

Association of religious coping use with psychological well-being of mother of mentally retarded children

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ABSTRACTS Low psychological well-being in mothers of children with mental retardation can affect maternal mental health and quality of life. Psychological well-being of mothers depend on maternal coping strategies to overcome the burden of childcare. The religious background of Indonesian society makes mothers tend to use religious coping in handling the burden of nurturing their children. Aim of this study to determine the association between religious coping use and psychological well-being of mothers of children with mental retardation. This is an analytic descriptive study with cross-sectional design. Subjects were mothers of children with mild to moderate level of mental retardation, students of SLB Negeri 1 Bantul. The psychological well-being and religious coping of mother is assessed by Indonesian version of the Psychological Well-being Scale and Religious Coping Scale. The significance level of the statistical test is expressed at $p < 0.05$. Results of this study showed there is a significant association between religious coping and psychological well-being of mothers of children with mental retardation (X^2 : 17.897; C: 0.377; p : 0.000; RP: 5.65; 95% CI: 2.46-12.92). All dimensions of religious coping have a significant association with the psychological well-being of the mother (p : 0.000). The dimensions of achieving comfort and closeness to God have the highest closeness association with the psychological well-being among other dimensions of religious coping (X^2 : 39.041; C: 0.515). The confounding variables in this study are mother's age, mother's education, family income, marital status, mother's employment status, family income, children's gender, children's level of mental retardation and children's class grade. Mother's education has also a significant association with the psychological well-being of the mother (p : 0.021). Religious coping and mother's education contribute 26.7% to the psychological well-being of mothers. This finding reveals that religious coping is important to improve the psychological well-being of mothers of children with mental retardation.

KEYWORDS mental retardation; mother; psychological well-being; religious coping

1. Introduction

Children with mental retardation need parental care in the long term.¹ The process of caring for children with mental retardation can cause many difficulties for the mother as the primary caregiver of the child.² This condition causes an increase in psychological burden, family problems, marital conflict, nurturing dissatisfaction and disruption

maternal health.^{3,4} Mothers who are stressed by high parenting experience adjustment failures and have an impact on the mother's psychological well-being.^{5,6} A study in Pakistan found that 56.8% of mothers of children with mental retardation have a low level of psychological well-being.⁷ Maternal parenting stress manifests in symptoms

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of depression, anxiety, and somatic higher than parents of normal children.¹⁸ Low psychological well-being is a predictor of the low quality of life of children with mental retardation and risk factors for maternal depression.⁹

Mother coping strategies will influence the adjustment process. The use of adaptive coping strategies will accelerate the process of acceptance of disability of children, reduce stress and improve psychological well-being of mothers.^{2,10} A mother who has a high level of psychological well-being is able to accept the conditions, always grateful for what is and having life satisfaction when given gifts children with mental retardation.^{11,12} Several factors that can affect the psychological well-being of the mothers, namely: age, gender, socio-economic status, marital status, personality, social relations, level of education, social support, children gender, children's level of mental retardation and religiosity.^{13,14}

Each individual has a bio-psycho-socio-religious-spiritual aspect, so psychiatric disorder must be managed holistically and eclectically.¹⁹ Background religious and cultural beliefs of mothers determine maternal coping adjusting to negative situations.^{15,16} When in a state of helplessness and hopelessness, mothers who have religious beliefs tend to use religious coping.¹⁷ According to a study in Pakistan, religious coping is one of the coping strategies that is often used by mothers of children with mental retardation.¹⁸ With the background of a religious Indonesian society, it is assumed that the religiosity factor plays a role in the use of coping strategies for mothers of children with mental retardation in Indonesia. So far, research related to the aspect of religiosity in the realm of psychiatry is still lacking. Similar studies on the association between the use of religious coping and the psychological well-being of mothers of children with mental retardation have never been done in Indonesia. Based on the background above, the authors are interested in researching the association between the use of religious coping and the psychological well-being of mothers of children with mental retardation at the SLB Negeri 1 Bantul.

2. Methods

This is an analytic descriptive research with cross-sectional design to determine the association between the use of religious coping with the psychological well-being of mothers of children with mental retardation. Whole sampling technique was used to collect subjects. The study was conducted at SLB Negeri 1 Bantul for 3 weeks in April 2019. Inclusion criteria included mothers who were the biological mother and caregivers of the children with a mild to moderate level of mental retardation aged 6-24 years old who study on SLB Negeri 1 Bantul. The participants were 108 mothers. All mothers who met the study criteria received an informed consent form before data was taken. If the mother was agreed in participating, a member of the research team met with the mother privately, answered questions, and collected the signed informed consent. After that, research team collect demographic data, independent variables (religious coping), dependent variables (psychological well-being), and confounding variables (mother's age, family income, marital status, mother's employment status, family income, children's gender, children's level of mental retardation and children's class grade) from all subjects who meet inclusion criteria.

