

Psychological Well-Being and Level of Religiosity in Parents of Children Suffering from Cancer



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Abstract

Childhood cancer involves the whole family, the diagnosed child, the parents and the siblings. The diagnosis of cancer causes a great deal of disruption in the family, which can be manifested as parental role confusion as well as parental distress about the child's future. Parents undergo tremendous stress which leads to poor psychological well-being and when the person is in stress one thing that comforts the most is almighty god. Thus the present study was designed with following objectives: 1.To assess the level of Psychological well-being of parents of children suffering from cancer.2.To find out the level of religiosity of parents of children suffering from cancer.3.To find out gender differences, if any, in the family of children suffering from cancer. The present study was conducted within the premises of Jaipur city The subjects (mother and father) were taken from cancer hospitals like Bhagvan Mahaveer Cancer Hospital and Sawai Maan Singh Hospital and its rehabilitation centers. A total of 240 parents (120 mothers and 120 fathers) of 120 children (below 18 years) suffering from cancer were a part of this study. Two standardized tools namely: Psychological Well-being Scale developed by Sisodia and Choudhary in 2005 and Religiosity scale" developed by Bhushan (1990) were used. It was seen that the psychological well-being of fathers irrespective of SES, type of family was significantly high. Whereas, in religiosity mothers scored significantly higher.

Keywords: Religiosity, Psychological Well-Being Scale.

Introduction

Chronic and acute illnesses are not affecting adults but are also common with children all over the world. When a child is diagnosed with a chronic medical condition it pose a significant stressors to parent of the child suffering from that chronic condition, and the parents of children suffering from cancer are no different.

When a child is diagnosed with cancer, the direct impact is on parents. Many studies have reported that most of the parents are psychologically affected by their child's diagnosis, treatment, side-effects of the treatment and child's health status (Jurbergs, Long, Ticona, & Phipps, 2009; Maurice-Stam, Grootenhuis, Brons, Caron, & Last, 2006) moreover, parents may live with continuous uncertainty about the outcomes (Eiser & Upton, 2007; P. Sloper, 1996) and lives with the threat of reversion or death for years (Bjork, Wiebe, & Hallstrom, 2005). With continuous dilemma and uncertainty often family daily routine is also changed and some of their roles and responsibilities also takes a shift (Patterson, Holm, & Gurney, 2004; Rajajee, Ezhilarasi, & Indumathi, 2007; P. Sloper, 1996). Moreover, parents have reported additional burdens; for example, issues in their employment and financial status (Dockerty, Skegg, & Williams, 2003; Gravestock, McDowell, & Vale, 2011; Limburg, Shaw, & McBride, 2008; Miedema, Easley, Fortin, Hamilton, & Mathews, 2008), burden in their family relationships (Bjork et al., 2005) and issues in caring for other children (Rajajee et al., 2007).

Review of Literature

The aforementioned stressors are reported to affect both mothers and fathers parenting children with cancer. However, it is important to note that mothers and fathers have been found to have different levels of perceived psychological distress (Norberg, Lindblad, & Boman, 2006; Yeh, 2002). Many of the studies have found that the parent's gender is a risk factor for poor psychological well-being (Bayat, Erdem, & Gul Kuzucu, 2008; Best, Streisand, Catania, & Kazak, 2001; Kazak, Boeving, Alderfer,

Hwang & Reilly, 2005; Pöder, Ljungman & Essen, 2008). For example, mothers of a child with cancer reported higher levels of anxiety, depression and sadness than fathers (Bayat et al., 2008; Norberg et al., 2006). Mothers also have been found to be at higher risk of post-traumatic stress disorder than fathers (Best et al., 2001; Kazak et al., 2005; Pöder et al., 2008). However, these differences may be a reflection of the general finding that women report poorer psychological well-being than men (Ptacek, Smith, & Dodge, 1994). Monnier et al. (1998) this may be because women are more willing to report symptoms than men as expressing stress is considered to be more socially acceptable for them than for men, bringing a cultural dimension to the consideration of stress perception. In particular, many researchers report that the cultural background of the parents has an effect on their stress levels when caring for a child with cancer (Bozo, Anahar, Ates, & Etel, 2010; Han, 2003; Johns et al., 2009; Patistea, Makrodimitri, & Panteli, 2000; Rajajee et al., 2007; Wong & Chan, 2006).

