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Investigating the Correlation Between Life Satisfaction and Religious Attitudes of Families with Disabled Children and Other Factors Affecting: Mixed Study

Engelli Çocuğa Sahip Olan Ailelerin Yaşam Doyumları ve Dini Tutumları Arasındaki İlişki ve Yaşam Doyumunu Etkileyen Diğer Faktörlerin İncelenmesi: Karma Çalışma

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ÖZET

Bu çalışma, engelli çocuğa sahip ailelerin yaşam doyumları ile dini tutumları arasındaki ilişkiyi ve etkileyen diğer faktörleri araştırmak amacıyla yapılmıştır. Araştırma, birinci aşama nicel (102 bakım veren) ve ikinci aşama nitel (9 bakım veren) olmak üzere karma desende (sıralı açıklayıcı desende) yürütülmüştür. Nicel veriler Kişisel Bilgi Formu, Ok-Dini Tutum Ölçeği ve Diener-Yaşam Doyum Ölçeği ile toplanmıştır. Nitel veriler derinlemesine görüşmeler yapılarak elde edilmiştir. Yaşam doyumu ile dini tutumlar arasında pozitif fakat önemsiz bir ilişki bulunmuştur. Nitel araştırma sonucunda 5 tema; Dini inançlar, kabul nedenleri, olumsuz olma nedenleri, sorunlarla başa çıkma ve aile kabul ve desteği ile 15 alt tema belirlenmiştir. Dini tutum, insanların yaşam doyumunu olumlu yönde etkiler. Ancak insanların sadece dini tutumlarını desteklemek onların yaşam doyumlarını arttırmada yeterli değildir. Çocuğun durumunun iyileştirilmesi, yaşamındaki sorunların çözülmesi, sosyal desteğin sağlanması, sorunlarla baş etmesinin sağlanması gibi unsurların da yerine getirilmesi gerekmektedir. Çalışma sonuçlarının sağlık ve sosyal hizmet çalışanları için yol gösterici olacağı düşünülmektedir.

Anahtar kelimeler: *Bakım veren, yaşam doyumu, dini tutum*

ABSTRACT

The aim of this study was conducted to determine investigating the correlation between life satisfaction and religious attitudes of families with disabled children and other factors affecting. The study was conducted in mixed design (sequential explanatory design), in which the first stage is quantitative (102 caregivers) and the second stage is qualitative (9 caregivers). The quantitative data were collected with Personal Information Form, Ok-Religious Attitude Scale and Diener-Satisfaction with Life Scale. The qualitative data were obtained by conducting the in-depth interviews. A positive but insignificant correlation was found between life satisfaction and religious attitudes. As a result of qualitative study, 5 themes; Religious beliefs, causes of acceptance, reasons for being negative, coping with problems and family acceptance and support and 15 sub-themes were prepared. Religious attitude positively affects people's life satisfaction. However, only supporting people's religious attitudes is not adequate to increase their life satisfaction. It is also necessary to fulfill factors such as improving the child's condition, solving the problems in their lives, providing social support, and ensuring them to cope with the problems. It is thought that the results of the study will be a guide for health and social service workers.

Keywords: *Caregiver, life satisfaction, religious attitude*

INTRODUCTION

Life satisfaction has been defined in many ways. One of these definitions has been defined as "the process of judgment to determine the criteria of one's own that will increase the quality of life of the individual" (Pavot and Diener, 1991). In the period when the life of the individual living in the society is shaped; finding his life meaningful, seeing himself as valuable and loving himself are also included in the definition of life satisfaction In general, it is necessary to talk about the factors that ensure the high level and quality of life of the individual in ensuring life satisfaction. The situation of meeting the wishes, desires and needs of people is expressed with the concept of satisfaction, otherwise the situation is expressed with the concept of dissatisfaction (Doğan, 2015). Having a child with disabilities makes changes in feelings of the families by getting them away from their routine lifestyle. Families may experience problems about their children and themselves. It is not easy for them to cope with the stress of the changes in their lives and to adapt to these changes (Gallagher, Phillips, Lee and Carroll, 2015). Life satisfaction of families affects the solution of these problems (Addabbo, Sarti and Sciulli, 2016). Families experiencing problems with disabled children may endeavor different methods to solve these problems. Main factors helping parents to be able to cope with heavy burdens are as follows; they have personality structures approaching the problems bravely and constructively, keep their spirituality strong, bring a philosophical explanation for the situation they are in, establish love, respect and loyalty in the family for the parents, and share the feelings and responsibilities among the family members (Kara, 2008). Studies have shown that the life satisfaction of parents who care for disabled children is affected by many factors; It has been found that the life satisfaction of parents with mentally retarded children is lower than those with other disabled children, and the dependency status of the disabled person who is cared for also affects life satisfaction (Tunç, 2011; Hisoğlu, 2018; Aytekin, 2019).

