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Islamic religiosity, self-concept, and quarter-life crisis among undergraduate health sciences students

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Abstract

Background: The quarter-life crisis (QLC), typically occurring during emerging adulthood, represents a prolonged emotional struggle that may lead to adverse outcomes such as stress, anxiety disorders, and depression.

Purpose: To examine the correlation between Islamic religiosity and self-concept with QLC among undergraduate students.

Method: A quantitative correlational design with a cross-sectional approach was employed, involving 82 students. Data were collected using structured questionnaires and analyzed through univariate and bivariate techniques, with Spearman's rank correlation applied.

Results: The majority of respondents were 21 years old (52.43%), female (82.93%), and enrolled in public schools (79.27%). Most demonstrated moderate Islamic religiosity (70.73%), particularly in spiritual experiences (mean = 37.41). All students reported a positive overall self-concept, with role performance (97.56%) being the strongest dimension. Statistical analysis revealed no significant relationship between Islamic religiosity and QLC ($p = 0.152$, $r = -0.160$). However, a significant negative correlation was found between self-concept and QLC ($p = 0.001$, $r = -0.440$). While religiosity components such as spiritual experiences, consequences, and worship practices were moderately expressed, they did not significantly influence QLC. In contrast, negative aspects of self-concept—including body image, ideal self, self-esteem, role performance, and personal identity—were significantly associated with QLC.

Conclusion: Self-concept was moderately and inversely associated with quarter-life crisis, whereas Islamic religiosity was not significantly associated with quarter-life crisis. The cross-sectional design does not establish causality.

Keywords: Emerging Adulthood; Islamic Religiosity; Quarter-Life Crisis; Self-Concept; Undergraduate Student.

INTRODUCTION

Students experience different phases of growth in their lives, each characterized by distinct characteristics and functions. In the first phase, students transition into emerging adulthood, which marks the shift from adolescence to early adulthood, typically between 18 and 28, or after graduating from senior high school (Hochberg & Konner, 2020). Students in this phase show different and unique responses. Some feel happy, enthusiastic, and challenged with a new life that has never been faced, but others feel stressed, anxious, depressed, and empty (Salsabila, Harsyanthi, Mustika, Hidayat, & Riany, 2023). Students who pass through this growth phase cannot respond well to life's problems and are predicted to find various psychological problems, feel adrift in uncertainty, and experience an emotional crisis called quarter-life crisis (Agarwal, Guntuku, Robinson, Dunn, & Ungar, 2020). In facing quarter-life crisis, issues arise, such as dreams and hopes, academic challenges, religious, and spiritual interests, and work and career life (Su, Hsu, Su, & Su, 2026). The crisis might be because of the pressures of their parents on their future, academic pressure (Hasyim, Setyowibowo, & Purba, 2024), financial dependence on parents, high social assessment of their presence, and comparing their achievements with those of others (Chao, 2022).

Emotional crises in quarter-life crisis that are experienced over a long period can cause negative consequences for life, such as stress, excessive anxiety disorders, and depression. Emotional disorders, such as anxiety and depression, experienced by individuals with quarter-life crisis are mental health disorders with a higher prevalence among individuals aged 18-29 years (Mcdermott, Fruh, Williams, Hauff, Graves, Melnyk, & Hall, 2020). More than 200 million people worldwide (3.6% of the population) experience anxiety, with the majority coming from Southeast Asia and the Western Pacific (Nelson, 2021). In Indonesia, the prevalence of emotional disorders that occur in the population aged 15 years and above has increased from 6% in 2013 to 9.8% in 2018. It is in the fourth highest position with a prevalence of emotional mental disorders that result in emotional crises of 14% for those aged 15 years and above (Astutik, Hidajah, Tama, Efendi, & Li, 2021). These conditions may give rise to new

problems, such as emotional problems, aggressive behavior, or social withdrawal. They are often anxious and worried about their future lives, questioning their lives, finding a gap with their parents about different perspectives on life goals and desires, feeling like they have failed, and demotivated to support their life path. They feel left behind by their peers who may have greater careers and achievements than they do (Robinson, 2019). Thus, individuals often compare themselves with others (Robinson, Cimporescu, & Thompson, 2021).