Data was taken from subjects using some instruments included personal data questionnaires, the Indonesian version of Psychological Well Being Scale ($r = 0.314-0.745$; $\alpha = 0.933$), and the Indonesian version of Religious Coping Scale ($r = 0.235-0.761$; $\alpha = 0,948$). Data analysis technique was performed in univariate (descriptive), bivariate (Chi square test); multivariate (multiple logistic regression test) and significant if $p < 0.05$. This study has been approved by the ethics committee with reference numbers KE/FK/0434/EC/2019.

3. Results

Characteristics of participants this study can be seen in tables 1. Tables 2 shows characteristics of children with mental retardation on SLB Negeri 1 Bantul. Tables 3 and 4 show the distribution

Table 1. Characteristics of mothers of children with mental retardation (n=108)

Variable	Mean ± SD	f	%
Mother's age (years)	45.52 ± 7.85		
Mother's age category			
Adult		103	95.4
Elder		5	4.6
Mother education			
High		62	57.4
Low		46	42.6
Marriage status			
Married		96	88.9
Widowed		12	11.1
Employment status			
Employed		65	60.2
Unemployed		43	39.8
Family income			
Low (< UMP)		62	57.4
High (> UMP)		46	42.6
Religion			
Islam		100	92.6
Catholic		4	3.7
Christian Protestant		4	3.7

Table 2. Characteristics of children with mental retardation (n=108)

Variable	Mean ± SD	f	%
Age (years)	14.12 ± 3.98		
Initial age study (years)	7.89 ± 2.81		
Initial age diagnosed with mental retardation (years)	4.77 ± 3.39		
Gender			
Boy		75	69.4
Girl		33	30.6
Level of mental retardation			
Mild (class C)		54	50.0
Moderate (class C1)		54	50.0
Class level			
Primary school		58	53.7
Junior high school		30	27.8
Senior high school		20	18.5

frequency of religious coping and psychological well-being of mothers of children with mental retardation in SLB Negeri 1 Bantul.

The Chi square test results in table 5 shows a

significant association between religious coping and the psychological well-being of mothers of children with mental retardation (X^2 : 17.897; p : 0.000; 95% CI: 2.46 -12.92; RP: 5.65; C: 0.377). There is also a significant association between the five dimensions of religious coping with psychological well-being of mother of children with mental retardation in SLB Negeri 1 Bantul (p : 0.000), namely: dimensions of finding a meaning (X^2 : 13.412; p : 0.000; RP: 4.4; CI 95%: 1.95-9.82), dimensions of gain control (X^2 : 19.871; p : 0.000; RP: 6.33; 95% CI: 2.73-14.69), dimensions of gain comfort and closeness to God (X^2 : 39.041; p : 0.000; RP: 17.6; 95% CI: 6.53-47.45), dimension of gain intimacy with others and closeness to God (X^2 : 14.656; p : 0.000; RP: 4.94; 95% CI: 2.12-11.49), and dimensions of achieving life transformation (X^2 : 14.948; p : 0.000; RP: 4.8; 95% CI: 2.12-10.86).

Only one confounding variable i.e maternal education has a significant association with psychological well-being of mothers (X^2 : 6.866; C: 0.244; p : 0.009; RP: 2.86; 95% CI: 1.29-6.35). The bivariate analysis showed no statistically significant association ($p > 0.05$) between others confounding variables include mother's age, family income, marital status, mother's employment status, family income, children's gender, children's level of mental retardation and children's class grade with the psychological well-being of mothers of children with mental retardation (table 6).

The results of the logistic regression test on table 7 shows there are two variables that influence and have a significant association with psychological well-being of mothers of children with mental retardation, namely religious coping (p : 0.000; RP: 4.612; 95% CI: 1.960-10.852) and mother's education (p : 0.043; RP: 1.449; 95% CI: 1.011-2.078). Fit model as measured by Nagelkerke R Square shows the value of $R^2 = 0.267$. This means that religious coping and mother's education have 26.7% effective contribution to the psychological well-being of mothers of children with mental retardation. The rest is explained by other variables that are not analyzed or examined.

