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## The Influence of Islamic Religious Education Implementation through the *Sekolah-Ku* Program on the Religious Attitudes of Children Diagnosed with Cancer

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Article Information	Abstract
<b>Received:</b> 5 June 2025	<i>This study aims to examine the influence of the implementation and internalisation of Islamic Religious Education (IRE) values in the Sekolah-Ku program on the religious attitudes and spiritual resilience of children diagnosed with cancer. The research assumes that a contextual and empathetic approach to IRE contributes significantly to strengthening positive religious coping strategies and religious behaviour among the children. This quantitative field research involved 24 children as primary respondents, all actively participating in the Sekolah-Ku program during the data collection period. Data were obtained through participatory observation and unstructured interviews with the children, complemented by the Brief RCOPE questionnaire to measure religious coping strategies. Descriptive statistics and simple linear regression were applied to analyse the relationship between IRE implementation and the children's religious attitudes. The findings reveal a predominance of positive religious coping, reflected in children's frequent engagement in prayer, worship, and spiritual reflection to seek strength and comfort. Based on Glock and Stark's religiosity framework, the practice dimension was most prominent, followed by experience, ideological, and consequential dimensions.</i>
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*These results indicate that the IRE implementation in the Sekolah-Ku program effectively fosters the internalisation of religious values, encourages active religious practice, and supports children's spiritual resilience in serious health challenges. The study highlights the importance of adaptive, spiritually humanistic, and context-relevant religious education.*

Penelitian ini bertujuan menguji pengaruh pelaksanaan dan internalisasi nilai-nilai Pendidikan Agama Islam (PAI) dalam program *Sekolah-Ku* terhadap sikap keagamaan dan ketahanan spiritual anak-anak yang didiagnosis mengidap kanker. Penelitian ini berasumsi bahwa pembelajaran PAI yang dilakukan secara kontekstual dan empatik berkontribusi signifikan dalam memperkuat strategi koping keagamaan positif serta perilaku keagamaan anak. Penelitian lapangan dengan pendekatan kuantitatif ini melibatkan 24 anak sebagai responden utama, yang secara aktif mengikuti program *Sekolah-Ku* selama periode pengumpulan data. Data dikumpulkan melalui observasi partisipatif dan wawancara tidak terstruktur dengan anak-anak, dilengkapi kuesioner Brief RCOPE untuk mengukur strategi koping keagamaan. Analisis data menggunakan statistik deskriptif dan regresi linier sederhana untuk menguji hubungan antara pelaksanaan PAI dan sikap keagamaan. Hasil penelitian menunjukkan dominasi koping keagamaan positif, tercermin dari kebiasaan anak dalam berdoa, beribadah, dan melakukan refleksi spiritual untuk memperoleh kekuatan serta ketenangan. Berdasarkan kerangka teori Glock dan Stark, dimensi praktik muncul paling menonjol, diikuti oleh dimensi pengalaman, ideologis, dan konsekuensial. Temuan ini menegaskan bahwa pelaksanaan PAI dalam program *Sekolah-Ku* efektif menginternalisasikan nilai-nilai agama, mendorong keterlibatan aktif dalam praktik keagamaan, dan mendukung ketahanan spiritual anak-anak dalam menghadapi kondisi kesehatan yang serius. Penelitian ini menekankan pentingnya pendidikan agama yang adaptif, spiritual-humanistik, dan relevan dengan konteks peserta didik.

## **I. INTRODUCTION**

Health is a vital aspect of human life. When a child experiences a chronic illness such as cancer, the impact is felt not only physically, but also psychologically, socially, and spiritually (Wiksuarini et al., 2021). Children diagnosed with cancer often undergo long and exhausting treatment processes. These experiences can cause anxiety, depression, and uncertainty about their future (Nasution et al., 2021). Therefore, addressing the needs of children with cancer cannot rely solely on medical interventions, but must also be complemented by psychosocial and

spiritual support. Similar to other preventable yet poorly understood illnesses, such as cervical cancer in low-resource settings, a lack of awareness and socio-cultural misconceptions often hinder timely intervention and coping (Kamanga et al., 2023). A holistic approach is believed to help fulfil children's emotional and religious needs while strengthening their mental resilience throughout the healing process.