Students at this age are at high risk of experiencing a decreased appreciation for the religion they adhere to. Thus, they are vulnerable to various psychological problems due to a decrease in their level of religious understanding (Hardy, Nelson, Moore, & King, 2019). Religiosity is a personal relationship with God, which results in the desire to obey and comply with what is recommended and prohibited. Religiosity is considered a level of knowledge, belief, implementation of worship and faith, and appreciation in the form of acts of worship (Heiphetz, Landers, & Van Leeuwen, 2021). The religiosity that has become inherent in oneself will be recognized as a significant aspect of human behavior that plays a crucial role in shaping psychological health. Increasing religious belief and practice can achieve satisfaction, happiness, positive emotions about life, and improved morals. Furthermore, the impact of religious belief and practice on young people was associated with lower symptoms of depression and improves self-esteem (Ariffin, Khaiyom, & Rosli, 2022). Religiosity plays a crucial role in facing the demands of developmental tasks from their social environment, crises, and stressors. Students with high levels of religiosity tend to interpret life more positively, affecting their optimism (Ariffin et al., 2022). A student's adjustment to the circumstances they encounter may be associated and shape their self-concept. Self-concept is their self-evaluation or assessment. Self-concept is formed through interactions with others and the surrounding environment. It is also something learned and formed through an individual's experiences relating to others. Self-concept develops from the individual's interactions with their environment, and the individual will strive to behave consistently with that self.

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Students' self-concept is reflected in their understanding of their strengths and weaknesses, such as age, occupation, and future. Furthermore, their view of themselves regarding the future aligns with their ideal self, and they assess themselves for discrepancies between their ideal self-image and their authentic self. Congruence between their ideal self and their authentic real self contributes to a positive self-concept, leading to liking themselves, understanding themselves, developing their potential, and being motivated in what they do (Afriyanti, 2024a). Meanwhile, the discrepancy between their ideal self-image and real life will lower their self-concept. Conversely, an inability to adapt will cause someone to experience isolation, low self-esteem, pessimism, anxiety, worry, or fear, which will impact their personal social development, or what is called a personality crisis (Pang, Wang, Zhang, & Zhang, 2024). Thus, a good self-concept is one of the factors that can help someone adapt to their life development tasks, including facing crises at every stage of development they experience, especially in the quarter-life crisis phase.

This research specifically focuses on Islamic religiosity because the participants were undergraduate students enrolled in an Islamic-based higher education institution, where Islamic values, beliefs, and religious practice are integrated into both academic and daily life. In this context, Islamic religiosity is expected to influence how students interpret life challenges, regulate emotions, and cope with developmental transitions, making it a more contextually appropriate construct than religiosity measured in a general sense. Based on the theoretical and empirical evidence, this study proposes the following hypothesis 1) higher Islamic religiosity is associated with lower levels of quarter-life crisis among undergraduate students; 2) a more positive self-concept is associated with lower levels of quarter-life crisis; and 3) Islamic religiosity and self-concept are significantly associated with quarter-life crisis among undergraduate students.

The results of a preliminary study of 10 students found that all students experienced worries and anxiety about the uncertainty of their future. Students felt worried about their careers and felt burdened by the expectations of those around them, constantly asking themselves about their inability to succeed in

their careers and worrying about their competence compared to peers who had better abilities than themselves. Hence, they were afraid of failure, which led them to overthink. A total of 7 students experienced pressure in college life, three experienced financial difficulties, and two were worried about their love life and had not found the right partner. A total of 3 students also experienced problems in friendships, which made them withdraw. In addition, six students often compare themselves with other people's achievements, which makes them feel worthless. Four other students often compared themselves to others but did not feel useless. A total of 5 students felt trapped under challenging situations until they felt hopeless and insecure about their physical appearance.

RESEARCH METHOD

This study used a quantitative correlational design with a cross-sectional approach to examine the associations of Islamic religiosity and self-concept with quarter-life crisis. This study was conducted at the faculty of Health Sciences, UIN Syarif Hidayatullah Jakarta from February to May 2022. The determination of the number of samples in this study was carried out scientifically using the Slovin Formula with a total population of 289 students. The specified margin of error was 9.35% at a 95% confidence level, resulting in a sample size of 82 students. Furthermore, sampling was conducted using stratified random sampling. The criteria for inclusion were enumerated as below: 1) willing to be a respondent; 2) age over 17 years; 3) no condition that prevented questionnaire completion.

