CHILDREN'S LOCUS OF CONTROL, DEPRESSION, WELL-BEING AND RESILIENCE IN RELATION TO THEIR MOTHER'S RELIGIOSITY

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CHILDREN'S LOCUS OF CONTROL, DEPRESSION, WELL-BEING AND RESILIENCE IN RELATION TO THEIR MOTHER'S RELIGIOSITY

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CERTIFICATE

This is to certify that the present research work titled, **"Children's Locus of Control, Depression, Well-Being and Resilience in Relation to their Mother's Religiosity"** is an original research work of Ms. Lalhmingliani Hlondo under my supervision. The work done is being submitted for the Award of the degree of Doctor of Philosophy in Psychology of Mizoram University.

This is to further certify that the research conducted by Mrs. Lalhmingliani Hlondo has not been submitted in support of an application to this or any other University or an Institute of Learning.

Dated Aizawl

The 18th March, 2024

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DECLARATION

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MARCH, 2024

I **LALHMINGLIANI HLONDO,** hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/ Institute

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CHAPTER I

INTRODUCTION

The progression of child development may be likened to a symphony of biological, psychological, and emotional changes that transpire from infancy to the brink of adulthood. The early years serve as a fertile ground for learning, emotional expression, and social connections, laying the groundwork for future health, cognitive abilities, and lasting friendships. Children and teens develop a broad range of mental and physical health development before age 14, and encounter many issues with school, friendships with bullying, sibling rivalry, and parent divorce may impact children in life-altering ways which may hamper their development. The common issues they have encountered are academic concerns, adoption and foster care issues, childhood mental illness, physical illnesses, blended family problems, bullying, neglect, parent divorce, stepfamily, family environment, and parenting styles; all of them are very much significant for the child's development (Parekh, 2018) and all happen due to many factors but may classified broadly as biological and environmental factors. Environmental factors. Freud (1905) stated that childhood has a great influence on adult lives in shaping personality. The importance of nurture and nature in moulding personality is so enormous, on this count, that the study tries to examine the importance of a mother's religiousity on their children's psychological function which falls under the nurture factor of child development. Nurture assumes that correlations between environmental factors and psychological outcomes are caused environmentally. For example, how much parents read with their children and how well children learn to read appear to be related. Other examples include environmental stress and its effect on depression.

Nature and Nurture factors in child development

The debate between nature and nurture in psychology concerns which one is more important in determining or causing individual differences in physical and behavioural outcomes such as an individual's qualities (nature) or personal experiences (nurture). Environmentalist (behaviourists) argues that environmental effects are a replication of genetic differences (Plomin & Bergeman, 1991). Identical twins reared apart are more in personality than fraternal twins which indicates that genetic contribution to personality (Bouchard, 1994). Social learning theory argues that aggression is learned behaviour, and a child learns through observation and

imitation (Bandura, 1977). In reality, nature and culture interact in different ways (Gottlieb, 2007) which is reflected in individual differences.

Meaning of Child: The child can be used in different ways depending on the focus of the discussion. The American Psychological Association called the period below 12 years or before puberty as childhood (APA Dictionary, 2024). The United Nations International Children's Emergency Fund (UNICEF) defines a child as any person under 18 (UNICEF, 2024). UNICEF is formed to protect the rights of every child, everywhere, across nations more than 190 countries and territories, to do whatever it takes to help children survive, thrive and fulfil their potential, from early childhood through adolescence.

Theories of Child Development:

Child development theories focus on explaining how children change and grow throughout childhood. The developmental theories centre on various aspects of growth, including social, emotional, and cognitive development. The study of human development is a rich and varied subject. To understand human development, several different theories of child development have arisen to explain various aspects of human growth but were largely ignored throughout much of human history. Children were often viewed simply as miniature of adults and little attention was paid to the many advances in cognitive abilities, language usage, and physical growth that occur during childhood and adolescence. An understanding of child development is essential because it allows us to fully appreciate the cognitive, emotional, physical, social, and educational growth that children go through from birth and into early adulthood. Developmental psychology investigates biological, genetic, neurological, psychosocial, cultural, and environmental factors of human growth (Burman, 2017). Berk defines it as "A field of study devoted to understanding constancy and change throughout the lifespan" (Berk, 2022). The American Psychological Association (2020) defines developmental psychology as the study of physical, mental, and behavioural changes, from conception through old age. There have been numerous theories and models in varied branches of psychology (Burman, 2017). It first appeared in the late 19th century (Baltes et al., 2007) focusing on child and

adolescent development, and was concerned about children's minds and learning (Hall, 1883). Child development encompasses a broad spectrum of physical, cognitive, emotional, and social transformations from birth through adolescence, influenced by factors like genetics, environment, culture, and personal experiences (Berk, 2018).

Freud's Psychosexual Developmental Theory: Austrian psychiatrist Sigmund Freud (Fisher & Greenberg, 1996) concluded that childhood experiences and unconscious desires influence behaviour after witnessing his female patients experiencing physical symptoms and distress with no physical cause (Breuer & Freud, 1957). The child encounters conflicts that play a significant role in their personality development (Silverman, 2017) as such early experiences play the most significant role in shaping development (Silverman, 2017). Freud (1905) believed that life was built around tension and pleasure and the first five years of life are crucial to the formation of adult personality. Freud's theory focuses on unresolved conflicts and fixations by exploring dreams and memories to solve mental problems.

Erikson's Psychosocial Developmental Theory: Erik Erikson's psychosocial stages (1958, 1963) mention that crises are psychosocial because they involve the psychological needs of the individual (i.e., psycho) conflicting with the needs of society (i.e., social). Successful completion of each stage results in a healthy personality and the acquisition of basic virtues that the ego can use to resolve subsequent crises whereas failure can result in a reduced ability to complete further stages, however, can be resolved successfully at a later time.

Behavioural Child Development Theories: Behaviourists (Ivan Pavlov, 1849-1936; B. Watson, 1878-195; B.F. Skinner 1904-1990) insisted that learning occurs purely through processes of association and reinforcement (classical conditioning and operant conditioning), development is considered a reaction to rewards, punishments, stimuli, and reinforcement.

Piaget's Cognitive Developmental Theory: Jean Piaget was a French psychologist highly interested in children's thinking and how they acquire, construct, and use their knowledge (Piaget, 1951) through the four-stage theory of cognitive

development (Simatwa, 2010). Biological maturation and interaction with the environment determine children's cognitive development rate (Papalia & Feldman, 2011), but individual differences can influence a child’s progress (Berger, 2014).

Bowlby's Attachment Theory: John Bowlby (1958) is interested in children’s social development which is known as attachment theory. Bowlby (1969) hypothesized that the need for attachments is innate, embedded in all humans for survival and essential for children’s development (Bowlby, 1969, 1973, 1980). Mary Ainsworth proposed attachment styles between the child and the caregiver (Ainsworth & Bell, 1970) which results in secure attachment style (Ainsworth et al., 1978) and negative attachment styles -ambivalent, avoidant, or disorganized (Ainsworth & Bell, 1970; Main & Solomon, 1986).

Bandura's Social Learning Theory: Albert Bandura proposed the Social Learning theory that learning occurs through observation, imitation, and modelling and is influenced by factors such as attention, motivation, attitudes, and emotions (Bandura et al., 1961; Bandura, 1977). Bandura (Bandura, 1986; Bandura et al.,1961) considered that learning and modelling can occur from listening to verbal instructions on behaviour performance that both environmental and cognitive factors interact to influence development but has been criticized for not considering biological factors or children’s autonomic nervous system responses (Kevin, 1995). Bandura's child development theory suggests that observation plays a critical role in learning (Fryling et al., 2011); children can also learn by listening to verbal instructions about how to perform a behaviour as well as through observing either real or fictional characters displaying behaviours in books or films.

Vygotsky's Sociocultural Theory: Lev Vygotsky proposed a seminal learning theory, called Sociocultural Theory, which became very influential, especially in the field of education. Vygotsky believed that children learn actively and through hands-on experiences. The sociocultural theory suggests that parents, caregivers, peers, and the culture at large are responsible for developing higher-order functions which make learning is an inherently social process (Esteban-guitart, 2018). Through interacting with others, learning becomes integrated into an individual's

understanding of the world. This theory uses the concept of the zone of proximal development, which is the gap between what a person can do with help and what they can do on their own. It is with the help of more knowledgeable others that people can progressively learn and increase their skills and scope of understanding.

Moral development theory: Lawrence Kohlberg's moral development theory enriches the comprehension of child development (Berk, 2018; Hurlock, 1980) that focuses on how children develop morality and moral reasoning. Kohlberg's theory suggests that moral development occurs in a series of six stages, and is primarily focused on seeking and maintaining justice.

Understanding child development is crucial for parents, educators, and caregivers, enabling them to provide optimal support and create environments conducive to the comprehensive growth of children (Berk, 2018). The stages, spanning biological, cognitive, emotional, and social realms, constitute a dynamic process, with each stage marked by specific milestones and accomplishments (Hurlock, 1980):

1) *Infancy:* From birth to around 2 years, characterised by rapid physical growth, motor skill development, sensory exploration, and attachment to caregivers.

2) *Early Childhood:* Spanning from 2 to 6 years, marked by refined motor skills, language development, and initiation of basic cognitive abilities like memory and problem-solving.

3) *Middle Childhood*: Ages 6 to 12 witness continued cognitive refinement, participation in intricate social interactions, and the cultivation of self-identity.

4) *Adolescence*: Starting around 12 years and extending into late teens, significant physical changes of puberty coincide with cognitive and emotional development related to identity formation and autonomy.

Genetics, the fundamental code of life, profoundly shapes a child's physical characteristics and susceptibility to specific health conditions, akin to an instructional manual guiding the development of traits such as eye colour, height,

and build. However, it is essential to note that genetics doesn't singularly determine a child's well-being. The influence of heredity lessens as children age and develop more stable temperaments (Wachs & Bates, 2001).

Beyond genetics, the environment exerts considerable influence, particularly in cases where genetic impacts vary based on temperament. Persistent nutritional and emotional deprivation, for instance, can significantly alter a child's temperament, leading to maladaptive emotional reactivity (Wachs & Bates, 2001). The environment, with its complexities, significantly shapes a child's overall development. Family dynamics, encompassing relationships within a child's home, play a crucial role in shaping emotional security and social skills (Bronfenbrenner & Evans, 2000). Socioeconomic status, reflecting financial resources and access to opportunities, influences various aspects of a child's life, including educational experiences, diet, healthcare, and exposure to diverse environments. Community resources, such as neighbourhood infrastructure and programs, contribute to opportunities for recreation, learning, and social connection (Feins, 2003).

On the role of parents, the emotional well-being and behavioural tendencies of a child are closely connected to the parenting style employed by caregivers. Authoritative parenting, marked by a balance of warmth, structure, and clear expectations, fosters emotional security, self-regulation skills, and positive social interactions. On the other hand, permissive parenting, characterized by a lack of structure and clear boundaries, may lead to impulsivity, defiance, and difficulties with self-regulation (Baumrind, 1971).

Creating a stimulating learning environment, coupled with access to quality education and engaging resources, provides opportunities for intellectual growth, critical thinking, and problem-solving skills. Education not only nurtures a child's mind but also opens doors to future opportunities and societal contributions.

Conversely, in unstable and impoverished neighbourhoods with dilapidated housing and community centres, coupled with poor parenting, the rates of problem behaviours in children and antisocial activity among youth are notably high (Brody et al., 2004). Recognizing the interplay of these factors and understanding the

significance of tailored support is imperative for fostering optimal growth and well-being in children. Children thrive when their unique genetic predispositions, environmental influences, and nurturing experiences are harmoniously aligned.

Family as Socializing Agents

The American sociologist Talcott Parsons believed that the family is the single most important agent of socialization, playing a crucial role in the formation of an individual's personality (Parsons & Bales, 1956). Family is considered as the primary agent of child development; parents play an important role in the development of their children (Schaefer, 1989) by keeping in touch and maintaining attachment with their children (Weinfield et al., 2000). Children will learn the norms, values, customs, moralities and any other capabilities approved by the society from their parents (Ward et al., 1993). Within the family, parenting styles are linked with children's outcomes (Zeanah & Anders 1987). Studies suggest that living in a stable parenting-based family is associated with positive development for children (McLanahan et al., 2013) children learn patterns of behaviour from observing their parents (Bandura, 1978). Deviating behaviour during childhood has a huge impact on the later part of life (McLanahan, 2004), and a chance of suffering from mental illness (Fergusson et al., 2005). Adolescents who receive parental support and encouragement are less likely to rebel against their parents (Strohschein & Matthew, 2015) which creates an attachment, and if parental attachment decreases the probability of adolescents committing delinquent acts increases.

Parenting Style

Diana Baumrind explained the interaction between affection, communication, and control using the three parenting styles: authoritative, authoritarian, and permissive or lack of control (Baumrind, 1971) corresponding to three models of parental control- authoritative control, authoritarian control, and the lack of control or permissive control (Baumrind, 1966; Baumrind, 1968). Maccoby and Martin (1983) studied parental socialization using two theoretically orthogonal axes, warmth (also called responsiveness, acceptance, or affection) and strictness (also called demandingness or imposition), and four styles (Martinez et al., 2020, 2019,

2017, 2012; Darling & Steinberg, 1993). The four parenting styles (Axpe et al., 2019) are authoritative parents (high warmth and high strictness), authoritarian parents (low warmth and high strictness), indulgent parents (high warmth and low strictness), and neglectful parents (low warmth and low strictness).

Studies of the impact of parenting practices on child adjustment are quite accurate (Darling & Steinberg, 1993) which are related to parental efforts to watch over their children as a form of strict or firm control (Lewis, 1981) that predicted a wide range of adjustment outcomes. Studies in European-American middle-class families indicate that authoritative parents produce children with better psychosocial development, compared to children from the other three types of families (Maccoby, 1992; Baumrind, 1971; Lamborn et al., 1991) whereas Chinese-Americans (Chao, 1994 & 2001), Hispanic-Americans (Zayas & Solari, 1994), authoritative parenting (parental strictness with warmth) is always the most appropriate parental socialization style. The conflicting results about the relationship between parenting styles and child development depicted the contribution of ethnic, socioeconomic, or cultural contexts where parental socialization takes place (Martinez et al., 2020; Pinquart & Kauser, 2018) although the impact of parental socialization is crucial for the child. Developmental theorists have highlighted the importance of early socialization experiences on development well beyond adolescence (Maccoby, 1992; Barthomew & Horowitz, 1991) less is known about the links between parenting and developmental outcomes in adulthood (Stafford et al., 2006). Therefore, a crucial question is whether a mother's religiosity in child development can be consistently related to parenting styles. In the present study, the relationship between a mother's religiosity and their child's personality was examined through a wide range of indicators (LoC, depression, well-being, and resilience). Importantly, some previous parenting studies have examined these indicators of psychosocial development, but in isolation rather than simultaneously. Overall, these indicators have been identified as important for psychosocial development.

Many factors influence development such as e.g., biological, personal, social and cultural (Villarejo et al., 2020). Parenting studies showed that differences in competence and adjustment among adolescents can be consistently related to

parenting styles—in the same cultural context (Darling & Steinberg, 1993; Garcia & Gracia, 2009). In previous studies revealed that differences in competence and adjustment among adult children are also related to parenting (Buri, 1991; Buri et al., 1988), and a few longitudinal studies (Flouri, 2004). have also revealed consistent links between parenting and adult development.

Mother's Role in Child Development

Mothers have more often been characterized as children's primary caregivers, whereas fathers have been characterized as playmates. However, in many countries, gender roles have become more equitable over time, and research now suggests that fathers play many important roles in child development. From the moment a child is born, mothers play a role in shaping their growth and development. As caregivers, mothers provide their children with the foundation of love, security and support that greatly impacts a child's social and cognitive well-being (Bowlby, 1958). Through unwavering dedication, they become a force in the journey of nurturing children. Mothers play a crucial role in various aspects of child development, encompassing physical well-being, cognitive abilities, social skills, and emotional growth (Berk, 2013; Hurlock, 1980; Santrock, 2020; Papalia & Feldman, 2012; Sigelman & Rider, 2022). From birth, mothers provide care, affection, and nourishment, establishing an attachment that serves as the foundation for future relationships. Throughout childhood, mothers continue to shape their children's experiences by guiding their learning process, helping them regulate emotions effectively, and instilling values.

Numerous studies emphasize the influence of care and support in promoting positive outcomes in children's development (Berk, 2013). Mothers through their care and affectionate approach foster a sense of security in their children. This secure attachment characterized by trust, love and responsiveness creates an environment for children to explore emotions express needs and develop a sense of self (Ainsworth et al., 1978). Moreover, the nurturing presence of mothers helps cultivate resilience in children as they learn to cope with challenges and setbacks while maintaining an outlook on life (Masten, 2001).

Mothers also play a role in equipping children with crucial skills to navigate the social world (Eisenberg et al., 1998). Interactions with mothers and other caregivers contribute significantly to children's understanding of social norms empathy building communication skills and conflict resolution abilities (Denham,1989). The guidance provided by mothers plays a role, in the development of emotional intelligence in children. It helps them understand and manage their emotions while also recognising the feelings of others (Goleman, 1995). The ways that mothers facilitate development in their children can be detailed as follows:

Mother's Role in Moral Development: Mothers play pivotal roles in shaping children's behaviour and instilling values that guide their moral compass (Grusec, 2002). By modelling behaviour, providing reinforcement and fostering open communication, mothers impart important lessons on honesty, kindness, respect and responsibility (Berkowitz & Grych 2000). This guidance contributes to the establishment of a sense of right and wrong in children's lives. Equips them to make ethical decisions as they grow older (Damon & Hart 1988).

Mother's Role in Physical Development: Mothers bear the responsibility of ensuring the health and growth of their children. During pregnancy, they create a nurturing environment by providing nutrients and oxygen to support the developing baby (Jouanne et al., 2021). After birth, mothers continue to nurture development through breastfeeding practices, offering regular meals, and encouraging healthy habits such as exercise and sufficient sleep. Extensive research consistently shows that these practices significantly contribute to growth and overall development in children (WHO, 2022).

Mother's Role in Cognitive Development: In addition to well-being, mothers also influence their children's cognitive development. From the beginning, mothers engage with their little ones through communication, play, and exploration, stimulating brain development and aiding in language acquisition. Numerous studies demonstrate that active interaction by mothers—through talking, singing, and reading—positively impacts a child's memory retention and problem-solving abilities (Hart & Risley, 1995). When it comes to cognitive development, mothers actively

engage in activities that stimulate their children's cognitive growth and they nurture a love for learning. Through session storytelling moments and daily interactions mothers introduce concepts to their children while expanding their vocabulary and encouraging curiosity and exploration (Lanjekar et al., 2022; Hart & Risley 1995). The nurturing environment created by mothers serves as a ground for development in children (Bronfenbrenner, 1979) and their lasting affection, dedication and ability to adjust guarantee that kids get the assistance they need to develop into well-rounded individuals (Rutter, 1979).

Mother's Role in Emotional Development: The emotional bond between a mother and her child serves as a foundation for the child's emotional growth. Through attachment, mothers provide a sense of safety and security that enables children to explore the world while forming healthy relationships with others. Children who develop attachments with their mothers tend to exhibit social skills, emotional regulation capabilities, and resilience when faced with challenges (Ainsworth et al., 1978).

Moreover, a mother's mental well-being significantly influences her children's welfare. When mothers face health issues such as depression or anxiety, it can impact their ability to offer nurturing care to their children, subsequently affecting the child's interactions, emotional development, and behaviour (Vásquez-Echeverría et al., 2022). Research indicates that when mothers have health disorders, their children are more likely to face behavioural challenges, encounter difficulties in school, and have an increased risk of developing mental health disorders themselves (Goodman & Gotlib, 2002).

Religiosity in Child Development

The importance of religiousity has been recognised as scientific evidence has evinced its relationship with mental health (Pesut et al., 2008). ***Religion*** includes beliefs, practices, and rituals related to the transcendent. ***Spirituality*** is a broader concept which focuses on the personal quest for understanding answers to ultimate questions about life, life meaning, and relationship with the sacred or transcendent

(Pesut et al., 2008). An individual could have high levels of spirituality even with low levels of religiousness.

Emile Durkheim (1912) defines religion as “a system of beliefs and practices that unites a community through shared rituals and values”. According to a study, by Shreve Neiger and Edelstein (2004) religion can be defined in ways encompassing three components; organizational aspects, subjective aspects and religious beliefs. The organizational aspects pertain to institutions, church membership and attendance. On the other hand, the subjective aspects relate to an individual’s commitment to doctrines and the personal significance they attribute to religion. Finally, religious beliefs consist of one’s understanding of one's relationship with God or a higher power.

Spirituality is conceptualized as the search for meaning in life, for a personal connection with transcendent realities, and interconnectedness with humanity (Zinnbauer et al., 1999; Benson & Roehlkepartain, 2008; Worthington et al., 2011), and it is a human desire for transcendence, introspection, interconnectedness, and the quest for meaning in life (King & Boyatzis, 2015), which can be experienced in and/or outside of a specific religious context (Benson et al., 2003). Early research has detected the beneficial effects of religion on adolescent dispositions and behaviours (Smith & Denton 2005), increasing attention is now being given to religion’s influence on development, which can be experienced in and/or outside of a specific religious context (Benson et al., 2003).

Religiosity is a positive predictor of subjective well-being, and commitment to one’s religious identity commitment is positively associated with satisfaction with life (Villani et al., 2019). Religiosity is often seen as “the formal, institutional, and outward expression” (Cotton et al., 2006) of one’s relationship with the sacred, and it is typically operationalized as beliefs and practices associated with a particular religious worldview and community (Iannello et al., 2019).

This study was designed to measure religiousity, and employed the Duke University Religion Index (DUREL) to assess (i) Organizational religious activity (ORA) involves public religious activities such as attending religious services or

participating in other group-related religious activity (prayer groups, Scripture study groups, etc.); (ii) Non-organizational religious activity (NORA) consists of religious activities performed in private, such as prayer, Scripture study, watching religious TV or listening to religious radio; (iii) Intrinsic religiosity (IR) assesses the degree of personal religious commitment or motivation, and (iv) IR has been compared to extrinsic religiosity (ER) which is a form of religiosity mainly "for the show" where religiosity is used as a means to some more important end (financial success, social status, comfort, or as a congenial social activity), rather than for religion's sake alone.

Religiosity and Women

Studies have found that women are more generally religious than men (Li et al., 2020). Moreover, females are naturally more inclined towards religion than males and they experience greater feelings of guilt and turn to religion to relieve this guilt (Gray, 1971; Suziedelis & Potvin, 1981). This is likely because women are generally more risk-aversive and they perceive being irreligious as riskier (Roth & Kroll, 2007). Also, it has been suggested that females identify with God as a male father figure and therefore find religion more attractive than males (Argyle & Beit-Hallahmi, 1975).

Moreover, the structural location of women in society may account for their heightened religious inclination observed. The structural location argument (de Vaus & McAllister, 1987) manifests in three primary forms: Firstly, it suggests that the involvement of women, in raising children leads to a dedication to religion. Secondly, it argues that women's lower rates of participation in the workforce have a causal influence. Lastly, the beliefs and perspectives held by women about work and its association with family values are frequently cited as contributing factors (de Vaus & McAllister, 1987).

Mothers' Religiosity and Child Development: The level of devotion that parents have can influence the morals and values they teach their children. According to Fowler (1991), children at this stage tend to adopt their parents' religious beliefs without questioning them, even when those beliefs are explicitly communicated

without a lack of depth of understanding. Mothers' religiosity, which includes their beliefs, practices and values related to faith, plays a role in shaping their children's sense of purpose, morality and resilience. It provides them with a framework for interpreting the world and finding meaning in it. A mother may pass on lessons about compassion, honesty, forgiveness and respect for others to her children from her story-telling and religious rituals (Parke & Clarke Stewart 2003). The values imparted by the mother through such acts may guide her children's behaviour and influence how they interact with others in the future.

Engaging in activities, like prayer, meditation and participating in religious ceremonies provides a sense of comfort, security and inner strength for both mothers and their children when they face life's challenges. These practices create a connection to something beyond oneself, which promotes hopefulness, optimism and effective coping strategies during times. Research indicates that children raised in households where these practices are encouraged often exhibit altruistic behaviour, empathy and resilience. These positive qualities can be attributed to teachings on compassion, altruism and serving others that are emphasized during upbringing (Sabato & Kogat, 2018).

Moreover, a mother's religious beliefs play a role in passing down their cultural identity to her children (Bao et al., 1999). By engaging in shared traditions, rituals and celebrations mothers establish a link between their children and their cultural heritage. This connection fosters a sense of belonging to a community while also instilling resilience and a strong sense of self. It is important to note that expressions of religiosity can vary across cultures and families. Some families strictly follow specific doctrines while others adopt a more flexible approach by incorporating religious principles into their everyday lives without rigid adherence to specific practices (Halgunseth et al., 2016; Smith, 2020).

In summary, a mother's religious beliefs can influence the well-being of her children. Mothers play a role in fostering their children's resilience by demonstrating coping strategies providing emotional support and instilling positive values. Mothers need to strike a balance, between imparting values and respecting their children's

individuality and open-mindedness. They can guide their children to explore beliefs and encourage them to question their understanding of the world while also instilling principles and a sense of purpose.

Maternal religiosity can manifest in a multitude of ways, defying facile categorization. Some engage in traditional practices like regular church attendance and prayer (Ellison, 1991), while others find solace in private devotion and spiritual reflection (McIntosh, 1982). Still, for some, religiosity might permeate everyday life, guiding decisions and shaping interactions with their children (Parke & Walters, 1990). These varied expressions highlight the fluidity and personal nature of faith, even within the context of motherhood.

The impacts of maternal religiosity can be equally multi-faceted. Research suggests that it can influence mothers' mental well-being, offering solace and meaning amidst the challenges of child-rearing (Koenig, 2005). Religious communities can also provide crucial social support and a sense of belonging (Ellison, 1991), which can further enhance mothers' resilience and sense of purpose.

For children, exposure to maternal religiosity can have both positive and negative repercussions. Studies have shown that children of highly religious mothers tend to exhibit higher levels of prosocial behaviour and better academic performance (Jang & Benson, 2005). However, others report potential drawbacks, such as increased internalizing symptoms like anxiety and depression. Additionally, the transmission of specific religious beliefs and practices can raise issues of autonomy and individual faith development within children (Hunsberger & Peterson, 2001).

Understanding the impact of maternal religiosity requires acknowledging its inherent complexity. The specific context, including the faith tradition itself, socioeconomic factors, and family dynamics, all play a role in shaping its influence. For example, mothers from minority religious backgrounds may face unique challenges and benefits compared to those in the majority (Chatterjee et al., 2013). Similarly, the degree of coercion or pressure within religious upbringing can significantly affect its impact on children (Ryan & Deci, 2000).

Ultimately, mothers' religiosity is not a singular thread but a vibrant tapestry woven with experiences, beliefs, and choices. It offers both potential challenges and profound sources of strength, shaping and being shaped by the dynamic tapestry of family life. Recognizing its complexity and respecting the agency of both mothers and their children allow us to move beyond dichotomies of positive or negative influence and engage with the richness and diversity of religious experience within the sacred space of motherhood.

Mothers' Religiosity: Dimensions and Influences: Mothers' religiosity can be understood through several dimensions, including their beliefs, practices, and experiences (Glock. & Stark, 1965; Weigert & Thomas, 1968).

1) *Beliefs*: Mothers' religious beliefs can vary widely, ranging from traditional and conservative interpretations of scripture to more liberal and progressive perspectives. These beliefs can influence how mothers raise their children, shaping their values, moral teachings, and worldviews (Glock. & Stark, 1965; Weigert & Thomas, 1968).

2) *Practices:* Religious practices, such as prayer, worship, and participation in religious ceremonies, can also play a significant role in mothers' religiosity. These practices can provide a sense of community, spiritual guidance, and emotional support, as well as instil a sense of purpose and meaning in mothers' lives (Glock. & Stark, 1965; Weigert & Thomas, 1968; Halgunseth et al., 2016).

3) *Experiences:* Mothers' religious experiences can include personal encounters with the divine, participation in religious rituals, and engagement with religious teachings. These experiences can shape mothers' identities, strengthen their faith, and provide a framework for understanding and navigating the challenges of motherhood (Pearce & Axinn, 1998; Glaz, 2023).

Mothers' religiosity can have a profound impact on their lives, shaping their identity, values, and relationships (Pargament, 1997; Villani et al., 2019).

1) *Identity:* Mothers' religious beliefs and practices can provide a sense of belonging and purpose, shaping their self-identity and how they view their roles as mothers and caregivers.

2) *Values:* Religious beliefs and practices can influence mothers' values, guiding their decisions about parenting, education, and other aspects of their lives. This can result in a more cohesive and consistent approach to raising their children.

3) *Relationships:* Mothers' religiosity can also impact their relationships with their children, partners, and other family members. It can foster a sense of unity and shared purpose, as well as provide a framework for resolving conflicts and addressing challenges.

Mothers' religiosity can have a significant impact on their parenting practices, shaping the way they raise their children (Petro et al., 2018; Williams et al., 2019).

1) *Discipline:* Religious beliefs and practices can inform mothers' approaches to discipline, emphasizing the importance of teaching children moral values, respect, and self-control.

2) *Education:* Religious beliefs can influence mothers' choices regarding their children's education, including decisions about schooling, extracurricular activities, and exposure to diverse ideas and perspectives.

3) *Spiritual Development:* Mothers' religiosity can also play a role in their children's spiritual development, encouraging them to explore their faith, participate in religious practices, and develop a strong sense of their own religious identity.

Religious communities can play a vital role in supporting mothers by providing resources, guidance, and a sense of belonging (Krause & Bastida, 2009; VanderWeele, 2017).

1) *Support Network:* Religious communities can offer mothers a network of friends, mentors, and role models who share similar beliefs and values, providing emotional and practical support in times of need.

2) *Resources:* Religious institutions can provide resources for mothers, such as parenting classes, workshops, and support groups, designed to help them navigate the challenges of motherhood.

3) *Spiritual Guidance*: Clergy and religious leaders can offer spiritual guidance and advice, helping mothers to navigate the complexities of their faith and integrate it into their daily lives.

Given the pervasive role and significance of a mother's religiosity in both societal and individual contexts, integrating maternal faith, encompassing personal importance, attendance, and attitudes, into models of family and child functioning can significantly enhance our comprehensive understanding of family dynamics (Parke, 2001). Research increasingly indicates that a mother's robust personal faith and active engagement in religious practices, particularly attendance at services, are associated with heightened family cohesiveness, reduced family conflict (Brody et al., 1996; Mahoney et al., 2001), and increased parental warmth (Brody et al., 1996; Simons et al., 2004). Moreover, authoritative parenting styles, a reflection of maternal religiosity, are predicted by religious beliefs and practices (Snider et al., 2004) and the integration of religious values into daily life (Gunnoe et al., 1999). Studies among low-income and minority mothers demonstrate that private worship correlates with greater maternal involvement, while intrinsic religiousness is associated with increased maternal responsiveness (Cain, 2007).

The quality of the mother–adolescent relationship is positively linked to maternal religious beliefs and practices (Snider et al., 2004) and a strong family religious life (Pearce & Axinn, 1998). Additionally, adolescents' religious salience, influenced by their mothers' religiosity, is related to greater satisfaction with the mother–adolescent relationship (Regnerus & Burdette, 2006). Furthermore, mothers with stronger religious beliefs and greater involvement exhibit fewer depressive symptoms (McCullough & Larson, 1999), while young adolescents and adolescent children of religious mother’s experience less internalizing and externalizing adjustment problems in the context of heightened maternal religiosity (Brody et al., 1996; Carothers et al., 2005).

Maternal attendance in religious services is also correlated with positive outcomes in young children, such as greater self-control, positive social interactions, improved interpersonal skills, and reduced impulsivity and internalizing and externalizing problems (Bartkowski et al., 2008). Despite the growing body of evidence, it is important to note that research in this area is not extensive, and effect sizes are often modest, with some studies reporting null or occasionally negative effects (Atkins & Kessel, 2008).

The Influence of Religion on Parental Values and Beliefs in Mothers

Religion has had an impact throughout history on the lives of individuals by shaping their belief systems, values and behaviours. This influence extends to parenting where it plays a role, in shaping values and beliefs. Religious teachings frequently offer parents a framework, for comprehending their child's development providing guidance and implementing practices. Such influences can be seen in both parenting approaches and specifically in the role played by mothers.

Religiosity encompasses elements such as beliefs, practices and involvement within religious communities. For parents in general, religiosity can have an impact on their decision-making frameworks and processes when it comes to moral guidance and overall approach to parenting (Petro et al., 2017; Purnama et al., 2022). Religious traditions often underscore the values that parents can instil in their children. These values may include honesty, compassion, respect for authority figures and forgiveness. Also, religious teachings can provide parents with guidance by assisting them in distinguishing between right and wrong while making decisions for their children. Additionally, religious practices may shape methods as some parents rely on forms of punishment involving discomfort or strategies rooted in feelings of shame derived from their religious beliefs.

Religiosity also fosters a sense of community and support among community members (Dollahite & Marks 2005), acting as a social network which – in turn – provides guidance and resources that can assist parents when faced with the challenges of raising children (Ellison & George 1994; McLeigh & Taylor 2020).

These communities may also reinforce values and norms that align with the teachings of religion (VanderWeele, 2017) which further shape the attitudes and behaviours of parents. Additionally, religiosity can influence parenting styles. For example, some religious traditions emphasize parenting styles that prioritize obedience and discipline (Riany et al., 2017) while others promote permissive or authoritative approaches that prioritize nurturing and understanding (Valcke et al., 2010). Furthermore, research has indicated that religious parents are more likely to prioritize the spiritual development of their children by emphasizing virtues, like compassion, empathy and integrity (Volling et al., 2009; Borstein et al., 2017; Sabato & Kogat, 2018).