Cancer is a disease that arises due to disruptions in the body's hormonal systems, causing cells to grow abnormally and form new lumps or tissues known as malignant tumours. It begins when cells undergo changes or damage in their genetic material (DNA) due to mutations (Rahajeng, 2020). These mutations cause cells to lose the ability to control growth and division, leading to uncontrolled development that damages surrounding healthy tissue (Kafa, 2022). Cancer can affect various organs and must be diagnosed and treated early to prevent it from spreading further.

Among children, several types of cancer are commonly found, including *leukemia* (a blood cancer originating in the bone marrow), *retinoblastoma* (a malignant tumor in the retina), *osteosarcoma* (bone cancer), *neuroblastoma* (tumors in the sympathetic nervous system), malignant lymphoma (cancer in lymphoid tissues), and *nasopharyngeal carcinoma* (a malignant tumor in the space behind the nose and throat) (Rahajeng, 2020). The treatment process is often lengthy and intensive, affecting children's psychological state. A study by (Faruqui et al. (2019) highlights that families of children with cancer often face delays in diagnosis and treatment due to systemic and socioeconomic barriers. In this context, spirituality becomes a significant factor that influences children's coping mechanisms, emotional strength, and overall well-being.

Islamic Religious Education (PAI) plays an important role in meeting the spiritual needs of pediatric patients. In the Islamic context, religious education aims to shape students' spiritual and religious character (Mohebbifar et al., 2015). Children can find meaning in their suffering through this learning process and derive hope in healing (Utami et al., 2023). Islamic Religious Education does not merely involve the transfer of religious knowledge typically found in schools but also emphasises the internalisation of spiritual, moral, social, and intellectual values

derived from the Qur'an and Hadith. It is implemented systematically and continuously to ensure that students understand Islamic teachings theoretically and apply them in their daily lives.

Research shows that spirituality significantly affects the quality of life in children with cancer. Spiritually healthy children tend to have more positive (Naulia & Saudi, 2023). By integrating religious values into education, children gain cognitive knowledge and develop strong character and personality. They learn to understand the meaning of patience in hardship, resilience in adversity, and the importance of prayer as a source of inner strength and closeness to Allah. This process helps children build a strong spiritual foundation that guides moral decision-making, forming healthy social relationships, and developing empathy and responsibility toward others.

Children with cancer have unique learning needs, especially in Islamic religious content that can spiritually guide them through experience-based instruction. A unique educational initiative in Indonesia addresses these needs the *Sekolah-Ku* Program, initiated by the Indonesian Care for Cancer Kids Foundation (*Yayasan Kasih Anak Kanker Indonesia*) or YKAKI. This program offers education tailored to children undergoing cancer treatment. Its learning system is flexible, adjusting to chemotherapy schedules and recovery periods, which is crucial for maintaining children's educational continuity during prolonged treatment (Qolbi, 2021).

The learning styles of children with cancer vary widely from auditory and visual to kinesthetic. In *Sekolah-Ku*, early childhood education (PAUD) and kindergarten levels often use kinesthetic approaches, while elementary to high school levels incorporate more balanced audio-visual strategies (Kafa, 2022). This flexible system is critical, especially considering that cancer treatment can take up to two years. Without structured learning, children are likely to fall behind academically, which may lead to psychological distress and decreased motivation for treatment. Hence, the presence of *Sekolah-Ku* has a positive impact by ensuring that children's education continues. The curriculum is aligned with the national standard, including subjects such as Bahasa Indonesia, Mathematics, and Islamic Religious Education.

Islamic Religious Education (PAI) focuses on spiritual aspects that offer emotional reassurance and strengthen faith-based values, making it highly relevant for children experiencing severe health conditions (Gama et al., 2023). Several studies confirm that religious education helps children understand and cope with their illness while deepening their spiritual connection (Halima et al., 2023). Through meaningful interactions with teachers and contextually delivered religious content, children develop positive attitudes toward their suffering and greater faith in Allah SWT (Faqihuddin & Nugraha, 2023). In this regard, the *Sekolah-Ku* Program plays a key role in integrating PAI into the lives of children with cancer by adapting to their physical and emotional conditions during treatment (Kafa, 2022). Learning that emphasises spiritual experiences through stories, reflection, and prayer can inspire calmness and strengthen coping strategies (Ridwan & Umarella, 2024).

