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Article:	Beyond Medicine: Unveiling Rural-Urban Contrasts in Faith based Healing Practices in Multan, Pakistan
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ABSTRACT

The study aimed to identify the prevalence and personal experience of spiritual and ritual healing practices as well as to differentiate the Faith healing practices in Rural and Urban areas and to identify the different types of spiritual curatives being used in Rural and urban areas. The respondents were male and female b/w the age of 18-50 years from Rural and Urban Union Councils of Multan. It followed a Cross-sectional Quantitative research design. A sample of 394 respondents was used, and data were collected using a multi-stage purposive sampling technique. A structured interview schedule was used to collect the data. Using SPSS Cross tabulations and descriptive statistics, such as frequency and percentages, were carried out. Independent sample t test was used to compare belief in Spiritual Healing, belief in Extrinsic Spiritual Curatives and belief in Intrinsic Spiritual Curatives between rural and urban population. Moreover, Correlation was also applied to see the correlation of different variables associated with spiritual healing. Many respondents believed spiritual healing is genuine and efficient. Most respondents thought religious and otherworldly factors caused diseases and afflictions. They accepted that God or supernatural entities are capable of causing illness, and afflictions may be examinations or punishments. Rituals and magic could also cause illness. Many respondents believed in faith healers. The attitudes towards spiritual healing differ noticeably between rural and urban areas.

Keywords: Spirituality, Spiritual Healing, Jinn, Kala Jadu, Nazr e Bad, Faith Healing, Ritual Healing, Indigenous treatment, Spiritual Healers, Molvi, Baba.

Introduction

The concept of faith healing exists universally, straddling the realms of magic, science, and religion. Its effectiveness and authenticity have long been subjects of debate. Many believe that their sense of faith significantly impacts their overall well-being, with interpretations of spirituality varying widely across societies and cultures. Spiritual healing hinges on the integration of mental, physical, and spiritual faculties (Miller and Thoresen, 2003). In Pakistan, a predominantly Muslim country, the culture is a fusion of diverse traditions and customs (Mubbasher & Saeed, 2001). Syncretism, the blending of religious traditions from different cultures, is prominent in South Asia, including Pakistan, where Islam, Hinduism, Christianity, and tribal religions intermingle. This blend has led to Folk Islam, which incorporates Hindu and tribal rituals (Iqbal, 2013). Pakistanis frequently consult spiritual healers, or traditional doctors, for medical care. These healers include Islamic scholars (Aalim), Imams, Sufi Saints, and self-proclaimed spiritual healers (Aamil, Peer, Baba). The practices range from empirical cures involving herbal extracts to spiritual and ritualistic treatments such as prayer, amulets, and pilgrimages (Gadit, 2007).

Multan is known as the "City of Saints," where faith healing is prevalent despite this rich tradition of faith healing in Multan, there is a noticeable lack of research focusing on the differences in attitudes and practices between rural and urban communities. Existing literature primarily addresses the general aspects of faith healing without delving into the regional nuances and the impact of urbanization on these practices. For example, Haque, et.al (2018) did a research on Traditional healing practices in rural Bangladesh. Peltzer, (2001) did research on spiritual healing in urban setting. The comparative study particularly in the context of Pakistan has not been performed yet. Understanding these empirical and population research gaps is crucial for healthcare providers, social scientists, and policymakers to address the healthcare needs of diverse populations effectively.

This study is significant as it provides a nuanced understanding of faith-based healing practices in Multan, highlighting the rural-urban divide. By exploring these contrasts, the research offers insights into how cultural, religious, and socio-economic factors influence health-seeking behaviors. The findings will aid healthcare providers in developing culturally sensitive approaches to patient care, enhance social scientists' understanding of regional health practices, and inform policymakers to create inclusive health policies. The study aims to contribute to a holistic understanding of faith-based healing, promoting better health outcomes in Multan's diverse communities.

1. To assess the prevalence and personal experience of spiritual and ritual healing practices
2. To differentiate the Faith healing practices in Rural and Urban areas.
3. To identify the different types of spiritual curatives being used in Rural and urban areas.