Religious beliefs particularly play an important role in strengthening spirituality. Because, human beings turn to religious values in the universal problems when they cannot precisely solve while thinking about the beginning and end of being. Religious beliefs have an important place in explaining the negativities encountered, for example; Like 'being tested'. People make sense of the events they live in in the context of the religion they believe in. Religion not only explains how and why the universe came into existence, but also explains the reason for the events that happen to people and helps them organize their lives (Kara, 2008). The beliefs accepted from the principles of religion give meaning to the universe and life and have deeply influenced people. Thus, human have attributed the beginning of the universe to the divine power, have tried to prepare for the life after death and have reached the consciousness that he/she will be responsible for his/her behaviors in this world. This belief has led to the metaphysical problems that thought cannot solve (Çubukçu, 2012). Pargament et al., have conducted important studies on this subject (Pargament, Ensing, Falgout, Olsen, Reilly, Haitsma and Warren, 1990; Pargament, Olsen, Reilly, Falgout, Ensing, and Van Haitsma, 1992; Pargament, Smith, Koenig and Perez, 1998). They have stated that the religious methods in coping with problems are much greater than non-religious coping methods. They

highlight the fact that religion is in a unique structure that is different from other coping styles and gives far better results than expected in reaching health (Eryücel, 2013). While there is little evidence to suggest that religious orientation influences the acceptance or rejection of persons with a disability, there are data showing that religious belief and practice plays an important and positive role in the lives of parents and caregivers of people with a disability, and in the health and well-being of individuals generally (Selway and Ashman 1998). In this context, the religious attitudes of families with disabled children in coping with many problems gain importance. The studies have revealed that religion can change the perspective towards disability (Kara, 2008; Karagöz, 2010; Parker, Mandleco, Roper, Freeborn and Dyches, 2011). It is believed that determining the effect of this process on life satisfaction of caregivers and introducing solution suggestions in this regard will be an important reference point for healthcare, social service professionals and consultants working in this field. Because the field of disability constitutes one of the basic fields of social work and nursing profession. Individuals in this field experience "disability" in many social, economic and cultural systems and cannot realize themselves. In this context, social service practices for disabled individuals, their families and society; It aims to strengthen the social functionality of the systems, to develop and change the service-policies that they need, to enable individuals to participate actively in social life, and to remove the barriers in front of this participation by making them visible. In parallel with this, it is also one of the duties of the public health nurse to provide the solution of the problems experienced by the families. In this context, it is very important that social work and nursing profession work in cooperation and determine the problems and solutions (Tekindal and Özden 2020; Erkin, Kalkım and Göl, 2021).

Therefore, the aim of this study was conducted to determine investigating the correlation between life satisfaction and religious attitudes of families with disabled children and other factors affecting.

Research Questions

1. What is the life satisfaction and religious attitudes of families with disabled children?

2. What is the relationship between the life satisfaction and religious attitudes of families with disabled children?

3. What are the experiences of caregivers according to life satisfaction and religious attitudes determined in the study?.

