

## Religiosity Profile and its Correlation with Life Satisfaction among Drug Addicts Undergoing Islamic-Based Inabah Programme in Malaysia

<sup>1</sup>Abdul Manam Mohamad, <sup>2</sup>Nor Afiqah Ahmad Nasrulddin,

<sup>2</sup>Pei Lin Lua, <sup>3</sup>Mokhairi Makhtar, <sup>3</sup>Julaily Aida Jusoh, <sup>1</sup>Ramle Abdullah and <sup>4</sup>Azmi Hassan

<sup>1</sup>Faculty of General Studies and Advanced Education,

<sup>2</sup>Faculty of Health Sciences, Universiti Sultan Zainal Abidin (UniSZA),

Kampus Gong Badak, 21300 Kuala Nerus, Terengganu, Malaysia

<sup>3</sup>Faculty of Informatics and Computing, Universiti Sultan Zainal Abidin (UniSZA),

Kampus Tembila, 22200 Besut, Terengganu, Malaysia

<sup>4</sup>Faculty of Medicine, Universiti Sultan Zainal Abidin (UniSZA),

Kampus Kota, 20400 Kuala Terengganu, Terengganu, Malaysia

---

**Abstract:** Lack of religious orientation could lead to moral failing such as drug addiction. Essentially, religion-based approach is becoming a popular method to overcome this problem. The current study intended to describe general religiosity profile and life satisfaction based on socio-demography and to examine the correlation between religiosity profile and life satisfaction among drug addicts undergoing an Islamic-based programme in Kelantan, Malaysia. The Psychological Measure of Islamic Religiousness (PMIR) was administered to 37 participants. Data was analysed using SPSS via descriptive and non-parametric tests. Findings showed that Islamic faith emerged as the most important religiosity aspect for participants. Across the age groups and educational levels, there was no significant difference in terms of their religiosity profiles and life satisfaction. Global religiousness exhibited strong correlation with life satisfaction ( $r_s = +0.503$ ;  $p < 0.05$ ). Consequently, this inabah programme seems promising in rehabilitating drug addicts particularly in religious aspects.

**Key words:** Drug addiction, religion-based approach, Inabah, religiosity profiles, life satisfaction, rehabilitating

---

### INTRODUCTION

Drug addiction is a problem that has been increasing immensely in our society today. Statistically, between January 2010 and February 2016, a total of 131,841 drug addicts in Malaysia have been recorded by national drug information system, National Anti-Drug Agency (AADK). There are many compelling factors to this issue. Among them are peer pressure, high exposure to illicit drugs, lacking of parental guidance and attention deficit, family breakdown and also ignorance of religious values (Fauziah and Kumar, 2009). Various efforts have been implemented in treating and rehabilitating the drug addicts. These efforts include methadone replacement therapy, behavioural therapies, motivational programs, rehabilitation centers which provide cold turkey, acupuncture, nutritional replacement and rationing, community, psychotherapy oral naltrexone treatment, psychotherapy and religious approach (Seghatoleslam *et al.*, 2015; Adam *et al.*, 2015).

Interestingly, studies have been conducted to explore the role of spirituality and religiosity in dealing with the issue of drug addiction. Both elements have been discovered to be effective in refraining them from drug addiction (Mohr and Huguelet, 2004; Zimmerman and Maton, 1992; Borrás *et al.*, 2010). To support these findings, it was revealed that the significant lack of religious belief and commitment were seemed to be closely associated to the drug use-related problems. The rampant use of alcohol, tobacco, marijuana, hashish, amphetamines and other psychoactive agents was also strongly related to lack of adherence to religious belief (Khavari and Harmon, 1982; Borrás *et al.*, 2010). Encouragingly, the role of religion as a medium for drug addiction recovery process has been discovered in several studies (Flynn *et al.*, 2003; Borrás *et al.*, 2010).

