Special Article

The Impact of Religion on Child Behaviour Problems as Perceived by Sudanese Parents and Teachers

Ahmed M.H. Al-Awad Shennan

Abstract

Background: The inclusion of 'religious or spiritual problem' as a diagnostic category for the first time in the DSM-IV conveys that religious and spiritual issues can be the focus of psychiatric and psychological consultation, treatment and research

Objective: The main objective of the present study is to investigate the effect of religion on patterns of children's behaviour problems as reported by Sudanese parents and teachers.

Method: A sample of 300 parents completed demographic and family factors questionnaire and Conner's Parents 48 Rating Scale about their children's behavioral adjustment. The children's classroom teachers (300) have also completed Conner's Teacher-39 Rating Scale. Parents were asked about their religious practices and observance in order to estimate their level of religiosity (good/ fair/ bad). Scores of one, two and three were given to each estimate respectively.

Results: The univariate tests revealed significant effect of religion upon each pattern of child behaviour problems as reported by Sudanese parents and teachers.

Conclusion: Children who have parents with good religious observance are more likely to have no or fewer behavioral and emotional disturbances. It can also be concluded that the influence of religion upon family ecology and modes of human development will be an important predictor of children's resilience.

Key words: Religion Children Behavior Problems Socialization

The relationship between religious practice and childhood disorders has been an area of interest for three reasons. First, the inclusion of 'religious or spiritual problem' as a diagnostic category for the first time in the DSM-IV confirms that religious and spiritual issues can be the focus of psychiatric consultation, treatment and research[1]. In fact, the advocates of this trend argued that the religious and spiritual dimensions of culture are among the most important factors that shape human experience, beliefs, values, behavior, and illness patterns[2,3]. Furthermore, some proponents of this idea claimed that psychologists and practitioners need to acknowledge and when appropriate, to apply values, belief systems and other culturally specific criterion[4,5]. For instance, Koenig reported that both cross-sectional and longitudinal studies have documented the positive relationship between religiosity or spiritual beliefs of the elderly and their coping with ill health and difficult life circumstances, enhance their psychological wellbeing and life-satisfaction[6,7].

Second, rather than a specific focus for mental health problems, the role of religion as a protective feature of difficult environments, has been explored on a number of occasions. For example, investigating psychosocial factors among members of religious and secular Kibbutzim; it was found that religious Kibbutzim members had a higher sense of coherence and a lower level of hostility than their secular counterparts[8]. Furthermore, feelings of self-esteem tend to be lowest for those with very little religious commitment rather than those with moderate levels of religious involvement[9]. Likewise, studies on the effect of religion in Black American communities demonstrated that religion offers specific systems of values, believes, and practices that enhance self-development, foster self-esteem and promote

1. Dept. of Psychology, Faculty of Education, Umm Al-Qurra University
E-mail: ahmedshennan@gmail.com

leadershipskills[10]. More recently, Siddeeg has studied influence of Islamic values and belief system on elderly, adults, and children; male and female Muslim patients[6]. Her findings demonstrated the power of Islamically oriented psychotherapy in treating Muslim patients whom western therapeutic techniques failed to help.

Third, the rapid growth during the last 20 years of studies on religion and psychology has raised the awareness of the possible contribution that the religious experience can offer to the psychological makeup of the individual[4-6,11-14]. For instance, Emmons and Paloutzain reported that recent conceptual and empirical developments within personality and social psychology are described with an emphasis on the cognitive and affective basis of religious experience[11].