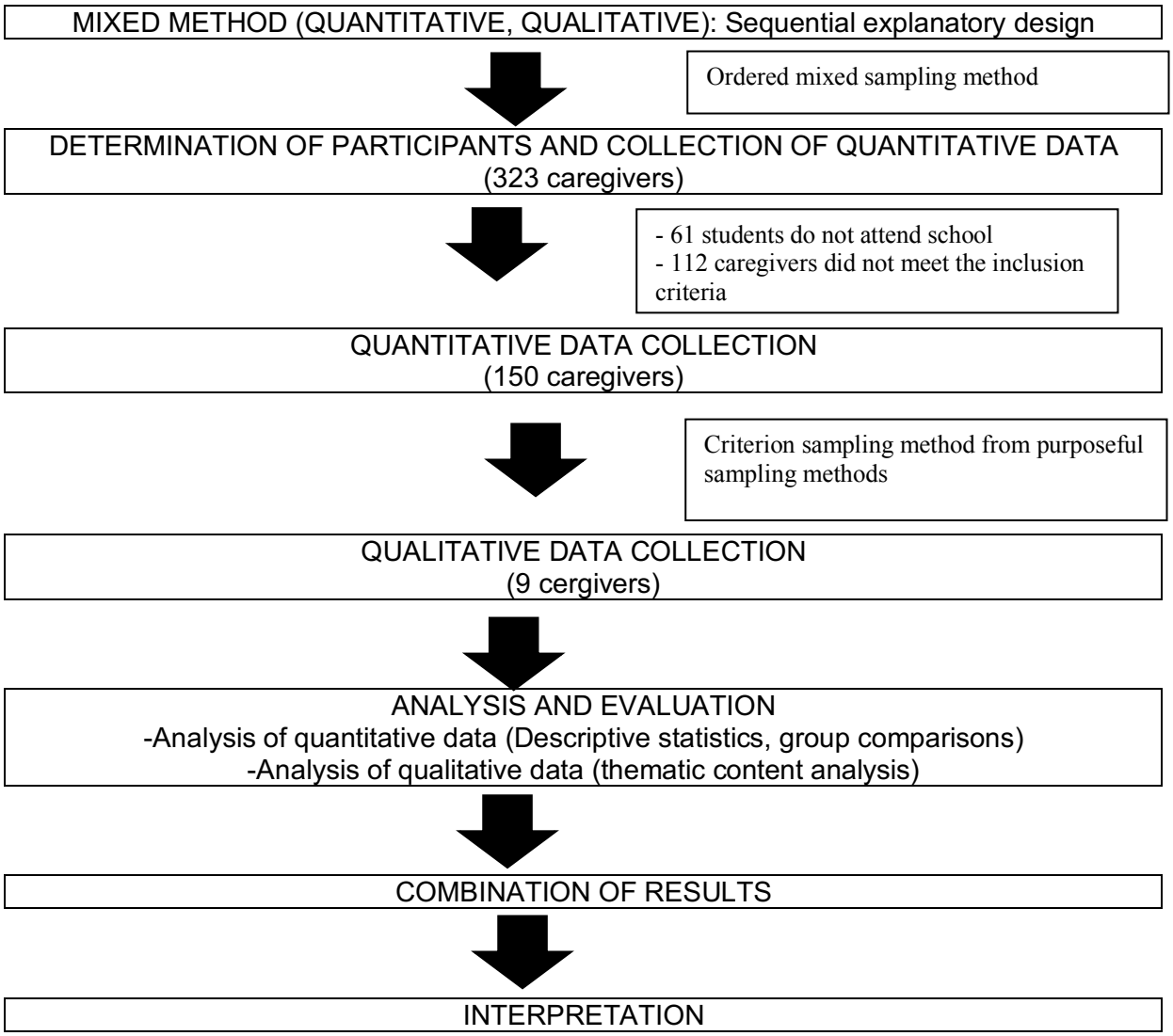
MATERIALS AND METHODS

Design

This study was conducted with the mixed methods design, and in accordance with Creswell's sequential explanatory (QUAN→qual) design (Creswell and Clark, 2015). In the sequential explanatory design of Creswell; "First, quantitative data is collected and analyzed, and then qualitative data are collected and the research continues in order to reach deeper information. This

research started with the collection and analysis of quantitative data, and as a result of these analyzes, the qualitative part was completed with in-depth interviews. (Figure -1).

Figure 1. Working Diagram



Setting and Participants

The study was conducted using the sequential mixed sampling method. For the quantitative dimension of the study, the sample was not selected, and the study was conducted with the entire universe. For the qualitative dimension, the sample selection was made using the criterion sampling method, one of the sampling methods.

For the quantitative dimension of the research, the universe was conducted in the Business Practices Centers (School) and Special Education Practice Centers providing education in primary and secondary education within the government in Turkey. The population of the study consisted of caregivers of 323 students receiving education in special education practice centers in 2017. 61 out of 323 students have reports for the inability to attend the school. Therefore, 265 students and caregiver were attending school. Since the institution where 112 caregiver out of 256 caregiver were attending, was providing religious education, they did not meet the inclusion criteria. For this reason,

the sample was calculated considering the population of 150 caregiver. The calculation of the sample with known population was made and it was found that the sample should consist of 106 caregiver with disabled children with 95% power. In the study, data collection tools were filled in by selecting caregiver from the family. *Inclusion Criteria*; Caregiver has a child having at least one disability, Caregiver has no disability, Caregiver has no problem of understanding and comprehending, Institution does not provide any religious education.

For the qualitative dimension of the research, the universe was composed of the population and the sample group in the first stage. At this stage, the sample selection was made by using criterion sampling method from purposeful sampling methods. The scale scores were analyzed in accordance with the purposeful sampling method for groups, and the lower and upper limits of the scale scores were evaluated in accordance with the statistics. Group 1: Those obtained a score between 32-40 points from Ok-religious attitude scale and 30-35 points from Diener satisfaction with life scale. Group 2: Those obtained a score between 8-16 points from Ok-religious attitude scale and 5-10 points from Diener satisfaction with life scale.

It was found that 10 caregivers in the group 1 and 12 caregivers in the group 2 met the determined criteria. Interviews were conducted with the voluntary individuals in the groups 1 and 2 until the satisfaction was obtained and in-depth interviews were conducted with a total of 9 caregivers including 4 caregivers for the group 1 and 5 for the group 2.