The Malaysian inabah programme is one of the religious-based (Islam in particular) approaches, implemented, since, 1985. It is a private institution and responsible to operate legally in terms of law and under

the supervision of the Anti-Drug Association of Malaysia or Persatuan Mencegah Dadah Malaysia (PEMADAM) (Ali *et al.*, 2013). The term 'inabah' which means 'returning to the right path (Allah SWT's path)' had been introduced by Ahmad Shohibul Wafa' Tadjul 'Arifin ra (also known as Abah Anom) in 1956, centralized in the Pesantren Suryalaya Pondok Inabah, West Java (Ali *et al.*, 2013). The modules for this programme were designed purposely to rehabilitate the drug addicts towards the right religious path, reviving one's personality and affirming the faith in God which eventually resolve the problem of drug addiction. Three basic Islamic teachings are Islam (obey to Allah's commandments and avoid from Allah's prohibitions), faith (belief in God) and compassion (vigilant actions) have been applied in this programme (Ali *et al.*, 2013). Inabah programme is built based on the Al-Quran, Hadith, Ijtihad and Tasawwuf Tarikat Qadariyyah Naqsyabandiyyah. It provides constructive series of modules which include repent shower (mandi taubat), remembrance of God (zikir), waking up at night (qiyam al-lail), fasting and through prayers and good conducts (Ali *et al.*, 2013).

Although, studies on religious interventions have been carried out among drug dependants, scientific evidence of such profiles is rather limited within the inabah cohort. The present preliminary study aimed to explore the religiosity profiles and life satisfaction of inabah participants as well as to compare these profiles based on their socio-demographic variables.

## **MATERIALS AND METHODS**

**Ethical approval:** This research has been approved by UniSZA Human Research and Ethics Committee (UHREC) with the reference number UHREC/2016/2/001.

**Study design and setting:** A cross-sectional pilot study in nature that was conducted at Pusat Rawatan Baitul Taubah, Pasir Puteh, Kelantan, Malaysia. This is among the four inabah centres throughout Malaysia that have long been established and run by religious figures.

**Sampling and sample size:** The sample was recruited from existing participants undergoing inabah programme at Pusat Rawatan Baitul Taubah. Convenience sampling was applied in selecting the participants. The targeted sample size was 30 participants, deemed adequate to achieve the study aims (Lancaster *et al.*, 2004). In particular, participation was voluntary subject to fulfil the inclusion and exclusion criteria. Inclusion criteria encompassed participants who were receiving inabah treatment at pusat rawatan baitul taubah have undergone the process of

Detoxification (Detox), aged 18 years old and over and must be able to give a written informed consent. Respondents were excluded from the study if they had other chronic health problems requiring regular medication and showed any signs of mental or cognitive disorders that can affect data collection. Unacceptable behaviour such as the tendency to be violent, suicidal or involved in crimes was also one of the exclusion criteria for this study.

**Study instruments:** Two sets of questionnaire were used to accomplish the objectives proposed.

**Personal information form:** This form consists of several basic details about the participant's demographic characteristics such as gender, age, race, etc. and drug addiction history (duration of addiction, type of illicit drug used, method of use, reason for drug use, history of detention and imprisonment).

**Psychological Measure of Islamic Religiousness (PMIR):** The original English Version (Raiya, 2008) was initially adapted and translated into Malay Version by a linguistic expert. Five domains were used in this study which included: Islamic faith, obligations and implementations islamic well-being, global religiousness and life satisfaction. To comply with the study objectives, some additional items (extracted from religious books) were incorporated to accommodate Islamic faith and obligation and implementation.

The Islamic faith subscale consisted of 24 items. The participants were asked to respond to each item on a 5-point scale ranging from 1 ("strongly disagree") 5 ("strongly agree"), The higher the score, the stronger the belief. It included all the articles of Islamic faith like belief in Allah, Prophet Muhammad's station as the last messenger, day of judgment, angels, destiny and life after death (Raiya, 2008).

Six items were included in the obligations and implementation subscale. There were five items in this subscale on a 6-point scale and two items on a 4-point scale, the higher the score, the more frequent the practice was applied (Raiya, 2008). The response categories for each item were different due to the nature of each practice.

A 9 item scale of Islamic well-being evaluated the level to which the individual recognizes Islam as influencing their whole life in terms of several aspects such as the sense of meaning in life, personal identity, sense of community, sense of personal comfort, sense of peace of mind, physical health, sense of self-esteem, feeling of closeness to Allah and ability to cope with difficult situations in life. For each item, it was developed

on a 5-point scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The more positively Islam affected the general well-being was indicated by the higher the score obtained (Raiya, 2008).

In order to assess the general perceptions of religiousness, two other items were used (How do you describe your religiousness? How do you describe your spirituality?). Each item was constructed on a 5-point scale ranging from 1 ("very low") to 5 ("very high"). Greater perception of Global Religiousness was shown by the higher score on this measure (Raiya, 2008).

