Theory of planned behaviour and religiosity in coping with the covid 19 pandemic in Malaysia

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Abstract-- Research dealing with various aspects of the theory of planned behavior (Ajzen, 1985, 1987) is reviewed, and some unresolved issues are discussed in coping of COVID 19 disease in Malaysia. In broad terms, the theory is found to be well supported by empirical evidence. Intentions to perform behaviors of different kinds can be predicted with high accuracy from attitudes toward the behavior, subjective norms, and perceived behavioral control; and these intentions, together with perceptions of behavioral control, account for considerable variance in actual behavior with religiosity aspect. Attitudes, subjective norms, and perceived behavioral control and religiosity are shown to be related to appropriate sets of salient behavioral, normative, and control beliefs about the behavior, but the exact nature of these relations is still uncertain. Expectancy value formulations are found to be only partly successful in dealing with these relations. Optimal rescaling of expectancy and value measures is offered as a means of dealing with measurement limitations. Finally, inclusion of past behavior in the prediction equation is shown to provide a means of testing the theory’s sufficiency, another issue that remains unresolved. The limited available evidence concerning this question shows that the theory is predicting behavior quite well in comparison to the ceiling imposed by religiosity element of COVID 19 disease in Malaysia.

Keywords-- theory of planned behavior, religiosity, COVID 19 disease

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I INTRODUCTION

Ajzen’s (1991) Theory of Planned Behaviour (TPB) is a theory that describes human behaviour. TPB is a general theory that is used by researchers to predict a person’s behaviour in different environments for example in COVID-19 disease. The Theory of Planned Behaviour (TPB) (Ajzen, 1991) is developed from The Theory of Reasoned Action (TRA) (Ajzen and Fishbein, 1975). The important basis of the Theory of Planned Behaviour and Theory Reasoned Action is an individual’s intention to carry out a certain action. A person’s action is thus determined by their intention to do the act (Stone et al., 2007). According to this theory, an individual’s intentions and actions are based on three components, namely (1) attitude toward behaviour, (2) subjective norms and (3) perceived behavioural control. The theory allows easier and more effective predictions to be made on volitional behaviour where there is intention and effort towards an action (Thomas et al., 2007) to cope the COVID-19 disease. The Theory of Planned Behaviour is an improvement to overcome clear weaknesses in the Theory of Reasoned Action originally developed by Fishbein and Ajzen (1975). Like the latter, TPB also focuses on a person’s intention which leads them to engage in certain actions (Ajzen 1991). In fact, TPB is an influential model that is used to explain a human’s social behaviours (Ajzen, Joyce, Sheikh, & Cote, 2011). TPB has been used widely to examine behaviour in many environments, specifically religious behaviour for example in COVID-19 disease. Beck and Ajzen, 1991; Thomas et al (2007) clearly advocate that the Theory of Planned Behaviour is directed and can suitably predict non-compliance towards principles of smart campuses, which is a core discussion of this research. Earlier researchers (Passow, Mayhew, Finelli, Harding, Trevor & Carpenter, 2006; Whitley,1998; Thomas et al., 2007; Mei Wah, William and Matthew, 2013; Alleyne and Philip, 2011; Thomas et al., 2010; Imran and Nordin, 2013) who have used the theory in research have stated the strength of TPB in predicting behaviour in COVID-19 disease. Therefore, based on the strong support of TPB, this theory was chosen as the base theory of this research.

II THEORY OF REASONED ACTION IN COVID 19 DISEASE

Ajzen and Fishbein (1975) worked towards developing an understanding of the relationship between attitude and human behaviour and came up with the Theory of Reasoned Action. This theory states that attitude determines a person’s behaviour in making rational and detailed decisions in how to mitigate from COVID-19 disease. This theory encompasses two components, which are (1) behaviour that is not influenced by an individual’s specific attitude towards something (2) behaviour that is determined by subjective norms as well in addition to attitude. Ajzen strived to develop an understanding between behavioural attitude, subjective norms and perceived behavioural control towards a person’s intention to act. According to Kamaruddin Ambak, Rozmi, Riza Atilq and Nazri (2011) within this theory, attitude refers to overall evaluation of an individual’s behaviour, subjective norms refer to the belief of whether other people will be affected by their actions in COVID-19 disease, while perceived behavioural control refers to the perception of factors that can enable or prevent an individual from carrying out the behaviour (Razuhanafi, Rozmi and Riza Atilq, 2013).