Data Collection

Data Collection Tools

Quantative data of the research were collected with; Personal Information Form, Ok-Religious Attitude and Scale Diener - The Satisfaction With Life Scale and qualitative data were collected with the Caregiver Interview Form, which is a semi-structured form.

Personal Information Form: This form includes the information about demographic characteristics (age, gender, educational level, working status, income level, information about their children) and religious thoughts of caregivers and it is composed of 16 questions (Kara, 2008; Eryücel, 2013).

Ok-Religious Attitude Scale: There are a total of 8 items in the scale including two items in each section (Ok, 2011). Each item includes the options of “I completely disagree (1 point), I agree a little (2 points), I agree half (3 points), I agree with most (4 points), and I agree with all (5 points). Options are Likert type. While reaching the total score in the scale, first two items are coded in reverse and summed with the answers given to other six items. The mean score of the scale is obtained by dividing the total score into the number of questions. Higher score indicates that the religious attitude increases. It was found that internal consistency of the scale was between 81% and 91% (Ok, 2011; Ok, 2016). The scale cronba alpha value of our study was found to be 0.717.

Diener - The Satisfaction With Life Scale: The Satisfaction with Life Scale was developed by Diener, Diener and Diener (1995) and its Turkish adaptation and translation were conducted by Köker (1991) (Diener, Diener and Diener, 1995). As a result of the reliability studies of the scale; test-retest reliability was calculated as r=0.85 and item-test correlations were calculated between .71 and 80. It is a seven-item Likert type scale. Higher scale scores signify higher life satisfaction (Durak, Durak and Gencoz, 2010). The scale cronba alpha value of our study was found to be 0.812.

Caregiver Interview Form: The interview form is a semi-structured form and consists of four questions. In order to reach more detailed information, probing questions were prepared for each question. The interview form was prepared with the support of three faculty members experienced in the field, the responses of the caregivers to the questionnaire used in the present study and the support from the literature (Kara, 2008; Pargament et al., 1998; Karagöz, 2010; Batman, 2008; Kaner, 2001). In the interview form; answers for the questions aiming the subjects of “feelings of providing care to a disabled children, effects of giving care to a disabled child on the life, coping with the problems, giving care to a disabled person and religion” were sought.

Application

Quantitative Data, The preliminary application of the study was conducted with 5 caregivers who were not included in the sample using the face-to-face interview and no problem was determined. The measurement tools were applied between September 2017 and June 2018 by conducting the face-to-face interviews with the individuals included in the sample. The scales were filled by the researcher. The questionnaires were applied by dividing the application time according to the perception of the subjects such as education and age.

Qualitative Data, Semi-structured interviews were conducted with 9 caregivers in the study. Each interview lasted between 30-40 minutes. The interviews recorded with a voice recorder were transcribed.

Data Evaluation

Quantitative Data analysis: In the study, IBM SPSS Statistics 22.0 packaged software was used to evaluate the quantitative data (IBM Corp. Armonk, New York, USA). As the descriptive statistics of data, number and percentage values were given. Shapiro-Wilk normality test was used to determine whether or not the data showed normal distribution. Spearman Correlation Analysis was used to determine the relationship between scales, and $p \geq 0.05$ was accepted.

Qualitative Data analysis: The data obtained in the analysis of qualitative data were deciphered without making any changes in the expressions of the participants.

Thematic content analysis was performed on these data. Thematic analysis involves searching and identifying common issues in an entire interview or conversation series. The following stages were followed in the analysis of the data: Recognizing the data, creating the initial codes, searching for themes, reviewing the themes, defining and naming the themes, creating a report (Yıldırım and

Şimşek, 2013). In the study, in order to understand what the participants were talking about on the texts in general, the data were read repeatedly and intermittently at different times, the initial codes were created and coded according to the content. Opinions were received from three faculty members who are experts in different fields about the compatibility of the codes, and it was completed by ensuring harmony between the coders. The coded data is divided into themes according to their content and meanings. Clear definitions and names have been finalized for the themes. All these transactions are presented in the table in such a way that the response of each participant can be seen.

Consolidation of data

Although quantitative and qualitative data analysis was made, qualitative data were used as explanatory to support the quantitative data. Therefore, according to the sequential explanatory approach; First, the scores obtained from the scales, then the themes, and how do these themes meet or do not meet the results obtained from these measurement tools and are there similarities and differences analysed.

Ethical Dimension of The Study

Ethical approval from the X University Social and Human Ethics Committee (31.10.2017, no:51), written and verbal permissions from the Provincial Directorate of National Education to conduct the study at the Special Education and Rehabilitation Center, written and verbal permissions from the institutions to apply the questionnaires to the caregivers and written and verbal consents from the caregivers were obtained.

