**Omega Graduate School**

**Dissertation Research Prospectus (Pre-Proposal)**

**Problem Statement**

 The problem is that it is unknown whether there was a relationship between the Mental Health of young persons 18 to 24 years in Trinidad and Tobago and their Religiosity during the COVID-19 pandemic lockdown because research shows that Religiosity serves as a buttress to persons during challenging times and reduces the effect of Depression, Anxiety, and Stress (**Ochnik et al. 2022).**

**Purpose Statement**

 The purpose of this study is to examine whether there was a relationship between the Mental Health of young persons 18 to 24 years in Trinidad and Tobago and their Religiosity during the COVID-19 pandemic lockdown.

**Background of the Problem**

The Coronavirus first appeared in Wuhan, China, in late 2019. However, by the first six weeks of 2020, the virus had spread rapidly from China to several other countries. This continuous spread led the Director General of the World Health Organization (WHO) on January 30, 2020, to declare the COVID-19 virus a "Public Health Emergency of International Concern" (WHO, 2020 para.1). However, as the situation grew worse, the Director General declared COVID-19 a pandemic on March 11, 2020 (Hadi et al. 2020 p.1).

COVID-19 was described as the most infectious disease in the last century after the Spanish Flu epidemic (Chowdory, p. 163). This dreaded disease was widespread, affected citizens’ health, and caused the death of approximately two (2) million persons worldwide (Klinglhofer et al. 2021, p.1).

 Various Governments put containment measures in place to prevent the spread among the citizenry. One of these measures was establishing lockdowns. However, this measure appeared to have negatively affected citizens by forcing them to remain at home and, as such, prevented them from socializing as they usually did (Sampogna et al. 2021, p.2). Literature has shown that lockdowns influence mental health and that the 15 to 24-year-old age group is vulnerable (Mc Gorry et al. 2022, p. 61). Issues such as contracting the virus, thoughts of death, financial challenges, and a general feeling of powerlessness weighed heavily on people's minds as they tried to cope with the new reality facing their everyday lives (Schnabel & Schieman, 2022). During this period of extreme challenges, many citizens sought help from God, who became their source of comfort and survival. Schieman et al. 2013 (as cited in Upinieks & Ellison, 2022) posited that religion diminishes the damaging effect of Stress during mental and emotional challenges (p. 858). Researchers Kay et al. 2010 (as cited in Schnabel & Schieman, 2022) viewed religion as "an important resource that people can draw upon for comfort, strength, community and a sense of control in the face of uncertainty and hardship" (para.4).

Significance

This study will contribute to a gap in the research between the mental health of 18 to 24-year-old young persons of Trinidad and Tobago and their Religiosity during the COVID-19 pandemic lockdown.

Research Questions

RQ1. What is the relationship between the levels of Depression among 18 to 24-year-old persons during the COVID-19 lockdown and those with high levels of Religiosity as opposed to those with low levels of Religiosity?

RQ2. What is the relationship between the levels of Anxiety among 18 to 24-year-old persons during the COVID-19 lockdown and those with high levels of Religiosity as opposed to those with low levels of Religiosity?

RQ 3. What is the relationship between the levels of Stress among 18 to 24-year-old persons during the COVID-19 lockdown and those with high levels of Religiosity as opposed to those with low levels of Religiosity?

Research Methodology

This study will utilize a quantitative methodology because hypotheses derived from research questions will be tested using statistical analysis. The study will use a Correlational Research Design to explore the relationship between the mental health of young people 18 to 24 yrs and their Religiosity during the COVID-19 lockdown.

 Theoretical Framework

This study is framed by the Biopsychosocial theories of mental illness and also on the Sociological and Developmental theories on Religiosity and Youths.

The BioPsychosocial theory guides us in understanding that a person’s genetic makeup, how they manage their thoughts, feelings and behaviors, as well as their social environment can have an impact on their mental health (Cooper, Tatlow-Golden, 2023, pp. 214-218). According to Armstrong & Summers (2020), "biological, psychological, and social factors are all central to every mental illness."

(p. 82).

Mental illness has been the main obstacle to the health, wellness, and productivity of young persons worldwide (McGorry et al., 2022, para.1). This includes the age group 18 to 25 year-olds on which we are focusing our study. McGorry et al. posited that their data showed that 50% of mental disorders occur before age 15 and 75% by age 25. They also asserted that 50% of this age group is affected by age 25.

Depression, Anxiety, and Behavioral disorders are among the leading causes of illness and disability among adolescents (WHO, 2021, para.1). Some emotional conditions prevalent among young persons are Anxiety and Depression. The most pervasive is Anxiety. The World Health Organization (WHO) posited that 3.6% of 10 to 14-year-olds and 4.6% of 15 to 19-year-olds experience an anxiety disorder (WHO, 2021, para. 7). These disorders can hinder a student's performance at school. Depression can even lead to suicide if not dealt with early.

According to the World Health Organization Report (2022), "Adversity is one of the most influential and detrimental risks to mental health" (p. 22). Adversity can come in different forms, such as poverty, sexual abuse, physical abuse, and even the COVID-19 pandemic. McGorry et al. (2022) stated that young people have had worse mental health experiences since the Covid-19 pandemic; 75% reported that their mental health was worse than before.

