

The Relationship Between Religious Coping and Self-Acceptance in Parents Who Have Children with Physical Disabilities in The City of Aceh Besar and Banda Aceh

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ABSTRACT

Development is the pattern of continuity and change in human capacities that occur throughout life. The majority of development focuses on growth, although it also covers decline (for example, physical ability may deteriorate with age). Disability is more than just an impairment; it is the result of the interaction of a person's limitations with their environment, whether physical or mental, and is a multidimensional phenomenon that includes bodily functions, activity limitations, barriers to participation, and environmental factors. The purpose of this study is to investigate the relationship between religious coping and self-acceptance in children with physical disabilities in Banda Aceh and Aceh Besar. This study uses a quantitative method with sampling based on proportionate stratified random sampling. The sample size was 208 parents. In this study, two scales have been utilized: the religious coping scale, which is based on aspects of Alfakseir (2011), and the self-acceptance scale, which is based on aspects of Berger (1952). The study's findings demonstrate a correlation coefficient of $r=0.504$ with $p=0.000$, indicating that parents of children with physical disabilities in Banda Aceh and Aceh Besar are more self-accepting. In contrast, the lower the religious coping, the lower the self-acceptance of parents with physically disabled children in Aceh Besar and Banda Aceh.

Keywords : Religious Coping, Self Acceptance, Physical Disabilities

Introduction

According to Article 1 of the Constitution No. 8 of 2016, a physical disability can be described as an individual who has for a long time physical, intellectual, mental, or sensory limitations and who, when interacting with the environment, can encounter obstacles and difficulties in engaging fully and effectively with other citizens based on equal rights. As a result, disability is not a single illness, but rather the effect of a person's limits interacting with his environment (Primadi, 2014).

Physical impairment is a constraint on an individual's capacity to perform something, either physically or mentally, and it includes numerous categories such as deafness, speech, deafness, and cerebral palsy. Physical disabilities have an impact on children's ability to explore and acquire information; in some cases, they can also affect speech function, language, communication, sensory function, cognitive development, social and emotional development, everyday activities, and self-care (Carbone et al., 2021; Nahar, 2019). Therefore, Physical disabilities that can be remedied, such as crooked teeth, poor eyesight, or hearing loss, rarely prevent adolescents from participating in activities that their peers do. However, this can have an influence when youngsters must use glasses or hearing aids (Hurlock, 1980; World Health Organization, 2021, 2023b).

According to World Health Organization (WHO) figures, there are around 1 billion (or 15%) children with physical disabilities worldwide. In Indonesia alone, there are 1,541,942 persons with impairments. In Aceh, there are 61,000 people with disabilities, including those who are physically disabled, mentally disabled, blind, mute, deaf, suffer from chronic diseases, and have a double disability. Children with disabilities have both physical benefits and disadvantages. Islam also emphasizes that Allah created man in his ideal form. So, parents of children with physical disabilities should understand that just because humans are perfect does not mean that they are without imperfections. In truth, every human being has strengths and weaknesses, but the absence of one can be turned into a source of happiness by giving gratitude to God. Although individuals are born with physical limitations or disabilities. Those born without hands are unable to hear, see, and so on. They are known as those with physical disability (Frontiers in Public Health, 2023; World Health Organization, 2023a).

Every parent would want the best for their children, hoping to have expectations that are certainly relevant and comparable to the conditions that the individual experiences and therefore self-acceptance is a level of ability and desire of the individual to live with all his characteristics. Individuals who can accept themselves are defined as individuals who have no problems with themselves, who do not have the burden of feelings towards themselves so that individuals have more opportunities to adapt to the environment (Carrasco et al., 2019; Rahmawati, 2018; Ruan et al., 2023).

One of the factors that influence the self-acceptance of parents is religion. Religion affects the acceptance or rejection of parents of children who have shortcomings, because with religion can also control excessive emotions in a person (Doğan, 2016; Garbóczy et al., 2021; Karaca & Konuk Şener, 2021; Mikołajczuk & Zielińska-Król, 2023; Rahmawati, 2018). The religion in question here is religion and religiosity. There is a link between religion, religion and religiosity. Religiosity comes from the word religion which means religion. Religion shows the formal aspects related to rules and obligations, then religiosity shows the religious aspects that have been lived by a person in the heart (Adhara et al., 2023; Hamidah, 2020).