Data collection was conducted using four instruments, including the Demographic Record Form. It includes general information included age, gender, study program, and educational history.

The Islamic Religiosity Scale was employed to assess five dimensions: beliefs, worship practices, spiritual experiences, religious knowledge, and consequences. Each item was rated on a five-point Likert scale, ranging from 1 ("very inappropriate") to 5 ("very appropriate"). The total possible score ranged from 5 to 185. Based on the scoring criteria, results were classified into three categories: scores below 123 indicated a low level of Islamic religiosity; scores between 123 and 155 reflected a moderate level; and

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scores above 155 denoted a high level of Islamic religiosity. Islamic religiosity scale has a Cronbach's α of >0.60 , and r value of 0.427-0.82 (Nabi, Shah, & Seh, 2023).

The Self-Concept Scale encompasses five domains: body image, ideal self, self-esteem, role performance, and personal identity. Each domain is scored separately, with interpretation as follows: (1) overall self-concept is considered positive at scores between 75 and 125, and negative at scores between 25 and 74; (2) body image is classified as positive with scores of 16–24 and negative with scores of 5–15; (3) ideal self is regarded as realistic at scores of 16–25 and unrealistic at scores of 5–15; (4) self-esteem is categorized as high at scores of 16–25 and low at scores of 5–15; (5) role performance is considered satisfactory at scores of 16–25 and unsatisfactory at scores of 5–15; and (6) personal identity is identified as clear at scores of 16–25 and unclear at scores of 5–15. The scale demonstrated strong psychometric properties, with a Cronbach's α of 0.83 and a content validity index of 0.97. (Arens, Yeung, Craven, & Hasselhorn, 2011).

The Quarter-Life Crisis Scale comprises seven dimensions: indecision in decision-making, entrapment in difficult circumstances, negative self-evaluation, hopelessness, anxiety, stress, and concerns regarding current or future interpersonal relationships. Each item is rated on a six-point Likert scale, ranging from 1 ("very inappropriate") to 6 ("very appropriate"), producing a total score between 5 and 150. Scores are classified into three categories: values below 63 indicate a low level of quarter-life crisis; scores between 63 and 111 reflect a moderate level; and scores above 111 denote a high level of quarter-life crisis. Psychometric testing demonstrated strong reliability and validity, with a Cronbach's α of 0.967 and item-content correlation values ranging from 0.411 to 0.758.

Participants were required to complete four instruments: the Demographic Form, the Islamic Religiosity Scale, the Self-Concept Scale, and the Quarter-Life Crisis Scale. The estimated time to

complete all questionnaires was approximately 1–2 hours. The researcher distributed the instruments directly to participants and subsequently collected the completed forms. For individuals who experienced difficulty reading the items, the researcher read the questions aloud and recorded their responses. Prior to data collection, participants were introduced to the researcher and informed about the study's objectives, procedures, potential risks, and anticipated benefits.

All data were treated with strict confidentiality. Only the researcher had access to the raw data, and participants' identities were protected by assigning code numbers to the questionnaires. Reports were presented in aggregate form, without reference to individual or institutional identities. Data were used exclusively for research purposes and were deleted upon completion of the study.

Demographic data were analyzed using frequency and percentage distributions. Mean values and standard deviations were calculated to summarize scores for Islamic religiosity, self-concept, and quarter-life crisis. Statistical significance was set at $p < 0.05$. Spearman's rank correlation analysis was employed to examine the relationship between quarter-life crisis (independent variable) and Islamic religiosity and self-concept (dependent variables).

Ethical approval for this study was obtained from the Ethics Committee of FIKES UIN Syarif Hidayatullah Jakarta (Un.01/F.10/KP.01.1/KE.SP/04.08.036). The study adhered to established ethical standards, including considerations of social and scientific value, equitable distribution of risks and benefits, risk minimization, avoidance of inducement or exploitation, and protection of confidentiality and privacy. Informed consent was obtained after participants were provided with a clear explanation of the study's objectives, benefits, procedures, and their rights. Participation was voluntary, and consent was given without coercion. Ethical principles of autonomy, privacy, and participant well-being were upheld throughout the research process.