Several indicators are considered to analyse the influence of PAI on religious attitudes, such as belief in God, worship practices, and understanding of life's tests (Arsyad et al., 2020). Religious education should not only focus on general academic goals, but also on the spiritual strength that helps children persevere through medical treatment. Previous research supports this premise. This can be seen when children use religion to calm themselves or relate life problems to religious values, which shows that PAI learning has begun to shape religious behaviour that is internalised in their daily lives. Overall shows that Glock & Stark's four dimensions of religious attitudes can be identified in the children's responses through the RCOPE Brief, and that learning Islam in the *Sekolah-Ku* Program makes a real contribution in shaping the religious attitudes of children with cancer, both in terms of beliefs, worship, spiritual experiences, and religious behaviour that reflects Islamic values, Bese & Muhaemin's study found that PAI significantly affects students' honesty, with a contribution of 17.2% (Akko, 2018).

Similarly, Nurfitriani et al. (2023) reported that quality PAI contributes 7% to honest behaviour among students. While both studies highlight the impact of PAI on moral development, the current research differs in focus, exploring its broader influence on religious attitudes and resilience in children facing life-threatening illness (Nurfitriani et al., 2023). The study has similarities in confirming the

contribution of PAI to student behaviour, namely religious behaviour, honesty, while the difference is in the focus of research written by the author, emphasising religious attitudes in general for children with cancer.

This study brings novelty to Islamic education research by targeting a unique population: children diagnosed with cancer receiving PAI through the *Sekolah-Ku* Program in hospitals and shelter homes. It adopts a holistic and interdisciplinary perspective, combining education, child psychology, and spirituality to understand how PAI can foster spiritual resilience. Unlike previous studies focusing on teachers or parents, this research centres on the children's experiences, providing authentic insights into how PAI helps shape their religious attitudes and behaviours. The aim is to examine the impact of PAI implementation and internalisation on the development of positive religious coping and spiritual strength, using a quantitative field approach to assess its effectiveness in supporting children with severe health conditions.

Based on the formulation of the problem and the quantitative approach used in this study, the proposed hypothesis is formulated as follows: The null hypothesis ( $H_0$ ) states that there is no significant influence between Islamic learning in the *Sekolah-Ku* Programme on the religious attitude of children with cancer. This means that the implementation of the learning does not provide significant changes to the level of religious attitudes of children. Conversely, the alternative hypothesis ( $H_1$ ) states that there is a significant influence between Islamic learning in the *Sekolah-Ku* Programme on the religious attitudes of children with cancer.

## **II. METHOD**

This study is a type of field research in which the researcher examines the phenomenon based on actual data obtained directly from the field (Arifin, 2018). The research employed a mixed methods approach with a quantitative dominant design, complemented by qualitative data through interviews. The quantitative approach was used to examine the influence of Islamic Religious Education (PAI) learning on the religious attitudes of children, while the qualitative approach aimed to provide an in-depth understanding of their learning experiences. Quantitative

methods were deemed appropriate as they enable researchers to systematically measure the relationship between independent and dependent variables using statistical data processed (Hermawan & Hariyanto, 2022) and allow for broader generalisation of the findings.

The population of this study consisted of all children diagnosed with cancer who participated in PAI learning activities in the *Sekolah-Ku* program. The concept of population and sample follows Sulaiman et al., where the population refers to the entire research target group, and the sample is a portion of the population selected due to practical constraints (Sulaiman et al., 2023). A total of 24 children were selected as the sample using purposive sampling (Etikan, 2016). based on inclusion criteria: having been diagnosed with cancer for at least six months and no more than three years, aged between 7 and 12 years, actively participating in PAI learning in the *Sekolah-Ku* program for at least the last three months, and able to respond to the research instruments either orally or in writing.