Mothers as Primary Transmitters of Religion to Children: Mothers often play a role in transmitting beliefs and practices to their children (Boyatzis et al., 2006; Bao et al., 1999). This is especially evident in societies where mothers have primary responsibility in childcare. These mothers may employ methods to instil values in their children, such as regular attendance at religious events, prayer at home storytelling about religious figures and participation, in religious rituals (Parke & Clarke Stewart, 2003).

The influence of religiosity, on mothers' values and beliefs in their parenting practices is profound. For mothers, religion plays a role in shaping their identity as caregivers and has a strong impact on the decisions they make regarding the care of their children. Religious teachings provide a compass and purpose reinforcing the importance of nurturing and caring for their ones (Gerson & Neilson, 2014). Moreover, religious involvement offers support to mothers equipping them with coping strategies to navigate the challenges of parenting with resilience.

Mother's Religiosity Impact on Children's Locus of Control, Depression, Well-being, and Resilience

The effects of maternal religiosity on children's development have been extensively studied. Research indicates that children raised by religious mothers tend to exhibit positive psychological and behavioural outcomes. They often demonstrate self-esteem, and empathy and engage in altruistic behaviours. Furthermore, they are less likely to partake in behaviours such, as substance abuse or delinquency. A comprehensive review of literature on the psychological outcomes of maternal religiosity in child development is detailed in effect in the preceding passages:

Religiosity and Locus of Control

The personality typology known as locus of control has been extensively studied due to its critical significance in an individual's capacity to adjust and manage adversity (Leontopoulou, 2006). It represents the extent to which individuals perceive themselves as having control over their lives versus believing that external factors control their destinies. Rotter (1966) introduced the concept of locus of control and defined the 'locus of control as the degree to which persons expect that reinforcement or an outcome of their behaviour is contingent on their behaviour or personal characteristics vs. the degree to which persons expect that the enforcement or outcome is a function of chance, luck, or fate, is under the control of powerful others, or is simply unpredictable. Such expectancies may generalize along a gradient based on the degree of semantic similarity of the situational cues."

Julian Rotter, as cited by Lange and Tiggeman (1981), defined locus of control as the expectancy that Behavioural reinforcement comes from either an internal or external source. A person with an internal locus of control believes that rewards are dependent upon his or her behaviour. In other words, motivation for behaviour comes from within the self. A person with an external locus of control believes that external forces such as chance, luck, fate, or powerful others reward behaviour. In other words, motivation for behaviour comes from sources outside the self (Lange & Tiggeman, 1981; Rao & Murthy, 1984).

Rotter, the developer of the Internal-External Locus of Control Scale (Rotter, 1966), intended the measure of locus of control to be dichotomous—a person would have either an internal or an external locus of control. Rotter's scale also assumes that the external locus of control is unidimensional (Watkins & Watkins, 1980). External locus of control is a multidimensional construct encompassing beliefs that people in positions of political power control reinforcement or beliefs that the world is so complex that it is impossible to exert complete control over one's reinforcement (Harper et al., 1990). Levenson (1972) created a new scale of internal and external locus of control, incorporating three subscales: internal, chance, and powerful others.

Locus of Control in Adolescents: Locus of Control is a fundamental psychological mechanism shaping adolescents' reality perception, and profoundly influences their overall well-being. It plays a pivotal role in shaping self-concepts, interpersonal relationships, and future aspirations. A diminished LoC (external) has been consistently associated with higher rates of depression (Tobin & Raymundo, 2010) and experiences of psychosis (Sullivan et al., 2017) among English adolescents. In contrast, heightened LoC (internal) in adults from the UK and the US correlates with superior physical and mental well-being (Pagnini et al., 2016).

The influence of LoC on adolescents' well-being is intricately tied to their appraisals and coping mechanisms, particularly in response to negative events. This aligns with the stress-moderation hypothesis, suggesting that LoC alters the strength of the impact of negative events on psychopathological symptoms. Conversely, negative events may diminish perceptions of control, contributing to psychopathological symptoms indirectly via their effect on LoC, supporting the stress-mediation hypothesis, as evidenced in American adults (Gilman et al., 2003).

Despite the significance of LoC in adolescent well-being, the existing body of research presents conflicting findings. Studies in American children (Deardorff et al., 2003) and English adolescents propose that LoC acts as a mediator in the link between stress and mental health. Conversely, English adolescents indicate that LoC

serves as a moderator in these relationships (Mynard et al., 2000). However, studies (Haine et al.,2003) with American children found no evidence of such effects.

These discrepancies may be attributed to various limitations within the studies. Some investigations focused on specific populations (Deardorff et al., 2003; Haine et al., 2003), limiting the generalizability of their conclusions. Moreover, the majority of the studies utilized samples from individualistic countries (Liu et al., 2000), where external LoC might be maladaptive (Cheng et al., 2013). Cultural influences significantly shape adolescents' perceptions of LoC, with collectivist cultures potentially displaying different associations between LoC and psychopathology (Cheng et al., 2013). Additionally, concerns about the cross-cultural equivalence of LoC measures (Huizing, 2015) suggest potential variations across countries.

The Impact of Mothers' Religious Values on Locus of Control: The concept of locus of control pertains to how individuals perceive their ability to influence the outcomes of their lives. At the same time, religiosity involves one's belief in and connection with a divine power. Research indicates that there might be a correlation between a parent's locus of control, their religiosity, and their parenting approach, although this relationship may not be straightforward.

According to Strate's (1987) study, parents with a locus of control who believe they have control over their lives tend to exhibit nurturing and supportive behaviours as parents. They are more inclined to promote their children's independence and autonomy while providing them with opportunities to learn from mistakes. On the other hand, parents with a locus of control who believe that external forces govern their lives often adopt controlling and authoritarian parenting styles by setting strict rules and resorting to harsh punishments (Strate, 1987). The aspect of control in parenting, as identified by McDonald (1971) and Chance (1972), influences children's orientations towards locus of control. This finding is supported by Wichern and Nowicki's (Wichern & Nowicki, 1976; Nowicki, 1979) research, suggesting that children with internal orientations towards locus of control have parents who demonstrate warmth and acceptance while encouraging their children's

autonomy. On the other hand, parents who have children with a mindset tend to be more critical, rejecting, and controlling in their parenting approach.

Also, according to a study conducted by Iles-Caven and colleagues (2020), individuals who believe they have control over their lives are more likely to have strong religious beliefs and actively engage in religious practices compared to those who feel that external factors control their lives. This connection applies not only to the level of religiosity but also to its continuity over six years. In addition, research findings (Chandler et al., 1980; Barling, 1982) suggest a correlation between children's locus of control orientations and their mothers' orientations, not with their fathers.

Therefore, from the existing literature, it is reasonable to assume that there is a relationship between children's sense of control and their mothers' religiosity. Children whose mothers possess an internal locus of control as a result of their religious beliefs may perceive religion as a source of strength, enabling them to navigate life's challenges while maintaining a sense of personal agency. These children may also exhibit openness towards experiences and receptiveness towards religious teachings.

Religiosity and Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how one feels, thinks and acts. Symptoms usually include feelings of sadness and/or a loss of interest in activities once enjoyed, and can lead to a variety of emotional and physical problems while decreasing a person's ability to function at work and home (APA, 2013). According to the DSM V (APA, 2013), symptoms can vary from mild to severe and can include: Feeling sad or having a depressed mood, loss of interest or pleasure in activities once enjoyed, Changes in appetite — weight loss or gain unrelated to dieting, Trouble sleeping or sleeping too much, Loss of energy or increased fatigue, Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others), Feeling worthless or guilty, difficulty thinking,

concentrating or making decisions, Thoughts of death or suicide; Symptoms must last at least two weeks for a diagnosis of depression.

Depression in Children and Adolescents: Depression in children and adolescents is often undiagnosed or untreated enough, with only about half of teenagers receiving a diagnosis before they become adults. As reviewed by Mullen (2018), adolescents frequently experience emotional disturbances, with around 14% showing signs of depression. The estimated incidence rates are approximately 0.5% for children aged 3-5 years old, 2% for those aged 6-11 years old and up to 12% for adolescents aged 12 -17 years old. Although diagnosis rates are similar between boys and girls during childhood, females tend to be diagnosed more often after reaching puberty possibly due to additional external factors.

Major Depressive Disorder (MDD) in childhood and adolescence can have far-reaching consequences, affecting not only immediate well-being but also influencing long-term outcomes. The prevalence of depression increases from childhood through adolescence into adulthood, with a substantial number of adolescents diagnosed with at least one major depressive episode. The consequences of untreated paediatric depression include impaired school performance, interpersonal difficulties, and an increased risk of mental health disorders and substance use disorders. Early intervention is crucial for effective treatment, involving psychotherapy and, in some cases, antidepressant medications.

Symptom Presentation of Depression in Children and Adolescents: Paediatric Major Depressive Disorder often goes underdiagnosed and undertreated, with only half of adolescents diagnosed before reaching adulthood. The presentation of symptoms varies across different age groups. Young children may exhibit more somatic complaints, irritability, and symptoms of anxiety, while adolescents may display inattention, impulsive behaviour, and uncontrollable emotional outbursts. The underdiagnosis may be attributed to the challenge of recognizing depressive symptoms in children, especially when they present with somatic complaints and behavioural issues rather than expressing traditional signs of depression.

How people experience and express their symptoms can differ depending on age. Younger children might struggle to put their feelings into words and may experience more physical complaints or thoughts of self-harm. On the other hand, adolescents could show signs of heightened irritability, impulsiveness and changes in their behaviour (Mullen, 2018). Children with depression find it challenging to express their emotions or meet the specific criteria outlined in the DSM 5 guidelines. Depressed children between the ages of three and eight often show physical complaints, irritability, anxiety symptoms and other behavioural issues. As they grow into adolescence and adulthood, their symptoms tend to align more closely with the criteria outlined in DSM 5 guidelines. A clinical presentation of the variation of depression in children can be outlined as follows (APA, 2013):

1) Ages 3-5: Difficulty articulating emotions, a significant decline in interest in play, engagement in self-destructive themes during play, and thoughts of worthlessness or suicide. Symptoms may not need to be present for a continuous two-week period.
2) Ages 6-8: Difficulty expressing feelings verbally, increased somatic complaints, frequent crying or shouting outbursts, unexplained irritability, and observed anhedonia (inability to experience pleasure).
3) Ages 9-12: Low self-esteem, feelings of guilt, a sense of hopelessness, increased boredom, thoughts of wanting to run away, and a fear of death.
4) Ages 13-18: Heightened irritability, impulsivity, behavioural changes, decreased academic performance, increased disturbances in sleep and appetite, and suicidality similar to adults. There is an increased likelihood of a chronic course of depression, and a stronger genetic association may be present.
5) Ages ≥19: Symptoms align with those observed in adults with major depressive disorder.

The incidence of paediatric depression varies across age groups, with an estimated 12% of adolescents aged 12-17 experiencing at least one major depressive episode. The Centre for Disease Control and Prevention report an incidence of 0.5% in children aged 3-5, 2% in 6- to 11-year-olds, and up to 12% in 12- to 17-year-olds. Gender differences become more pronounced after puberty, with females more

frequently diagnosed with depression. Comorbidities associated with paediatric depression include attention-deficit/hyperactivity disorder (ADHD), anxiety disorders, disruptive disorders, substance use disorders, enuresis/encopresis, and separation anxiety disorders.

Early intervention is crucial for treating depressed youths, as paediatric depression is a common, chronic, recurrent, and debilitating condition. Treatment options include psychotherapy and antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs). Despite the potential risk of suicidality associated with the initiation of antidepressants, untreated depression poses a comparable risk, and depression in adolescence is a significant predictor of long-term psychosocial impairment, substance use disorders, and suicide.

Mothers' Religiosity & Depression in their Children: Miller and Weissman, and their team conducted a longitudinal study spanning several years (1997, 2012, & 2020) to explore the link between mothers' religiosity spirituality, and depression in their children at different life stages. Their extensive research aimed to unravel how a mother's religious beliefs impact depression in her children, emphasizing the protective role of these beliefs. Mother's personal religious beliefs, beyond mere attendance at religious events, acted as a protective shield against depression in her children over a decade. This revelation was significant, highlighting that the subjective importance attached to spirituality by mothers could influence their children's mental health. Notably, this protective effect persisted even after accounting for factors such as the quality of the mother-child relationship, maternal health, education level, age, and social class. The religious and spiritual beliefs continued to exert long-lasting protective effects (Miller et al., 2012). Offspring who emphasized the importance of religion or spirituality at Year 10 exhibited a reduced risk of experiencing major depression between years 10 and 20.

The third phase of the study (Anderson et al., 2021) was conducted when the participants reached an average age of 47.5 years, which presented an unexpected finding. In contrast to the patterns observed in previous years, the results at Year 30 suggested a potential shift in the relationship between religiosity and depression over

one's lifetime. While placing importance on religion or spirituality was found to be protective against depression during young adulthood, this effect seemed to diminish or possibly reverse as individuals entered middle age. The researchers suggested that emerging health concerns and other challenges associated with ageing might contribute to this shift.

Despite such findings, it is clear from the studies by Miller and his colleagues that the religiosity of mothers does protect their children against depression during adolescence. Adolescents are inclined to internalize religious beliefs and dedicate more time to religious practices when their parents exhibit stronger convictions and actively participate in religious activities (Oman & Thoresen, 2003). Previous studies focusing on Euro-American families indicate that girls tend to be more engaged in religious practices and possess more robust religious beliefs compared to boys (Carleton et al., 2008; Molock & Barksdale, 2013; Smith et al., 2002). This trend persists into adulthood, with mothers generally reporting elevated levels of religiosity compared to fathers (Boyatzis et al., 2006). Considering the gendered nature of religiosity, girls might exhibit greater responsiveness to parental socialization in this realm compared to boys. Moreover, the gendered aspect of religiosity suggests that mothers may play a particularly crucial role in the youth socialization process in this domain.

Religiosity and Well-being

The mental or conscious intellectual determination of a person's life is the simplest definition given for psychological or subjective well-being (Diener et al., 2003). Well-being, a multifaceted concept encompassing physical, mental, emotional, social, and spiritual dimensions, represents a state of optimal health and flourishing. It extends beyond the absence of disease or illness, encompassing a sense of vitality, purpose, and satisfaction with life.

According to Huppert (2009), "Good lives are a prerequisite for psychological well-being'. It consists of having a positive attitude and performing well. People with high positive attitude reports will feel more content with their lives after reading the definitions. Positive attitude's effects on the brain may also be

mediated by hereditary variables and may result in greater mental health. Studies have provided that psychological well-being is a phenomenon having different magnitudes (MacLeod & Moore, 2000; Ryff, 1989; Wissing & van Eeden, 2002), resulting from the integration of mental, and behavioural characteristics, uniqueness, and a person's ability to endure hardship in life (Helson & Srivastava, 2001). Age, education, and satisfaction with things outside of oneself and consciousness all increase psychological well-being but emotional instability causes a decline in it (Keyes et al. 2002). The major discovery of this endeavour is that bad physical well-being can cause mental sickness, for instance, bad psychological well-being is closely connected to depression (Woods & Joseph, 2009), precipitates anxiety (Ruini & Fava, 2009) and even causes stress (Malek et al.,2010).

Aspects of Well-being: Well-being, as outlined by Stoewen (2017), encompasses various dimensions:

1) *Physical:* Maintaining body health for the present and future.
2) *Intellectual:* Valuing lifelong learning, expanding knowledge, and responding to intellectual challenges.
3) *Emotional:* Understanding and respecting feelings, managing emotions positively, and fostering enthusiasm for life.
4) *Social:* Nurturing healthy relationships, enjoying companionship, and contributing to the community.
5) *Spiritual:* Seeking purpose and meaning in life, with or without organized religion, and aligning activities with personal beliefs.
6) *Vocational:* Engaging in work that aligns with personal values, and goals, and brings satisfaction.
7) *Financial:* Managing resources wisely, making informed financial decisions, and preparing for short and long-term needs.
8) *Environmental:* Recognizing the impact of social, natural, and built environments on well-being and demonstrating commitment to a healthy planet.

Between childhood and maturity, adolescence is a time of transition that is closely linked to biological, physical, emotional, cognitive, social, and psychological

changes (Kaplan, 2004). The majority of these changes, which may be favourable or unfavourable for teenagers' psychological well-being, are always determined by several important elements, such as internal and external locus of control (Hutchinson & Rapee, 2007). In our modern understanding of psychological well-being, a positive self-perception and a favourable assessment of a person's way of life involve a feeling of happiness about oneself (Diener, 1984).

The bond between parents and children has multiple aspects with all its assorted effects. A warm and close connection enhances the positive development of well-being. On the other hand, constant conflict arises to deteriorate parent-child relations, retard the growth of well-being, and encourages hazardous behaviour (Mechanic & Hansell, 1989).

Well-being is a multifaceted concept that encompasses various aspects of an individual’s life, including physical health, mental health, emotional well-being, and social connections. It is important to recognize that well-being is not a static state but rather a dynamic process that evolves throughout an individual’s life. A mother’s religiosity may influence her children’s well-being in these various dimensions.

Mothers’ Religiosity Influence on Children’s Well-Being: The correlation between a mother's beliefs and parenting outcomes is a topic influenced by various factors, including cultural context, individual parenting practices, and the specific religious beliefs themselves. This review of existing literature delves into studies shedding light on the effects of a mother's religiosity on the well-being of her children, encompassing emotional, social, and behavioural aspects.

A study by Ellison and colleagues (2011) reveals a link between a mother's religiosity and the well-being of her children. It suggests that children whose mothers attended fundamentalist churches and employed spanking as a disciplinary technique between the ages of 2 to 4 were less likely to be reported as having antisocial or emotional issues five years later. Similarly, Volling and colleagues (2009) found that religious parents who utilized methods of socialization reported levels of conscience development in their preschool-aged children compared to other children.

Laird and colleagues (2011) contribute to this line of research by establishing a connection between religion, self-control, and antisocial behaviour. Their study involving youth aged 12-13 suggests that involved youth demonstrated self-regulation skills and were less likely to engage in antisocial or rule-breaking behaviour compared to their less religious counterparts. The religious beliefs of mothers have been identified as a factor that influences the views and practices of adolescents, highlighting how religion plays a protective role in the development of children.

In a situational context, a study conducted by Bornstein (2017) explores how parental religiosity can have both negative effects on parenting and child adjustment. It was found that higher levels of religiosity were associated with increased effectiveness leading to better social skills, academic performance, and reduced emotional and behavioural problems in children. Despite some associations, the overall findings suggest an interaction between parental religiosity, parenting practices, and child outcomes.

Studies (Bornstein, 2017; Laird et al., 2011) emphasize the role of parental religiosity during times of stress. Greater religiosity among parents is linked to stress levels, increased satisfaction with parenting, and improved marital harmony. The act of sanctifying roles by connecting them to meaning seems to contribute to these positive outcomes. This sense of sanctification makes parenting challenges feel more manageable, meaningful, and rewarding while ultimately enhancing functioning.

While numerous studies highlight the associations between religiosity and parenting outcomes mentioned above, it is important to recognize that contrasting perspectives exist. Research findings indicate that there may be a likelihood of child maltreatment within religious organizations. Studies, such as Nadan and colleagues (2019) have shown a connection between membership in these organizations and the endorsement and frequent application of punishment. It is important to note that the use of texts to justify child maltreatment is not limited to any religion but appears to be a trend observed across various major religious groups.

Religiosity and Resilience

Resilience, a dynamic process that enables individuals to adapt and thrive in the face of adversity, stress, and trauma, is a fundamental human trait that empowers individuals to navigate life's challenges and emerge stronger. It is the ability to bounce back from setbacks, maintain a sense of equilibrium, and grow from difficult experiences. According to Masten (2001), resilience is a set of phenomena that exhibits positive results despite significant obstacles to adaptation or development (Fletcher & Sarkar, 2013; Kolar, 2011). Resilience is not fixed, and may not be considered as a trait (Rutter, 2012); instead, it is a skill that can be developed and strengthened over time (Wu et al., 2013). Throughout life, approximately 80% of individuals encounter adverse experiences (Breslau, 2009). However, only a few members (10%) of this population go on to develop symptoms that are associated with post-traumatic stress disorder (Scheffers et al., 2020), which may be attributed to their resilience.

Physical and Mental Aspects of Resilience: Resilience has been shown to have a range of positive physical and mental health outcomes. According to the findings of various researchers (McGowan et al., 2018; Dyer & McGuinness, 1996; Carvalho et al., 2007; Sisto et al., 2019; Lee et al., 2021), people with higher levels of resilience tend to have:

1) *Improved physical health:* This includes a stronger immune system, reduced risk of chronic diseases, and better overall physical well-being.
2) *Enhanced mental health:* Resilient individuals are more likely to report experiencing lower levels of stress, anxiety, and depression, and higher levels of emotional well-being, optimism, and self-esteem.
3) *Increased adaptability*: Resilience facilitates the ability to adapt to changes in life events, and the management of uncertainties in life, and resilient people are more likely to overcome obstacles with greater flexibility and resourcefulness.
4) *Stronger relationships:* Resilient individuals are more likely to form stronger social support networks and healthier relationships, which can provide a buffer against adversity.

5) *Greater success in life:* Resilience has been linked to higher levels of academic achievement, career success, and overall life satisfaction.

Resilience is not something that thrives in an environment where there is support, encouragement, coping strategies and a sense of purpose. Families, schools, communities and healthcare systems all can cultivate resilience through age by creating a loving atmosphere promoting communication and setting an example of positive ways to handle challenges.

Numerous studies (McGowan et al., 2018; Dyer & McGuinness 1996; Carvalho et al. 2007; Sisto et al., 2019; Lee et al., 2021) have demonstrated the impact of resilience on both physical and mental health. Individuals who exhibit higher levels of resilience tend to enjoy several advantages, including;

1) *Improved Physical Health:* This encompasses a stronger immune system, reduced vulnerability to chronic illnesses and overall better physical well-being.
2) *Improved Mental Health*: Resilient individuals are more likely to report lower levels of stress, anxiety and depression while experiencing higher emotional well-being, optimism and self-esteem.
3) *Increased adaptability;* Resilience enables individuals to navigate through life changes and uncertainties. Those with higher resilience are better equipped to overcome obstacles with better flexibility and resourcefulness.
4) *Stronger Interpersonal Relationships:* Resilient individuals tend to build social support networks and healthier relationships that act as a protective shield during difficult times.
5) *Greater life success:* Research has established a positive association between resilience and higher academic achievements, career accomplishments and overall life satisfaction.

Resilience cannot be attained in isolation; it flourishes in an environment where there is support, encouragement, adaptive coping strategies and a sense of purpose. Families, schools, communities and healthcare systems all have a part to play in fostering resilience from a young age by creating a nurturing atmosphere that encourages communication and sets examples for dealing with challenges.

Resilience in Adolescents: Adolescence, marked by a blend of robust physical health and heightened susceptibility to risky behaviours and mental health challenges, demands a nuanced exploration of the intricate interplay between risk and protective factors influencing well-being within this pivotal developmental phase (Sameroff et al., 2003). Amidst the array of challenges faced by teenagers, encompassing academic pressures and peer influences, their inherent adaptive capacity and resilience offer promising avenues for targeted interventions and support.

The conceptual framework of resilience proves invaluable in comprehending how certain adolescents endure and thrive in the face of adversity. Fergus and Zimmerman (2005) expound upon two pivotal models of resilience: the compensatory model, where positive influences counterbalance negative ones, and the protective model, where positive factors act as buffers against the impact of stressors. The recognition of these protective factors has significantly redirected our approach to adolescent mental health, pivoting from a singular focus on problem-solving to the cultivation of internal and external resources conducive to healthy development (Bernat & Resnick, 2006).

Numerous key protective factors emerge as imperative for nurturing resilience in adolescents. Supportive school environments, characterized by positive teacher-student relationships, have been empirically shown to enhance academic outcomes, promote prosocial behaviour, and contribute to mental well-being across diverse cultural contexts (Lerner et al., 2003). Robust parent-child bonds, featuring open communication, support, and guidance, stand as the linchpin of adolescent well-being (Masten & Barnes, 2018). Effective parent-teen communication, particularly in the context of emerging social media challenges, warrants specialized programs equipping parents with the requisite skills to navigate online spaces and sustain open dialogues with their offspring. Purposeful engagement in activities during free time, such as participation in extracurricular clubs or online volunteering, fosters social competence, hones decision-making skills, and nurtures leadership potential, thereby contributing to a positive sense of identity during this critical phase of self-discovery (Feldman Farb & Matjasko, 2012).

By assimilating these perspectives into adolescent strengths and protective factors into comprehensive intervention plans, they can be empowered to traverse the intricate terrain of adolescence and construct a groundwork for lifelong well-being. Strategic investments in programs that cultivate positive school environments, fortify parent-child relationships, and provide avenues for meaningful engagement during leisure time can exert a profound influence on shaping individual trajectories, influencing familial dynamics, peer relationships, and sustained personal growth. The understanding and cultivation of adolescent resilience emerge as potent instruments not only in promoting their immediate well-being but also in enduring success while they navigate their transition into adulthood.

Mothers' Religiosity on Resilience in Children: According to research by Kasen and his colleagues (2012), religious beliefs and practices can promote resilience against mood disorders for individuals dealing with difficult life events. Their study discovered that attending services frequently was associated with a significant decrease in the likelihood of experiencing mood disorders (by 43%) and any psychiatric disorder (by 53%) among all participants. This protective effect was more pronounced for those who were at risk of depression, suggesting that engaging in religious activities may serve as an important coping mechanism for individuals facing adversity (Kasen et al., 2012). They emphasized the significance of both beliefs and practices. While attending services often was linked to lower chances of psychiatric disorders, the personal importance placed on one's religious beliefs specifically correlated with reduced odds of developing mood disorders among individuals who had experienced negative life events (Kasen et al., 2014). This suggests that both the way we think about our beliefs and how we put them into action contribute to our ability to bounce back from challenges.

Similarly, maternal spiritual health may play a significant role in fostering resilience in their offspring (Ghoshal & Mehrotra, 2017). A positive correlation between maternal spiritual health and resilience in young adults, suggests that mothers with stronger spiritual well-being may pass on this resilience to their children. Spiritually connected mothers provide a better sense of hope, meaning, and

purpose, to their children which can serve as a foundation for resilience (Ghoshal & Mehrotra, 2017).

Religious beliefs and practices can provide people with a sense of hope, purpose and social support – all resources, for managing difficulties and maintaining well-being. The foundation of religion lies in spirituality, defined as that which nourishes and gives meaning to religious beliefs, specifically faith in God. Levin (1994, as cited in Pérez et al., 2005) discovered that active participation in religious activities, such as church attendance and private devotional practices like prayer and meditation, fosters positive self-esteem and a sense of control. Establishing and maintaining a personal connection with a divine being plays a crucial role in these outcomes.

According to Pargament (1997, as cited in González, 2004), religion serves as an active coping mechanism, aiding individuals in overcoming existential challenges more effectively. Research findings consistently highlight the relationship between religiosity and subjective psychological well-being, vital satisfaction, and the pursuit of existential meaning, interconnected aspects of human experience. Hadaway and Roof (1978, as cited in Gallego-Pérez et al., 2007) noted that individuals who value religiosity report higher existential happiness and a greater sense of agency in shaping their lives compared to those who do not, which may result in higher resilience.

Relationship between Locus of Control, Depression, Well-being and Resilience

It has been believed that the degree to which people believe they are in control significantly influences their attitudes toward difficult circumstances, affects resilience, and determines choices of coping strategies. Personality styles exist on a continuum with internality at one end and externality at the other, a strong internal locus of control believes that events that happen to them are a consequence of their own choices and actions whereas on the other end of the spectrum lie a strong external locus of control interpret events as influenced not by their actions or abilities but by circumstances beyond their control. Individuals with a strong internal locus of control interpret circumstances as being within their ability to control which

gives them more confidence in their ability to influence their future and more resilient in the face of extreme circumstances. Numerous research studies have established that a strongly held internal locus of control correlates to improved physical and mental health as well as better quality of life (Maltby et al., 2007). Accordingly, it was believed that the nature of their locus of control they are expected to have different psychological functions which will be examined in this study. The available literature related to the mother's religiosity on Children's Locus of Control, Depression, Well-being, and Resilience will be reviewed in the next chapter: Chapter -II: Review of literature**.**

CHAPTER II

REVIEW OF LITERATURE

The know more about the influence of mothers' religiousity on their children's behaviour, it is necessary to review available research on mothers’ religiosity and its impact on their children’s moral development within the family. Parent or family religiosity is one of the most important predictors and affects children’s moral development as well as child religiosity. Parent or family religiosity dynamically interconnects with parenting styles and practices, and with family relationships, and these in turn influence moral development directly as well as through child religiosity but these processes might vary across faith traditions and cultures (Sam et al., 2019).

Religiosity is theorized as a mostly crucial positive factor for relationships which promotes mental health and quality of life among individuals and members of families. Research findings provided associations between religiosity and parent-child relationships characterized by high degrees of attachment security, behavioural control, and child disclosure (Bartkowki, Xu, & Levin, 2008). Religiosity is associated with more family cohesion and less risk of family conflict and mental health problems (Mahoney, 2010). Mothers' religiosity enhances the positive effects of cohesion and mother behavioural control on mother-child attachment security and protects against risks associated with mothers' psychological distress (Goeke-Morey, 2013).

Given the pervasive influence of religion on both societal and individual dimensions, the inclusion of religiosity—encompassing personal significance, attendance, and attitudes—within models of family and child functioning holds the potential to significantly enhance our comprehensive understanding of familial dynamics (Parke, 2001). Existing evidence reveals a stronger personal faith and heightened religious involvement correlates with enhanced family cohesiveness, reduced family conflict (Brody, Stoneman, & Flor, 1996; Mahoney, Pargament, Tarakeshwar & Swank, 2001), as well as greater parental warmth (Brody et al., 1996; Simons, Simons, & Conger, 2004).

Religiosity: Religiosity, consisting of ideas, behaviours, and rituals associated with a higher power, is at the core of this topic (Koenig, 2009). Some studies link parental religiosity to internalising symptoms like depression and anxiety, while others link it to externalising issues like hyperactivity and conduct disorders (Bartkowski et al., 2008; Schottenbauer et al., 2007). The literature, however, is mixed, with several studies indicating positive or no connections, or indirect associations via parental characteristics (van der Jagt-Jelsma et al., 2015, 2017; Kim-Spoon et al., 2012). Discrepancies between these studies may be attributed to the small sample sizes and insufficient adjustment for confounders (Kim et al., 2009; Kim-Spoon et al., 2012; van der Jagt-Jelsma et al., 2017; Varon & Riley, 1999), as well as limitations in study design, with only a few employing longitudinal cohort approaches (Kim-Spoon et al., 2015).

Furthermore, adolescents' religious salience—indicating the importance of religion to them—correlates with greater satisfaction in the mother-adolescent relationship (Regnerus & Burdetter, 2006). Notably, the benefits extend to mental health, where stronger religious beliefs and increased involvement are associated with fewer depressive symptoms in adults (McCullough & Larson, 1999), as well as reduced internalizing and externalizing adjustment problems in young adolescents (Brody et al., 1996). Between mothers and their children, higher levels of religious belief and involvement are linked to positive outcomes (Carothers, Borkowski, Lefever, & Whitman, 2005). Parents who attend religious services affect their children to exhibit greater self-control, more positive social interactions, better interpersonal skills, and lower levels of impulsivity and internalizing or externalizing problems (Bartkowski et al., 2008).

Locus of control: The locus of control (LOC) generated through Rotter's social learning theory, refers to the extent to which an individual perceives events in his or her life as being a consequence of his or her actions, and perceived control of it (Rotter, 1966; Rotter, 1990). Locus of control is an important dimension of personality (Rotter, 1966), individual behaviours are due to actions being controlled by himself or by somebody else or due to fate (Kay, 1990) which happens in their life (Krejcie & Morgan, 1970). Internal locus of control thinks that they are

accountable for their living and activities while having their output depending upon their achievement (Flouri, 2006). People vary in the way they have faith in power and inference of individuals or other locus in life (Levenson, 1974). Therefore, looking into the importance of locus of control, the school students in India would be beneficial for the system of education for paving the way to knowledge of the capability of thinking, self-belief, scientific problem and research, and also educational achievement in the nation. It is reported that girls have a higher internal locus of control than boys (Young, 1992) and the finding was confirmed by other researchers (Hsia et al., 2012) as girl students are more internalized than boy students. A higher internal locus of control will be the higher growth and development towards their academic enhancement (Skinner, 1996) by inculcating in them the habit of control over their own lives by giving importance to their skills and abilities (Spector, 1982; Dhandapani, 2015).

Depression: Depression is a common illness, occurring in all age groups (Keren & Tyano, 2006) one of the leading causes of disease burden, ranked as the second leading cause of disability, and a major contributor to the global burden of diseases worldwide (Ferrari, 2010; Kessler & Bromet, 2013) Over the years, it is recognized that the age of onset of depression is decreasing in children and adolescents (Son & Kirchner, 2000) usual range has been 0–18 years. There is a lack of research in the area of biological and psychological correlates of depression, and the course and outcome of depression in children and adolescents in India.

Well-being: The World Health Organization classifies individuals aged between 10 and 24 years as "young people" (WHO. 2023). The transition from adolescence to adulthood marks a critical period in which an individual develops essential behaviour and thinking patterns, which could determine health-related outcomes (Lawrence et al., 2009). Studies have shown that wellbeing-related behavioural patterns established during an individual's early adolescence continue through adulthood and later life impacting their physical and mental health (Currie et al., 2009; Patton et al., 2011). Adolescents are especially prone to environmental influences by peers, family, and society which act as determining factors of their wellbeing-related behaviours (Sawyer et al., 2012). Satisfaction with personal

relationships and emotional stability positively predicted subjective well-being by providing a sense of calmness and fulfilled affiliation needs among Indian adolescents (Suar et al., 2019).

