

# Sickle Cell Anemia (SCA) in Children: A Perspective of Religious Sympathy

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## Abstract

*Sickle cell anemia (SCA) is still a major health challenge in Africa, particularly in the Sub-Saharan areas of Africa, where the burden is felt Nigeria in this case is not left out in the game of this health challenge. Indeed, many authors have written extensively, focusing on biomedical and genetic perspectives of SCA, little or no attention from religious perspective has been given to the efforts or roles played by the two peer religions, especially Islam. This paper critically examines the scourge (SCA) in children, the financial implications, stress and turbulent times parents undergo and the trauma experienced by the children. The paper peruse examines the ailment via faith-based sympathy, empathy and spiritual attention rendered. The paper, therefore, adopts qualitative approach which involves the use of existing literature works and oral interviews of SCA children and their parents and the to explore how religious points of view has lent a helping hand via the show of care, empathy and sympathy. In this paper, findings reveal that religious sympathy plays a pivotal role in enhancing psychological resilience, patience and spiritual assistance provided to ameliorate their sufferings. Islam, in this journey, emphasises patience, endurance, a test of time under destiny as they all assist in to bear the chronic nature of the disease, yet not losing hope of survival. This study identifies: stigmatisation, negligence in getting life partners, financial measurement, sleepless night by both the children and their parents. The paper therefore concludes that the medical personnel in conjunction with spiritual assistance be a conjunctional effort as such will render better hope of survival for the children as well live a qualitative life. The paper recommends that government, faith-based organisations, Mosques and Churches, all learning institutions and non-governmental organisations, should do more of advocate and counselling sessions for their community members on the need to know their genotype classes, in order to minimise the number of SCA cases.*

**Keywords:** *Sickle Cell Anemia (SCA), Sympathy, Genotype Test, Spirituality, Financial Implications.*

## **I. Introduction**

Sickle cell anemia is characterised by abnormal hemoglobin (Hbs) which informs red blood cells to become rigid and sickle-shaped, resulting to excruciating pains, and agonies and crises, organ damage and perhaps reduces life expectancy in the children, leading to obstruction of blood flow and recurrent painful episodes (Mangla et al 2023).

Based on experience, children's excruciating pain does not end in physical, but it also involves psychological, emotional, social and even religious.

Kwaku (1998) submits that cerebrovascular accidents in sickle cell disease heightens neurological and psychosocial complications associated with sickle cell disease. Jessica

(2002) admits that sickle cell pain affects emotional well-being and social functioning; while Susan (1995) argues that there is impact (of the pains) on daily life and social participation (e.g. school). According to Vicki (2012) establishes the biopsychosocial model, including spiritual/religious coping in chronic illness.

Critically analysing Vicki (2012)'s assertion, it will be undoubtedly agreed that religious sympathy's perspective is essential, paramount, supportive and build hope in affected children and their parents/wards.

### **Concept of Drug**

Sickle cell anemia is a deficiency or abnormality in formation of blood, or disorderliness caused by mutation. Graham (2013) Sickle cell anemia is fundamentally a molecular genetic disorder caused by a mutation in the  $\beta$ -globin S instead of normal hemoglobin. The single amino acid substitution alters red blood cell structure and function.

More comprehensively, sickle cell anemia in children is conceptualised as a chronic genetic condition that not only manifests through recurrent painful crises and anemia but also imposes long-term psychological, social and emotional burdens on affected children and their families, requiring holistic management approaches including medical, psychosocial and spiritual care (Al-Arrayed 2010).

### **Research Objectives**

To examine the nature and multidimensional impact of Sickle Cell Anemia in children, considering its social, physical, psychological and emotional consequences.

To explore the concept of religious sympathy within Islamic and other faith tradition as per compassion, support and caregiving for the children living with the illness disease.

In order to assess the role of religious sympathy, especially Islam, in catering for the wellness of children living with Sickle Cell Anemia: Coping mechanism, family/parental support and community.

### **Research Questions**

What are the major social, physical, psychological and emotional consequences challenges faced by children living with Sickle Cell Anemia?

How do the religious teachings promote sympathy, compassion and care for children who suffering from chronic illness (SCA)?

In what ways does do religious sympathy and family support contribute to the wellbeing of the SCA children and parents?