Methodology

This study used a Cross-Sectional approach and a Quantitative methodology. The study area was Multan. Ethics in research were upheld. Samples were taken in multiple stages. Simple random sampling was employed at the initial stage to select 5 Rural Union Councils (UC) from 117 Rural UC and 5 Urban UC from 68 Urban UC. Since the researcher lacked a list of each prospective responder from these UCs, convenience sampling, was used to choose the respondents. The sample size determined by the Cochran Formula for a population that wasn't known was 394. Based on Cochran's formula selecting a sample size of 394 ensures

that we have a sample size to achieve statistical significance (Cochran, 1977). From five Urban and five Rural UCs 197, 197 respondents were chosen using purposive sampling. Researcher used his own experience for purposefully selecting the respondents who can provide knowledge. Using a structured interview schedule, primary data was gathered using the survey method. The researchers made use of the Likert scale, which has five possible responses: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. For the pre-testing, fifteen people were interviewed. Using SPSS Cross tabulations and descriptive statistics, such as frequency and percentages, were carried out. Independent sample t test was used to compare belief in Spiritual Healing, belief in Extrinsic Spiritual Curatives and belief in Intrinsic Spiritual Curatives between rural and urban population. Moreover, Correlation was also applied to see the correlation of different variables associated with spiritual healing.

Results and Findings

Table No. 01

Respondents' Demographic Profile

Sr. No	Variables	Categories	Frequency	Percentage
01	Gender	Male	197	50.1
		Female	196	49.9
02	Age	20 - 35 Y	161	41.0
		36 - 50 Y	167	42.5
		51 - 65 Y	65	16.5
03	Religion	Islam	334	85.0
		Other religions	59	15.0
04	Income per month	10000 to 25000 Rs	36	9.2
		26000 to 40000 Rs	79	20.1
		41000 to 55000 Rs	158	40.2
		56000 Rs or greater	120	30.5
05	Locality	Rural Area	197	50.1
		Urban Area	196	49.9

Table No.01 presents the demographic breakdown of the respondents. The gender split was approximately equal, with 50.1% recognizing as male and 49.9% as female. Moving on to the age distribution, age bracket of 36 to 50 years comprised 42.5% of all respondents, those between the ages of 51 and 65 made up 16.5%, while those between 20 and 35 made up 41.0%. When it came to religion, 85.0% identified as Muslims, while 15.0% identified as other religions. The earnings per month variable showed that the majority of respondents, 40.2%, earned between 41000 and 55000 Rs per month, followed by the 30.5% who earned 56000 Rs or more. Furthermore, 20.1% earned between 26000 and 40000 Rs, while 9.2% earned between 10000 and 25000 Rs. Finally, in terms of location, a proportionate split was observed, with 50.1% of respondents residing in rural areas and the remaining 49.9% residing in urban areas.

Table No.2 provides Statistical representation of the respondents w.r.t. different aspects

Table No.02

Statistical representation of the respondents w.r.t. different aspects of Spiritual Healing

Section A: Belief in Spiritual Healing		SDA %	DA %	N %	A %	SA %
01	Do you have faith in spiritual healing?	13.7	13.7	22.6	27	22.9
02	Have you ever had spiritual or ritual healing?	0.0	10.9	38.9	24.9	25.2
03	Do you encourage spiritual healing in your family and friends?	6.9	18.8	34.9	23.7	15.8
04	Spirituality cures or banishes disease?	0.0	20.6	30	29.3	20.1
05	Can spiritual healing cure a non-religious person?	23.4	23.4	21.6	18.6	13
Section B: Belief and trust in Spiritual Healers		SDA %	DA %	N %	A %	SA %
06	Do you believe in spiritual or religious healers?	0.3	0.5	7.9	22.4	69
07	Is it appropriate to consult an Aalim, Imam, Molvi, or Mufti?	1.5	3.3	46.8	22.6	25.7
08	Is it appropriate to consult Aamil (Shamman)?	22.1	18.6	25.2	9.2	24.9
09	Is it appropriate to pay a visit to Dargah/Mazar/Roza or Imam Bargh?	15.3	0.5	8.4	24.4	51.4
10	Is it right and justified to perform some forbidden ritual in Aastana for treatment?	14.5	0.3	20.9	51.9	12.5
Section C: Belief in different Curatives		SDA %	DA %	N %	A %	SA %
11	These Salts, Powdered metals or Herbs are alternative to Bio-Western Medicine?	17	14.8	7.6	48.9	11.7
12	Dhammal, Collective Zikr can cure illness?	9.2	1	35.9	27	27
13	Animal sacrifice is an effective way to cure illness?	6.9	2.5	11.2	51.9	27.5
14	Sadqa, Kherat, Charhawa or Niyyaz can help to cure the disease?	1.3	0.8	7.9	41.5	48.6
15	Pilgrimage to a Sofi Mausoleum can cure illness?	15.3	0.5	29.8	38.7	15.8
16	Are Supplication, prayer, or Wazifa sufficient for healing?	6.9	16	4.1	32.8	40.2