Data were collected through three primary techniques. First, participatory observation was conducted to directly observe the implementation of IRE learning in the *Sekolah-Ku* program. Second, unstructured interviews were conducted as an open-ended question-and-answer process between the researcher and respondents to obtain verbal information about their learning experiences (Qolbi et al., 2022). Third, the Brief RCOPE questionnaire was used, consisting of 14 items, seven measuring positive religious coping and seven measuring negative religious coping using a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) (Pargament et al., 2011). Construct validity testing using Pearson's item-total correlation revealed that all items had significance values of less than 0.05, with correlation coefficients ranging from 0.412 to 0.733, exceeding the *r*-table value of 0.381 at a significance level of 0.05 (Sugiyono, 2018). Reliability testing using Cronbach's Alpha produced a value of  $\alpha = 0.873$  ( $> 0.7$ ), indicating that the instrument was highly reliable for use in this research (Ghozali, 2018; Rudini, 2017).

Data analysis was conducted using descriptive statistics to summarise the tendencies of religious coping strategies and simple linear regression to examine the influence of IRE implementation on children's religious attitudes. The data were

processed using SPSS software, which facilitates statistical analysis but is not a method. The conclusion-drawing process involved interpreting the results of descriptive and inferential statistical analyses, followed by integrating qualitative findings from unstructured interviews. This combination ensured that the conclusions were comprehensive, reflecting numerical relationships and the contextual experiences of the respondents in the field.

### **III. FINDINGS AND DISCUSSION**

#### **The Concept of Islamic Religious Education in the *Sekolah-Ku* Program**

Islamic Religious Education (PAI), a strategic medium in developing children's personality, focuses on forming "*insan adabi*," integrating cognitive, affective, and psychomotor aspects. This concept aligns with the views of Syed Muhammad Naquib Al-Attas, who emphasises the importance of education in forming a knowledgeable and moral generation (Hasib, 2020). Based on observations at the *Sekolah-Ku* Programme, the Islamic education approach emphasises the aspects of empathy and spiritual assistance. Teachers act not only as material deliverers but also as companions who provide emotional and spiritual support to children undergoing medical treatment. In the learning process, the teacher actively guides the children to continue praying, teaches the worship procedures gently, and familiarises them with TPA activities such as reading and memorising Qur'anic verses regularly. These activities are carried out with fun and loving methods, so children feel comfortable and not burdened. In addition, teachers also use methods such as inspirational stories and open dialogue, which make religious teachings feel close and relevant to their living conditions.

Based on direct observations and interviews with teachers and caregivers, the implementation of PAI in the *Sekolah-Ku* Programme is adaptive, empathetic, and context-based, specifically designed for children diagnosed with cancer. In this setting, PAI goes beyond transferring religious knowledge, functioning as a medium for spiritual guidance and emotional reinforcement. Learning is conducted systematically and continuously, integrating spiritual, moral, social, and intellectual values, while remaining responsive to each child's health condition.



Teachers act not only as knowledge facilitators but also as emotional and spiritual companions. Learning activities include guided prayer, Qur'anic recitation and memorisation, inspirational storytelling, and moral reflection, all tailored to the child's physical condition and emotional readiness (Kafa, 2022). For example, when children show fatigue, Qur'anic recitation sessions may be shortened and combined with motivational storytelling. At the same time, moral reflection activities are conducted through casual dialogue to increase engagement. These activities are delivered with compassion and flexibility to accommodate hospitalisation periods and chemotherapy schedules (Qolbi, 2021). The learning model applies a humanistic approach that fosters an inclusive, nurturing, and emotionally supportive religious environment. By guiding prayer, encouraging Qur'anic memorisation, and providing reflective moral discussions, the programme strengthens the children's spiritual connection and helps them cope with the psychological challenges of illness. In this way, PAI not only fulfils the children's right to inclusive education but also provides meaning in life and a source of inner strength during critical health conditions.

The success of this adaptive approach is supported by strong collaboration between teachers, caregivers, and healthcare staff, who work together to ensure that learning remains consistent despite medical constraints. However, interviews revealed that communication limitations among these parties—particularly in synchronising schedules and sharing updates on each child's condition—remain a significant challenge in maximising the program's overall impact. Administratively, the PAI curriculum follows the same structure as regular schools, but with the flexibility to adapt to treatment schedules. While the number of active learning days is significantly lower compared to formal schools, using a substantive and adaptable learning system ensures that the quality and depth of religious education for children with cancer are preserved.