### **Scope/Limitation of the Study**

Kothari (1-15) sees scope as discusses scope under research methodology as fundamentals particularly in defining research problems; objectives and limitations of a study, while John (13-18) says: It is in relation to the purpose, delimitations and boundaries of research design in qualitative, quantitative and mixed methods studies.

In this research, the scope and limitations are on qualitative research method (with interviews) and only for the sickle cell anaemia children and their parents for accurate results based on their experiences.

## **II. Literature Review**

### **Causes of Sickle Cell Anemia**

Sickle cell anemia causes red blood cells to become rigid and sickle-shaped, leading to vaso-occlusion, chronic, hemolysis and organ damage (Rees, Williams & Gladwin 2010). Care and constant medical assistant must sought and strictly followed to avoid infant death in the

carriers of the genes. In this case, low-income salary earners, middle class and low class income earners find it uneasy to procure required balanced treatment. Piel et al (2013) asserted that without early diagnosis and proper management, a significant proportion of affected children in low-income countries, (Nigeria as a case study) die before the age of five. Barokat et al (2007) in a different dimension, observed that repeated hospitalizations and physical limitations often result in anxiety, depression, and reduced quality of life. Each time the sickle cell anemia is hospitalised, financial expenses or increasement, stress for the patients, engagements by the family and friends, even sometime, some good neighbours contribute their quota towards their wellness. Anie (2005) admitted that their sufferings go beyond physical health complications but which include: profound psychological and social consequences as they experience chronic pain that interferes with schooling, peer relationship and emotional development. Admitting with Anie (2005) some of their peers stigmatise, insult and use stylish abandonment syndrome, by avoiding them (SCA children).

From a Nigerian's submission, Adegoke & Kuteyi (2012) discovered that the SCA school children come across stigmatisation, social withdrawal and fear of premature death while parents and caregiver experience emotional distress and financial strain due to the chronic nature of the disease.

Effecting of dying prematurely by the SCA children to in Africans' belief, Nigeria as an example is related to reincarnation phenomena, known as "Iloghachi" Ogbange in Igbo language, Abiku in Yoruba language, Sake haihuwa in Hausa. However, parents fail to realise that the ignorant stance on not running clinical tests, or failure to abide by the results of the clinical test, or, insincerity in disclosing the trusty results of the tests. Aidoo 1993 supported the assertion that SCA is sometimes interpreted through spiritual frameworks, including belief in supernatural causation or reincarnation.

### **Research Gap**

Majority of the literature works discussed here under 4.1 above itemised different causes of sickle cell anemia and the excruciating pains, psychological trauma, financial implications, negligence syndrome, reincarnation, comp stress, hospitalisation, abscondment from school due to the illnesses etc. However, two things were not mentioned, one is the incompatibility of the couples and lack of exercising religious ethics on sickness, ailment or illness. Cotton et al 2006 reported that empirical studies indicated that children and families who engage in positive religious coping reported lower levels of stress and better emotional adjustment.

The Qur'an emphasises the need to talk pray for sound health and affirm cure, as believers.

*And we send down of the Qur'an that which is healing and mercy for the believers; but it does not increase the wrongdoers, except loss (Q 17:82)*

Ibn Kathir explains that Allah informs the believers that the Qur'an is a complete cure (Shifa') and mercy (rahma). Shifa' in this context, according to Ibn Kathir refers to healing from: spiritual diseases such as: doubt (Shakk) and hypocrisy (nifāq); and moral corruption and misguidance. On the other hand, Al-Qurtubi (2006) reiterated that Shifā'a, i.e healing refers to spiritual healing curing of nifāq, shakk and jahl: primary meaning; while the secondary meaning refers to: healing of the body (physical illness) (Al-Qurtubi 2006).

The Prophetic Hadith, affirms that Allah created diseases but with treatment.

*There is no disease that Allah has created, except that He also has created its treatment (Bukhari, Book of Medicine, Hadith no 5678)*

Treatment in the above Hadith, as referred to scholars, refers to both medical remedies and spiritual means, such as du'a' (supplication) and ruqyah: Quranic recitation. In another

Hadith the Prophet says:

*O Allah, Lord of mankind, remove the harm and cure (him), for You are the Healer (Bukhari, 5742 & Muslim 2191)*

### **III. Challenges Faced by the SCA Children**

The sickle cell anemia (SCA) children undergo series of devastating challenges, a few ones are itemised and explained here below:

#### **Psychological Challenges**

It is pertinent to observe the SCA anemia children scream, weep, cry and get frustrated which sometimes result to depression in some of them. Essien et al (2023) explained that psychological distress such as: fear, frustration and anxiety has been emotional instability is common due to chronic pain and disease's uncertainty. Salih (2019) listed high prevalence of depression and anxiety which result to psychological challenge.