RESULTS

Quantitative Results

Socio-demographic characteristics of caregivers are shown in table 1 and religious characteristics of caregiver are shown in table 2. There is a positive, weak and insignificant relationship between life satisfaction and religious attitude ($r=0.173$, $p= 0.076$) (Table 3).

TABLE 1 Socio-demographic characteristics of caregivers

Characteristics	n	%
Age		
29 and younger	7	6,6
30-40	59	55,7
41-50	25	23,6
51 and older	15	14,2
Education		
Illiterate	9	8,5
Literate	5	4,7
Primary school graduate	47	44,3
Secondary school graduate	14	13,2
High school graduate	24	22,6
Graduated from a Universty	7	6,6
Working status		
Yes	4	3,8
No	102	96,2
Monthly income		
Enough	39	36,8
Not enough	67	63,2
Number of children		
1	9	8,4
2	36	34,0
3	38	35,8
4	16	15,1
5 and upper	7	6,6
Number of children with disabilities		
One	98	92.5
Two and more	8	7.5
Disability type of children		
Autism	34	32,1
Down syndrome	29	27,4
Mental retarde	43	38,5
Total	**106**	**100.0**

TABLE 2 Religious characteristics of caregiver

Religious Characteristics	n	%
Religious education status		
Yes	72	68,0
No	34	32,0
Religiosity		
Very religious	8	7,5
Religious	86	81,1
Less interested in religion	12	11,3
Belief in god		
Yes	106	100,0
No	0	0.0
Worship status		
Yes	103	97,2
No	3	2,8
Prayer status		
Yes	106	100,0
No	0	0.0
Total	**106**	**100.0**

TABLE 3 Investigation of correlation between Diener The Satisfaction With Life Scale scores Ok-Religious Attitude Scale scores

	Diener- The Satisfaction With Life Scale scores	**Ok-Religious Attitude Scale scores**
Diener- The Satisfaction With Life Scale scores	-	-
Ok-Religious Attitude Scale scores	rho=0.173 *p*=0,076	-

*Spearman Correlation Analysis

Qualitative Results:

Characteristics of caregivers in qualitative interview are shown in table 4.

TABLE 4 Characteristics of caregivers in qualitative interview

Interviews	**Proximity Degree**	**Age**	**Disability type of children**	**Children Age**	**Group**	**Participant**
Interview 1	Mum	39	Autism	8	1	P-1
Interview 2	Mum	30	Down syndrome	8	1	P-2
Interview 3	Mum	39	Down syndrome	10	1	P-3
Interview 4	Mum	55	Down syndrome	12	2	P-4
Interview 5	Dad	57	Mental retarde	12	2	P-5
Interview 6	Mum	50	Autism	12	1	P-6
Interview 7	Mum	32	Autism	7	2	P-7
Interview 8	Mum	38	Down syndrome	8	1	P-8
Interview 9	Mum	29	Autism	7	2	P-9

In this section, the questions posed to the participants are examined according to the themes created and presented in table 5.

TABLE 5 The categories, themes and codes of the study

Themes	Sub-Themes	Code	P-1	P-2	P-3	P-4	P-5	P-6	P-7	P-8	P-9
Religious Beliefs	Believing that it is a fate	Despair	+								+
		Refuge in Allah	+	+		+			+	+	+
	Seeing the care as a good deed	Reward	+		+	+	+				
		Hereafter preparation	+				+				
	Seeing the care as a test	Power source		+	+	+			+		
		Submission to fate				+		+	+		
		Rebellion						+			
	Not having any other choice but believing	Get used to						+			
		Getting power from patience							+		
		Be in need							+		
Causes of Acceptance	Adaptation of Some Development Characteristics of the Child to Normal	To be able to self-care	+					+		+	
	Delay or Absence of Development Characteristics	Delay in speech			+						
		Delay in peeing		+	+						
		He is in very heavy condition							+		
	Characteristics of the disabled child and the family	In need of love	+	+			+		+	+	
		Obligation in care			+						
		Unity of parents	+								
	Reaction of the Environment	Adoption of the child			+			+		+	
Reasons for Being Negative	The First Reaction	Getting used to the situation over time							+		
	Problems Related to own Life	Fear of “who” will take care of the chil			+	+					
	Isolation from Social Life	Obligation to be with the child			+			+			+
		Incompatible behavior of the child									+
Coping with Problems	Using Correct Coping Method	Pull attention in different direction	+		+			+		+	
		Getting help from an expert		+							
	Using Incorrect Coping Methods	Trying to overcome problems				+	+		+		+
Family Acceptance and Support	Sibling’s Acceptance	Support for siblings and children with disabilities		+	+			+	+	+	
		Seeking help for disabled brother									+
	Spouse’s acceptance	Social support of spouse	+	+	+				+	+	
		The spouse does not support				+	+				+

Study has been examined in 5 themes: Religious beliefs, causes of acceptance, reasons for being negative, coping with problems and family acceptance and support. 15 sub-themes and 28 codes were determined in the study.

