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IMPACT OF RELIGIOSITY ON THE HEALTH OF CHILDREN WITH DIFFERENT LEVELS OF ASD IN AN ASSOCIATION FROM PIAUÍ

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INTRODUCTION

Spirituality and religiosity interfere with the health-disease process and patient longevity. In general, the impact is positive and associated with protection against diseases and better quality of life (MISHRA, 2017). Spirituality, which may or may not involve religious practices and groups, shows great potential for coping with stressful experiences (MARTÍNEZ, 2014). As an example, spirituality can be used as an ally in the traditional treatment of epilepsy and other neurological disorders, such as autistic spectrum disorder (ASD) (VANCINI, 2016). Thus, it is essential to establish the impact of spirituality and religiosity, also, on the quality of life and development of patients with ASD.

OBJECTIVES

To correlate the impact that religiosity causes on the health of children of different levels with ASD.

METHODS

Cross-sectional, analytical study with a qualitative approach. The sample is composed of 42 parents whose children have been diagnosed with some degree of ASD and who attend the Associação de Pais e Amigos dos Excepcionais (APAE) in Teresina. The research instruments chosen were the Duke Religiosity Scale (DUREL) and the Childhood Autism Rating Scale (CARS). DUREL (HGK), contains 5 questions that capture 3 of the dimensions of religiosity that are most closely related to health outcomes: organizational, non-organizational, and intrinsic religiosity, in which the first two are related to indicators of physical and mental health and social support. The CARS is done through 15 questions related to different aspects of the child's life, so that it is possible to diagnose and define the degree of his or her ASD. After obtaining the data from the questionnaire, the data were filled in a Microsoft Excel spreadsheet and later analyzed using Spearman software.

RESULTS

The grouped data were analyzed using Spearman's correlation tests. The correlation coefficients of the CARS with the DUREL scale were: RO and RNO (-0.043; p= 0.788) and RI (0.169; p=0.314). Therefore, there was no significant association between the autism scale score and intrinsic religiosity nor with organizational and non-organizational religiosity.

CONCLUSION

The study showed no association between the two variables analyzed, evidencing the complexity of the factors linked to the psychosocial and familial course of Autism.

		CARS	ROeRNO	RI
N	Válido	42	42	42
	Omisso	0	0	0
Média		38,05	6,00	4,21
Mediana		38,00	5,00	3,00
Modo		41	4	3

Table 1. Descriptive statistics

VARIABLE		CARS	DUREL (RO e RNO)	DUREL (RI)
1. CARS	Spearman's rho	—		
	p-value	—		
2. DUREL (RO e RNO)	Spearman's rho	−0.043	—	
	p-value	0,788	—	
3. DUREL (RI)	Spearman's rho	0,159	0,307	—
	p-value	0,314	0,048	—

Table 2. Spearman correlation coefficients

CONCLUSION

Spearman test was calculated and the correlation coefficients between CARS and the DUREL scale were: RO and RNO (-0.043; p=0.788) and RI (0.169; p=0.314). Therefore, there was no significant association between the result of the autism scale and intrinsic religiosity nor with organizational and non-organizational religiosity.

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