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Religion

Contributors: Samuel Ojima Adejoh

Edited by: Graham A. Colditz

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Religion, as a form of social structure, can serve the function of influencing attitudes toward health and illness among individuals. Religion not only affects the mind; religious beliefs and practices can affect the physical state and health in general. Hence, the role of religion in cancer control and prevention cannot be underrated. Religion often involves faithful devotion to a deity, ritual beliefs and observances, and a set of normative values and behaviors.

While there are mixed opinions on the relationship between religion and health, most studies generally show a positive relationship. Specific religious practices found to be beneficial to health include prayer, regular church attendance (community), and faith-driven beliefs and practices. However, religion alone is not the defining factor regarding overall attitudes toward disease and illness. Individuals are also influenced by other social structures such as ethnicity, race, marital status, education, and income.

Association with religious groups can provide not only spiritual support, but emotional and economic support for individuals with cancer as well. In addition, religion can act as a coping mechanism for those afflicted with disease. Church-based support is considered a source of material and psychological sustenance.

The role of religion in reducing cancer mortality has been documented. Studies found reduced risk of cancer among members of religious groups characterized by doctrinal orthodoxy and behavioral conformity. Frequency of church attendance and general commitment are important predictors of cancer mortality among those with some religious affiliation.

It is believed that religious beliefs affect attitudes and behaviors on two levels. Health attitudes are shaped by doctrine or teaching, while health behaviors are indicators of the strength of devotion. Doctrine may prescribe behavioral expectations that impose certain lifestyles that prohibit known health risks (for example, banning alcohol or tobacco use).

Evidence shows lower rates of cancer among some religious groups due in part to their dietary and hygiene practices. It is generally observed that behaviors influenced by doctrines are found more often among adherents of conservative rather than liberal religious groups.

Ellen Idler in her research has identified four areas where religion (whether practiced publicly or privately) can have positive effects on health.

Émile Durkheim examined religion as having a beneficial effect on human social life and individual well-being because it regulates behavior and integrates individuals into caring social circles. It provides stability and support. Religious belief systems may include prohibitions against certain high-risk behaviors such as smoking, excessive alcohol use, or sexual experimentation, lowering the incidence among religious group members of illness and disease.

During times of critical illness, such as cancer, people turn to religion for support. Religious groups can offer physical and spiritual assistance to the sick through prayers, visits, and meals, among other things. These help to reduce distress and restore hope. Prayers are seen as a cognitive and emotional resource immediately accessible to the sick and disabled.

Religion's role in prevention includes greater access to services and health information, and motivation to maintain a healthy lifestyle. Studies have demonstrated that women who attended church regularly were more likely to be screened for cervical cancer than women

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who never attended church services. However, there is no clear research on the role of religious beliefs and denominations and the use of preventive health care services.

The positive influence of religion can be felt across age, gender and ethnic group. However, certain psychological factors have been found to mediate the relationship between health and religion. These include perception of personal control over events in one's life, cognitive processes, acceptance of other people or God, attribution of purpose and meaning to negative life events, and perceiving negative events in life as having an external cause and positive events as having an internal cause.

Individuals with fundamental religious beliefs are typically more optimistic, hopeful, and socially involved than those with liberal beliefs. Belief in the superiority of spiritual or religious intervention by a deity through prayers or other means may help explain why some people delay medical treatment. For example, it may explain why some women delay seeing a doctor regarding noticeable breast lumps, thereby contributing to advanced stage breast cancer at diagnosis. In some studies religion and spirituality were positively related to health care, leading one to seek medical help for minor illness; but religion became a barrier to seeking help for more serious conditions such as cancer.

To understand the complex relationship between religion and health, it helps to examine the functions that religion serves for the faithful. Jean Byrne identified at least 10 needs that religion fulfills, and that interact with health decisions, including providing a source of social support and strength in critical times.

Church attendance has been correlated with better health outcomes. Data suggest that weekly religious attendance is associated with longer life, lower physical disability, faster recovery from depression, and greater life satisfaction. Naguib Samir and collegues noted that religious support or church attendance is linked to lower cancer pain, lower risk of cancer, lower instances of colorectal cancer, and decreased incidence of cervical cancer.

During times of great difficulties, such as being diagnosed with cancer, religious belief may help provide a greater sense of purpose, since death is seen not as an end to life but rather a time in which one will be judged for their actions and given either eternal life or eternal condemnation.

Religion can be seen as one important factor in understanding complex social phenomena. Since religion has demonstrated an impact on the reduction of unhealthy behaviors such as alcohol abuse, smoking, drug abuse, and an unhealthy diet, it is possible to view religion as a tool in cancer control. Additionally, the social network that is part of organized religious practice could be used as a way to reach out to those living with cancer and to encourage compliance with cancer management recommendations.

See Also: Religion: Jewish Women and Cancer Risk; Religion: Meditation and Risk; Religion: Preventability Versus Preordained; Religion: Use of Interventions.

Samuel Ojima Adejoh

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Further Readings

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