The 5 items "Satisfaction With Life Scale" (SWLS) were applied to illustrate life satisfaction among participants. This scale was designed by Diener on a 7 point scale ranging from 1 ("strongly disagree") to 7 ("strongly agree") for each item. A higher score on this scale meant a greater sense of life satisfaction (Raiya, 2008).

High internal consistency was discovered as most of the items displayed Cronbach's alpha ranging from 0.67- 0.98. Evidence for the Malay PMIR's convergent and divergent validity was also confirmed via. correlational analysis (convergent:  $r_s = +0.201$  to  $+0.501$ ; divergent:  $r_s = +0.262$ ).

**Data collection procedure:** After registration at the centre, participants underwent a standard detoxification process before they were allowed to join the Inabah programme more comprehensively. This process took around 7-10 days depending on the acceptance and effectiveness of the individual towards the detoxification process. After completion, the participants who met the inclusive criteria would be recruited and gathered in one room for questionnaire administration whereas the participants who did not meet the criteria were permitted to continue with their routine treatment.

The participants were provided with an in-depth verbal clarification on the study purposes. For each participant, a written consent form was signed upon participation. Before answering questions, participants were ensured that their responses would remain confidential and any personal information would not be revealed in any method that could identify them. Participants later proceeded to complete the Personal information form and PMIR.

**Data analysis:** Data was analyzed using SPSS Version 23.0. All socio-demographic data were analysed descriptively and presented as frequencies and percentages. Wherever relevant,  $\chi^2$  test for goodness of fit was used for the analysis of single categorical variables. Tests of normality were also employed to

determine the distribution pattern of the variables using normal curve and Shapiro-Wilk statistics as indicators of which non-compliance was exhibited. Due to the relatively small sample size and failure to conform to normality requirements, tests for subsequent univariate analysis were performed using non-parametric techniques. The general profiles of religiosity and life satisfaction were first analysed descriptively. Subsequently, the Mann-Whitney U test was the analysis of choice to test for group differences based on three socio-demographic variables, age group, educational level and income status (based on evidence from other studies) (Don *et al.*, 2016; Parasca, 2005). For this Mann-Whitney U test, the results were presented as mean rank and their corresponding p values. The value of  $p < 0.05$  was considered significant. Lastly, to measure the strength and direction of correlation between religiosity with life satisfaction, Spearman's correlation coefficient ( $r_s$ ) was used. The interpretation used was:  $r_s \geq 0.5$  = strong,  $0.3 \leq r_s < 0.5$  = moderate and  $r_s < 0.3$  = weak (Cohen, 1988).

## RESULTS AND DISCUSSION

**Socio-demographic characteristics:** This pilot analysis was based on 37 all male Malay Muslims with the mean age of 28.1 years ( $\pm 7.0$ ) ranging from 18-45 years. Most had their highest education level in SPM (Malaysian Certificate of Education, MCE)/O-level equivalent (51.4%). The majority of drug addicts in this centre possessed a relatively low socio-economic status with a monthly income of RM 1,500 and below (73.0%). The mean age at onset of drug addiction was 18.4 years ( $\pm 3.58$ ). Predominantly, they have no history of detention (81.1%) and imprisonment (83.8%). All socio-demographic variables were significantly different in their frequencies (Table 1).

**General profiles of religiosity and life satisfaction:** Among all the religiosity domains Islamic faith emerged with the highest scores ranging from 4.00-5.00 (mean =  $4.93 \pm 0.22$ , median = 5.00). This was followed by Islamic well-being, obligation and implementation and lastly global religiousness. On the other hand, the mean and median score values of life satisfaction demonstrated moderate ratings. This was shown by its scores ranging from 1.00-5.00 (mean =  $0.30 \pm 0.77$ , median = 3.40) (Table 2).

