SOCIO-CULTURAL FACTORS LEADING INFERTILE COUPLES TO CONSULT FAITH HEALERS

RESEARCHER:

Muhammad Naveed Arif Khan

11-FSS/MSSOC/F08

MS (Sociology)

SUPERVISOR:

Mr. Akhlaq Ahmad

Assistant Professor

DEPARTMENT OF SOCIOLOGY

FACULTY OF SOCIAL SCIENCES

INTERNATIONAL ISLAMIC UNIVERSITY ISALAMABAD

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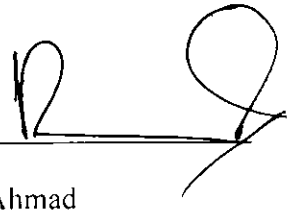
FORWARDING SHEET

The thesis entitle "Socio-cultural factors leading infertile couples to consult faith healers" submitted by Mr. Muhammad Naveed Arif Khan in partial fulfillment of MS Degree in Sociology has been compiled under my guidance and supervision. I am satisfied with the student's research work and allow him to submit for further process of as per IIUI rules and regulations.

Signature 

Akhlaq Ahmad

INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF SOCIOLOGY

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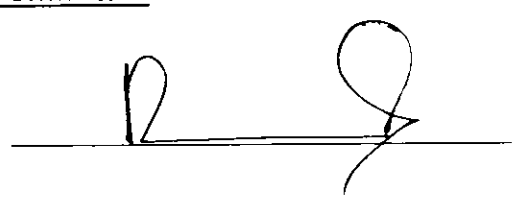
Supervisor:

Mr. Akhlaq Ahmad



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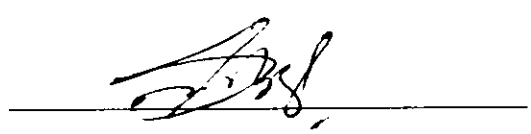
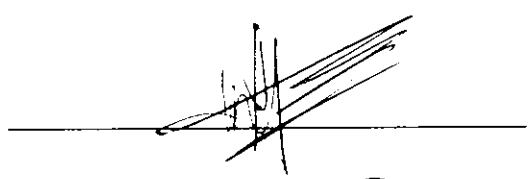


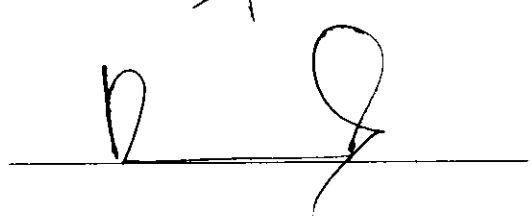
Internal Examiner:

Dr. Saif Abbasi



Head Department of Sociology:

Mr. Akhlaq Ahmad



Dean Faculty of Social Sciences:

Professor Dr. Nabi Bux Jumani

DEDICATED TO

My beloved Mother for her love and affection

&

My caring Father for his guidance and encouragement

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Muhammad Naveed Arif Khan

ABSTRACT

The main purpose of the present research was to study social, cultural, economic and religious factors that led infertile couples towards faith healing. A sample of 261infertile couples was selected from three districts (Multan, Lodhran and Bahawalpur) of Southern Punjab through purposive sampling technique. Couples visiting any alive faith healer to treat their primary infertility problem from both sexes were interviewed. The minimum infertility period considered for the present study was two year. The survey research method was used as a technique of data collection.

A semi structured, self constructed interview schedule was administered by the researcher to collect information from the respondents. The interview schedule was pre tested from thirty respondents and some necessary changes were incorporated. The data of pretesting were not included in the analysis. Collected data was edited, coded and analyzed through Statistical Package for Social Sciences version (SPSS 16.0). Data was presented in tabulation form representing frequencies and percentages for univariate analysis. Chi square gamma and lambda test was applied on the data in bivariate analysis. Different hypotheses were also tested and positive association was found between education and beliefs in faith healers, residential area and responsibility of child birth to females, education and effectiveness of faith healing, religious and cultural approval of faith healing, infertility duration and hope for baby, gender roles and feelings of being infertile in women. Female partners are more interested than male partners to have baby.

Findings depicted that educational level, religious interpretations of faith healing, social pressure religious and cultural relevance, accessibility and affordability were the main factors that were leading infertile couples towards faith healing. The faith healers were using different

type of methods to treat infertile couples such as healing breath water and edibles, taawiz, asked for charity, wazeefa and to follow different types of practices.

The findings suggested that health awareness campaigns for masses must be launched and governmental regulatory authority should be established for checking on faith healers. It is also essential for health professional to give them cognizance about the role and importance of faith healing.

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Abbreviations

A	Agree
CAM	Complementary-alternative Medicines
DHHS	Department of Health and Human Services
D	Disagree
Dist	District
e.g.	For Example
F.H	Faith Healer
IUD	Intrauterine Device
LDC's	Less Developed Countries
MH	Marital History
NHS	National Health Services
N.O	No Opinion
STD	Sexually Transmitted Diseases
S.A	Strongly Agree
S.D	Strongly Disagree
TOP	Termination of Pregnancy
UDC's	Under Developed Countries
UNESCO	United Nation Educational Scientific Culture Organization
UTI	Urinary Tract Infection
WBR	World Bank Report
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1. Background

Patriarchal family system in Pakistani society is pre-dominant and usually the male members of the family play key role in decision making process. On the other hand females are considered as a reproductive unit and their sole responsibility is considered child bearing and rearing. In the male dominated society when a woman fail to conceive then her position in family and society became vulnerable. In a situation the unproductive couple and especially female partners feel themselves incomplete, tense, unprotected, misfit, and deprive. Due to male dominancy women hold responsible for infertility that's why the infertile women perform active role to find out cure for infertility. Most of the infertile women try almost every method of treatment including faith healing. Trend to consult faith healers is very common in Pakistan and especially in Southern Punjab.

The study was solely concerned with primary infertility. The basic objective of the study was to explore those social, cultural, economic and religious factors that motivated infertile couples towards faith healing. The natives of Sub-continent had close affiliation with religion. This affiliation lead them towards religious men and these religious men try to find out solution of all the issues, problems and diseases with the help of religion and the search open gates toward faith healing. Faith healing is frequently used to cure different diseases, ailments, infertility and psychological problems all over the world with variation in methodology. The use of faith healing to cure infertility was also very

common throughout the World and especially in developing countries like Pakistan where most of the people had firm assimilation with religion and tried to see every aspect of life, problem and disease through the spectacles of religion. The Cambridge International Dictionary of English (2006) defined faith healing as it is the activity of trying to cure people who are ill and using the power of belief and prayer.

World Health Organization (2001) defined infertility as it was the ability of a couple of reproductive age to conceive or carry a pregnancy to a live birth within two years period of unprotected intercourse.

Reproductive Health Look (2002) infertility or failure in conceiving baby was a problem of Global proportion which was affecting 08-12% of couples worldwide. Boivin (2007) explored that among the current world population, 72.4 million women were infertile. The belief on faith healing mobilizes unproductive couples to get treatment from faith healers. The major reasons behind seeking treatment from faith healers were easy availability of faith healer, cultural approval, roots of faith healing in religion, family and peer's pressure. The services of the faith healing treatment outlets were used by the both rich and the poor. Faith healing was practiced almost regularly approximately in every culture around the globe. Orubuloye (1999) reported that faith healing was adopted due to interference of supernatural powers in child birth. Many of the respondents adopted the option of faith healing to deal with these supernatural powers and to find out solution of infertility. Some couples do not conceive but they do not have any proven physical problem. Often a couple that adopted a child then they released their tension, as a result they conceived child.

The study of Thorn (2009) suggested that from a psychological point of view, individuals affected by infertility were as healthy as the average population. However, feelings of depression such as despaired hopelessness, reduced self esteem and feeling of grief and sorrow were typically common among the infertile couples. The levels of depression and anxiety was likely to be higher in individuals diagnosed with infertility (rather than in the fertile partner) and some times higher in women than in men.

Forsythe (2009) discussed in concluding section of the study having title "Social Stigma and the Medication of Infertility". The societal confirmed belief that a woman should have children and that she was not complete until she had her own biological children. The women who suffered the most were the one who had internalized societal norms of childbearing & child-rearing. They were the one who seek medical treatment. The medical industry had provided women more choices of how to deal with their problem because more women were interested in seeking medical intervention. Society usually stigmatized the childless couples and this social stigma of childlessness was solely associated with the softer sex who faced the basic blame for barrenness. Paramount pressure from society and especially by the in-laws, friends and neighbors forced her to take steps for the cure of infertility. Beside from medical treatment, the under pressure women usually found out more effective ways of treatment and used faith healing to handle infertility crisis. Faith healers reported that many infertile couples contact them and especially those that have no evident physical problem. The healers claimed that many infertile couples that have lost hope of child they conceived baby after faith healing. Infertility healers may place their hands over any part of the patient in different

patterns, or may depend on intuition to guide their hands. Sackey (2002) reported that infertility was contextually defined biology caught in the webs of social obligation and expectations. The stigma related to infertility blamed and shame gave a meaning and understanding that how and where the boundaries of rationality were set between the individuals and community. The local people gave a high place to indigenous methods of redressing infertility and they normally negate bio medical reasoning of the infertility. Faith healing was practiced in African religious movements. It was usually the hope in the elimination of sickness and socio-economic problems. It was achieved either through intervention of Jesus Christ, the Divine Word, power of Holy Spirit of God, prayer or good words even a trusted and charismatic human being. Sometimes mere sight of a religious personality may fulfill a person's desire or faith. Indian institute, 2005 narrated that Indigenous healer in Jaipur (India) city and its surroundings semi urban settlements addressed women's health related issues. In a yearlong study in 1998, it was found in the same area that had poor economy. Most of reproductive women of the area consulted a range of healers such as, faith healers, local midwives, biomedical practitioners and herbalists for the solution of their ailments.

Hindrance in child's perceptive ability that results from infertility was often experienced as stigma and feeling of self loss. Faith healers were considered very effective in resolving the stigma related to infertility in lower and middle class families. These were considered expert in everyday life care and treatment of infertile couples. The consequences of infertility create disturbance in the social, moral relations and self body

connections of infertile couples. These infertile people consult faith healers and local healers because these were effective and not because they are ignorant.

Indian institute of Population Sciences (2005) found in one of its survey that in Rajasthan the women having no child were considered as incomplete persons. In the area the child bearing women warned the infertile women to cross their path. This was due to the fear of catching inauspiciousness. Most of the women in the field area (Jaipur) explained that the gaze (nazar) of jealous, infertile women is the mainly responsible for, subsequent barrenness, infant mortality, pregnancy loss and maternal mortality. To counter the stigma most of the women of the area consult faith-healers and spiritual healers for sacred and divine solution of the problem and to regain their value as women. According to the facts gathered through the survey unveiled that the people of Jaipur (India) warmly participated in the much fertility related religious occasions such as Holi, Chauth, Gangur and Teej. On these occasions all married women undertook fasts to ensure their health, fertility and prosperity of their husbands.

On these special occasions all married women undertook fasts to ensure their health, fertility and prosperity of their husbands. The basis of women power in Hindu scriptures is associated with her ability to bring forth human life. The fertile women were highly valued in the society while on the other hand infertility could be regarded as a form of social death. Infertility created problems and hindrances in the way of better social adjustment of infertile women. The infertility had multiple consequences on the personality of infertile women. Williams (1997) extracted from the research interviews that infertility consequences were prominent in the form of negative identity: a feeling of

lack of personal control; depression and grief; stress and anxiety; sense of worthlessness; lower level of life satisfaction; jealousy with other mothers and sense of isolation among fertile women.

Fido and Zahid (2004) worked on dealing with the study infertility among Kuwaiti women cultural perspectives. They analyzed the psychological stress among Kuwaiti women with the problem of infertility and explored the prominent cause of infertility. An Arabic version Hospital Anxiety and Depression Scale was used to analyze the psychological status of 120 women with infertility problem. The research findings showed that infertility results in social stigmatization and placed illiterate infertile women group at risk of serious emotional and social, tension, depression and suicidal consequences. The educated women group of the study blamed nutritional psychological and marital factors. Faith healers were the first choice of treatment for many of the illiterate women and infertile clinics for the educated group. This study provided evidence to the concept that infertility led to social stigmatization and placed women in depression, loneliness and in result of these many factors the illiterate women gave preference to faith healing.

Devereaux and Hammerman (1998) reported that it was confirmed through the research that social component of infertility must be analyzed within the social structures and social institutions like family and community. In the families the girls were being taught that the motherhood was the final expression of femininity. From a more common perspective families taught their young daughters that dying and aging members of the society would be replaced in an orderly manner so there will be a new generation. All this

could be possible only through child bearing and rearing. For infertile couples there were several societal messages and restrictions. They had to deal with childlessness especially the childless women remained more doubtful about their identity and effectiveness. Infertility was no longer a medical condition but a definition of self.

Jenkins (2002) narrated that in Bangladesh slums the treatment of infertile men was remarriage, women were held responsible for infertility. It was a common perception that women took infertility more serious as compared to their male partners. Anderson *et al.* (2003) argued that infertility for women was generally more troubled than men. Most recent studies proved that infertility was more disturbing for women that it was for men. In most of the cases wives were considered as sole cause of the infertility. While on the other hand, Greil (1991) argued that wives experience infertility as a direct blow to their femininity and self identity, whereas husbands experience infertility as a direct blow to their femininity and self identity. Infertility had also direct impact on marital relationships. These impacts could be defined by keeping in view the specific socio-cultural context of the society. Grinion (2005) described that infertility was more strongly associated with psycho-pathological in Nigeria. It was related to major societal attitudes, in which women felt supported the idea that society views infertility as a shameful attribute, the belief that infertility led to the psychological conflicts. An interesting discovery came from Pasch et al. (2002) that husbands express more negative effects when wives wanted to talk about infertility. It also reflects that infertility led to stress and problems in communication between marital partners. Seibel & Taymor (1982) examined that psychological aspects address mental processes of the infertile couples. The study

found that emotional cognition and motivation were significant part of psychological condition of the infertile couples. The study also explored that how these people dealt with their feelings of sorrow, grief and loss. How they gave acceptance to the undesired childlessness. The infertility experience was painful, grieving and disappointed for the infertile individual and couples. Dunkel (1991) found that infertility created feelings like identified with the grief including guilt, shame, jealousy, anger, helplessness or lack of control, isolation, sadness, surprise, rejection, anxiety and depression. Freeman et al. (1985) found in the study that many women considered the inability conceive to be one of the most upsetting life events.