In this circumstance, intention can uncover the motivational factors that influence a certain behaviour (Ajzen 1991). Hisrich (2008) strengthens this view with two perceptions on these motivational factors, namely the confidence an individual has towards the ease of which an action can be carried out and the intent as seen through
the individual’s attitude. Until now, Ajzen’s (1991) model has been used widely in psychological to explain and predict human behaviour (Dyer 1994; Kolvereid 1996; Krueger and Carsrud 1993; Krueger 2000). Learning is an important part of life. Almost all our daily activities lead to learning something new, whether we are aware or not of it occurring (Hermawan, 2014). The process of learning is continuous, through skills such as reading, counting, writing and evaluating (Mohamed & Amir, 2014). Thus, an individual’s ability to identify, remember, think and predict things that happen becomes new knowledge (Hanafy, 2014).

According to Hergenhahn and Olson (2015), learning is knowledge or understanding that is gained through practice or experience. Learning is also considered a process or effort by an individual to achieve certain behaviour in terms of knowledge, attitude, appearance and positive values (Azrai et al., 2017). Mental, physical or spiritual activities that an individual experiences can continuously influence and develop their behaviour (Razak & Noh, 2016). Therefore, changes in attitude and behaviour includes cognitive, affective and psychomotor aspects (Susanto, 2016).

### III HUMAN BEHAVIOUR IS DETERMINED BY CHANGES OF NORMATIVE BEHAVIOUR IN COVID 19 DISEASE

Human behaviour is determined by intention and any changes in our behaviour towards an object (target) depends on time and situation (Fishbein and Ajzen, 1975). Krueger and Carsrud (1993) found that intention is the best predicting factor to behaviour stemming from attitude. Other than that, intention or behaviour is believed to be unique and dependant on an object, situation and the timeframe in which a behaviour is presented. (Krueger 2000). Theoretically, the intention can predict many types of behaviours with high accuracy based on an individual’s past life events (Ajzen, 1991). There are certain elements involved in the process in which intention shapes a certain new behaviour (Ajzen 1991). First, attitude towards behaviour, which refers to an individual's evaluation of whether a behaviour is favourable or unfavourable (Ajzen 1991; Hisrich (2008) believes that an individual has a strong intention towards a behaviour after considering that a behaviour will have the expected outcome. In this situation, an individual’s intention is determined by three beliefs, which are behaviour, normatives and control that exists in the relationship between attitude, subjective norms and actual behaviour control. These three events which lead to level of intention are the main constructs of this model. Attitude and subjective norms are actual intended factors. (Krueger et al. 2000). Whereas actual controlled behaviour is the reflection of actual possible outcomes to present a certain behaviour and relates to self-efficacy or perception of situation efficacy. (Ajzen 1991; Hisrich et al 2008; Krueger et al. 2000). Attitude towards behaviour refers to an individual’s evaluation of whether a behaviour is favourable or unfavourable (Ajzen 1991;
Fishbein and Ajzen 1975; Hisrich et al 2008). Attitude affects certain behaviours and relates closely to an individual’s positive or negative feelings (Ajzen 1991; Ajzen and Fishbein 1975).

V CHANGE OF NEW ATTITUDES IN COVID 19 DISEASE

This attitude depends on expectations and beliefs related to personal impact as a result of an individual’s behaviour (Krueger et al. 2000). Therefore, in this context, attitude is very much influenced by exogenous factors, whether to perform a certain behaviour or decrease the relationship between intention and behaviour (Krueger and Carsrud 1993). However, according to Krueger and Carsrud (1993), exogenous factors only indirectly influence intention and behaviour through changes in attitude. The second construct in this theory is social norms which refers to perception towards social pressures in determining whether a behaviour can be performed or not (Ajzen 1991; Krueger et al. 2000). In this context, an individual’s perception is controlled by their normative beliefs on the expectations of others towards performing a behaviour (Ajzen 1991). These normative beliefs depend on the motivational strength to obey social norms. Krueger (2000), found that social norms cannot predict the intention of individuals who have a high locus of control or strong orientations towards a performed behaviour. The strongest social influences are parents, friends, role models or mentors and social networks. Actual behavioural control is the third factor in this theory. According to Ajzen (1991), behaviour very much depends on an individual’s past experiences. This factor relates closely to self-efficacy which involves perception of situational efficacy. (Hisrich et al. 2008; Krueger et al. 2000). Krueger et al (2000) found that perception could predict planned behaviour when a problem occurs in behavioural control. Therefore, an individual will produce an intended attitude when they believe that the behaviour will lead to a positive outcome. Vice versa, belief in a negative outcome will produce a negative attitude (Fishbein and Ajzen (1975). This shows that level of intention to produce a behaviour becomes stronger when attitude and subjective norms find a behaviour is favourable, while at the same time increasing actual behavioural control (Ajzen, 1991).