Strongly Agree=SA, Agree=A, Neutral=N, Disagree=DA, Strongly Disagree=SDA

of Spiritual Healing. This table consists of 3 subsections which are different indices for different variables. Section A is about Belief in Spiritual Healing. The first question concerned faith in spiritual healing, with 27.0% agreeing and 22.9% Strongly Agreeing, while 13.7% disagreed and 13.7% strongly disagreed. In addition, 22.6% remained undecided. When it came to whether respondents had received spiritual or ritual healing, the results were mixed. While 25.2% Strongly Agreed, 24.9% agreed, 10.9% disagreed, and 38.9% were undecided. When asked if they thought it was important to encourage spiritual healing among family and friends,

23.7% agreed and 15.8% Strongly Agreed. In contrast, 18.8% disagreed, 6.9% strongly disagreed, and 34.9% were Neutral. Regarding the therapeutic potential of spiritual belief, 35.6% agreed and 29.8% Strongly Agreed, while 10.7% disagreed and 3.6% strongly disagreed. The N response accounted for 20.4% of the total. The belief in the ability of spirituality to cure or banish diseases had an interesting split, with 29.3% agreeing and 20.1% Strongly Agreeing, while 20.6% disagreed and 30.0% remained N. Finally, the possibility of spiritual healing curing a non-religious person was investigated. In this case, 18.6% agreed, 13.0% Strongly Agreed, and 21.6% were undecided. On the contrary, 23.4% agreed or Strongly Agreed.

Section B presents a statistical representation of the respondents w.r.t Belief and trust in Spiritual Healers, with 69.0% Strongly Agreeing and 22.4% agreeing. Only 7.9% remained Neutral, while 0.5% Disagreed and 0.3% strongly Disagreed. The appropriateness of consulting an Aalim, Imam, Molvi, or Mufti was debatable. While 25.7% agreed strongly, 22.6% agreed, 46.8% were Neutral, and 3.3% Disagreed. A smaller proportion, 1.5%, Strongly Agreed. Responses to the appropriateness of consulting an Aamil (Shamman) varied. Notably, 24.9% agreed Strongly and 25.2% agreed. In comparison, 22.1% strongly Disagreed, 18.6% Disagreed, and 9.2% were Neutral. In terms of the appropriateness of visiting Dargah/ Mazar/ Roza/ Imambargah, 51.4% Strongly Agreed, and 24.4% agreed. In contrast, 8.4% remained Neutral, 15.3% Strongly Disagreed, and 0.5% Disagreed. Finally, there were differing views on performing forbidden rituals in Aastana for treatment. While 51.9% agreed, 12.5% Strongly Agreed, and 20.9% were undecided. 14.5% strongly Disagreed, while 0.3% Disagreed.