Depressions actually affect sickle cell anemia children frequently so it affects their emotional and psychological wellbeing. Sehlo & Kamfar (2015) observed that sickle cell disease have a significantly higher risk of depressive symptoms as it negatively impacts their quality and overall functioning, compared to healthy peers.

#### **Physical and Medical Challenges**

Their growth, in most cases is stunt, delayed and makes them looking skinny or tiny. Due to constant pain scenarios. Rees, Williams and Gladwin (2010) postulated that they frequently experience recurrent pain episodes (vaso-occlusive crises), chronic anemia, delayed growth and increased susceptibility to infections due to impaired immunity. They, therefore, constantly get hospitalised and undergo treatments that consumed money due to long-term medical care (required).

#### **Educational Challenge**

The sickle cell anemia children are found to frequently absent from school due to the excruciating and constant pain they do have which most times lead them to have been hospitalised. Hospitalisation negatively affects their academic performance, cognitive development and overall educational attainment (Schatz, Finke, and Roberts 2004). Frequent or prolonged school absences can interfere with their processes of knowledge acquisition (Osita et al 2013).

Abubakar et al (2025) posited that fatigue is a prevalent debilitating symptom in children with sickle cell disease, significantly affecting their educational participation. Kristine et al (2021) critically observed that neurological complications such as stroke and subtle **\*\*neuro-cognitive** deficits in children with sickle cell disease, contribute significantly to academic difficulties and the need for special educational support.

Severally, considerable numbers of the SCA school children have missed their weekly tests, terminal and sessional examinations, those at primary, secondary and tertiary institutions, respectively; which led to repeating a class or carrying over some courses.

#### **Social Challenge**

Stigmatizations, isolation, negligence by the peer, inability to perform physical sporting curricular activities are the social challenges of the SCA children. Due to their fragility they are limited to performing some social functions.

Dyson et al (2010) in their article, titled "Young people with sickle cell disorder, social and emotional impact" concurred that children with sickle cell anemia may face stigmatization, social isolation, and difficulty forming peer relationships due to frequent illness, physical

limitations, and misconceptions about the disease.

### **Caregiver and Family**

Parents, family members and caregivers undergo tough times during the periods of SCA's crisis; likewise they experience sleeplessness, emotional pain, fatigue and thoughtful moments. Barakat et al (2008) explained that parental caregivers' burdens include: fatigue, emotional.

The constant occurrence of crisis in sickle cell anemia children affects their economic status, social relationships and mental well-being Mumuni et al (2023). Also parents of the diseases children, often times, they abscond permission from their work places, leave of absence which affects their professional performance and progress aside the tag "truant". Some assume they are! Bioku et al (2020) observed that caregivers/parents suffer emotional distress, lifestyle disruption and reduced psychological well-being which affects their relationships.

### **IV. Perspective of Religion**

It is an undeniable fact that both Islam and Christian have soft palate for showing mercies to others, assist the less privileged people financially, elevate those who are on lower cadres, and also to pray or supplicate for others, who are bereaved, or in difficulties; and in the same vein, as Muslims, we must supplicate or convey our heartfelt to Him (Allah) in patience, perseverance and hope in addition to seeking medical solutions. The Prophet said:

*O Servants of Allah, seek treatment, for Allah has not made a disease without appointing a remedy for it, except for one disease: old age. (Abu Dawud)*

### **Christian Perspective of Christianity**

*Sympathy aligns with the teachings of Christianity towards the sickness and commands Christians care and love for all and sundry, including the vulnerable ones.*

According to what is obtainable in Christendom, sympathy is expressed through empathy, presence and practical support to both patients and caregivers (Galatians 6:2). Cotton, et al (2013) asserted that prayer and religious coping are commonly used by children with sickle cell disease to manage emotional and physical challenges. The quotation in Galatians 6:2 and Cotton et al depicted that empathy, sympathy, presence; i.e. visitation to the hospitals and homes, practical support, prayers, management of emotional feelings to the Sickle Cell Anaemia and the physically challenged individuals are paramount in the teachings of Christianity to the sick ones.