### **Psychological and Spiritual Characteristics of Children Diagnosed with Cancer**

In order to measure the impact of learning Islamic Religious Education (PAI) in the *Sekolah-Ku* Programme on children with cancer, the theory of religiosity proposed by Charles Glock and Rodney Stark can be a strong foundation. This

theory outlines three interconnected dimensions of religiosity: ideology, practice, experience, knowledge, and consequences (Cannolly, 2016). Each dimension reflects an important aspect of religiousness that can contribute to the psychological resilience and quality of life of children battling cancer.

The ideological dimension, which describes fundamental beliefs in religious teachings, is particularly relevant for children with cancer. These beliefs shape their perception of the illness and help them see the illness as a test rather than a punishment from God. Research by Harry et al. emphasises the importance of integrating spiritual elements in medical care to reduce anxiety and improve patients' mental well-being (Harry et al., 2024). By strongly believing in Allah SWT and religious teachings, children can develop an attitude of patience and sincerity, which is important in dealing with the strenuous and exhausting medical treatment process. The faith in them gives new meaning to the pain and discomfort experienced, so that suffering is no longer seen as a burden but as part of a test full of wisdom. Children who believe illness is God's will and part of His plan will more easily accept their condition with a spacious heart, without much complaint or rejection. Patience arises because children understand that every test must have a purpose and a good end if faced with fortitude.

Meanwhile, a sense of sincerity grows from the realisation that life, health and healing are all in the hands of Allah. This helps children to be less emotionally burdened, and they can often calm their parents or those around them with words full of trust in God. This belief becomes an invisible source of inner strength, but is evident in their daily behavioural expressions. Children who have this kind of faith tend to be more psychologically stable, easier to cooperate with in the treatment process, and show a higher spirit of life despite their illness.

The practice dimension includes the actual act of carrying out religious teachings, such as prayer. The application of religious practices even in poor health conditions is seen in the children's desire to continue to worship, albeit in a simple form (Rammohan et al., 2002). The dimension of religious practice is very important, as it was observed that religious activities such as prayer, praying, or reading the Qur'an helped the children deal with pain and mental distress during cancer

treatment. Worship for them is not just a routine, but a way to calm their hearts and strengthen them when they feel weak, afraid or sad. By performing acts of worship, children feel closer to God, feel less alone, and gain hope that there is help from God. This makes them stronger, calmer, and able to undergo treatment enthusiastically, even though their physical condition is not good.

Religious experience, personal and emotional, is a crucial dimension that allows children to experience peace and tranquillity amid their suffering. Many children reported positive feelings after worship, which helped them cope with the fear and anxiety of the treatment process (Fradelos et al., 2018). The spiritual experiences that children have during worship allow them to reflect or think about life and serve as a source of strength that helps maintain their mental health. Children who feel close to God tend to be calmer, more courageous in facing pain, and less prone to despair. The feeling that God is always with them, listening to their prayers, and giving them hope, makes their hearts stronger. Children can go through treatment days with a more positive mindset and a peaceful feeling.

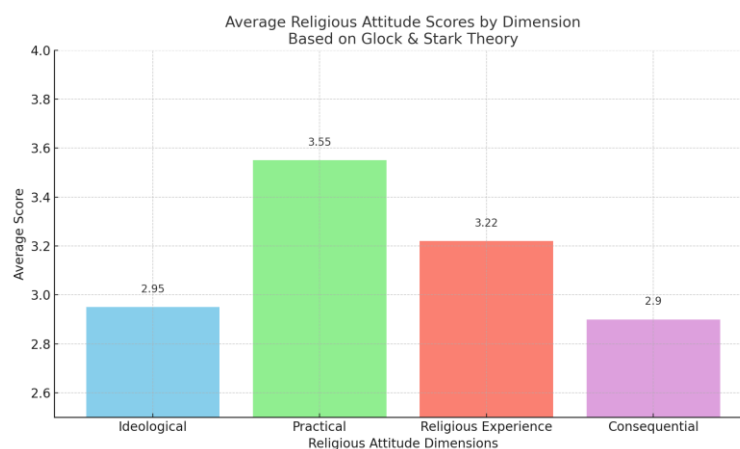
The consequence dimension reflects how religious values influence children's behaviour and moral attitudes in the face of cancer treatment. Children with strong religious values tend to be more patient, less irritable, and behave politely to medical personnel (Carleton et al., 2008). This shows that learning PAI has a real impact in shaping children's daily behaviour, especially in dealing with difficult situations such as the treatment process. The religious values they learnt did not stop at understanding in the head. They were reflected in their attitudes and actions, such as being patient when feeling pain, not complaining easily, respecting parents and medical personnel, and keeping their word and deeds. This is evidence that religious learning delivered with the right approach can instil values that influence children's behaviour. The consequence dimension in this case can be seen from how the teachings received become life guidelines, even in challenging conditions. So, religious education in *Sekolah-Ku* not only equips children with knowledge, but also forms an attitude pattern that reflects the depth of faith in real action.