Levels of PWB among adolescents in India decline from early to late adolescence (Singh et al., 2015a), similar results found in Australian and Spanish adolescent samples (Tomyn et al., 2015; Tomyn & Cummins, 2011), gender differences found across various regions and cultures (Singh et al., 2015a) whereas other researcher not found any significant gender difference (Daraei, 2013) in the psychological wellbeing among young adults in a sample of Indian. Cultural norms strongly predicted life satisfaction among individuals in collectivistic nations (Suh et al., 1998), and showed higher affective well-being at work (Rego & Cunha, 2009) by sacrificing personal goals for group belongingness which promotes an individual's happiness (Biswas-Diener et al., 2012).

Resilience: In the last few decades, resilience has gained increasing attention, especially in the education context due to its relation to positive achievement and school-related adjustment (Alva, 1991; Martin, 2002). Resilient students seem to be able to successfully overcome stressful school-related conditions, maintain optimal levels of motivation, and gain high performance despite the difficulties (Martin & Marsh, 2006; Romano et al., 2019), and has been found having a positive relationship between academic resilience and school engagement (Umrani et al., 2018) in dealing with school tasks, rely on personal resources and driving efforts to achieve their goals, enhance their energy and dedication levels in daily activities (Salmela-Aro & Upadyaya, 2014; Padron et al., 1999; Schaufeli & Salanova, 2007; Romano et al., 2021).

Parenting on children's behaviour: Diana Baumrind explained the interaction between affection, communication, and control using the three parenting styles: authoritative, authoritarian, and permissive or lack of control (Baumrind, 1971) corresponding to three models of parental control- authoritative control, authoritarian control, and the lack of control or permissive control (Baumrind, 1966; Baumrind, 1968). Maccoby and Martin (1983) studied parental socialization using two

theoretically orthogonal axes, warmth (also called responsiveness, acceptance, or affection) and strictness (also called demandingness or imposition), and four styles (Martinez et al., 2020, 2019, 2017, 2012; Darling N., & Steinberg, 1993). The four parenting styles (Axpe et al., 2019) are authoritative parents (high warmth and high strictness), authoritarian parents (low warmth and high strictness), indulgent parents (high warmth and low strictness), and neglectful parents (low warmth and low strictness).

Studies of the impact of parenting practices on child adjustment are quite accurate (Darling & Steinberg, 1993) which are related to parental efforts to watch over their children as a form of strict or firm control (Lewis, 1981) that predicted a wide range of adjustment outcomes. Studies in European-American middle-class families indicate that authoritative parents produce children with better psychosocial development, compared to children from the other three types of families (Maccoby, 1992; Baumrind, 1971; Lamborn et al., 1991) whereas Chinese-Americans (Chao, 1994 & 2001), Hispanic-Americans (Zayas & Solari, 1994), authoritative parenting (parental strictness with warmth) is always the most appropriate parental socialization style. The conflicting results about the relationship between parenting styles and child development depicted the contribution of ethnic, socioeconomic, or cultural contexts where parental socialization takes place (Martinez et al., 2020; Pinquart & Kauser, 2018) although the impact of parental socialization is crucial for the child. Developmental theorists have highlighted the importance of early socialization experiences on development well beyond adolescence (Maccoby, 1992; Bartholomew & Horowitz, 1991) less is known about the links between parenting and developmental outcomes in adulthood (Stafford et al., 2006). Therefore, a crucial question is whether a mother's religiousity in child development can be consistently related to parenting styles. In the present study, the relationship between a mother's religiousity and their child's personality was examined through a wide range of indicators (Loc, depression, well-being, and resilience). Importantly, some previous parenting studies have examined these indicators of psychosocial development, but in isolation rather than simultaneously. Overall, these indicators have been identified as important for psychosocial development.

Many factors influence development such as e.g., biological, personal, social and cultural (Villarejo et al., 2020). Parenting studies showed that differences in competence and adjustment among adolescents can be consistently related to parenting styles—in the same cultural context (Darling & Steinberg, 1993; Garcia & Gracia, 2009). Previous studies revealed that differences in competence and adjustment among adult children are also related to parenting (Buri, 1991; Buri et al., 1988), and a few longitudinal studies (Flouri 2004). have also revealed consistent links between parenting and adult development.

Erikson's (1959) model of ego development included stages of continuing growth to the final stage of ego integrity encompassing emotional integration which seems like achieving a religious sentiment and eliminating the fear of death. The developmental approach focused on life tendencies is working toward fulfilment (Bühler 1935; Bühler & Massarik, 1968) as religiosity strives for it. Existential psychology emphasises that the purpose of life (Frankl, 1959; Frankl & Lasch,1959 &1992) is to find meaning in one's life as spiritual beliefs may make it easier for some to find meaning (Okan & Ekşi, 2017). The Jungian perspective on individuation (Jung 1965; Von Franz 1964) emerged from intense self-examination including scrutiny of his crises, and working toward a harmonious integration of all aspects of the self. William James (1902;1958) stated that the healthy-minded had powers of courage, hope, and trust, alternatively also had a contempt for doubt, fear, and worry; a normal personal development involving the unification of these two selves.

Parenting styles, particularly authoritative parenting, are predicted by religious beliefs, practices, and the integration of religious values into daily life (Snider, Clements, & Vazsonyi, 2004; Gunnoe, Hetherington, & Reiss, 1999). Among low-income and minority mothers, private worship is associated with increased parental involvement, while intrinsic religiousness is linked to greater parental responsiveness (Cain, 2007). The quality of mother-adolescent relationships is positively related to religious beliefs and practices, as well as a strong family religious life (Snider, Clements, & Vazsonyi, 2004; Pearce & Axinn, 1998).

Various parental characteristics, such as socioeconomic status, parenting style, and parental mental health, have been identified as key determinants of children's mental health outcomes (Leinonen et al., 2003; Manning & Gregoire, 2009; Melchior & van der Waerden, 2016). Unfortunately, there has been little research into the effect of parental religiosity on offspring mental health, previous studies have found inconsistencies (Bartkowski et al., 2008; Schottenbauer et al., 2007; Svob et al., 2018).

Parental mental health, a robust predictor of offspring mental health outcomes, and socioeconomic position (SEP), linked to better mental health in offspring, stand as potential confounders in the relationship between parental religiosity and child mental health (Bould et al., 2015; Cohen et al., 2009; Vukojević et al., 2017). Adverse childhood experiences (ACEs) are also pertinent, as they correlate with religious struggles and impact offspring mental health outcomes (McCormick et al., 2017; Schickedanz et al., 2018).

Existing research predominantly features samples from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries, and the relationship between religious beliefs and mental health may differ in other countries (King et al., 2013; Laurent et al., 2013; Lewis et al., 2005; Park et al., 2012). Additionally, reliance on single-item measures of religiosity, such as church attendance or the importance of religion, may oversimplify the multidimensional nature of religiosity, potentially masking nuanced relationships (Adamczyk, 2012; Top et al., 2003).

While limited exploration has occurred regarding the role of parental religiosity in various childhood psychosocial outcomes, such as self-worth, academic achievement, and antisocial behaviours, a thorough comprehension of the correlation between mothers' religiosity levels and the outcomes related to locus of control, depression, well-being, and resilience in their children is still elusive. The present literature review attempts to compile a comprehensive synthesis of existing research in this domain, aiming to shed some light on the relationship between maternal religiosity and its repercussions on such areas in their offspring.

Mothers' Religiosity and Children's Locus of Control

Mothers’ religiosity can be categorized into two levels: high and low. High religiosity refers to a mother’s strong adherence to religious beliefs, practices, and values, while low religiosity represents a mother’s weak or minimal connection to religious beliefs and practices.

High mothers' religiosity, characterized by a strong commitment to religious beliefs, practices, and values, has notable implications for the development of children's locus of control. Religious teachings often emphasize personal responsibility, self-discipline, and self-reliance, contributing to the cultivation of an internal locus of control in children. In essence, children raised in highly religious households are more inclined to believe that they have control over their lives and the outcomes they experience.

Moreover, religious doctrines frequently underscore the notion of a higher power and the idea that life events are predetermined. This perspective can potentially lead to the formation of an external locus of control in children, as they may attribute life events to the will of a higher power rather than to their actions (Koenig, 2012). However, it is essential to note that the impact of high mothers' religiosity on children's locus of control is not universally consistent. Some studies suggest that it may indeed foster an internal locus of control (Jackson, 1988; Koenig, 2012), adding complexity to the relationship between religiosity and children's perceptions of control

Conversely, low mothers' religiosity, indicative of a weak or minimal connection to religious beliefs and practices, is associated with children developing an external locus of control (Major-Smith et al., 2023). In households with lower religious influence, children may be more exposed to secular values that highlight external factors as influential in controlling life events. Children raised by less religious mothers might be prone to relying on external influences, such as chance, luck, or the actions of others, to determine the trajectory of their lives (Major-Smith et al., 2023).

The absence or reduction of religious teachings in the upbringing of children with less religious mothers may contribute to a worldview where external factors play a more dominant role in shaping outcomes (Petro et al., 2017). As a result, these children may perceive less personal agency and control over their lives compared to their counterparts raised in more religiously oriented households.

Research evidenced that stronger personal faith and greater religious involvement through attendance at services are linked to greater family cohesiveness and less family conflict (Brody, Stoneman, & Flor, 1996; Mahoney, Pargament, Tarakeshwar & Swank, 2001), and more parental warmth (Brody et al. 1996; Simons, Simons, & Conger, 2004). Authoritative parenting is predicted by beliefs and practices (Snider, Clements, & Vazsonyi, 2004) and the manifestation of religious beliefs in daily life (Gunnoe, Hetherington, & Reiss, 1999). Private worship relates to greater parental involvement, and intrinsic religiousness to greater parental responsiveness (Cain, 2007). Religious beliefs and practices (Snider, Clements, & Vazsonyi, 2004) and stronger family religious life (Pearce & Axinn, 1998) are related to higher-quality mother-adolescent relationships. Parents' attendance in religious services is related to young children's greater self-control, more positive social interactions, and better interpersonal skills, as well as less impulsivity, and less internalizing and externalizing problems (Bartkowski et al, 2008).

Adolescents' higher degree of personal religious salience is related to greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006). Stronger religious belief and greater involvement have been related to fewer depressive symptoms in adults (McCullough and Larson, 1999), and less internalizing and externalizing adjustment problems in young adolescents (Brody, et al., 1996), and in a sample of adolescent mothers and their children (Carothers, Borkowski, Lefever, & Whitman, 2005).

Parent-child attachment security has been a cornerstone of the regulatory process by which children preserve their sense of protection and safety through their emotional, behavioural, and cognitive responses to threats (Davies, Harold, Goeke-Morey, & Cummings, 2002).

Celebrations of life (birthdays), rituals of initiation and unions (baptisms and weddings), and everyday experiences of time spent together in work and play are considered to have sacred qualities (Mahoney, Pargament, Murray-Swank, & Murray-Swank, 2003), family cohesiveness has particular significance for children's feelings of attachment security toward highly religious parents. Parents' religiosity may enhance the effectiveness of parents' control (Simons, et al., 2004) promoting security to the children and attributing spiritual significance to their everyday parenting responsibilities (Mahoney et al 2003). Children are more likely to attribute religious parents' control to love and commitment, with positive implications for attachment security (Simons et al., 2004). Individuals who are more highly religious are more accepting and forgiving (Mahoney et al., 2003; Dudley & Kosinski, 1990) as praying for another facilitates concern, gratitude, and forgiveness are elements that could foster healthy attachment security in experiencing psychological distress or problem behaviour (Fincham, Beach, Lambert, Stilman, & Braithwaite, 2008). The expectation and support provided by a community of believers help religious mothers uphold their obligations as parents (Mahoney et al, 2003). Mothers raising children with significant behavioural and adjustment problems are disheartened by the challenges of their parenting role, and experience spiritual struggles about parenting, leading to lower parental investment and satisfaction (Dumas & Nissley-Tsiopinis 2006). Religious dissimilarity between parents and adolescents has been shown to predict greater relational discord and distance (Stokes & Regnerus, 2009), whereas constructive dialogue between college students and mothers about spiritual journeys has been found to contribute to better relationship quality (Brelsford & Mahoney, 2008).

Rotter (1966) said the more individuals perceive connections between their behaviour and outcomes the more “internal” whereas those who are more prone to view their outcomes as being determined by luck, fate, chance or powerful others are called “external.”; and internality is related to more positive outcomes overall than externality (Rotter, 1966, 1975; Lefcourt, 1976; Nowicki, 2016). Considerable research focused on religious attitudes, beliefs and behaviour as factors that may impact their behaviour (see Koenig et al., 2012). A mixed finding in earlier studies

of religious belief and its activities on LOC was that externality (Wiley, 2006), internality (Wigert, 2002), or neither (Lowis et al., 2009) were related to religiosity.

Intrinsic religiosity is a belief in the tenets of the accepted religion and behaviours consistent with those doctrines whereas Extrinsic religiosity refers to how much one uses religion as a means to an end (Coursey et al., 2013) when religiosity is measured intrinsically significantly associated with LOC internality. More women than men stated that they believed in God or a divine being, were more likely to attend places of worship to obtain assistance from members of their faith, and internally were more stable in their beliefs but no difference between men and women on religiousity and LoC (Iles-Caven et al., 2020).

Considerable research findings stated that internals deal with practical academic and social problems more effectively than externals (Nowicki & Duke, 1983, Nowicki & Duke, 2016); and internals are more stable with intense activities in religious beliefs (Iles-Caven et al., 2020). Some research findings predicted that individuals who are high in religiosity have more internal LOC than those low in religiosity (Coursey et al., 2013).

Research focused on religious attitudes, beliefs and behaviour and the factors that may impact them (Koenig et al., 2012) while the United Kingdom, western Europe and the United States are becoming more secular (Office for National Statistics, 2012; Pew Forum on Religion and Public Life, 2014; Chaves, 2017) and individualism. The degree of individualism is called locus of control. Rotter strongly suggests that internality is related to more positive outcomes overall than externality (Rotter, 1966, 1975; Lefcourt, 1976; Nowicki, 2016). Rotter explains LOC of reinforcement as a generalized "problem-solving" expectancy that is related to differences in religious belief and activity. God's control and personal control co-exist by forming a relationship with God that displays mutuality (Zahl & Gibson, 2008). When religiosity is measured intrinsically, it is significantly associated with LOC internality (Coursey et al., 2013). There is a strong association between greater religious belief and a greater internality in both men and women

LOC depending on situational demands, whether internals or externals remain more stable in their religious beliefs or actions (Kay et al., 2010). Internals are more persistent over time because they see their actions affecting what happens to them, and are more stable in their religious beliefs and actions than externals. Parents who had a belief in a divine power were more likely to be internally oriented (Iles-Caven et al., 2020). Individuals who attended a place of worship are more internal than those who did not attend at all (Iles-Caven et al., 2020), and even say that they will appeal to God if they were in trouble are more internal.

Persons who gave their religious affiliation are more internally orientated than those who with no belief. Women had higher levels of religiosity and were more external than men (Fiori et al., 2006; Coursey et al., 2013) as greater internality was associated with greater religious belief and higher attendance at a place of worship than externality. Externality is associated with increases in anxiety (Carden et al., 2004), depression (Bjørkløf et al., 2013), negative personality characteristics (Nowicki & Duke, 1974; Wheeler & White, 1991) and psychoses (Harrow et al., 2009; Weintraub et al., 2016).

Mothers' Religiosity and Children's Depression

Religious belief is one factor which plays an important role in preventing depression (Bonelli et al., 2012). Religiousity may help prevent the onset of depression, and shorten the time it takes to resolve (Koenig et al., 2012), and the possibility of reverse causation is also possible (Li et al., 2016, Maselko et al., 2012, VanderWeele et al., 2016) as a depressed person may have stopped participating in religious activities, and the significant association between a religiousity with lower levels of depression. A cross-sectional study reported a consistent association between religiousity and levels of depression among persons with higher stress levels (Smith et al., 2003). A considerable variation happened between regions, countries and continents in depression (Dein, 2006).

Numerous studies highlight the potential protective role of high mothers' religiosity in mitigating childhood depression. In households where mothers exhibit a strong adherence to religious beliefs, practices, and values, children often

experience a nurturing environment emphasizing personal responsibility, self-discipline, and self-reliance. These core tenets of religious teachings contribute to the development of an internal locus of control in children, fostering a belief that they have control over their lives and outcomes. Positive correlations between high mothers' religiosity and reduced depressive symptoms in children have been reported (McCullough & Larson, 1999).

However, the impact is not without nuances, as religious teachings also introduce the concept of a higher power and predetermination of life events. This dichotomy can lead to an external locus of control in children, attributing life events to the will of a higher power. Thus, the relationship between high mothers' religiosity and childhood depression remains complex, with some studies suggesting potential risks associated with an external locus of control (Regnerus & Burdetter, 2006).

Conversely, low mothers' religiosity has been associated with an increased risk of childhood depression. Children raised in households with weak or minimal connections to religious beliefs may lack the protective factors instilled by religious teachings. In the absence of religious guidance, children may be more exposed to secular values that emphasize external factors as determinants of life events. This heightened exposure may lead to the development of an external locus of control, where children attribute the course of their lives to chance, luck, or other external influences.

Studies have consistently shown a correlation between low mothers' religiosity and higher rates of childhood depression, with some emphasizing the importance of religiosity as a potential buffer against depressive symptoms (Brody et al., 1996; Carothers et al., 2005). The lack of religious influence in the household may contribute to a vulnerability to depressive symptoms, suggesting a need for targeted interventions and support for children in such environments.

Mothers' Religiosity and Children's Well-Being

Religion is a central part of our lives and 68% of humans claim it is important (Diener, Tay, & Myers, 2011). People who engage in religious activities have a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014) a person having a high level of religiousity has a higher level of life satisfaction and positive feelings in the US (Diener et al, 2011) and lower levels of depression in the US and Europe (Smith et al., 2003), and the same happened in non-western nations (Tay et al., 2014). Individuals committed to their religious faith are happier, healthier and more coping resources (Ellison & Fan 2008; Levin & Chatters 1998; Myers & Diener 1995; Patrick & Kinney 2003).

Accumulating evidence revealed religiosity as a significant contributor to psychological well-being and positive family relationships. Mothers' religiosity boosted some of the positive influences of family functioning including mothers' behavioural control (i.e., rules and restrictions placed on children by mothers) which are more likely to promote children's attachment security when mothers were more religious. Religious mothers set a positive model to be followed and establish rules and expectations for their children including empathic and altruistic behaviour in the family and the world. Children reared in this type of environment internalize these teachings and exemplify them in their daily behaviour (Volling, Mahoney, & Rauer, 2009), and greater family cohesion and less family conflict promoted secure relationships with more highly religious mothers.

High levels of mothers' religiosity have been consistently associated with positive outcomes in various dimensions of childhood well-being**.** In households where mothers demonstrate a strong adherence to religious beliefs, practices, and values, children often experience an environment that fosters a sense of security and emotional stability. Studies have reported correlations between high mothers' religiosity and enhanced family cohesiveness, lower family conflict (Mahoney et al., 2001), and greater parental warmth (Simons et al., 2004).

Furthermore, authoritative parenting styles, characterized by warmth and support, are often predicted by mothers' beliefs and practices, contributing to the

overall positive development of children (Snider et al., 2004). Private worship and intrinsic religiousness have been linked to greater parental involvement and responsiveness, particularly among low-income and minority mothers (Cain, 2007). Stronger family religious life is associated with higher quality mother-adolescent relationships (Pearce & Axinn, 1998), fostering an emotionally supportive environment that contributes to childhood well-being.

Adolescents' religious salience, reflecting the importance of religion to them, is positively related to greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006). Moreover, the positive influence of high mothers' religiosity extends beyond emotional well-being, correlating with fewer depressive symptoms in adults (McCullough and Larson, 1999) and less internalizing and externalizing problems in young adolescents (Brody et al., 1996).

Conversely, low levels of mothers' religiosity have been linked to potential challenges in childhood well-being. Children raised in households with weak or minimal connections to religious beliefs may lack the protective factors that contribute to emotional stability and resilience. Studies suggest that a lower emphasis on religious teachings may lead to decreased family cohesiveness, potentially contributing to higher family conflict (Brody et al., 1996).

While the impact of low mothers' religiosity is not uniformly negative, some studies indicate a potential vulnerability to depressive symptoms and adjustment problems among children in such households (Carothers et al., 2005). The absence of religious guidance may result in a lack of emotional support, emphasizing the need for targeted interventions and support systems to enhance childhood well-being in these environments.

Mothers' Religiosity and Children's Resilience

Numerous studies have consistently highlighted the positive association between *high levels of mothers' religiosity and childhood resilience*. In households where mothers exhibit a strong adherence to religious beliefs, practices, and values, children often benefit from an environment that fosters emotional strength and coping mechanisms. Research indicates that high mothers' religiosity correlates with

increased family cohesiveness, offering a supportive foundation for children facing challenges (Mahoney et al., 2001).

Authoritative parenting styles, often associated with high mothers' religiosity, contribute to the development of resilience in children (Snider et al., 2004). Private worship and intrinsic religiousness among mothers have been linked to greater parental involvement and responsiveness, particularly in adversity-prone situations (Cain, 2007). This supportive family environment nurtures children's ability to bounce back from setbacks and face life's challenges with resilience.

Studies further highlight that a strong family religious life is associated with higher quality mother-adolescent relationships (Pearce & Axinn, 1998). Adolescents who perceive a higher degree of personal religious salience, emphasizing the importance of religion for them, tend to report greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006). This positive association contributes to building a sense of security and connectedness, key components of childhood resilience.

On the other hand, lower levels of mothers' religiosity have been associated with potential challenges in fostering childhood resilience. Children raised in households with weak or minimal connections to religious beliefs may lack the protective factors that contribute to emotional strength and resilience. Studies suggest that the absence of religious guidance may impact family cohesiveness, potentially affecting a child's ability to cope with adversity (Brody et al., 1996).

While the impact of low mothers' religiosity is not uniformly negative, some studies indicate potential vulnerabilities in terms of resilience and coping mechanisms among children in such households (Carothers et al., 2005). The absence of religiously infused coping strategies may contribute to a lack of emotional support during challenging times.

Religiousity is related to better mental health such as lower levels of depression, anxiety, stress, suicidal thoughts, and drug use (Moreira-Almeida et al., 2014). Women attending weekly religious services had a lower death rate and lower mortality rate than those who never attended religious services; more than once a

week (Li et al., 2016). Further research suggests that religiousity has an impact on clinical practice (VanderWeele et al., 2017), cancer patients who received spiritual counselling had a better quality of life than those who did not receive (Balboni & Peteet, 2017) highlighting the importance of religiousity in chronic diseases, moments of recovery, rehabilitation, and suffering (Koenig, 2012). Resilience is defined as the ability of individuals to recover or cope satisfactorily with adverse circumstances (Connor & Davidson, 2003; Rutter, 2012), concerning the human capacity to adapt to tragedy, trauma, adversity, difficulty, and significant stressors. Resilience is related to coping ability, self-efficacy, optimism, social support, flexibility, religious and spiritual beliefs, positive emotions, self-esteem, and meaning and purpose in life (Helmreich et al., 2017).

Spirituality has been considered the basic characteristics that predict resilience (Manning, 2013; Vieira, 2010), often regarded as "a path to resilience" (Manning (2013). The relationship between spirituality and mental health has been studied and explained as helping cancer coping (Koenig, 2009) and promoting resilience (Hunter-Hernández et al., 2015) as spiritual-based intervention increased resilience (Sood et al., 2011).

Locus of Control and Depression Relationship

Molinari & Khana (1981) conducted a study to investigate whether differentiating the externality construct into defensive externality and congruent externality would enhance low-order correlations previously reported in the literature between externality and two indicators of pathology. It was found that a significant positive correlation between congruent externality and depression, albeit with a low correlation coefficient. Defensive externality showed a significant positive correlation with debilitating anxiety, but the correlation was greater for congruent externality. Internality demonstrated a significant negative correlation with both depression and debilitating anxiety. Benassi and colleagues (1988) employed meta-analytic techniques to find the relationship between locus of control and depression and revealed a significant and moderately strong association between locus of control orientation and the degree of depression across various studies. Another

study supports that the internal locus of control was negatively correlated with depression while the external locus of control showed a positive correlation with depression (Khumalo & Plattner, 2019). A study delving into the intricate interplay between locus of control, depression, and happiness among college students found a significant influence of Locus of control on attributions of success and failure, the relationship between an individual's locus of control and its impact on the delicate balance between depression and happiness (Sakthivel, 2022). Joseph and Alan Lewis revealed the external locus of control is associated with an increase in depression-happiness scores, and a more external locus of control leads to more depression.

An external locus of control is found as a significant predictor of depression, anxiety, and stress while an internal locus of control is inversely correlated with these psychological challenges (Kurtović et al., 2018). Individuals with an internal locus of control tend to experience lower levels of psychological distress (Holder & Levi, 1998) whereas an internal locus of control was negatively correlated with depression (Khumalo & Plattner, 2019).

Depression is one of the most frequently studied concepts about a more external locus of control. The relation between a more external locus of control and increased depression has been supported by studies among college students (Twenge, Zhang, & Im, 2004), cancer patients (De Brander, Gerits, & Hellemans, 1997), children (Dunn, Austin, & Huster 1999), caregivers (McNaughton, Patterson, Smith, & Grant, 1995), and other populations. Some research studies various factors of depression such as pessimism, low self-esteem, and hopelessness (Abramson, 1989; Alloy, 1999). A more external locus of control was related to depression (Harrow et al., 2009).

Correlation Between Locus of Control and Well-Being

Locus of control on subjective and psychological well-being studied in the general population, two distinct groups were formed based on their locus of control orientation—individuals with high personal locus of control and low social locus of control, and individuals with high social locus of control and low personal locus of control. The results revealed that individuals with a personal locus of control

exhibited higher levels of life satisfaction, job satisfaction, positive emotions, and lower levels of negative emotions compared to those with a social locus of control (Marrero Quevedo & Abella, 2013).

During the COVID-19 pandemic, a study was conducted on the relationship between internal health locus of control, mental health problems, and subjective well-being of adults, and found the internal locus of control significant mediating effect on mental health problems that individuals with a stronger internal health locus of control demonstrated lower levels of mental health problems and improved subjective well-being (Sunhwa Shin & Eunhye Lee, 2021).

A study on the relationship between Locus of Control, quality of life (QOL) and mental well-being among terminally ill cancer patients receiving palliative care revealed that higher levels of LOC Chance were associated with decreased QOL, increased depression and anxiety, and decreased meaning/peace and faith (Brown et al., 2017). A meta-analysis examining the relationship between locus of control (LOC) and well-being in the workplace revealed a positive association between internal locus of control and favourable well-being outcomes at work, including positive task and social experiences, as well as greater job motivation which suggests that individuals with an internal locus of control enhanced well-being in the workplace, providing valuable insights for employee satisfaction and mental health (Sorensen & Eby, 2006).

There is ample evidence of a link between a greater internal locus of control and improved physical health, health behaviours, and psychological well-being (Awaworyi Churchill et al., 2020; Buddelmeyer & Powdthavee, 2016; Cobb-Clark et al., 2014; Hoffmann & Risse, 2020).

Correlation Between Locus of Control and Resilience

Shanava and Gergauli (2022) examined the relationship between Locus of Control and self-monitoring related to resilience among students and revealed a significant relationship between self-monitoring and resilience, with self-ownership positively related to resilience which suggests that students with a greater internal

locus of control and higher strength of religious beliefs exhibited higher resilience levels.

Adak and Sarkar (2021) studied the relationship between resilience and locus of control (LOC) among young adolescents in Hooghly and Kolkata Districts of West Bengal, and found a significant correlation between resilience and locus of control, male students exhibited a higher level of internal locus of control and higher levels of resilience whereas female adolescents demonstrated lower self-esteem and a higher external locus of control, indicating a tendency to attribute life events to external factors. The study shed light on the interconnectedness of resilience and locus of control, particularly in the context of adolescents.

A study on the relationship between locus of control and resilience in adolescents whose parents are divorced provided a positive and strong relationship between locus of control and resilience and suggests that the adolescents' locus of control significantly influences how they navigate and cope with the challenges associated with their parent's divorce (Felicia et al., 2021).

Masolva (2020) examines the correlation between resilience and locus of control in university students and reveals a statistically significant correlation between a student's locus of control and resilience indicating a connection between resilience/ and locus of control (Felicia et al.,2021). An investigation focused on examining the relationship between locus of control, personal behaviour, resilience, and self-efficacy revealed a significant relationship between locus of control and resilience, and negative significant correlations between external orientation and resilience which suggest that individuals with an external locus of control tend to exhibit social passivity, reduced resilience, negative self-evaluations, lower creativity, inflexibility in problem-solving, and a propensity for reactions such as avoidance, passive-aggression, or anxiety (Georgescu et al., 2019),

Correlation Between Depression and Well-Being

Several studies have been done to investigate any relationship between depression, anxiety and well-being and found a significant relationship in a mainland Chinese sample (Malon & Wachholtz, 2018) whereas an inverse relationship

between levels of depression and anxiety with levels of well-being was found among the mainland Chinese sample (Malone & Wachholtz, 2018). Another study reveals a significant negative relationship between higher levels of subjective well-being and perceived depression (Li et al., 2023) which supports that increased subjective well-being is associated with a decrease in perceived depressive disorders, and observes that subjective well-being plays a more vital role in suppressing self-rated depression among the elderly (Li et al., 2023). A significant association between low subjective well-being and an increase in depression symptom scores which suggests well-being has utility in predicting future depression risk, particularly during challenging and stressful periods (Grant et al., 2023). Individuals with greater depressive symptoms exhibit heightened reactivity not only to negative social interactions but also to positive social interactions and a sense of belonging that depressive symptoms may sensitize individuals to the influence of social interactions, irrespective of their valence on overall well-being and a stronger link between belonging and well-being among individuals with greater depressive symptoms in explain depressive symptoms may shape the subjective experience of social acceptance and rejection, influencing overall well-being (Steger & Kashdan, 2009). A study conducted at Eastern Liaoning University, found a significant relationship between social support, depression, and subjective well-being but a negative relation between social support and depression indicating that as levels of depression increased subjective well-being decreased which suggests a strong association between higher depressive symptoms and lower levels of perceived well-being in the studied population (Xiao Zheng, 2016).

Gender differences in the selected variables

Gender Differences in religiousity: Research evinced that men are less religious in more gender-equal countries and are almost accepted as universal (Stark, 2002; Beit-Hallahmi, 2014); women are more prone to religious beliefs because of their greater propensity for mentalizing (Norenzayan et al., 2012), decreased risk tolerance (Roth & Kroll,2007) and greater empathic concern (Jack et al., 2016) which leads to greater religious belief. In some cultures women are not more religious even the their differences are minimal (Yaffe et al., 2018; Irons, 2001; Schnabel et al., 2018). It is

not clear that sex differences in religiosity are due to cultural variation or other causes. A rational choice model of religious engagement suggests that people adopt religious beliefs and practices depending on their goals congruent with religious lifestyles (McCullough et al., 2005; Sherkat & Wilson, 1995). A functional approach suggests that religious beliefs and practices are sensitive to context or 'facts on the ground' (Wright, 2009; Reynolds & Tanner, 1995) which developed through cultural evolution because they promote reproductive success.

Most religions impose rules about sexuality and sex roles—who can have sex and with whom, who cares for children and how families are structured (Reynolds & Tanner, 1995). One of the most consistent correlates of religiousness worldwide is an opposition to sexual promiscuity (i.e. restricted sociosexuality (Weeden & Kurzban, 2013; Schmitt & Fuller, 2015). A rational choice approach might predict that people who prefer high-investment, long-term, monogamous mating strategies will be drawn to religion precisely because it seeks to make sexual promiscuity more costly through anti-promiscuity norms and punishment (McCullough et al., 2005; Moon et al., 2019; Weeden et al., 2008). None of this is to suggest that religion is necessary to control others' sexual behaviour, but supernatural enforcement is one of several cultural tools of social control—one that is particularly powerful (Fitouchi & Singh, 2022). Women devote more to offspring than men (e.g. nine months of pregnancy as well as time spent in child care), and more discriminates in selecting mates (Buss & Schmitt, 1993; Hrdy, 1999).

Women benefit from religion and religious norms make it more costly to abandon their current mates or offspring due to imposing sanctions or social pressure through promoting normative monogamy (Henrich et al., 2012). Women are more interested in long-term exclusive relationships than men (Buss & Schmitt,1993) which is associated with religious norms.

Several findings documented a 'gender equality paradox' in more egalitarian societies, sex differences are often larger in personality (Costa et al., 2001; Schmitt et al., 2017), moral judgements (Atari et al., 2020), career choice (Stoet & Geary; 2018: Breda et al., 2020) and a variety of aesthetic preferences (Falk & Hermle,

2018). Where men and women have the same chance to express their diverging preferences resulting in greater sex differences (Falk & Hermle, 2018; Schmitt, 2008; Stoet & Geary, 2020). Religion fosters cooperation and ingroup cohesion (Norenzayan et al., 2016; Purzycki et al., 2016) and helps copping their existential insecurities (Henrich et al., 2019) in the threats of intergroup conflict.

Gender difference in LOC: A gender difference in LoC is one important factor which contributes to the well-recognised gender gap in mental health in favour of males. A large literature suggests that women are more external than men on most LoC measures (Semykina & Linz, 2007). Women are more external of LoC has been attributed to psychological gender differences originating during the early phase of life (Schmitt et al., 2017). There was a consensus that an internal LoC is associated with better economic and social outcomes (Cobb-Clark et al., 2014). Individuals with an internal LoC are better able to cope with negative life shocks (Buddelmeyer & Powdthavee, 2016). Having an internal LoC has also been shown to be associated with better mental health (Buddelmeyer & Powdthavee, 2016). It was assumed that women being more external on LoC is positively associated with women having poorer mental health than men. One of the early studies documenting gender differences in locus of control found that females scored as more external than males (Dixon et al., 1976).