As far as children are concerned the cognitive, social, emotional and moral aspects of childhood are all seen important and are directly or indirectly related to religious life[12] Brown and Gary examined the role of religion as an agent of socialization for African American adolescents[10]. In reviewing the available literature they suggested a number of social functions of religion particularly salient to the socialization experience. These included psychological, emotional and social support, social interaction and identity, promotion of creativity, education and economic activities. They concluded that religious socialization was found to enhance children's moral and social development, self-image, and educational attainment and achievement[10].Parenting styles and practices are affected to a large extent by cultural profiles as well as socially perceived norms and parents personal values[15,16]. Religious families and religiously-oriented social surroundings are therefore expected to mean a lot to children's healthy development[2,5]. Furthermore, as parents have a close interpersonal relationship with children, they play an important role in changing their children's quality of life and mental health[17]. In this connection, factors such as alienation, social insecurity, violence, bad group pressure, broken families, alcohol abuse and

crime in parents, which are believed to be allied to children's negative outcomes and behavioral deviance, are relatively rare in religious communities and families[18,17].

Nelson suggested that not only a religion friendly approach is desired to serve academics and counseling practioners, it is also essential for better understanding of the development of children and adolescents[20.] Nonetheless, empirical data are not clear on how family variables affect the extent to which religiosity relate to childhood behaviour problems. The present study investigates the effect of religion on patterns of behaviour problems as reported by Sudanese parents and teachers.

Method:

A sample of 300 parents completed demographic and family factors questionnaire and Conner's Parents 48 Rating Scale about their children's behavioral adjustment. The children's classroom teachers (300) have also completed Conner's Teacher-39 Rating Scale. The validity and reliability of these scales indicated their suitability for application in the Sudan 2 (AL-Awad&Sonuga-Barke 2002). Parents were also asked about their religious practices and observance in order to estimate their level of religiosity (good/ fair/ bad). Scores of one, two and three were given to each estimate respectively.

Results:

Examining the effect of religion on patterns of behaviour problems reported by parents, the univariate tests revealed significant effect of religion upon each pattern of child behaviour problems (see table 1).

As far as teachers ratings were concerned, univariate tests indicated the effect of religion on each variable of behaviour problems as reported by teachers (see table 2).

Discussion:

The finding of the present study highlights the impact of parental religiosity on patterns of behaviour problems as reported by parents and teachers. Although the strong effect of religion on shaping some aspects of child-

rearing and demographic characteristics in various traditional and developing countries is well documented [2, 18,21], the present study suggests an independent effect of religion on childhood behaviour problems.

Children who have parents with good

Table 1: The Effect of Religion on Behaviour Problems as Reported by Parent

Variable	Means	Sd.	F- value	Probability
Antisocial-aggressive				
religious	5.41	2.38		
non-religious	7.04	2.78	18.76	P<.001
Antisocial self-assertive				
religious	7.85	2.94		
non-religious	10.73	3.55	37.94	P<.0001
Developmental problems				
religious	12.83	3.10		
non-religious	18.90	8.07	82.77	P<.0001
Emotional immature				
religious	12.64	3.91		
non-religious	16.21	5.23	31.52	P<.0001
Emotional vulnerable				
religious	6.25	2.01		
non-religious	8.21	3.12	32.77	P<.0001
School problems				
religious	5.12	2.01		
non-religious	7.83	3.34	59.90	P<.0001
Sleep problems				
religious	7.40	2.58		
non-religious	9.81	4.22	28.95	P<.0001
Sucking problems				
religious	3.93	1.52		
non-religious	5.56	2.52	37.93	P<.0001
Unsociable lye				
religious	6.17	2.26		
non-religious	8.40	2.93	37.26	P<.001

Nb.df=290

religious observance are more likely to have no or fewer behavioral and emotional disturbances. This result raises the question what is the significance of religion to children's mental health in the Sudan?

First, it may be suggested that it is in this factor that the Sudan differs most from Western models. Second, the major influence religion has had on the norms that govern parenting and family functioning in the Sudanese society is crucial in determining children's outcomes. Parents who are religiously observant are more likely to be responsible in family life and with children offering a better chance of effective socialization and healthy development. In this respect, Diaz mentioned that parents' upbringing and child rearing styles are the important factors in changing and stabilizing the behavioral problems of children[22]. In this relevance, it was also reported that factors such as alienation, broken homes, alcohol abuse and crime in parents, which known to be associated with psychological disturbances in children, are relatively rare in Sudan due to religious commitment[19]. Hence, it is not surprising that parental religiosity affect parenting style, which in turn affects child and adolescent behavior [20].

