



# VALIDATION OF THE RELIGIOSITY SCALE IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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## Abstract

The prevalence of autism spectrum disorder (ASD) increases from year to year. This increase is linear with increasing problems in families with ASD, one of which is related to caring for the mother of a child with ASD, where the mother is considered the main caregiver and has a close relationship with the child. One of the factors that influences maternal care is religiosity. The aim of this study was to validate the religiosity scale in mothers of children with autism spectrum disorder. This research uses quantitative methods, with data collection in the form of distributing The Centrality of Religiosity Scale (CRS) to a sample of mothers of children with ASD, who are members of the PLA and Yamet communities in Central Java and Yogyakarta, totaling 220 subjects. Researchers carried out the process of adapting The Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012), by translating it into Indonesian, adapting it to the characteristics of the subject, namely mothers of children with ASD, and adapting it to Indonesian culture. The scale validation test uses the 2nd Order CFA technique, and produces (1) a model fit test with fit criteria; (2) validity test, showing that all items are valid (a total of 15 items); (3) the reliability test shows that the five dimensions (of the CRS construct) are measured reliably. The reliability of the five CRS dimensions is classified as high based on the Composite Reliability (CR) and Average Variance Extracted (AVE) values. Apart from that, CRS also meets the convergent validity test. The results of the CRS scale model fit test met the model fit criteria, with a chi-square value = 160.00; GFI = 0.92; RMR = 0.03; RMSEA = 0.06; CFI = 0.99. It can be concluded that the results of the adaptation of The Centrality of Religiosity Scale (CRS-15 items; Huber & Huber, 2012) can be used for research because it meets the validity and reliability tests of the scale.

**Keywords:** *religiosity, validation, autism spectrum disorder, mother*

## 1. INTRODUCTION

Autism or autism spectrum disorder (ASD) is a disorder that includes cognitive, emotional, behavioral, social areas and the inability to interact with people around them. (Baker & Jeste, 2015). Writing Autism Spectrum Disorder (ASD) next, the author will briefly describe ASD. ASD children will grow and develop in a different way compared to other normal children, which is caused by a gradual decline in cognitive abilities where the child's development with increasing age will show abilities below the average development of other normal children of the same age. (Posar & Visconti, 2017). This autism disorder is characterized by limitations in children's ability to communicate with the social environment and control their behavior (Mangunsong, 2011). The prevalence of autism in several countries in the world is thought to be increasing over time. ASA (Autism Society of America) data in 2000 was 60 per 1000 births, with a population of 1:250. Meanwhile, data from the CDC (Centers for Disease Control and Prevention, USA) in 2001 is 1 in 150 residents, and in several areas in the USA / UK it is among 100 residents. In 2012, CDC data showed that 1:88 children had autism, and in 2014 it increased by 30%, namely 1.5% or 1:68 children in the USA had autism (www.kemendppa.go.id, 2018). Other data states that the estimated number of people with autism is 1 in 150 children (67 in 10,000) in the United States (Garrecht & Austin, 2011). The prevalence of autism in Asia was 14.8 per 10,000 from 1980 to 2009 and in China 10.3 per 10,000 children aged 2-6 years in 2009 (Sun et al., 2014). In 2018, there were 205,200 Australians with autism, an increase of 25.1% from 164,000 in 2015 (ABS, 2019). The prevalence rate of autism sufferers in Indonesia is also increasing from year to year (Desiningrum,

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2016). The number of ASD children, aged 5-14 years, is estimated to be approximately 90 thousand in 2010. The population of Indonesia in 2010 reached 237.5 million with a growth rate of 1.14 percent based on data from the Central Statistics Agency. People with autism spectrum disorders in Indonesia in 2015 are estimated to reach 134,000, where according to the Central Statistics Agency in 2015 the population of Indonesia reached around 250 million people.(Tamba, 2018).The increasing prevalence of ASD children, including in Indonesia, has generated considerable interest among researchers in conducting studies on ASD problems, namely related to caring for ASD children. An overview of the prevalence of ASD in the world can be seen in Table 1.1.