**Religiosity profiles and life satisfaction: comparisons by age group, educational level and income status:** No significant difference was found in terms of religiosity

Table 1: Socio-demographic characteristics of study participants (n = 37)

Variables (years)	Mean	SD	Median	Min.-Max.
Age	28.1	6.97	26.0	18.0-42.0
Age of starting addiction	18.4	3.58	19.0	10.0-26.0
Variables	Frequency	Percentage	$\chi^2$ (df)	p-values*
Marital status			78.9(2)	<0.001
Single	4	10.8		
Married	30	81.1		
Divorced	3	8.1		
Education level			92.4(6)	<0.001
Degree	1	2.7		
Diploma	6	16.2		
STPM (HSC)/A-level	4	10.8		
SPM (MCE)/O-level	19	51.4		
PMR (LCE)	2	5.4		
Primary	4	10.8		
No formal education	1	2.7		
Employment			23.0(1)	<0.001
Employed	29	78.4		
Unemployed	8	21.6		
Income status			13.2(1)	<0.001
• RM 1500 (USD 358)	27	73.0		
>RM 1500 (USD 358)	10	27.0		
History of detention			30.3(1)	<0.001
Yes	7	18.9		
No	30	81.1		
History of imprisonment	32.9(1)	<0.001		
Yes	6	16.2		
No	31	83.8		

\*Chi-square test for goodness of fit;  $p < 0.05$  = Significant

Table 2: General profiles of religiosity and life satisfaction (n = 37)

PMIR items/domains	Mean	SD	Median	Range	Min.-Max.
Islamic faith	4.93	0.22	5.00	4.00-5.00	1.00-5.00
Obligation and implementation	4.19	0.26	4.18	3.51-4.67	1.00-6.00
Islamic well-being	4.69	0.47	5.00	3.11-5.00	1.00-5.00
Global religiousness	3.28	0.95	3.00	1.00-5.00	1.00-5.00
Life satisfaction	3.30	0.77	3.40	1.00-5.00	1.00-5.00

profiles and life satisfaction in relation to the socio-demographic characteristics tested including age groups, income status (except for Islamic well-being,  $p = 0.05$ ) and educational level ( $p > 0.05$ ). Trend-wise Islamic faith and Islamic well-being emerged with higher mean ranks in the older age group (31-45 years) as compared to other religiosity profiles. Respondents from a higher education group seemed to have better religiosity profiles than those with lower education level. Subsequently, it was found the respondents who were in earning more than RM 1,500 possessed relatively a higher mean rank in all religiosity profiles tested except for global religiousness. Among all respondents, those who were in younger age group (18-30 years) and lower educational level postulated better life satisfaction compared to their respective counterparts (Table 3).

**Correlation between religiosity profiles and life satisfaction:** Table 4 summarizes the correlation between religiosity profiles such as Islamic faith, obligation and implementation Islamic well-being and global religiousness with life satisfaction. The results indicated

that there was a significant correlation between global religiousness and life satisfaction ( $r_s = +0.50$ ;  $p < 0.05$ ). On the other hand, obligation and implementation profile was weakly correlated with life satisfaction ( $r_s = +0.18$ ;  $p = 0.301$ ). Two other religiosity profiles namely Islamic faith and Islamic well-being, showed negative and weak correlation with life satisfaction ( $r_s = -0.16$ ;  $p = 0.338$ ) and ( $r_s = -0.22$ ;  $p = 0.232$ ) respectively.

In Malaysia, various conditions including drug addiction problem have been treated through religious-based approaches and they are extensively accepted as alternative mode of treatment and commonly practiced either in Islam or Christianity (Adam *et al.*, 2015). From the Islamic point of view, the disentanglement between the physical and the spiritual existence was one of the leading causes of impure heart which eventually resulted in poor mental health. People with poor mental health might resort to many negative insights and this included drug addiction problem (Cohen, 1988; Ading *et al.*, 2012). To tackle this issue, spiritual interventions especially religious-based approaches played a crucial role in assisting drug addicts to revive

Table 3: Comparisons of religiosity profiles and life satisfaction by age group, educational level and income status (n = 37)