Doherty and Baldwin (1985) highlighted a trend toward increasing divergence in male and female scores on locus of control measures. Doherty and Baldwin attributed this gender difference to a "cultural shift" influenced by the emergence of the women’s movement and greater numbers of women entering the workforce during the 1970s. However, Smith and Dechter (1991) later found coding errors in the data, challenging this apparent cultural shift. Further research by Cellini and Kantorowsky (1982) found females scored significantly more externally than men, and suggested that as society became more complex, people experienced an increased sense of powerlessness.

Gursoy and Bicacki (2007) discovered that girls exhibited a higher total internal locus of control than boys. They observed negative locus of control and self-

concept in girls compared to boys among children from low socio-economic backgrounds. Another study by Saleh Almajali (2012) explored the relationship between family upbringing and locus of control in middle school learners, revealing a significant and positive correlation between upbringing style and locus of control. The literature on gender differences in locus of control remains inconsistent, with some studies reporting gender disparities (Gursoy & Bicacki, 2007) and others finding no significant differences (Lester, 2002; Saleh Almajali, 2012).

Gender Differences in Depression: Findings regarding gender differences in depression are inconclusive. Some studies suggest a higher prevalence of depression in women compared to men (Essau et al., 2010; Kendler & Gardner, 2014; Salk, Hyde, & Abramson, 2017; Kuehner, 2017; Pratt & Brody, 2014), while others find no significant gender disparities in depression (Qi et al., 2020; Pramesona & Taneepanichskul, 2018; Peltzer & Pengpid, 2018). There is also evidence indicating that, in certain situations, more men than women report experiencing depression (Flynn, Hollenstein, & Mackey, 2010; Gove, 1972).

Various explanations have been proposed for gender differences in depression, particularly the higher reported rates in women (Girgus & Yang, 2015; Bebbington, 1996; Parker & Brotchie, 2010; Piccinelli & Wilkinson, 2000).

Gender differences in depression may be influenced by the constraints and flexibility inherent in gender socialization, which can correlate with the psychodynamics of depression (Wood & Eagly, 2002; Falicov, 2003; Zhang, Mandl, & Wang, 2011; Triandis & Gelfand, 1998). Socialization constraints are moulded by gender-typed attributes, such as prototypes or stereotypes, while flexibility relates to contextual influences, including sociocultural aspects. These factors introduce complexities and potential confounding effects in understanding gender differences in depression. Adherence to gender-congruent stereotypes may contribute to differences in prejudice and cultural orientation, reflecting the interplay between horizontal–vertical and individualism–collectivism dimensions. The horizontal–vertical dimension encompasses equality and hierarchy. Consequently, gender differences in depression may mirror the impact of gender socialization on

responsiveness to sociocultural situations, such as cultural transition and acculturation.

Notably, more research attention has been directed towards depression in women, leading to the neglect of male depression (Mankowski & Smith, 2016). Furthermore, the observed phenomenon of overreporting of depression by women and underreporting by men may be an artefact of gender-difference research (Warren, 1983; Wilhelm, 1994). The perceived gender differences in depression might also be influenced by gender stereotypes or methodological considerations. These factors contribute to the confounding effects of gender differences, particularly the higher prevalence of depression in women.

***Gender difference in Well-being*:** Gender serves as a crucial social determinant influencing health (Manandhar et al., 2018), prompting the need for gender-based analyses to enhance healthcare for both women and men. Disparities in health indicators between genders are evident globally, with male life expectancy surpassing that of females (World Health Organization, 2018). Mental health exhibits consistent gender differences, where men are more prone to internalizing disorders like depression (Eaton et al., 2012; Seedat et al., 2009; Maji, 2018) and psychological distress (March et al., 2013; Matud et al., 2015; Matud & García, 2019), while women are more likely to experience externalizing disorders, including higher rates of antisocial and substance use disorders (Seedat et al., 2009). Moreover, women consistently have higher suicide rates than men worldwide (World Health Organization, 2018).

Traditionally, studies on gender differences in health focused on life expectancy and disease prevalence, adopting a medical health model centred on pathology (Ryff & Singer, 1998). However, a shift has occurred towards recognizing the importance of psychological well-being (Seligman & Csikszentmihalyi, 2000). Psychological well-being, as conceptualized by Ryff, encompasses six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995). Research spanning two decades supports the notion that psychological well-being is not only linked to

psychological flourishing but also plays a protective role in physical health (Ryff, 2013). High well-being correlates with better subjective health, fewer chronic conditions, fewer symptoms, and lower functional disability (Ryff et al., 2015), while poor psychological well-being is positively correlated with mortality (Bechetti et al., 2019; Cohen et al., 2016).

Well-being is now acknowledged as multidimensional and dynamic, influenced by personal and cultural factors (King et al., 2014). Higher education and job status contribute to increased well-being (Ahrens & Ryff, 2006; Schütte et al., 2014; Van der Meer, 2014), and cultural variations are associated with different conceptions of self (Diener & Diener, 1995; Karasawa et al., 2011). Collectivistic cultures emphasize interdependence, prioritizing harmony with others, while individualistic cultures emphasize independence and the pursuit of personal goals (Markus & Kitayama, 1991).

Despite research indicating similarities in psychological traits between genders (Hyde, 2014; Hyde, 2018), societal norms often emphasize gender differences. Gender role theories posited that adherence to these roles was developmentally desirable, but the long-term benefits remain uncertain (Worell, 1978). Strict adherence to gender roles may limit behavioural choices, potentially hindering the development of personal characteristics that defy societal expectations (DiDonato & Berenbaum, 2013; Martin et al., 2017). Femininity is more strongly associated with well-being than masculinity (Bassoff & Glass, 1982).

Studies on gender differences in well-being yield inconsistent results (Ferguson & Gunnel, 2016). While men report experiencing positive and negative emotions more frequently and intensely (Diener & Ryan, 2014), few gender differences in psychological well-being are consistently observed. Notably, men score higher in positive relations with others, while differences in self-acceptance and autonomy vary based on factors like age and culture (Ryff & Keyes, 1995; Ahrens & Ryff, 2006; Lin et al., 2014).

Gender Difference in Resilience: Gender differences, which develop at an early age and continue into adolescence, influence how individuals attain resilience (Blatt-Eisengart et al., 2009; Bonanno et al., 2007; Cohen et al., 2003; Galambos, Barker, & Krahn, 2006; Hankin et al., 1998; Lopez, Campbell, & Watkins, 1986; Ong et al., 2006; Orth et al., 2008; & Sneed et al., 2006). Males and females use different resources as coping mechanisms. Males are prone to more individualistic means, whereas females rely on social support and communal means (Sneed et al., 2006). Men and women use different coping mechanisms to deal with stressful situations (Blatt-Eisengart et al., 2009; Bonanno et al., 2007; Cohen et al., 2003; Galambos, Barker, & Krahn, 2006; Hankin et al., 1998; Lopez, Campbell, & Watkins, 1986; Ong et al., 2006; Orth et al., 2008; Sneed et al., 2006). In facing adversity men tend to rely on their independence, whereas women utilize their support systems (Sneed et al.2018). Therefore, when exposed to hardship, males and females vary in their way of coping and, thus their path towards resilience is different.

Werner and Smith (1982, 1992) examined gender disparities in their research on resiliency and discovered substantial variances. They discovered that girls grow more vulnerable in the second decade of life while boys are generally more vulnerable in the first decade of life. Boys and girls are likely to differ in both the ages at which they are most vulnerable to stress and pressure, as well as in the ways that they adapt to and handle pressure. Boys and girls have different coping mechanisms, as evidenced by the fact that girls rely on and seek out social support whereas boys favour physical pursuits like athletics (Frydenburg & Lewis, 1993). In stressful conditions, girls use resilience elements more frequently than boys (Hampel & Petermann, 2005).

In summary, gender differences are obvious and prevalent when it comes to resilience. Males and females experience hardship differently and use gender-specific resources (Blatt-Eisengart et al., 2009; Bonanno et al., 2007; Cohen et al., 2003; Galambos, Barker, & Krahn, 2006; Hankin et al., 1998; Lopez, Campbell, & Watkins, 1986; Ong et al., 2006; Orth et al., 2008; & Sneed et al., 2006). Women gravitate towards a social aspect and rely heavily on their support systems. Men focus more on individuality and self-governing ways to overcome obstacles. These

patterns may have resulted due to how boys and girls are raised. Women experience better adjustment when they are more independent, which might mean that females overly rely on others when decisiveness is advantageous. Likewise, men are better off when they have higher levels of family contact, yet males have learned to manage conflict on their own. Social support plays an important role in enhancing well-being and resilience (Mousavi et al., 2014; Wong et al., 2019), receiving social support is not a predictive variable of resilience (Bowes et al., 2010) but is influenced by the structure of a person's "self" rather than external factors such as social support or economic status (Sherrin et al., 2018).

Available literature has given religiousity crucial importance in moulding behaviour, and the importance of mothers on children's development, and most of them are conducted in Western countries where the social systems are completely different from the population of the present study. Furthermore, the variable selected for the present study has not been studied and has not yet been done in the population of the present study. Based on the available literature, the need for the study was presented in the next Chapter: **Chapter-III: Statement of the Problem**.

CHAPTER-III

STATEMENT OF THE PROBLEM.

The study of how religious beliefs and practices affect parenting behaviours and subsequently impact children's behaviour is a multidisciplinary field, as it involves research from psychology, sociology, anthropology and other social sciences aiming to understand the relationship between religiosity, parenting practices and child outcomes. Understanding the factors that contribute to children’s behaviour is crucial as it directly affects their development and prospects. Numerous studies have shown that various factors such as individual behaviour, family dynamics, socioeconomic status and cultural contexts influence children. Among these factors, religiosity and its practices have been identified as influencers in shaping children's development on this count the present study will examine mothers' religiosity roles play in shaping their children's locus of control, depression, well-being and religiosity.

Religiosity and Parenting

Religiosity refers to an individual's beliefs, participation in communities, personal convictions, and engagement in religious rituals (Parke & Stewart, 2003; Halgunseth et al., 2016). It includes dimensions like affiliation and attendance at religious services (Ellison, 1991; McIntosh & Alston, 1982). In due course of time, the role of religiosity in parenting received attention due to its influence on various areas of child development (Boyatzis et al., 2006; Bao et al., 1999).

Research evinced that religiosity impacts parenting behaviours through various mechanisms (Fowler, 1991; Sabato & Kogat, 2018). Firstly, religious beliefs afford a framework that guides parents' values and actions (Parke & Walters, 1990; Pearce & Axinn, 1998) including morals shaping the way parents discipline their children and instil values in encouraging positive behaviours (Glock & Stark, 1965; Weigert & Thomas, 1968). Parents who have religious beliefs place significant importance on kindness, forgiveness, and empathy in their parenting (Glock & Stark, 1965; Weigert & Thomas, 1969).

Furthermore, religiosity generates social support networks within the religious communities, guiding in dealing with parenting challenges to parents, and giving opportunities for forming relationships with their peers among children

(Bartkowski et al., 2008; Krause & Bastida, 2009) through providing resources like programs or extracurricular activities that promote outcomes for children (VanderWeele, 2017; Mahoney et al., 2001).

Religiosity influences parenting fostering the well-being of parents (Koenig, 2005; McCullough & Larson, 1999). Studies have exposed that religious beliefs and practices are associated with increasing life satisfaction, reducing stress levels, and improving mental health (Brody et al., 1996; Carothers et al., 2005). When parents have well-being resulting in more responsive, nurturing and engaged in their parenting behaviours—a positive influence on the well-being of their children (Parke & Clarke Stewart, 2003; Sabato & Kogat, 2018).

Regarding child outcomes, researchers have examined how religiosity affects development, social-emotional functioning, moral development, and overall well-being (Snider et al., 2004; Regnerus & Burdette, 2006). Available findings in this field are diverse and contradicted due to the complications and numerous factors involved in it (Brody et al., 1996; Carothers et al., 2005). Studies on the development of the mind have found a connection between being religious and doing well in academics (Peterson, 2020; Atkins & Kessel, 2008) which could be due to religious communities prioritising education or values of discipline and persistence (Petro et al., 2018; Purnama et al., 2022). Nevertheless, research has not shown consistency in findings (Valcke et al., 2010; Volling et al., 2009).

Religiosity has been found to have a link to how children handle their emotions and interact socially (Halstead et al., 2023; Gunnoe et al., 1999). Some studies suggested that being involved in religious activities is connected to levels of empathy, kindness, and self-control (Riany et al., 2017; VanderWeele, 2017). Religious teachings often emphasize certain values and behaviours that can contribute to these outcomes. Contrary to these findings, some studies have also found religiosity increased feelings of guilt or anxiety in children (Borstein et al., 2017; Sabato & Kogat, 2018).

Extensive study of religiosity in child development evinced play a role in shaping values and actions (Pearce & Axinn, 1998; Gunnoe et al., 1999) which

influences how children understand right from wrong, their reasoning ability morally, and involvement in behaviours (McCullough & Larson, 1999; Brody et al., 1996). It is very important to acknowledge the crucial contribution of religiosity to moral development (Purnama et al., 2022).

Research findings evinced religiosity related to well-being in children (Regnerus & Burdette, 2006; McCullough & Larson, 1999) because engaging in it leads to a sense of meaning, connection, and getting a valuable support system (Snider et al., 2004; Pearce & Axinn, 1998) such as life satisfaction, happiness, self-esteem, and resilience (Brody et al., 1996; Cain, 2007). Contrasting findings also available not discover correlations between them, and even highlight potential adverse consequences (Boyatzis et al., 2006; Bao et al., 1999).

Mothers' Role in Instilling Religious Values

Studies revealed that the role of mothers in transmitting religious beliefs and practices to their children is a crucial aspect of family dynamics (Boyatzis et al., 2006; Bao et al., 1999) which is found in a society where mothers are primarily tasked with childcare. As such, mothers adopt various methods to instil religious values in their children using regular attendance at religious events, praying at home, recounting stories about religious figures, and participating in religious rituals (Parke & Clarke Stewart, 2003).

The impact of religiosity on mothers beyond mere practices deeply influences their values and beliefs which significantly shape their identity as caregivers (Gerson & Neilson, 2014). Religion is a guiding force, providing a moral compass and instilling a sense of purpose, reinforcing the significance of nurturing and caring for their children. Additionally, religious involvement offers crucial support to mothers, equipping them with coping strategies to navigate the intricate challenges of parenting with resilience. This interplay between religiosity and maternal identity underscores the profound role that faith plays in shaping parenting practices and the overall well-being of the family unit.

Psychological Outcomes of Maternal Religiosity on Children

Maternal religiosity has done extensive research on its profound influence on various psychological outcomes in children and explores the impact of mothers' religious values on children's Locus of Control, Well-Being, Depression, and Resilience. Drawing from a synthesis of studies, there was a comprehensive overview of how maternal religiosity forms the psychological landscape of the developing child.

Locus of Control*:* Research suggests a complex relationship between a parent's Locus of Control, parenting style, and a child's orientation towards their locus of control. Research evinced that parents with an internal Locus of Control exhibited nurturing behaviours, and fostered independence in their children; extended to a child's internal orientations correlating with warmth and acceptance whereas external orientations relate to more critical which controlling parenting approaches (Strate, 1987; Wichern & Nowicki, 1976; Nowicki, 1979). It is reasonable to accept that children whose mothers with internal Locus of Control due to religious beliefs may accept religion as a source of strength which shapes their sense of agency.

Well-Being*:* Maternal religiosity plays a vital role which moulds the overall well-being of children. Studies indicated that religious parents, mostly those attending fundamentalist churches employ disciplinary techniques like spanking results in lower antisocial or emotional issues in their children (Ellison et al., 2011). Additionally, religious parents contribute to the development of conscience in their preschool-aged children through effective socialization methods (Volling et al., 2009). Studies confirmed that maternal religiosity acts as a protective factor, fostering positive social, emotional, and behavioural outcomes in children.

Depression: The relationship between maternal religiosity and depression in children has been one of the interest areas in psychological research. Longitudinal studies (Miller et al., 1997, 2012, 2020) revealed that a mother's personal religious beliefs act as a protective shield against depression in her children. Adolescents tend to internalize these beliefs that reduce the risks of major depression during transition into adulthood. However, the protective effects may vary with age, suggesting the need for nuanced understanding as individuals face different life challenges.

Resilience: Maternal religiosity has been regarded as linked to promoting resilience in children during challenging life events. Research findings supported that engaging in religious activities and placing importance on religious beliefs decreased the development of mood disorders which provides individuals with a good coping mechanism in adversity (Kasen et al., 2012, 2014). Additionally, maternal spiritual health positively correlated with resilience indicating that mothers with stronger spiritual well-being pass on this resilience to their children (Ghoshal & Mehrotra, 2017).

A diverse investigation of the correlation between depression and subjective well-being unveils a consistent pattern (Malon& Wachholtz, 2018; Li et al., 2023; Grant et al., 2023) and demonstrates a robust negative relationship between depressive symptoms and subjective well-being. That inverse association suggests that depression diminishes subjective well-being and vice versa. Investigation of depression and resilience shared the theme of a converse correlation (Ran et al., 2020; Mei et al.,2023; Chen et al., 2023) consistently highlighting the protective role of resilience against depression, heightened depressive symptoms corresponding to lower resilience, and conversely, strengthened resilience mitigate the manifestation of depression. There were sufficient pieces of evidence demonstrating a significant relationship between depression, subjective well-being, and resilience which were found in diverse populations and different contexts.

Perceived resilience and holistic well-being among professional women emphasise that resilience serves as a coping mechanism with significant benefits for physical and mental well-being. Resilience is a potent mediator in the relationship between happiness and subjective well-being and resilience plays a crucial role in shaping emotional and life satisfaction (Yildirim, 2019). Research finding emphasizes the intrinsic relationship between resilience and subjective well-being which is recognized as a decisive factor in predicting academic success among adolescents (Rodriguez, 2017). Research unveils a positive relationship between resilience and psychological well-being which emphasizes the universal significance of resilience in fostering holistic well-being (Vinayak, 2018). In broader literature, the anticipation of a positive relationship between resilience and well-being is

understood as a strengthened resilience likely contributing to an improvement in overall well-being, while a weakened resilience correspondingly correlates with a decline in various facets of well-being (Vinayak, 2018).

About the population of the study -Mizo

Upon becoming a mother, a Mizo woman takes on a central role in the family structure. Traditionally, societal expectations and norms place significant responsibilities on her shoulders, especially during the early years of marriage. Mizo narratives often portray new brides as tireless workers, navigating complex family relations and navigating the challenging dynamics with in-laws (Chatterji, 2008). This period is often described as demanding, requiring immense courage and resilience from the new family member. Their ability to efficiently manage household chores and allow the older woman to rest is often seen as a measure of their suitability as a bride. Yet, amidst the societal expectations and laborious nature of their work, Mizo mothers emerge as the pillars of the family. Their responsibilities extend far beyond daily chores with their roles being demarcated from those of the menfolk (Khiangte, 2008). They become home providers, ensuring sustenance through cooking and food preparation for the entire family. Importantly, they assume the role of teachers, imparting essential domestic skills to their daughters, thus perpetuating a tradition of helpfulness and practicality. Dr. H. L. Malsawma describes the daily life cycle of a Mizo woman, a cycle interwoven with tribulations and relentless dedication. From rising early to fill bamboo tubes at the spring to tirelessly managing household chores throughout the day, their unwavering commitment to their families shines through (Malsawma, 2002). The impact of traditional roles and high social expectations on women may have caused high stress which still prevails among them leading to differences from males.

Despite the progress of women in modern Mizo society, including breaking traditional gender roles, domestic responsibilities remain a persistent and significant aspect of Mizo mothers' lives, although their roles have evolved. For example, they act as financial managers, decorate their homes with a keen eye, and actively contribute to their families' overall well-being. Ultimately, the happiness and success

of Mizo families rests on the shoulders of these women. Their influence in establishing loyalty, dignity, and a peaceful home environment is fundamental to family success. On the other hand, a mother's misguided influence could bring hardship and undesirable outcomes to the family.

The historical development of Christianity in Mizoram is marked by a rapid growth rate, surpassing the expansion observed among other tribal groups in North East India. The process of Christianization in Mizoram, catalysed by the work of pioneering missionaries like Lorrain and Savidge, played a significant role in shaping the religious landscape of the region (Hluna, 2003). Despite the slow start, the twentieth century witnessed a remarkable surge in Christian growth in Mizoram. Today, Christianity stands as the predominant religion in the region, with the Mizoram Presbyterian Church (MPC), the Baptist Church of Mizoram (BCM), and the Evangelical Church of Maraland (ECM) being major denominational players. These churches were founded by pioneering missionaries, and each has played a crucial role in shaping the spiritual and social fabric of Mizoram. The Mizoram Presbyterian Church, in particular, holds a prominent position as the largest Christian denomination in the state (Lloyd, 1991; Hluna, 2003).

Christianity, introduced by missionaries, has become deeply ingrained in the social values of Mizoram. The Church is acknowledged as a primary force for modernization and development. It serves as a facilitator in the socio-political process, contributing to the formulation of social norms and guiding principles in the Mizo society (Lloyd 1991). The influence of the Church extends beyond religious realms, significantly impacting the general conception of social values in Mizo society. The integration of Christian faith and principles into the social fabric has made the Church a key player in guiding ethical and moral considerations within the community. With over 87.16 % of the population identifying as Christian and potentially close to 100% among Mizos, Christianity dominates the religious landscape, contributing to a strong socio-religious identity (Census of India, 2011). The coexistence of other religious communities comprising Buddhists, Hindus, and Muslims adds a layer of diversity (Census of India, 2011). Denominations like the Mizoram Presbyterian Church play a pivotal role, emphasizing the denominational

affiliation within the Christian majority. It can be considered that the term "Mizo" encapsulates not only an ethnic group but a shared religious identity, and the religious practices of the Mizo are integral to their cultural expression.

At times there has been a growing interest, among researchers in studying the connection between a mother's beliefs and how it affects different aspects of her children well-being. While many studies have been conducted on this subject there are still gaps and limitations in the existing research. One significant gap in research is the lack of attention given to the aspects of a mother's religiosity and its influence on the psychological aspects of the child, such as their locus of control, depression, well-being, and resilience, particularly in the Mizo context. The importance of addressing these gaps in research regarding how maternal religiosity may affect children's locus of control, depression, and resilience lies in comprehending the relationship between religion and mental health outcomes, especially among the Mizo, a highly religious community. The influence of a mother's beliefs, practices, and involvement on her children's sense of control over their lives is expected to be particularly significant for the Mizos. Exploring this relationship can help us identify factors that protect and empower children by fostering a sense of agency.

Research indicates that religious beliefs can provide meaning and purpose, contributing to a belief in control. For instance, individuals who have a strong religious faith may perceive events as being under divine control or guided by a higher power. This perception can influence their locus of control, which refers to an individual's belief about whether they have control over the outcomes in their lives or if external forces dictate their fate. Maternal religiosity may shape children's perception of control by transmitting religious beliefs and practices that emphasize surrendering control to a higher power or instilling a sense of personal agency through prayer and faith.

Furthermore, understanding the impact of maternal religiosity on depression and well-being is crucial. Religion often provides social support networks, coping mechanisms, and a framework for interpreting life events. It can offer comfort during times of distress and provide a sense of hope and optimism. Maternal

involvement in religious activities may expose children to these protective factors, which can buffer against depressive symptoms and enhance overall well-being.

Finally, exploring how maternal religiosity influences children's resilience is essential. Resilience refers to an individual's ability to bounce back from adversity or cope effectively with stressors. Religion can serve as a source of strength and resilience by providing individuals with a sense of purpose, hope, and guidance during challenging times. Maternal religiosity may contribute to the development of resilience in children by modelling adaptive coping strategies, fostering a sense of belonging within a religious community, and promoting the belief that challenges can be overcome with faith.

Investigating the influence of maternal religiosity on children's locus of control, depression, well-being, and resilience in the Mizo context is crucial for understanding how religious beliefs shape individuals' psychological outcomes. This research can shed light on the mechanisms through which religion influences mental health and identify factors that protect and empower children within highly religious communities.

Need of the Present Study.

Addressing these research gaps has implications for society as a whole. By understanding the impact of a mother's religiosity on her children's locus of control, depression levels and resilience we can develop interventions and support systems that promote mental health outcomes. This knowledge can guide the development of programs counselling services and community initiatives that acknowledge the role of religion, in individuals' lives. Moreover, recognizing the influence of religiosity can assist healthcare providers and policymakers in customizing interventions to meet the needs of diverse religious communities.

First, understanding the levels of Locus of Control, Depression, Wellbeing, and Resilience across children of highly religious mothers and children of lowly religious mothers is essential for gaining insights into how these variables vary among individuals with different characteristics or backgrounds. This objective will

provide a comprehensive understanding of the distribution and variations in these psychological constructs.

Second, investigating the relationships between Locus of Control, Depression, well-being, and Resilience is crucial for identifying potential associations or correlations among these constructs. This will provide insights into how these variables interact with each other and contribute to overall psychological well-being.

Third, understanding the independent effects of gender and types of Mothers' Religiosity on Locus of Control, Depression, well-being, and Resilience is essential for identifying the unique contributions of these factors. This objective will shed light on the role of gender and religious beliefs in shaping individuals' psychological well-being.

Finally, examining the interaction effect between gender and types of Mothers' Religiosity on types of Mothers' Religiosity will provide insights into how these factors influence each other. This objective will help understand the complex interplay between gender and religious beliefs in shaping individuals' religious attitudes and practices.

Objectives:

Taking leads from the available literature the present study tried to attempt the following objectives:

1) To examine any significant difference in Locus of Control, well-being, Depression, and Resilience between the *Student with a high-religious mother and student with a low-religious mother*; and also, between *male students and female students* of the samples.

2) To study the *relationship between* Locus of Control, Well-being, Depression, and Resilience between the variables.

3) To identify the *independent effect* of '*Gender*' and 'Level of *Mother's Religiosity*" on Locus of Control, Well-being, Depression, and Resilience among the samples among the samples

4) To identify the *interaction effect* of '*Gender and Mother's Religiosity*" on Locus of Control, Well-being, Depression, and Resilience among the samples.

Hypotheses

In an attempt to meet the objectives, the following hypotheses were set forth for the study as under:

1) Students with a high-religious mother will score significantly lower than students with a low-religious mother in Depression, but higher in well-being and Resilience, and the female students will score significantly higher than male students in Depression, but lower in Well-being and Resilience among the samples.
2) There will be a positive significant relationship between Locus of Control, and Depression, but a negative relationship to Well-being and Resilience variables, and Well-being and Resilience variables will have a positive significant relationship.
3) There will be a significant independent effect of 'Gender' and 'Mothers' Religiosity" on Locus of Control, Wellbeing, Depression, and Resilience among the samples
4) There will be a significant interaction effect of 'Gender and Mothers' Religiosity" on Locus of Control, Wellbeing, Depression, and Resilience among the samples.

The present study aims to study "the Children's Locus of Control, Depression, Well-being, and Resilience in relation to their Mother's Religiosity" and how the study was conducted was given in the next chapter: **Chapter-IV: Methodology and Procedure.**

CHAPTER-IV

METHODOLOGY AND PROCEDURE

Sample:

The present study enlisted a sample of 240 high school students from different schools located in Aizawl District. The sampling procedure adopted a multi-stage approach: Initially, 10 high schools were selected from the Aizawl District, with a balanced representation of 5 schools from rural areas and 5 from the city of Aizawl. In the second stage, a total of 600 students were chosen from the selected high schools, and 60 students each from the 10 selected high schools with equal representation of gender (boys and girls) were selected. Thirdly, the mothers of those selected 600 students were assessed their religiosity using the DUREL (Koenig et al., 1997), Mean ± 5 of high and low scorers were selected as representative of high and low religiosity of their mothers. Students of 400 identified mothers were again screened on sociodemographic variables such as age range of 15-18 years family monthly income, family size, and types of schools (private and government) to control the influence of confounding variables, and selected 240 students (120 children of high religious and 120 children of low religious mother) for further administration of psychological scales.

Tools used:

1. *The Internal-External Locus of Control Scale (Rotter 1966):* The locus of control scale used was a 29-item questionnaire including the six filler questions designed to disguise the purpose of the test, which was not scored. Each question gave the participant two options from which to choose, one representing an attitude typical of the internal locus of control, and the other representing an attitude typical of the external locus of control. The choices were extreme to each other, and participants were to choose the option that aligned with their preference (Klein & Wasserstein, 2000) or in which they strongly believed (Lefcourt, 1976). One point is given for external answers only. Thus, a high score indicates an external locus of control and a lower score indicates an internal locus of control (Rotter, 1966).

2. *The Satisfaction with Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985*): Developed to measure the judgmental component of subjective well-being

(SWB), this scale offers a valid and reliable assessment of life satisfaction. Suitable for various age groups and applications, the SWLS facilitated significant savings in interview time and resources compared to alternative life satisfaction measures. The scoring system involved categorizing respondents into levels such as extremely satisfied, satisfied, slightly satisfied, neutral, slightly dissatisfied, dissatisfied, and extremely dissatisfied. The high convergence between self- and peer-reported measures of subjective well-being underscored the global and stable nature of subjective well-being as a phenomenon, beyond momentary judgments influenced by fleeting factors. The scoring has some cut-offs to be used as benchmarks- extremely satisfied, satisfied, slightly satisfied, neutral, slightly dissatisfied, dissatisfied, and extremely dissatisfied.

3. DASS-21 (Lovibond & Lovibond, 1995): This self-report questionnaire featured 21 items, distributed across three subscales: depression, anxiety, and stress. Embracing a dimensional approach to psychological disorders, the DASS-21 aimed to capture differences in degrees of depression, anxiety, and stress between normal subjects and clinical populations. For the study's purposes, only the depression subscale was used. Only depression subscales was used in this study.

4. The Resilience Scale (RS: Wagnild &Young, 1993): This is an instrument used to measure the capacity to individuals to withstand life stressors, and to thrive and make meaning from challenges. It consists of a 17-item "Personal Competence" subscale and an 8-item "Acceptance of Self and Life" subscale (Sielber, 2005). The short form of RS (i.e. RS-14) is an offshoot of the 25 items and measures similar psychological concepts (Kreuter, 2013). Resilience, as construed by Wagnild, comprises of 5 essential characteristics of a meaningful life (purpose), perseverance, self-reliance, equanimity and existential aloneness (Kreuter, 2013). The first of these characteristics is identified as the most important that lays the foundation for the other four (Kreuter, 2013). The RS and its short version have good validity and reliability from several studies (Fletcher et al., 2006; Kreuter, 2013).

5. *Duke Religion Index (DUREL:* Koenig, Parkerson, & Meador (1997). The Duke University Religion Index (DUREL) is a five-item measure of religious involvement and was developed for use in large cross-sectional and longitudinal observational studies. It measures three dimensions of organizational religious activity, non-

organizational religious activity, and intrinsic religiosity (or subjective religiosity). The overall scale has high test-retest reliability (intra-class correlation = 0.91), high internal consistency (Cronbach's alpha's = 0.78–0.91), and high convergent validity with other measures of religiosity (r's = 0.71–0.86). The DUREL has been used in over 100 published studies conducted throughout the world and is available in 10 languages.

The scale assesses (i) Organizational religious activity (ORA) involves public religious activities such as attending religious services or participating in other group-related religious activity (prayer groups, Scripture study groups, etc.); (ii) Non-organizational religious activity (NORA) consists of religious activities performed in private, such as prayer, Scripture study, watching religious TV or listening to religious radio; (iii) Intrinsic religiosity (IR) assesses the degree of personal religious commitment or motivation, and (iv) IR has been compared to extrinsic religiosity (ER) which is a form of religiosity mainly "for show" where religiosity is used as a means to some more important end (financial success, social status, comfort, or as a congenial social activity), rather than for religion's sake alone.

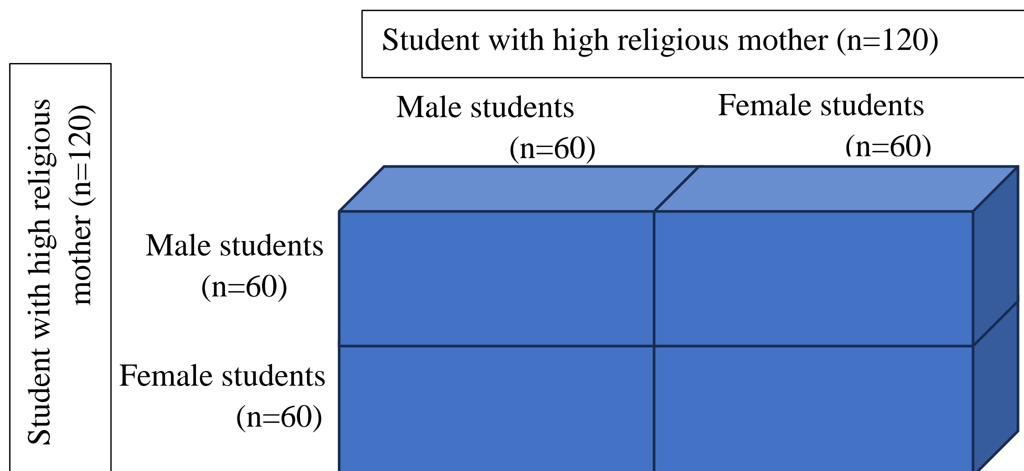
5. *Socio-Demographic Profile (Lalhmingliani Hlondo, 2019):* This was constructed by the research as a pilot study for the selection of the samples as per design, and to control confounding variables which can influence the results of the study other than the selected independent variables- gender and level of mother's religiosity of the students. It contained: name, age, sex, class reading, name of the school, type of school, location of school, family monthly income, and family size which was used for cross-checking the personal information of the samples.