Section C presents a statistical representation of the respondents w.r.t Belief in different Curatives Opinions were divided when it came to the perception that salts, powdered metals, or herbs could serve as alternatives to bio-western medicine. While 48.9% agreed and 11.7% Strongly Agreed, 17.0% Disagreed and 14.8% strongly Disagreed. In addition, 7.6% remained undecided. The belief that Dhammal and collective Zikr can cure illness elicited a variety of reactions. Notably, 27.0% agreed and Strongly Agreed, while 35.9% were undecided. On the other hand, 9.2% strongly Disagreed, while 1.0% Disagreed. The effectiveness of animal sacrifice in curing illness has sparked a range of reactions. While 51.9% agreed, 27.5% Strongly Agreed, and 11.2% were undecided. 6.9% strongly Disagreed, while 2.5% Disagreed. In terms of whether Sadqa, Kherat, Charhawa, or Niyayaz can help cure disease, 48.6% Strongly Agreed and 41.5% agreed. Only 7.9% remained Neutral, while 1.3% strongly Disagreed and 0.8% Disagreed. Responses to the notion that visiting a Sofi mausoleum can cure illness varied. Notably, 38.7% agreed, 15.8% Strongly Agreed, and 29.8% were undecided. In contrast, 15.3% strongly Disagreed and 0.5% Disagreed. Diverse responses were observed when the belief that Wazifa, Salat, or Dua are sufficient for cure was investigated. 40.2% Strongly Agreed, 32.8% agreed, 16.0% Disagreed, and 4.1% were undecided. 6.9% of those polled strongly Disagreed.

Table No. 03

Spearman Correlation matrix for different variables of spirituality and supernatural phenomenon

Sr. No.	Variables	N	1	2	3	4
1	Belief in Spiritual Healing	394	-			
2	Belief in Supernatural afflictive	394	0.273**	-		
3	Belief in Spiritual /Faith Healers	394	0.219**	0.273**	-	
4	Belief in Supernatural Curatives	394	0.596**	0.372**	0.372**	-

***. Correlation is significant at the 0.01 level (2-tailed).*

Based on the sample size of 394, Table No. 03 displays the Spearman Correlation Matrix for multiple factors related to Spiritual Healing, Affliction, and Spiritual Curatives. Spiritual Healing and Supernatural Afflictions exhibited a correlation of statistical significance at ($r = 0.273^{**}$). This indicates that those who practice Spiritual Healing also believe that diseases and harm are brought on by Supernatural or Otherworldly forces. Likewise, a significant correlation ($r = 0.219^{**}$) was discovered between Spiritual Healing and Spiritual Healers, establishing and confirming, therefore, that those who believe in Spiritual Healing seek the advice of Spiritual/Faith Healers. Furthermore, it should be remembered that not everybody has faith in extrinsic spiritual healing. The strongest and statistically significant link between Spiritual Healing and Supernatural Curatives was discovered at ($r = 0.596^{**}$) demonstrating the prevalence of a strong belief in supernatural healing and the occasional usage of both Bio-Western and Spiritual Healing methods together to supplement each other.

There was a moderate correlation found between the belief in Spiritual/Faith Healers and Supernatural Afflictive ($r = 0.273^{**}$) and Supernatural Curative ($r = 0.372^{**}$). It appears from this positive and statistically significant correlation that individuals who believe in Supernatural Afflictions also tend to believe in Spiritual Healers and Supernatural Cures. There is a moderately positive but statistically significant correlation among Spiritual/Faith Healers and Supernatural Remedies at ($r = 0.372^{**}$). Suggesting that because Spiritual Healers treat patients with Supernatural Remedies, those who believe in Spiritual or Faith Healers are also likely to believe in Supernatural Cures. In conclusion, this correlation matrix provides empirical data and supports the notion that the belief system in Spiritual Healing has a correlation with Spiritual Cures, Spiritual Healers, and Supernatural Afflictions. Positive correlations were identified in all the data, indicating that when one variable increased, the other two also increased. Therefore, the practice of spiritual healing doesn't function by itself, belief in other facets of Spirituality and strong faith is a prerequisite for effectiveness.

Table No. 04

Cross-tabulation between Locality and Variables Related to Spirituality and Supernatural Phenomena

Sr. No.	Variables	Attitudes	Locality		Total
			Rural (f)	Urban (f)	
1	Belief in Spiritual Healing	Neutral Attitude	14	149	163
		Favorable Attitude	183	48	231
2	Belief in Spiritual /Faith Healers	Neutral Attitude	9	43	52
		Favorable Attitude	188	154	342
3	Belief in Supernatural afflictive	Neutral Attitude	13	48	61
		Favorable Attitude	184	149	333
4	Belief in Supernatural Curatives	Neutral Attitude	8	133	141
		Favorable Attitude	189	64	253