PMIR items/domains	18-30 (years)	31-45 (years)	p-values*	Lower education (SPM/GCE O-level, PMR(LCE), primary school, no formal education)	Higher education (STPM/ GCE A-level, Diploma, degree, Master and above)	p-values*	<RM 1,500	>RM 1,500	p-values*
Islamic faith	18.40 (5.00)	20.12 (5.00)	0.438	17.94(5.00)	21.50(5.00)	0.124	18.07 (5.00)	21.50(5.00)	0.150
Obligation and implementation	20.65 (4.28)	15.96 (4.10)	0.208	18.37(4.21)	20.50(4.18)	0.583	17.48 (4.15)	23.10(4.28)	0.160
Islamic well-being	18.06 (4.94)	20.73 (5.00)	0.427	17.90(5.00)	21.59(5.00)	0.294	17.07 (4.89)	24.20(5.00)	0.049
Global religiousness	20.60 (3.00)	16.04 (3.00)	0.167	18.94(3.00)	19.14(3.00)	0.955	19.48 (3.00)	17.70(3.00)	0.616
Life satisfaction	20.85 (3.40)	15.58 (3.00)	0.154	19.96(3.30)	16.73(3.40)	0.403	19.00 (3.20)	19.00(3.40)	1.000

\*Mann-Whitney U-test; p<0.05 = Significant

Table 4: Correlation between religiosity profiles and life satisfaction (n = 37)

PMIR items/domains	Life satisfaction	
	Spearman's correlation coefficient (r <sub>s</sub> )	p-values
Islamic faith	-0.16	0.338
Obligation and implementation	+0.18	0.301
Islamic well-being	-0.20	0.232
Global religiousness	+0.50	<0.001

their beliefs and good relationship with God (Rashid *et al.*, 2014). In general Islamic faith emerged with the highest scores among all the religiosity profiles tested. Understandably Islamic faith was the most important profile that was stressed on throughout the inabah programme. It basically consisted of fundamental articles of faiths which eventually boosted the level of confidence in individuals towards the religion matters. Without grasping and bonding firmly to the religion faiths and guidance, they tended to astray away from the right path and failed to refrain themselves from this scourge. This evidence was supported by number of studies which explained that religion was one of the protective factors against the misconducts including drug addiction (Mohr and Huguelet, 2004; Zimmerman and Maton, 1992; Borrás *et al.*, 2010; Bourgois and Hart, 2010; Wellace *et al.*, 2003). The lack of religion orientation was a risk factor for the increased usage of drugs (Gorsuch, 1995; Wellace *et al.*, 2003). Religion-based approach hence acts as one of the initiatives to facilitate positive outcomes by buffering individuals from drug addiction (Khalid, 2008; Seghatoleslam *et al.*, 2015). Remarkably, this programme was not only focusing on the efforts of purifying the heart and mind in order to build good characters (Tasawwuf) among the drug addicts but it also emphasized on the concept of piety (Taqwa). Taqwa was described as the feeling of awareness and the fear of Allah which in turn shielded against any misconduct. This concept of Taqwa was largely incorporated within inabah modules which could have heightened positive development of both physical and spiritual needs (Seghatoleslam *et al.*, 2015; Ali *et al.*, 2013).

It was also notable that there was no significant difference in most of religiosity profiles and life

satisfaction across the selected demographic characteristics. These research findings further demonstrated that Islamic faith and Islamic well-being were the two important religiosity profiles among the participants aged between 31 and 45 years old whereas participants aged between 18 and 30 years old seemed to portray better profiles in obligation and implementation and global religiousness. However, it was especially important to point out that age was somehow associated with the level of religiosity and life satisfaction. This was evident by the fact that people tended to become more religious as they grow older. In order to understand the true meaning of life, people of all ages believed that religion was capable to pave the way for individuals towards the ultimate goals in life (Gomes *et al.*, 2013). Nevertheless, in the attempts to achieve this process, the roles of religion or the desired goals in life might be differed across the age strata (Krause, 2003).

With regard to education, participants with higher level of education (>SPM) possessed better religiosity profiles as compared to their counterparts. It might be due to the capability of inabah participants to comprehend the Islamic concepts and practices taught throughout the programme. Basically, educational attainment impacted on religious belief. Other than that, it was mentioned that the emancipation from illiteracy may lead to the drug-free nation, thus illiteracy was considered as one of the factors contributing to the poor religious belief among the society (Don *et al.*, 2016). Numerous studies also conferred a positive relationship between religion and education (Gruber, 2005; McCleary and Barro, 2006; Meyersson, 2010; Hungerman, 2014). However, this fact contradicted with some studies which proposed the dwindling interest in religion was related to the higher educational level. Better educated people were inclined to the religion ignorance as they were granted with higher achievements and contentment in life. For examples, they were more exposed to secondary education, higher earnings and professional options, better knowledge of science and etc. (Ruiter and Tubergen, 2009; Hungerman, 2014; Parasca, 2005). However, such relationships remained to