Newton (2006) found in the study that about management strategies, men benefit more from information and often preferred a practical and aim-oriented approach whereas women find it easy to share their emotional reactions. Marsman (2003) also quoted that Hebrew Bible regarding childless women was widely based on olden ages. Researcher examined the status and role of women in the ancient near east and explained that childlessness was considered to be a fault in wife. Marsman (1987) described in the study that women were held responsible for childlessness. For example, the Ugaritic legend of king Kirtu explains how he married for seven times in the unsuccessful effort to produce an heir. In all seven attempts he fully failed but the predominance of responsibility seemed to be placed on the queens rather than the king.

Anamika and Rajni (2004) highlighted the supernatural causes of infertility and other medical and social issues in the study. It was identified that in rural and tribal settings the most commonly perceived cause of infertility was supernatural. On the basis

of responses obtained supernatural causes were classified into following categories Deity's warth. Evil spirits and Karma (One's own deeds). Deity's wrath was usually stated in rural and urban areas as the residents in tribal settings did not believe in Devtas. The information obtained from the rural respondents. every individual had different Deity (devta) according to their clan and caste. People had to worship their Devta in a proper way as desired. It was considered significant to please those (Gods). because pleased Deity would spread joy and happiness in the family. On the other hand. if they get angry. they could harm or punish the family members in one way or another. The Deity's anger could be resulted in infertility. disease. shortage of food and cash etc. The God would punish the family members and especially the infertile couple because the family members remain incapable to please God. Karma (One's Own Deeds) people in tribal setting did not have believed in Karmas but in urban rural settings respondents firmly believed in Karmas but in urban and rural setting respondents firmly believed that Karma (deeds) of the self past birth influence the life of present birth. If a person had done good actions in their past lives. then they would be given the return in future life. but on the other hand if someone had done bad actions in their past birth. he would be punished and infertility could be one form of the punishment for bad actions of the past.

According to the research findings of Fishel et al. (2000) the 20% of the research respondents in urban settlements and tribal setting stated that if a woman did not conceive few years after marriage they must be intentionally delaying conception by adopting some contraceptive methods. As today's generation was well educated and career oriented. sometimes young couples decided to enjoy their life for few years right after

marriage or they want to be settled properly so they hold up their first pregnancy. The phenomenon of voluntary childlessness was found only in urban areas. The study found that at least 12% of couples were facing infertility affects worldwide. Historically idiopathic infertility was a state in which no medical cause could be diagnosed. It was strongly connected with psychological male functioning. More recently, the research suggests that there are little differences between couples with a medical diagnosis and those where no prominent reason could be found.

Monach 1993; Ulrich and Weatherall (2000) were collectively agreed on the point that their respondents also believed that children strengthened a marriage: children were essential for mental and physical well being of both men and women, and being a parent was an inborn instinct of human being. Another misconception regarding infertility that it was caused by a sexual disorder, while a disorder like as erectile dysfunction or impotency would make sexual intercourse impossible, the male partner maybe fertile just not capable of proper functioning sexually.

On October 2, 2001, the New York Times reported that studies at prestigious Columbia University Medical in New York had explored something quite extraordinary. Such as through the use of virtually fool proof scientific methods the research studies had demonstrated that infertile women who were prayed by Christian prayer individuals and groups became pregnant twice as often as those who did not have people praying for them. The study was published in a prominent "*Journal of Reproductive Medicine*". Even the researchers were shocked and surprised with the findings of the study. The findings of the study could only be described as miraculous. Olper (1964) research study found that

the most enthusiastic hope of the young women was that she proved to her husband's family by giving birth to a healthy child especially male. She knew very well that she would have little worth and place in her husband's home until she would contribute a son to him. Mandelbaum (1974) found that once a woman became pregnant she was likely to receive better attention than she enjoyed at any other time. At the time of her first pregnancy, she was given a kind of protocol and respect in the household that she did not get ever before. During her subsequent pregnancies also, she usually considered suitable treatment. Definitely, for a young wife pregnancy was considered good, the child was fun, motherhood was fine and God given.

Cha (2001) reported that some kind of supernatural power had an effect on many of the study practices. Some of the readers might believed that God or some other great power was at work, while other readers might supposed that sometime of psychic paranormal or otherwise magical power worked without the requirement of deity.

Coreil, et al. (1996) found that voodoo religion was not eligible of treating infertility because only God could give you children but if a child was 'present' the traditional voodoo healers were then in a position to treat women. The study of Benour (1996) proved that distant method of faith healing was very common among faith healers. In this method the healer focused mentally upon conveying healing, such as simple mental intent, prayer or medication. It appeared that healing could be affective from the both short and long distances between the faith healer and his client. There were different socially defined practices in different parts of the world. There were also different

conceptions in the world about how women were perceived to conceive and why women cannot become pregnant. Feldman (1999) explored that in Cameroon, the Bangangte people felt that conception had a close relation to cooking. They usually used cooking terminology to describe the conception and birth process of a child. The womb was the fireplace or cooking pot the ova and sperm were the significant ingredients sex was the 'heat' needed to cook; gestation was 'cooking' the baby; and birth was 'serving of the meal'. Yet, their beliefs about fertility were connected to the royal family. If they had a healthy and prosperous king then the women of the kingdom would produce children; if the situation was opposite then women would not be capable of producing many children.

Handwerker (1998) found in the study that definition of infertility could vary from culture to culture and place to place. Some women in China believe they were considered infertile if they had not given birth to a male child. Whiteford and Gonzalez (1995) defined in their study that infertile women felt themselves guilty because they had broken a cultural norm. They considered fertile women as normal and classify themselves as other.

Peltzer (2001) found in an investigation into the practices of traditional and faith healers in an urban setting of South Africa. The study focused on investigating traditional and faith healers fees patterns practice and their attitude towards working within the government administrated health sector. The study found out the demographic characteristics of faith healing and traditional healing. The study also explored conditions and problems commonly treated by faith healers and traditional healers. The researcher also tried to access the referral details and willingness to work within the biomedical

sector. The researcher has also tried to conduct the research by keeping in view the costs involved as well as the training required. Semi structured interviews were conducted with healers and traditional healers. Researcher finding showed that both faith healers and traditional healers seemed to treat a variety of problems and illnesses. Traditional healers seemed to be more specialized in dealing with sexually transmitted diseases and diseases related to children, whereas faith healers and spiritual healers were considered specialized in chronic conditions as well as social problems. The study found that different ailments including infertility and the role of traditional and faith healers in its treatment must be recognized in primary health care.

1.2. Problem Statement

The main purpose of this research is to analyze the socio-cultural, economic, religious and all the relevant factors that are leading infertile couples to consult faith healers in Southern Punjab. Most of the people living within the vicinity of Southern Punjab are less educated and have less awareness about the modern concept of allopathic treatment. The people have also some misconceptions about the modern ways of treatment.

Faith healers are using different methods to tackle the infertility issues and also creating the element of satisfaction among infertile couples. They are suggesting different kind of activities and rituals, like prayers, wazeefa, mannat, zakat, charity, sadqa and as well as eating of sacred edibles like langer and healing breath water etc.

Infertile couples are motivated through different motivational channels towards faith healing. They have a set of belief system that is linked to motivation. Belief system is also linked with customs, traditions, religious values, religious practices and customary ways of life its roots are linked with the sacred activities of the religion.

Keeping in view, the researcher has extended his interest towards the prevailing issue in Pakistan. The role of faith healing is very prominent in the culture of Pakistan and its role to treat different ailments and diseases is also very common. Now a day's faith healing is becoming as an emerging pillar of society and has great significance in religious institutions as well as in health sector and medicine. Infertile couples use allopathic treatment to solve the issue of infertility and also use faith healing concept when they become hopeless from all the treatments then they are rushing towards spirituality and faith healing. The interference of faith and spirituality creates higher level of satisfaction due to its linkages with belief system. Belief system has no need of investigation and imperial analysis towards any kind of entity.

1.3. Sociological Significance

Dominance of patriarchy family system is prevailing in Pakistani society. The male dominance in decision making process results in association of different kind of stigmas with women. One of the most important stigmas is to associate responsibility of infertility with women. The association of the stigma with a specific gender makes it more social rather than biological. In a male dominated society when a women con not conceive baby then her position in family and in society becomes very vulnerable and troubled. In a

situation the infertile couple and especially women partner feel themselves incomplete, tense, unprotected, misfit, alone and deprived. Due to male dominancy women are usually held responsible for infertility, that's why the infertile women perform active role to find out cure for infertility. Most of the infertile women try almost every method of treatment including faith healing. The trend to consult faith healers is very common in Pakistan and especially in Southern Punjab.

The current study is solely concerned with primary infertility. The basic objective of the study was to explore those social, cultural, economic and religious factors that motivate infertile couples towards faith healing. The natives of Sub-continent have close affiliation with religion. This affiliation lead them towards religious men and these religious men tried to found out solution of all the issues, problems and diseases with the help of religion and the search open gates toward faith healing. The usage of faith healing is common to cure different diseases, ailments and psychological problems almost all over the world with variation in methodology.

Faith healing plays a crucial role to strengthen the values, beliefs and societal traditions among society members. It affects the life of people and belief system. It helps to regulate and mold the cultural characteristics of the individuals who are residing in a particular area like Southern Punjab. This study will provide the detailed information about the socio-cultural factors that leads infertile towards faith healing, role of faith healers and at the end recommendations will be given on the basis of collected

information. The study provides detailed information about the faith healers and their different methods to treat infertile couples.

The study will provide guidance for the forthcoming researchers, scholars, who will do the same business in the field. It will be a new addition of knowledge, causes to consult faith healers and their different modes to find out solution of infertility. This document will become a part of library and can be used as a guideline for policy makers in future. It will also enhance the ability and practicality of the researcher in the field of research especially in Sociology of health.

1.4. Objectives of the Study

The main objectives of the study were:

i) To find out social, cultural, economic, and religious factors that lead infertile couples to consult faith healers

ii) To explore the faith healers' methods to cure infertility

iii) To explore beliefs about effectiveness of faith healing

iv) To find out an association between faith healing approved by culture and religious relevance among infertile couples

CHAPTER TWO

LITERATURE REVIEW

It was an integral part of the entire research process and made a valuable contribution to almost every operational step of research. It had a value before the first step, when a researcher was basically thinking about a research question that researcher might want to find out answers. At early stages of research it helped to formulate the theoretical roots of the study. It also clarified the ideas and developed methodology, but later on the literature served to develop and consolidate knowledge base and helped to integrated and incorporated findings with existing body of knowledge.

Edirne et al. (2010) found in the study that religion was a significant leading factor and play important role in forming people's beliefs about mode of treatment, which results in acceptability of activities and practice suggested by faith healers. In a specific area there was a cultural believed and faith healing is counted as custom and first choice of treatment. This might be a custom to follow religious activities and practices to be fertile. This was also a custom to adopt faith healing to be benefited. Infertile couples got help from religion according to their belief about the treatment. People that had faith in faith healers, characteristics like, pious, ancestry, control over supernatural powers. Homeopaths or even many quacks apply different kinds of religious therapies to their customers. The use of religious healing could be the first choice for the problems like infertility.

Bruce (2007) reported that many infertile people consider that they were being punished due to their sins by the God in the form of childlessness. The belief that prayer

could increase fertility led them towards spiritual healing. It had also observed that some infertile people had to change their sect to fulfill the demands of the specified faith healing process.

Torosian (2005) found that beside medical treatment, under pressure women acquired more effectual methods of treatment and usually used faith healing to cater with the crisis. There were different non medical practices which were widely practiced in different religions and communities throughout the world. The belief on faith healers was one of the substitutes to the medical treatment. Throughout the human history religion and spirituality had played a prominent role in healing a variety of illnesses. In almost every religion the religious teachings stimulated infertile couples to acquire treatment through this institution. According to the existing data researchers found that main reasons behind getting treatment from the faith healers were the people believe in the healers, their easy availability and peers, family pressure to consult them.

Mirza (2004) found in the study that parental role had high importance in the lives of Pakistani women. Child birth was considered as a blessing and childlessness as a reason of pity. In spite of the fact that women were considered to suffer strange structures, according to religious teachings the role of mother was highly valued and respected. In Islam it was generally believed that "Heaven lies under the mother's feet". In Pakistani society infertility was a serious concern irrespective of social and cultural status of the family and educational attainments. Having children was considered a compulsory way to get respect in a society for a successful marriage. The research findings reflected that majority of the respondents had a very high desire to have baby.

Most of the respondents had availed different treatment options including faith healing, homeopaths, quacks, medical doctors and herbalists etc. Shah (1986) explored in the study that birth of son was considered essential for continuation of the family name, for the purpose of strength and security of the family, to protect honor of the family and especially his female family members.

Schlitz (2005) reported that faith healing was a process of healing disease, disorders, ailments and syndrome through the force of religion. Many people were attracted by faith healing. The followers of faith healers had crossed continents just for the purpose of healing through the power of faith. The strange improvements were linked to various methods traditionally grouped together as faith healing. This might consisted of self praying, prayer by a religious man, visiting to shrines, temples or a powerful belief in a supreme being. Spiritual practices usually differed according to religion and culture. The study also indicated that seventy three percent of adults were of the view that praying for someone else could help to cure their ailments.