In Table No. 04, a Cross Tabulation analysis is exhibited. The attitude relationship between location and variables associated with spirituality and supernatural phenomenon is provided by this analysis. These variables were Belief in Spiritual Healing, Belief in Spiritual /Faith Healers, Belief in Supernatural Afflictive and Belief in Supernatural Curatives. Three categories were used to group the attitudes: Favorable, Neutral, and Unfavorable. It was shown that the belief in spiritual healing differed significantly between the urban and rural populations. Just 14 respondents from the rural area and the majority of 149 respondents from the urban area had neutral attitude about spiritual healing. The majority of rural respondents, 183, had a positive attitude toward spiritual healing, as in contrast to 48 urban respondents. This suggests that urban respondents were generally neutral, whereas rural respondents were mostly positive toward spiritual healing.

Belief in Spiritual/Faith Healers was distributed evenly between rural and urban areas, indicating a favorable attitude. The majority of rural respondents, 188, held a positive view toward Spiritual/Faith Healers, whereas only 149 urban respondents indicated so. 43 respondents in urban and 9 respondents in rural areas expressed a neutral view about spiritual or faith healers. This suggests that rural respondents had a generally favorable attitude of Spiritual/Faith Healers. When it came to the belief in supernatural affective, 48 urban respondents showed a neutral attitude as opposed to 13 rural respondents. 184 rural respondents and 149 urban respondents both expressed a positive outlook. This suggested that rural respondents have a favorable attitude regarding belief in supernatural affliction.

For Belief in Supernatural Curatives, a considerable difference was seen, with 133 urban respondents expressing neutrality compared to 8 rural respondents. In contrast, 189 rural and 64 urban respondents exhibited a more favorable opinion. This demonstrates that urban respondents are neutral, whereas rural respondents have favorable attitude towards belief in supernatural curatives. To summarize, rural respondents show a higher favorability attitude in all four areas connected to Spirituality and Supernatural Phenomena than urban respondents, who have a majority neutral attitude toward Spirituality and Supernatural Phenomenon. This pattern of attitude is similar across all four variables, providing empirical evidence that locality plays an important role in our belief system regarding health seeking behavior.

H: Rural and urban residents hold different views on Spiritual Healing.

Table No. 05

Independent samples t-test contrasting respondents' views on spiritual/ritual healing in rural and urban areas.

Variable	Area	N	M	S.D	T	P	Finding
Belief in Spiritual Healing	Rural	197	4.28	0.743	10.494	0.000	Significant Difference
	Urban	197	3.43	0.860			

(* $p < 0.01$)

Table No.05 shows independent samples t-test contrasting respondents' views on spiritual/ritual healing in rural and urban areas. The study included 197 respondents from rural areas and 197 respondents from urban areas. Rural respondents believed in spiritual healing at a rate of 4.28 percent on average. In contrast, urban respondents' mean belief was 3.43. The independent samples t-test's computed t-value was 10.494. The p-value was 0.000 which is less than 0.05. The results showed a statistically significant difference between respondents from rural and urban areas. The rural population is more likely than the urban population to believe in Spiritual/Ritual Healing.

H: Rural and Urban residents hold different views on Extrinsic Spiritual Curatives.

Table No. 06

Independent Samples t-test contrasting perception regarding Extrinsic spiritual curatives with respect to locality

Variable	Area	N	Mean	S.D	T	P	Finding
Belief in Extrinsic Spiritual Curatives	Rural	197	12.46	1.563	27.687	0.000	Significant Difference
	Urban	197	7.31	2.092			

(* $p < 0.01$)

Table No.06 shows independent samples t-test contrasting respondents' views on Extrinsic Spiritual Curatives in rural and urban areas. The study included 197 respondents from rural areas and 197 respondents from urban areas. Mean perception score for urban and rural group was 7.31 and 1.563 respectively. The independent samples t-test's computed t-value was 27.687. The p-value was 0.000 which is less than 0.05. The results showed a statistically significant difference between respondents from rural and urban areas. The rural population is more likely than the urban population to believe in Extrinsic Spiritual Curatives.

H: Rural and Urban residents hold different views on Intrinsic Spiritual Curatives.

