

Research in Education and Rehabilitation 2019; 2(1): 11-17.

CORRELATION BETWEEN RELIGIOSITY AND QUALITY OF LIFE IN PERSONS WITH DISABILITIES

POVEZANOST IZMEĐU RELIGIOZNOSTI I KVALITETE ŽIVOTA KOD OSOBA SA INVALIDITETOM

Senad Mehmedinović[1], Damir Babajić[2*]

[1]Edukacijsko-rehabilitacijski fakultet Univerziteta u Tuzli
Univerzitetska 1, 75 000 Tuzla
[2*]Islamska Zajednica Bošnjaka u Njemačkoj, džemat Hidaje
Gärtnerstraße 41, 80992 München, Njemačka
medzlis-ef@hotmail.com

Original scientific articles

ABSTRACT

The aim of the study was to determine the correlation between religiosity and quality of life in persons with disabilities. The survey included a total sample of 92 respondents from the area of Tuzla Canton. Of the total sample, 41.3% had paraplegia, 30.4% had cerebral palsy, and 28.3% had amputation. The World Health Organization's Quality of Life Questionnaire as well as the religiosity assessment questionnaire were used to verify the set research objective. A correlation analysis was applied to verify the set research objective. Based on the results of the research, it can be concluded that there is a statistically significant correlation between different domains of religiosity and quality of life in persons with disabilities.

Key words: Religiosity, Quality of Life, Persons with Disabilities.

SAŽETAK

Cilj istraživanja je bio utvrditi povezanost religioznosti i kvalitete života kod osoba sa invaliditetom. Istraživanjem je obuhvaćen ukupan uzorak od 92 ispitanika sa područja Tuzlanskog kantona. Od ukupnog uzorka 41,3% ispitanika je sa paraplegijom, 30,4% sa cerebralnom paralizom, dok je 28,3% ispitanika sa amputacijom. U svrhu provjere postavljenig cilja istraživanja primjenjen je upitnik o kvaliteti života Svjetske zdravstvene organizacije, kao i upitnik za procjenu religoznosti. U svrhu provjere postavljenog cilja istraživanja primjenjena je korelacijska analiza. Na osnovu dobijenih rezultata istraživanja može se zaključiti da postoji statistički značajna povezanost između različitih domena religioznosti i kvalitete života kod osoba sa invaliditetom.

Ključne riječi: Religioznost, kvaliteta života, osobe sa invaliditetom.

Research in Education and Rehabilitation 2019; 2(1): 11-17.

INTRODUCTION

Since its inception, the humankind has had the need to believe in supernatural beings, multiple deities, or to witness faith in the One and Only God, faith in Allah. This human need for religious identity has not changed to this day, because human, besides other identities (national identity, geographical identity, etc.), has a need for religious identity (Saliji, 2015). When we talk generally about the terminological definition of religiosity and religion, we can say that with the development of scientific thought and cognition different, but essentially similar interpretations of religion, religiosity, as well as their meaning in the life of human, arise. The concepts of religion and religiosity are intertwined in definitions, with religion more concerned with the socio-cultural aspect and religiosity with the individual-experiential aspect (Charapina et al., 2013). There are different definitions of religion and religiosity, but in their essential meaning they relate to belief (Mehmedinović et al., 2011). Religion is a tightly knit system of beliefs and customs that relate to the saints, that is, separate and forbidden things, a system of beliefs and customs that unite all their followers into the same moral community (religious community, church, etc.) (Durkheim, 2008), collective matter Religiosity reaches the depths of a person's personality and touches all its dimensions (Smajić, 2015). Religiosity involves or implies one's own living a religious dimension of life, implies an inner attitude, commitment and beliefs about the existence of something transcendent, about the existence of God, and implies living in accordance with those beliefs (Bakrač, 2012). Religiosity is conceived at the level of the individual, where a person describes himself as a believer, which implies adherence to certain religious beliefs (James, 1994). The religious dimension of Islam is reflected within the word din, which denotes faith as an act (Qur'an, 5: 3). Din, an act of religion, is a religion that denotes Islam (halal, haram, good deeds, behavior, etc.). Islam is a revealed religion from God, which means devotion (at-taslim) (Beglerovic, 2009). Ad-din is a set of teachings, which include the testimony of Tawhid, then the mission of the prophet Muhammad, to whom God gave the Book of guidance whose nature he spiritually profiled to perfection, and addressed the Prophet's nature and upbringing as the most beautiful of all (Hafizovic, 1996), and an expression of obedience to God as recorded in the Book of Instruction (Sachiko and C. Chittick, 2005). The study of religiosity is multidisciplinary, it is researched within the theology, philosophy, history, anthropology, sociology, psychology, etc. In the world, over the last ten years, there has been a great deal of research showing that religiosity is linked to a healthy and stable family life, leads to a reduction in domestic violence, and leads to improved physical and mental health (Fagan P, 2006). Also, parents who are religious have a better relationship with their children (Pierce and Axinn. 1998) and are more likely to be involved in their children's education (Wilcox, 2002). The above studies and previous interpretations are the starting point for the assessment of religiosity in parents of children with disabilities, which can serve as a basis for future research that will deal with the correlates of religiosity and attitude towards the child, quality of marital union, etc.