Donkar and Sandatt (2009) conducted research on coping strategies of women seeking infertility treatment in southern Ghana. They found out that infertility as a health problem faced by an estimated of 15% childbearing of women in Ghana. The study investigated the coping strategies adopted by 615 women. Findings unveiled that majority of women preferred to keep fertility issues in secret due to stigma of infertility. Women managed through the support of their husbands and some avoided situation that reminded them of their childlessness problems. 99% women prayed and 98% hoped of miracle

happening. This study supported that majority of women believed on miracle and they have firm belief on spiritual healing in order to avoid the stigmatized situations.

Collins (2002) found out that infertility was not only dependent on diagnostic tests and medical treatment, but it was also dependent on non medical and social factors that could affect fertility and child conception. Maroulis (1991) found that age of the infertile couples must be given great significance while providing them infertility services. The number of women seeking infertility services was increasing because number of women aged 35-45 years is rapidly increasing. The effect of female ageing on child conception had greatly reviewed. Cates (1985) found that educational standard, quality of care, socio- economic status were the considerably related to the choice of treatment points for infertility. The level of education was usually used to indicate health behavior because it was often associated with exposure to scientific practice and knowledge.

Serour (2005) found that all the great religions of the East and west fleshed out the religious dimensions of infertility with very real experiences of social loneliness and disadvantages associated with inability to have child participate in the central sphere of religious and social life. Nnadi (1984) reported that the basis of research that indeed, it had widely reported that the importance of faith healing in the Nigarian health care system was rapidly increasing. Andrew (2007) reported that religion was a way in which people (individuals, families and their connected communities) discussed their prosperity in relation to power that control and sustained them. This was nowhere more clearly in

the field of family formation. Family was the institution where religion was given more importance and it was also frequently practiced.

Boivin et al. (2007) found from the study findings that clinic based information was representative of about half of the total infertile women. The research reflected that even the developed nations where access to infertility treatment was responsibility of the state. There were still many couples who did not seek treatment and adopt alternatives of medical treatment. Spiritual healing for the treatment of infertility was being practiced in many cultures throughout the world. There were countless medical problems that were causing infertility. Faith healers reported that many infertile couples consulted them because they had no evident medical problem or reasoning that was hindering their fertility. Faith healers also claimed that they have provided successful spiritual healing services to those couples that were medically declared infertile and had lost hope of conceiving child.

Ola (2008) conducted the research and explained that 14.5% of infertile couples consulted faith healers as the first option for healing. Matthews & Larson (1995) explored that patients with strong religious belongingness express, sustained medical crises with better results than those who din not have firm spiritual belief or maintain religious practices. Hunt (1997) found out that faith healing studies might have emotional and psychological impacts for patients facing the challenge of infertility. It was also mentioned in the same study that emotional stress combined with failure of treatment may caused serious depression in women with impaired fertility.

Domar (2005) proved in the study that women were considered as a sole cause of infertility, so they usually preferred faith healing beside medical interventions. It was also explored that high levels of religious belongingness and spirituality were prominently correlated with lower levels mental and psychological distress. Inhorn and Van Balen (2001) reported that despite the high existence of male infertility, infertility was illogically considered as female problem. The role of male infertility was extensively underestimated and even kept secret in many societies. Scotland (1999) explained the visible impact of prayers very dramatic that it would not take a "leap of faith" for infertile ones. The study found that prayers were more effective than medical treatment for infertility. The results could cause some women to quit medical treatment and thus positive results could not be obtained from medical treatment. In other significant points of the results were of avoiding medical care because of reliance on religious rituals and faith healing were well documented.

Sewpau (1999) narrated on the basis of research findings that social alienation and disadvantages to childlessness might have some religious dimensions. In traditional African religion, there was a cycle of rituals including animal sacrifice that binds the community to their ancestors. These rituals are observed on the occasions when a girl menstruated; one for when she came bride; one she got pregnant. If any of these rituals were not properly done the ancestors may become annoyed. Infertility was defined in the culture as a sign of that anger by which the ancestors disturbed the cycle of relationship by withdrawing opportunity for the family to accomplish the rituals related to pregnancy and birth. In case of childlessness the entire community was at stake and it was clear in

the community that the ancestors were annoyed with the couple or with the entire community. The infertile women or childless couples were pariah in this world.

Mashamba (2009) conducted a study on traditional healers' views on fertility. As infertility was among the most significant problems facing families so this research paper reported on finding of a study that enquired the traditional perspective related to infertility. Five traditional healers were included in the study that was selected through purposive sampling. Participants expressed that often women were the ones to be blamed for infertility. The study unveiled that the etiology of infertility was attributed to three major factors and these were biomedical, supernatural and traditional. When patients contacted traditional healers for treatment, necessary treatment was provided. In some complicated cases when such healers realized that the patient's condition was critical and beyond their control they referred the patient to other healers such as, faith healers or western trained health practitioners.

This study focused that usually women were held responsible for infertility by the society and traditional healers. This defined that label of failure of marriage due to infertility associated with women because of which women normally searched for spiritual healing practices to remove the social stigmatization. Sundby (1997) conducted a research on infertility in Gambia "Traditional and modern health care". The objectives of the study were to know problems and coping mechanisms for infertility, types of health care available for infertile couples and the level of modern and traditional health system. The detailed interviews were conducted and the study findings showed that having child development was the only solution of the problem. It was found common

among the respondents that they were frequently consulting spiritual leaders. This study defined the importance of spiritual leaders and their way of treatment besides formal health care which was key dimension of infertile couples.

Benor (1996) conducted a study on spiritual healing for infertility, pregnancy, labor and delivery. The sole objective of the researcher was discussing the viability of faith healing for infertility, pregnancy, labor and delivery. The patients that were clients of faith healers reported that labor and delivery were relaxed when healing was given and babies born after receiving faith healing. Faith healers used different ways to treat their patients. Sometimes they moved their hand around the client's body in a set pattern. In many cases faith healers revolved their hand of the infertile person, but didn't touch the body. This study showed positive relationship between the treatment of the infertility and spiritual healing. Sami and Ali conducted a study on the cultural politics of gender for infertile women in Karachi, Pakistan. The basic objective of the study was to explore the psycho social consequences of infertility for women and its impacts on their health. Detailed case studies of 400 women with infertility attending tertiary care hospitals in Karachi were conducted. The findings showed that motherhood defined women identity in Pakistani culture. 38% for husbands remarrying. 20% female respondents were given threat for divorce, 26% for returned to their parent's home.

The study reflected the severe social consequences of infertility in Pakistan. Here motherhood was usually considered the key role as sole identity for a woman. The social impacts of infertility had different impacts on men and women. Greil (1997) supported that infertility was basically different experience for women then for men. Ellison (1991)

conducted a empirical research and narrated that people having strong religious belongingness tend to have a greater sense of well being, higher life satisfaction, lower levels of anxiety, tension and declared risk of suicide. Thorn (2009) reported in the study that male infertility trends were to be linked with a more significant taboo than female infertility. The study further explored that it was most significant for all couples to be able to access counseling. The counseling could add to improve the social health and psychological counseling. Couples who were capable of managing the emotional challenges infertility entails were more likely to carry out the number of treatment cycles that were suggested from a medical viewpoint. Several studies existed on relationship between socio-economic status of individuals and usage of health care services. Especially interesting among them were of Oke (1995); Oyebola (1980); Jegede (1996) and Owumi (2005). They believed that people of poor socio-economic classes had problems of access to health care facilities. This is so because in spite of the availability of modern health care services in Ibadan metropolis, people belonging to lower socio-economic status still supported the spiritual healing churches and traditional healing methodologies. They further argued that, coupled with problems of their low status position was the fact that income, language, religion education and occupation composed another factors impacting the utilization of any health care system.

Joyce (2011) reported in the study that infertile women were more exposed to psychological pressure and demand psychological support. There was a need to add in mental health treatment and screening on regular basis of the infertile women of the study area. Ola (2008) found that desire of infertile couples to resolve the problem had resulted

in patronage and various treatment methods that were determined by the social, cultural and behavioral factors. The choice of selecting a particular treatment outlet was not dependent upon the choice of the infertile couple but also by the family members. The study defined that the main determinants of selecting the treatment outlet for the cure of infertility in Osun (Nigeria) state was perceived causes of infertility and cultural significance that members of the society associated to the reproduction and sex preferences. It was therefore utmost need for intervention strategies that would have positive results on the fertility seeking pattern of infertile couples. The steps might be consisted of comprehensive community based educational program counseling sessions and possibility of integrating traditional medicine, faith healing and traditional healing for the effective management of infertility problem.

May (1997) explored in the study that women who were unable to have children considered that it was due to the God's will that made them childless. It was up to the God to bless them with children as God did for Sarah and other barren women-in the Bible. While on the other hand Saeed et al. (2000); Gadit and Khalid (2002) both found in their studies that thousands of people visit shrines found out help to solution of infertility. These needs might comprise a search for better health outcomes, fulfillment of desires relating to wealth and success. The way an individual recognize his or her health was directly related to their worldview values, religion and belief systems. Culture, educational level, family and societal structure, the accessibility and availability of health care and many other issues put effects upon this perception. Pakistani People had firm believe and often seek comfort and healing through religion activities and religious

rituals. Great significance was therefore laid on using religious healing and healers to address illness affecting their lives and those of their other family members. On daily basis thousands of people visit faith healers or shrines of dead saints to found out health and well being. For individuals and families with mental health problems, and infertility problems religious healing was often the first line of help.

Farooqi (2007); Yousaf (1997); Qidwai et al.(2002); Gilani et al. (2005) agreed on the basis of their findings that Religious and cultural practices considerably influence how health problems were perceived and addressed. The information behind these health insight and practices was not always written and often passes orally from generation to generation. Pakistani culture was a blend of traditions, rituals, and folk beliefs. The faith system underlying causation of illness and healing regimes was multifaceted and multilayered. Explanations of sickness include possession by jinn, evil spirits; ghosts or fairies; black magic spells and different healing approaches including exorcism, faith and traditional healers, sorcery, including long dead Sufi saints. Often the underlying principle behind these beliefs was again believed to be rooted in religion and its fundamentals in Quran and Hadith.

Pfleiderer (2006) reflected in the study regarding Subcontinent and especially India which was one of the five great centers of Sufism. The others were Iran, Mesopotamia, Syria and North Africa. The first two orders of Sufism were established in the 13th century, and these were the Chishti and Suhrawardi orders, and these were followed by the Qadri order in the 15th century. The fourth great order of Sufism, the

Naqshbandi began in the sixteenth century. Kleinman (1980) finds on the basis of study that each individual has some health beliefs that might have been learnt from his/her immediate environment. It was a general perception that presents in a person's life: though not compulsory part of their personal experience.

Shoaib (2011) conducted a latest study on motivational factors and satisfaction levels of infertile couples towards faith healing in Pakistan. The basic objective of the study was to recognize the motivational factors, practices and levels of acceptance of unproductive couples towards spiritual healing. Usually issueless couples were provoked by different factors towards spiritual healing. These couples were lead by faith healers to do some specific practices and experience. For the present study 105 unproductive couples were sampled from district Gujrat and specifically from Union Council number 75 (Marala). The study showed that the unproductive couples were more prone towards religious healing. There was an association between religious healing and level of approval as they considered religious healing as more efficient treatment. Respondents were habitually and socially provoked to practice religious healing for sterility. Some of the respondents claimed that religious healing really help for productiveness matters and many respondents were found satisfied with role and practices of religious healers.

Unisa (1999) reported that women passed through different health seeking modes to get rid of unpleasant consequences of infertility after trying to conceive for the period of one to four years. Lalos et al. (1985) found in the study that control over fertility was mostly taken for granted both public at large and in medical profession. After latest medical interventions we might had exposed to disappointment. Now it can be easily

judged the male function of fertility process that push incurable infertile couples and medical staff towards disappointment.

Kraft et al. (1980) reported that major portion of human life revealed around reproduction, raising a family, parenthood and capability to conceive were closely connected to self esteem, body image and sexuality. Caplan (1964) reported that when a couple came to know that reproduction was beyond their control. In a situation usually emotional crises get started. This crisis was characterized by specific psychological stress and change in behavior. It was a condition where early experiences and learned behavioral patterns were not enough for understanding and handling with the actual situation. The couples normally faced emotional disorder and the crisis has to be dealt with individual level and within the marital relationships. The infertility crisis was complex and hard to work through. The first reaction of infertility were included, surprise, shock, disbelief and denial followed by feelings of anger, frustration and anxiety. In many cases the subsequent reactions usually include feelings of embarrassment, guilt, depression and sometimes it resulted in mourning.

Lalos et al. (1986) and Menning (1980) found that the crisis created through infertility was totally differ from a general shocking crisis, in which usually shock duration phase was about six weeks. The crisis of infertility affected the life of the couple for longer period of times and sometimes throughout life.

Mineau (1982) found in the study that less importance was given to the role of male partner's age. The study explored that fertility level declined in the wives after the age of 35 years but in men this decline started at the age of 40 years. Baeta (1962) found that a

part from the fact that most women were poor and could not afford the high cost of health services. Poor quality services and treatment by health providers kept women away from health seeking services at medical centers and hospitals. These poor facilitation and standard of providing health services forced the women to think about the option of faith healing.

Yildizhan (2009) and Matsubayashi (2004) found in their two separate studies that living with parents' in-law with the problem of infertility might create some psychological pressure from mother in-law and father in-law. This pressure was well documented throughout the world. Wirtberg (1992) explored in the study that usually wives tried to protect their husbands from bad news of infertility. It was shown that one woman was told by her doctor that sperm count of her husband was very low. She did not dare to inform her husband, after three years she was still waiting for the right moment to inform her husband about low sperm count. The study suggested that both the partners must be engaged and addressed during the process of treatment and investigation, regardless of who was diagnosed and having chances of infertility factors. In majority of the cases it was noticed that male partner excludes himself from the relationship between the doctor and the female partner.