Research has proven that people can experience resilience during adversity through religiosity/ spirituality. Manning 2013 (cited in Schwalm et al. 2021, p. 2) described spirituality "as a path to resilience." p. 2. Schwalm et al. referred to studies that have reported positive results in this area. They cited Moreira-Almeida et al., 2014 who identified "low levels of Depression, Anxiety, Stress, suicidal thoughts, and drug use" (p.2) as evidence of this fact. Gall et al. 2011 (cited in Schwalm et al., 2021) noted that religiosity/ spirituality can also enable patients who have been diagnosed with cancer to recover quickly.

Researcher Xudoyoulova, 2023, identified the importance of Religiosity in developing mental health and cognitive development and noted plans to use it during therapy in some countries. Xudoyoulova supported his views by referencing American psychologist A. Boyzen, who believed "religion has the power to positively influence people to get out of crises in their lives" (para. 1).

Dyer et al. 2023 examined the effect of the stressors of the COVID-19 pandemic on adults, children, and adolescents. These researchers used the Stimulus-based model of Stress to determine the impact of the distressing events of the pandemic, such as school disruption and the curtailing of social and recreational activities, on adolescents' mental health. They concluded that the results of these could have led to grave psychological disorders. However, their findings revealed that adolescents' Religiosity enabled fewer mental health challenges. This was also the conclusion of Fatima et al. 2022 who studied how young adults coped during the COVID-19 pandemic. Vishkin et al. 2014 (as cited in Fatima et al. 2022) stated, "By shaping emotion regulation, religion eventually promotes well being….. by effectively regulating cognitions and emotions in stressful situations” (para. 4).

Many sociological and developmental theories suggest that religion contributes positively to youth development. Durkheim's theory of social integration attests to this fact. Durkheim might be considered one of the first sociologists who recognized religion's important role in societies (Lawrence-Hart & Deezia, 2023, p. 195.) These researchers stated that Durkheim viewed religion much more than a custom or practice but as a system of beliefs that produced order and stability in a society and resulted in everyone's benefits (p. 197).

The leading theory about religious development is Fowler’s Faith Development Theory. Fowler 1981 (as cited in Hardy et al. 2022, p. 597) developed a structural approach using six styles of faith based on "theories of Piaget and Kohlberg and lifespan theories of Erikson and Kegan" (Hardy et al. 2022, p. 597). According to this development model, an adolescent's immediate social setting, congregation, and religious tradition positively influence his attitude and decision-making.

Another theory of importance in adolescent development is the Self-determination theory (SDT). Hardy et al. 2020, noted that research-based was mainly focused on the engagement of youths in religious activities and their devoutness but suggested a change of focus by introducing the SDT. Kirkpatrick & Hood, 1990 (as cited in Hardy et al., 2020) explained that the underlying principle of this theory is that of empowering adolescents inherently so that they develop a passion to practise their beliefs by worshipping and serving God (para. 2). It also sought to identify the different types of religious empowerment strategies that can positively impact youths (para.1). Mc Murdie et al., 2013 (as cited in Hardy et al., 2020 ) pointed out that religion can act as a shield against the negative symptoms of disorders such as Anxiety, Stress and Depression.

**Instrumentation**

This study will utilize two (2) instruments. (1) The DASS-21 instrument, which measures the severity of the symptoms of Depression, Anxiety, and Stress, using D (Depression), A (Anxiety), and S (Stress) subscales (Ahmed et al., 2022). (2) The researcher will use the Duke University Religion Index (DUREL) to measure Religiosity. The DUREL is a five-item assessment that measures the three significant elements of Religiosity: these are (1) organizational religious activity, (2) non-organizational religious activity, and (3) intrinsic Religiosity. The DUREL measures these dimensions by a separate “subscale” (Koenig et al., 2010 para. 1).

**Research Design**

This quantitative study will utilize a correlational design to examine whether there was a relationship between the Mental Health of 18 to 24 year old young persons in Trinidad and Tobago and their Religiosity during the COVID-19 pandemic lockdown,

Population and Sampling

 The target population for this study will be 18 to 24-year-old young persons from the First Church of the Open Bible, San Fernando, Trinidad and Tobago.

Hypotheses

Correlational

Ho: No statistically significant relationship exists between Mental Health and Religiosity among 18 24 –to 24-year-old Trinidad and Tobago young persons during the COVID-19 pandemic lockdown.

Ha: A statistically significant relationship exists between Mental Health and Religiosity among 18 to 24-year-old young persons of Trinidad and Tobago during the COVID-19 pandemic lockdown.

Data Analysis

 This study will test data for normality and relevant assumptions of appropriate statistical procedures. If data do not meet assumptions for parametric procedures (results apply to population), nonparametric procedures (results apply only to the sample) will be utilized.

This study will utilize Pearson's Product Moment of Correlation (parametric) to measure

the linear relationship between the two variables or Spearman's Rank Correlation

(Nonparametric) to test the hypotheses for statistically significant relationships.