubungan efikasi diri dengan stres akademik Fakultas Keperawatan Universitas Jember*.
<https://repository.unej.ac.id/xmlui/handle/123456789/86415>
- Nisfiannor, M., & Rostiana, T. P. (2004). Hubungan antara komitmen beragama dan subjective well-being pada remaja akhir di Universitas Tarumanagara. *Jurnal Psikologi*, 2(1), 74.
- O'Connor, E. (2005). *Student well-being: a dimension of subjective well-being?*
<http://acqol.deakin.edu.au/theses/OConnor.pdf>.
- Pahlevan Sharif, S., Amiri, M., Allen, K.-A., Sharif Nia, H., Khoshnavay Fomani, F., Hatef Matbue, Y., Goudarzian, A. H., Arefi, S., Yaghoobzadeh, A., & Waheed, H. (2021). Attachment: The mediating role of hope, religiosity, and life satisfaction in older adults. *Health and Quality of Life Outcomes*, 19(1), 57.
<https://doi.org/10.1186/s12955-021-01695-y>
- Park, N. (2004). The role of subjective well-being in positive youth development. *The ANNALS of the American Academy of Political and Social Science*, 591(1), 25–39. <https://doi.org/10.1177/0002716203260078>
- Quan, P., Huang, D., Yu, Y., & Liu, R. (2016). Mediation role of hope between self-efficacy and subjective well-being. *Iranian Journal of Public Health*, 45(3), 390–391.
- Radisti, M., Suyanti, S., & Albadri, A. (2023). Religiusitas dan konsep diri akademik dengan stres akademik mahasiswa santri. *PSYCOMEDIA : Jurnal Psikologi*, 2(2), Article 2.
<https://doi.org/10.35316/psycomedia.2023.v2i2.102-111>
- Rammouz, I., Lahlou, L., Salehddine, Z., Eloumary, O., Laaraj, H., Ouhamou, M., Mouhadi, K., Doufik, J., Aalouane, R., & Boujraf, S. (2023). Religiosity, stress, and depressive symptoms among nursing and medical students during the middle stage of the COVID-19 pandemic: A cross-sectional study in Morocco. *Frontiers in Psychiatry*, 14, 1123356.
<https://doi.org/10.3389/fpsyt.2023.1123356>
- Santrock, J. W. (n.d.). *Life-span development: perkembangan masa hidup*, Jilid 1. Erlangga.

- Schmid, K. L., & Lopez, S. J. (2011). Positive pathways to adulthood: The role of hope in adolescents' constructions of their futures. *Advances in Child Development and Behavior*, 41, 69–88.
- Snyder, C. R. (2000). *Handbook of hope: Theory, measures, and applications*. Academic press. <https://books.google.com>
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology*, 60(4), 570–585. <https://doi.org/10.1037/0022-3514.60.4.570>
- Sulistiyowati, N. D., & Izzaty, R. E. (2021). *Harapan dan kesejahteraan subjektif pada remaja yang pernah menjadi korban perundungan*.
- Veenhoven, R. (1988). The utility of happiness. *Social Indicators Research*, 20(4), 333–354. <https://doi.org/10.1007/BF00302332>
- Wagner, A. C., Hart, T. A., McShane, K. E., Margolese, S., & Girard, T. A. (2014). Health care provider attitudes and beliefs about people living with HIV: initial validation of the health care provider HIV/AIDS stigma scale (HPASS). *AIDS and Behavior*, 18(12), 2397–2408. <https://doi.org/10.1007/s10461-014-0834-8>
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070. <https://doi.org/10.1037//0022-3514.54.6.1063>
- Weil, C. M. (2000). Exploring hope in patients with end stage renal disease on chronic hemodialysis. *Nephrology Nursing Journal*, 27(2), 219.
- Wuri W, E., & Dini, K. (N.D.). *Gambaran masalah kesehatan jiwa mahasiswi yang tinggal di Pondok Pesantren Al Husna Summersari Jember*. Retrieved November 18, 2023, from <https://repository.unej.ac.id/handle/123456789/88169>