It is very important for the growth and development of a child, especially parents who have children with disabilities. As parents who have children with disabilities, of course, have to educate and care for their children better than normal children usually. Parents are the first managers for a child, especially a mother who can bring her children into a better realm. Each child has its own charm both from the advantages and disadvantages of children, it's just that the physical deference with a normal child his age (Brekke & Alecu, 2023; Musendo et al., 2023; Santrock, 2011; Tokić et al., 2023).

Based on the previous exposure, the hypothesis in this study is that there is a very significant relationship between coping religious coping with self-acceptance of parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh, where the higher coping the religious coping, the higher the self-acceptance of parents who have children with physical disabilities in the city of Banda Aceh and Aceh Besar. Conversely, the lower coping the religious coping, the lower the self-acceptance of parents who have children with physical disabilities in the cities of Aceh Besar and Banda Aceh.

Method

The approach used in this study is a quantitative approach because the final data analysis is done by statistical tests. The research method used is correlational to determine the relationship between coping religious coping with self-acceptance in parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh. The population in this study are parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh. The sample collection technique used is proportioned random sampling. Based on the criteria obtained 282 who are willing to become participants.

This study used a questionnaire in the form of a psychological scale about the variables studied, namely the variables religious coping and self-acceptance. Answers on this scale are expressed in four categories namely, strongly agree (SS), agree (S), disagree (TS), and strongly disagree (STS). The scale coping of religious coping and self-acceptance was compiled using the Likert scale. The religious coping scale is based on the dimensions of Aflakseir & Coleman (2011) modifying aspects of religious coping developed by Paragmet et al. (2013) which consists of three dimensions, namely: the dimension of religious practice, the dimension of reassessment of God's power and the dimension of active and passive coping strategies. The total number of items on the scale there are 24 statements. This scale passes the content validity test conducted through expert judgment. After the item difference power test, the religious coping scale showed that from 24 item tested, there were 16 with correlation coefficient above 0.30 with a range from -0.54 to 0.623 which resulted in the reliability of internal consistency coping of religious coping that is 0, 880. Examples of item for this scale include: "I am confident in the grace that Allah gives" (dimension of religious practice) "I am confident that I am the parent of choice to care for a child with physical limitations" (Dimension of reassessment of the power of Allah) "I seek to increase the knowledge of parenting in Islam" (Dimension active and passive coping strategies)".

Self-acceptance scale compiled based on The Theory of Berger (1952) which has 9 forms of scale that is dependent on internalized values and standards on external pressure as a guide in behavior, has confidence in its capacity to face life, assume responsibility for and accept the concept of the order of his own behavior, receive praise or criticism from others objectively, does not seek to deny or change feelings, considers himself as a valuable person on a par with others, does not expect others to reject him whether by giving reasons to reject him or not, does not consider himself to be completely different from others. 'strange', or in general abnormal in his reaction, is not shy or shy. The total number of items on this scale is 40 statements. This scale passes the content validity test conducted through expert judgment. She has been conducted item difference power test, self-acceptance scale shows that from 40 item tested and obtained all item with correlation coefficient above 0.30 with range from -0.201 to 0.870, which results in the reliability of internal consistency of self-acceptance is 0.836. Examples of items for this scale include : "I can accept my child's condition with a disability " (depending on internalized values and standards on external pressure as guide to behavior);" I don't want others to see my child's shortcomings" (having confidence in his capacity to face life) " "I always try to find a solution to my problems" (assume responsibility for and accept the concept of the order of his own behavior) " " I believe my child has an advantage" (accept praise or criticism from others objectively) " " I accept the existence of my child who has a disability" (not trying to deny or change feelings) " " I am not sure that the other parent is capable of being like me" (considers himself a valuable person

on a par with others) “I am able to communicate well with my neighbors” (does not expect others to reject him whether by giving a reason to reject him or not) “I am not in doubt about my son's healing” (does not consider himself completely different from others. 'strange', or in general abnormal in his reaction); “I believe myself to have a less than perfect child” (not shy or shy).

The first step to analyze this research data is by means of prerequisite test. Prerequisite test conducted in this study, namely normality test and linarites test. Second Step conducted after H test assumptions are met, namely the research hypothesis test. In order to test the hypothesis proposed in this study that religious coping correlates with self-acceptance in Aceh Besar and Banda Aceh, the data analysis technique used is the product moment correlation method from person. Analysis of research data used is with the help of computer program SPSS version 20.0 for windows.