be explored in extensive studies. The Malaysian Institute for Democracy and Economic Affairs stated that earning more than RM1,500 but not more than RM3,000 was considered as a low socio-economic class of people (Chi, 2014). In this context, the majority of inabah participants in this centre fell into that particular category. People who were in low socio-economic status amplified the need of religion in their lives (Schieman, 2010; Brandt and Henry, 2012; Parasca, 2005). Consistent with the fact, it was suggested people who have lower socio-economic status were more psychologically defensive because they ought to confront chronic psychological threats from a society that ostracizes them. Eventually, believing in God and strong adherence to religion commandments became the primary concern in their lives (Brandt and Henry, 2012).

Correlations between religiosity profiles and life satisfaction were also under the scrutiny of our preliminary study. Rigorous investigations indicated that religiosity promoted general life satisfaction and happiness (Okulicz, 2010; Dadjou and Akbari, 2014; Bergan and McConatha, 2001; Park *et al.*, 2012). Obligation and implementation as well as global religiousness correlated positively with life satisfaction. It has been documented that pious individuals were happier and more satisfied with their lives (Ading *et al.*, 2012). This is because religiosity and spirituality triggered positive thoughts and emotions among individuals. Religion particularly Islam, stressed on moderation in all aspects of life. At this juncture, the aspects of this simplicity could contribute to positive feelings and thoughts because individuals did not feel an urge to seek or pursue prosperity in life. In other words, they were contented to accept the fate in life that has been destined for them which directly led to life satisfaction (Loewenthal, 2009; Ading *et al.*, 2012). Nonetheless, in this study Islamic Faith and Islamic Well-Being somehow exhibited negative correlations with life satisfaction. Both profiles were most related to the elements of religion creeds and beliefs (Raiya, 2008). Thus, it illustrated that in process of recovery, participants of inabah programme were definitely in need of the ways to revitalize and also to reaffirm their beliefs in Islamic principles and practices as a whole within certain period of time.

Generally, substance abusers were predisposed to lower quality of life and decline in life satisfaction (Kiaei and Abolghasemi, 2014). Additionally, life satisfaction among drug addicts was also not solely depending on their religiosity aspects, it could also be attributed to other determinants such as socio-economic, social interaction with others, physical and psychological health, accommodation and employment (Kwan *et al.*, 1997; Schimmack *et al.*, 2002; Luty and Arrokiadass, 2008).

For instance, low life satisfaction was well-recognized among the drug addicts as the result of deterioration and distortion of mental, physical and psychological well-being and also deprivation of good social interaction with others (Rooks, 2010). Consequently, these situations averted drug addicts from achieving their goals in life as normal people and thus, were generally dissatisfied with life (Luty and Arrokiadass, 2008; Kobeisy, 2013).

## **CONCLUSION**

In summary, this study revealed that Islamic faith was the utmost important religiosity aspect for drug addicts in our sample. There was also no significant difference in terms of religiosity profiles and life satisfaction in relation to most socio-demographic characteristics tested including age groups, income status (except for Islamic well-being) and educational level. Only global religiousness was found to be correlated positively and strongly with the life satisfaction.

## **LIMITATIONS**

There were several limitations to this study. Firstly, it was conducted using convenience sampling which could be prone to sampling bias and the relatively small sample could have also prevented detection of statistical significance. Thus, our findings could not be generalized to the entire population of drug misusers in Malaysia.

## **RECOMMENDATIONS**

Due to this fact, longitudinal studies with a larger sample sizes are highly recommended in the future research, necessitating further findings of the desired effects on religiosity profiles and life satisfaction among the participants of inabah programme. Anyhow, the findings here have shed some insights into the relationships between religiosity and demography of drug misusers undergoing religious-based rehabilitation. A further, more extensive investigation is on-going to confirm the outcomes and assess over the effects of such approach in managing drug addiction in Malaysia.

## **ACKNOWLEDGEMENTS**

The researchers wished to thank the participants of Inabah programme and the staff at Pusat Rawatan Baitul Taubah, Pasir Putih, Kelantan, Malaysia. We thank Mr. Ahmad Phakarudin Bin Abdul Moti, Mr. Wan Naznan Bin Wan Mohd Nori, Mr. Mohd Zulhilmi Bin Haslan and Mr. Mohd Zulmanrafiky Bin Ibrahim for their kind

cooperation, help and support which eventually facilitated the data collection process. The researchers would like to acknowledge the Research Management, Innovation and Commercialisation Centre, UniSZA for their financial support through the Special Research Grant Scheme Grant No: UniSZA/1/2015/SRGS/2].