These spiritual and psychological traits are also nurtured through the direct involvement of teachers in the *Sekolah-Ku* program. Observations reveal that

teachers serve as educators and act as role models and emotional companions. This can be seen when children use religion to calm themselves or relate life problems to religious values, which shows that PAI learning has begun to shape religious behaviour that is internalised in their daily lives. Overall, this table shows that Glock & Stark's four dimensions of religious attitudes can be identified in the children's responses through the RCOPE Brief, and that learning Islam in the *Sekolah-Ku* Program makes a real contribution in shaping the religious attitudes of children with cancer, both in terms of beliefs, worship, spiritual experiences, and religious behaviour that reflects Islamic values, they consistently demonstrate the importance of praying on time, teach Qur'anic recitation with patience, and motivate children to remain steadfast in their faith. Beyond formal learning, teachers also become a safe space for children to express their worries, providing comfort during emotionally vulnerable moments. This caring approach greatly strengthens the children's spiritual resilience and emotional well-being during cancer treatment.

### **The Effect of PAI Learning on Religious Attitudes in *Sekolah-ku* Program**

To further measure the impact of Islamic Religious Education (PAI) learning on the spiritual responses of children with cancer in the *Sekolah-ku* Programme, this study used an additional instrument: the Brief RCOPE questionnaire. Brief RCOPE is a psychological measurement tool designed to evaluate how individuals use religious values in responding to stressful or suffering situations (Pargament et al., 2011). In the context of this study, Brief RCOPE is very relevant to use because it can provide a concrete picture of the forms of religious coping that children use in response to their illness. Through this questionnaire, the researcher assessed whether the PAI learning received by the children impacted their tendency to use positive religious coping strategies, such as drawing closer to God, feeling strengthened by faith, and entrusting life's trials to the divine will. On the other hand, the questionnaire also helps to identify whether there are still negative religious coping tendencies, such as feeling punished or abandoned by God, which reflect unresolved spiritual conflicts. Therefore, the RCOPE Brief in this study is not only to supplement the data, but also to evaluate the effectiveness of Islamic religious learning in shaping healthy and positive spiritual attitudes in children in crisis.



**Diagram 1.** Average Religious Attitude

The relationship between the statements in the RCOPE Brief and the relevant dimensions of religious attitudes according to Glock & Stark's theory, namely ideological, practical (ritualistic), religious experience, and consequential. Based on the mapping, it can be seen that the ideological dimension appears the most in the questionnaire items, reflecting the extent to which children with cancer have a strong belief in God, His power, and His compassion. High scores on items such as *"I believe God gives me strength"* and *"I always include God in my life"* indicate that PAI learning in the *Sekolah-Ku* Programme has succeeded in deeply instilling the values of monotheism and forming solid spiritual beliefs.

The diagram illustrates that the practice dimension scored the highest ( $M = 3.55$ ), showing that children consistently engaged in acts of worship such as prayer and asking forgiveness, even during illness, supporting Glock & Stark's theory on ritual religiosity and Rammohan et al.'s (2002) findings on its role in emotional resilience. The practice dimension, although not as much as the other dimensions, still appears in children's responses to simple acts of worship, such as asking for forgiveness or making God a part of the routine of life. This indicates that PAI learning not only provides understanding, but also trains children's involvement in religious actions that are appropriate to their conditions.