Table No. 07

Independent Samples t-test contrasting perception regarding Intrinsic spiritual curatives with respect to locality

Variable	Locality	N	Mean	S.D	T	P	Finding
Belief in Intrinsic Spiritual Curatives	Rural	197	11.50	1.851	-6.263	0.000	Significant Difference
	Urban	197	12.51	1.284			

(* $p < 0.01$)

Table No.07 shows independent samples t-test contrasting respondents' views on Intrinsic Spiritual Curatives in rural and urban areas. The study included 197 respondents from rural areas and 197 respondents from urban areas. Mean perception score for urban and rural group was 11.50 and 12.51 respectively. The independent samples t-test's computed t-value was -6.263. The p-value was 0.000 which is less than 0.05. The results showed a statistically significant difference between respondents from rural and urban areas. The urban population is more likely than the rural population to believe in Intrinsic Spiritual Curatives.

Discussion

According to the empirical research, there is a broad belief in spiritual practices, but opinions and experiences range greatly among many aspects and demographic groups. This leads to a complicated and nuanced picture of the situation. This range of practices and beliefs emphasizes how societal, cultural, and personal variables interact in complex ways to influence people's conceptions of spiritual healing. To begin, the strong conviction in the therapeutic potential of spiritual healing (65.4% agreeing or strongly agreeing) emphasizes the importance of spirituality in people's sense of health and wellness this finding is supported by Aldridge, (2000) and Puchalski, (2001). In line with the reality that this is not a purely abstract notion, a substantial proportion of respondents (50.1% combined strongly agree and agree) report their own experience with spiritual or ritual healing. The fact that however nearly 40% (38.9% to be precise) of the people are still undecided only reveals that there is a significant percentage of the population that has not yet built up enough personal experience with it or seen enough contradicting data to prove its effectiveness. Given their role as community healers who are trusted as reliable sources of healing and advice (91.4% strongly agreed or agreed that they generally trust Shamanic healers in the experiments by Sharma et al. (2020). This trust also contrasts with the somewhat less of an inclination (46.8%) towards reaching other religious authorities like Aalims or Imams where a significant neutral response indicates a pickier trust or uncertainty.

Moreover, the acceptability of visiting sacred places like Dargahs and Sadqa or Kherat for healing were found to be highly acceptable, reflecting cultural and religious beliefs, and practices, the present results are consistent with a study conducted by Malik, (2018). The high levels of agreement for both Dargah (75.8%) and charitable (90.1%) activities signify the importance of these practices within the spiritual healing paradigm. Most commonly, these gestures are understood to reflect external manifestations of interior reorientations to the divine, meant to solicit supernatural aid or benediction. A distinction emerges when considering perspective about alternative cures, such as salts, powdered metals or herbs, reflecting a fissure linking ancient ways and our bio-western medicine. There is indeed a large number of respondents (60.6%) that are in favor of these "alternatives", but the great disagreement (31.8%) means wide skepticism, albeit probably affected one more by more information and the fact to have "conventional" medical treatments at hand or for warning. At a deeper level, the discrepancy also speaks to a broader, ongoing cultural conversation about the value of traditional medicines within contemporary healthcare.

The demographic results reflect a large gap between of rural and urban resident opinions about the spiritual healing which best supported with the previous studies retrieved by Winkler et. al. (2010) and Chopra et. al. (2002). Rural dwellers are also more adherent to traditional beliefs and restricted access to modern healthcare and thus depend more on extrinsic

spiritual curatives and spirituality/ritual healing than their urban counterparts. However, urban respondents exhibit more trust with intrinsic spiritual remedies, presumably because they share more individualistic nature, as opposed to a communal directed spiritual perspective which is highly linked with intrinsic spiritual healing. Our findings suggest that spiritual healing beliefs are situated within broader cultural and social contexts and are not static, rather subject to availability of healthcare systems, exposure to other beliefs systems, and involvement in community action. Results of the belief system indicated that positive associations were evident, however, reinforcing a part of spiritual belief increases total faith in spiritual and ritual ways to heal. In this empirical study, a profound ambivalence and significant sociodemographic differences with respect to spiritual healing was discovered. The results demonstrate the importance of cultural and contextual considerations in the discussion of health attitudes and behaviors. They further suggest that if spiritual healing is to be integrated successfully into the mainstream medical system, it should be done with an awareness of these systemic processes and through an inclusive model that values and incorporates other traditions of healing.