Inhorn (2003) reported that in a condition where children were strongly desired and parenthood was culturally essential, childlessness was a culturally and socially unacceptable condition. The circumstances led unproductive couples on a relentless thirst for conception. Sciarra (1994); Van Balen and Gerrits (2001) were agreed after conducting their studies that infertility iwas a troublesome. The lack of pregnancy and

childlessness as the outcomes were highly stigmatizing, severe social sufferings for childless couple and especially for female partner. West (1975) described on the basis of findings that healing methods were of different kinds such as faith-healing during Church services (direct and indirect). The most frequently form of faith-healing was through prayers and laying-on of hands. This takes in one or two ways; either the partner was called up on stage in front of the congregation kneel and prayed for, or they were placed in the center and all the participants of the congregation gathered around them in a circle and prayed for them. The religious leader or the father loudly prayed for the solution of infertility and other problems and the participants of the congregation shouted of 'Amen', or 'halleluiahs' or 'Yes'. In some cases the prophet healers touched the individual or the affected spot of each individual with his hand, with some sacred book or with any other sacred object. These healing practices focused on group participation because it was believed that Holy Spirit heals through the agency of the faith healer along with efforts and prayers of the congregation.

Cates et al. (1985) reported that existence of general infertility rated also created differences between male and female infertility. The most comprehensive study on infertility was conducted by World Health Organization (WHO). In this study 5800 infertile couples were acquiring treatment at 33 medical centers in 25 developing and developed countries. The study was conducted time period during 1979-1984. The study found that men either were the major cause of infertility or contributing cause childlessness in more than half of all couples. Two of the major causes on the part of male partners were lack of sperm in ejaculate and low sperm count.

Gerrits (2001) and Sundby (1997) found in their studies that negative impacts of infertility were much stronger in developing countries as compared to the western societies. In many societies childless women were highly stigmatized, which may lead to domestic violence, isolation, neglect or it may result as a second wife in polygamous marriage. The traditional healers gained some advantage over the western approach because they knew the psyche of local people in a better manner. They spoke their local language and spend life according to same culture. The coordination between a traditional healer or a faith healer and the patient will be pivotal when formal strategies were formed. FIGO (2006): Sundby (1997) found in their studies that different religious values, moral and legal rules might impact and explain the way a society regarding infertility. Undoubtedly in most developing countries infertile women were held responsible for infertility. The women were highly stigmatized for childlessness, even if they were not the sole cause of it. Matthews (1995) explored that patients with strong religious belongingness and faith, studies showed that such patients cope up with crises of infertility in a better way. Ellison (1991) found in the study that people with strong religious belongingness tend to have sense of greater life satisfaction, well being, lower levels of tension and deceased risk of committing suicide.

Daniluk (2001) reported that most of the infertile couples experience extreme in their emotions. While extreme feelings of jealous of a woman who has conceived, the couple may also have to compete with feelings of narcissism and selfishness. Cooper (2001) found that the man or woman might be betrayed by his/her own body or become annoyed with his or her partner. Atwood and Dobkin (1992) provided a very informative

breakdown of the grief cycle in infertile couples. They divided the cycle into four stages in which most of the couples move through; disbelief and rejection, anxiety and rejection, isolation and feeling of guilt and finally the resolution. During the isolation and grief stage most of the couples required counseling. Therefore deeply exploration from the clients was very essential at this stage. It was the hope that decision would come as the infertile accept the fact that they have lost control over fertility and were in a position to take new productive measures in life. This resolution was could not be applied on all couples.

Rhodes (2008) reported in the study that motherhood was considered to be the most significant role for women and provided base for the women's identity in Islamic culture. Majority of the public places directly or indirectly placed great stress on fertility and childbearing. The child birth was considered as a matter of prestige for both the families. Therefore decisions to seek different treatment were mostly taken as family matter rather than as an individual. There were also reports that usually families coerced or pressurized the couple to act according to their will regarding selection of alternative ways of treatment. On the other hand former American President George, W. Bush stand in favor of faith based initiatives. It has caused some Americans to believe that constitutional separation of church and state was dangerous. The conclusions of Cha's study (2001) could create interest among policy makers who favor widening the role of faith and prayer in the United States.

Rayner (2009) found that associating the causes of infertility to supernatural powers such as evil eye, evil spirits and God's retribution and requiring help from faith healers and traditional healers might be a promotion of social stigmatization for childless woman and strong desire for motherhood. This strong desire was described by infertile women as an agreement to try availing almost every chance that could maximize their chances of becoming pregnant. Berg and Wilson (1990); Downey and Mckinny (1992) found in their studies that infertility was not basically only a medical problem. The psychological impacts of infertility have been largely studied the existence of anxiety, stress, marital difficulties and depression have also been reported.

Papreen et al. (2000) found in the study that similar kind of social consequences have been registered from developing communities from different areas of the world. The infertile women belonging to an urban slum of Bangladesh reported to experience a loss of purpose of life, stigmatization, insecurity and abuse. These women had to face abuse from the husband and his family on regular basis. The level of abuse was high enough to push a woman towards suicide. These commonalities between different developing communities pointed out that the negative social perceptions of infertility were not the consequence of a single specific culture, but these social trends were associated to the extremely low economic and social status of women in major portion of the developing world. The prime functions of women in these communities were successful reproduction. Many of the infertile women face psychological implications and social impacts of infertility in lack of support by the family and community. One huge hurdle might be the secrecy of the infertility problem. The infertile women had fear of negative

social consequences, it had to be understood that social support was really lacking. In order to get rid of infertility label some women pretended that they were not interested in pregnancy. A related tactic was found among childless women living in a slum of Bangladesh, who pretended of miscarriages in order to show fertile.

Ukpong (2006) found in the study that the notion of childbearing had become a notion of womanhood. In non western cultures adoption if child was stigmatized and discouraged. The issue of infertility created severe kind of problems especially in rural settings and in extended family type. Aside from the stereotype that childlessness was basically a women's problem, the softer sex also have to face physical and psychological abuse. The reports on consequences of infertility defined that economic deprivation, marital instability and psychological strain could be associated with female infertility.

Fido (2004) explored in the study that infertility could be a tense experience that affected many aspects of a woman's life. Infertility experience could affect her self esteem, religious belongingness; her relationships with spouse, occupation and in almost every aspect of her life would be directly or indirectly affected by the challenge of infertility. Some very common psychological signs reported in infertile women were anxiety, depression and suicidal ideation. Becker and Arnold (1986) found in their study that acceptance for any medical treatment faces challenges when it has differences with the existing society's cultural system and mode of treatment. When a status of an infertile women was considered ambiguous, deviant, or in some way marginal to social values and expectations, its authority was questioned and she felt herself misfit.

Parsons and Fox (2002) explored in their study that now the people look for the treatment of infertility just as the other diseases. In the past the issue of childlessness was purely a social issue. To overcome the social challenge of infertility now the people have increasingly develop tendency to find its solution through medications. Office of Technology Assessment (1988) published paper that evaluates the cultural and social basis of medical treatment through a discussion of one condition, infertility, a social state that has currently been recast as a disease. The literature of social science between the era of 1960s and 1970s addressed the issues of and challenges of infertility as a social condition defined by the undesirable absence of children.

Anamika and Rajni (2004) discussed in concluding remarks of the study. It was visible from responses that children were most important for almost all the respondents. The presence of children was essential for the social and economic stability, survival of ancestry and they also fulfill emotional demands of the parents. They were also considered significant for strengthening the marital relationships. The belief was stronger in tribal and rural settings. The arrival of child was considered as an important and basic objective of the marriage; otherwise the couples have to face different kind of pressures such as psycho-social repercussions of infertility at personal; interpersonal and social spheres. Striking emotional feelings mentioned by respondents were anxiety, depression, isolation and guilt. Whenever they come to know about some pregnancy of the neighbor, relatives or friend, usually negative feelings and responses were recorded by the infertile couples. In few cases the positive feelings were also reported but the number of such cases was limited.

Deodar (1995) found in the study that majority of females found change in their personality and behavior due to the infertility factor. They reported of becoming more aggressive and frustrated. Asser and Swan (1998) reported in the study that connection between religion and health and results were positive. There were also few proves of negative association. Religious interference could influence the types of medical treatment perceived as suitable, the belief that some specific forms of treatment were not supported by religion. The religious teachings may lead to treatment rejection or discontinuation of ongoing medication. Some of the religions negate or strongly discourage the use of some specific medical procedures such as vaccinations, contraceptives and even blood transfusions etc.

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life according to same culture. The coordination between a traditional healer or a faith healer and the patient would be pivotal when formal strategies were formed. Office of Technology Assessment (1988) published paper that evaluates the cultural and social basis of medical treatment through a discussion of one condition, infertility, a social state that has currently been recast as a disease. . The literature of social science between the era of 1960s and 1970s addressed the issues of and challenges of 'involuntary childlessness as a social condition defined by the undesirable absence of children.

Parsons and Fox (2002) explored in their study now the people look for the treatment of infertility just as the other diseases. In the past the issue of childlessness was purely a social issue. To overcome the social challenge of unwanted childlessness now the people have increasingly develop tendency to find its solution through medications.

Gay and Robert (2008) found in the study that medical diagnosis might provide reasons for the inability to conceive and may even offer impermanent relief from feelings of disappointment, individuals' approach of abnormality may intensify if expectations that medical treatment will rapidly treat the problem are not realized. The individuals tried to find out solution of the infertility problem by consulting medical practitioners. Treatment showed the same dilemma that they practiced in daily life, cultural norms and values were also reflected in medical treatment, and childlessness and infertility were consequently viewed as abnormal. Efforts to eliminate feelings of abnormality due to infertility by lending medical legality to the failure to conceive were undermined by entering a medical system in which perceptions of disease and abnormality were

understood. The title of infertility as an illness and individuals' own position of failure to meet cultural values affected awareness that infertility was something important for which they were at fault.

The results found in Koul (1996) study indicated that females which were ignored by their husbands, if they were not able to conceive two or three years after their marriage. It was also found that gender played an important role as where women were diagnosed infertile or where they were not capable to produce live birth. The failure in conception influenced in a negative manner on female partner and these women had to face negative change in their husbands' temperaments. However in that cases where males were diagnosed as infertile, the wives did not report any significant change in the husband's attitude.

The sighted literature suggested that there were multiple socio cultural factors which were motivating infertile couple to consult faith healers. These socio cultural factors vary from area to area society to society depending upon different factors like religious importance, religious practices, religious values, social and cultural events, culturally and socially constructed values and norms and their recognition, belief systems of the communities and societies, desire of infertile couples to have offspring, stigmatization and labialization of infertile couples, their feelings of infertility and isolation and social pressure were some prominent factors among them.

While on the other side there were different kinds of motivational factors like mass media (print and electronic), peers, family members, relatives, community

members, friends, co-workers, neighbors, sign boards, banners, news papers' advertisements, people who have already consulted faith healers, religious rituals and preaching of religious men were motivating infertile couples to consult faith healers. These infertile couples were performing all the activities suggested by faith healers. These couples were also using these faith healing services to get satisfaction and cure their infertility. Faith healers also gave some suggestions to do some specific kind of economic based activities and practices such as zakat, charity, donations and manat etc. From the above reviews it was explored that infertile women were more exposed to psychological pressure. The extreme desire of infertile couples to resolve infertility problem and to get a heir resulted in adoption of various treatment methods including faith healing.

It was found in the already existing researches on the topics like infertility its social and cultural consequences, its connection with faith healing and motivational factors to consult faith healers, faith healing was found closely connected to health system especially in less developed countries. It was also observed that even in developed and westernized countries faith healing had its roots. Faith healing strongly affected the lives of people and even their belief system. Majority of the researches explored that majority of the faith healing believers belong to the less developed countries, less educated class with poor economic status. The followers of faith healing belief that children were the gift of God and any hindrance or delay in childbirth could be removed only through faith healing.

The age group of the respondents for the present study was between 20-45 years which were not currently using any kind of contraceptives. and consulting any of living faith healer to cure their infertility. All the above sighted literature provided strength and support to the research topic. This also facilitated to draw a linkage between variables. indicators and attributes to construct a semi structured interview schedule.

CHAPTER THREE

METHODOLOGY

3.1. Methodology

Methodology is a system of explicit rules and procedures in which research is based and against which claims for knowledge are evaluated. The ideas, techniques, tools and procedures that are used to study the community through scientific knowledge are refer as scientific method. Methodology basically provides a guide line to the researcher while conducting the research. It also serves as a tool for the evaluation of new knowledge.

3.2. Population

Population is a total aggregate of elements from where sample is selected on the basis of sampling technique. Southern Punjab was the population of the present study. This area was less educated, less privileged and traditional/religious values, beliefs and customs were very strong. Therefore, the individuals of this area were easily motivated towards faith healers due to multiple reasons. The researcher wanted to conduct a research and explored the socio-cultural factors that led infertile couples to consult faith healers. Southern Punjab was the population of the present research.

3.3. Target Population

Target population is the actual population of study. The target population of the present study was three districts (Multan, Lodhran and Bahawalpur) of Punjab province.

3.4. Element of the Study

A sampling element is the unit of analysis or a case in a population (Neuman, 2004). The couples that had been facing primary infertility for the minimum period of two years and had visited any of living faith healer in three randomly selected districts (Multan, Lodhran and Bahawalpur) of Punjab Province for the cure of infertility. Both the partners of same infertile couples were not interviewed, only one member either male or female was interviewed. These infertile couples were the unit of analysis for the present study.

3.5. Sampling Procedure

Empirically supported generalizations are usually based on partial information. This is the case because often it is difficult to collect data from all the potential unit of analysis encompassed in the research problem. Yet precise inferences on all the units based on relatively small number of units can be drawn when subset accurately represent the relevant attributes of the whole set. There are different methods to precise the population that is referred as sampling procedures.

3.6. Sampling Technique

At first stage three districts Multan, Lodhran and Bahawalpur were selected from thirteen districts (Layyah, Muzaffar Garh, Multan, Lodhran, Vehari, Pakpatan, Bahawalnagar, Rahim Yar Khan, Bahawalpur, Rajanpur, Dera Ghazi Khan, Khanywal, and Sahiwal) of Southern Punjab. These three randomly selected districts researcher collected secondary data from the local and national newspapers, Cable TV, local influential's, religious scholars, key informants, religious men, internet and from local people about the faith healers and their faith healing places.