Research in Education and Rehabilitation 2019; 2(1): 11-17.

Knowing religiosity in parents of children with disabilities, somatotherapists, sophologists, occupational therapists, theologians, psychologists, educators and health care professionals can help in creating possible supportive assistance programs, which must adopt the use of complementary and new interdisciplinary communication languages, purposeful communication understanding and supporting the biopsychosocial and spiritual potentials of human existence (Prstacic, 2006). It is an indisputable fact that experts of different profiles are engaged in the study of quality of life, which is one of the essential indicators of human homeostasis. The human is a biopsychosocial, but also a spiritual being, and therefore we can talk about the quality of life in biological, psychological, social and spiritual terms, but we can also talk about the conditional interconnection of these structures that actually represent a being. So, for example, speaking in the language of biology, it is essential to what extent physiological changes (nervous system, immunity, heart) in the human body affect the quality of life. From a psychic point of view, it is important how much trauma, stress, tension, fear as an emotional state, and also how much the relationship with family, friends, colleagues, generally with the community, affect the quality of life. In spiritual terms, we can say how much practicing faith affects the quality of life. All this in fact suggests that we must approach it in a multidimensional way, because, according to Prstacic (2006), "the psychosomatic unity of human is inseparable from its spiritual and psychosocial structure", and therefore we can conclude that the separation of any dimension of quality of life "impairs "its objective measurability. For the quality of life, we can say that it is the multidimensional structure of human satisfaction (Gojčeta et al., 2008), “the degree of what makes life good” (Brajša-Žganec and Kaliterna-Lipovčan, 2006), overall general well-being (Falce and Perry, 1995) . It focuses on different dimensions, depending on the profession of those involved in its research, such as: for those who practice medicine, quality of life is health, for theologians it is faith and health, etc. (WHOQOL, 1996). Psychologists and medical researchers study the quality of life from the standpoint of the individual (often bringing the quality of life in relation to health) (Martinis, 2005), while theologians focus on the quality of life from the standpoint of religious tradition. There is a large number of measurement instruments in the world that assess quality of life and their division depends on which areas of human life are covered. When it comes to parents of children with disabilities and quality of life, there is also a great deal of research, but there are also many differences between experts in terms of reaching harmonized conclusions. So, Benjak (2010) states that some authors find that social assistance for a disabled child contributes to improvement, while other authors state that child welfare benefits reduce the quality of life of parents. These and similar findings open the door to further research on this topic, especially among parents of children with disabilities, because to the best of the available literature, there is a limited number of empirical studies on parents' religiosity and the relationship with the quality of life of children with disabilities. Accordingly, the aim of the research is to assess whether there is a correlation between quality of life and religiosity in persons with disabilities.