Table 3. The distribution frequency of the total religious coping & dimensions of religious coping for mothers of children with mental retardation (n=108)

Variable	Mean ± SD	f	%
Religious coping	149.27 ± 15.37		
High		53	49.1
Low		55	50.9
Dimension of finding a meaning	20.60 ± 2.51		
High		54	50.0
Low		54	50.0
Dimension of gain control	37.26 ± 4.71		
High		56	51.9
Low		52	48.1
Dimension of gain comfort and closeness to God	35.35 ± 3.77		
High		59	54.6
Low		49	45.4
Dimension of intimacy with others and closeness to God	25.11 ± 2.88		
High		41	38.0
Low		67	62.0
Dimension of achieving life transformation	30.94 ± 3.96		
High		55	50.9
Low		53	49.1

4. Discussion

Most respondents (50.9%) have low religious coping where in the details of the dimensions of religious coping the majority of respondents had low scores on the dimension of gain intimacy with others and closeness to God (62%). This means that most mothers still lack the intimacy with others with regard to support from religious members. However, all of respondents did not state that they received negative religious comments which blamed them for their condition. Some respondents stated that they had received support from religious communities, such as strengthening by religious leaders through special religious services for children with disabilities (Catholic) or tausyiah (Islam) regarding the condition of the child. Spirituality and religiosity are useful in mediating

Table 4. The distribution frequency of psychological well-being of mothers (n=108)

Variable	Mean ± SD	f	%
Total psychological well-being	77.48 ± 9.98		
High		51	47.2
Low		57	52.8
Self acceptance	18.08 ± 3.01		
High		47	43.5
Low		61	56.5
Positive relationships with others	14.69 ± 2.26		
High		52	48.1
Low		56	51.9
Autonomy	12.27 ± 1.99		
High		44	40.7
Low		64	59.3
Environmental mastery	12.63 ± 2.24		
High		54	50.0
Low		54	50.0
Purpose in life	12.31 ± 1.99		
High		44	40.7
Low		64	59.3
Personal growth	7.49 ± 1.66		
High		56	51.9
Low		52	48.1

stress and supporting mothers of children with disabilities.²⁰

In table 3 shows 50% of respondents get balanced scores on dimensions of finding a meaning. This means that 50% of respondents can find the meaning and purpose of having children with mental retardation by the help of the values of religiosity beliefs, so they are able to accept the condition of the child. Every individual keeps trying to find the meaning of life, including mothers of children with mental retardation. The meaning associated with a situation is more influential than the situation itself. Mothers try to find support by switching to God and religion when facing situations that are unbearable, traumatic or fail to find solutions to problems. This is done as an effort to understand life and what has been passed so far.²¹

Some respondents stated that the religious teachings they believed were the main basis for them to be able to understand the meaning of

Table 5. Association between the dimensions of religious coping and the psychological well-being of mother of children with mental retardation

Variable	Psychological well-being								
	Low		High		X ²	C	p	RP	CI 95%
	f	%	f	%					
Religious coping									
Low	40	72.7	15	27.3	17.897	0.377	0.000	5.65	2.47-
High	17	32.1	36	67.9					
Dimension of finding a meaning									
Low	38	70.4	16	29.6	13.412	0.332	0.000	4.4	1.95-
High	19	35.2	35	64.8					
Dimension of gain control									
Low	39	75.0	13	25.0	19.871	0.394	0.000	6.33	2.73-
High	18	32.1	38	67.9					
Dimension of gain comfort and closeness to God									
Low	42	85.7	7	14.3	39.041	0.515	0.000	17.6	6.53-
High	15	25.4	44	74.6					
Dimension of gain intimacy with others and closeness to God									
Low	45	67.2	22	32.8	14.656	0.346	0.000	4.94	2.12-
High	12	29.3	29	70.7					
Dimension of achieving life transformation									
Low	38	71.7	15	28.3	14.948	0.349	0.000	4.80	2.12-
High	19	34.5	36	65.5					

Analysis was performed using chi-square test. Significant ($p < 0.05$).

having children with mental retardation and this could calm them down. Religiosity is the basis of a general perspective and system of meaning to understand the daily experiences of life for most individuals.¹⁶ Religion seems to offer meaning to the misery and suffering of parents. With the religious perspective they have, the individual thinks that the world seems safe, fair, logical, harmonious, and finally can be controlled. Parents get hope, strength, and patience from the perspective of that religion. Respondents of this study stated the meaning of having children with mental retardation, namely: as blessed mothers, chosen by God, special mothers, children make mother's fortune increase, and children as tickets to heaven for them.