To collect primary data purposive sampling technique was used to locate the respondents. It was used because sampling frame was not available. The population was specific so, researcher located the respondents at the living faith healers place, where they were guiding and suggesting the infertile couples for treatment of infertility.

3.7. Sample Size

Sample size of 261 infertile couples was selected through purposive sampling technique.

3.8. Technique of Data Collection

A survey method was used as a technique for data collection.

3.9. Tool of Data Collection

A semi-structured interview schedule was administrated to collect the required and relevant information form infertile couples. This measurement tool was appropriate because population of the present study was mixed, literate and illiterate. Both open and close ended questions were asked to respondents to collect rich information to measure the objectives.

3.10. Pre-Testing

Before the collection of actual data measurement tool was pre-tested from 30 selected respondents from three districts. Some questions were added, deleted, modified and response categories were also changed according to the willingness of the respondents. This process was very essential to check the workability and reliability of the measurement instruments. At the end question order and the layout of the schedule was also adjusted according to the respondents to collect rich and authentic information.

3.11 Research Team

A research team of two female researchers were hired by the researcher a two days training was given to them about the interview schedule and collection of data. It was also guided them how to develop rapport with respondents, asking of questions and recording. These female researchers were hired to collect information from female respondents. Due to this gender issues was minimizes and quality data was collected.

3.12. Data Analysis

After the actual data collection, it was edited, coded, and computerized. Statistical Package for social sciences (SPSS) was used to analyze data. Univariate and bivariate tables were constructed to present the collected data and draw conclusion. A statistical tests i.e. chi square, gamma and lambda were used for testing hypothesis. Data was presented, interpreted and summarized in univariable and bivariable tables.

3.13. Steps for rapport building in the field

Rapport was developed to create friendly and reasonable atmosphere for conducting field work, none of the respondents hesitated and refused to give information about any topic/question. The following steps were used while conducting the research.

- The data collection team met with the respondents at faith healing points for easy availability of the respondents.
- The researcher as a team leader introduced himself as the student of Sociology Department, International Islamic University Islamabad and informed them about the purpose behind conducting the research on "Socio-Cultural Factors Leading Infertile Couples to Consult Faith Healers".
- The research team conducted detailed meetings with faith healers and the data was collected from respondents after the permission of the faith healer.
- The researcher assured the respondents that the required information would only be used for research purposes.

- All the three members of the data collection team were well aware of local culture and language. The usage of Saraiki and Punjabi languages proved very helpful in rapport building.

3.14. Field Experiences

It was difficult to take respondent's views about this research because it was a very sensitive issue. Initially, the respondents were hesitant to interact with the research team but after rapport building they responded well. The process of rapport building made the data collection process lengthy and time consuming. Sometimes during the process of data collection the researchers had to face difficult situations regarding traveling and response of faith healers and respondents.

The research team had to face difficulties in order to time management because the time of respondents' availability was not fixed. To bear expanses of the research were also a challenge for the researcher. Some respondents were found reluctant in sharing of their personal information and their spouse. After developing rapport with the faith healers the cooperation of infertile couples increased. More than thirty days were utilized in the field by the team to collection accurate information. Involvement of two female enumerators/ Researcher proved very helpful in the process of data collection.

3.15. Limitation of the study

Religion is the most sensitive segment of human life. The current study was unique, challenging and sensitive in its nature. In this study the researcher had tried to

explore the factors that led infertile couples towards faith healing. To acquire information from male and female respondents about the sensitive issues like infertility, faith healing, use of contraceptives and their socio-cultural life were very challenging and time consuming.

- It was a crucial task to clarify the respondents and the faith healers that the current study was not going to challenge the faith healing or faith healers and this may be used only for research purposes.
- Most of the faith healers tried to keep the researchers away from their clients.
- The research team spent more than thirty day in the field for data collection.
- The availability of the respondents was very limited.
- Rapport building took a lot of time before acquiring information from respondents.
- Most of the faith healers tried to keep secret their methodologies.

3.16. Conceptualization

Culture: The totality of socially transmitted behavior patterns, arts, beliefs, institutions and all other products of human work and thought are called culture. The Free Dictionary by Farlex (2011)

Social: Living in a group life and integrate to the other structure of society along with sharing of different moments is called social. Oxford Concise Dictionary (2005)

Infertility: The ability of a couple of reproductive age to conceive or carry a pregnancy to a live birth within two years period of unprotected intercourse. WHO (2001)

Faith healing: It is activity of trying to cure people who are ill and using the power of belief and prayer. Cambridge International Dictionary of English (2006)

3.17. Operational Definitions

Social: It is related to the all shared relationship of the infertile couples with other members of the society. The term was used in the study to represent nature of interaction infertile people with the communities and societies.

Culture: Infertile couples and faith healers had set of customs belief system, art ways of life, material objects and social organization of their particular area.

Infertility: According to the study a couple that was living together from a minimum period of two years and they were found engaged in unprotected intercourse during this period of time and still could not give birth to alive child were taken as infertile.

Faith Healing: In the current study any of the activity or process to cure any of the disease or ailment without medical intervention and with power of religion and belief was taken as faith healing.

3.18. Independent Variables:

The demographic, social and cultural factors are considered as independent variables that can affect infertile couples' attitude towards consultation to faith healers.

3.19. Dependent Variable

The dependent variable of this study is the motivation to consult faith healers. The definition of faith healer in this study is any spiritual person (alive) either male or female who is providing his/her services to infertile male and infertile female to cure their infertility ailment.

3.20. Statistical Analysis

3.20.1. Percentage

Percentage was used by the researcher for various categories to bring it in comparable form from the present study. The percentages were calculated by following formula.

Formula:

$$\text{Percentage} = \frac{F}{N} * 100$$

Where:

F = Frequency

N = Total Number

3.20.2. Chi-Square

Researcher applied Chi-square test to examine the level of association between independent and dependent variables. χ^2 was computed by following formula.

$$\chi^2 = \sum \frac{(\text{Observed Value} - \text{Expected Value})^2}{(\text{Expected Value})}$$

$$\chi^2 = \Sigma \frac{(fo - fe)^2}{fe}$$

Where

fo = Observed values

fe = Expected values

Σ = Total sum

To know the significance of the association between the attributes, the calculated values of the chi-square were compared with corresponding table at 0.05 level of significance at a given degree of freedom. Degree of freedom was calculated as:

$$d.f. = (r-1)(c-1)$$

Where "r" and "c" are the number of rows and columns respectively. The result was considered significant if the calculated value of Chi-square was greater than the table value. Otherwise it was considered as a non-significant.

3.20.3. Gamma Test

In present study the Gamma Statistical test was applied by researcher to ascertain

the relationship between two and more than two independent and dependent variable.

Formula for gamma test is following

$$\text{Gamma} = \frac{NS-ND}{NS+ND}$$

Where NS = Same order pairs

ND = Different order pairs

3.21. Conceptual framework

Conceptual Framework		
Background Variables	**Independent Variables**	**Dependent Variables**
Demographic Characteristics Gender Age Spouse's Age Infertility duration Residential Area Educational Status Family Type Family Members (#) Occupation Spouse Occupation Family Monthly Income	**Socio-Cultural Factors** Role of religion Cultural recognition Belief system Desire of heir Feeling of Infertility Motivational factors Accessibility Social pressure	**Consultation with Faith Healers** Faith healing methodologies No of visits to faith healer Suggestions of faith healers

3.22. Hypotheses

i) Lower the educational attainment higher will be belief in faith healers.

ii) Rural people assign high level of responsibility of childbirth with females

iii) Females have more interest than males to have child

iv) Lower the educational attainment higher will be the belief regarding effectiveness of faith healing.

v) Religion and culture are approving practice of faith healing

vi) Higher infertility duration leads towards lower level of hope to have child

vii) Lower educational level higher will be appropriateness of faith healing for females

viii) Gender roles promote feeling of being infertile in women

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

This chapter dealt with data analysis and general findings of the present study. After the collection of actual data it was edited, coded and computerized. Analysis was done with the help of Statistical Package for Social Sciences (SPSS 16.0).

Table No. 4.1. Gender

Gender	Frequency	Percentage
Male	151	57.9
Female	110	42.1
Total	261	100.0

The above presented table No. 4.1 defined gender distribution of the respondents. The data depicted that 57.9% respondents of the study were male while 42.1% were female. The table indicated that more than half of the respondents were males.

Table No. 4.2. Age

Age (Years)	Frequency	Percentage
20 – 24	44	16.9
25 – 29	69	26.4
30 – 34	80	30.7
35 – 39	53	20.3
40 & Above	15	5.7
Total	261	100.0

The results of above given table No. 4.2 reflected that 30.7% respondents were between 30-34 years of age, 26.4% between 25-29 years, 20.3% between 35-39 years, 16.9% respondents were between the age of 20-24 years and only 5.7% were belonged to the age group of 40 years and above.

Table No. 4.3. Spouse's Age

Age (Years)	Frequency	Percentage
20 – 24	38	14.6
25 – 29	81	31.0
30 – 34	84	32.2
35 – 39	43	16.5
40 & Above	15	5.7
Total	261	100.0

The above given table No. 4.3 reflected that 32.2% respondents were in the age group of 30-34 years, 31.0% in between 25-29 years, 16.5% in between 35-39 years, 14.6% respondents' spouse fall in the age category of 20-24 years of age while only 5.7% were 40 and above years of age.

Table No. 4.4. Infertility duration

Duration (Years)	Frequency	Percentage
2 – 4	88	33.7
5 – 7	84	32.2
8 – 10	71	27.2
11 – 13	14	5.4
14 & Above	04	1.5
Total	261	100.0

The above drawn table No. 4.4 depicted distribution of infertility period of the respondents. In accordance with the figures given in the table 33.7% respondents were in first category of infertility duration (2-4 years), 32.2% respondents were in second category (5-7 years), 27.2% respondents' were in third category (8-10 years), 5.4% respondents' fall in fourth category (11-13 years) and only 1.5% respondents were in the last category (14 & above years). The results indicated that more than 65% of the respondents who were visiting faith healers were in between (2-7) years of infertility duration.

Table No. 4.5. Residential Area

Area	Frequency	Percentage
Rural	168	64.4
Urban	93	35.6
Total	261	100.0

The above given table No. 4.5 defined the residential area of the respondents. It showed that 64.4% infertile couples were consulting faith hears belonging to rural areas of Southern Punjab while 35.6% of the respondents belonging to urban areas. More than half of the infertile couples belonged to rural areas and they were consulting faith healers.

Table No. 4.6. Educational Attainments

Education	Frequency	Percentage
Illiterate	57	21.8
Primary	63	24.1
Middle	62	23.8
Matriculate	48	18.4
Intermediate	21	8.0
Graduation	7	2.7
Master & Above	3	1.1
Total	261	100.0

The above mentioned figures in the table No. 4.6 showed the respondents educational status. 24.1% respondents were primary, 23.8% were up to middle standard. 21.8% respondents were illiterate, 18.4% were matriculate, 8% were intermediate qualified. 2.7% graduates and only 1.1% respondents were in the category of masters and above. The figures in the table indicated that 69.7% of respondents belonged to the initial three categories that represent educational level from 0-8 years of schooling. In this context it could be concluded that dominant majority of the respondents were either illiterate or less educated.

Table No. 4.7. Spouse's educational attainments

Education	Frequency	Percentage
Illiterate	85	32.6
Primary	57	21.8
Middle	41	15.7
Matriculate	33	12.6
Intermediate	22	8.4
Graduation	14	5.4
Master & Above	9	3.4
Total	261	100.0

The above given figures in the table No. 4.7 reflected the educational attainments of the respondent's spouse. 32.6% respondents' spouse were illiterate, 21.8% were primary, 15.7% were up to middle standard, 12.6% were matriculate, 8.4% were intermediate qualified, 5.4% graduates and only 3.4% respondents' spouses were in the category of masters and above. The figures in the table depicted that 70.1 % of the respondents' spouses belong to the initial three categories that represent educational level from 0-08 years of schooling. In this context it is concluded that dominant majority of the respondents spouse were either illiterate or less educated.

Table No. 4.8. Family Structure

Family Structure	Frequency	Percentage
Nuclear	116	44.4
Joint	127	48.7
Extended	18	6.9
Total	261	100.0

The table No. 4.8 described the family structure of the respondents. According to this table 48.7% of the respondents were belonged to joint family system, 44.4% were nuclear and only 6.9% infertile couples were belonged to extended family structure. Majority of the respondents were connected with joint and nuclear family system in Southern Punjab.

Table No. 4.9. Blood Relationship with Spouse

Blood Relation	Frequency	Percentage
First cousin	130	49.8
Second cousin	81	31.0
No blood relation	50	19.2
Total	261	100.0

The above presented table No. 4.9 showed the blood relationship of the respondents with their spouse. According to the data 49.8% marriages were done with their first cousins, 31.0% with second cousins and only 19.2% marriages were done out

of family. It concludes that endogamy marriage system is still existed in Punjab. Mostly people preferred their children marriages within their family.

Table No. 4.10. Number of members in family

Family Members (#)	Frequency	Percentage
Up to 4	92	35.2
5 – 8	43	16.5
9 – 12	62	23.8
13 – 16	40	15.3
17 – 20	11	4.2
21 & Above	13	5.0
Total	261	100.0

The above table No. 4.10 carried figures about the family members of respondents. 35.2 % respondents were residing in the family size up to 4, 16.5 % respondents were living in the family size of 5-8, 23.8 % respondents were in the family size of 9-12, 15.3 % respondents within size of 13-16 while 4.2 % were residing family size within 17-20 and only 5 % of respondents were residing with the family size of 21 & above.