**Table 1.1. Prevalence of Autism Spectrum Disorder (ASD)**

| Year | Prevalence of ASD                              | Country   | Source   |
|------|--|-----------|--|
| 2000 | 60 per 1000 births                             | USA       | ASA (Autism Society of America)                    |
| 2001 | 1 per 150 residents                            | USA       | CDC (Centers for Disease Control and Prevention)   |
| 2001 | 1 per 100 population                           | UK        | CDC (Centers for Disease Control and Prevention)   |
| 2009 | 14.8 per 10,000 children                       | Asia      | Sun, Allison, Auyeung, Baron-Cohen, & Brayne, 2014 |
| 2009 | 10.3 per 10,000 children                       | China     | Sun, Allison, Auyeung, Baron-Cohen, & Brayne, 2014 |
| 2011 | 1 per 150 children (67 out of 10,000 children) | USA       | Garrecht & Austin, 2011                            |
| 2012 | 1 per 88 children                              | USA       | CDC (Centers for Disease Control and Prevention)   |
| 2014 | 1 per 68 children                              | USA       | CDC (Centers for Disease Control and Prevention)   |
| 2018 | 205,200 individuals                            | Australia | <i>Australian Bureau Statistics</i> , 2019         |
| 2010 | 90,000 per 237.5 million population            | Indonesia | BPS  |
| 2015 | 134,000 per 250 million population             | Indonesia | BPS (Tamba, 2018)                                  |

According to several research results, it is stated that parents of children with autism spectrum disorder (ASD) experience high levels of stress (Petrongolo, 2014; Weiss, 2002), anxiety, and depression (Etournaud, 2017; Hartley et al., 2010) higher than parents of children with other developmental disorders. Factors that contribute to increased stress levels in parents of children with ASD are related to the uncertainty of children's behavior, where parents are often unable to predict behavior in children with ASD, such as tantrums in children that can occur at any time. (Benson, 2006; Blacher & McIntyre, 2006), and this can last until adolescence (Allik, Larsson, & Smedje, 2006; Saini et al., 2015). In addition, stress and depression in mothers when caring for children with ASD can be caused by learning difficulties or limited cognitive abilities in children (Bebko, Konstantareas, & Springer, 1987), as well as low communication skills in children (Moes, 1995). The quality of parenting is also influenced by religiosity. The research results found that religiosity plays a modulatory role in the adverse effects of parenting stress on family well-being (Valiente-Barroso & Lombraña-Ruíz, 2014). Meanwhile, parents' welfare can influence the quality of their care for children with ASD (Cachia et al., 2016).



Another statement that supports the above statement is that basically individual behavior is influenced by their attitudes towards religion both collectively and individually (Behroozi & Pashakhanlu, 2015). Individual behavior cannot be separated from the personality that forms it, where the basic components that form a woman's personality are dominated by the affection dimension (Huber & Huber, 2012). It can be concluded that the mother's religious attitudes and behavior (religiosity) influence her relationship with her child. This research aims to test validation The Centrality of Religiosity Scale (CRS) from Huber & Huber (2012), with five dimensions, namely: (1) public practice; (2) private practice; (3) religious experience; (4) ideology; (5) intellectual dimension.

## Subject Overview

Data collection was carried out online using a Google form, for mothers of children with ASD, who were members of the PLA and Yamet communities in Central Java and Yogyakarta, totaling 220 subjects.

- Subject age (M = 33; SD = 4.2)
- Location:
  - o Semarang : 90
  - o Yogyakarta : 40
  - o Solo : 60
  - o Klaten : 30
- Status: Married (199) and Single Parent (21)
- Occupation: Housewife (136), Public/Private Servant (55), Entrepreneur/self-employed (29)

## Religiosity Concept

### General Definition Religiosity

Religiosity is a person's ability to interpret and appreciate the teachings of his religion, as well as practice them in daily worship and behavior. (Huber & Huber, 2012; Joseph & DiDuca, 2007). Researchers use this definition of religiosity because it is quite complete and has a scale that is widely used.