## REFERENCES

- Adam, F., W.I.B.W. Ahmad, M.M. Anuar and A.A. Rahman, 2015. Drug rehabilitation treatment: The consistency practice of remembrance to Allah (Zikir) among drug addicts in Malaysia. *Mediterr. J. Soc. Sci.*, 6: 336-340.
- Ading, C.E., C.B. Seok, S.I. Hashmi and I. Maakip, 2012. Religion and gender differences in stress happiness and life satisfaction. *Southeast Asia Psychol. J.*, 1: 46-55.
- Ali, P.D.A., A.N. Ghani, I. Mamat and M.A.M. Al-Merbawi, 2013. Drug addict treatment and rehabilitation programme at pondok Inabah, Kuala Terengganu, Terengganu, Malaysia (1998-2011). *Br. J. Soc. Sci.*, 1: 37-46.
- Bergan, A. and J.T. McConatha, 2001. Religiosity and life satisfaction. *Act. Adaptation Aging*, 24: 23-34.
- Borras, L., Y. Khazaal, R. Khan, S. Mohr and Y.A. Kaufmann *et al.*, 2010. The relationship between addiction and religion and its impossible implication care. *Subst. Use Misuse*, 45: 2357-2410.
- Bourgois, P. and L.K. Hart, 2010. Science, religion and the challenges of substance abuse treatment. *Subst. Use Misuse*, 45: 2395-2400.
- Brandt, M.J. and P.J. Henry, 2012. Psychological defensiveness as a mechanism explaining the relationship between low socioeconomic status and religiosity. *Intl. J. Psychol. Religion*, 22: 321-332.
- Chi, M., 2014. What does it mean to be middle class in Malaysia?. Malay Mail Online, Petaling Jaya, Malaysia. <http://www.themalaymailonline.com/malaysia/article/what-does-it-mean-to-be-middle-class-in-malaysia>.
- Cohen, J., 1988. Statistical Power Analysis for the Behavioral Sciences. 2nd Edn., Lawrence Erlbaum, Hillsdale, New Jersey, USA., ISBN: 0-8058-6283-5, Pages: 128.
- Dadjou, M. and B. Akbari, 2014. Predict life satisfaction based on the positive-oriented psychology structure between students of Islamic Azad University of Tehran: A structural equation model. *Mediterr. J. Soc. Sci.*, 5: 3070-3077.
- Don, G.H., Z. Ismail and N. Amin, 2016. Conjunction between Islamic Treatment (IT) for drug addiction and its affects among teen agers in SIDIM (Sahabat Insan Dan Iman Malaysia), Malaysia. *Life Sci. J.*, 13: 1-6.
- Fauziah, I. and N. Kumar, 2009. Factors effecting drug relapse in Malaysia: An empirical evidence. *Asian Social Sci. J.*, 5: 37-44.
- Flynn, P.M., G.W. Joe, K.M. Broome, D.D. Simpson and B.S. Brown, 2003. Recovery from opioid addiction in DATOS. *J. Subst. Abuse Treat.*, 25: 177-186.
- Gomes, F.C., A.G.D. Andrade, R. Izbicki, A.M. Almeida and L.G.D. Oliveira, 2013. Religion as a protective factor against drug use among Brazilian university students: A national survey. *Rev. Bras. De Psiquiatria*, 35: 29-37.
- Gorsuch, R.L., 1995. Religious aspects of substance abuse and recovery. *J. Soc. Issues*, 51: 65-83.
- Gruber, J.H., 2005. Religious market structure, religious participation and outcomes: Is religion good for you?. *BE J. Econ. Anal. Policy*, Vol. 5,
- Hungerman, D.M., 2014. The effect of education on religion: Evidence from compulsory schooling laws. *J. Econ. Behav. Organiz.*, 104: 52-61.
- Khalid, M.Y., 2008. Psychospiritual therapy approach for drug addiction rehabilitation. *J. Antidada Malaysia*, 3: 143-151.
- Khavari, K.A. and T.M. Harmon, 1982. The relationship between the degree of professed religious belief and use of drugs. *Intl. J. Addict.*, 17: 847-857.
- Kiaei, T. and S. Abolghasemi, 2014. The relationship between quality of life happiness and self-efficacy with craving in glass consumer. *Indian J. Fundam. Appl. Life Sci.*, 4: 70-75.
- Kobeisy, E.E.A., 2013. The correlation between life satisfaction and psychological adjustment among a group of illicit drug addicts under residential treatment in Al-Amal Hospital in Jeddah, Saudi Arabia. *J. Am. Sci.*, 9: 598-608.
- Krause, N., 2003. Religious meaning and subjective well-being in late life. *J. Gerontology Ser. Psychol. Sci. Soc. Sci.*, 58: S160-S170.
- Kwan, V.S., M.H. Bond and T.M. Singelis, 1997. Pancultural explanations for life satisfaction: Adding relationship harmony to self-esteem. *J. Personality Social Psychol.*, 73: 1038-1051.
- Lancaster, G.A., S. Dodd and P.R. Williamson, 2004. Design and analysis of pilot studies: Recommendations for good practice. *J. Eval. Clin. Pract.*, 10: 307-312.
- Loewenthal, K., 2009. Religion, Culture and Mental Health. 1st Edn., Cambridge University Press, UK., ISBN-13:978-0521107778, Pages: 180.
- Luty, J. and S.M.R. Arokiadass, 2008. Satisfaction with life and opioid dependence. *Subst. Abuse Treat. Prev. Policy*, 3: 1-4.
- McCleary, R.M. and R.J. Barro, 2006. Religion and political economy in an international panel. *J. Sci. Study Religion*, 45: 149-175.