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=82)

Variables	Results
Age (Mean±SD)(Range)(Year)	(21.51±0.85)(18-25)
Age (n/%)	
18	1/1.22
20	1/1.22
21	43/52.43
22	30/36.59
23	6/7.32
25	1/1.22
Gender (n/%)	
Male	14/17.07
Female	68/82.93
Educational Background (n/%)	
Public school	65/79.27
Islamic boarding school	17/20.73
Study Program (n/%)	
Bachelor of nursing	23/28.05
Bachelor of public health	30/36.59
Bachelor of pharmacy	29/35.36
Islamic Religiosity	
Low	11/13.42
Medium	58/70.73
High	13/15.85
Self-concept (n/%)	
Positive	82/100.00
Negative	0/0.00
Self-concept Components	
Body image (n/%)	
Positive	65/79.27
Negative	17/20.73
Ideal self (n/%)	
Realistic	56/68.29
Unrealistic	26/31.71
Self-esteem (n/%)	
High	29/35.36
Low	53/64.64
Role performance (n/%)	
Satisfied	80/97.56
Unsatisfied	2/2.44
Personal identity (n/%)	
Clear	81/98.78
Unclear	1/1.22

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Table 1 presents the statistical distribution of students' demographic characteristics, Islamic religiosity and self-concept. The average age of the respondents was 21.51 years ($SD \pm 0.85$). The majority were 21 years old (52.43%), female (82.93%), enrolled in public schools (79.27%), and pursuing a Bachelor of Public Health degree (36.59%). Regarding Islamic religiosity, most students demonstrated a moderate level (70.73%). All participants exhibited a positive overall self-concept. Within its components, the majority reported a positive body image (79.27%) and a realistic ideal self (68.29%). Conversely, low self-esteem was common, affecting 64.64% of students, while only 35.4% reported high self-esteem. Nearly all participants expressed satisfaction with their role performance (97.56%) and clarity in personal identity (98.78%). These findings suggest that although the overall self-concept was positive, self-esteem emerged as the weakest dimension.

Table 2. Distribution of Islamic Religiosity, Self-Concept, and Quarter-Life Crisis (N=82)

Variables	Mean	Min-Max
Islamic Religiosity Components		
Beliefs	18.62	12-25
Worship Practice	27.34	14-38
Spiritual Experiences	37.41	26-45
Religious Knowledge	21.40	11-33
Consequences	33.38	24-40
Quarter-Life Crisis Components		
Negative self-assessment	24.55	10-36
Stress and worry about interpersonal relationships that are being or will be formed	14.98	5-24
Stress	12.48	3-18
Indecision in making decisions	11.46	4-18
Being trapped in difficult situations	9.15	3-18
Hopeless	7.79	2-12
Anxiety	7.34	2-12

Table 2 presents the mean scores for the components of Islamic religiosity and quarter-life crisis. Within the religiosity dimensions, spiritual experiences recorded the highest mean score (37.41), followed by consequences (33.38), worship practices (27.34), religious knowledge (21.40), and beliefs (18.62). In relation to quarter-life crisis, the psychological distress components revealed that negative self-assessment had the highest mean score (24.55). This was followed by worry about interpersonal relationships (14.98), stress (12.48), indecision in decision-making (11.46), feelings of entrapment in difficult situations (9.15), hopelessness (7.79), and anxiety (7.34).

Table 3. Self-Concept Components (N=82)

Variables	Quarter-Life Crisis			r	p-value
	Low	Medium	High		
Islamic Religiosity					
Low	1	9	1	-0.160	0.152
Medium	10	30	18		
High	4	7	2		
Self-Concept					
Negative	0	0	0	-0.440	0.001
Positive	15	46	21		

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Table 3 presents the correlations between Islamic religiosity, self-concept, and quarter-life crisis among undergraduate students. Islamic religiosity was not significantly correlated with quarter-life crisis ($r=-0.160$, $p=0.152$), indicating no significant association between the two variables. In contrast, self-concept was significantly and negatively correlated between with quarter-life crisis ($r=-0.440$, $p=0.001$), indicating a moderate inverse relationship. This finding suggests that students with a more positive self-concept tended to report lower levels of quarter-life crisis, whereas Islamic religiosity was not significantly associated with quarter-life crisis.