I.“Religious Belief” Themes

For both groups, the dimensions of believing that disability is a fate, seeing disability care as good deed, seeing disability care as a test and having no other choice but believing were similar. Because of their belief in religion, the caregivers accepted their children and try to give the best care. As is

seen, the religious dimension is an important point in the acceptance and satisfaction of the situation. However, it is believed that the life satisfaction of the caregivers were affected by the factors such as poor condition of the child, different problems in their lives, failure to receive social support, and failure to cope with problems and thus it is thought that they are supported in religious dimension and also other negative factors should be eliminated. The sub-themes of believing that it is a fate, seeing the care as a good deed, seeing the care as a test, not having any other choice but believing that are evaluated, under the Religious Beliefs theme.

Participants P9 saw giving care to a disabled child as a fate by stating that; *This situation came from Allah, I feel relaxed by praying in desperate situations and I have no choice but accepting*. P-1, P-3, and P-5 stated that taking care of a disabled person gave them good deed. While P-1 expressed his/her feelings about this subject as; *I am 40 years old. I probably live for 20 years. I have been taken care of my son which return as a reward in the other side* (Group 1). P-5 expressed his/her thoughts about this subject as "*Allah will give the reward if we give care to this child patiently*" (Group 2).

P-2, P-4, and P-6 stated that they considered having and caring a child with disabilities as their test in this world. P-4 expressed his/her opinions about the subject by bowing to fate as "*God gave me the disease of my big son to check if I become rebellious*" (Group 2).

II. "Causes of Acceptance" Themes; The caregivers in the first group stated that they mentioned about the positive characteristics of their children and this situation facilitated their work. Following factors can be regarded as effective for the caregivers to be positive; the child's condition is not severe, the child is adjusted and shows development, family has positive characteristics and the opinion of the circle is positively changed. In fact, having a child for the caregivers was an important factor to develop compassion against the child but the factors like worsening condition of the child and slow development may affect coping and life satisfactions of the caregivers. Some example expressions reflecting this theme and sub-theme are given below. The sub-themes of Adaptation of Some Development Characteristics of the Child to Normal, Delay or Absence of Development Characteristics, Characteristics of The Disabled Child and The Family, and Reaction of the Environment which were evaluated under the Causes of Acceptance theme.

P-3, one of the participants, stated his/her thoughts about this as; *The child couldn't speak at the ages of 3-4, was wild and didn't sleep at all. This affected me and everyone around. Thank goodness, we can express our pee for one year.* (*Group 1*).

P-7 stated that; *his/her child did not show much of development characteristics and this upset him/her a lot and brought him/her a heavy burden* (*Group 2*).

III.“Reasons for Being Negative” Theme

The first reaction of the families was that they didn't know nor accept the disease and they were worried. It was seen that families experienced their acceptance stages in a difficult way and they moved to the acceptance stage in both groups. However, when the status of caregivers was questioned; caregivers in both groups felt to be obliged to be with the child but those in the second group had problems in their life and no social life which made them unhappy. This was particularly remarkable. Sample expressions related to the theme and sub-themes are given below. The sub-themes of The First Reaction, Problems Related to own Life, and Isolation from Social Life evaluated under Reasons for Being Negative theme.

Participant P-7 expressed that her pregnancy process was normal, her child showed normal development characteristics until one year of age, there was a regression in the child after a cold seizure when the child was one year old and stated what she experienced after this period as; *The child wasn’t talking. We didn’t know since there was no such thing in the family. The child was so vicious. Chest physician said that kid was autism. The baby was diagnosed with mental autism (90%). I thought autism can pass by using a few drugs. At first it was too heavy, I could not come to myself for a year, I questioned a lot. Patience has become the medicine of everything (Group 2).*

P-9, one of the participants, stated that he/she had to stay with the child all the time due to his/her discordant behaviors and this situation moved him/her away from social life and expressed this period as; *The child's misbehaviors and the reactions of the environment detach the human from society. I'm responsible for introducing him into society (Group 2).*

IV.“Coping With Problems” Theme

It was observed that caregivers in the first group coped with children's problems by using the right methods in different ways. However, it was observed that caregivers in the second group did not use correct coping methods. Sample expressions are as follows: The results related to the sub-themes of Using Correct Coping Method and Using Incorrect Coping Methods evaluated under Coping with Problems theme.