Research in Education and Rehabilitation 2019; 2(1): 11-17.

MATERIAL AND METHODS

Sample of participant

The survey included a total sample of 92 respondents from the area of Tuzla Canton. Of the total sample, 41.3% had paraplegia, 30.4% had cerebral palsy, and 28.3% had amputation. In terms of gender was 68 male subjects with an average chronological age of 36.76 ± 12.61 years, and 24 female subjects with an average chronological age of 38.66 ± 16.23 years.

Measuring instruments

For assess quality of lifeThe WHOQOL-BREF (World Health Organization Quality of Life-Bref) Questionnaire was used. This questionnaire is an abbreviated form of the WHOQOL-100 Quality of Life Questionnaire. It covers a number of areas of quality of life. The questionnaire contains 26 questions. The first two questions about self-assessment of quality of life and for WHOQOL-BREF are given a quality of life profile that starts with a model that explains quality of life across four domains: physical health, mental health, social relations and the environment. The answers on each of the applied variances were on a 1-5 Likert-type scale, where 1 indicates the least agreement and 5 indicates the highest agreement with the particle. Individual domain responses were transformed into interval scales.

For examine religiosityThe Rieger, Bawidamanna, Jäger (2008) questionnaire was used . The answers on a Likert-type scale range from nothing to very important. The questionnaire consists of five religious domains ideological, experiential, ritual, intellectual and consequential domains. In each domain, the responses on the individual variables were transformed into an interval type scale.

Data processing methods

Research data was processed by method of parametric and nonparametric statistics. Measures of central tendency, dispersion measures, frequency and percentages were calculated, and results were presented tabular. In order to determine the aim of the research correlation analysis was applied. Research data was processed by statistical package SPSS 20. for Windows.

RESULTS AND DISCUSSION

Table 1 shows the results of the correlation analysis with respect to the dimensions of religiosity and domains of quality of life. Based on the results obtained, it can be concluded that at the level of statistical significance at the level of 0.05, there is a correlation between physical health and intellectual religiosity. At a statistical significance level of 0.01, there is a correlation between physical health and the ideological, experiential, ritual and consequential dimension of religiosity. At the statistical significance level of 0.05, there is a correlation between mental health and the ideological dimension of religiosity.

Research in Education and Rehabilitation 2019; 2(1): 11-17.

Table 1. Correlation analysis

	DFZ	DPZ	DS/DO	DO	IDR	ISDR	RDR	INDR	PDR
DFZ	1	.878**	.892**	.859**	.352**	.519**	.376**	.244*	.773**
DPZ		1	.826**	.838**	.262*	.431**	.295**	,169	.684**
DS/DO			1	.890**	.353**	.546**	.392**	.210*	.831**
DO				1	.334**	.437**	.337**	,204	.652**
IDR					1	.793**	.935**	.828**	.580**
ISDR						1	.904**	.859**	.781**
RDR							1	.913**	.642**
INDR								1	.471**
PDR									1

Legend: Domain physical health (DFZ), domain mental health (DPZ), domain Social / Social Relations (DS / DO), domain Environment (DO), ideological dimension religiosity (IDR), experiential dimension religiosity (ISDR), ritual dimension religiosity (RDR)), Intellectual dimension of religiosity (INDR), Consequential dimension of religiosity (PDR).