Hailing from India, it is deep rooted in our culture to pray to the almighty. When any stressful situation hits the family the first thing to do is to pray to end the sufferings of the sufferer and the family. Spirituality and religion plays an important role in the lives of families of children suffering from any illness. Religious practice often brings meaning, solace and strength during difficult times. It can also bring friendship, emotional and practical support through religious communities. Patients shows less psychological distress when they felt more in control of their lives through a problem-solving partnership with God or a divine power. When they asked God's forgiveness and worked to forgive others they found strength and comfort from their spiritual beliefs and found support from their spiritual or religious community. They tend to feel more depressed, have a poor quality of life and be less caring or tolerant of others when they interpreted their disease as a punishment from God.

How much these religious practices help them in increasing their wellbeing is interesting to understand. Keeping this in view, the present study entitled "Psychological well-being and level of religiosity in parents of children suffering from cancer" has been planned with the following objectives:

Objectives of the Study

1. To assess the level of Psychological well-being of parents of children suffering from cancer.
2. To find out the level of religiosity of parents of children suffering from cancer.
3. To find out gender differences, if any, in the family of children suffering from cancer.

Review of Literature

Psychological Well- Being

The term psychological well-being covers a wide range of inter-related, affective, cognitive and behavioral process which starts from negative mental states (dissatisfaction, unhappiness, worry, anxiety, depression etc) to a more positive outlook which extends into a state which has been identified as

positive mental health.(Jahoda, 1958, Herzberg, 1986).

Psychological well-being is a broad concept that refers to an individual's current level of happiness (positive well-being) or distress (negative well-being). It is also defined by positive and negative emotional states often stable from early adulthood through late adulthood. Positive well-being was found to be associated with being a person who is "others oriented", that is, being caring and having sound relationships with other people (Kauslen, 2002).

A study of Boman (2004) revealed that cancer diagnosis and treatment in children has shown to cause high level of stress in parents. For some the strain can become so overwhelming that it may threaten their ability to function as parents both for the sick child and for other family members resulting in difficulty in sustaining the family through the illness. The psychological situation of parents is strongly affected both during treatment and follow-up and even decades after treatment are completed.

Narmin Boromand, Mohammad Narimani (February 2014) In this study the researcher wants to Comparing the psychological well being factors among the parents of the mentally retarded children with those of the normal children the descriptive research is comparative - causative. The statistical population of the present research includes all the parents of the mentally retarded and normal children whose children were studying in the mentally retarded and normal schools in Maha bad in the educational year of 2012-2013. For the study the researcher used the multistage random sampling to collect the data and the Ryff psychological well being questionnaire was used. To analyze data, The results shows that There is a significant difference between the parents of the normal children and those of the mentally retarded children with regards to the psychological well being factors (positive relationship with the others, mastering the environment, self acceptance factors, independence, having purpose in life, and personal development).

Irum Hayat, MahwishZafar (July 2015) This study investigated the relationship between coping strategies and psychological well-being among parents with Down syndrome children. The sample comprised of 120 parents (60 fathers, 60 mothers of diagnosed 60 children with Down syndrome) the data was collected through purposive sampling. The study was an exploratory study and used co-relational research design. The study planned to investigate all possible relationships among variables and demographic variables. Results showed significant correlations between psychological well-being and coping strategies. Those parents who relied more on active avoidance coping, reported lower levels of psychological well-being as compared to those who relied on problem-focused coping strategies. Fathers scored significantly high on psychological well-being than mothers. Data analysis suggested significant differences in parental psychological well-being and coping strategies with the increasing age of the children. Gender differences were also explored which suggested that parents with girl-child had

comparatively higher levels of psychological wellbeing than parents with boy-child.

Religiosity

Religiosity includes having or showing belief in and reverence for God, as well as participation in activities to that faith such as attending services/ worship regularly and participating in social activities with one’s religious community. Religiosity has been linked to a greater sense of well-being as well as to the ability to better cope with stressful events (Koenig et. al, 2002).

Religious attitude was associated with happiness through religious experiences. (Levis and Cruise, 2006).

There are hundreds of studies in field of health, mental health and social work that point to the role that religious and spiritual belief and practices contribute to resilience in people who experience illness. (Canda, 2001).