### **Islamic Perspective of Sympathy for Sickle Cell Anaemia Children**

Islam encourages and advises Muslims to do certain things for the sick or ill Muslims and non-Muslims alike in order to show: concerns, love, care, brotherhood, compassion, empathy, sympathy, mercy, and supplicate for them. Sickle cell anaemia patients are included as well. This implies that caring for children with chronic illnesses like sickle cell anaemia is both a moral duty and a spiritual act of worship.

In view of the above, several methods of showing sympathy to the Sickle Cell Anaemia children and the sick persons in general, according to the teachings of Islam are explained below:

### **Visiting them (Sickle Cell Anaemia and the sick persons)**

Visiting a sick person is an invitation or craving a path to Allah's Paradise. Prophet Muhammad (P.B.U.H) said:

*"When a Muslim visits his sick brother, he is harvesting the fruits of Paradise" (Muslim nd)*

A visit to the sick ones renews their hope and shows of love which money cannot buy; and by so doing, they feel belong and breathe the air of brotherhood without the thought of loneliness.

### **Financial Support**

Hospitalization, medication, treatment, consultation, diagnoses, dialysis, clinical tests, transportation etc. are not free anywhere. Whether in the Nigerian owned government hospitals or private hospitals. Exorbitant bills are paid by the parents of the Sickle Cell Anaemic, relatives, friends etc., sometimes, they move around with them to beg the general public for financial assistance to pay hospital bills or purchase recommended drugs. Worse is the case where the parents are poor, peasant or belongs to lower class. Siddiqi (np) agreed that supporting SCA parents financially or in kind is considered an act of worship.

The Glorious Qur'an states:

*"And they give food, in spite of love for it, to the needy, the orphans and the captives (saying) we feed you only for the sake of Allah" (Q76:8-9)*

Other references from the Qur'an include:

*Q 9:60, Q 107:1-3, Q 2:261*

### **Emotional Support: Patience and Supplication (Prayer)**

Patience, resilience and endurance are all required of every Muslim, including the sick ones; at the times of their sickness in particular. When the Sickle Cell anaemia children are visited, whether at home or in the hospitals, admonition and words of encouragement about patience should be given while the visitors' supplications go a long way to ameliorating their sufferings and pains; coupled with remembrance of Allah. For example:

*I ask Allah the Magnificent Lord of the Magnificent Throne, to cure you. (Sunan Abu Dawud 3106 & Jami'at Tirmidhi, 2083).*

Another Hadith says:

*No harm, it is a purification, if Allah wills. (Sahih al-Bukhari 5662).*

In Hadith No 5742, of Bukhari, it was reported thus, that the Prophet supplicated to Allah:

*O Allah, Lord of mankind, remove the harm and cure (him/her) for You are the Healer. There is no cure except Your cure, a cure that leaves no illness behind.*

In an extensive manner, Al-Tirmidhi quoted Prophet Muhammad to have said the following when visiting a patient:

*The visiting person should greet the sick person first;*

*One's visit should not be too long (Baihaqi p. 244)*

*The one visiting should not say despair words (Al-Tirmidhi);*

*Du'a must be made for the sick;*

*If it is possible, the sick person should also pray (supplicate) for the visiting person, as the du'a of the sick person is readily accepted (Baihaqi).*

## **V. Responses to the Interference**

### **Discussion on the Responses of the Interviewees**

Ten respondents/interviewees were interviewed. Majority of them gave the same responses while discrepancies came from a few others.

Zainab is a mother who, from her motherly experience, lamented on the pain and stress they (her children) undergo which affects the parents as well. She describes it as a terrible and heart straining experience where the entire households feel the pain, not only the children. When the pain comes, as a parent her movement is restricted and she has to pass sleepless night and they must be assisted. In addition with the prescribed drugs by the medical doctor and mostly importantly, Supplications (prayers) really help a lot.

On what government should do: Government should put in place things that will ameliorate their stress or pain, perhaps through diatal routine, or through medical lab test. In her concluding statement, she said that with prayers, the boy is living well now and he is married with children.

Belgore in her response asserted that, as parent, she faces a lot especially during their crises. When their crisis starts, she has to stay in the hospital, and runs between the hospital and home and sometimes, she makes a trio movement, from home to the hospital and from the hospital to her work place; that she must be in school especially during examinations, as an examinations officer of her faculty. Often, bills runs into thousands of Naira while emotional gymnastics precipitates and affects her own well-being as well.