### Conceptual Definition of Religiosity

Religiosity is a person's ability to interpret and appreciate the teachings of his religion, as well as practice them in daily worship and behavior. (Huber & Huber, 2012; Joseph & DiDuca, 2007). This religiosity measures the importance of religion, and the meaning of religion in personality.

### Operational Definition of Religiosity

The operational definition of religiosity in this research refers to the definition of religiosity according to Huber & Huber (2012), namely a person's ability to interpret and appreciate the teachings of his religion, as well as practice them in daily worship and behavior.

### Dimensions of Religiosity

Religiosity measures the importance of religion and the meaning of religion in an individual's personality. According to Huber & Huber, (2012), this religiosity consists of five dimensions, namely:

- 1) public practice, refers to the social expectation that religious individuals belong to religious communities as manifested in public participation in religious rituals and in community activities.
- 2) personal practice, refers to the social expectation that religious individuals devote themselves to transcendence in individual activities and rituals in the private sphere.

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- 3) religious experience, which refers to the social expectation that religious individuals have “some type of direct contact with ultimate reality” that affects them emotionally.
- 4) ideology, refers to the social expectations that religious individuals hold regarding the existence and essence of transcendent reality and the relationship between transcendence and humans.
- 5) intellectual dimension, which refers to the social expectation that religious people have religious knowledge, and that they can explain their views on transcendence, religion, and religiousness.

This research uses five dimensions of religiosity according to (Huber & Huber, 2012), namely the dimensions of public practice, private practice, religious experience, ideology and intellectual dimensions. The scale consists of 15 items, with a scoring of 1 for never/very unimportant, to 5 for often/very important. The higher the score, the higher the level of religiosity.

**Measuring Instruments Used and Adaptation Processes Carried Out**

The measurement of religiosity in this study uses the adoption of The Centrality of Religiosity Scale (CRS) scale. (Huber & Huber, 2012), with five dimensions, namely: (1) public practice; (2) private practice; (3) religious experience; (4) ideology; (5) intellectual dimension. Researchers carried out a scale adaptation process, because according to researchers, each item in The Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012), needs to be translated into Indonesian, adapted to the characteristics of the subject, namely religiosity in mothers of children with ASD, and adapted to Indonesian culture. The stages are as follows:

1. Translation into Indonesian
2. Back Translate
3. Item Revision Process
4. Sentence comprehension test

**Religiosity Blue Print**

**Table 5. Blue Print of Husband's Social Support Scale for Mothers of Children with ASD**

| No. | Component   | Statement Items   |
|-----|---|---|
| 1.  | public practice, refers to the social expectation that religious individuals belong to religious communities as manifested in public participation in religious rituals and in community activities | 9How often do you engage in religious services?<br>4How important do you feel it is to be involved in religious services?<br>7How important is it for you to be involved in a religious community?  |
| 2.  | private practice, refers to the social expectation that religious individuals devote themselves to transcendence in individual activities and rituals in the private sphere                         | 8 How often do you pray?<br>5 How important is prayer for yourself to you?<br>14 How often do you experience situations where you have the feeling that God wants to show you something?  |
| 3.  | religious experience, which refers to the social expectation that religious individuals have “some type of direct contact with ultimate reality” that affects them emotionally                      | 11How often do you experience situations where you feel that God is intervening in your life?<br>12How often do you experience a situation where you have the feeling that God wants to show you something?<br>15How often do you experience situations where you have the feeling that God is present? |
| 4.  | ideology, refers to the social expectations that religious individuals hold regarding the existence and essence of transcendent reality and the relationship between transcendence and humanity     | 1To what extent do you believe that God or the divine exists?<br>3The extent to which you believe in life after death — e.g. resurrection of the dead/reincarnation, or afterlife?<br>6How likely do you think a higher power actually exists?  |





|    |   |   |
|----|---|---|
| 5. | intellectual dimension, which refers to the social expectation that religious people have religious knowledge, and that they can explain their views on transcendence, religion, and religion | 10How often do you think about religious issues?<br>2How interested are you in learning more about religious topics?<br>13How often do you get information about religion through radio, television, internet, newspapers or books? |
|----|---|---|