Shumway (2003) have found that people use prayers, worship and faith to cope with suffering conditions. If religious beliefs and practices become fragmented, contradictory or non integrated psychological dissonance and uncomfortable levels of anxiety are likely to result (Pargament, 2002).

Hall (1998) examined that there are some studies that have examined the impact of religion and spirituality on the lives of parents dealing with the diagnosis of cancer in their child. The results suggested that religion and spirituality are important influencing factors in many families who experienced childhood cancer.

A review on the impact of childhood cancer on parents’ marital relationship suggests negative changes in their relationships, communication, stress, and roles (Silva, 2011).

Mothers in high-risk populations who reported a higher sense of life purpose and closeness to God also reported lower parental stress and better parent-child interactions (Lamis, Wilson, Tarantino, Lansford, & Kaslow, 2014).

Methodology

Locale of the study

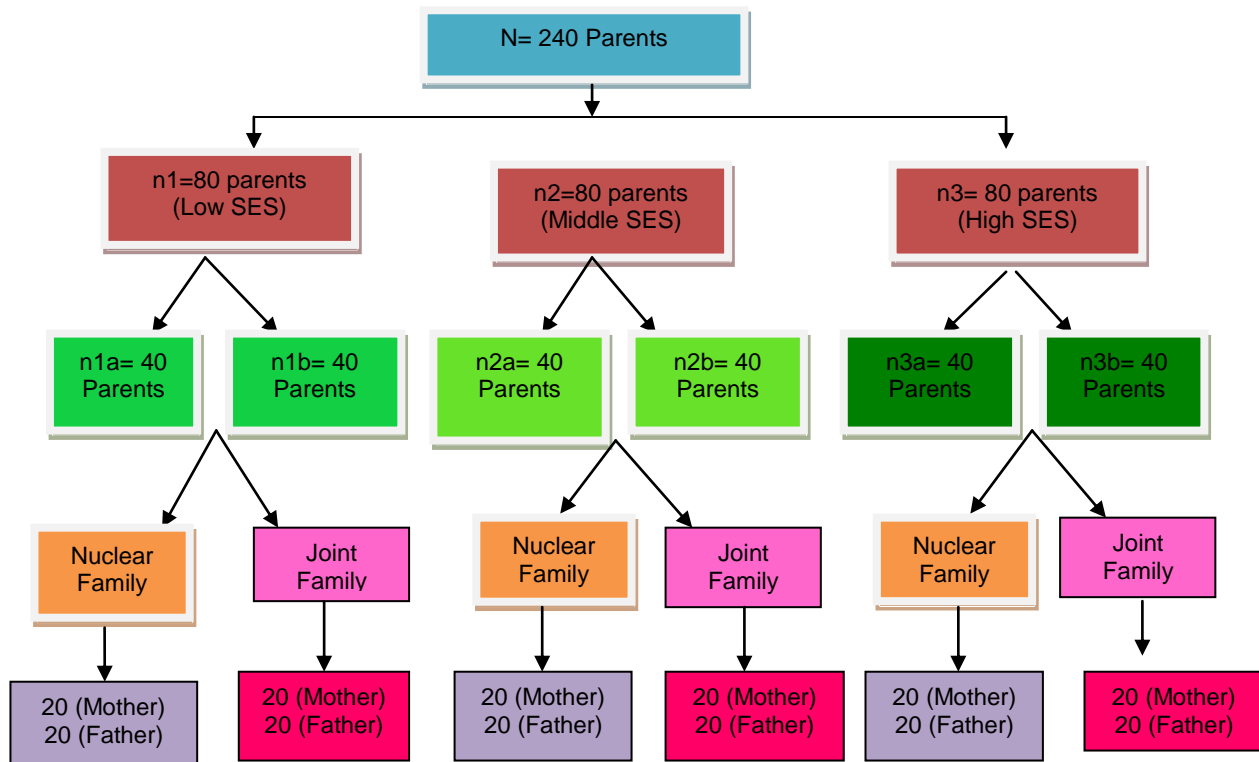
The present study was conducted within the premises of Jaipur city to ensure optimum personal contact for data collection. The subjects (mother and father) were taken from cancer hospitals like BhagvanMahaveer Cancer Hospital and SawaiMaan Singh Hospital and its rehabilitation centers and various other support groups working for cancer patients in Jaipur.

Sample

(I) 240 parents (120 mothers and 120 fathers) of 120 children (below 18 years) suffering from cancer who fulfill the selection criteria were taken as participants for the present study.