Theoretical Implication

The high level of faith in spiritual healing among particular groups endorses the Health Belief Model (HBM), which reasons that people's beliefs and ideas can predict their health behavior; specifically, that perception about a health problem, the perceived benefits of action, and barriers to action influence their supports for taking health-related behavior (Tarkang and Zotor 2015). The extent to which spirituality, as essential element of cultural and religious systems, guides individual's health perceptions and practices implies that the HBM must give more consideration to cultural and religious dimensions. Results added to the HBM by emphasizing the requirement to include cultural and spiritual beliefs in the model. It strengthens our grasp on how those determinants of health behavior work together providing a richer explanatory model of health action. Adler (2009) supports Engel's Biopsychosocial Model which explains the interdependence of biological, psychological and social factors, and they also conclude that spirituality has a significant effect on health and wellbeing. The findings suggested by the study is to extend this model by including spiritual factors as a fourth dimension.

Our results have shown by consideration of spirituality in relation to health outcomes, the need for a model that is more inclusive of spiritual beliefs. This may also result in patient evaluations and interventions for health that are more global and pluralistic. The vast dispersion of opinion regarding alternative cures and spiritual practices is theoretically in line with Integrative Medicine in that both conventional (western) and alternative (cultural) medical practices both serve to form an optimal health engine. The results confirm the necessity of different healing systems and that combining traditional and modern medicine can provide better health care services. This allows for the creation of collaborative health approaches that honor and include multiple forms of healing practice. A Social Determinants of Health framework can explain the unique beliefs of urban and rural populations - the framework factors in the conditions in which people are born, grow, live, work, and age. The results reinforce the importance of healthcare availability and religiosity in molding health behaviors, respectively. The finding clearly points to the need for targeted interventions aimed at changing

this range of structural vulnerabilities that are the social determinants of ill health that research points to producing more unequal health outcomes.

Conclusion

This empirical study shows a mosaic of spiritual practices and beliefs, which appear to be informed by societal norms, cultural history, and personal experiences. It also indicates a high degree of belief in the power of spiritual healing and the spiritual healers and then this is a reflection about how much spirituality means to our beings of satisfaction and wellness. The study also points out the cultural divides between rural and urban dwellers and their perceptions of alternative therapy, a sad tribute to the importance of location to shape our thoughts and actions. The distinctiveness of these groups only further serves to underline the messiness of belief and context, illustrating in very practical terms how social and cultural context shapes the lens through which people perceive and engage with spiritual healing. Altogether, the results suggest the deeply rooted nature of spiritual healing within cultural and societal contexts, with great diversity in acceptance and trust by demographic factors. This complete vision emphasizes the relevance of considering the larger context when exploring spiritual beliefs and practices, revealing the complex and diverse nature of spirituality in the contemporary world.

Suggestions

The study suggests that:

1. Appreciating and validating the spirituality of diverse religious traditions promotes reliance, empowerment, trust, and collaboration which may facilitate better health outcomes.
2. Develop models that include traditional medical interventions, along with spiritually healing methods and link the gap that exist between traditional medicine and modern systems of medicine to serve bigger demands of complementary medicine.
3. Develop educational programs that focus on spiritual healing for healthcare providers as well as for the general public to increase awareness of the pluses and minuses of spiritual healing, and provide balanced education to allow health consumers to make informed choices.
4. Identify and elevate spiritual healers at the community level through certifications that signify ethical, beneficial practices, thus enhancing their status and integration with the broader healthcare system.
5. Case-specific and denomination-specific healthcare approaches. These, for instance, would allow rural access to traditional alongside modern health care, and urban populations with personalized spiritual practices.
6. Collaborate with community and spiritual healers; Understand the community's health beliefs; Gain insight from the community; Develop culturally sensitive and accepted health strategies.

Study Limitations

This study utilizes a quantitative research design, which lacks the depth, nuance, and the cultural signification of what one believes, experiences or even interprets as healing practices of faith. Richer insights could be provided using qualitative methods such as in-depth interviews or focus groups. Statistical analyses can only look in patterns and relationships in a study but cannot explore the hidden phenomenon. These findings could look very different

with a broader scope, as faith healing operates on varied dynamics and beliefs in different societies.

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