6. *Informed Consent Form (Lalhmingliani Hlondo, 2019):* This form was constructed to take informed consent from the participants. After informing all about the study including purpose, expected participation from the sample, the duration for conduction of test scales, assurance of confidentiality about their personal information, permission to leave at any time without any penalty, participation is a fully personal decision, assurance of no harm on their side, etc.

Design:

The proposed design of the study was 2 genders (male and female students) x 2 levels of mothers' Religiosity (high and low mother religiosity). The sample size was 240 High school students {120 students who had a high-religious mother (60 male students and 60 female students) x 120 students who had a low-religious mother (60 female students and 60 female students)} served as a sample in this study. There were four cells consisting – (i) Male Student having High- religious mother (MSHRM), (ii) Male Student having low- religious mother (MSLRM), (iii) Female Student having High- religious mother (FSHRM), and (iv) Female Student having Low- religious mother (FSLRM), and 60 students in each cell who were having equal sociodemographic background on age, monthly family income, family type, type of school, family size, etc.

Fig-1: *Diagram of Design of the study (2 x 2 factorial designs) comprising 240 samples*



Procedures:

The selected psychological tools for the study were procured, and permissions from the authors of the scales were obtained. All samples could understand English and no translation was done but the applicability of the scales was checked in a pilot study, all scales ensured reliability coefficients showed above .67 alpha. Sample identification adhered to the study's design using the DUREL and a structured questionnaire of Socio-demographic Profiles to ensure a true representation.

The sample selection unfolded through a multi-stage sampling procedure. Ten high schools were chosen from Aizawl District (five from rural areas and five from the city). Six hundred students were selected from the chosen 10 high schools, with 60 students of equal gender representation from each school, Mothers of 600 students were administered the DUREL (Koenig et al., 1997) to examine their religiosity. Out of 600 mothers, 200 high scorers and 200 low scorers (M ± 5) mothers were identified on religiosity (DUREL) scale. Students of 400 identified mothers were again screened on sociodemographic variables such as age range of 15-18 years family monthly income, family size, and types of schools (private and government) to control the influence of confounding variables, and selected 240 students (120 children of high religious and 120 children of low religious mother) for further administration of psychological scales.

Upon sample identification, necessary permissions were obtained from school authorities. Oral and written informed instructions were provided to the selected 600 students for conducting the Religiosity scales with their mothers. Informed consent was obtained from the mothers, and their answer sheets were scored and selected 120 high scorers and 120 low scorers. 240 Students who were the children of those identified mothers (Low and high religious) were selected for the final sample.

Participants were thoroughly briefed on the study's purpose, and clarifications were provided. Assurance of withdrawal without penalty and maintenance of confidentiality was given. The participants were instructed on the procedures during the scale administration. A demographic questionnaire was administered to control for potential confounding variables.

The psychological scales were then administered to the selected samples with adherence to instructions outlined in the manuals and APA Research Ethical Code (2002 & 2017). Each student underwent testing individually in a well-illuminated quiet room at the participating school. Before the participants entered the room, the essential items for the test were arranged on the table. The environment was kept comfortable, rapport was established through casual conversation, and participants were motivated to perform their best without unnecessary pressure. The test instructions were carefully

explained, and the procedure was repeated for each student. The findings of the study was presented in the next chapter: **Chapter -V: Result and Discussion.**

CHAPTER V

RESULT AND DISCUSSION

The study was framed to examine 'the Children's Locus of Control, Depression, Well-being, and Resilience in relation to their Mother's Religiosity'; objectives and hypotheses were framed to follow the focus of the study. The study employed five psychological scales to measure the selected psychological functions of the samples as per the objectives of the study. The analysis of the data was carried out systematically to meet the objectives of the study as presented in the following.

Checking of Raw Data: The collected raw Data of the study was checked for missing and outliers which can affect the finding of the study**.** As the data was carefully taken care which resulted in no missing and the outlier was not found and was ready for further calculation.

Psychometric properties checking of the scales:

The psychometric properties of the selected psychological tests play a crucial role in determining their suitability and reliability for the present study as presented in Table-1. Adapting measuring instruments for use in different cultures requires careful consideration to avoid distortion due to social desirability, dissimulation, and response style (Lenderink et al., 2012). Accordingly, checking the psychometric property was done in some research on acculturation (Redfield et al., 1936), adjustment (Berry, 1997; Searle & Ward, 1990) researches, and re-entry processes (Uehara, 1986).

In line with these considerations, the present study conducted a thorough psychometric property check for the utilisation of those selected scales before using the study by conducting a pilot study and also in the whole data of the study. Initially, the raw data was examined for missing values and outliers, with no outliers identified. Subsequently, the applicability of the selected scales was assessed in terms of normality, linearity, homogeneity, and reliability between male and female samples. The scales demonstrated the trustworthiness of those selected psychological scales: The Internal-External Locus of Control Scale (Rotter 1966), The Satisfaction with Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985), DASS-21 (Lovibond & Lovibond, 1995), The Resilience Scale (RS: Wagnild &Young, 1993), and Duke Religion Index (DUREL: Koenig et al., 1997) for use in the target

population which indicating satisfactory levels of reliability scores ranging from .67-.87 of alpha (α = .67; .87) and .68 – 75 of split-half reliability measures. It was also revealed that skewness and kurtosis fell within the normality range (-1.41 to .56). Homogeneity was confirmed through both Brown-Forsythe (all statistically significant) and Levene's statistics (all non-significant) indicating that parametric statistics could be confidently employed for subsequent analyses.

Table-1: Showing the psychometric properties including Normality (Descriptive Statistics), Reliability, and homogeneity for the psychological scales of the study.

Gender Groups	Statistics	LOC	Well-being	Depression	Resilience	Religiosity
Male samples	Mean	44.1	21.33	5.47	108.73	16.43
	SD	4.07	3.81	1.84	6.74	3.96
	Kurtosis	-0.73	-1.13	-1.38	-0.99	-1.17
	Skewness	0.48	0.39	-0.43	-0.73	0.56
Female samples	Mean	46.51	17.51	8.5	103.05	13.18
	SD	3.64	3.79	2.83	3.65	3.05
	Kurtosis	-0.65	-1.16	-1.26	-1.12	-1.31
	Skewness	-0.59	-0.57	0.57	-0.57	-0.59
Total samples	Mean	45.3	19.42	6.98	105.89	14.8
	SD	4.04	3.25	1.21	4.66	3.51
	Kurtosis	-0.77	-0.76	-0.84	-0.66	-0.82
	Skewness	-0.37	0.52	0.51	0.65	-0.57
Reliability	Alpha	0.67	0.87	0.85	0.74	,71
	Split-half	0.72	0.75	0.73	0.68	0.73
Homogeneity	Brown-Forsythe	0.00	0.00	0.00	0.00	0.00
	Levene's	0.08	0.09	0.07	0.14	0.16

The results of the study were presented sequentially following the order of the objectives of the study:

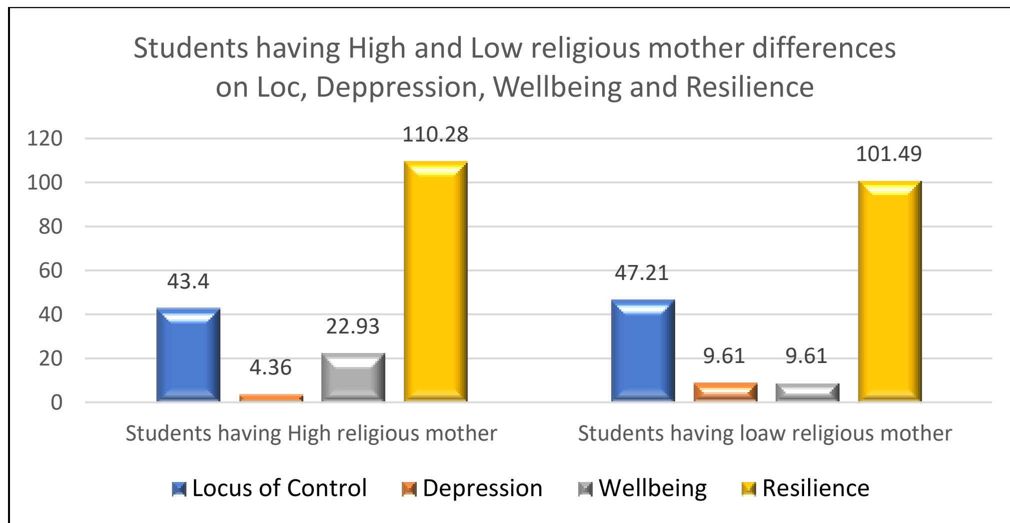
Objective-1: To examine any significant difference in Locus of Control, well-being, Depression, Anxiety, Stress and Resilience between students having high-religious mothers and students having low-religious mothers; and the difference between male students and female students.

The independent t- test calculated to examine any significant difference between students of High-religious mothers and Low-Religiosity mothers on Locus of Control, Well-being, Depression, and Resilience variables of the samples as presented in Table-2.

***Table-2**: Showing the Mean, SD, Kurtosis, Skewness, and independent t-test between students of High-religious mothers and Low-Religious mothers on Locus of Control, Well-being, Depression and Resilience variables (N=240).*

Level of Religiosity	**Statistic**	**Locus of Control**	**Well-being**	**Depression**	**Resilience**
Students with high- religious mother	Mean	43.4	22.93	4.36	110.28
	SD	5.7	4.41	1.83	6.45
	Kurtosis	0.54	-0.64	-0.71	-0.73
	Skewness	0.82	0.71	-0.68	-0.43
Students with low-religious mother	Mean	47.21	15.91	9.61	101.49
	SD	4.42	3.36	2.85	6.5
	Kurtosis	-0.46	-0.81	-0.8	-0.65
	Skewness	-0.54	-0.46	0.63	-0.59
Total samples	Mean	45.3	19.42	6.98	105.89
	SD	4.04	4.25	2.21	6.66
	Kurtosis	-0.77	-0.76	-0.84	-0.66
	Skewness	-0.63	0.51	0.62	0.71
t-test between *students with high and low religious mother*		18.27*	-10.77*	11.07*	-9.28*
* = significant at .01 levels					

Figure-2: Showing the Mean differences between High-religious mothers and Low-Religious mothers on Locus of Control, Well-being, Depression, and Resilience variables.



Mother's religiosity differences on their children's Locus of Control, depression, well-being, Depression, and Resilience

Results showed a significant difference between *students having high-religious mothers and students having low-religious mothers* on LOC, well-being depression, anxiety, stress, and resilience as under:

1) Students with *students having high-religious mothers* showed higher LOC than students having low-religious mothers (M=47.27; 43.40; t=-18.27; p<. 01) at a .01 significant level. The finding was in line with earlier findings that higher levels of religious belief and involvement are linked to positive outcomes (Carothers, Borkowski, Lefever, & Whitman, 2005), exhibit greater self-control, more positive social interactions, better interpersonal skills, and lower levels internalizing or externalizing problems (Bartkowski et al., 2008), children's internal locus of control (Jackson, 1988; Koenig, 2012) but low mothers' religiosity lead to external locus of control (Major-Smith et al., 2023).

2) Students having low-religious mothers showed lower *well-being* than students having high-religious mothers (M=22.93; 15.91; t=-10.77; p<. 01) at a .01 significant level. Religion is a central part of our lives and it contributed to at least 68% of human claims (Diener, Tay, & Myers, 2011). Earlier research findings provided that the relationship between religiosity and parent-child relationships which affected children's attachment security, behavioural control, and child disclosure (Bartkowki et al., 2008).

People who engage in religious activities have a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014), and a higher level of life satisfaction (Diener et al, 2011) with a lower level of depression (Smith et al., 2003).

3) Students having low religious mother showed higher *depression* than students having high religious mothers (M=9.61; 4.36; t= 11.07; p<. 01) at a .01 significant level. The finding supports earlier research findings that religious belief prevents depression (Bonelli et al., 2012) and the onset of depression, (Koenig et al., 2012); religiosity and levels of depression have a strong relationship (Smith et al., 2003) though considerable variation in depression might happen due to regions, countries and continents being different (Dein, 2006). Mothers' religiosity improves their behavioural control affecting the mother-child relationship resulting in attachment security and protection from psychological distress to their children (Goeke-Morey, 2013).

4) Students having low religious mothers showed lower *resilience* than Students having high religious mothers (M=110.28; 101.49; t= -9.28; p<. 01) at .01 significant level. Like the present study finding, numerous studies have consistently highlighted the positive association between high levels of mothers' religiosity and childhood resilience due to family cohesiveness, a supportive foundation for children facing challenges (Mahoney et al., 2001), and promote the development of resilience in children (Snider et al., 2004).

The results suggest the acceptance of hypothesis no-1 which states that students having high-religious mothers will score significantly lower than students having low-religious mothers in Depression, Anxiety, and Stress but higher in well-being and Resilience; and the female students score significantly higher than male students in Depression, Anxiety, and Stress but lower in Well-being and Resilience among the samples.

The findings of the current study are consistent with studies conducted by previous researchers that individuals whose mothers exhibit low levels of religious involvement demonstrated a greater inclination towards an external locus of control compared to those with highly religious mothers who linked to the development of an external locus of control in their children (Major-Smith et al., 2023). The present study evinced those students having mothers exhibiting low religious involvement displayed lower well-being compared to students having religious mothers which has a notable consistency with earlier research findings that high levels of mothers' religiosity, as observed in adherence to beliefs, practices, and values, are consistently associated with positive outcomes in childhood well-being. Some researchers have reported mothers' religiosity highly correlates with family cohesiveness, reduced family conflict, greater parental warmth, and the promotion of authoritative parenting styles (Mahoney et al.,2001; Simons et al., 2004; Snider et al., 2004). Private worship and intrinsic religiousness have been identified as contributors to increased parental involvement in child rearing particularly among low-income and minority people. Furthermore, some researchers found high mothers' religiosity linked to higher quality mother-adolescent relationships, greater satisfaction, and fewer depressive symptoms in adults (Pearce & Axinn, 1998; Regnerus & Burdetter, 2006; McCullough & Larson, 1999). Conversely, other researchers found that mothers having low religiosity resulted in decreasing family cohesiveness, elevating the risk of family conflict, and weakening childhood well-being (Brody et al.,1996).

The findings of the present study revealed higher depression levels among students having low religious mothers which got support from earlier research that maternal religiosity reduced depressive symptoms in children (McCullough & Larson, 1999), and a link between low maternal religiosity and elevated rates of

childhood depression (Brody et al., 996) which suggested that religiosity serves as a potential buffer against depressive symptoms in youth (Carothers et al., 2005).

The current findings evinced that students with low religious mothers display lower resilience than those with highly religious mothers which supports earlier research findings that maternal religiosity leads to childhood resilience (Carothers et al., 2005). Furthermore, researchers evinced that high mothers' religiosity is a supportive foundation for children which helps in time facing challenges (Mahoney et al., 2001; Snider et al., 2004; Cain, 2007) whereas lower level of mothers' religiosity is associated with potential challenges in fostering childhood resilience (Brody et al., 1996; Carothers et al., 2005).

Gender Difference on Locus of Control, Well-being, Depression and Resilience Variables

Results showed a significant difference between male and female students regardless of *religious mother's religiosity on* LOC, well-being depression, and resilience as (presented in Table- 2.2):

1) Male students showed lower scores on LOC than females (M=42.10; 48.51; t=-4.83; p<. 01) at a .01 significant level. The results of the study demonstrated were in line with earlier findings that women tend to be more external than men on most Locus of Control (Semykina & Linz, 2007; Sherman et al., 1997; Stillman & Velamuri, 2016). Women are more external on LoC in response to cultural and social change (Eagly & Wood, 1991; Feingold, 1994; Halpern & Perry-Jenkins, 2016; Schmitt et al., 2017).

2) Male students showed higher scores on well-being than female students (M=21.33; 17.51; t=-7.78; p<. 01) at a .01 significant level. Several studies have been conducted to find the differences between women and men in some psychological well-being dimensions, fewer well-being in males than females (Li et al., 2015), generally vary depending on other factors such as age, culture, or roles played (Karasawa et al., 2011; Lin et al., 2014) as such women have been consistently found to have higher scores in positive relations with others (Ahrens & Ryff , 2006), self-acceptance and autonomy than men but mostly the same in

autonomy (Karasawa et al. 26). It may be advisable to do more research in wellbeing. Replication of the study would provide the confirmatory about gender differences for the targeted population as mixed findings in wellbeing. Men scored higher than women in self-acceptance and autonomy but women scored higher than men in personal growth and positive relations with others (Matud et al., 2019).

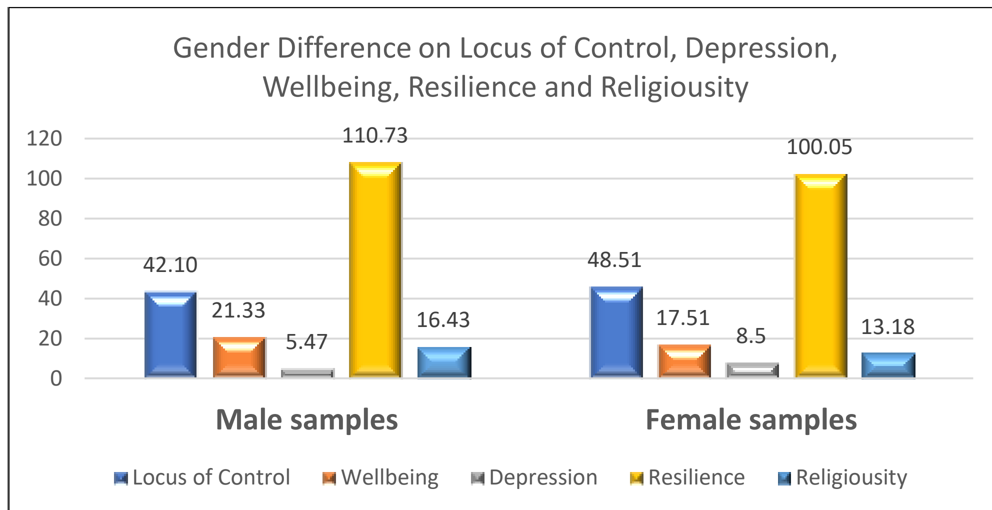
(3) Male students showed lower scores on depression than female students (M=5.47; 8.50; t=-8.29; p<. 01) at a .01 significant level. The finding is consistent with the earlier findings that major depression disorder is more often diagnosed in women with more about the typical symptoms of depressive disorder while men complain more about anger, irritability, waking up early in the morning and alcohol abuse (Sabic et al., 2021); women are at greater risk of MDD than men and prevalence is approximately 21% for women whereas it is 12% for men (Kim et al., 2015; Kessler, 2003).

(4) Male students showed higher scores on resilience than female students (M=110.73; 100.05; t= -11.88; p<. 01) at a .01 significant level. The results were supported by some findings that males scored higher on resilience than females gender with a significant level of psychological resilience (Gök & Koğar, 2021). There were mixed findings that some studies revealed women were higher (Davidson et al., 2005; McGloin & Widom, 2001; Werner, 1990) while some studies (Campbell-Sills, 2009; Lee, 2008) found that men have higher than women.

Table-3: Showing the Mean, SD, Kurtosis and Skewness on Locus of Control, Well-being, Depression, and Resilience variables for Male and female samples (N=240)

Gender Groups	Statistics	Locus of Control	Well-being	Depression	Resilience
Female Samples	Mean	48.51	17.51	8.50	100.05
	SD	4.64	3.79	2.83	6.65
	Kurtosis	-0.65	-1.46	-1.56	-1.12
	Skewness	-0.19	-0.17	0.17	-0.07
Male Samples	Mean	42.10	21.33	5.47	110.73
	SD	4.07	3.81	2.84	6.74
	Kurtosis	-0.73	-1.43	-1.58	-0.99
	Skewness	0.18	0.19	-0.13	-0.03
Total Samples	Mean	45.30	19.42	6.98	105.89
	SD	5.04	4.25	2.21	6.66
	Kurtosis	-0.77	-0.76	-0.84	-0.66
	Skewness	-0.07	0.02	0.01	0.00
t-test between boy and girl samples		4.83*	-7.78*	-8.29*	-11.88*
* = significant at .01 levels					

Figure -3: Showing the mean difference on Difference on Locus of Control, Depression, well-being, Resilience and Religiosity between male and female samples.



The results also confirm hypothesis no-1 that female children will score significantly higher than male children in, Locus of control and Depression, but lower in well-being and Resilience among the samples. The findings of the current study for these gender differences are also consistent with studies conducted by previous researchers:

In the current study, a consistent pattern emerges where males tend to score lower on Locus of Control (LOC) compared to females indicating a higher inclination toward external LOC in males which aligns with similar findings reported by Gursoy and Bicacki (2007) in their research on children. Gursoy and Bicacki (2007) observed that girls displayed a higher internal locus of control compared to boys which suggests a consistent gender difference as males demonstrated a tendency toward external locus of control in contrast to females. This pattern accentuates the potential persistence of gender-related differences in the locus of control which emphasises the need for further research.

The current findings indicated that male students exhibit higher scores on psychological well-being (WB) compared to their female counterparts which brings into line with a broader trend observed in the literature (Gómez-Baya et al., 2018),

and collectively suggesting that men tend to score higher in various areas of psychological well-being.

The current findings revealed that male students have lower depression scores compared to their female counterparts which supports earlier findings and established patterns documented in the literature. Extensive research on gender differences consistently indicates a higher prevalence of depression in women compared to men (Essau et al., 2010; Kendler & Gardner, 2014; Salk et al., 2017; Kuehner, 2017; Pratt & Brody, 2014).

The current study illustrated that male students exhibit lower scores on resilience resonates with existing research suggesting that women may demonstrate greater resilience over the long term which was in line with earlier studies (Zarulli et al., 2018; Barford et al., 2006; Austad., 2006). These studies reveal that the average woman may possess certain characteristics of coping mechanisms that enhance their ability to adapt and endure challenging circumstances.

Relationship between dependent variables

Objective -2: To study the relationship between Locus of Control, Well-being, Depression, and Resilience variables

To study the relationship between the dependent variables, Pearson's correlation analysis was conducted, and the outcomes were presented in Table-3. The results revealed that:

The results confirmed the hypothesis no. 2 of the study and accepted this hypothesis. Moreover, the findings of the current study are consistent with previous literature:

Locus of Control Relation to Depression, Well-being:

Results demonstrated the Locus of control had a positive significant relation to depression (r=.45; 9< .01) but negative significant relation to well-being (r= -.44; p< .01) and resilience (r= -.42; p< .01). The findings can be discussed with the available pieces of literature that:

1) ***Locus of Control Positively Related with Depression*: ** The positive significant relation between locus of control and depression aligns with the earlier researcher's findings that a greater externality was consistently correlated with increased depression levels (Molinari & Khana, 1981; Benassi et al., 988).

2) ***Locus of Control negatively related to Well-Being*: ** The negative significant relation between locus of control and well-being is consistent with the anticipation drawn from earlier research findings (Quevedo & Abella, 2013; Sorensen & Eby, 2006), and highlighted the negative correlation between external locus of control and overall well-being.

3) ***Locus of Control negatively related to Resilience*:** The negative significant relation between locus of control and resilience has supported the earlier findings of self-monitoring related to resilience among students as a greater internal locus of control and higher strength of religious beliefs exhibited higher resilience levels (Shanava & Gergauli, 2022) such as male having the higher locus of control showed a higher level of resilience (Adak & Sarkar (2021)

Well-Being Relation to Depression, and Resilience

The results of the study illustrated that Well-being had a negative significant relation with Depression ($r= -.57; p< .01$) but a positive significant relationship with Resilience variables ($r= .49; p< .01$). The findings of the present study can be explained with the findings of the earlier studies that:

(1) Well-being negatively related to Depression: The negative significant relationship between well-being and depression is in line with various studies (Malon & Wachholtz, 2018: Li et al., 2023; Grant et al., 2023) which emphasized the inverse association between subjective well-being and depressive symptoms.

(2) Well-being positively related to Resilience: The positive significant relationship between well-being and resilience supports the findings of studies like Rodriguez (2017), Yildirim (2019), and Vinayak (2018), indicating that higher levels of well-being are associated with greater psychological resilience.

Depression Relation to Resilience:

Results of the study portrayed that Depression and Resilience variables (r= -.46; p<. 01) had a negative significant relationship at the .01 level. The finding can be discussed in the light of earlier research findings that the negative significant relationship between depression and resilience corresponds with the consistent findings across various situations (Chen et al., 2023; Moon et al., 2006; Kumar et al., 2023; Sreekumar et al., 2016), highlighting that higher resilience tends to be linked with lower levels of depressive symptoms.

Table-4: Showing the significant relationship between Locus of Control, Well-being, Depression and Resilience variables for the whole samples (N=240)

Dependent Variables	Locus of Control	Well-being	Depression	Resilience
Locus of Control	1	-.44**	.45**	-.42**
Well-being		1	-.57**	.49**
Depression			1	-.46**
Resilience				1
*** Significant at .01 level*				

Objective -3: To identify the *independent effect* of '*Gender*' and 'Levels of *Mother's Religiosity*" on Locus of Control, Well-being, Depression, and Resilience among the samples.

A One-way ANOVA was used to identify the independent effect of '*Gender*' and 'Levels of *Mother's Religiosity"* on Locus of Control, Well-being, Depression, and Resilience among the samples as presented in Table-4.

Table - 5: Showing significant independence (One-way ANOVA) of 'Levels of Mother's Religiosity' and 'gender' on LOC, Well-being, Depression, and Resilience variables among the samples.

Dependent Variable	Independent Variable	Sum of Squares	Mean Square	F	Sig.	Eta Square
Locus of Control	Religiosity	870.20	870.20	68.38	0.00	0.22
	Gender	348.00	348.00	23.33	0.00	.09
Well-being	Religiosity	2954.02	2954.02	518.36	0.00	.39
	Gender	874.02	874.02	60.53	0.00	.20
Depression	Religiosity	1653.75	1653.75	487.01	0.00	.37
	Gender	552.07	552.07	68.80	0.00	.22
Resilience	Religiosity	1377.60	1377.60	86.09	0.00	.25
	Gender	1932.34	1932.34	141.35	0.00	.32

Effect of Mother's Religiosity on Locus of Control, Well-being, Depression, and Resilience

Results in Table 4 showed the independent effect of "Mother's Religiosity' and 'gender' on Locus of Control, Well-being, Depression, and Resilience which was accepted *hypothesis-3* of the study. Results are presented in **Table-5** and discussed in the light of relevant literature as follows.

Mother's Religiosity Independent effect on Children's Locus of control:

The results of the present study evinced that mother's religiosity had a significant independent effect ($F= 68.38$; $p<.01$; $\eta^2 = 0.22$) with a 22% effect on their children's locus of control. The finding observed a 22% effect of the mother's religiosity on their children's locus of control aligns with previous research that religious upbringing can influence individuals' perceptions of their control on the future because positive relation and connection between locus of control and religiosity as the child got religiosity from their mother through parenting (Major-Smith et al., 2023; Gursoy & Bicacki, 2007).

Mother's Religiosity Independent Effect on Children's Well-being:

The results revealed that mother's religiosity had a significant independent effect ($F= 518.36$; $p<.01$; $\eta^2 = 0.39$) with a 39% effect on their children's well-being. The finding of the study is consistent with previous research on the positive impact of high maternal religiosity on various aspects of well-being in children (Mahoney et al., 2001; Simons et al., 2004; Snider et al., 2004),

Mother's Religiosity Independent Effect on Children's Depression:

The results of the present study demonstrated that mothers' religiosity showed a significant independent effect ($F= 487.01$; $p<.01$; $\eta^2 = 0.37$) with a 37% on their children's level of depression. That independent effect of the mother's religiosity on their children's depression was consistent with existing literature that religiosity serves as a protective factor against childhood depression (McCullough & Larson, 1999, Brody et al., 1996; Carothers et al.,2005).

Mother's Religiosity Independent Effect on their Children's Resilience

Results revealed that the mother's religiosity showed a significant independent effect ($F= 86.09$; $p<.01$; $\eta^2 = 0.25$) with a 37% effect on their children's resilience. The present study findings revealing a 25% effect of the mother's religiosity on resilience is consistent with the idea that high maternal religiosity contributes to a supportive foundation for children facing challenges (Mahoney et al., 2001; Snider et al., 2004; Cain, 2007).

Gender Effect on Locus of Control, Well-being, Depression, and Resilience

The results portrayed a 'gender independent effect' on the dependent variable as below:

Gender difference Independent Effect on locus of control:

The results of the present study provided that gender difference had a significant independent effect ($F= 23.33$; $p<.01$; $\eta^2 = 0.09$) with a 9% effect on the locus of control. The results of the present study highlighting the 9% effect of gender on the locus of control correspond with the gender differences observed by Gursoy and

Bicacki (2007) and reinforce the notion that males tend to have a higher inclination toward external locus of control compared to females.

Gender difference Independent Effect on well-being:

Results of the present study evinced that the gender difference had a significant independent effect ($F= 60.53$; $p<.01$; $\eta^2 = 0.20$) with a 20 % effect on the Well-being. The results of the study demonstrating the 20% effect of gender on well-being can be discussed with broader trends in the literature that men tend to score higher in various areas of psychological well-being compared to females (Gómez-Baya et al., 2018, Eurofound, 2017; EIGE, 2021) which could be the societal norms often emphasize gender role differences (Worell, 1978).

Gender Difference Independent Effect on Depression:

The results elucidated the gender difference has a significant independent effect ($F= 68.80$; $p<.01$; $\eta^2 = 0.22$) with a 22% effect on Depression. The highlighted 22% effect of gender on depression was consistent with extensive research findings which indicated a higher prevalence of depression in women compared to men (Essau et al., 2010; Kendler & Gardner; 2014; Pratt & Brody, 2014) which may be influenced by the constraints and flexibility inherent in gender socialization resulting in depression (Wood & Eagly, 2002; Falicov, 2003; Zhang, Mandl, & Wang, 2011; Triandis & Gelfand, 1998).

Gender Difference Independent Effect on Resilience:

The results illustrated that Gender difference showed a significant independent effect ($F= 141.35$; $p<.01$; $\eta^2 = 0.25$) with a 25% effect on Resilience. That demonstrated 25% effect of gender on resilience confirmed the earlier research findings that women had greater resilience over the long term (Zarulli et al., 2018; Barford et al., 2006; Austad, 2006) as Gender differences develop at an early age and continue into adolescence which influence how individuals attain resilience (Blatt-Eisengart et al., 2009; Bonanno et al., 2007; Cohen et al., 2003; Galambos, Barker, & Krahn, 2006; Hankin et al., 1998; Lopez, Campbell, & Watkins, 1986; Ong et al., 2006; Orth et al., 2008; & Sneed et al., 2006).

Objective-4: To examine the interaction effect of 'Gender' and "levels of Mother's Religiosity" on Locus of Control, Well-being, Depression, and Resilience among the samples.

The present study employed the two-way ANOVA to examine the *interaction effect* of '*Gender and Levels of Mother's Religiosity"* on Locus of Control, Well-being, Depression, and Resilience among the samples. The results of the two-way ANOVA indicated significant interaction effects between "Gender" and "levels of Mother's Religiosity" on Locus of Control, Well-being, Depression, and Resilience. This suggests that the combined influence of gender and the mother's religiosity may be more than the sum of independent effects. The results evinced the significant interaction effect as given below:

'Gender' and 'Levels of mother's religiosity' interaction effect on locus of control

'Gender and levels of mother's religiosity' had a significant interaction effect (F= 37.30; p<. 01; $\eta^2_p = 0.23$) with a 23 % effect on the locus of control. The significant interaction effect on the locus of control suggests that the impact of the mother's religiosity on children's locus of control was not uniform across genders in shaping individuals' perceptions of control. There were mixed findings some studies found parental religiosity internalizing symptoms like depression and anxiety while others link it to externalizing like hyperactivity and conduct disorders (Bartkowski et al., 2008; Schottenbauer et al., 2007) anyhow parental religious involvement affects their children to exhibit internalizing or externalizing problems (Bartkowski et al., 2008).

'Gender' and 'levels of mother's religiosity' interaction effect on well-being

'Gender' and 'levels of mother's religiosity' had a significant interaction effect (F= 625.58; p<. 01; $\eta^2_p = 0.27$) with a 27 % effect on the Well-being. The substantial interaction effect (F= 625.58; p<.01; $\eta_p 2$ = 0.27) on well-being indicates that the relationship between mother's religiosity and well-being is influenced by gender. This implies that the positive effects of high maternal religiosity on well-being may vary between males and females, and understanding this interaction is crucial for a more nuanced interpretation.

Studies demonstrated that satisfaction with personal relationships and emotional stability positively predicted subjective well-being by providing a sense of calmness and fulfilled affiliation needs among Indian adolescents (Suar et al., 2019). So, a religious mother who engages in religious activities usually has a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014) which in turn can buffer the well-being of their children as mentioned by sociocultural developmental theory (Bandura, 1977). Recent research found that family structure is strongly associated with children's well-being, (Björklund et al. 2007). Religiosity like private worship relates (Pearce & Axinn, 1998) to higher quality mother-adolescent relationships with fewer depressive symptoms in adults (McCullough and Larson, 1999) and that maternal religiosity was associated with family and child well-being (Goeke-Morey et al., 2016). Mothers' religiosity boosted positive influences on family functioning including rules and restrictions placed on children by mothers which are more likely to promote children's attachment security leading to well-being.

'Gender and levels of mother's religiosity' interaction effect on depression

'Gender and levels of mother's religiosity' had a significant interaction effect (F= 771.81; $p < .01$; $\eta^2 = 0.31$) with a 31% effect on the Depression.