## DEVELOPMENT OF THE RELIGIOSITY SCALE

The measurement of religiosity in this study uses the adoption of the Centrality of Religiosity Scale (CRS) scale from (Huber & Huber, 2012), with five dimensions, namely: (1) public practice; (2) private practice; (3) religious experience; (4) ideology; and (5) intellectual. The Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012) is a measure of the centrality, importance or significance of religion in personality that has been applied in more than 100 studies in the sociology of religion, psychology of religion and religious studies in 25 countries with a total of more than 100,000 participants. There are five core dimensions of religiosity that are determined theoretically. The dimensions of public practice, private practice, religious experience, ideology, and intellectual dimensions, together are considered representative of covering the entire religious life of an individual. From a psychological perspective, activation of the religious construct in personality in the form of the five CRS dimensions can be considered a valid measure of an individual's level of religiosity.

CRS Study (Huber & Huber, 2012) carried out against Buddhists, Hindus and Muslims. It can be concluded that The Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012) can be applied in research in Indonesia with communities that have religious diversity. The 15-item version of the scale (CRS-15) has three items per dimension. This is the version of the scale with the highest dimensional discrimination, that is, it measures the core dimensions with the highest reliability and accuracy, so it is good to apply in the current study. In related studies of the CRS-15, the reliability of individual dimensions ranged from 0.80 to 0.93, and 0.92 to 0.96 for the entire CRS-15 (Huber & Huber, 2012). The CRS-15 scale has varying scoring in four groups of items. The first group of items measures understanding of "God", with scoring 1 for not at all, to 5 for very much; the second and third groups of items measure the frequency of worship with scoring 1 for never, to 5 for several times a day or week; the fourth group of items is an assessment of the situation or event experienced, with a scoring of 1 for never, to 5 for very often.

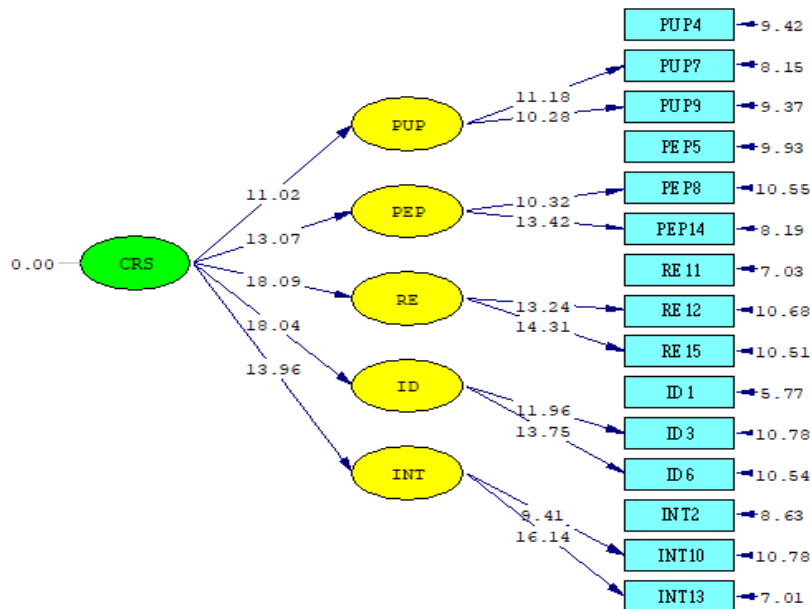
Translation results of The Centrality of Religiosity Scale (CRS-15 items; Huber & Huber, 2012), with the help of two certified professional translators into Indonesian, and two back translators, followed by synthesis and content validity testing assisted by three language experts and three psychologists, produced a blue print of the CRS-15 scale that was ready to be tested. Uji 2nd Order CFA, produces (1) model fit test with fit criteria; (2) validity test, showing that all items are valid (a total of 15 items); (3) the reliability test shows that the five dimensions (of the CRS construct) are measured reliably. The reliability of the five CRS dimensions is classified as high based on the Composite Reliability (CR) and Average Variance Extracted (AVE) values. Apart from that, CRS also meets the convergent validity test. The table.....and Figure.....below shows the factor loading of CRS-15, viz  $\lambda = 0.57 - 0.91$ , meaning that all items show factor loading values greater than 0.5, so it can be concluded that all items meet the convergent validity test. The Composite Reliability (CR) value for each dimension is greater than 0.7 and the Average Variance Extracted (AVE) value for each dimension is greater than 0.5 so that the CRS-15 dimension is said to be reliable.