DISCUSSION

Humans are essentially born without knowledge or religiosity as with physical development in individuals, religiosity also develops and changes over time in humans. Cognitive growth and development influence the development of religiosity (Nasucha, Khozin, & Thoifah, 2023). In the late adolescence or early adulthood phase as with the respondents in this study, cognitive development in late adolescence or early adulthood makes it very possible for a shift from the outward religion received during childhood to an inner religion (Islam & Chandrasekaran, 2019). Where the religious learning and doctrine received in childhood will then be felt and thought about which will then become a deep belief in his heart.

Islamic religiosity cannot moderate the influence of anxiety about the future during emerging adulthood in final year students, namely the transition from adolescence to early adulthood. Religiosity plays a significant role in quarter-life crisis students, where religiosity is the extent of one's adherence or devotion to their religion (Buenconsejo & Datu, 2023). Individuals who experience a life crisis at a certain age will be vulnerable to experiencing a decline in religious appreciation even though religion itself can help use constructive coping processes (Ratner, Gladstone, Zhu, Li, Estevez, & Burrow, 2024). Because religion provides a belief system and a way of thinking about solving life problems, stressful conditions, reducing suffering and how humans find meaning behind the pressures and situations they have experienced (Hong, Zhang, Wu, Chen, Lin, Zhao, & Xiao, 2022). Increased religious beliefs and practices can lead to happiness, positive emotions, satisfaction with life,

and better morals. Even further, religious beliefs and practices in young people is associated in lower symptoms of depression and increase self-esteem (Chen, Wang, He, Ji, Liu, & Ye, 2021).

Self-concept strongly influences a person's behavior; therefore, knowing their self-concept will make it easier to understand their behavior (Afriyanti, 2024a). A positive self-concept may be associated with the attitude of an individual who can understand himself (Afriyanti, 2024b), so that the assessment given to himself is positive, and can accept the presence of others around him (Galanaki, Nelson, & Antoniou, 2023). Individuals with a positive self-concept will also have a life plan in accordance with reality or existing reality, namely, life goals with a high probability. They can face the challenges of life that will arise in front of them. In addition, individuals with a positive self-concept will consider life a process. Meanwhile, a negative self-concept is an individual's opinion about themselves in the form of an irregular life, unstable feelings, and a lack of self-integrity. Individuals with a negative self-concept will usually tend not to recognize the weaknesses and strengths that exist within themselves.

The results of the study suggested an association between self-concept and anxiety in final year students. In addition, there is a significant negative relationship between self-concept and anxiety in facing the world of work during the pandemic (Pertiwi, & Afriyanti, 2023). In early adulthood, where quarter-life crisis occurs, a new self-concept will form and increase self-development in conducting broader exploration. Furthermore, social experiences will also develop, especially related to pursuing a career, work, and relationships. Many worries, anxiety, tension, and stress arise in this process about the possibility of failure in achieving the expected demands and dreams (Hu, Zhang, & Geng, 2023). An individual's success in adapting to developmental tasks may be associated with a healthy personality and a good self-concept, self-esteem, self-confidence, and self-efficacy.

Body image is a mental picture of physical aspects, encompassing an individual's attitudes and perceptions of physical appearance, health, self-efficacy, and sexuality. Body image also encompasses self-acceptance, including self-attraction, and how body image influences

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interactions and reactions to others (Garbett, Craddock, Saraswati, & Diedrichs, 2023). The way an individual perceives changes in their body is significantly related to psychological aspects. A realistic view of oneself and one's body, and acceptance and appreciation of one's body parts can reduce anxiety and increase self-esteem. Several studies on body image, including those examining the relationship between body image and anxiety, found that body image does not contribute to anxiety. Meanwhile, a gender-based study examining the relationship between body image and social anxiety in adolescent girls found a significant relationship between body image and social anxiety in teenage girls. The development of body image issues begins with initial factors that increase the risk of developing body image problems. These problems will further develop when new matters closely related to an individual's function, shape, and body image are discovered (Liu, Dang, & Zou, 2025). These factors influence thoughts, beliefs, feelings, emotions, physical sensations, actions, and cognition. The interaction of these components is interconnected to reduce or eliminate negative thoughts and feelings related to self-image. These components can also block and neutralize the development of negative emotions. However, unfortunately, if negative thoughts and feelings about body image grow and develop, they will then be confirmed by the individual's deviant thoughts and beliefs, even disrupting negative perceptions. The way an individual views changes occurring in their body is significantly related to psychological aspects. Therefore, a realistic view of oneself, accepting and liking body parts will help reduce anxiety and increase self-esteem.