(II) The parents (N=240) were approached personally. These parents were further categorized according to socio-economic status and family structure into three groups i.e. 80 from low socio-economic status, 80 from middle socio-economic status and 80 from high socio-economic status. These were further grouped according to family structure i.e. 40 from nuclear family and 40 from joint family.

Figure 1: Sample Distribution



Measures**Socio-Economic status (SES)**

The revised version of socio-economic status scale (SES) developed by Kuppaswamy in 2014 was used to categorize participants in three SES i.e. Low, Medium and High.

The measure is based on three variables: (I) Education (II) occupation (III) Income of the family. Each variable has seven items making a total of twenty-one (21) items

The content validity of the revised scale, since areas and then items are solely based on research proven items, is very high and promising. Scoring:-The scoring of scale is very easy. There are three variables in the scale in the form of table i.e. Table 1, 2, 3. Table 4 shows the total score of the respondents. Answers were marked and scores were written according to the responses given by the respondents in each table. Now, after obtaining individual scores from the respective tables, all three scores were added and the final score was compared with score range in table 4 and socio-economic class accordingly decided.

Psychological well-being

It may be defined as the subjective feeling of contentment, happiness, satisfaction with life experiences and one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc. Absence of psychological well-being/ill-health does not necessarily mean presence of psychological well-being. A person can have conditions poor, good or any one of them, with all its accompanying results. PWBS scale developed by Sisodia and Choudhary in 2005 was used for the present study. The scale consists of 50 items. The reliability was 0.87 and the consistency value for the scale is 0.90 and the scale was validated against the external criteria and coefficient obtained was 0.94.

Scoring

It is a likert type 5 point scale where all fifty statements are of positive. 5 marks to strongly agree, 4 marks to agree, 3 marks to undecided, 2 marks to disagree and 1 mark to strongly disagree responses are assigned. The sum of marks is obtained for the entire scale. The higher the score better will be the psychological well-being.

Religiosity

For the present study "Religiosity scale" developed by Bhushan (1990) was used. It has 36 items to elicit degree of emotional involvement of the subject in giving expression of his/her faith in god and religious acts.

Scoring

It is a five-point likert type scale. So, against each item five response categories have been provided to avoid monotony and ensure sincerity. The alternative responses ("Totally agree to totally disagree) are mentioned only at the top of right hand side. The subject has to encircle the number representing his response to an item. For the positive items the values encircled serve as subject's scores. But for the negative items the scoring is reverse i.e. for the response "Totally agree the subjects gets one

score, for "total disagree" he is awarded five. Subject's religiosity score is the algebraic sum of scores obtained by him on all the different items. As the number of items in the scale is 36, the range of scores is from 36 to 180. Higher scores indicate greater degree of religiosity.

Reliability and Validity

The religiosity scale possesses fairly high reliability. The reliability coefficients are .82 and .57 validity.

Results and Interpretation

Table 1: Statistics of Psychological Well-Being of Parents According to Socio-Economic Status and Family Type

Category		Gender	N (N=240)	Mean	S.D.
Socio Economic Status	Family Type				
Low	Nuclear	Mother	20	132.55	4.76
Low	Nuclear	Father	20	167.30	14.61
Low	Joint	Mother	20	173.75	14.71
Low	Joint	Father	20	176.35	14.95
Middle	Nuclear	Mother	20	199.45	6.28
Middle	Nuclear	Father	20	203.30	4.20
Middle	Joint	Mother	20	227.30	5.13
Middle	Joint	Father	20	233.15	5.86
High	Nuclear	Mother	20	208.20	3.42
High	Nuclear	Father	20	217.15	1.75
High	Joint	Mother	20	221.45	1.70
High	Joint	Father	20	223.90	1.58

The above table shows the scores of psychological well-being of parents belonging to nuclear and joint families of all three SES i.e. low, middle and high.

The mean scores of mothers of nuclear families (n=20) belonging to low SES is 132.55 with 4.76 SD, and mothers of middle SES (N=20) belonging to nuclear families is 199.45 with 6.28 SD. While mothers (n=20) living nuclear the mean scores of 208.20 with 3.42 SD.