Table No. 4.11. Occupation

Occupation	Frequency	Percentage
Govt. job	16	6.1
Private job	33	12.6
Agriculturist	54	20.7
Self employed	48	18.4
Labor	31	11.9
Housewife	68	26.1
Unemployed	11	4.2
Total	261	100.0

The above presented table No. 4.11 depicted the occupational status of the respondents. According to the data 26.1% respondent's occupation was housewives and they were not directly participating in economic based activities of their families. They were participating in their household work and responsibilities. 20.7% respondents were agriculturists, 18.4% self employed, 12.6% were doing their private jobs, 11.9% were laborers, 6.1% have government job and only 4.2% were unemployed.

Table No. 4.12. Spouse's occupation

Occupation	Frequency	Percentage
Govt. job	28	10.7
Private job	20	7.7
Agriculturist	41	15.7
Self employed	21	8.0
Laborer	28	10.7
Housewife	123	47.1
Total	261	100.0

The above depicted table No. 4.12 reflected the occupational status of the respondents' spouse. According to this table 47.1% spouses were housewives, 15.7% were agriculturists, 10.7% were laborers and doing government job, 8.0% were self employed and only 7.7% were doing private job in their native areas. It showed the occupations of the infertile peoples vary in the three districts of Southern Punjab.

Table No. 4.13. Family Income from all sources

Family Income (Rs.)	Frequency	Percentage
Up to 10000	78	29.9
10001 – 20000	66	25.3
20001 – 30000	42	16.1
30001 – 40000	44	16.9
40001 – 50000	10	3.8
50001 & Above	21	8.0
Total	261	100.0

The table No. 4.13 was about the total family income of the respondents from all sources. The figures reflected that 29.9 % of respondents had family income of about 10.000, 25.3 % had income category of 10001-20000. 16.1 % respondents had income group of 20001 – 30000. 16.9 % respondents family income were between 30001-40000 Rs. 3.8% respondents family income was 40001-50000 Rs while only 8.0 % respondents family income fall in the income category of 50001 and above.

Table No. 4.14. Ownership of residence

Residential Status	Frequency	Percentage
Own house	194	74.3
Rented house	58	22.2
Tenants	08	3.1
Government accommodation	01	0.4
Total	261	100.0

The table No. 4.14 described ownership of residence of the respondents. According to this table 74.3 % respondents were residing in their own house. 22.2 % respondents were in rented homes. 3.1 % respondents were residing as tenants while only 0.4 % respondents were residing in departmentally provided residence. More than half of the respondents had ownership entitlement of their houses. It was concluded that mostly in Southern areas of Punjab individuals had their own houses for residences.

Table No. 4.15. Use of contraceptives by the respondents

Contraception Use	Frequency	Percentage
Yes	20	7.7
No	241	92.3
Total	261	100.0

The above given table No. 4.15 defined that haw many respondents did ever use contraceptive method. 7.7% respondents responded that they had used contraceptive method, while 92.3% respondents added that they didn't ever use any kind of contraceptive method.

Table No. 4.16. Type of contraceptives used

Contraception Use	Frequency	Percentage
No use	241	92.3
Oral pills	6	2.3
Injection	5	1.9
Condom	9	3.4
Total	261	100.0

The table No. 4.16 defined that which method was used by the respondents. 92.3% respondents mentioned that they didn't ever use any kind of contraception. 3.4 % were using condoms, 2.3 % used oral pills and only 1.9 % respondents used injections for the purpose of birth control.

Table No 4.17. Consent of Spouse while using contraceptives

Use by Consent	Frequency	Percentage
No usage	241	92.3
With consent	18	6.9
Without consent	2	0.8
Total	261	100.0

The above table No 4.17 carried figures about that how many respondents were using contraceptive with the willingness of their spouse. 92.3 % respondents didn't use any type of contraceptive method, 6.9 % used contraceptive with the willingness of their spouse while only 0.8 % used contraception without permission of their spouse.

Table No. 4.18. Motivation to have Baby

Motivation to have Baby	Frequency	Percentage
Yes	253	96.9
No	8	3.1
Total	261	100.0

The above given table No. 4.18 reflected the motivation to have baby on the part of the respondent. 96.9% respondents responded that they were fully interested in having baby while only 3.1% respondents replied that they were not fully interested in having baby.

Table N0. 4.19. More motivated partner

More motivated Partner	Frequency	Percentage
Wife	171	65.5
Husband	38	14.6
Both	52	19.9
Total	261	100.0

The above given table N0. 4.19 depicted that who among the husband and wife was more motivated to have baby. 65.5% respondents reported that wife was more keen to have baby, 19.9% respondents replied that both the husband and wife were equally interested in baby while only 14.6% respondents were of the view that husband was more interested in baby. The above given data showed that in most of the cases wives were more interested in baby birth than males.

Table No. 4.20. Feelings of being Infertile

Feeling	Frequency	Percentage
Yes	79	30.3
No	182	69.7
Total	261	100.0

The above table No. 4.20 depicted feelings of being infertile on the part of the respondents. 69.7% respondents think that they were not infertile while only 30.3% respondents considered themselves infertile. The figures reflected in the table depicted that dominant majority of our respondents considered that they were fertile.

Table No. 4.21. Responsibility of Infertility

Responsibility	Frequency	Percentage
Wife	55	21.1
Husband	8	3.1
Both	18	6.9
God's will	128	49.0
Supernatural Prowers	52	19.9
Total	261	100.0

The table No. 4.21 showed the opinion of the respondents regarding responsibility of infertility, 49% respondents were of the view that infertility was due to the God's will. 21.1% respondents were holding wives responsible for infertility, 19.9% were holding supernatural powers responsible for infertility. 6.9% respondents said that both husband and wife were responsible for infertility and only 3.1% were holding husband responsible for infertility. The only 3.1% responsibility on males for infertility reflected male dominance in the society.

Table No. 4.22. Motivation to consult faith healer

Motivation	Frequency	Percentage
Yourself	41	15.7
Your spouse	67	25.7
Your mother	39	14.9
Your father	4	1.5
Your mother in law	28	10.7
Your father in law	9	3.4
Relative	42	16.1
Peers	31	11.9
Total	261	100.0

The table No. 4.22 reflected the individuals that mainly motivated the respondent to consult faith healers for infertility treatment. 25.7% respondents were motivated by their spouses, 16.1% were motivated by their relatives. 15.7% were self motivated. 14.9% were motivated by their mother. 11.9% by their peers. 10.7% by their mother in law. 3.4% by their father in law. and only 1.5% were motivated by their father.

Table No. 4.23. Source of information regarding consultation of the faith healer

Source	Frequency	Percentage
Relative	58	22.2
Friends	49	18.8
Tradition	23	8.8
Childless couples	43	16.5
Cable TV	14	5.4
Newspaper	11	4.2
Already benefited people	63	24.1
Total	261	100.0

The table No. 4.23 reflected the referral sources of information to consult the faith healer. 24.1% respondents got information about the faith healer from the people that had already solved their problems with the help of the faith healer. 22.2% respondents were guided by their relatives, 18.8 % respondents were guided by their friends. 16.5% were referred by childless couples. 8.8% respondents considered visiting the faith as a part of their custom and tradition. 5.4% respondents knew about the faith healer through cable advertisements and only 4.2% through news paper.

Table No. 4.24. Gender of the Faith Healer

Gender	Frequency	Percentage
Male	232	88.9
Female	29	11.1
Total	261	100.0

The table No. 4.24 indicated faith healers' gender. The figures showed in the above table depicted that 88.9% faith healers were male and 11.1% respondents were visiting female faith healers to cure infertility. The results proved that a dominant majority of faith healers were male.

Table No. 4.25. Prominent characteristics of the faith healer

Characteristic	Frequency	Percentage
Saint	40	15.3
Pious	53	20.3
Famous for faith healing	54	20.7
Having jinn	26	10.0
Having supernatural power	48	18.4
Ancestry	40	15.3
Total	261	100.0

The table No. 4.25 depicted one of the most prominent characteristic of the faith healer. 20.7% respondents consulted that faith healers that were prominent for faith healing, 20.3% respondents visited pious faith healers, 18.4% respondents visited faith healers having super natural powers, 15.3% visited saint and ancestries and 10% respondents visited faith healers that have Jinn.

Table No. 4.26. Fee of the faith healer

Charges/Fee	Frequency	Percentage
Yes	175	67.0
No	86	33.0
Total	261	100.0

The Table No. 4.26 defined that whether the faith healer charged any fee or not. 67% respondents added that they were charged by their concerned faith healer while 33% respondents told that they were not charged by the faith healer.

Table No. 4.27. Amount of fee

Amount (Rs.)	Frequency	Percentage
Up to 100	51	19.5
101 – 200	55	21.1
201 – 300	22	8.4
301 – 400	5	1.9
401 – 500	21	8.0
501 & Above	21	8.0
No Charges	86	33.0
Total	261	100.0

The table No. 4.27 described the amount of fee charged by the faith healer as a reward of his/her services. According to this table 33% faith healers did not charge any fee. 21.1% charged fee between 101-200 Rs. 19.5% to 100 Rs. 8.4% were raging from 201 to 300 and 8.0% charged fee between 401-500 and 501 & above.

Table No. 4.28. Suggestion of economic based activity.

Suggestion	Frequency	Percentage
Yes	75	28.7
No	186	71.3
Total	261	100.0

The table No. 4.28 indicated the economic based activity suggested by the faith healer other than fee. 71.3% respondents responded that they were not suggested by the faith healer to do any kind of economic based activity. 28.3% respondents mentioned that they were suggested by their faith healer to do some economic based activity.

Table No. 4.29. Type of Economic Activity

Type	Frequency	Percentage
No Suggestion	186	71.3
Charity	18	6.9
Mannat	14	5.4
Sadqa	38	14.6
Zakat	5	1.9
Total	261	100.0

The table No. 4.29 reflected that what kind of economic based activity other than fee was recommended to the respondents by the faith healer. 71.3% respondents mentioned that their faith healer did not suggest any kind of economic based activity. 14.6% respondents were suggested to do sadqa, 6.9% were suggested for charity, 5.4% for mannat and only 1.9% were suggested by their faith healers to donate zakat.

Table No 4.30. Hope for having child

Type	Frequency	Percentage
Some extent	74	28.4
Great extent	143	54.8
Not at all	44	16.9
Total	261	100.0

The above given table No. 4.30 indicated that 54.8% respondents were hopeful about having baby to a great extent, 28.4% respondents were hopeful to some extent while 16.9% respondents replied that they were not hopeful about baby birth.

Table No. 4.31. Methods of faith healing

Sr. #	Faith Healing Methods	Yes		No		Total	
		F	%	F	%	F	%
i	Gave Amulets (Taawiz)	86	33.0	175	67.0	261	100
ii	Ask for recitation of Holy verses (Wazeefa)	39	14.9	222	85.1	261	100
iii	Performed (Damm)	35	13.4	226	86.6	261	100
iv	Gave healing breath water	31	11.9	230	88.1	261	100
v	Asked for Imploration (Mannat)	16	6.1	245	93.9	261	100
vi	suggested eating of healing breath food	36	13.8	225	86.2	261	100
vii	Asked to distribute edibles to poor	12	4.6	249	95.4	261	100
viii	Asked for personal donation	14	5.4	247	94.6	261	100
ix	Asked to visit regularly	31	11.9	230	88.1	261	100
x	suggested binding of piece of cloth to some holy place	2	0.8	259	99.2	261	100
xi	Suggested to apply dust on body	6	2.3	255	97.7	261	100
xii	Asked to perform prayers regularly	22	8.4	239	91.6	261	100
xiii	Asked for forgiveness from Allah (Tauba)	29	11.1	232	88.9	261	100
xiv	Himself offered prayers for the couple	8	3.1	253	96.9	261	100

Table No. 4.31 showed the multiple responses of the infertile couples towards faith healing. It indicated that 33% of the respondents were given Amulets (Taawiz) by the faith healer, 14.9% respondents were suggested for recitation of Holy verses (Wazeefa), 13.8% were suggested eating of healing breath food. 13.4% faith healers

himself performed (Damm) to respondents for cure of infertility. 11.9% respondents were respectively given healing breath water and asked to visit regularly. 11.1% respondents were asked for forgiveness from Allah (Tauba) by the faith healers. The 8.4% respondents were recommended to perform prayers regularly. 6.1% unproductive respondents were asked for Imploration (Mannat). 5.4% respondents were asked for personal donation by the faith healers. 4.6% respondents were recommended to distribute edibles to poor. 3.1% faith healers himself/herself offered prayers for the couple to cure their infertility. 2.3% respondents were suggested to apply dust on their body while only 0.8% respondents were suggested to bind a piece of cloth to some holy place.

From the above description it was clear that faith healers were using different methods to cure infertility. Most of the faith healers were using one using one method but the researcher found that some faith healers were using more than one method at the same time to find out cure of infertility.

Table No 4.32. Medicine Suggested by Faith Healer

Medicine	Frequency	Percentage
Yes	40	15.3
No	221	84.7
Total	261	100.0

Table No 4.32 explained did the faith healers suggest any kind of medicine to childless couples or not. 84.7% respondents answered that they were not given any kind of medicine while 15.3% respondents added that they given medicines by the faith healer.

Table No 4.33. Type of Medicine

Type	Frequency	Percentage
Herbal	31	11.9
Allopathic	8	3.1
Homeopathic	1	0.4
No Suggestion	221	84.7
Total	261	100.0

Table No 4.33 explained the type of medicine suggested by the faith healer to resolve infertility problem. 84.7% respondents were not given any kind of medicine. 11.9% respondents were given herbal medicine. 3.1 respondents were given allopathic medicine and only 0.4% respondents were given homeopathic medicines.

Table No 4.34. Duration of visits

Duration (Months)	Frequency	Percentage
Up to 5	118	45.2
6 – 10	52	19.9
11 – 15	36	13.8
16 – 20	5	1.9
21 & Above	50	19.2
Total	261	100.0

The table 4.34 defined the duration (Months) of keeping in touch with the faith healer. 45.2% respondents were in contact with faith healer up to 5 months. 19.9% between 6-10 months. 9.2% 21 months and above. 13.8% between 11-5 months and only 1.9% were in connection with the faith healer between 16-20 months.