At a statistical significance level of 0.01, there is a correlation between mental health and the experiential, ritual, and consequential dimension of religiosity. Based on the results obtained, it can be concluded that at the level of statistical significance of 0.05, there is a correlation between the domain of social relations and intellectual religiosity. At the level of statistical significance of 0.01, there is a correlation between the domain of social relations and the ideological, experiential, ritual and consequential dimension of religiosity. Based on the results obtained in the domain of environment, it can be concluded that at the level of statistical significance of 0.01, there is a correlation between the domain of environment and the ideological, experiential, ritual and consequential dimension of religiosity. There are numerous studies explaining the positive correlation between religiosity / spirituality and quality of life, which is consistent with the research in question. For example, Leutar Z and Leutar I (20017) conclude that going to a prayer, participation in programs organized by the Church for persons with disabilities, talking about spiritual matters, and active living of faith contribute to a better quality of life for the individual and that faith gives their lives sense, and the relationship with God gives the answers for basic life questions. One such study is the study by Poston and Turnbull (2004), who examined quality of life and spirituality and found positive correlation in these areas, where respondents indicated that religion was of utmost importance to them and led them to accept disability, especially if their occurrence of disability could not be explained by experts. The present study is also in line with the study by Young (2012) who concluded that there is a positive correlation between religiosity and quality of life. A significant place in religiosity belongs to the salah, whose implementation affects all domains of quality of life, engages the physical, mental, psychological, spiritual potentials of the individual, both individually and socially. As Pajević and Sinanović (2002) point out, regular salah (Islamic prayer) strengthens the will and capacity for self-control, encourages the pursuit of self-improvement and expression of one's personality, the acquisition of new knowledge and its practical application. They also point out that the salah affects the human to have a more correct and clearer life orientation, a better and more solid

character, a built identity, stability and pragmatism, and provides a clear life direction, solid foundations, and secure frameworks for building personality, which was the goal of religious education programs. By addressing this topic, Zargani, Nasiri, Hekmat, Abbaspour, and Wahabi (2018) established a significant relationship between religiosity and quality of life in breast cancer patients. Abdel-Khalek (2010) found on a sample of Muslim students that there is a positive correlation between religiosity and quality of life, and states that religiosity may be considered as a salient component of- and a contributing factor to QOL among this sample of Muslim college students. Therefore, Islamic beliefs and practices may have the potential to be integrated in psychotherapeutic procedures among Muslim clients. Also, Rule (2007), who established a correlation between religiosity and quality of life in North Africa, concluded that the data showed that there was a significant but not very strong statistical relationship between religiosity and quality of life. In a sample of 419 students, Matić (2014) found that there was a statistically significant positive correlation between religiosity and life satisfaction.

CONCLUSION

Based on the results of the research, it can be concluded that there is a statistically significant correlation between religiosity and quality of life in persons with disabilities. There is a statistical correlation between intellectual, experiential, ritual, consequent religiosity and mental health, social relations and the domain of the environment.

REFERENCES

1. Abdel-Khalek, A.M. (2010). *Qual Life Res* 19: 1133. https://doi.org/10.1007/s11136-010-9676-7
2. Arsim Tarik Saliji. Religioznost kosovskih Bošnjaka sa posebnim osvrtom na mlade. http://bosnjaci.net/prilog.php?pid=52712 (Pogledano 21.1.2015. u 09.12.56. sati).
3. Bakrač, V. (2012). Religioznost mladih u Crnoj Gori. Doktorska disertacija, Beograd: Filozofski fakultet Univerzitet u Beogradu.
4. Beglerović. S. (2009). *'Abd al-Qadir Al-Gaylani i derviški red kaderija*. Sarajevo: Fakultet islamskih nauka i hadži Sinanova tekija u Sarajevu.
5. Benjak T. (2010). *Kvaliteta života i zdravlje roditelja djece s pervazivnim razvojnim poremećajima*, Doktorska disertacija, Zagreb: Medicinski fakultet Sveučilište u Zagrebu.
6. Brajša-Žganec A., Kaliterna-Lipovčan LJ, (2006.) Kvaliteta življenja, životno zadovoljstvo i sreća osoba koje profesionalno pomažu drugima. *Društvena istraživanja*, 15 (4-5).
7. Čarapina I. et al., (2013) *Provjera metrijskih karakteristika Upitnika religioznosti*. In: Savremeni trendovi u psihologiji, Novi Sad: Filozofski fakultet
8. Ćorić Š.Š. (2003) *Psihologija religioznosti*. Jastrebarsko: NakladaSlap,
9. Durkheim, E. (2008). *Elementarni oblici religijskog života-totemistički sustava u Australiji, Jasenski i Turk*. Zagreb: Hrvatsko sociološk odruštvo.
10. Falce D., Perry J., (1995). Quality of life: Its definition and measurement. *Res Developmental disabilities*, (16).