The religious experience dimension ( $M = 3.22$ ) indicates that children gained peace and strength through spiritual connection, consistent with Fradelos et al. (2018). Meanwhile, the dimension of religious experience is evident from the

children's responses, which show their emotional closeness to God, feeling strengthened and calmed, and even sometimes experiencing doubts. These responses reflect that religious attitudes are cognitive and emotional, and the *Sekolah-Ku* Programme has created space for such spiritual appreciation. However, some children still show symptoms of mild religious crisis.

The ideological dimension ( $M = 2.95$ ) reflects children's belief in God, although some still experienced doubt, aligning with Harry et al. (2024) on the need for spiritual framing of illness. Finally, the consequential dimension ( $M = 2.90$ ) shows how religious values influence behaviour, supporting Carleton et al. (2008) on religion's role in emotional and social regulation. The consequential dimension can be seen from statements describing how religious teachings impact children's emotions and social attitudes. This can be seen when children use religion to calm themselves or relate life problems to religious values, which shows that PAI learning has begun to shape religious behaviour that is internalised in their daily lives. Overall, this table shows that Glock & Stark's four dimensions of religious attitudes can be identified in the children's responses through the RCOPE Brief, and that learning Islam in the *Sekolah-Ku* Program makes a real contribution in shaping the religious attitudes of children with cancer, both in terms of beliefs, worship, spiritual experiences, and religious behaviour that reflects Islamic values.

### **Effectiveness of RCOPE Brief Score Analysis Based on Glock & Stark's Religious Attitude Dimensions**

In the descriptive analysis of this research, it is important to understand that the number of children with cancer who participate in the *Sekolah-Ku* Programme fluctuates. This is due to the dynamics of the treatment period, which varies, such as the intensity of hospitalisation, recovery period, and patient mobility, which depend on each child's medical condition. Therefore, this study took a sample of 24 students who were active participants of the *Sekolah-Ku* Programme at the time of data collection. This number was chosen based on the availability of respondents who met the inclusion criteria, namely, children who were physically and psychologically able to participate in PAI learning and fill out the Brief RCOPE questionnaire with appropriate assistance. The data from these 24 students became

the basis for analysing the extent to which Islamic Religious Education learning impacted their religious attitudes during the health crisis.

Interpretation:

1. Average PRC (positive religious coping) = 3.53 → very frequent category
2. Average NRC (negative religious coping) = 1.80 → rare category

**Table 1. RCOPE Brief Score Analysis Based on Glock & Stark's Religious Attitude Dimensions**

No	Dimensions of Religious Attitudes	RCOPE Items	Average (Mean)	Frequency Category
1	Ideology	S1, S2, S4, S5, S9, S10, S11, S14	2,95	Quite often
2	Practice	S4, S6	3,55	Very often
3	Religious Experience	S1, S2, S3, S5, S7, S8	3,22	Often
4	Consequential	S3, S6, S7, S12	2,90	Quite often

Based on the analysis results in the table, the practice dimension (ritualistic) shows the highest mean value among the four dimensions of religious attitudes, namely 3.55. This shows that children with cancer who participate in the *Sekolah-Ku* Programme consistently carry out religious practices such as praying and asking for forgiveness, despite their limited physical condition. Adaptive and empathic PAI learning has encouraged their active involvement in daily worship activities. Furthermore, the religious experience dimension also showed a fairly high score (3.22), indicating that children know or perform religious practices and emotionally experience their relationship with God. This is reflected in their feelings of calmness, trust, and spiritual awareness in the face of severe illness.

Meanwhile, the ideological dimension has a slightly lower average score (2.95), which is most likely influenced by the combination of positive and negative items. Some children still express doubts or questions about God's love and power, which indicates that this aspect of their faith is not yet fully and stably formed and still requires strengthening through a more in-depth approach to belief. The consequential dimension, which relates to how religious values influence children's social behaviour and attitudes, had the lowest score (2.90). Although still frequent,

this result shows the need for more attention to making religious values a foundation for dealing with emotional and social stress during the care process.