Table No 4.35. Number of visits to the faith healer

Visits (#)	Frequency	Percentage
Up to 5	151	57.9
6 – 10	64	24.5
11 – 15	25	9.6
16 – 20	14	5.4
21 & Above	7	2.7
Total	261	100.0

The table No 4.35 reflected that how many times the respondent had visited the faith healer. The results showed that 57.9% respondents had visited the faith healer from 1-5 times, 24.5% respondents fall in the category of 6-10 times, 9.6% respondents fall within the category of 11-15 times, 5.4% respondents belong to the category of 16-20 while only 2.7% respondents had visited the faith healer 21times or more than that. The results of the table indicated that more than 50% respondent's visits to the faith healers were with the range of 1-5 visits. This finding indicated that most of the people did not continue visiting the same faith healer for many times.

Table No 4.36. Respondents' residential distance from the faith healing place

Distance (KM)	Frequency	Percentage
Up to 20	164	62.8
21 – 40	34	13.0
41 – 60	13	5.0
61 – 80	5	1.9
81 & Above	45	17.2
Total	261	100.0

The above table No 4.36 showed that 62.8% respondents reside within the radius of 20 kilometers from the faith healing point, 13% within 21-40 kilometers, 5 % within 41-60 kilometers, 1.9 % within 61-80 kilometers and 17.2% came from the distance of 81 kilometers and above to visit the faith healer. More than half of the respondent's distance from faith healing place was about 20 km from their residence.

Table No. 4.37. Belief about effectiveness of faith healing

Response	Frequency	Percentage
Strongly Agree	57	21.8
Agree	104	39.8
No Opinion	14	5.5
Disagree	42	16.1
Strongly Disagree	44	16.9
Total	261	100.0

The above reflected table No. 4.37explained the belief about effectiveness of faith healing. According to the given data 39.8% respondents were agreed, 21.8% were strongly agreed, 16.9% were strongly disagreed, 16.1% were disagreed while only 5.5% respondents didn't respond to the question.

Table No 4.38. Faith healing

Sr. No	Statement	S.A % (f)	A % (f)	N.O % (f)	D % (f)	S.D % (f)	Total % (f)
i	Faith healing approved by culture	17.2% (45)	45.2% (118)	20.7% (54)	13.4% (35)	3.4% (9)	100% (261)
ii	Faith healing treat all problems	14.9% (39)	41.8% (109)	10.7% (28)	26.4% (69)	6.1% (16)	100% (261)
iii	Positive role of faith healers	11.9% (31)	57.9% (151)	14.2% (37)	14.2% (37)	1.9% (5)	100% (261)
iv	Proved faith healing	10% (26)	49% (128)	13% (34)	28% (73)	.0% (0)	100% (261)
v	Faith healing provide psychological support	10.3% (27)	58.2% (152)	24.5% (64)	6.9% (18)	.0% (0)	100% (261)
vi	Effectiveness of faith healing for infertility	21.5% (56)	67.8% (177)	5.7% (15)	5% (13)	.0% (0)	100% (261)

The first statement faith healing approved by culture was asked from respondents to know about the respondent's opinion about cultural approval of faith healing. According to the above given data 45.2% respondents were agreed that faith healing was approved by culture, 20.7% had no opinion or neutral, 17.2% respondents were strongly disagreed, 13.4% respondents were disagreed and only 3.4% respondents were strongly disagreed that faith healing was culturally approved.

The second statement faith healing treat all problems were asked from the respondents. According to the given data 41.8 % respondents were agreed that faith healing could deal all kind of problems, 26.4% respondents were disagreed, 14.9%

respondents were strongly agreed, 10.7% denied to respond the question while only 6.1% respondents disagreed with the statement that faith healing could treat all problems.

The third statement was asked to explore the role positivity of faith healers. The results indicated that 57.9% respondents were agreed with the role positivity of faith healers, 14.2% respondents fall respectively in the categories of disagreed and no opinion, 11.9% respondents were strongly agreed while only1.9% showed their strong disagreement with the positive role of faith healers.

The fourth statement was added that do you consider that Faith healing is proven and testified. 49.0% respondents were agreed that faith healing was testified, 28% disagreed, 13% gave no opinion and only 10% respondents were strongly agreed with the statement.

The fifth statement Faith healing provide psychological support was the statement added in interview schedule five points likert scale was used to measure the response. 58.2 % respondents were agreed, 24.5 % gave no opinion10.3 % were strongly agreed and only 6.9 % respondents were disagreed with the statement.

The sixth statement Effectiveness of faith healing for infertility was given to identify effectiveness of faith healing for infertility in the minds of respondents. 67.8% respondents were agreed, 21.5% respondents were strongly agreed, 5.7% respondents didn't give any response and only 5.0% respondents were disagree with the statement.

Table No 4.39. Religion and faith healing

Sr. No	Statement	S.A % (f)	A % (f)	N.O % (f)	D % (f)	S.D % (f)	Total % (f)
i	Closeness of faith healing with belief system	12.6% (33)	64.8% (169)	19.5% (51)	3.1% (8)	.0% (0)	100% (261)
ii	Religious relevance of faith healing	16.9% (44)	40.2% (105)	32.6% (85)	10.3% (27)	.0% (0)	100% (261)
iii	Life after benefits of faith healing	30.3% (79)	45.2% (118)	18.4% (48)	6.1% (16)	.0% (0)	100% (261)

Table No. 4.39 carried responses of three statements to find out connection between religion and faith healing. The first statement was faith healing is close to belief system. 64.8% respondents were agreed that faith healing was close to their belief system, 19.5% respondents didn't give any response, 12.6% were strongly agreed and only 3.1% respondents were disagreed with the statement.

The second statement was faith healing has religious relevance. 40.2% respondents were agreed, 32.6% respondents didn't give any response, 16.9% were strongly agreed and only 10.3% respondents were disagreed with the statement.

The third statement was faith healing practices also offer benefits in the life have after. 45.2% respondents were agreed, 30.3% were strongly agreed, 18.4% respondents didn't give any response, and only 6.1% respondents were disagreed with the statement.

Table No 4.40 Accessibility and affordability of faith healing

Sr. No	Statement	S.A % (f)	A % (f)	N.O % (f)	D % (f)	S.D % (f)	Total % (f)
i	Accessibility of faith healing	18% (47)	60.2% (157)	5.7% (15)	15.3% (40)	.8% (2)	100% (261)
ii	Affordability of faith healing	18% (47)	61.7% (161)	10.3% (27)	8% (21)	1.9% (5)	100% (261)
iii	Free form medical surgery	24.5% (64)	39.1% (102)	20.7% (54)	14.9% (39)	.8% (2)	100% (261)
iv	Easy to practice	21.5% (56)	47.9% (125)	18.4% (48)	12.3% (32)	.0% (0)	100% (261)

Table No 4.40 consisted of four statements about faith healing's accessibility, affordability, easiness and free from medical surgery. The first statement was faith healing was accessibility of faith healing" 60% respondents were agreed, 18% were strongly agreed, 15.3% respondents were disagreed, 5.7% respondents gave no o pinion and only 0.8% respondents were strongly disagreed with the statement.

The second statement was to check affordability of faith healing. 61.7% respondents were agreed, 18.0 % were strongly agreed, 10.3 % respondents gave no opinion, and 8.0% respondents were disagreed and only 1.9% respondents were strongly disagree with the statement.

The third statement asked was faith healing free from medical surgery? The responses on the statement were, 39.1% respondents were agreed, 24.5% were strongly agreed,

20.7% respondents gave no opinion 14.9 % respondents were disagreeing and only 0.8% respondents were strongly disagreed with the statement.

The fourth statement faith healing practices were easy to practice. The responses were 47.9% respondents were agreed, 21.5% were strongly agreed. 18.4% respondents gave no opinion and only 12.3% respondents were disagreed with the statement.

Table No 4.41 Gender and faith healing.

Sr. No	Statement	S.A	A	N.O	D	S.D	Total
I	Appropriateness for Females	18.8% (49)	32.2% (84)	13.4% (35)	25.7% (56)	10% (26)	100% (261)
Ii	Easy performance by females at home	14.2% (37)	64% (167)	10.7% (28)	11.1% (29)	.0% (0)	100% (261)
Iii	Observance of purda	14.6% (38)	59.8% (156)	23% (60)	2.7% (7)	.0% (0)	100% (261)
Iv	Culturally constructed practices for females	15.7% (41)	43.3% (113)	29.5% (77)	11.5% (30)	.0% (0)	100% (261)
V	Faith healing as a sacred activity	36% (94)	49.8% (130)	10% (26)	4.2% (11)	.0% (0)	100% (261)
Vi	Females are more religious than males	27.6% (72)	37.5% (98)	6.9% (18)	23.4% (61)	4.6% (12)	100% (261)
Vii	Faith healing as first choice for females	12.3% (32)	52.91 (38) %	14.2% (37)	19.2% (50)	1.5% (4)	100% (261)
viii	Females are responsible for child birth	14.9% (39)	46%1 (20)	3.4% (9)	26.8% (70)	8.8% (23)	100% (261)
Ix	Faith healers held females responsible for infertility	10.3% (27)	32.6% (85)	19.5% (51)	33% (86)	4.6% (12)	100% (261)

Table No. 4.41 consisted of nine statements about the respondents' opinion regarding gender and faith healing. The first statement was asked faith healing was appropriate for females. The responses were 32.2% respondents were agreed, 25.7% were disagreed 18.8% were strongly agreed, 13.4% respondents gave no response to the statement while only 10% respondents were strongly disagreed with the statement.

The second statement was asked faith healing practices can easily be performed by females at home. The responses were 64.0% agreed, 14.2% strongly agreed, 11.1% respondents were disagreed with the statement and only 10.7% respondents gave no opinion about the statement.

The third statement was observance of purda (veil) was considered in faith healing. Among 261 respondents 59.8% were agreed, 23% gave no opinion, 14.6% were strongly agreed only 2.7% respondents were disagreed with the statement.

The fourth statement included was faith healing provide culturally constructed practices for females. Among 261 respondents 43.3% respondents were agreed, 29.5% respondents gave no opinion, 15.7% were strongly agreed and only 11.5% respondents were disagreed with the statement.

The fifth statement included was faith healing as a sacred activity. Among total 261 respondents 49.8% respondents were agreed, 36.0% respondents were strongly agreed 10.0% gave no opinion while only 4.2% were disagreed with the statement.

The sixth statement included was females are more religious than males. The responses were 37.5% agreed, 27.6% strongly agreed 24.3% were disagreed 6.9% gave no opinion while only 4.6% respondents were strongly disagreed with the statement.

The seventh statement asked was faith healing as first choice of females. Among 261 respondents 52.9% were agreed, 19.2% respondents were disagreed, 14.2% gave no opinion, and 12.3% respondents were strongly agreed while only 1.5 % respondents were strongly disagreed with the statement.

The eighth statement was females were responsible for child birth. Among 261 respondents 46% were agreed, 26.8% were disagreed, 14.9% respondents were strongly agreed, 8.8% were strongly disagreed, and only 3.4% recorded no opinion to the statement.

The ninth statement was faith healers held females responsible for infertility. The results indicated that 33.0% respondents were disagreed, 32.6% respondents were agreed, 19.5% gave no opinion, and 10.3% respondents were strongly agreed while only 4.6% respondents were strongly disagreed with the statement.

TESTING HYPOTHESES

Hypothesis No. 01: Gender roles promote feeling of infertility in women

Table No 4.42: An Association between Gender of the respondents and their feeling of being Infertile

Gender	Felling of being Infertile		
	Yes	No	Total
Male	7.95%	92.1%	100.0%
	(12)	(139)	(151)
Female	60.9%	39.1%	100.0%
	(67)	(43)	(110)
Total	30.3%	69.7%	100.0%
	(79)	(182)	(261)
Chi-Square= 84.575	$p < 0.05$	Gamma= .036	
Significance Level : $\alpha = 0.05$			

The Statistics depicted in the above given table 4.42 showed that there was a high level of association between the gender of the respondents and their feeling of being infertile about themselves. Gender of the respondent was divided into two categories male and female. The second variable respondents' feeling of being infertile about themselves was categorized into two responses Yes and No.

The results indicated that among 151 male respondents 92.1% respondents responded "No" which meant they didn't consider themselves infertile while only 7.95% respondents responded "Yes" which meant that they considered themselves infertile. Among 110 female respondents 60.9% respondents responded "Yes" which indicated that

these females considered themselves infertile, while 39.1% female respondents fall in the category "No" which pointed out that these females did not consider themselves infertile.

The above given table indicated the association between gender of the respondent and their feeling of being infertile about themselves. Throughout Pakistan and especially in Southern Punjab blame of infertility is associated with the female partner.

The Chi-square value (84.575) with $p < 0.05$ indicated high significance and positive association between the two variables.

Hypothesis No. 02: Lower educational attainment higher will be belief in faith healers.

Table No 4.43: An association between the educational attainment of the respondent and their belief in faith healers

Education	Belief in faith healers					
	S.A % (f)	A % (f)	N.O % (f)	D % (f)	S.D % (f)	Total % (f)
Illiterate	21.1% (12)	59.6% (34)	7.0% (4)	7.0% (4)	5.3% (3)	100% (57)
Primary	9.5% (6)	54.4% (34)	15.9% (10)	20.6% (13)	.0% (0)	100% (63)
Middle	9.7% (6)	71.0% (44)	9.7% (6)	8.1% (5)	1.6% (1)	100% (62)
Matriculate	10.4% (5)	52.2% (26)	25% (12)	10.4% (5)	.0% (0)	100% (48)
Intermediate	9.5% (2)	47.6% (10)	23.8% (5)	14.3% (3)	4.8% (1)	100% (21)
Graduation	0% (0)	28% (2)	0% (0)	71.4% (5)	0% (0)	100% (7)
Master & Above	0% (0)	33.3% (1)	0% (0)	66.7% (2)	0% (0)	100% (3)
Total	11.9% (31)	57.9% (151)	14.2% (37)	14.2% (37)	1.9% (5)	100% (261)

Chi-square= 54.28 $p < 0.05$ Lambda= .035

Significance Level: $\alpha = 0.05$

The above given table No 4.43 indicated an association between the educational attainment of the respondents and their belief in faith healers. Educational attainment of the respondents was categorized at seven levels; Illiterate, Primary, Middle, Matriculate, Intermediate, Graduation, Master & above.