- Meyersson, E., 2010. Islamic rule and the emancipation of the poor and pious. *Political Econ. Dev.*, 1: 1-50.
- Mohr, S. and P. Huguelet, 2004. The relationship between schizophrenia and religion and its implications for care. *Swiss Med. Weekly*, 134: 369-376.
- Okulicz, K.A., 2010. Religiosity and life satisfaction across nations. *Mental Health Religion Culture*, 13: 155-169.
- Parasca, A.G., 2005. The influence of income and education level on issues of religion in Romania. *CES Working Pap.*, 1: 147-155.
- Park, J., S. Roh and Y. Yeo, 2012. Religiosity, social support and life satisfaction among elderly Korean immigrants. *Gerontologist*, 52: 641-649.
- Raiya, A.H., 2008. A psychological measure of Islamic religiousness: Development and evidence for reliability and validity. Ph.D Thesis, Bowling Green State University, Bowling Green, Ohio.
- Rashid, R.A., K. Kamali, M.H. Habil, M.H. Shaharom and T. Seghatoleslam *et al.*, 2014. A mosque-based methadone maintenance treatment strategy: Implementation and pilot results. *Intl. J. Drug Policy*, 25: 1071-1075.
- Rooks, L., 2010. The relationship between life satisfaction and substance use in adolescence. Master Thesis, University of South Florida, Tampa, Florida.
- Ruiter, S. and F.V. Tubergen, 2009. Religious attendance in cross-national perspective: A multilevel analysis of 60 countries. *Am. J. Sociology*, 115: 863-895.
- Schieman, S., 2010. Socioeconomic status and beliefs about God's influence in everyday life. *Sociology of Religion*, 71: 25-51.
- Schimmack, U., P. Radhakrishnan, S. Oishi, V. Dzokoto and S. Ahadi, 2002. Culture, personality and subjective well-being: Integrating process models of life satisfaction. *J. Personality Social Psychology*, 82: 582-593.
- Seghatoleslam, T., H. Habil, A. Hatim, R. Rashid and A. Ardakan *et al.*, 2015. Achieving a spiritual therapy standard for drug dependency in Malaysia, from an Islamic perspective: Brief review article. *Iran J. Public Health*, 44: 22-27.
- Wallace, J.M., T.N. Brown, J.G. Bachman and T.A. LaViest, 2003. Religion, Race Abstinence from Drug Use Among American adolescents. University of Michigan, Ann Arbor, Michigan.
- Zimmerman, M.A. and K.I. Maton, 1992. Life-style and substance use among male African American urban adolescents: A cluster analytic approach. *Am. J. Community Psychol.*, 20: 121-138.