On the other hand, Sa'adah explained the unforgettable experiences, days long in the hospital, financial inclusions, skipping her food as a mother, the children's abscondment from attending their classes of lessons and uncontrollable pain. In addition, she added that they took their drugs only after persuasions and pleas. She, during her conclusion added that she constantly observe night prayers (Tahajjud) which serve as a weapon to cooling their excruciating pains.

Barakah, a 24 year old graduate, in her submission, recounts how she struggled to survive, especially during her school days. Many times, according to her, lectures were missed, then she remained lonely in the hostels while other students had gone for lectures. The mosquitoes around the school and hostel gave rising eventualities and money to buy drugs were not forthcoming. Besides, some of her friends, according to her, played abandon scenarios. That sometimes, she had sleepless nights as she screamed and roared.

Yasmin, a graduate of Microbiology explicitly explained how she was admitted in the school clinic, a private hospital and teaching hospital, Oke-oyi, Ilorin, Kwara state, very close to her examinations period. Despite her anemic condition, she had to wash her dresses, looked for something to cook, but most times, she employed the services of the school/hostel porters to assist in washing her clothes plates, sweeping, mobbing etc. On the question of how she coped generally, she explained the support rendered to her by her school/roommates as they cared to convey her to the hospitals during every crisis and visited her as well.

In addition, that she doesn't take for granted, constant supplications, remembrance of Allah (Adhkaar) vigil etc.

Muslimah, a civil servant, a mother of four but has two sickle cell anemia children. She expressed her concerns like Zainab that she wishes that government could assist more than they are doing now because parents commit huge amounts of finances into maintaining the children, apart from the unqualifiable stress they undergo with the children.

Ummi, Ibraheem and Isah said: they are tired of the stresses and devastating pain they experience in patience and endurance while they easily get tired with little stress they partake in.

Ummi is indifferent in her statement when she said that she is not happy seeing her mum as she washes her uniform and other belongings and mob their room after sweeping.

## **VI. Conclusion**

The paper concludes that children who undergo the stress of pain as they feel uncomfortable each time the crises starts should have a better attention from the extended family members and state and federal government. Their future should be guaranteed, health improved, financial inclusion from the three tiers of governments: local, state and federal government

will go a long way to assisting both the children of Sickle Cell anemia and their parents in order to reduce their pain and alleviate their condition.

## **VII. Recommendations**

The paper after the discussion therein, recommends the following:

Government should find a means of subsidizing the finances of the parents of Sickle Cell Anemia in order to relieve them of their financial expenses.

The Local, State and Federal government should build special hospitals for the Sickle Cell anemia children as hospitals are built for Cancer patients and other specialists hospitals.

Federal government needs to organize campaigns, symposia, seminars in schools and other public places so as to enlighten unmarried individuals to be aware of choices of partners' genotype to avoid same.

Parents, Islamic organizations, churches and religious societies, mosques should have special prayers for the Sickle Cell Anemia children based on their schedules.

Secondary school and university students be informed the need to support Sickle Cell Anemia children and tolerate them in good relationship without social distance and should assist them when need arises.

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## Appendix

### Table of Interviewees

S/N	Name	Date	Address	Age	Status
1	Zainab Saka	15/3/2026	Asokoro Area, Abuja	67 years	Civil Servant
2	Sa'adah Badamasi	25/3/2026	Kubwa, Abuja	68 years	Retired Civil Servant
3	Belgore Asia	5/4/2026	Utako, Abuja	48 years	Civil Servant
4	Ramat Moshood	8/4/2026	G.R.A, Ilorin, Kwara State	24 years	Graduate / Applicant
5	Barakah Tunde	15/4/2026			
6	Yasmin Maisuna M.	19/4/2026	Kubwa, Abuja	24 years	Graduate / Applicant
7	Muslimah Amuda	19/4/2026	Area 3, Abuja	52 years	Teacher
8	Ummi Mustapha	20/4/2026	CBN Qtrs. Abuja	17 years	Student
9	Ibrahim Shehu	20/4/2026	Nyanya, Abuja	21 years	Apprentice
10	Isah Samed	20/4/2026	Zuba, Abuja	15 years	Student