Unrealistic ideal self make people ambitious about their goals and hopes. Overly high and unrealistic ideal self cause low self-esteem, as people often feel disappointed when they cannot achieve their goals or expectations to the fullest. The related to of quarter-life crisis can include stress and a feeling of life instability because what is desired is not the same as reality. This arises from overly high expectations or unrealistic ideal self. Individuals with quarter-life crisis generally begin to question their lives, feel stagnant, experience no progress or even setbacks, lack motivation, are confused about whether to step out of their comfort zone, are unhappy and dissatisfied with

their achievements, feel adrift, are stressed by their environment, and tend to compare themselves to others. Individuals with quarter-life crisis experience a lack of acceptance of their condition and weaknesses, and are less able to optimize their potential in self-development efforts. Consequently, failure will be related to self-esteem, positive affect, and the individual's psychological well-being.

Role performance and personal identity are important components of self-concept that influence an individual's psychological adjustment. Role performance reflects an individual's satisfaction in fulfilling expected roles, whereas personal identity represents a stable understanding of one's uniqueness and values (Zhang, 2025). In the present research, most participants reported satisfaction with their role performance and a clear personal identity, indicating that they generally perceived themselves as functioning well in their academic and social roles. However, this suggests that although students recognized their roles and personal identity, many still evaluated themselves negatively. Such negative self-evaluation may increase vulnerability to quarter-life crisis by promoting self-doubt, excessive social comparison, and uncertainty about future achievements. Individuals experiencing role tension tend to feel frustrated due to inadequacy or incompatibility with a role. Role conflict arises from conflicting or incompatible expectations. In interpersonal conflict, people have different expectations about a particular personal identity. The better the structure of understanding of personal identity development, the more aware an individual will be of their unique identity. Conversely, when an individual's knowledge of personal identity is lacking, the individual will become increasingly dependent on external sources for self-evaluation. This undoubtedly impacts an individual's quarter-life crisis. When someone is overly reliant on self-evaluation from external sources and the surrounding environment, they will tend to compare themselves to others and overthink others' perceptions of them, without realizing that they are unique in being themselves.

Islamic religiosity and self-concept play a crucial role in the growth and development of adolescents' mental health, which is often characterized by feelings of insecurity and uncertainty about the present and future (Ul-Haq, Butt, Ahmed, & Al-Said, 2020).

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Religiosity, often conceptualized as spirituality, has been identified among adolescents and young adults as a potential protective factor for mental health (Aminnuddin, 2020), including depression, anxiety, stress, and substance use (Afriyanti, 2023), as well as psychological characteristics such as resilience, self-control, and personality. Religiosity is positively related to peacefulness also affects the relationship between religiosity and mental health. Self-concept and religiosity in adolescents and young adults play a crucial role in the balance of mental health growth and development (Ganaprakasam, Selvaraja, Michael, & Nithlavarnan, 2020). Religiosity is generally adaptive for adolescents, protecting against negative impacts such as risky behavior and mental illness, and supporting positive adolescent growth and development (Abu-Raiya, Ayten, Tekke, & Agbaria, 2019). However, in some contexts, religiosity may be maladaptive. The relationship between religiosity and young adults has a causal effect. Many complex and dynamic processes link religiosity, which is multidimensional and involves various aspects, such as personal and religious interests, compared to public aspects of spirituality, such as attendance at religious.

CONCLUSION

Undergraduate students generally demonstrated positive self-concept, moderate Islamic religiosity, and predominantly moderate levels of quarter-life crisis. Spiritual experiences represented the strongest dimension of Islamic religiosity, whereas low self-esteem was the weakest component of self-concept. Negative self-assessment emerged as the most prominent dimension of quarter-life crisis. Correlation analysis showed that Islamic religiosity was not significantly associated with quarter-life crisis. In contrast, self-concept was significantly and negatively associated with quarter-life crisis, indicating that students with higher self-concept scores tended to report lower quarter-life crisis scores. Because of the cross-sectional design, causal conclusions cannot be drawn.

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