Most respondents received high scores on three dimensions of religious coping, namely: gain control (51.9%), gain comfort and closeness to God (54.6%), and achieving life transformation (50.9%). This means that respondents have high

environmental control abilities, feel comfort and closeness to God, and get a life transformation. Religiosity (religion) as a coping strategy for mothers can function to offer strength, empowerment and control in dealing with problems, so that mothers are able to gain the insight, protection, and assistance needed to achieve the results they feel unable to reach with their own strength. Religiosity can also help individuals reduce emotional burdens, thereby arousing emotional comfort through personal associations with God. In addition, religiosity helps mothers surpass themselves and achieve self-growth.²²

In table 4 shows 52.8% respondents in this study have a low total psychological well-being. Previous research also found that most mothers of children with mental retardation have low psychological well-being compared to mothers of normal children.^{5,23} Low psychological well-being will affect the child care process, which will result

Table 6. Association of confounding variables with the psychological well-being of mothers of children with mental retardation

Variable	Psychological well-being								
	Low		High		X ²	C	p	RP	CI 95%
	f	%	f	%					
Mother's age (f)									
Adult	55	53.4	48	46.6	0.343	0.056	0.665	1.72	0.27-10.2
Elderly	2	40.0	3	60.0					
Children gender (c)									
Boy	39	52.0	36	48.0	0.060	0.023	0.807	0.90	0.39-2.05
Girl	18	54.5	15	45.5					
Mental retardation level (c)									
Mild	28	51.9	26	48.1	0.037	0.019	0.847	0.93	0.44-1.97
Moderate	29	53.7	25	46.3					
Children class grade (c)									
Low	48	54.5	40	45.5	0.596	0.074	0.440	1.47	0.55-3.89
High	9	45.0	11	55.0					
Mother's education level (c)									
Low	31	67.4	15	32.6	6.866	0.244	0.009	2.86	1.29-6.35
High	26	41.9	36	58.1					
Marriage status (c)									
Married	51	53.1	45	46.9	0.042	0.020	0.838	1.13	0.34-3.76
Widow	6	50.0	6	50.0					
Mother's employment status (c)									
Employed	33	50.8	32	49.2	0.264	0.049	0.607	0.82	0.37-1.77
Unemployed	24	55.8	19	44.2					
Family income level (c)									
Low	37	59.7	25	40.3	2.780	0.158	0.095	1.92	0.88-4.17
High	20	43.5	26	56.5					

Significant ($p < 0.05$); (c) Chi-Square; (f) Fisher exact test

in mothers feeling that caregiving is the thing must be done, feeling devastated in the present and life covered by the demands of nurturing.⁸

The results of the analysis prove that there is a significant association between religious coping and psychological well-being. These results are in accordance with other studies that also found a positive association between religiosity and psychological well-being.²⁴ From the results of the Chi square test there was also a significant

association between all dimensions of religious coping with psychological well-being of mothers of children with mental retardation in SLB Negeri 1 Bantul (table 5). The dimensions of religion and spirituality have a positive correlation with psychological well-being associated with self-actualization, meaning of life, and personal growth initiatives.²⁵

The dimensions of attaining comfort and closeness to God have the highest closeness

Table 7. The results of variable logistic regression tests related to the psychological well-being of mothers of children with mental retardation

	Variabel	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I for EXP(B)	
								Lower	Upper
Step 1 ^a	Religious coping	1.529	0.437	12.263	1	0.000	4.612	1.960	10.852
	Mother's education level	0.371	0.184	4.076	1	0.043	1.449	1.011	2.078
	Income	0.158	0.469	0.114	1	0.736	1.171	0.467	2.937
Step 2 ^a	Religious coping	1.528	0.436	12.261	1	0.000	4.609	1.960	10.840
	Mother's education level	0.394	0.171	5.288	1	0.021	1.482	1.060	2.073

Significant ($p < 0.05$)

association among other dimensions of religious coping (X^2 : 39.041; C: 0.515). This means that the dimension of religious coping which primarily helps reduce the emotional burden of mothers of children with mental retardation is to bring personal relationships closer to God. Religion can be a protective factor to counter the burden of parenting with mental retardation.

The results of the analysis of most confounding variables showed no significant association with the psychological well-being of mothers of children with mental retardation ($p > 0.05$), except mother's education (table 6). Chi square test showed a significant association between maternal education and psychological well-being (p : 0.009; RP: 2.86; 95% CI: 1.29-6.35). Multivariate analysis (table 7) also shows that education has effect to the psychological well-being of the mother (p : 0.043; RP: 1.449; 95% CI: 1.011-2.078). Parents with higher education level report fewer child behavior problems, less burdened with higher parenting tasks and higher psychological well-being level than parents with low levels of education.²⁶ Higher education can provide individual resilience in the face of stress, challenges and life difficulties.²⁷

5. Conclusion

This study shows that religious coping is important to improve the psychological well-being of mothers of children with mental retardation. It is necessary to conduct collaboration between the Department

of Psychiatry FK-KMK UGM with the SLB Negeri 1 Bantul to conduct counseling and psychoeducation for mothers who have low religious coping and psychological well-being. Psychoeducation is given by increasing intimacy with others and getting closer to personal relationships with God. Disdikpora DIY also should make promotional efforts to improve maternal psychological well-being. Other research is still needed to explore another issue on psychological well being of mothers of children with mental retardation.

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Conflict of interest

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