### ***Practice Dimension***

The practice dimension received the highest average score, indicating that the children regularly performed acts of worship such as prayer and asking for forgiveness, despite their physical limitations. This finding aligns with the *ritualistic* aspect in Glock & Stark's theory, which emphasises visible religious behaviour as a sign of internalised faith. In the context of *Sekolah-Ku*, this result reflects how flexible and compassionate PAI methods help children engage in meaningful yet straightforward rituals, even during hospitalisation. Rammohan et al. (2002) also found that consistent religious practice can enhance resilience and reduce psychological distress in chronically ill children. In Islamic education, consistent ritual activity (*ibadah*) is a form of *taqarrub ilallah* (drawing closer to God), serving spiritual and emotional healing.

### ***Religious Experience Dimension***

This dimension illustrates the children's emotional closeness to God, evidenced by feelings of peace, strength, and surrender during difficult times. This is supported by Fradelos et al. (2018), who state that positive spiritual experiences help children face fear and anxiety related to medical treatments. Karagöz found that parents of children diagnosed with leukaemia interpret the illness through a spiritual lens and rely on religious practices such as prayer and worship to cope with emotional distress during the remission period (Karagöz, 2021). In Islamic religious education, spiritual experiences are encouraged through practices like *dzikir*, reflection on God's mercy, and internalisation of prophetic stories. The *Sekolah-Ku* Programme fosters these experiences by creating learning moments that engage children's hearts, such as collective prayers, storytelling, and songs about divine love. These moments help children perceive God intellectually and emotionally, developing *ma'rifatullah* (awareness of God's presence).

### ***Ideological Dimension***

The slightly lower score in this dimension is due to mixed responses reflecting faith and occasional doubts, such as questioning God's love or feeling punished.



According to Glock & Stark, this ideological aspect deals with divine power and justice beliefs. In Islamic thought, faith (*iman*) is dynamic and can fluctuate, especially in times of suffering. Harry et al. (2024) highlight that patients experiencing health crises often undergo spiritual questioning, which requires gentle theological reinforcement. *Sekolah-Ku* addresses this by integrating *tawhid*-centred learning that frames illness not as punishment, but as a divine test (*ibtila*). Stories of prophets enduring trials (e.g., Prophet Ayyub) help children understand that suffering can lead to spiritual growth. Strengthening the *aqidah* (belief system) is key to improving this dimension.

### ***Consequential Dimension***

This dimension explores how religious teachings influence moral behaviour and emotional control. Although this score was the lowest, it falls into the “quite often” category. It suggests that while children understand and perform religious actions, translating these into consistent ethical behaviour (e.g., patience, respect, honesty) under pressure is more challenging. According to Carleton et al. (2008), internalised religion is crucial in helping individuals manage emotions and behave pro-socially. In Islamic education, the *akhlaqiyah* (moral) dimension is a goal of holistic learning where rituals and beliefs are reflected in behaviour. Previous research found that when caregivers and educators model religious ethics consistently, children are more likely to absorb and imitate those values. In *Sekolah-Ku*, teachers’ presence as companions and emotional listeners has laid the foundation for this behavioural transformation, though further structured support is still needed.

## **IV. CONCLUSION**

Based on the analysis of 24 students with cancer who participated in the *Sekolah-Ku* Programme, it can be concluded that learning Islamic Religious Education (PAI) has a positive influence on the formation of their religious attitudes. This can be seen from the average score of positive religious coping of 3.53 on a scale of 4, which falls into the “very often” category, with more than 85% of students consistently showing religious behaviours such as praying, reciting the Qur’an, asking for forgiveness, and feeling strengthened by Allah SWT. In contrast,

the mean score of negative religious coping was 1.80, indicating that less than 20% of students experienced spiritual doubts such as feeling punished or abandoned by God. When viewed from Glock & Stark's dimensions of religiosity, the practice dimension had the highest score (3.55), followed by the experiential (3.22), ideological (2.95), and consequential (2.90) dimensions, indicating that the children were stronger in the aspects of worship and spiritual appreciation than the application of religious values in social behaviour. This happened because the learning of Islamic Religious Education in the *Sekolah-Ku* Program was designed with an empathetic, flexible, and contextual approach, allowing children to engage in religious practices that were meaningful and emotionally supportive despite their health conditions. The program encouraged ritual practice and emotional-spiritual reflection, positively influencing their coping mechanisms and moral behaviour. Overall, these results prove that PAI learning in *Sekolah-Ku* is important in strengthening children's spirituality during the health crisis period, both in terms of beliefs, emotions, and behaviour.

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