'Gender and levels of mother's religiosity' interaction effect on resilience

'Gender and levels of mother's religiosity' had a significant interaction effect (F= 151.00; $p < .01$; $\eta^2 = 0.19$) with a 19% effect on the Resilience.

Results in Table 4 showed the independent effect of 'Gender and levels of mother's religiosity' on Locus of Control, Well-being, Depression, and Resilience which was accepted *hypothesis - 4* of the study.

Table 6: Showing significant 'Interaction effects' (Two-way ANOVA) 'Gender and levels of mother's religiosity' on LOC, Well-being, Depression, and Resilience variables among the samples (N=240).

Dependent Variable	Independent Variable	Sum of Squares	Mean Square	F	Sig.	Eta Square
Locus of control	Religiosity x Gender	1253.98	417.99	37.30	0.00	.23
Well-being	Religiosity x Gender	3828.85	1276.28	625.58	0.00	.27
Depression	Religiosity x Gender	2234.21	744.74	771.81	0.00	.31
Resilience	Religiosity x Gender	3409.61	1136.54	151.00	0.00	.19

Mothers' religiosity prediction on their children's LOC, Well-being, Depression, and Resilience variables

To examine the prediction of mother religiosity on their children's locus of control, well-being, Depression, and Resilience, linear regression analysis was employed which is presented in Table- 7. The results revealed that the mother's religiosity predicted 32% of their Children's Locus of control, 35% of well-being, 32% of depression, and 37% of resilience which supported the outcomes of the ANOVA presented in Tables- 5 & 6.

Table- 7: Showing the prediction of mothers' religiosity on their children's LOC, Well-being, Depression, and Resilience variables for the whole samples (N=240).

Predictor	Criterion	R^2 Change	F Change	df1	df2	Sig. F Change
Religiousity	LOC	.316	109.709	1	23	0.000
	Well-being	.345	5069.747	1	23	0.000
	Depression	.320	11651.551	1	23	0.000
	Resilience	.374	491.865	1	23	0.000

'Levels of Mother's Religiosity' and 'Gender' Difference on LOC, Well-being, Depression, and Resilience between comparision groups

Post hoc Multiple Mean Significant Difference

Post hoc multiple comparisons (Scheffe's test) were employed to identify any significant differences between the groups as all four groups were compared to one another. Results in Table-7 compare the Mean Significant Difference among the four groups – (i) Male Student having High- religious mother (MSHRM), (ii) Male Student having low- religious mother (MSLRM), (iii) Female Student having High- religious mother (FSHRM), and (iv) Female Student having Low- religious mother (FSLRM).

Results showed that:

1) Locus of Control: Male Students having High-religious mothers (M=42.50) scored lower than Male Students having low-religious mother (M=44.30), Female Students having high-religious mother (M= 45.69), and Female Students having Low- religious mother (M=48.78) at a .05 significant level. Pew Research Center surveys across 84 countries provided that substantially more women than men pray daily at 8 % higher (2016).

2) *Well-being:* Male Students having High-religious mother (M=24.83) scored higher than Male Students having low-religious mother (M=21.02), Female Students having high-religious mother (M=17.79), and Female Students having Low-religious mother (M=13.97) at a .05 significant level.

3) Depression: Male Students having High-religious mother (M=12.80) scored lower than Male Students having low-religious mother (M=15.92), Female Students having high-religious mother (M 17.08), and Female Students having Low- religious mother (M=19.19) at a .05 significant level.

4) Resilience*:* Male Students having High-religious mother (M=111.75) scored higher than Male Students having low-religious mother (M=104.82), Female Students having high-religious mother (M=105.67), and Female Students having Low- religious mother (M=101.24) at a .05 significant level.

The results of the comparision between the groups confirmed the importance of mother's religiosity across genders.

Table-8*:* Showing the significant multiple mean comparision between the four groups- SHRM, MSLRM, FSHRM and FSLRM on the dependent variables (n=60).

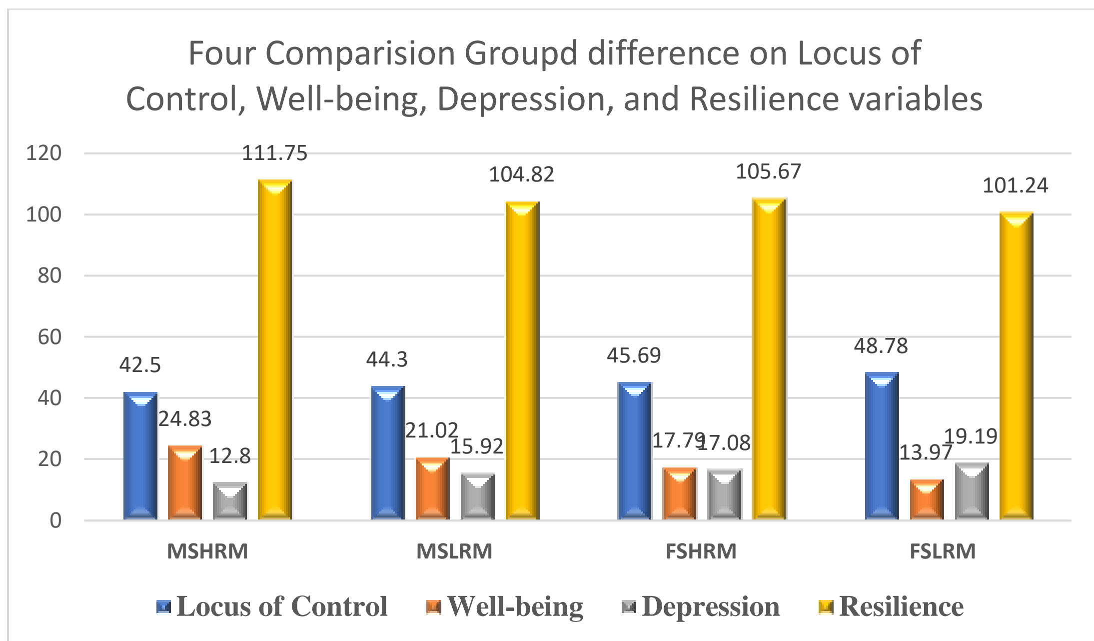
Locus of control				**Well-being**			
Groups	*MSLRM*	*FSHRM*	*FSLRM*	*Groups*	*MSLRM*	*FSHRM*	*FSLRM*
MSHRM	1.80*	3.19*	6.28*	*MSHRM*	-3.81*	-7.04*	-10.86*
MSLRM		1.38*	4.48*	*MSLRM*		3.23*	7.05*
FSHRM			3.09*	*FSHRM*			3.82*
Depression				**Resilience**			
Groups	*MSLRM*	*FSHRM*	*FSLRM*	*Groups*	*MSLRM*	*FSHRM*	*FSLRM*
MSHRM	3.12*	5.28*	8.39*	*MSHRM*	-6.78*	-6.93*	-10.51*
MSLRM		2.12*	5.27*	*MSLRM*		-0.85NS	-3.57*
FSHRM			3.10*	*FSHRM*			-4.43*
*** Significant at .01 level; * Significant at .05 level*							
MSHRM = male students having high religious mother; MSLRM = male students having low religious mother FSHRM = female students having high religious mother; FSLRM =female students having low religious mother							

Table - 9: Showing Mean differences between the four groups on Loc, Well-being, Depression, and Resilience variables (n=60)

Four groups	Dependent Variables			
	Locus of Control	Well-being	Depression	Resilience
MSHRM	42.50	24.83	12.80	111.75
MSLRM	44.30	21.02	15.92	104.82
FSHRM	45.69	17.79	17.08	105.67
FSLRM	48.78	13.97	19.19	101.24

MSHRM = male students having high religious mother; MSLRM = male students having low religious mother
FSHRM = female students having high religious mother; FSLRM =female students having low religious mother

Figure -4: Showing Mean for the four groups on Loc, Well-being, Depression, and Resilience variables.



The findings from the study provide insights into the relationship between mother's religiosity and psychological outcomes, considering gender differences as presented in Tables 6 & 7:

(1) Multiple comparision of the four groups on Locus of Control:

The results indicate that male students with high-religious mothers scored lower on locus of control compared to male students with low-religious mothers. This aligns with the general trend observed in the literature, as higher maternal religiosity has often been associated with positive outcomes including internal locus of control as religiosity associated with parent-child relationships, which affects their parenting styles resulting in their children's attachment security, behavioural control, and child disclosure (Bartkowki et al., 2008) or protects them from psychological distress (Goeke-Morey, 2013) but affecting differently between as women tend to be more external than men on most Locus of Control (Semykina & Linz, 2007; Sherman et al., 1997; Stillman & Velamuri, 2016) with different reaction with mental health (Buddelmeyer & Powdthavee, 2016; Naik & Sundaramoorthy, 2016; Yu & Fan, 2016).

(2) Multiple comparision of the four groups on Well-being:

Male students with high-religious mothers scored higher on well-being compared to their counterparts with low-religious mothers. This aligns with previous research (Mahoney et al.,2001; Simons et al., 2004; Snider et al., 2004) emphasizing the positive impact of high maternal religiosity on various aspects of well-being in children. Existing evidence reveals a stronger personal faith and heightened religious involvement correlates with enhanced family cohesiveness, reduced family conflict (Brody, Stoneman, & Flor, 1996) with greater parental warmth (Brody et al., 1996).

(3) Multiple comparision of the four groups on Depression:

The finding that male students with high-religious mothers scored lower on depression than those with low-religious mothers is consistent with the literature. Previous studies evinced that high mothers' religious teachings contribute to the development of an internal locus of control in children, and mitigating childhood depression which helps to control the challenges (McCullough & Larson, 1999) and serves as a protective factor against childhood depression (McCullough & Larson,1999, Brody et al.,1996; Carothers et al., 2005).

(4) **Multiple comparision of the four groups on *Resilience*:**

Male students with high-religious mothers scored higher on resilience compared to male students with low-religious mothers. This aligns with the idea that high maternal religiosity contributes to a supportive foundation for children facing challenges (Mahoney et al.,2001; Snider et al., 2004; Cain, 2007), related to greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006) promoting security to the children (Mahoney et al 2003) and help to the adversity-prone situations (Cain, 2007) with resilience.

Within the academic study of religion, people are religious to answer questions that human reason cannot yet explain; to have a sense of comfort and security; to have social cohesiveness and solidarity; and as a means of controlling the underclasses and also to benefit the higher social strata. All cultures demonstrate some form of religious belief to provide mythological explanations for the existential questions surrounding human origins, purpose, and afterlife but slowly moving out due to science could offer rational explanations to those existential questions; and help people make sense of events which would otherwise be incomprehensible by relying on unseen, hidden forces (Tylor & Frazer, 2001). Sigmund Freud explained that religion provided a source of security and a mechanism of personal comfort, helping people cope with uncertainty (Freud, 1907). Religion is an expression of collective consciousness and perception of a supernatural face (Durkheim, 2011). Religion plays a critical role in maintaining an unequal status quo as a tool to keep the less powerful proletariat pacified by promising rewards in the afterlife, instead of in this life (Austin, 2021).

Mother is the first teacher of a child, nurturer, secure anchor, confidant, emotional anchor, and disclination to their children. Available literature revealed the quality of relations in families and the individual adjustment of family members associated with organized religion or religious ideals whereas crises of faith result in depression or conflict (Johnson, Sheets, & Kristeller, 2008). Furthermore, individuals with depression may erode religious faith and institution over time (Smith, et al., 2003).

Religion has been a most discussed topic all over the globe since immemorable, be it is whatever the reasons for being religious, the present study portrayed the children’s locus of control, depression, well-being and resilience related to their mother’s religiosity. These findings received various earlier findings as confirmation of the importance of the mother’s role in parenting to mould children's behaviour including personality (LoC), depression, well-being and resilience, also highlighted the gender differences in selected behavioural faculties in the study. The summary and conclusion is give in the nest chapter: **Chapter-VI: Summary and Conclusion.**

CHAPTER VI

SUMMARY AND CONCLUSION

The present study entitled "**Children's Locus of Control, Depression, Well-being, and Resilience in relation to their Mother's Religiosity**" aimed to study the mother's religiousity relation with their children's Locus of Control, Depression, Well-being, and Resilience by comparing male students of who had a high-religious mother and low high-religious mother, and also between male and female students, students were selected from 10 high schools in Aizawl district, 5 were from rural areas and 5 from Aizawl city with equal distribution of school run by private and government.

The present study aims to explicate that; (1) To examine any significant difference in Locus of Control, well-being, Depression and Resilience between the Student of a high-religious mother and student with a low-religious mother; and also between male student and female student of the samples; (2) To study the relationship between Locus of Control, Well-being, Depression and Resilience variables; (3) To identify the independent effect of 'Gender' and 'Mother's Religiousity" on Locus of Control, Wellbeing, Depression, and Resilience among the samples; and (4) To examine the interaction effect of 'Gender and Mother's Religiousity" on Locus of Control, Well-being, Depression, and Resilience among the samples.

It was hypothesised that (1) Students with a high-religious mother will score significantly lower than students with a low-religious mother in Locus of control and Depression but higher in Well-being and Resilience; and the female students will score significantly higher than male students in Locus of Control and Depression but lower in Well-being and Resilience among the samples; (2) There will be a positive significant relationship between Locus of Control and Depression but a negative relationship to Well-being and Resilience variables while Well-being and Resilience variables will have a positive significant relationship; (3) There will be a significant independent effect of 'Gender' and 'Mother's Religiousity" on Locus of Control, Wellbeing, Depression and Resilience among the samples; and (4) There will be a significant interaction effect of 'Gender and Mother's Religiousity" on Locus of Control, Wellbeing, Depression, and Resilience among the samples.

The design of this study was 2 x 2 factorial designs (2 gender x 2 levels of mother's religiousity) having 4 groups under study, and each cell has equally matched its representation: 240 high school students {120 students who had a high mother religious {80 (60 male and 60 female students) and 120 students who had a low mother religious (60 male and 60 female students)} were served as the sample in the study. Tools used

The Psychological used in the study were: (i) Duke Religion Index (DUREL: Koenig et al., 1997), (ii) The Internal-External Locus of Control Scale (Rotter 1966); (iii) The Satisfaction With Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985); (iv) The DASS-21 (Lovibond & Lovibond, 1995); (iv) The Resilience Scale (RS: Wagnild &Young, 1993); and (vi) Socio-demographic profiles constructed by Lalhmingliani Hlondo (2019); and (7) Informed Consent Form (Lalhmingliani Hlondo, 2019)

The study starts with the identification and selection of samples as per objectives. Procurement of necessary permission from school authorities was taken for the study. After the samples were identified, necessary permission was taken, and oral and written informed consent was procured from each study sample. The purpose of the study was explained to all the study participants. Clearly explained that the participants may withdraw from the study at any time without any penalty. Assurance was given to the participants that confidentiality would be maintained throughout the study. The participants were clearly informed about what they had to perform during the conduction of the scale. The demographic questionnaire was administered to all participants and assisted in the identification of confounding variables that could affect the data. The administration of the psychological scales was done to the selected samples with due care of instructions as given in the manual and APA Research Ethical Code (2002). Each student was tested individually in a well-illuminated quiet room at the participating school. The essential items required for the test were placed on the table before calling the participants into the room. The participant was called in and was made comfortable and rapport was established. A casual conversation was started and also motivated to do their best without any unnecessary pressure for each participant. The researcher made sure that the

participants understood the test and after the necessary instructions were given and understood by the participant, the test began. The procedure was repeated for each student.

Subject-wise scores on the selected psychological scales were prepared for the whole samples. Results Analysis of the present study was done in a phased manner:

Checking of missing raw data and outliers- The raw data set was checked for missing raw data and extreme outliers. Since there were outliers, further analysis was carried on.

Psychometric properties of (i) Duke Religion Index (DUREL: Koenig et al., 1997), (ii) The Internal-External Locus of Control Scale (Rotter 1966); (iii) The Satisfaction With Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985); (iv) The DASS-21 (Lovibond & Lovibond, 1995); (iv) The Resilience Scale (RS: Wagnild &Young, 1993). However, to ensure the applicability among adolescents of the targeted population pilot study was conducted and the results confirmed the applicability of the scale ($r > .70$) on all the psychological Scales.

Psychometric analyses of the scales and subscales were done by employing Microsoft Office Excel 2013 and IBM's Statistical Package for the Social Sciences (SPSS 26). The psychological scales used in the present study were originally constructed for an adult population with age norms of 12-30. Thus, before applying to the present study, it was thought needed to check the appropriateness and verify the trustworthiness of the scales for the population under study. Accordingly, the reliabilities of all the subscales i.e., (i) Duke Religion Index (DUREL: Koenig et al., 1997), (ii) The Internal-External Locus of Control Scale (Rotter 1966); (iii) The Satisfaction With Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985); (iv) The DASS-21 (Lovibond & Lovibond, 1995); (iv) The Resilience Scale (RS: Wagnild &Young, 1993) in the present study were calculated using Cronbach's Alpha.

The scales were found trustworthy for use in the target population (α =.67; .87) using both Alpha and split-half reliability; skewness and kurtosis fall within the normality range from -1.41 to .56, and homogeneity was found using both Brown-Forsythe (all

showed significance) and Levene Stats (all showed non-significance) which evinced that the parametric statistics may be used for analysis.

Mean comparison between the students with high and low religious mothers on Loc, depression, well-being and resilience among the samples was done. Students with low religious mother showed lower LoC and depression whereas higher well-being and resilience than students with high religious mothers significantly at a .01 level. So, the results suggested to accept the hypothesis no-1.

Gender Difference on Locus of Control, Wellbeing, Depression and Resilience variables: Results showed a significant difference between male and female students regardless of *religious mother's religiosity that male students had significantly lower on* LoC and depression while they were higher on well-being and resilience than female students significantly at a .01 level. So, the results accepted the hypothesis no-1

The relationship between Locus of Control, Wellbeing, Depression, and Resilience variables: Pearson's correlation results provided that LoC and depression had a significant positive relationship and a significant negative relation to well-being and resilience while both had a positive significant relationship. The results illustrated the confirmation of hypothesis no. 3 of the study, and to accept it.

The level of mother's religiosity independent effect on Locus of Control, Well-being, Depression, and Resilience was examined. The results discerned a 'religiosity showed an independent effect' on Loc, Depression, Well-being and Resilience among the samples.

Gender-independent effect on Locus of Control, Well-being, Depression, and Resilience was examined. The results portrayed a 'gender independent effect' on Loc, Depression, Well-being and Resilience among the samples. The gender and level of the mother's religiosity had an independent effect on the dependent variable suggested to accept hypothesis no-3.

Interaction effect of '*Gender and Mother's Religiosity*" on Locus of Control, Well-being, depression, and Resilience among the samples. The two-way ANOVA

portrayed a ‘gender and mother’s religiosity’ independent effect on Loc, Depression, Well-being and Resilience among the samples, and accepted hypothesis no-4.

Mothers’ religiosity predicted 32% of their Children’s Locus of control, 35% of well-being, 32% of depression, 28% of anxiety, 26% of Stress, and 37% of resilience among the samples.

Post hoc Multiple Mean Significant Difference: Post hoc comparision (Scheffe) was employed to identify any significant differences among the groups and showed that: (i) on Locus of Control, Male students having high-religious mother scored lower then followed by Male students having low-religious mother, Female Students having religious mother, and Female Students having Low- religious mother follows; (ii) on Well-being, Male students having high-religious mother scored highest then followed by Male students having low-religious mother, Female students having high-religious mother, and Female students having Low- religious mother; (iii) on Depression, Male Students having High-religious mother scored lowest then comes, Male students having low-religious mother, Female students having high-religious mother, and Female students having Low religious mother; (iv) On Resilience, Male students having high-religious mother scored highest then comes Male students having low-religious mother, Female Students having high-religious mother, and Female students having low religious mother and the differences were all at significant level which confirm the mother religiosity effects on Loc, Depression, Well-being and Resilience variables.

Summary of the results: The findings of the study have made a new knowledge to the existing literature which may summarized as follows: (i) Students with a high-religious mother scored significantly lower than students with a low-religious mother in Locus of control and Depression but higher in Well-being and Resilience, and the female students also scored significantly higher than male students in Locus of Control and Depression but lower in Well-being and Resilience among the samples; (2) Locus of Control and Depression had a positive significant level relationship but both had a negative relationship to Well-being and Resilience variables while Well-being and Resilience variables had a positive significant relationship; (3) ‘Gender’

and ‘levels of Mother’s Religiosity” had shown a significant effect on Locus of Control, Wellbeing, Depression and Resilience among the samples; and (4) ‘Gender and levels of Mother’s Religiosity” together contributed effectively on Locus of Control, Wellbeing, Depression, and Resilience among the samples. Based on the findings of the study, it was portrayed that mother’s religiosity had an impact on their children's personality (LoC), mental health (depression), happiness (wellbeing), and determination which may suggest that religiosity should be given importance in designing prevention and intervention of psychological guidance and counselling for children.

Limitations of the study: The study was done cautiously controlling the possible effect of extraneous variables and contributed valuable new knowledge to the existing literature but it was not free from limitations that; (i) The sample was not big enough to represent the population and also to generalize; (ii) Religiosity as a whole was taken but not counting the subscales due to the limitation of time; (iii) Other than religiosity many other variables contributing to LoC, WB, Dep and Resilience are not taken up due to the limitation of time; (iv) Many other demographic variables could not be included as such as SES, Family type, family size, sibling size, birth order etc; (v) More psychological scales could not be entertained which could have validated/cross-checked the results of the present study

Suggestions for future research: The study had some limitations, on which it had made suggestions for improvement for future research for the replication of the study and for further research in these areas: (i) Bigger sample sizes are suggested for future research for better representation of different sections within the population; (ii) If sub-areas of Religiosity are compared on their effect on the selected variable would give a clearer picture of the effects of the different practices of religion; (ii) If other variables which are assumed to be contributing to LoC, WB, Dep and Resilience are not taken up for comparison with the mother's religiosity may give more knowledge on the effect of the mother’s religiosity along with other factors’ effectiveness to the selected variables; (iii) Not only the contribution of the mother’s religiosity other qualities of the mother which can contribute to the selected variables such as SES, Family type, family size, sibling size, birth order etc will give more

understanding of child's psychology; and (iv) Other psychological scales which measure the same variable will be useful for validating/cross check of the results .

Significant contribution of the study: The results of the present study being the first endeavour measuring the Mothers' religiosity effect on LOC, Well-being, Depression, and resilience, contribute new insight to the available academic literature that : (i) the study well demonstrated the importance of religiosity especially the mother's religiosity contribution their children's LOC, Well-being, Depression, and resilience for designing prevention and intervention of mental illness; (ii) It also evinced the gender difference in LOC, Well-being, Depression, and resilience which highlighted the need of specific attention to female and male differently in designing prevention and intervention for mental illnesses; (iii) the connection between locus of control, well-being, depression, and resilience which need attention for framing strategies for prevention and intervention psychological illness among youths; (iv) the study well demonstrated the contribution of gender and mother's religiosity to their children's LOC, Well-being, Depression, and resilience which can be utilized for designing strategies for Psychological cares; (v) the finding of the study evinced the combine contribution of gender difference and level of mother religiosity to their children's LOC, Well-being, Depression, and resilience which may explain the very much need of understanding male and female difference and their mother religiosity roles played in their psychological function contribution their outlook for future, current status of mental illness which can provide bases for framing psychological cares and intervention to youths. Several researchers have searched their relations that women are observed to have an increased level of depression that is associated with a higher external locus of control (Klonowicz, 2001). Internal locus of control is associated with stress lower levels of stress (Gianakos, 2002) and depression with coping skills (Shapiro et al., 1996), and associated with improved well-being (Harrow et al., 2009), and reducing stress and depression with internal personality were indicating psychological wellbeing (Garber,1980). Resilience and depression were contrariwise associated that negative consequences of stress may be lessened by psychological resilience (Poole et al., 2017) confirming their negative association (Hao et al., 2015; Howell et al., 2017) as

resilience can protect against psychological distress. All findings supported the present study because of Children’s Locus of Control, Depression, Well-being, and Resilience which were contributed by their Mother’s Religiosity.

APPENDICES

Appendix - I

INFORMED CONSENT FORM (Lalhmingliani Hlondo, 2019)

The present research is aimed at studying the influence of mother's religiosity on their children's locus of control, their psychological well-being, their level of depression and their resilience level. I understand that the information provided by me in this regard will remain confidential. And can withdraw from participation if I desire to do so.

I, Mr./Ms. ____ hereby consent/ do not give consent to participate in the current study City' after understanding fully about the study explained to me by the researcher without any force or coercion.

Researcher Details:	Participant
Lalhmingliani Hlondo	Signature ___________
PhD Scholar	Place ______________
Department of Psychology	Date________________
Mizoram University	

Appendix - II

SOCIO DEMOGRAPHIC PROFILE (Lalhmingliani Hlondo, 2019)

1. Age: 2. Address:

3. Birth Place: 4. Sex:

5. Class Reading: IX/X

6. Family status:

a) Nuclear / Joint : b) Number of family :

c) Number of siblings :

7. Father's education : Father's employment :

8. Mothers education : Mother's employment :

9. Who is the main Bread earner?

a) Mother b) Mother c) Other

10. Total Monthly income (Tick)

a) 5000-10000 ( ) b) 10000-30000 ( )

c) 30000-50000 ( ) d) 50000 above ( )

11. Who takes care of you: (Tick)

a) Mother and father ( ) b) Mother only ( )

c) Father only ( ) d) Grandparent ( )

e) Relatives ( ) f) Others ( )

12. Who takes care of you?

a) Both Parents b) Mother Only

c) Father onlyd) Grandparent e) Relatives

f) Others

13. Are you living with parents? Yes/No

14. If No, Why?

a) Separate b) Father died c) Mother died

d) Parents not married e) Divorce

15. In which building you are staying: Staying in Own House / Rented house

16. Do you participate in church activities? a) Actively b) Sometimes

17. Do you participate in Social activities? a) Actively b) Sometimes

18. Name of your school :_______________________________

19. Which subject you are taking?

a) Arts b) Commerce c) Science

20. Medium of teaching?

a) Mizo b) English c) Hindi

21. Marks scored in last exam?

a) below 60% b) 60-80% c) above 80%

22. Do you have any health problems?

a) Diabetes b) Heart problem c) Sleep Disorder

d) Seizure e) Others

23. Are you currently under any medication? __________________

24. If Yes, which treatment you are taking: ____________________

25. How many hours do you study?

a) 1 hour b) 2 hours c) 3 hours

d) more than 4 hours

26. What time you use to study?

a) Night b) Morning c) Noon

27. For you, What time is the best time for study

a) Night b) Morning c) Noon

28. Do you have any history pf substance abuse? Yes/No

29. If Yes, Specify which kind of substance?

a) Cannabis b) Solvents c) Tranquilizers

d) Hallucinogens e) Alcohol

30. At what age, you start taking substance?_________________

31. Does your mother goes to church regularly? Yes/No

32. Do you have family devotion every day? Yes/No

33. Is your mother the key person in your family devotion? Yes/No

34. Is your mother holding position in your Church? Yes/No

35. Does your mother has personal devotion everyday? Yes/No

36. Does your mother preach gospel to you everyday? Yes/

Appendix - III

The Internal-External Locus of Control Scale

(Rotter, 1966)

Instruction: Read carefully the following statements, no right or wrong answer. For each of the questions select the statement that you agree with the most between ‘a’ and ‘b’.

1 .a. Children get into trouble because their parents punish them too much

b. The trouble with most children nowadays is that their parents are too easy with them

2. a. Many of the unhappy things in people’s lives are partly due to bad luck

b. People’s misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don’t take enough interest in politics.

b. There will always be wars no matter how hard people try to prevent them

4. a. In the long run, people get the respect they deserve in the world

b. Unfortunately, an individual’s worth often passes unrecognized no matter how hard he tries

5. a. The idea that teachers are unfair to students is nonsense

b. Most students don’t realize the extent to which their grades are influenced by accidental happenings

6. a. Without the right breaks one cannot be an effective leader.

b. Capable people who fail to become leaders have not taken advantage of their opportunities

7. a. No matter how hard you try some people just don't like you

   b. People who can't get others to like them don't understand how to get along with others

8. a. Hereditary plays the major role in determining one's personality

   b. It is one's experiences in life which determine what they're like

9. a. I have often found that what is going to happen will happen

   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test

    b. Many times exam questions tend to be so unrelated to course work that studying Iis really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it

    b. Getting a good job depends mainly on being in the right place at the right time

12. a. The average citizen can have an influence in the government decisions

    b. This world is run by the few people in power, and there s not much the little guy can do about it

13. a. When I make plans, I am almost certain that I can make them work

    b. It is not always wise to plan too far ahead because many things turn out to be a matter or good or bad fortune anyhow

14. a. There are certain people who are just no good

    b. There is some good in everybody

15. a. In my case getting what I want has little or nothing to do with luck

    b. Many times we might just as well decide what to do by flipping a coin

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first

    b. Getting people to do the right thing depends upon ability. Luck has little or nothing to do with it

17. a. As far as world affairs are concerned, most of us are the victims of forces we Can neither understand nor control

    b. By taking an active part in political and social affairs the people can control world events

18. a. Most people don’t realize the extent to which their lives are controlled by accidental happenings

    b. There really is no such thing as ‘luck’

19. a. One should always be willing to admit mistakes

    b. It is usually best to cover up one’s mistakes

20. a. It is hard to know whether or not a person really likes you

    b. How many friends you have depends upon how nice a person you are

21. a. In the long run the bad things that happen to us are balanced by the good ones

    b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three

22. a. With enough effort we can wipe out political corruption

    b. It is difficult for people to have much control over the things politicians do in office

23. a. Sometimes I can’t understand how teachers arrive at the grades they give

b. There is a direct connection between how hard I study and the grades I get

24. a. A good leader expects people to decide for themselves what they should do

b. A good leader makes it clear to everybody what their jobs are

25. a. Many times I feel that I have little influence over the things that happen to me

b. It is impossible for me to believe that chance or luck plays an important role in my life

26. a. People are lonely because they don’t try to be friendly

b. There’s not much use in trying too hard to please people, if they like you, they like you

27. a. There is too much emphasis on athletics in high school

b. Team sports are an excellent way to build character

28. a. What happens to me is my own doing

b. Sometimes I feel that I don’t have enough control over the direction my life is taking

29. a. Most of the time I can’t understand why politicians behave the way they do

b. In the long run the people are responsible for bad government on a national as well as on a local level.

Appendix - IV

sThe Satisfaction with Life Scale (SWLS); Diener, Emmnos, Larsen, & Griffin, 1985

Instruction: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

Appendix – V

The DASS-21 (Lovibond & Lovibond, 1995

Instruction: Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There is no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 - Did not apply to me at all

1 - Applied to me to some degree, or some of the time

2 - Applied to me to a considerable degree or a good part of time

3 - Applied to me very much or most of the time

1 (s) I found it hard to wind down _______

2 (a) I was aware of dryness of my mouth _______

3 (d) I couldn't seem to experience any positive feeling at all _______

4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) _______

5 (d) I found it difficult to work up the initiative to do things _______

6 (s) I tended to over-react to situations _______

7 (a) I experienced trembling (e.g. in the hands) _______

8 (s) I felt that I was using a lot of nervous energy _______

9 (a) I was worried about situations in which I might panic and make a fool of myself _______

10 (d) I felt that I had nothing to look forward to _______

11 (s) I found myself getting agitated _______

12 (s) I found it difficult to relax _______

13 (d) I felt down-hearted and blue _______

14 (s) I was intolerant of anything that kept me from getting on with what I was doing _______

15 (a) I felt I was close to panic _______

16 (d) I was unable to become enthusiastic about anything _______

17 (d) I felt I wasn't worth much as a person _______

18 (s) I felt that I was rather touchy _______

19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) _______

20 (a) I felt scared without any good reason _______

21 (d) I felt that life was meaningless _______

Appendix – VI

The Resilience Scale (RS: Wagnild &Young, 1993)

Instruction: Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right.

Circle the number below which best indicates your feelings about that statement.

1. When I make plans, I follow through with them. 1 2 3 4 5 6 7

2. I usually manage one way or another. 1 2 3 4 5 6 7

3. I am able to depend on myself more than anyone else. 1 2 3 4 5 6 7

4. Keeping interested in things is important to me. 1 2 3 4 5 6 7

5. I can be on my own if I have to. 1 2 3 4 5 6

6. I feel proud that I have accomplished things in life. 1 2 3 4 5 6 7

7. I usually take things in stride. 1 2 3 4 5 6 7

8. I am friends with myself. 1 2 3 4 5 6 7

9. I feel that I can handle many things at a time. 1 2 3 4 5 6 7

10. I am determined. 1 2 3 4 5 6 7

11. I seldom wonder what the point of it all is. 1 2 3 4 5 6 7

12. I take things one day at a time. 1 2 3 4 5 6 7

13. I can get through difficult times because I've experienced difficulty before.

1 2 3 4 5 6 7

14. I have self-discipline. 1 2 3 4 5 6 7

15. I keep interested in things 1 2 3 4 5 6 7

16. I can usually find something to laugh about. 1 2 3 4 5 6 7

17. My belief in myself gets me through hard times. 1 2 3 4 5 6 7

18. In an emergency, I'm someone people can generally
rely on 1 2 3 4 5 6 7

19. I can usually look at a situation in a number of ways. 1 2 3 4 5 6 7

20. Sometimes I make myself do things whether I want to or not. 1 2 3 4 5 6 7

21. My life has meaning. 1 2 3 4 5 6 7

22. I do not dwell on things that I can't do anything about. 1 2 3 4 5 6 7

23. When I'm in a difficult situation, I can usually find my
way out of it. 1 2 3 4 5 6 7

24. I have enough energy to do what I have to do. 1 2 3 4 5 6 7

25. It's okay if there are people who don't like me. 1 2 3 4 5 6 7

Appendix - VII

The Duke Religion Index (DUREL: Koenig et al., 1997)

Instruction: Please read it carefully the following statement. Give your answer on which is most appropriate for your life

1. How often do you attend church or other religious meetings? (ORA)

1 – Never 2 - Once a year or less 3 - A few times a year

4 - A few times a month 5 - Once a week 6 - More than once/week

2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)

1 - Rarely or never 2 - A few times a month 3 - Once a week

4 - Two or more times/week 5 – Daily 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

3. In my life, I experience the presence of the Divine (i.e., God) - (IR)

1 - Definitely not true 2 - Tends not to be true 3 - Unsure

4 - Tends to be true 5 - Definitely true of me

4. My religious beliefs are what really lie behind my whole approach to life - (IR)

1 - Definitely not true 2 - Tends not to be true 3 - Unsure

4 - Tends to be true 5 - Definitely true of me

5. I try hard to carry my religion over into all other dealings in life - (IR)

1 - Definitely not true 2 - Tends not to be true 3 – Unsure

4 - Tends to be true 5 - Definitely true of me

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ABSTRACT

CHILDREN'S LOCUS OF CONTROL, DEPRESSION, WELL-BEING AND RESILIENCE IN RELATION TO THEIR MOTHER'S RELIGIOSITY

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Submitted

In partial fulfillment of the requirement of the Degree of Doctor of Philosophy in Psychology of Mizoram University, Aizawl.