Further, the mean scores of mothers (n=20) of low SES belonging to joint families is 173.75 with 14.71 SD, and for mothers (n=20) of middle SES, it is 227.30 with 5.13 SD mothers (n=20) of high SES belonging to joint families the mean scores is 221.45 with 1.70 SD. As for as standard error is concern mothers (n=20) belonging to nuclear families of low SES, it is 1.06, for middle SES 1.40 and for mothers (n=20) of high SES it is 0.76 mothers (n=20) belonging to joint families and low SES it is 3.29. Further mothers (n=20) of middle SES, 1.14 and for mothers (n=20) of high SES, it 0.38. Similarly the scores of fathers belonging to nuclear and joint families of all three were also presented.

The mean scores of fathers (n=20) of low SES belonging to nuclear families is 167.30 with 14.61 SD, while fathers (n=20) of middle SES it 203.30 with 4.20 SD and fathers (n=20) of high SES belonging to nuclear families it is 217.15 with 1.75 SD.

The mean scores of fathers (n=20) belonging to joint families of low SES, is 176.35 with 14.95 SD, mean scores of fathers (n=20) of middle SES is 233.15 with 5.86 SD. The mean scores of fathers

(n=20) of high SES belonging to joint families is 223.90 with 1.58 SD.

The standard error of fathers belonging to nuclear families of low, middle and high SES is 3.26, 0.94 and .39 respectively. Further, for fathers belonging to joint families of all three SES i.e. low, middle and high the standard error was found to be 3.34, 1.31 and 0.35 respectively.

Table 2: Statistics of Religiosity of Parents According To Socio-Economic Status and Family Type

Category		Gender	N	Mean	S.D.
Socio Economic Status	Family Type				
Low	Nuclear	Mother	20	139.80	2.82
Low	Nuclear	Father	20	139.20	3.00
Low	Joint	Mother	20	157.15	4.12
Low	Joint	Father	20	157.10	5.67
Mid	Nuclear	Mother	20	146.00	1.58
Mid	Nuclear	Father	20	143.80	2.74
Mid	Joint	Mother	20	164.55	3.08
Mid	Joint	Father	20	167.05	3.30
High	Nuclear	Mother	20	143.95	2.60
High	Nuclear	Father	20	145.85	1.46
High	Joint	Mother	20	163.00	3.21
High	Joint	Father	20	165.10	3.86

The above table shows the scores of religiosity of mothers and fathers belonging to nuclear and joint families of all three SES i.e. low, middle and high.

The mean scores of mothers of nuclear families (n=20) belonging to low SES is 139.80 with

2.82 SD, and mothers of middle SES (N=20) belonging to nuclear families is 146.00 with 1.58 SD. While mothers of high SES (n=20) living in nuclear families the mean scores of 143.95with 2.60 SD.

Further, the mean scores of mothers (n=20) of low SES belonging to joint families is 157.15 with 4.12 SD, and for mothers (n=20) of middle SES, it is 164.55 with 3.08 SD mothers (n=20) of high SES belonging to joint families the mean scores is 163.00with 3.21SD.

As far as standard error is concern for mothers (n=20) belonging to nuclear families of low SES, it is .63, for middle SES .35and for mothers (n=20) of high SES it is 0.58 mothers (n=20) belonging to joint families and low SES it is .92. Further mothers (n=20) of middle SES, .69 and for mothers (n=20) of high SES, it 0.71. Similarly the scores of fathers belonging to nuclear and joint families of all three were also presented.

The mean scores of fathers (n=20) of low SES belonging to nuclear families is 139.20with 3.00 SD, while fathers (n=20) of middle SES it 143.80 with 2.74 SD and fathers (n=20) of high SES belonging to nuclear families it is 145.85 with 1.46 SD.

The mean scores of fathers (n=20) belonging to joint families of low SES, is 157.10 with 5.67 SD, mean scores of fathers (n=20) of middle SES is 167.05 with 3.30 SD. The mean scores of fathers (n=20) of high SES belonging to joint families is 165.10 with 3.86 SD.

The standard error of fathers belonging to nuclear families of low, middle and high SES is 0.67, 0.61 and .32 respectively. Further, for fathers belonging to joint families of all three SES i.e. low, middle and high the standard error was found to be1.2, .73 and 0.86 respectively.