IV ELEMEN OF RELIGIOSITY IN COVID 19 DISEASE

Many religion scholar identified this religiosity concept by considering a person’s participation in a formal religious organisation (Ohrbach, 1961; Bahr, 1970; Schaie & Willis, 1986; Wan Ibrahim Wan Ahmad & Zainab Ismail, 2010; Ab Rahman, Z. et al., 2019; al Muhasibi, 1992). In this context, the level of religiosity (internalisation) is measured based on how frequently one attends a church service. The higher the frequency of attendance, the higher the level of religiosity (internalisation). Quraish Shihab was also of the view that religion is a relationship between a subject and his Creator from a spiritual perspective as well as practiced in worship rituals. Religiosity or a religious attitude in a person is produced due to behaviour normally associated with the internalisation of religion, which reflects one’s identity based on a holistic understanding of religion. Religiosity also influences a person’s cognitive, affective and psychomotor faculties involved in a dimension that has an absolute relationship with the values of religiosity.

Abdul Mujib (2003), Visser et al. (2010), Rahman et al (2018), Salasiah et al (2020) had shown that a high level of religious practice leads to a significant increase in the quality of life when dealing with various types of cancer. This was consistent with Giovagnoli et al. (2006), Al Nadawi (2000), al Jawziyyah (2008), Said Hawwa (2000), who found that religiosity could contribute towards the enhancement of life when fighting epilepsy.
Harrison et al. (2005) stated that religiosity has a positive relationship when associated with the level of global health, such as the anxiety aspect. Besides that, Sloan et al. (1999) had shown that the religious aspect and prayers can lead to quick recovery in various illnesses. Whereas, Koening et al. (2009), Ibn Qayyim (2005), Al Nadawi (2000) and Imam Malik (2005) showed that spirituality and religion can influence the physiological perimeters, such as the cardiovascular and immune systems, when fighting diseases and high lipid levels, which leads to low blood pressure.

Dr Robert C. Pale, a surgeon, had expressed his views, as follows:

“Religion has huge benefits in the field of medicine. I, as a surgeon, have frequently witnessed remarkable recoveries in patients because of their high level of confidence in fighting their disease internally. I have also seen a concerting relationship when religion and health both influence one another. Hence, I am very confident that when religiosity and health are combined to fight diseases and sadness, there is a big possibility that the relationship will be positive”

Carl Gustav Jung had a positive view about religion compared to his mentor, Sigmund Freud, who thought that sexual urges were very important for an individual’s instinctual life.

“Patients who were more than 35 years of age had a high level of religiosity in their lives and I believe that they all fall sick because they have lost the guidelines provided by religiosity and no one will be cured if they do not return to their own religion”.

Weaver, A. J., et al (2004), Wiebe, K. F., & Fleck, J. R. (1980) strongly agreed with the views of Jung although at the beginning he did not agree on the religious aspect but because most of the problems experienced by his patients were related to the religious aspect, he eventually embraced Christianity. After he embraced Christianity, the religious approach was associated with the mental health of his patients. Victor E. Frankl also expanded the psychotherapy aspect based on the extension of the human mind and he disagreed with the views of Freud, who had never seen humans from the actual aspect. His studies found that 20% of those suffering from neurosis did not have any direction in life.

According to Al-Muhasibi, 1992; Hawwa, Said, 1988; Ab. Rahman, Z. 2018; Salasiah Hanin, et al, 2020., psychologists and psychotherapists should focus on the religious aspect in mental health. Among his views were:

i) A patient must understand the problem he is facing.

ii) The intervention must be based on the patient’s religious beliefs.

iii) The religious aspect must be identified in the patient’s treatment framework.

iv) Negative experiences must be eliminated from the patient’s mind.

v) A holistic evaluation that affects the patient’s life is necessary for charting the patient’s whole life.

Thompson, M. P (1997), Tobin, D. L et al (1998), Koole et al (2009) and A. Vishkin, Y. Bigman and M. Tamir (2014) had strongly emphasised that the religious approach is significant in rejuvenating a patient’s mental health and a psychological healing system for illnesses. Religion is not only a mystical practice that soothes the mind but can also treat neurosis. Jung also stated that the religious dimension is a mental aspect that connects humans with
eternal beliefs in the process of finding some form of compatibility between the ego and non-ego. The religious
dimension starts with the awareness of religion by initially examining the internal or spiritual aspects.
According to Jung, the process of knowing God needs a consistent adventuring of the mind and a person must
adhere to all the commands of God. The spiritual adventuring process forms the religious behaviour and the seeking
of religious awareness begins with a person’s experience according to the meaning of a religion and its role in the
perpetuity of life. Religious experience will lead a person to appreciate the genuine and true meaning of religious
awareness in order to achieve a meaningful life (Al-Muhasibi, 1992; Hawwa, Said, 1988; Ab. Rahman, Z. 2018;

VI CONCLUSION

Thus, it can be concluded that learning can help an individual obtain information and react towards
stimulus to gain new knowledge and improve themselves

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