Introduction: The progression of child development may be likened to a symphony of biological, psychological, and emotional changes that transpire from infancy to the brink of adulthood. The early years serve as a productive ground for learning, emotional expression, and social connections, laying the groundwork for future health, cognitive abilities, and lasting friendships. Child development encompasses a broad spectrum of physical, cognitive, emotional, and social transformations from birth through adolescence, influenced by factors like genetics, environment, culture, and personal experiences (Berk, 2018). Understanding child development is crucial for parents, educators, and caregivers, enabling them to provide optimal support and create environments conducive to the comprehensive growth of children (Berk, 2018).

Genetics, the fundamental code of life, profoundly shapes a child's physical characteristics and susceptibility to specific health conditions, akin to an instructional manual guiding the development of traits such as eye colour, height, and build. However, it is essential to note that genetics doesn't singularly determine a child's well-being. The influence of heredity lessens as children age and develop more stable temperaments (Wachs & Bates, 2001). Beyond genetics, the environment exerts considerable influence, particularly in cases where genetic impacts vary based on temperament. Persistent nutritional and emotional deprivation, for instance, can significantly alter a child's temperament, leading to maladaptive emotional reactivity (Wachs & Bates, 2011). The environment, with its complexities, significantly shapes a child's overall development. Family dynamics, encompassing relationships within a child's home, play a crucial role in shaping emotional security and social skills (Bronfenbrenner & Evans, 2000). Socioeconomic status, reflecting financial resources and access to opportunities, influences various aspects of a child's life, including educational experiences, diet, healthcare, and exposure to diverse environments. Community resources, such as neighbourhood infrastructure and programs, contribute to opportunities for recreation, learning, and social connection (Feins, 2003).

Creating a stimulating learning environment, coupled with access to quality education and engaging resources, provides opportunities for intellectual growth,

critical thinking, and problem-solving skills. Education not only nurtures a child's mind but also opens doors to future opportunities and societal contributions.

Mother and child development: From the moment a child is born, mothers play a role in shaping their growth and development. As caregivers, mothers provide their children with the foundation of love, security and support that greatly impacts a child's social and cognitive well-being (Bowlby, 1958). Through unwavering dedication, they become a force in the journey of nurturing children. Mothers play a crucial role in various aspects of child development, encompassing physical well-being, cognitive abilities, social skills, and emotional growth (Berk, 2013; Hurlock, 1980; Santrock, 2020; Papalia & Feldman, 2012; Sigelman & Rider, 2022). From birth, mothers provide care, affection, and nourishment, establishing an attachment that serves as the foundation for future relationships. Throughout childhood, mothers continue to shape their children's experiences by guiding their learning process, helping them regulate emotions effectively, and instilling values.

Importance of Parent's Religiousity to their Children: Parent religiosity dynamically predicts parenting styles, practices, and family relationships, which influence moral development directly or indirectly to their children's religiosity and other psychological functions but). Research findings provided religiosity predicted parent-child relationships result in children's attachment security, behavioral control, and child disclosure (Bartkowki et al., 2008).

Maternal religiosity can manifest in a multitude of ways, defying facile categorization. Some engage in traditional practices like regular church attendance and prayer (Ellison, 1991), while others find solace in private devotion and spiritual reflection (McIntosh & Alston, 1982). Still, for some, religiosity might permeate everyday life, guiding decisions and shaping interactions with their children (Parke & Walters, 1990). These varied expressions highlight the fluidity and personal nature of faith, even within the context of motherhood. Research suggests that it can influence mothers' mental well-being, offering solace and meaning amidst the challenges of child-rearing (Koenig, 2005). Religious communities can also provide

crucial social support and a sense of belonging (Ellison, 1991), which can further enhance mothers' resilience and sense of purpose.

Mothers' Religiousity on their Children's Locus of Control: Religious doctrines potentially lead to the formation of a locus of control in children (Koenig, 2012) as such a high mothers' religiosity was found to have an impact on their children's internal locus of control (Jackson, 1988; Koenig, 2012) while a low mothers' religiosity also found associated with children developing an external locus of control (Major-Smith et al., 2023) but some found as no uniform effect across culture. Children raised by less religious mothers are prone to relying on external influences such as chance, luck, or the actions of others which determine the trajectory of their lives (Major-Smith et al., 2023); and the upbringing of children with less religious mothers contributes to their worldview as external factors (Petro et al., 2017). Research evidenced that stronger personal faith with greater religious involvement linked to greater family cohesiveness and less family conflict (Brody, Stoneman, & Flor, 1996; Mahoney, Pargament, Tarakeshwar & Swank, 2001), more parental warmth (Brody et al. 1996; Simons, Simons, & Conger, 2004), greater parental responsiveness (Cain, 2007) which leads to higher-quality of mother-adolescent relationships which promote less impulsivity, less internalizing and externalizing problems to their children (Bartkowski et al, 2008).

A mixed finding in earlier studies of religious belief and its activities on LOC was that externality (Wiley, 2006), internality (Wigert, 2002), or neither (Lowis et al., 2009) were related to religiosity. Parents who had a belief in a divine power were more likely to be internally oriented (Iles-Caven et al., 2020) as Individuals who attended a place of worship are more internal than those who did not attend at all (Iles-Caven et al., 2020). Women have been found to have higher levels of religiosity and were more external than men (Fiori et al., 2006; Coursey et al., 2013). Externality is associated with increases in anxiety (Carden et al., 2004), depression (Bjørkløf et al., 2013), negative characteristics (Nowicki & Duke, 1974; Wheeler & White, 1991) like psychoses (Harrow et al., 2009; Weintraub et al., 2016).

More women than men stated that they believed in God or a divine being, were more likely to attend places of worship to obtain assistance from members of their faith, and internally were more stable in their beliefs but no difference between men and women on religiousity and LoC (Iles-Caven et al., 2020). People with an internal locus of control are more stable with intense activities in religious beliefs (Iles-Caven et al., 2020). In another way, an individual who is high in religiosity has more internal LOC than those low in religiosity (Coursey et al., 2013). The degree of individualism is called locus of control (LOC), relating to more positive outcomes overall than external (Rotter, 1966, 1975; Lefcourt, 1976; Nowicki, 2016). Religiosity is measured intrinsically, it is significantly associated with LOC internality (Coursey et al., 2013) which signifies a greater religious belief and a greater internality in both men and women (Coursey et al., 2013).

Mother's religiousity relation to children's depression: Existing evidence reveals a stronger personal faith and heightened religious involvement correlates to family cohesiveness by reducing family conflict (Brody, Stoneman, & Flor, 1996), and increasing parental warmth (Brody et al., 1996). Mothers' religiosity enhances the positive effects of cohesion, and behavioural control on mother-child attachment security which protects mother and their children from psychological distress (Goeke-Morey, 2013). The higher degree of personal religious salience relates to greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006) resulting in fewer depressive symptoms in children (McCullough and Larson, 1999).

Religious belief prevents depression (Bonelli et al., 2012), the onset of depression, and shortens the time to resolve (Koenig et al., 2012), A cross-sectional study reported a consistent association between religiousity and levels of depression among persons with higher stress levels (Smith et al., 2003), but considerable variation in depression due to regions, countries and continents being different (Dein, 2006). A high mother's religiosity mitigates childhood depression as religious teachings contribute to the development of an internal locus of control in children which fosters a belief that they have control over their lives and outcomes (McCullough & Larson, 1999). The relationship between high mothers' religiosity

and childhood depression remains complex potential risks associated with an external locus of control (Regnerus & Burdetter, 2006). A low mother's religiosity relates to higher rates of childhood depression as religiosity is a potential buffer of depressive symptoms (Brody et al., 1996; Carothers et al., 2005). The lack of religious influence in the household may contribute to the vulnerability of depressive symptoms.

Mothers' Religiosity and Children's Well-Being: It is well-accepted that religion is a central part of our lives and it contributed to at least 68% of human claims (Diener, Tay, & Myers, 2011). People who engage in religious activities have a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014). A person having a high level of religiousity has a higher level of life satisfaction (Diener et al, 2011) and lower levels of depression (Smith et al., 2003). Individuals who are committed to their religious faith are happier (Ellison & Fan 2008; Levin & Chatters 1998; Myers & Diener 1995; Patrick & Kinney 2003). Research evinced that children reared in this type of environment internalize these teachings and exemplify them in their daily as a high mothers' religiosity and enhanced family cohesiveness, lower family conflict (Mahoney et al., 2001), and greater parental warmth (Simons et al., 2004) resulting in emotional well-being, fewer depressive symptoms (McCullough & Larson, 1999) and fewer internalizing and externalizing problems (Brody et al., 1996). The low level of mothers' religiosity is linked to lower well-being due to decreased family cohesiveness, potentially contributing to higher family conflict (Brody et al., 1996); and carries a potential vulnerability to depressive symptoms and adjustment problems among children (Carothers et al., 2005). Normally, religiousity is related to lower levels of depression (Moreira-Almeida et al., 2014).

Mothers' Religiosity and Children's Resilience: Numerous studies have consistently highlighted the positive association between *high levels of mothers' religiosity and childhood resilience* due to family cohesiveness which offers a supportive foundation for children in facing challenges (Mahoney et al., 2001). Research demonstrated that high mothers' religiosity contributes to the development of resilience in children (Snider et al., 2004). religiousness of the mother is

associated with greater parental involvement and responsiveness especially in adversity-prone situations (Cain, 2007) to be able to face life's challenges with resilience.

Studies further highlight that a strong family religious life is associated with higher quality mother-adolescent relationships (Pearce & Axinn, 1998) resulting in a higher degree of personal religious salience, emphasizing the importance of religion to their children with greater satisfaction (Regnerus & Burdetter, 2006). The lower levels of mothers' religiosity have been associated with potential challenges such as a lack of protective factors that could not contribute to emotional strength and resilience, potentially affecting a child's in ability to cope with adversity (Brody et al., 1996). Spirituality has been considered the basic characteristics that predict resilience (Manning, 2013; Smith et al., 2012), often regarded as "a path to resilience" (Manning (2013), and strengthening coping style (Koenig, 2009), and promoting resilience (Hunter-Hernández et al., 2015) as spiritual-based intervention increased resilience (Sood et al., 2011).

Gender difference in religiousity: It has been found that women are more religious than men in most societies (Walter & Davie 1998, Stark 2002, Trzebiatowska & Bruce 2012, Hackett et al., 2016). Survey results show that about 61% of women read the Bible, pray privately or do meditation daily whereas about 43% of men do so (Maselko & Kubzansky 2006). A lively debate about whether this gender gap in religiosity is caused by differences in risk preference between men and women (Sullins 2006, Freese & Montgomery 2007, Roth & Kroll 2007, Collett & Lizardo 2009, Edgell et al., 2017, Hoffmann 2009, Hoffmann 2019). Risk preference theory claims that irreligiousness is a form of risk-taking as irreligiousness risks eternal punishment such as going to hell resulting in women tending to be more risk averse than men which leads to being more religious (Miller & Hoffmann 1995, Miller & Stark 2002). The biological risk aversion differs between men and women contributing to the gender gap in religiosity (Miller & Stark 2002, Stark 2002). Because both risk preference and biological risk preference are seldom tested directly to find an alternative theory. The alternative theories explain the gender gap in religiosity (Collett & Lizardo 2009) due to discrimination (Edgell, Frost, & Stewart

2017), income (Schnabel 2016), education and political conservatism (Baker &Whitehead 2016), or social context (Schnabel 2018). The gender gap in religiosity has more than one cause as one theory explains only a part of the gender gap in religiosity and also does not disprove others like risk preference is not the only cause of the gap. Empirical evidence that socialization explains the gender gap in religiosity is that being religious may be a way to avoid the risk of punishment in the afterlife, getting acceptance as risk-averse behaviour (Miller & Hoffmann 1995:66) which explained that men are more likely than women to take risks (Hagan, Simpson, and Gillis 1988, Bromiley & Curley 1992). Thus, if risk aversion causes religiosity, a risk aversion explanation about the gender difference in religiosity will be acceptable. Parents attend church to help provide moral education to their children in fear of immoral (Miller & Hoffmann,1995), and women are more at risk to sanctioned on non-conformity behaviour.

Gender difference in locus of control- A large literature suggests that women tend to be more external than men on most Locus of Control (Semykina & Linz, 2007; Sherman et al., 1997; Stillman & Velamuri, 2016). Women are more external on LoC in response to cultural and social change (Eagly & Wood, 1991; Feingold, 1994; Halpern & Perry-Jenkins, 2016; Schmitt et al., 2017); and general expectancy theory (Deaux & Farris, 1977; Feather, 1969; Mohammadi & Sharififar, 2016). An internal LoC is associated with better mental health (Buddelmeyer & Powdthavee, 2016; Naik & Sundaramoorthy, 2016; Yu & Fan, 2016) as such women being more external on LoC may have poorer mental health than men.

Gender difference in depression: Major depression disorder is more often diagnosed in women with more about the typical symptoms of depressive disorder while men complain more about anger, irritability, waking up early in the morning and alcohol abuse (Sabic et al., 2021). Women were found as in a greater risk of MDD than men, and is approximately 21% for women, whereas it is approximately 12% for men (Kim et al., 2015; Kessler, 2003). The factors in gender differences in depression could be biological such as genetics, hormones, adrenal functioning, and neurotransmitter systems, sociocultural roles with related adverse experiences,

demographic and psychological attributes related to vulnerability to life events and coping skills are likely to be involved.

Gender difference in well-being: Studies about the differences between women and men in well-being have not yielded consistent outcomes (Diener & Ryan, 2014). Literature has shown differences between women and men in some psychological well-being dimensions (Li et al., 2015) such differences generally vary depending on other factors such as age, culture, or roles played (Karasawa et al., 2011; Lin et al., 2014). Women have been consistently found to have higher scores in positive relations with others (Ahrens & Ryff, 2006), self-acceptance and autonomy, mostly the same in autonomy (Karasawa et al., 2011) while men scored higher than women in self-acceptance and autonomy but women scored higher than men in personal growth and positive relations with others (Matud et al., 2019).

Gender difference in resilience: Numerous researchers have supported that gender has a significant role in psychological resilience as men are higher than females (Gök & Koğar, 2021; Campbell-Sills, 2009; Lee, 2008) while others found that psychological resilience levels of women were higher (Davidson et al., 2005; McGloin & Widom, 2001;). The findings were very contrasting and need to do more research or inclusion of more variables as antecedents and consequences of resilience between the males and females for psychological care

Relationship between dependent variables- Locus of control, Depression, well-being and resilience.

Locus of Control Relation to Depression: The relationship between locus of control and depression revealed a significant and moderately strong with greater externality correlated with increased depression levels (Benassi et al.,1988) while an internal locus of control was negatively correlated with depression (Khumalo & Plattner (2019). The more an external locus of control the more the depression (Sakthivel, 2022) because the external locus of control is a significant predictor of depression (Kurtović et al., 2018). So, an individual with an internal locus of control experiences a lower level of psychological distress (Levi, 1998)

Locus of Control Relation to Well-Being: Research revealed that individuals with a personal locus of control exhibited higher levels of life satisfaction, job satisfaction, positive emotions, and lower levels of negative emotions compared to those with a social locus of control (Quevedo & Abella., 2013) in the general population. individuals with a stronger internal health locus of control demonstrated lower levels of mental health problems with improved subjective well-being, encompassing life satisfaction and happiness (Shin & Lee, 2021) among adults. High external locus of control often diminishes physical and mental well-being at the end of life (Brown et al., 2017) in cancer patients. The internal locus of control enhances well-being and satisfaction in the workplace under the organizational context (Sorensen & Eby, 2006).

Locus of Control Relation to Resilience: A greater internal locus of control and higher strength of religious beliefs exhibited higher resilience levels (Shanava & Gergauli, 2022). There is a significant correlation between resilience and locus of control as male students exhibited a higher level of internal locus of control and higher levels of resilience while females demonstrated a higher external locus of control with lower resilience (Adak & Sarkar, 2021). Individuals with an external locus of control exhibit lower resilience to social pressure, negative self-evaluations, lower creativity, and inflexibility in problem-solving (Georgescu et al., 2019) among students.

Depression Relation to Well-Being: It was been found that there was a significant relationship between depression, anxiety, and well-being among the mainland Chinese sample (Malon & Wachholtz, 2018); and a a significant negative relationship between higher levels of subjective well-being and perceived depression (Li et al.,2023). When there is a a significant association between low subjective well-being which increases depression symptoms (Grant et al., 2023) among medical students. Depression negatively correlates to subjective well-being ($r = -0.63$) indicating that levels of depression increase with subjective well-being decrease among college students (Zheng., 2016).

Depression Relation to Resilience: Research demonstrated that individuals with higher levels of psychological resilience tended to exhibit lower scores on depression assessments (Ran et al., 2020) which indicated the pivotal role of psychological resilience as a protective factor against the exacerbation of depression on the unique challenges faced by the Chinese population during the COVID-19 pandemic (Mei et al., 2023); and the crucial role of psychological resilience is reducing depression as a potential avenue for alleviating depression in patients with depression (Chen et al., 2023). The relationship between depression and resilience among adolescents with congenital heart disease indicated that adolescents with higher levels of resilience tended to exhibit lower levels of depression as 54% of the variance in depression was explained by resilience (Moon et al., 2006). Another finding also determined that a higher level of resilience results in lower levels of depression (Kumar et al., 2023) among doctors who were treating COVID-19 patients which indicates that poor resilience was linked to higher depression scores (Sreekumar et al., 2016).

Well-Being Relation to Resilience: Significantly robust correlations between resilience and job satisfaction that the pivotal role resilience plays in shaping the well-being of female employees in the IT/ITES sector in Chennai (Karpagavalli & Subhashini., 2017). Resilience takes centre stage as a coping mechanism for professional women contending with the adversities of workplace bullying underscoring the link to holistic well-being (Gattis, 2019) that a sense of resilience is a driving force behind the overall well-being of adolescents. Resilience serves as a potent mediator in shaping the various facets of subjective well-being, establishing a firm link between resilience and the complex terrain of emotional and life satisfaction (Yildirim, 2019). Resilience and psychological well-being, together contribute to the basis for shaping academic engagement and performance in predicting academic success among adolescents (Rodriguez, 2017).

Religiousity, locus of control, well-being, depression, and resilience relationships

A greater religious belief leads to a greater internality in both men and women (Coursey et al., 2013); Women have been found to have higher levels of religiosity and were more external than men (Fiori et al., 2006; Coursey et al., 2013); a person

having a high level of religiousity has a higher level of life satisfaction (Diener et al, 2011); an external locus of control increases in depression (Bjørkløf et al., 2013); and internal locus of control promotes a higher level of life satisfaction (Quevedo & Abella., 2013). It mat be summarized as a person who has hopes that their ability can contribute to making a better future will do work with higher resilience which decreases depression and hope and determination will lead to satisfaction leading to well-being.

The present study, entitled "Children's Locus of Control, Depression, Well-Being, and Resilience about Their Mother's Religiosity," seeks to address significant gaps in current research regarding the impact of maternal religiosity on various psychological outcomes among children in the Mizo population. By exploring the intricate relationship between maternal religiosity and children's locus of control, depression levels, and resilience, this study aims to inform the development of targeted interventions and support systems that promote mental health outcomes within religious communities.

Understanding the levels of locus of control, depression, well-being, and resilience across children of highly religious mothers and those of low-religious mothers is crucial for gaining insights into how these variables differ among individuals with diverse backgrounds. This objective will provide a comprehensive understanding of the distribution and variations in these psychological constructs within the sampled population.

Moreover, investigating the relationships between locus of control, depression, well-being, and resilience is essential for identifying potential associations or correlations among these constructs. By examining how these variables interact with each other, this study will offer insights into their collective contribution to overall psychological well-being.

Furthermore, understanding the independent effects of gender and types of mothers' religiosity on locus of control, depression, well-being, and resilience is essential for identifying the unique contributions of these factors. This objective will shed light on the role of gender and religious beliefs in shaping individuals' psychological well-being within the studied population.

Lastly, examining the interaction effect between gender and types of mothers' religiosity on psychological outcomes will provide insights into how these factors influence each other. By understanding the complex interplay between gender and religious beliefs, this study aims to unravel the nuanced dynamics shaping individuals' religious attitudes and practices within the context of motherhood.

The historical development of Christianity in Mizoram is marked by a rapid growth rate, surpassing the expansion observed among other tribal groups in North East India. The process of Christianization in Mizoram, catalyzed by the work of pioneering missionaries like Lorrain and Savidge, played a significant role in shaping the religious landscape of the region (Hluna, 2003).

Despite the slow start, the twentieth century witnessed a remarkable surge in Christian growth in Mizoram. Today, Christianity stands as the predominant religion in the region, with the Mizoram Presbyterian Church (MPC), the Baptist Church of Mizoram (BCM), and the Evangelical Church of Maraland (ECM) being major denominational players. These churches were founded by pioneering missionaries, and each has played a crucial role in shaping the spiritual and social fabric of Mizoram. The Mizoram Presbyterian Church, in particular, holds a prominent position as the largest Christian denomination in the state (Lloyd, 1991; Hluna, 2003).

Christianity, introduced by missionaries, has become deeply ingrained in the social values of Mizoram. The Church is acknowledged as a primary force for modernization and development. It serves as a facilitator in the socio-political process, contributing to the formulation of social norms and guiding principles in the Mizo society (Lloyd 1991).

The influence of the Church extends beyond religious realms, significantly impacting the general conception of social values in Mizo society. The integration of Christian faith and principles into the social fabric has made the Church a key player in guiding ethical and moral considerations within the community.

With over 87.16 % of the population identifying as Christian and potentially close to 100% among Mizos, Christianity dominates the religious landscape,

contributing to a strong socio-religious identity (Census of India, 2011). The coexistence of other religious communities comprising Buddhists, Hindus, and Muslims adds a layer of diversity (Census of India, 2011). Denominations like the Mizoram Presbyterian Church play a pivotal role, emphasizing the denominational affiliation within the Christian majority. In fact, it can be considered that the term "Mizo" encapsulates not only an ethnic group but a shared religious identity, and the religious practices of the Mizo are integral to their cultural expression.

Research Gap

In times there has been a growing interest, among researchers in studying the connection between a mother's beliefs and how it affect different aspects of her children's well-being. While many studies have been conducted on this subject there are still gaps and limitations in the existing research. One significant gap in research is the lack of attention given to the aspects of a mother's religiosity and its influence on the psychological aspects of the child, such as their locus of control, depression, well-being, and resilience, particularly in the Mizo context. The importance of addressing these gaps in research regarding how maternal religiosity may affect children's locus of control, depression, and resilience lies in comprehending the relationship between religion and mental health outcomes, especially among the Mizo, a highly religious community. The influence of a mother's beliefs, practices, and involvement on her children's sense of control over their lives is expected to be particularly significant for the Mizo. Exploring this relationship can help us identify factors that protect and empower children by fostering a sense of agency.

Research indicates that religious beliefs can provide meaning and purpose, contributing to a belief in control. For instance, individuals who have a strong religious faith may perceive events as being under divine control or guided by a higher power. This perception can influence their locus of control, which refers to an individual's belief about whether they have control over the outcomes in their lives or if external forces dictate their fate. Maternal religiosity may shape children's perception of control by transmitting religious beliefs and practices that emphasize

surrendering control to a higher power or instilling a sense of personal agency through prayer and faith.

Furthermore, understanding the impact of maternal religiosity on depression and well-being is crucial. Religion often provides social support networks, coping mechanisms, and a framework for interpreting life events. It can offer comfort during times of distress and provide a sense of hope and optimism. Maternal involvement in religious activities may expose children to these protective factors, which can buffer against depressive symptoms and enhance overall well-being.

Finally, exploring how maternal religiosity influences children's resilience is essential. Resilience refers to an individual's ability to bounce back from adversity or cope effectively with stressors. Religion can serve as a source of strength and resilience by providing individuals with a sense of purpose, hope, and guidance during challenging times. Maternal religiosity may contribute to the development of resilience in children by modeling adaptive coping strategies, fostering a sense of belonging within a religious community, and promoting the belief that challenges can be overcome with faith. In summary, investigating the influence of maternal religiosity on children's locus of control, depression, well-being, and resilience in the Mizo context is crucial for understanding how religious beliefs shape individuals' psychological outcomes. This research can shed light on the mechanisms through which religion influences mental health and identify factors that protect and empower children within highly religious communities.

Purpose of the Research

Addressing these research gaps has implications for society as a whole. By understanding the impact of a mother's religiosity on her children's locus of control, depression levels and resilience we can develop interventions and support systems that promote mental health outcomes. This knowledge can guide the development of programs counseling services and community initiatives that acknowledge the role of religion, in individuals lives. Moreover, recognizing the influence of religiosity can assist healthcare providers and policymakers in customizing interventions to meet the needs of diverse religious communities.

First, understanding the levels of Locus of Control, Depression, Wellbeing, and Resilience across children of highly religious mothers and children of lowly religious mothers is essential for gaining insights into how these variables vary among individuals with different characteristics or backgrounds. This objective will provide a comprehensive understanding of the distribution and variations in these psychological constructs.

Second, investigating the relationships between Locus of Control, Depression, Wellbeing, and Resilience is crucial for identifying potential associations or correlations among these constructs. This will provide insights into how these variables interact with each other and contribute to overall psychological well-being.

Third, understanding the independent effects of gender and types of Mothers' Religiosity on Locus of Control, Depression, Wellbeing, and Resilience is essential for identifying the unique contributions of these factors. This objective will shed light on the role of gender and religious beliefs in shaping individuals' psychological well-being.

Finally, examining the interaction effect between gender and types of Mothers' Religiosity on types of Mothers' Religiosity will provide insights into how these factors influence each other. This objective will help understand the complex interplay between gender and religious beliefs in shaping individuals' religious attitudes and practices. Based on the empirical evidence provided by the literature, the study had objectives to be attempted in the study as the following:

Objectives:

1) To examine any significant difference in Locus of Control, well-being, Depression, Anxiety, Stress and Resilience between students having high-religious mothers and students having low-religious mothers; and the difference between male students and female students.

2) To study the *relationship between* Locus of Control, Wellbeing, Depression, Anxiety, Stress and Resilience between the variables.

3) To identify the *independent effect* of '*Gender*' and 'level of *Mother's Religiousity*" on Locus of Control, Wellbeing, Depression, Anxiety, Stress and Resilience among the samples among the samples

4) To identify the *interaction effect* of '*Gender and level of Mother's Religiousity*" on Locus of Control, Wellbeing, Depression, Anxiety, Stress and Resilience among the samples.

Hypotheses

1) Students with a high-religious mother will score significantly lower than students with a low-religious mother in Depression, Anxiety, and Stress but higher in well-being and Resilience; and the female students will score significantly higher than male students in Depression, Anxiety, and Stress but lower in Well-being and Resilience among the samples.

2) There will be a positive significant relationship between Locus of Control, Depression, Anxiety, and Stress but a negative relationship to Well-being and Resilience variables; and Well-being and Resilience variables will have a positive significant relationship.

3) There will be a significant independent effect of 'Gender' and 'Mothers' Religiosity" on Locus of Control, Wellbeing, Depression, Anxiety, Stress and Resilience among the samples

4) There will be a significant interaction effect of 'Gender and Mothers' Religiosity" on Locus of Control, Wellbeing, Depression, Anxiety, Stress and Resilience among the samples.

Methodology:

Sample: The present study enlisted a sample of 240 high school students from different schools in the Aizawl District. The sampling procedure adopted a multi-stage approach: Firstly, 20 high schools were selected from the Aizawl District, with a balanced representation of 10 schools from rural areas and 10 from the urban areas of the Aizawl District of Mizoram.   In the second stage, a total of 500 students were randomly chosen from registers of the selected high schools. Mothers of the 500 selected students were administered the DUREL (Koenig et al., 1997) for screening

of the high and low religiousity of mothers. Thirdly, based on the results of the DUREL (Koenig et al., 1997), 400 mothers of the students consisting of the 200 highest religious and 200 lowest religious mothers were selected (10 highest and 10 lowest scorers) from each school). Fourthly,240 children (students) of the 120 high-religious and 120 low-religious mothers were screened out with due care of equal representation of boys and girls, age range between 15-18 years, equal socio-demographic variables (SES, family size, family monthly income, etc) was attempted as far as possible to control extraneous variables.

Psychological Tools used:

1) *The Internal-External Locus of Control Scale (Rotter 1966):* This is a self-administered questionnaire comprised of 24 items widely recognized and cited in the assessment of Locus of Control (LOC).

2) *The Satisfaction with Life Scale (SWLS; Diener, Emmnos, Larsen, & Griffin, 1985):* Developed to measure the judgmental component of subjective well-being (SWB), this scale offers a valid and reliable assessment of life satisfaction.

3) DASS-21 (Lovibond & Lovibond, 1995): This self-report questionnaire featured 21 items, distributed across three subscales: depression, anxiety, and stress.

4) The Resilience Scale (RS: Wagnild &Young, 1993): This is an instrument used to measure the capacity of individuals to withstand life stressors, and to thrive and make meaning from challenges. The RS and its short version have good validity and reliability from several studies (Fletcher et al., 2006; Kreuter, 2013).

5) *Duke Religion Index (DUREL: Koenig et al., 1997):* Developed by Koenig, Parkerson, and Meador (1997), this five-item Likert-type scale measures.

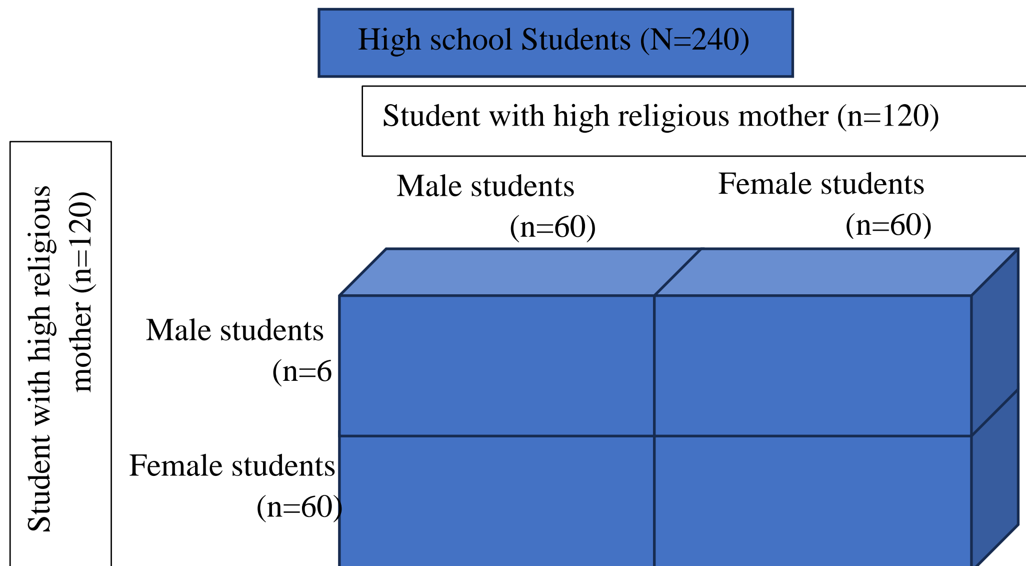
6) *Socio-Demographic Profile (Lalhmingliani Hlondo, 2018):* This was constructed by the research as a pilot study for the selection of the samples as per design, and to control confounding variables which was used for cross-checking the personal information of the samples.

7) *Informed Consent Form (Lalhmingliani Hlondo, 2018):* This form was constructed to take informed consent from the participants.

Design:

The proposed design of the study will be 2 levels of mothers' Religiousity (high and low religious mothers) x 2 types of genders (male and female students). The sample size was 240 High school students {120 students who had a high-religious mother (60 male students and 60 female students) x 120 students who had a low-religious mother (60 female students and 60 female students)} served as a sample in this study. There were four cells consisting – (i) Male Student having High- religious mother (MSHRM), (ii) Male Student having low- religious mother (MSLRM), (iii) Female Student having High- religious mother (FSHRM), and (iv) Female Student having Low- religious mother (FSLRM), and 60 students in each cell who were having equal sociodemographic background on age, monthly family income, family type, type of school, family size, etc.