P-2 on the other hand stated that it would be useful to get help from an expert and continued; *some mothers don't take their children to psychologists. Children’s conditions are obvious; if they have problems then you will take them. We used the drugs the doctor prescribed, followed the doctor’s advices and the child is good now (Group 1).*

The participant P-4 stated that he/she accepted the situation and overcome this situation by his/her own efforts and expressed his/her experiences as; *It was a preterm labor. I had an accident, my mother died, I feel my emotions in myself. I don't even mention them to my siblings. I give myself crafting, trying to cope with by watching television (Group 2).*

V.“Family Acceptance and Support” Theme

It was observed that the children of the caregivers in the first group accept their siblings and help their mothers in the care but the siblings of those in the second group could not improve the sibling relationship due to the status of the disabled child and could not help the mother. A similar situation was observed in spousal support. The spouses of the caregivers in the first group were not as primary as the mothers in care but the spouse had both spiritual and care support. In addition, when the child imitated the father and father paid attention on the child, mother became happy. It gave the message to the mother that she was not alone. The caregivers in the second group did not receive support from the mother and father who gave primary care. The absence of the spouse again caused difficulties for the caregiver. The results of Sibling’s acceptance and Spouse’s acceptance sub-themes evaluated under Family Acceptance and Support.

P-8 from the participants expressed her feelings as; I *coped with the help of my husband, my friend and my family. My husband is fond of the children just like me. (Group 1).*

P-9 explained her experiences on this issue as: *My husband supports me. He is working, wants to eat at home and rest. I don't have the time without children. I cannot leave the child anywhere thinking that they cannot take care of (Group 2).*

DISCUSSION

Religion is a source of hope for the human beings, which helps to lessen sadness and suffering and consoles them, often has the meaning to defeat the difficulties of life (Cengil, 2003; Kula, 2002). The attitude of Muslims towards disability is shaped by their belief in God and the principles in their beliefs (Al-Aoufi, Al-Zyoud and Shahminan, 2012). In addition, religion promises that people will receive a reward for the difficulties they face (Cengil, 2003; Kula, 2002). A person who has such a belief does his/her duties and puts his trust in Allah leaving the rests of the work to him so that he/she protects him/herself psychologically from the detrimental effects of the various troubles he/she encounters with such a belief. As is seen, religious beliefs and worships made as a requirement of this belief, when they are done in accordance with their purposes, they form positive effects on the mental and physical health of the person and they can be seen as a positive coping method when they are used effectively against bad events (Cengil, 2003). Religious or spiritual coping strategies were referred to in Rodrigues, Fontanella, Avo, Germano and Melo (2018) qualitative study and other studies have shown that religion and faith are important in the family setting of disability (Rodrigues, Fontanella, Avo, Germano and Melo, 2018; Miltiades and Pruchno, 2002; Skinner, Correa, Skinner and Bailey, 2001; Mirsaleh, Rezai, Khabaz, Ardekani and Abdi, 2018). In the study, a positive but weak and insignificant correlation was found between life satisfaction and religious attitudes. It was determined that the religious attitude was affected by the status of receiving religious education and religiousness status. This result shows that individuals use religion to increase their life satisfaction but it is not the only factor. Qualitative results support this data and individuals believe that disability

is fate, disability care is considered as a good deed and as a test, and they have no other option than believing. Our study found that mothers with a higher intrinsic religious orientation had higher life satisfaction and Lyu and Cho found that intrinsic religious orientation exerted positive effects on life satisfaction (Lyu and Cho, 2009; You, Lee and Kwon, 2018). Similar to the present study, Kara (2008) determinede that 45.7% of the families agreed what came from Allah after they had children with mental disabilities, 59.6% saw their children's disabilities as fate, 66.5% thought that this is a test of Allah and 59.6% had a positive expectation about the afterlife (Kara, 2008). In the study by Yaralılar (2010), it was also determined that 99.5% of the families saw religion as an important source of reference in the acceptance of disability, internalization of disability, social acceptance of the society and solution of the problems caused by disability (Yaralılar, 2010). Similarly, Karagöz (2010) determined that 15% of the families with autistic children saw autism as fate, 12.5% as a test, 10% as a punishment, 12.5% as a reward, and 10% as a task (Karagöz, 2010).