Table 3: Mean Scores and 'z' Value of Level of Psychological Well – Being of Parents of Boys and Girls Living In Nuclear and Joint Families of All Three Socio Economic Status

Respondents Selected	Gender	Sample Size (N=240)	Mean	S.D.	z	p-value (Two Tailed)
ALL Respondents	Mother	120	193.78	14.445	7.39	<.01
	Father	120	203.53			
Boys	Mother	89	192.29	15.165	6.57	<.01
	Father	89	202.85			
Girls	Mother	31	198.06	12.057	3.41	<.01
	Father	31	205.45			
Low SES	Mother	40	153.15	20.738	5.70	<.01
	Father	40	171.82			
Med SES	Mother	40	213.38	7.888	3.89	<.01
	Father	40	218.22			
High SES	Mother	40	214.82	4.608	7.82	<.01
	Father	40	220.53			
Nuclear Family	Mother	60	180.07	16.945	7.24	<.01
	Father	60	195.92			
Joint Family	Mother	60	207.50	7.604	3.70	<.01
	Father	60	211.13			

Table illustrates highly significant differences in the psychological well-being of parents of children suffering from cancer. The psychological well-being of fathers found to be significantly high as compared to mothers as the calculated 'z' value (7.39, 6.57, 3.41, 5.70, 3.89, 7.82, 7.24 and 3.70 respectively) is higher than the tabulated value. Further psychological well-

being of fathers of both boys and girls found to be significantly high as compared to mothers as the calculated 'z' value (6.57 and 3.41) is higher than the tabulated value.

When parents of all three SES were compared on psychological well-being, similar results were observed one again fathers psychological well-

being found to be significantly high as compared to mothers in low, middle and high SES when parents living nuclear and joint families were compared, the same trend was seen psychological well-being of

fathers were significantly high as compared to mothers. In short we can say that the psychological well-being of fathers in respective of SES, type of family or gender of children to be significantly high.

Table 4: Mean Scores and 'z' Value of Level of Religiosity of Parents of Boys and Girls Living in Nuclear and Joint Families of all Three Socio Economic Status

Respondents Selected	Gender	Sample Size(N)	Mean	S.D.	z	p-value (Two Tailed)
ALL Respondents	Mother	120	152.41	3.872	1.72	NS
	Father	120	153.020			
Boys	Mother	89	152.42	3.956	.75	NS
	Father	89	152.730			
Girls	Mother	31	152.39	3.548	2.28	<.05
	Father	31	153.840			
Low SES	Mother	40	148.47	3.696	.56	NS
	Father	40	148.150			
Med SES	Mother	40	155.28	3.906	.24	NS
	Father	40	155.43			
High SES	Mother	40	153.47	3.707	3.41	<.01
	Father	40	155.470			
Nuclear Family	Mother	60	143.25	3.632	.64	NS
	Father	60	142.950			
Joint Family	Mother	60	161.57	3.920	2.10	<.01
	Father	60	163.08			

Table delineate that there is a significant differences in the religiosity of parents of children suffering from cancer. Fathers of girls found to be significantly high level of religiosity as compare to mothers as the calculated 'z' value (2.28) is higher than the tabulated value. When parents compared with SES fathers of high SES found to have significantly high level of religiosity as compare to mothers as the calculated 'z' value (3.41) is higher than the tabulated value. On the basis of type of family parents were compared for religiosity. Fathers found to have significantly high level of religiosity as compare to mothers as the calculated 'z' value (2.10) is higher than the tabulated value.

Table 5: Pearson's 'r' of Psychological Well-being, Religiosity of Parents (N=240)

Variable	Psychological Well-being	Religiosity
Psychological Well-being	1.00	.63**
Religiosity	-	1.00

Table no. 5 shows that there is a positive correlation between psychological wellbeing and religiosity at 0.01% level of significance.

Conclusion

It is evident through the above results that Fathers in all the three Socio economic status have higher level of psychological well-being as compared to mothers whereas mothers scored relatively higher level of religiosity in all the three socio economic status.

This could be because fathers tend to socialize a bit more than mothers and does not show their emotions much. Indian culture is deep rooted with various beliefs and at large it is seen that women in the family are the one majorly taking part in all the religious activities this is a probable reason why Mothers scored relatively higher scores in religiosity.

Such studies are important to understand the taboos and various beliefs that one has. Moreover, a shift to new chronic illness in recent past, studies on cancer has gone down thus this study gives and overall all reflection to their psychological well-being and religiosity.

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