Thirdly, religion helps the individual promote both his personal and social competencies by reinforcing his resistance to stressors and

strengthening his will against social adversities and environmental difficulties, which in turn might help maintain his psychological equilibrium[4, 6-8,10].

Table 2: The Effect of Religion on Each Pattern of Behaviour Problems as Reported by Teachers

Variable	Means	Sd.	F- value	Probability
Conduct problems				
religious	9.35	3.19		
non-religious	12.29	5.27	28.04	P<.0001
Fidgeting				
religious	7.04	2.51		
non-religious	7.85	2.87	0.412	0<.04
Hyperactivity				
religious	6.54	2.28		
non-religious	7.71	3.16	09.68	0<.002
Anxious -fearful				
religious	8.35	3.03		
non-religious	9.67	3.95	07.49	0<.007
Unhappy				
religious	4.62	1.86		
non-religious	5.19	1.85	03.99	P<.04
Unsociable				
religious	4.35	1.58		
non-religious	5.25	2.30	11.39	P<.001

Df=293

Likewise parents' religious observance would likely to positively influence their children's behaviour, in addition to placing them in greater possibility of having healthy parent-child interaction and good family functioning. There may seem several ways of this influence. One way suggests that religiously socialized children come from religiously oriented families which by virtue of religion have firm commitment to healthy development of children. This might imply that less religiously motivated Sudanese parents or families would not mind religious socialization of their children and consequently putting them at higher risk for abnormal development. In this endeavor, in religiously conscientious communities, an individual's low religious commitment was found to be associated with feelings of low self-esteem[4, 9]. The second way suggests that children's religiosity indicates their placement in wider religious and social networks that provide emotional and social support and buffer against stressors and hardships. The third possibility proposes that children of religious parents enjoy clear rules and moral values to live by and benefit from established role models in their physical and social environment. Finally, children's religious involvement may provide an important avenue of social participation, in terms of providing a mechanism for self-expression, social support, and friendship [10]. For example, it has been reported that teens involved in multiple religious activities, when compared with uninvolved youth, had stronger parental relationships, participated in more family activities and had parents who were more supportive and served as role models[20]. Moreover, the Social Developmental Model emphasizes that high family relationship quality has a direct and positive effect on school connectedness and academic performance [23, 24].

Fourth, at the societal level, Islam teaches that people should take care for the elderly and bestow kindness and gentle treatment upon children even if they are not theirs [18]. Islam also encourages people to be socially responsible, benevolent, and maintain good

relationships, extend help and support for relatives, neighbors, and other socially disadvantaged people. If a certain society is living up to these teachings or standards, it would certainly be a healthy social environment for children to grow in. Moreover, children will not benefit only directly from these practices but also indirectly as a source for learning societal roles and social competencies through the assimilation of these values either by example or by direct induction. Adults in such social contexts would serve as important role models for children. This process will provide children with cognitive and social stimulation through the opportunity to observe social models and participate in diverse social relations [25]. Evidence has been cited that children and adolescents who had religious experience showed positive attitudes towards school and were more altruistic, more emotional, conscientious, concerned about the opinions of others and were closer to their parents[20].

Finally, if all these points are taken together, it can be concluded that the interplay of individual and collective attributes of religion in the Sudanese community promote psychological stability in the family and the society at large. Furthermore, since there is evidence in this study as well as in some others[5, 8, 26] that religion has protective features for adults and children's psychological well-being, we can argue that if research on resilient children elsewhere in the world can provide pointers in this regard[27, 28], it is likely that the influence of religion upon family ecology and modes of human development will be an important predictor.

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