11. Fagan, P. (2006). *Why Religion Matters Even More: The impact of Religious Practise on Social Stbility*.
12. Hafizović, R. (1996). *O načelima islamske vjere*. Zenica: Bosanska knjiga.
13. James, W. (1994). *The varieties of religious experience: A study in human nature*. Cambridge, MA: Harvard University Press
14. Kim Wan Young, (2012). Positive effects of Spirituality on Quality of life for people with severe Mental Ilness. *International Journal of Psyhosocial Rehabilitation*, 16, 2, str. 62-77.
15. Leutar Z., i Leutar, I. (2017). Duhovnost kao resurs snage i otpornosti obitelji u rizičnim okolnostima. *Nova prisutnost*, 15(1), str. 65-88.
16. Martinis, T. (2005). *Percepcija kvalitete života u funkciji dobi*. Zagreb:Filozofski fakultet Sveučilišta u Zagrebu.
17. Martin, Rieger., Karin, Bawidamann., Matthias, Jäger. (2008). *Religionsmonitor*. Bertelsmann Stiftung, Gütersloh.
18. Mehmedinović, S., Poljić, A., Matović, L., Babajić, D., Babajić, M. (2011). Procjena religioznosti kod roditelja djece sa cerebralnom paralizom, in: *Zbornik radova /V međunarodni naučni skup Specijalna edukacija i rehabilitacija danas*. Beograd:Fakultet za specijalnu edukaciju i rehabilitaciju.
19. Pajević, I., Sinanović, O. (2002). Utjecaj namaza na oblikovanje nekih karakterističnih crta zrele ličnosti, u: *Duhovnost i mentalno zdravlje*, Svjetlost, Sarajevo, 2002.
20. Pierce, L.D., & Axinn, G. (1998). The Impact of Family Religious Life on the Quality of Mother-Child Relations. *American Sociological Review*, 63 (6.).
21. Poston D. J., Turnbull A.P., (2004). Role of Spirituality and Religion in Family Quality of Life for Families of Children with Disabilities. *Education and Training in Developmental Disabilities*, 39(2), str. 95-108.
22. Prstačić, M. (2006). *Metode u edukaciji i rehabilitaciji*, in: Mahmutagić A., et al, , Tuzla: Harfo-graf.
23. Sachiko, M., und Chittick, W. (2005). *The Vision of islam*. Lahore: Suhail Academy.
24. Smajić, A. (2013). Uloga vjere u formiranju stave prema drugom i drukčijem: između religijskih Ideala I bosanskohercegovačke stvarnosti", u: *Vrh bosnensia, Br. 1*., Sarajevo:Katolički bogoslovni fakultet u Sarajevu,
25. Rule, S. *Soc Indic Res* (2007) 81: 417. https://doi.org/10.1007/s11205-006-9005-2
26. The World Health Organization Quality of Life Group (1996). The World Health Organization Quality of Life Assessment (WHOQOL-BREF): Introduction, administration, scoring and generic version of the assessment. Field trial version. Geneva: Programme on mental health.
27. Wilcox, W.B., (2002.) Religion, Convention, and Paternal Involvement, *Journal of Marriage and Family*, 64 (3.)
28. Zargani, A., Nasiri, M., Hekmat, K., Abbaspour, Z., & Vahabi, S. (2018). A Survey on the Relationship between Religiosity and Quality of Life in Patients with Breast Cancer: A Study in Iranian Muslims. *Asia-Pacific journal of oncology nursing*, *5*(2), 217–222. doi:10.4103/apjon.apjon_65_17