

EDITORIAL

Use of Religious Coping among Singaporean Parents of Children with Cancer

HÜSEYİN ÇAKSEN

Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine Necmettin Erbakan University, Meram, Konya, Türkiye

Correspondence to: Prof. HÜSEYİN ÇAKSEN, MD, PhD, **E-mail:** huseyincaksen@hotmail.com, **Telephone:** +90 332 223 66 84;**Facsimile:** +90 332 223 61 81 and +90 332 223 61 82, **ORCID ID** <https://orcid.org/0000-0002-8992-4386>**This Editorial may be cited as:**

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Cancer is one of the leading causes of disease-related death and treatment-associated morbidity in children with an increasing trend in recent decades worldwide¹. The diagnosis of childhood cancer not only affects the life of the child but also impacts the lives of the caregivers as well. Children with cancer and their parents often experience symptoms of stress, anxiety, or depression. Many parents of children with cancer have used religious coping in many parts of the world including North and South America, Europe, Middle Eastern, Africa and Asia¹⁻⁸. Religion is a law established by Allah and it leads people to peace, goodness, blessings, and salvation in this world and in the hereafter⁹. Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless²⁻¹⁰. Herein, we discuss the religious coping strategies of Singaporean parents of children with cancer to draw attention to the importance of religion and religious coping.

Although many studies have been reported on religious coping strategies of parents of children with cancer in the United States, Western, and Middle Eastern countries, there are limited studies on this subject in Singapore. Fourteen (25.4%) of the 59 Singaporean parents of pediatric cancer patients used some form of spirituality such as formal prayer, laying on of hands, seeking help from a bomoh, and temple medium¹¹. Tan et al¹² noted that Singaporean mothers of children with cancer turned to spirituality and well supported by spirituality. Parents believed that the diagnosis of cancer was part of a Divine plan. Spirituality through prayer was an active emotion-focused coping strategy, and belief in Divinity gave parents a sense of hope. Religious practices also helped parents to process complicated emotions and decrease the burden of caregiving¹².

Leow et al¹³ found that spiritual-related interactions scores of Singaporean caregivers of patients with cancer increased from baseline to 2 months. Caregivers with higher social support satisfaction and who had a religion predicted higher quality of life. Non-Chinese caregivers, caregivers who had been in the home hospice for a longer duration, and caregivers and patients who had a religion had higher spiritual perspective scale scores¹³. The majority of the South Asian parents of children with cancer, regardless of their religious affiliation, mentioned about the significance of prayer and other religious practices in helping them cope with their child's diagnosis,

treatment, and recovery. They emphasized their faith in Allah and often read verses from holy texts (e.g., the Quran and Gita) relating specifically to asking for recovery from disease and pain, which in itself was viewed as part of managing the health situation¹⁴.

In conclusion, we would like to emphasize that religious coping is frequently used by Singaporean parents of children with cancer due to its psychospiritual and mental benefits. Second, we believe that health professionals should recognize and respect parents' religious and spiritual needs and encourage parents to use religious coping strategies. Lastly, we recommend that

multicenter and comprehensive studies on religious coping of parents of children with cancer should be conducted in societies with different sociocultural characteristics. These studies will guide health professionals and will be useful for parents of children with cancer in clinical practice.

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