While dealing with problems, many religious and non-religious coping methods are used. If the person feels inadequacy, weakness or helplessness, the contribution of religion to this process takes place as a solution to problems. When they face with insuperable situations, the other explanations are unconvincing or when the other alternatives lose their validity, the belief in fate can be guiding for people in finding new alternatives (Batman, 2008). Individuals' ability to cope with problems also affects their life satisfaction. Diener et al., making the intercultural comparison of life satisfaction in 19 countries including Turkey reported that life satisfaction was related with self-esteem, financial support, and family and friend support in both men and women in all cultures (Diener et al., 1995; Kaner, 2001). It was determined in the quantitative part of the study that the number of disabled children and worshipping with other people affected the life satisfaction; whereas, in the qualitative part, 4 themes including the causes of acceptance, causes for being negative, coping with problems, and family acceptance and support were determined other than religion. In the study, it was observed that having children for caregivers is an important factor in the formation of compassion towards them but the factors such as increasing severity of the child and slow development affected negatively the life satisfaction of the caregivers. Following factors can be regarded as effective for the caregivers to be positive; the child's condition is not severe, the child is adjusted and shows development, family has positive characteristics and the opinion of the circle is positively changed. Similarly, Günsel (2010) found that there was a statistically significant difference between the subscales of Family Evaluation Scale assessing the family functionalities of mothers having mentally disabled children and sociodemographic demographic characteristics (Günsel, 2010). Kaner (2001) found that when the child was mentally disabled and the parent had insufficient social support system, this affected life satisfaction and Gallagher, Phillips, Lee and Carroll (2015) was found similarly things (Gallagher, Phillips, Lee and Carroll, 2001).

In the study, another theme affecting life satisfactions was observed to be the causes of being negative. Under this theme, following themes were determined; the first reaction of the caregiver, the problems about own lives, and isolation from social life. Although the first reactions of caregivers

were negative for the child's disability, they were seen to accept the situation. However, it was stated that when the caregivers were obliged to feel obligation to be the child, they had problems about their own lives and they were isolated from social life, this affected their life satisfaction negatively. Similarly Uğuz, Toros, İnanç and Çolakkadıoğlu (2004) found that mothers having disabled children had more stress believing that their children were dependent on them more, they could not manage themselves, they brought more responsibilities to their familial lives and led the family to have more difficulties compared to the mothers having no disabled children (Uğuz, Toros, İnanç and Çolakkadıoğlu, 2004). Catre, Ferreira, Armando, Catré and Pereira (2019) found that indicating a significant association between a strong cognitive structure around religion (intrinsic religiosity) and life satisfaction, well-being, happiness and health (Catre, Ferreira, Armando, Catré and Pereira, 2019).

Since mothers take care of the disabled child more, they have the need of sharing various behavior problems, developmental problems, caring problem of the mentally disabled children and most importantly negative feelings and difficulties of not having a dreamed child. Emotional support, considered among the most important and useful aids, encourages mothers taking the responsibility of the basic care of the children in difficult situations of long-term problems and provides them a resistance strength, and relieves them by giving the feeling of not being alone in the coping process. It is important for the caregivers in this process to know that they are supported emotionally and they have someone who can help to cope with the difficulties when needed and love them. In the study, the siblings in the first group accepted the child and helped the mother in the care, the spouses had both spiritual and care support and father's taking care of the child also made the mother happy. The caregivers in the second group were seen not to receive sibling and father support (Kaner, 2001). Karadağ (2009) found that as level of social support perceived by mothers from family increased, their hopelessness level decreased (Karadağ, 2009). In contrast, Demir, Özcan and Kızılırmak (2010) did not find a significant difference between the depressive symptoms of the mothers receiving help in the care of the mentally disabled child and the mothers who did not receive help (Demir, Özcan and Kızılırmak, 2010). This status can be lived and cannot be corrective because the obligations given to women in the eastern culture and islamic structure do not change in the society viewpoint (Crabtree, 2007).

CONCLUSION

This study is the first mixed research investigating the effect of religious attitudes of the individuals having disabled child on their life satisfaction and other factors affecting their life satisfaction. In the study, a positive, weak and insignificant correlation was found between the life satisfaction and religious attitude. Similar results were observed in the qualitative part. In addition, it was determined in the qualitative part that supporting the religious attitudes of the people was not sufficient to increase their life satisfaction, factors like improving the condition of the child, solving the problems

in their lives, ensuring them to receive social support, and helping them to cope with the problems correctly should also be carried out.

Therefore, while giving care to the caregivers and families, it is very important to give care practices by considering the importance of religion and ensure the families to use different methods in coping with the problems. It can be recommended to conduct multidisciplinary applied studies addressing religious dimension and other factors together to cope with problems in the future and increase the sample size in these studies. When considering that the acceptance process is a long period and has certain steps, it may be recommended to carry out similar studies with groups having different acceptance levels. It is thought that further studies can be conducted based on the other factors arising in the study and affecting the life satisfaction.

LIMITATIONS

The research is limited to carigivers with disabled children who continued to rehabilitation centers in the city center of Kayseri. The results can be generalized to the research group. Another limitation, the study is based on the caregiver's own statements.

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ETHICAL INFORMATION ON RESEARCH

The approval of Erciyes University Social and Human Sciences Ethics Committee dated 31.10.2017 and numbered 51 was received for the research.

DECLARATION OF INTEREST STATEMENT

The authers declare that they have no conflict of interests.

CONTRIBUTION OF RESEARCHERS

The authors contributed equally to the study.

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