Results

The study was conducted on parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh with a sample of 208 parents. Sample demographic Data obtained from this study is based on gender, the most women as many as 113 people compared to men as many as 95 people. Furthermore, if based on work, more research samples are categorized 78 people with IRT category, compared with those who work as civil servants as many as 45 people, then a little research sample on the category of work is assistant psychologist as many as 1 person. Here are the results of the categorization of research subjects based on the scale of religious coping and self-acceptance.

Table 1. *Description of Religious Coping Scale Research Data*

Variable	Hypothetic Data				Empiric Data			
	Xmaks	Xmin	Mean	SD	Xmaks	Xmin	Mean	SD
Coping religious	64	16	40	8	64	18	54,69	6,942

Based on the results of statistical trials of research data in Table 1, hypothetically descriptive analysis shows that the minimum answer is 24, maximum 96, mean value 60, and standard deviation 12. Meanwhile, empirical data shows that the minimum answer is 18, the maximum is 64, the average value is 54.69, and the standard deviation is 6.942. The data description of the research results, used as a limitation in the categorization of research samples consisting of three categories, namely low, medium, and high by using the method of categorization level (ordinal).

Table 2. *Categorization of Religious Coping*

Categorization	Interval	Sum	Percentage (%)
Low	X<47.25	22	10.6%
Medium	47.25	X < 61.63 171	82.2%
High	65.93	X < 15	7.2%
Total		208	100%

Categorization of religious coping in respondents of this study empirical data shows that amounted to 22 with a percentage (10.6%) parents who have children with disabilities have coping low religious coping amounted to 171 with a percentage (82.2%) parents who have children with

disabilities have coping moderate religious coping and amounted to 15 with a percentage (7.2%) parents who have children with disabilities have coping high religious coping.

Table 3. Description of Self-Acceptance Scale Research Data

Variable	Data hypothetic				Data empiric			
	Xmaks	Xmin	Mean	SD	Xmaks	Xmin	Mean	SD
Self-Acceptance	104	26	65	13,3 3	111	49	89,78	13,20 9

Based on Table.3 above from the results of research statistical trials, empirical descriptive analysis shows that the minimum answers 49, a maximum of 111, with an average value of 89.78 and standard deviation of 13.209. The description of the research data is used as a limitation in the categorization of research samples consisting of three categories, namely low, medium and high by using the method of categorization level (ordinal).

Table 4. Categorization of Self-Acceptance

Categorization	Interval	Total	Percentage (%)
Low	$X < 96.17$	130	37.5%
Medium	$96.17 \leq X < 121.83$	78	62.5%
High	$121.83 \leq X$	0	0.00%
Total		208	100%

Categorization of self-acceptance in respondents of this study empirical data shows that 130 (37.5%) parents who have children with disabilities have low self-acceptance, 78 (62.5%) parents who have children with disabilities have moderate self-acceptance and 0 (0.0%) parents who have children with disabilities people with disabilities have high self-acceptance.

After categorization of research subjects, the next step that must be done to analyze research data is by means of prerequisite tests. Prerequisite test conducted in this study is the normality test of distribution and linearity test of relationship. The results of the normality test of the distribution of data from the two variables of this study (*coping* religious and self-acceptance) showed that the variable *coping* religious is not normal distribution K-S $Z = -1,806$ while the distribution of data on the variable self-acceptance is also normal distribution, the results of the study cannot be generalized to the population of this study. While the linearity test results conducted on the two variables obtained *F deviation from linearity* of both variables above, namely $F=0.701$ with $P = 0.922$ ($p > 0.05$), it can be concluded that there is a linear relationship between the variables of religious coping with self-acceptance in parents who have children with physical disabilities in the city of Aceh Great and Banda Aceh.