Fig-1: Diagram of sample characteristics (2 x 2 factorial designs)



Procedures:

The present study enlisted a sample of 240 high school students from different schools in the Aizawl District. The sampling procedure adopted a multi-stage approach:

The sample selection was done with a multi-stage sampling procedure that (i) identification of 20 high schools from the Aizawl District of Mizoram; (ii)

identification of 600 students from registers of the selected high schools; (iii) identification of the 400 students having high and low religious mother (200 high and 200 low student's mother) from the chosen 600 students' mother using the DUREL (Koenig et al., 1997), (iv) 400 students of the children of the selected 400 mothers (200 high and 200 low religious) were selected; and (v) 240 students from the selected 400 students were screened out on having equal representation of gender (120 male and 120 female students) with other socio demographic variables to control extraneous variables. The selected 240 students were informed about the purpose and the importance of the study, the expected role they have to play in data collection, giving the assurance their personal information to be kept under strict confidentiality, other doubts were cleared by the researcher, and got the written informed consent from each student. The selected psychological tools were administered to the samples individually with due care of APA research ethical guidelines (APA, 2002 &2017), and also the UGC and MZU research guidelines for the PhD thesis were observed in the conduction of the study.

Results Results and Discussion

The study was framed to examine 'the Children's Locus of Control, Depression, Well-being, and Resilience about their Mother's Religiosity'; objectives and hypotheses were framed to follow the focus of the study. The analysis of the data was carried out systematically to meet the objectives of the study as presented sequentially.

***Checking of Raw Data*:** The collected raw data of the study was checked for missing and outliers which can affect the findings of the study**.** As the data was carefully taken care which resulted in no missing and the outlier was not found and was ready for further calculation.

Screening of Psychometric properties of the scales:

The psychometric properties of the selected psychological tests play a crucial role in determining their suitability and reliability for the present study as presented in Table-1. Adapting measuring instruments for use in different cultures requires

careful consideration to avoid distortion due to social desirability, dissimulation, and response style (Lenderink et al., 2012). Accordingly, checking the psychometric property was done in some research on acculturation (Redfield et al., 1936), adjustment (Berry, 1997; Searle & Ward, 1990) researches, and re-entry processes (Uehara, 1986).

In line with these considerations, the present study conducted a thorough psychometric property check for the utilisation of those selected scales before using the study by conducting a pilot study and also in the whole data of the study. Initially, the raw data was examined for missing values and outliers, with no outliers identified. Subsequently, the applicability of the selected scales was assessed in terms of normality, linearity, homogeneity, and reliability between male and female samples. The scales demonstrated the trustworthiness of those selected psychological scales for use in the target population, indicating satisfactory levels of reliability scores ranging from .67-.87 of alpha (α = .67; .87) and .68 – 75 of split-half reliability measures. It was also revealed that skewness and kurtosis fell within the normality range (-1.41 to .56). Homogeneity was confirmed through both Brown-Forsythe (all statistically significant) and Levene's statistics (all non-significant) indicating that parametric statistics could be confidently employed for subsequent analyses.

The results of the study were presented sequentially following the order of the objectives of the study:

Objective-1: To examine any significant difference in Locus of Control, well-being, Depression, Anxiety, Stress and Resilience between the Students having high-religious mothers and students having low-religious mothers; and also, between male students and female students of the samples.

Descriptive statistics including Mean, SD, Kurtosis and Skewness were calculated to examine any significant difference between students of High-religious mothers and Low-Religiosity mothers on Locus of Control, Well-being, Depression, Anxiety, Stress and Resilience variables of the samples as presented in Table-2.1.

Mother's religiousity difference in Locus of Control, well-being, Depression, Anxiety, Stress and Resilience

Results showed a significant difference between *students having high-religious mothers and students having low-religious mothers* on LOC, well-being depression, anxiety, stress, and resilience as under:

1) Students with *students having high-religious mothers* showed higher LOC than students having low-religious mothers (M=47.27; 43.40; t=-18.27; p<. 01) at a .01 significant level. The finding was in line with earlier findings that higher levels of religious belief and involvement are linked to positive outcomes (Carothers, Borkowski, Lefever, & Whitman, 2005), exhibit greater self-control, more positive social interactions, better interpersonal skills, and lower levels internalizing or externalizing problems (Bartkowski et al., 2008), children's internal locus of control (Koenig, 2012) but low mothers' religiosity lead to external locus of control (Major-Smith et al., 2023).

2) Students having low-religious mothers showed lower *well-being* than students having high-religious mothers (M=22.93; 15.91; t=-10.77; p<. 01) at a .01 significant level.Religion is a central part of our lives and it contributed to at least 68% of human claims (Diener, Tay, & Myers, 2011). Earlier research findings provided that the relationship between religiosity and parent-child relationships which affected children's attachment security, behavioural control, and child disclosure (Bartkowki et al., 2008).

People who engage in religious activities have a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014), and a higher level of life satisfaction (Diener et al, 2011) with a lower level of depression (Smith et al., 2003).

3) Students having low religious mothers showed higher *depression* than students having high religious mothers (M=9.61; 4.36; t= 11.07; p<. 01) at a .01 significant level. The finding supports earlier research findings that religious belief prevents depression (Bonelli et al., 2012) and the onset of depression, (Koenig et al., 2012); religiosity and levels of depression have a strong relationship (Smith et al., 2003)

though considerable variation in depression might happen due to regions, countries and continents being different (Dein, 2006). Mothers' religiosity improves their behavioural control affecting the mother-child relationship resulting in attachment security and protection from psychological distress to their children (Goeke-Morey, 2013).

4) *Resilience* Male Students having high religious mothers than female student (M=110.28; 101.49; t= -9.28; p<. 01) at a .01 significant level. Like the present study finding, numerous studies have consistently highlighted the positive association between high levels of mothers' religiosity and childhood resilience due to family cohesiveness, a supportive foundation for children facing challenges (Mahoney et al., 2001), and promote the development of resilience in children (Snider et al., 2004).

The results suggest the acceptance of hypothesis no-1 which states that students having high-religious mothers will score significantly lower than students having low-religious mothers in Depression, but higher in well-being and Resilience; and the female students score significantly higher than male students in Depression, Anxiety, and Stress but lower in Well-being and Resilience among the samples.

The findings of the current study are consistent with studies conducted by previous researchers that individuals whose mothers exhibit low levels of religious involvement demonstrated a greater inclination towards an external locus of control (LOC) compared to those with highly religious mothers who linked to the development of an external locus of control in their children (Major-Smith et al., 2023). The present study evinced those students having mothers exhibiting low religious involvement displayed lower well-being compared to students having religious mothers which has a notable consistency with earlier research findings that high levels of mothers' religiosity, as observed in adherence to beliefs, practices, and values, are consistently associated with positive outcomes in childhood well-being. Some researchers have reported mothers' religiosity highly correlates with family cohesiveness, reduced family conflict, greater parental warmth, and the promotion of authoritative parenting styles (Mahoney et al.,2001; Simons et al., 2004; Snider et al., 2004). Private worship and intrinsic religiousness have been identified as

contributors to increased parental involvement in child rearing particularly among low-income and minority people. Furthermore, some researchers found high mothers' religiosity linked to higher quality mother-adolescent relationships, greater satisfaction, and fewer depressive symptoms in adults (Pearce & Axinn, 1998; Regnerus & Burdetter, 2006; McCullough & Larson (1999). Conversely, other researchers found that mothers having low religiosity resulted in decreasing family cohesiveness, elevating the risk of family conflict, and weakening childhood well-being (Brody et al.,1996),

The findings of the present study revealed higher depression levels among students having low religious mothers which got support from earlier research that maternal religiosity reduced depressive symptoms in children (McCullough & Larson, 1999), and a link between low maternal religiosity and elevated rates of childhood depression (Brody et al., 996) which suggested that religiosity serves as a potential buffer against depressive symptoms in youth (Carothers et al., 2005).

The current findings evinced that students with low religious mothers display lower resilience than those with highly religious mothers which supports earlier research findings that maternal religiosity leads to childhood resilience (Carothers et al., 2005). Furthermore, researchers evinced that high mothers' religiosity is a supportive foundation for children which helps in time facing challenges (Mahoney et al., 2001; Snider et al., 2004; Cain, 2007) whereas lower level of mothers' religiosity is associated with potential challenges in fostering childhood resilience (Brody et al., 1996; Carothers et al., 2005).

Gender Difference on Locus of Control, Well-being, Depression and Resilience Variables

Results showed a significant difference between male and female students regardless of *religious mother's religiosity on* LOC, well-being depression, and resilience as under (presented in Table -2.2):

1) Male students showed lower scores on LOC than females (M=42.10; 48.51; t=-4.83; p<. 01) at a .01 significant level. The results of the study demonstrated were in line with earlier findings that women tend to be more external than men on most

Locus of Control (Semykina & Linz, 2007; Sherman et al., 1997; Stillman & Velamuri, 2016). Women are more external on LoC in response to cultural and social change (Eagly & Wood, 1991; Feingold, 1994; Halpern & Perry-Jenkins, 2016; Schmitt et al., 2017).

2) Male students showed higher scores on well-being than female students (M=21.33; 17.51; t=-7.78; p<. 01) at a .01 significant level. Several studies have been conducted to find the differences between women and men in some psychological well-being dimensions, fewer well-being in males than females (Li et al., 2015), generally vary depending on other factors such as age, culture, or roles played (Karasawa et al., 2011; Lin et al., 2014) as such women have been consistently found to have higher scores in positive relations with others (Ahrens & Ryff , 2006), self-acceptance and autonomy than men but mostly the same in autonomy (Karasawa et al. 26). It may be advisable to do more research in wellbeing. Replication of the study would provide the confirmatory about gender differences for the targeted population as mixed findings in wellbeing. Men scored higher than women in self-acceptance and autonomy but women scored higher than men in personal growth and positive relations with others (Matud et al., 2019).

(3) Male students showed lower scores on depression than female students (M=5.47; 8.50; t=-8.29; p<. 01) at a .01 significant level. The finding is consistent with the earlier findings that major depression disorder is more often diagnosed in women with more about the typical symptoms of depressive disorder while men complain more about anger, irritability, waking up early in the morning and alcohol abuse (Sabic et al., 2021); women are at greater risk of MDD than men and prevalence is approximately 21% for women whereas it is 12% for men (Kim et al., 2015; Kessler, 2003).

(4) Male students showed higher scores on resilience than female students (M=110.73; 100.05; t= -11.88; p<. 01) at a .01 significant level. The results were supported by some findings that males scored higher on resilience than females gender with a significant level of psychological resilience (Gök & Koğar, 2021).

There were mixed findings that some studies revealed women were higher (Davidson et al., 2005; McGloin & Widom, 2001) while some studies (Campbell-Sills, 2009; Lee, 2008;) found that men have higher than women.

The results also confirm hypothesis no-1 that female children will score significantly higher than male children in, Locus of control and Depression, but lower in well-being and Resilience among the samples. The findings of the current study for these gender differences are also consistent with studies conducted by previous researchers:

In the current study, a consistent pattern emerges where males tend to score lower on Locus of Control (LOC) compared to females indicating a higher inclination toward external LOC in males which aligns with similar findings reported by Gursoy and Bicacki (2007) in their research on children. Gursoy and Bicacki (2007) observed that girls displayed a higher internal locus of control compared to boys which suggests a consistent gender difference as males demonstrated a tendency toward external locus of control in contrast to females. This pattern accentuates the potential persistence of gender-related differences in the locus of control which emphasises the need for further research.

The current findings indicated that male students exhibit higher scores on psychological well-being (WB) compared to their female counterparts which brings into line with a broader trend observed in the literature (Gómez-Baya et al., 2018; Eurofound, 2017; EIGE, 2021), and collectively suggesting that men tend to score higher in various areas of psychological well-being.

The current findings revealed that male students have lower depression scores compared to their female counterparts which supports earlier findings and established patterns documented in the literature. Extensive research on gender differences consistently indicates a higher prevalence of depression in women compared to men (Essau et al., 2010; Kendler & Gardner, 2014; Salk et al., 2017; Kuehner, 2017; Pratt & Brody, 2014).

The current study illustrated that male students exhibit lower scores on resilience resonates with existing research suggesting that women may demonstrate greater resilience over the long term which was in line with earlier studies (Zarulli et

al., 2018; Barford et al., 2006; Austad., 2006). These studies reveal that the average woman may possess certain characteristics or coping mechanisms that enhance their ability to adapt and endure challenging circumstances.

Objective -2: To study the relationship between Locus of Control, Well-being, Depression, and Resilience variables

To study the relationship between the dependent variables, Pearson’s correlation analysis was conducted, and the outcomes were presented in Table -3. The results revealed that:

Locus of Control Relation to Depression, Well-being: Results demonstrated the Locus of control had a positive significant relation to depression (r=.45; 9< .01) but negative significant relation to well-being (r= -.44; p< .01) and resilience (r= -.42; p< .01). The findings can be discussed with the available pieces of literature that:

1) *Locus of Control Positively Related with Depression*: The positive significant relation between locus of control and depression aligns with the earlier researcher's findings that a greater externality was consistently correlated with increased depression levels (Molinari & Khana, 1981; Benassi et al., 988).

2) *Locus of Control negatively related to Well-Being*: The negative significant relation between locus of control and well-being is consistent with the anticipation drawn from earlier research findings (Quevedo & Abella, 2013), and highlighted the negative correlation between external locus of control and overall well-being.

3) *Locus of Control negatively related to Resilience:* The negative significant relation between locus of control and resilience has supported the earlier findings of self-monitoring related to resilience among students as a greater internal locus of control and higher strength of religious beliefs exhibited higher resilience levels (Shanava & Gergauli, 2022) such as male having the higher locus of control showed a higher level of resilience (Adak and Sarkar (2021)

Well-Being Relation to Depression, Well-being and Resilience: The results of the study illustrated that Well-being had a negative significant relation with Depression

(r= -.57; p< .01) but a positive significant relationship with Resilience variables (r= .49; p< .01). The findings of the present study can be explained with the findings of the earlier studies that:

(1) Well-being negatively related to Depression: The negative significant relationship between well-being and depression is in line with various studies (Malon & Wachholtz, 2018: Li et al., 2023; Grant et al., 2023) which emphasized the inverse association between subjective well-being and depressive symptoms.

(2) Well-being positively related to Resilience: The positive significant relationship between well-being and resilience supports the findings of studies like Rodriguez (2017), Yildirim (2019), and Vinayak (2018), indicating that higher levels of well-being are associated with greater psychological resilience.

Depression Relation to Resilience: Results of the study portrayed that Depression and Resilience variables (r= -.46; p<. 01) had a negative significant relationship at the .01 level. The finding can be discussed in the light of earlier research findings that the negative significant relationship between depression and resilience corresponds with the consistent findings across various situations, as identified by Chen et al. (2023), Moon et al. (2006), Kumar et al. (2023), and Sreekumar et al. (2016), highlighting that higher resilience tends to be linked with lower levels of depressive symptoms. The results confirmed the hypothesis no. 2 of the study and accepted this hypothesis.

Objective -3: To identify the *independent effect* of '*Gender*' and 'Levels of *Mother's Religiosity*" on Locus of Control, Well-being, Depression, and Resilience among the samples.

A One-way ANOVA was used to identify the independent effect of '*Gender*' and 'Levels of *Mother's Religiosity"* on Locus of Control, Well-being, Depression, and Resilience among the samples as presented in Table-4.

Effect of Mother's Religiosity on Locus of Control, Well-being, Depression, and Resilience

Results in Table 4 showed the independent effect of "Mother's Religiosity' and 'gender' on Locus of Control, Well-being, Depression, and Resilience which was accepted *hypothesis-3* of the study. Results presented in **Table-4** and discussed in the light of relevant literature as follows.

Mother's Religiousity Independent effect on Children's Locus of control: The results of the present study evinced that mother's religiosity had a significant independent effect (F= 68.38; p<. 01; $\eta^2 = 0.22$) with a 22% effect on their children's locus of control. The finding observed a 22% effect of the mother's religiosity on their children's locus of control aligns with previous research that religious upbringing can influence individuals' perceptions of their control on the future because positive relation and connection between locus of control and religiousity as the child got religiousity from their mother through parenting (Major-Smith et al., 2023; Gursoy & Bicacki, 2007).

Mother's Religiousity Independent Effect on Children's Well-being: The results revealed that mother's religiosity had a significant independent effect (F= 518.36; p<. 01; $\eta^2 = 0.39$) with a 39% effect on their children's well-being. The finding of the study is consistent with previous research on the positive impact of high maternal religiosity on various aspects of well-being in children (Mahoney et al., 2001; Simons et al., 2004; Snider et al., 2004),

Mother's Religiousity Independent Effect on Children's Depression: The results of the present study demonstrated that mothers' religiosity showed a significant independent effect (F= 487.01; p<. 01; $\eta^2 = 0.37$) with a 37% on their children's level of depression. That independent effect of the mother's religiosity on their children's depression was consistent with existing literature that religiosity serves as a protective factor against childhood depression (McCullough & Larson, 1999, Brody et al., 1996; Carothers et al.,2005).

Mother's Religiousity Independent Effect on their Children's Resilience: Results revealed that the mother's religiosity showed a significant independent effect ($F= 86.09$; $p<.01$; $\eta^2 = 0.25$) with a 37% effect on their children's resilience. The present study findings revealing a 25% effect of the mother's religiosity on resilience is consistent with the idea that high maternal religiosity contributes to a supportive foundation for children facing challenges (Mahoney et al., 2001; Snider et al., 2004; Cain, 2007).

Independent Effect of Gender on Locus of Control, Well-being, Depression, and Resilience

The results portrayed a 'gender independent effect' on the dependent variable as below:

Gender difference Independent Effect on locus of control: The results of the present study provided that gender difference had a significant independent effect ($F= 23.33$; $p<.01$; $\eta^2 = 0.09$) with a 9% effect on the locus of control. The results of the present study highlighting the 9% effect of gender on the locus of control correspond with the gender differences observed by Gursoy and Bicacki (2007) and reinforce the notion that males tend to have a higher inclination toward external locus of control compared to females.

Gender difference Independent Effect on well-being: Results of the present study evinced that the gender difference had a significant independent effect ($F= 60.53$; $p<.01$; $\eta^2 = 0.20$) with a 20 % effect on the Well-being. The results of the study demonstrating the 20% effect of gender on well-being can be discussed with broader trends in the literature that men tend to score higher in various areas of psychological well-being compared to females (Gómez-Baya et al., 2018, Eurofound, 2017; EIGE, 2021) which could be the societal norms often emphasize gender role differences (Worell, 1978).

Gender Difference Independent Effect on Depression: The results elucidated the gender difference has a significant independent effect ($F= 68.80$; $p<.01$; $\eta^2 = 0.22$)

with a 22% effect on Depression. The highlighted 22% effect of gender on depression was consistent with extensive research findings which indicated a higher prevalence of depression in women compared to men (Essau et al., 2010; Kendler & Gardner; 2014; Pratt & Brody, 2014) which may be influenced by the constraints and flexibility inherent in gender socialization resulting in depression (Wood & Eagly, 2002; Falicov, 2003; Zhang, Mandl, & Wang, 2011; Triandis & Gelfand, 1998).

Gender Difference Independent Effect on Resilience: The results illustrated that Gender difference showed a significant independent effect ($F = 141.35$; $p < .01$; $\eta^2 = 0.25$) with a 25% effect on Resilience. That demonstrated 25% effect of gender on resilience confirmed the earlier research findings that women had greater resilience over the long term (Zarulli et al., 2018; Barford et al., 2006; Austad, 2006) as Gender differences develop at an early age and continue into adolescence which influence how individuals attain resilience (Blatt-Eisengart et al., 2009; Bonanno et al., 2007; Cohen et al., 2003; Galambos, Barker, & Krahn, 2006; Hankin et al., 1998; Lopez, Campbell, & Watkins, 1986; Ong et al., 2006; Orth et al., 2008; & Sneed et al., 2006).

Objective-4: To examine the interaction effect of 'Gender' and "levels of Mother's Religiosity" on Locus of Control, Well-being, Depression, and Resilience among the samples.

The present study employed the two-way ANOVA to examine the *interaction effect* of '*Gender and Levels of Mother's Religiosity"* on Locus of Control, Well-being, Depression, and Resilience among the samples. The results of the two-way ANOVA indicated significant interaction effects between "Gender" and "levels of Mother's Religiosity" on Locus of Control, Well-being, Depression, and Resilience. This suggests that the combined influence of gender and the mother's religiosity may be more than the sum of independent effects. The results evinced the significant interaction effect as given below:

‘Gender’ and ‘Levels of mother’s religiousity’ interaction effect on locus of control

‘Gender and levels of mother’s religiosity’ had a significant interaction effect (F= 37.30; p<. 01; $\eta^2 = 0.23$) with a 23 % effect on the locus of control. The significant interaction effect on the locus of control suggests that the impact of the mother's religiosity on children's locus of control was not uniform across genders in shaping individuals' perceptions of control. There were mixed findings some studies found parental religiosity internalizing symptoms like depression and anxiety while others link it to externalizing like hyperactivity and conduct disorders (Bartkowski et al., 2008; Schottenbauer et al., 2007) anyhow parental religious involvement affects their children to exhibit internalizing or externalizing problems (Bartkowski et al., 2008).

‘Gender’ and ‘levels of mother’s religiousity’ interaction effect on well-being :

‘Gender’ and ‘levels of mother’s religiosity’ had a significant interaction effect (F= 625.58; p<. 01; $\eta^2 = 0.27$) with a 27 % effect on the Well-being. The substantial interaction effect (F= 625.58; p<.01; $\eta 2 = 0.27$) on well-being indicates that the relationship between mother's religiosity and well-being is influenced by gender. This implies that the positive effects of high maternal religiosity on well-being may vary between males and females, and understanding this interaction is crucial for a more nuanced interpretation.

Studies demonstrated that satisfaction with personal relationships and emotional stability positively predicted subjective well-being by providing a sense of calmness and fulfilled affiliation needs among Indian adolescents (Suar et al., 2019). So, a religious mother who engages in religious activities usually has a higher level of well-being (Diener et al., 2011; Hackney & Sanders, 2003; Oishi & Diener, 2014) which in turn can buffer the well-being of their children as mentioned by sociocultural developmental theory (Bandura…). Recent research found that family structure is strongly associated with children’s well-being, (Björklund et al. 2007). Religiousity like private worship relates (Pearce & Axinn, 1998) to higher quality mother-adolescent relationships with fewer depressive symptoms in adults (McCullough and Larson, 1999) and that maternal religiosity was associated with

family and child well-being (Goeke-Morey et al., 2016). Mothers' religiosity boosted positive influences on family functioning including rules and restrictions placed on children by mothers which are more likely to promote children's attachment security leading to well-being.

'Gender and levels of mother's religiousity' interaction effect on depression: 'Gender and levels of mother's religiosity' had a significant interaction effect (F= 771.81; p<. 01; $\eta^2 = 0.31$) with a 31% effect on the Depression.

'Gender and levels of mother's religiousity' interaction effect on resilience: 'Gender and levels of mother's religiosity' had a significant interaction effect (F= 151.00; p<. 01; $\eta^2 = 0.19$) with a 19% effect on the Resilience.

Results in Tables -5 & 6 showed the independent effect of 'Gender and levels of mother's religiosity' on Locus of Control, Well-being, Depression, and Resilience which was accepted *hypothesis - 4* of the study.

Prediction of mother religiousity on their children's locus of control, well-being, Depression, and Resilience (Table -7) was calculated using linear regression analysis was employed. The results revealed that the mother's religiousity predicted 32% of their Children's Locus of control, 35% of well-being, 32% of depression, and 37% of resilience which supported the outcomes of the ANOVA presented in Tables- 5 & 6.

'Levels of Mother's Religiosity' and 'Gender' Difference on LOC, Well-being, Depression, and Resilience between comparision groups

Post hoc Multiple Mean Significant Difference: Post hoc multiple comparisons (Scheffe's test) were employed to identify any significant differences between the groups as all four groups were compared to one another. Results in Table-5 compare the Mean Significant Difference among the four groups – (i) Male Student having

High- religious mother (MSHRM), (ii) Male Student having low- religious mother (MSLRM), (iii) Female Student having High- religious mother (FSHRM), and (iv) Female Student having Low- religious mother (FSLRM).

Results showed that:

1) Locus of Control: Male Students having High-religious mothers (M=42.50) scored lower than Male Students having low-religious mother (M=44.30), Female Students having high-religious mother (45.69), and Female Students having Low-religious mother (M=48.78) at a .05 significant level. Pew Research Center surveys across 84 countries provided that substantially more women than men pray daily at 8 % higher (2016).

2) Well-being: Male Students having High-religious mother (M=24.83) scored higher than Male Students having low-religious mother (M=21.02), Female Students having high-religious mother (17.79), and Female Students having Low- religious mother (M=13.97) at a .05 significant level.

3) Depression: Male Students having High-religious mothers (M=12.80) scored lower than Male Students having low-religious mothers (M=15.92), Female Students having high-religious mothers (17.08), and Female Students having Low- religious mothers (M=19.19) at a .05 significant level.

***4) Resilience**:* Male Students having High-religious mothers (M=111.75) scored higher than Male Students having low-religious mothers (M=104.82), Female Students having high-religious mothers (105.67), and Female Students having Low-religious mothers (M=101.24) at a .05 significant level.

The results of the multiple comparision between the groups confirmed the importance of mother’s religiosity across genders. The findings from the study provide insights into the relationship between mother's religiosity and psychological outcomes, considering gender differences as presented in Tables 6 & 7:

(1) Multiple comparision between the groups on Locus of Control: The results indicate that male students with high-religious mothers scored lower on locus of control compared to male students with low-religious mothers. This aligns with the general trend observed in the literature, as higher maternal religiosity has often been associated with positive outcomes including internal locus of control as religiosity associated with parent-child relationships, which affects their parenting styles resulting in their children's attachment security, behavioural control, and child disclosure (Bartkowki et al., 2008) or protects them from psychological distress (Goeke-Morey, 2013) but affecting differently between as women tend to be more external than men on most Locus of Control (Semykina & Linz, 2007; Sherman et al., 1997; Stillman & Velamuri, 2016) with different reaction with mental health (Buddelmeyer & Powdthavee, 2016; Naik & Sundaramoorthy, 2016; Yu & Fan, 2016).

(2) Multiple comparision between the groups on Well-being: Male students with high-religious mothers scored higher on well-being compared to their counterparts with low-religious mothers. This aligns with previous research (Mahoney et al.,2001; Simons et al., 2004; Snider et al., 2004) emphasizing the positive impact of high maternal religiosity on various aspects of well-being in children. Existing evidence reveals a stronger personal faith and heightened religious involvement correlates with enhanced family cohesiveness, reduced family conflict (Brody, Stoneman, & Flor, 1996) with greater parental warmth (Brody et al., 1996)

(3) Multiple comparision between the groups on Depression: The finding that male students with high-religious mothers scored lower on depression than those with low-religious mothers is consistent with the literature. Previous studies evinced that high mothers' religious teachings contribute to the development of an internal locus of control in children, and mitigating childhood depression which helps to control the challenges (McCullough & Larson, 1999) and serves as a protective factor against childhood depression (McCullough & Larson,1999, Brody et al.,1996; Carothers et al., 2005).

(4) ***Multiple comparision between the groups on Resilience*:** Male students with high-religious mothers scored higher on resilience compared to male students with

low-religious mothers. This aligns with the idea that high maternal religiosity contributes to a supportive foundation for children facing challenges (Mahoney et al.,2001; Snider et al., 2004; Cain, 2007), related to greater satisfaction with the mother-adolescent relationship (Regnerus & Burdetter, 2006) promoting security to the children (Mahoney et al 2003) and help to the adversity-prone situations (Cain, 2007) with resilience.

Within the academic study of religion, people are religious to answer questions that human reason cannot yet explain; to have a sense of comfort and security; to have social cohesiveness and solidarity; and as a means of controlling the underclasses and also to benefit the higher social strata. All cultures demonstrate some form of religious belief to provide mythological explanations for the existential questions surrounding human origins, purpose, and afterlife but slowly moving out due to science could offer rational explanations to those existential questions; and help people make sense of events which would otherwise be incomprehensible by relying on unseen, hidden forces (Tylor & Frazer, 2001). Sigmund Freud explained that religion provided a source of security and a mechanism of personal comfort, helping people cope with uncertainty (Freud, 1907). Religion is an expression of collective consciousness and perception of a supernatural face (Durkheim, 2011). Religion plays a critical role in maintaining an unequal status quo as a tool to keep the less powerful proletariat pacified by promising rewards in the afterlife, instead of in this life (Austin, 2021).

Mother is the first teacher of a child, nurturer, secure anchor, confidant, emotional anchor, and disclination to their children. Available literature revealed the quality of relations in families and the individual adjustment of family members associated with organized religion or religious ideals whereas crises of faith result in depression or conflict (Johnson, Sheets, & Kristeller, 2008). Furthermore, individuals with depression may erode religious faith and institution over time (Smith, et al., 2003).

Religion has been a most discussed topic all over the globe since immemorable, be it is whatever the reasons for being religious, the present study portrayed the children's locus of control, depression, well-being and resilience related to their mother's religiosity. These findings received various earlier findings

as confirmation of the importance of the mother’s role in parenting to mould children's behaviour including personality (LoC), depression, well-being and resilience, also highlighted the gender differences in selected behavioural faculties in the study.

Summary of the results: The findings of the study have made a new knowledge to the existing literature which may summarized as follows: (i) Students with a high-religious mother scored significantly lower than students with a low-religious mother in Locus of control and Depression but higher in Well-being and Resilience, and the female students also scored significantly higher than male students in Locus of Control and Depression but lower in Well-being and Resilience among the samples; (2) Locus of Control and Depression had a positive significant level relationship but both had a negative relationship to Well-being and Resilience variables while Well-being and Resilience variables had a positive significant relationship; (3) ‘Gender’ and ‘levels of Mother’s Religiousity” had shown a significant effect on Locus of Control, Wellbeing, Depression and Resilience among the samples; and (4) ‘Gender and levels of Mother’s Religiousity” together contributed effectively on Locus of Control, Wellbeing, Depression, and Resilience among the samples.

Limitations **of the study:** The study was done cautiously controlling the possible effect of extraneous variables and contributed valuable new knowledge to the existing literature but it was not free from limitations that; (i) The sample was not big enough to represent the population and also to generalize; (ii) Religiousity as a whole was taken but not counting the subscales due to the limitation of time; (iii) Other than religiousity many other variables contributing to LoC, WB, Dep and Resilience are not taken up due to the limitation of time; (iv) Many other demographic variables could not be included as such as SES, Family type, family size, sibling size, birth order etc; (v) More psychological scales could not be entertained which could have validated/cross-checked the results of the present study

Suggestions for future research: The study had some limitations, on which it had made suggestions for improvement for future research for the replication of the study

and for further research in these areas: (i) Bigger sample sizes are suggested for future research for better representation of different sections within the population; (ii) If sub-areas of Religiousity are compared on their effect on the selected variable would give a clearer picture of the effects of the different practices of religion; (ii) If other variables which are assumed to be contributing to LoC, WB, Dep and Resilience are not taken up for comparison with the mother's religiousity may give more knowledge on the effect of the mother's religiousity along with other factors' effectiveness to the selected variables; (iii) Not only the contribution of the mother's religiousity other qualities of the mother which can contribute to the selected variables such as SES, Family type, family size, sibling size, birth order etc will give more understanding of child's psychology; and (iv) Other psychological scales which measure the same variable will be useful for validating/cross check of the results .

Significant contribution of the study: The results of the present study being the first endeavour measuring the Mothers' religiousity effect on LOC, Well-being, Depression, and resilience, contribute new insight to the available academic literature that : (i) the study well demonstrated the importance of religiousity especially the mother's religiousity contribution their children's LOC, Well-being, Depression, and resilience for designing prevention and intervention of mental illness; (ii) It also evinced the gender difference in LOC, Well-being, Depression, and resilience which highlighted the need of specific attention to female and male differently in designing prevention and intervention for mental illnesses; (iii) the connection between locus of control, well-being, depression, and resilience which need attention for framing strategies for prevention and intervention psychological illness among youths; (iv) the study well demonstrated the contribution of gender and mother's religiousity to their children's LOC, Well-being, Depression, and resilience which can be utilized for designing strategies for Psychological cares; (v) the finding of the study evinced the combine contribution of gender difference and level of mother religiousity to their children's LOC, Well-being, Depression, and resilience which may explain the very much need of understanding male and female difference and their mother religiousity roles played in their psychological function contribution their outlook for future, current status of mental illness which can

provide bases for framing psychological cares and intervention to youths. Several researchers have searched their relations that women are observed to have an increased level of depression that is associated with stress lower levels of stress (Gianakos, 2002) and depression with coping skills (Shipiro et., 1996), and associated with improved well-being (Harrow et al., 2009), and reducing stress and depression with internal personality were indicating psychological well-being (Garbar, 1980). Resilience and depression were contrariwise associated that negative consequences of stress may be lessend by psychological resilience (Poole et al., 2017) confirming their negative association (Hao et al., 2015; Howell et al., 2017) as resilience can protect against psychological distress. All findings supported the present study because of children's Locus of Control, Depression, Well-being, and Resilience which are contributed by their mother's religiosity. Several researchers have searched their relations that women are observed to have an increased level of depression that is associated with a higher external locus of control (Klonowicz, 2001). Internal locus of control is associate with stress lower levels of stress (Gianakos, 2022) and depression with coping skills (Shapiro et al., 1996), and associated with improved well-being (Harrow et al., 2009) and reducing stress and depression with internal personality were indicating psychological wellbeing (Garber, 1980). Resilience and depression were contrariwise associated that negative consequences of stress may be lessened by psychological resilience (Poole et al., 2017) confirming their negative association (Hao et al., 2015; Howell et al., 2017) as resilience can protect against psychological distress. All findings supported the present study because of Children's Locus of Control, Depression, Well-being and Resilience which were contributed by their Mother's Religiosity.

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