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Table. CRS-15 Loading Factor

| Dimensions | Indicator | $\lambda$ | CR    | $\lambda^2$ | $\sum \lambda^2$ | VE    |
|------------|-----------|-----------|-------|-------------|------------------|-------|
| PUP        | PUP4      | 0.710     |       | 0.504       |                  |       |
|            | PUP7      | 0.780     | 0.778 | 0.608       | 1.62             | 0.539 |
|            | PUP9      | 0.710     |       | 0.504       |                  |       |
| PEP        | PEP5      | 0.740     |       | 0.548       |                  |       |
|            | PEP8      | 0.650     | 0.786 | 0.423       | 1.66             | 0.553 |
|            | PEP14     | 0.830     |       | 0.689       |                  |       |
| RE         | RE11      | 0.900     |       | 0.810       |                  |       |
|            | RE12      | 0.690     | 0.817 | 0.476       | 1.80             | 0.602 |
|            | RE15      | 0.720     |       | 0.518       |                  |       |
| ID         | ID1       | 0.910     |       | 0.828       |                  |       |
|            | ID3       | 0.640     | 0.799 | 0.410       | 1.73             | 0.576 |
|            | ID6       | 0.700     |       | 0.490       |                  |       |
| INT        | INT2      | 0.820     |       | 0.672       |                  |       |
|            | INT10     | 0.570     | 0.804 | 0.325       | 1.75             | 0.585 |
|            | INT13     | 0.870     |       | 0.757       |                  |       |



Chi-Square=160.00, df=85, P-value=0.00000, RMSEA=0.058

Picture. CFA Model of The Centrality of Religiosity Scl (CRS)

The CRS scale model fit test meets the model fit criteria. Chi-square value = 160.00; GFI = 0.92; RMR = 0.03; RMSEA = 0.06; CFI = 0.99. It can be concluded that the results of adopting The Centrality of Religiosity Scale (CRS-15 items;Huber & Huber, 2012)can be used for research because it meets the validity and reliability tests of the scale.



**Table. Blueprint The Centrality of Religiosity Scale (CRS) – 15**

| Dimensions                    | Item Number | Amount  |
|-------------------------------|-------------|---------|
| <i>Public Practice</i>        | 4,7,9       | 3 items |
| <i>Private Practice</i>       | 5,8,14      | 3 items |
| <i>Religious Experience</i>   | 11,12,15    | 3 items |
| <i>Ideology</i>               | 1,3,6       | 3 items |
| <i>Intellectual Dimension</i> | 2,10,13     | 3 items |

#### 4. CONCLUSION

Results of adaptation and validation of The Centrality of Religiosity Scale (CRS)(Huber & Huber, 2012)using the 2nd Order CFA technique, produces (1) a model fit test with fit criteria; (2) validity test, showing that all items are valid (a total of 15 items); (3) the reliability test shows that the five dimensions (of the CRS construct) are measured reliably. And hThe results of the CRS scale model fit test meet the model fit criteria. It can be concluded that the results of the adaptation of The Centrality of Religiosity Scale (CRS-15 items;Huber & Huber, 2012)can be used for research because it meets the validity and reliability tests of the scale.

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