After the prerequisite test is met, the next step is to do a hypothesis test using *pearson correlation analysis* because the two variables of this study are normally distributed or linear. This method was used to analyze the relationship between *coping* religious coping with self-acceptance in parents who have children with physical disabilities in the cities of Aceh Besar and Banda Aceh. The results of the hypothesis analysis showed a correlation coefficient of $R= 0.504$ which is a positive correlation, that is, there is a positive relationship between *coping* religious coping with self-acceptance in parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh. The relationship means that if the higher *coping* the religious coping in parents who

have children with physical disabilities, the higher the self-acceptance of parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh. The results of this study also showed the value of significance $p=0.000$ ($p<0.05$). It shows that the research hypothesis is accepted that there is a significant relationship between *coping* religious coping with self-acceptance in parents who have children with physical disabilities in the cities of Aceh Besar and Banda Aceh. The results of the analysis in this study also showed the effective contribution of both variables that can be seen from the analysis of *Measure of Association*. The results of the analysis showed that the value of *R square* (R^2) is 0.254, which means that 25.4 percent of the influence *coping* of religious coping with self-acceptance, while 74.6 percent is influenced by other factors.

Discussion

This study aims to determine the relationship between *coping* religious coping with self-acceptance in parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh. Correlation analysis shows that there is a very significant relationship between *coping* religious coping with self-acceptance (hypothesis accepted). This positive relationship shows that the higher the religious coping in parents who have children with physical disabilities, the higher the self-acceptance of parents who have children with physical disabilities in the city of Aceh Besar and Banda Aceh.

This research is in line with research conducted by (Utami, 2012) with the title “religiosity, coping religiosity and subjective well-being”. The first hypothesis that reads: “There is a positive relationship between religiosity and subjective well-being in students” was tested using Pearson's product moment analysis. The results showed that there was a correlation between religiosity and subjective well-being in students in their life on campus ($r=0.109$; $p>0.05$). This means that the high level of religiosity is not followed by the high level of subjective well-being in life on campus. The results of this study do not support the first hypothesis put forward. However, the results of Product moment analysis showed that there is a correlation between religiosity and subjective well-being in students in their personal life ($r=0.167$; $p<0.05$). This means that the higher the religiosity the higher the subjective well-being, the lower the religiosity the lower the subjective well-being in his personal life. The results of this study support the first hypothesis put forward. The value of the determinant coefficient obtained from the results of data analysis is 0.0278, the figure means that religiosity has an influence on the subjective well-being of students in their personal lives by 2.78%.

Then a study conducted by Juniarily (2012) with the title “the role of religious coping and subjective welfare of stars in police Non-Commissioned Officers in the kebumen police station”. The results of this study showed that there is a value of $p<0.01$ means that there is a significant relationship between subjective well-being with stress before being controlled more caused by the influence of religious coping variables.

The presence of local wisdom, encapsulated in the phrase “*hukom ngon adat, lagee dzat ngon sifeut*,” which means “Islamic law and culture are inseparable like substance and attribute,” plays a significant role in shaping the perspectives of the respondents in this study. Most participants live within a Muslim community deeply rooted in Islamic culture. Islam teaches its

followers to practice *husnuzon* (positive thinking) towards Allah, to be patient with their fate, and to remain optimistic in all aspects of life. This mindset is also applicable to parents of children with disabilities, as they view their children as entrusted by Allah, accepting the responsibility with patience and gratitude. Therefore, patience in accepting fate is a form of religious coping for parents of children with physical disabilities.

Conclusion

Based on the data analysis and previous discussion, it is possible to conclude that there is a very significant relationship between religious coping and self-acceptance among parents of children with physical disabilities in the cities of Aceh Besar and Banda Aceh (hypothesis accepted), with a correlation coefficient of $r=0.504$, $p=0.000$, and $R\text{ squared}=0.254$. This demonstrates that the higher the religious coping, the greater the self-acceptance of parents with physically disabled children in Banda Aceh and Aceh Besar. In contrast, the lower the religious coping, the lower the self-acceptance of parents with physically disabled children in the cities of Aceh Besar and Banda Aceh.

Based on the findings of this study, it is possible that this researcher can provide information to the school about the relationship between religious coping and self-acceptance in parents who have children with physical disabilities, so that the school can educate parents who have children with disabilities that children with disabilities can do the same things as other normal children, the only difference being physical.

This study can also help respondents remain grateful for what Allah SWT has given them in terms of educating children with disabilities, because children with disabilities are a gift for parents, and it is a field of reward when parents can educate and teach everything with sincerity. Physical impairments do not prevent youngsters from developing normally. Even a deficiency can be beneficial if all that children with impairments do is acknowledged and praised by their parents.

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