Belief on faith healers in the minds of the respondents was the second variable measured in five categories; strongly agree, agree, no opinion, disagree and strongly disagree.

The results pointed out that among 57 Illiterate respondents 59.6% respondents were agreed with role positivity of faith healers, 21.1% respondents were strongly agreed, 7.0% respondents responded to no opinion and disagreed while 5.3% respondents were disagreed. Among 63 Primary respondents 54.0% were agreed upon belief on faith healers, 20.6% were disagreed, 15.9% gave no opinion, while 9.5% respondents were strongly agreed with the statement. Among 62 Middle respondents 71.0% respondents were agreed with role positivity of faith healers 9.7% were in the categories of strongly agree and no opinion, 8.1% respondents were Disagree while only 1.6% respondents with middle qualification were strongly disagree with the statement.

Among 48 Matriculate respondents 54.2% respondents were Agree, 25.0% gave no opinion and 10.4% respondents belong to the categories of Strongly Agree and Disagree. Among 21 respondents with Intermediate qualification 47.6% respondents were agreed about role positivity of faith healers, 23.8% respondents didn't respond, 14.3% respondents were disagreed, 9.5% respondents were strongly agree, while only 4.8%

respondents were strongly disagreed with the statement. Among 7 Graduate respondents 71.4% respondents were disagreed with the role positivity of faith healers while 28.6% respondents were agreed. Among 3 respondents with Master and higher qualification 66.7% were disagreed, while 33.33% respondents were agreed that they have belief in faith healers.

From the above given statistics it was clear that a dominant majority of illiterate and less educated respondents have belief in faith healers. As the educational level of the respondents' increased their belief in faith healers decreased. The Chi-square value (54.28) with $p < 0.05$ indicated high significance and positive association between the two variables.

Hypothesis No. 03 Rural people assign high level childbirth responsibility to female partner.

Table No 4.44: An association between area of residence and childbirth as responsibility of female partner

Area of residence	Childbirth is responsibility of female partner					
	S.A % (f)	A % (f)	N.O % (f)	D % (f)	S.D % (f)	Total % (f)
Rural	22.0% (37)	67.9% (114)	.6% (1)	7.1% (12)	2.4% (4)	100.0% (168)
Urban	2.2% (2)	6.5% (6)	8.6% (8)	62.4% (58)	20.4% (19)	100.0% (93)
Total	14.9% (39)	46.0% (120)	3.4% (9)	26.8% (70)	8.8% (23)	100.0% (261)

Chi-square= 1.662 $p < 0.05$ Lambda= .047 Gamma=.034
Significance Level : $\alpha = 0.05$

The above given table No 4.44 highlighted an association between area of residence and childbirth as responsibility of female partner. Residential area of the respondents was divided into Rural and Urban. The second variable was a statement "Child birth is responsibility of female partner" that was asked from the respondents and

its response was asked into five categories; strongly agree, agree, no opinion, disagree and strongly disagree.

The results indicated that among 168 rural respondents 67.9% were agreed that child birth was responsibility of female partner, 22.0% were strongly agreed, 7.1% were disagreed, 6% did not respond and only 2.4% were strongly disagreed. Among 93 respondents belonging to urban settlements 62.4% were disagreed with the statement that child birth is responsibility of female partner, 20.4% were strongly disagreed, 8.6% did not respond, 6.5% were agreed while only 2.2% respondents residents of urban settlements were strongly agreed with the statement that child birth is responsibility of female partner. From the above given data it can be concluded that a dominant majority of respondents belonging to Southern Punjab residing in rural areas associate responsibility of child birth with the female partner. While more than half of the respondents from urban areas din not associate child birth responsibility with female partner. The Chi-square value (1.662) with $p < 0.05$ indicated significance and positive association between the two variables.

Hypothesis No. 04: Lower the educational level higher will be the belief regarding effectiveness for faith healing.

Table No 4.45: An association between educational attainment of the respondent and their belief about effectiveness of faith healing to cure Infertility

Educational attainments	Effectiveness of faith healing for infertility					
	S.A	A	N.O	D	S.D	Total
	%	%	%	%	%	%
	(f)	(f)	(f)	(f)	(f)	(f)
Illiterate	36.8%	54.4%	5.3%	1.8%	1.8%	100.0%
	(21)	(31)	(3)	(1)	(1)	(57)
Primary	33.3%	49.2%	7.9%	3.2%	6.3%	100.0%
	(21)	(31)	(5)	(2)	(4)	(63)
Middle	11.3%	40.3%	1.6%	21.0%	25.8%	100.0%
	(7)	(25)	(1)	(13)	(16)	(62)
Matriculate	12.5%	27.1%	6.2%	25.0%	29.2%	100.0%
	(6)	(13)	(3)	(12)	(14)	(48)
Intermediate	4.8%	9.5%	9.5%	57.1%	19.0%	100.0%
	(1)	(2)	(2)	(12)	(4)	(21)
Graduation	14.3%	14.3%	0%	14.3%	57.1%	100.0%
	(1)	(1)	(0)	(1)	(4)	(7)
Master &	0%	14.3%	0%	33.3%	33.3%	100.0%
Above	(0)	(1)	(0)	(1)	(1)	(3)
Total	21.8%	39.8%	5.4%	16.1%	16.9%	100%
	(57)	(104)	(14)	(42)	(44)	(261)

Chi-Square= 1.005 $p < 0.05$ Lambda= .036 Gamma= .048

Significance Level : $\alpha = 0.05$

The above given table No 4.45 indicated an association between educational attainment of the respondent and their belief about effectiveness of faith healing for Infertility. Educational attainment of the respondents was categorized at seven levels Illiterate, Primary, Middle, Matriculate, Intermediate, Graduation, and Master & above. The second variable was to check belief about effectiveness of faith healing for infertility. This was divided into five categories; strongly agree, agree, no opinion, disagree, strongly disagree.

The results pointed out that among 57 Illiterate respondents 54.4% were agreed with effectiveness of faith healing for infertility. 36.8% respondents were strongly agreed, 5.3% respondents responded to no opinion, and only 1.8% respondents were disagreed and strongly agreed. Among 63 Primary respondents 49.2% were agreed with effectiveness of faith healing for infertility, 33.3% were strongly agreed, 7.9% respondents gave no opinion, 6.3% respondents were strongly disagreed while only 3.2% were disagreed with the statement. Among 62 Middle respondents 40.3% respondents were agree, 25.8% were strongly disagree, 21.0% respondents were disagreed, 11.3% respondents were strongly agreed while only 1.6% respondents didn't respond to the question. Among 48 Matriculate respondents 29.2% were strongly disagreed, 27.1% were agree, 25.0% were disagree, 12.5% respondents were strongly agree while only 6.2% respondents gave no remarks to the question. Among 21 respondents with Intermediate qualification 57.1% respondents were disagreed with effectiveness of faith healing for

infertility, 19.0% respondents were strongly disagreed, 9.5% respondents fall respectively in the categories of agreed and no opinion, while only 4.8% respondents with intermediate qualification were strongly agreed with the statement. Among 7 Graduate respondents 57.1% respondents were strongly disagreed with effectiveness of faith healing for infertility and 14.3% respondents respectively fall into the categories of strongly agreed, agreed and disagreed. Among 3 respondents with Master and higher qualification 33.3% respondents fall respectively in the categories of agreed. disagreed and strongly disagreed.

From the above given statistics it could be concluded that that majority of illiterate and less educated respondents were convinced with effectiveness of faith healing for infertility treatment. As the level of education increased the effectiveness of faith healing in the respondent's mind decreased. These findings depicted that the level of education had impacts upon the understanding about effectiveness of faith healing for infertility. Finally it could be concluded that in the region of Southern Punjab illiterate and less educated people were strongly convinced about faith healing effectiveness for infertility. The Chi-square value (1.005) with $p < 0.05$ indicated high significance and positive association between the two variables.

Hypothesis 5: Religion and culture are approving the practices Faith healing

Table No 4.46: An association between religious and cultural practices of faith healing

Religious relevance of faith healing	Faith healing approval in culture					
	S.A	A	N.O	D	S. D	Total
	%	%	%	%	%	%
	(f)	(f)	(f)	(f)	(f)	(f)
Strongly Agree	25.0%	38.6%	18.2%	15.9%	2.3%	100.0%
	(11)	(17)	(8)	(7)	(1)	(44)
Agree	9.5%	42.9%	28.6%	14.3%	4.8%	100.0%
	(10)	(45)	(30)	(15)	(5)	(105)
No Opinion	16.5%	63.5%	9.4%	8.2%	2.4%	100.0%
	(14)	(54)	(8)	(7)	(2)	(85)
Disagree	37.0%	7.4%	29.6%	22.2%	3.7%	100.0%
	(10)	(2)	(8)	(6)	(1)	(27)
Total	17.2%	45.2%	20.7%	13.4%	3.4%	100.0%
	(45)	(118)	(54)	(35)	(9)	(261)

Chi-square=40.806 $p < 0.05$ Lambda= .037 Significance Level : $\alpha = 0.05$

The above presented table No 4.46 showed an association between religious relevance of faith healing and its approval in culture. It was asked in the interview schedule "Faith healing has relevance to religion" in another statement it was asked "Faith healing is culturally approved" Responses of both the variables were recorded in five same categories. Strongly agree, agree, no opinion, disagree and strongly disagree.

The result pointed out that among 44 respondents who considered that faith healing has relevance with religion (agree), 38.6% respondents were agree that faith healing was culturally approved, 25.0% were strongly agree, 18.2% respondents didn't respond to the question, 15.9% disagreed and only 2.3% respondents with belief that faith healing has no religious relevance responded to strongly disagree. Among 105 respondents who consider that faith healing has religious relevance (agree) 42.9% were agreed that faith healing was culturally approved, 28.6% gave no opinion, 14.3% were disagreed, 9.5% respondents were strongly agreed while only 4.8% respondents who belief (agree) that Faith healing had religious relevance responded to strongly disagree to faith healing approval in culture.

Among 85 respondents who didn't respond to statement (no opinion) "Faith healing has religious relevance " 63.5% respondents were agreed that faith healing had roots in culture, 16.5% were strongly agreed, 9.4% respondents gave no opinion, 8.2% disagreed while only 2.4% respondents were strongly disagreed that faith healing was culturally approved. Among 27 respondents who believed that faith healing din not have (disagree) religious relevance, 37.0% were strongly agreed that faith healing was culturally approved, 29.6% gave no opinion, 22.2% were strongly disagreed, 7.4% were agreed while only 3.7% respondents were strongly disagreed.

From the above given statistics it was clear that majority of respondents who visited faith healers of Southern Punjab responded that faith healing had relevance with religion. On the other hand majority of the respondents were also supporting the

statement that faith healing was culturally approved. Finally could be said on the basis of research findings that faith healing was culturally approved because it had relevance to religion.

Chi-square test was applied to test the hypothesis. The Chi-square value (40.806) with p < 0.05 indicated high level of significance and positive association between the two variables.

Hypothesis 6: wives are more motivated than husbands to have baby

Table No 4.47: There is an association between gender of respondents and their motivation to have baby.

Gender	Having more motivation to have baby			
	Wife	Husband	Equally Both	Total
	%	%	%	%
	(f)	(f)	(f)	(f)
Male	60.3%	13.9%	25.8%	100%
	(91)	(21)	(39)	(151)
Female	72.7%	15.5%	11.8%	100%
	(80)	(17)	(13)	(110)
Total	65.5%	14.6%	19.9%	100%
	(171)	(38)	(52)	(261)

Chi-Square=7.883 $p < 0.05$ Lambda= .000

Significance Level : $\alpha = 0.05$

The above given table 4.47 indicated association between gender of the respondents and their motivation to have baby. Gender of the respondent was divided into two categories Male and Female. The second question was asked in the form of a simple statement "who among you is more motivated to have baby?" its response was recorded into three categories wife, husband and equally both.

The results indicated that among 151 male respondents 60.3% responded that wife was more motivated to have baby. 25.8% responded that we both were equally interested while only 13.9% male respondents responded that they themselves (husband) were more interested to have baby. Among 110 female respondents 72.7% reported that they themselves (wives) were more motivated to have baby, 15.5% females reported that their husbands were more interested to have baby while only 11.8% females reported that both the husband and wife were equally motivated to have baby.

The Chi-square value (7.883) with $p < 0.05$ indicated significance and positive association between the two variables.

From the above given statistics it is clear that dominant majority of respondents from both sexes reported that wives were more motivated than their husbands to have baby.

Hypothesis No 7: Higher infertility duration lower will be hope to have baby.

Table No 4.48: An association between infertility duration and hope to have baby.

Infertility Duration (Years)	Hope to have baby			
	Some extent	Great extent	Not at all	Total
	%	%	%	
	(f)	(f)	(f)	
2-4	6.8%	92%	1.1%	100%
	(6)	(81)	(1)	(88)
5-7	42.9%	45.2%	11.9%	100.0%
	(36)	(38)	(10)	(84)
8-10	38.4%	32.4%	28.2%	100.0%
	(28)	(23)	(20)	(71)
11-13	28.6%	.0%	71.4%	100%
	(4)	(0)	(10)	(14)
14 & above	.0%	25.0%	75%	100%
	(0)	(1)	(3)	(4)
Total	28.4%	54.8%	16.9%	100%
	(74)	(143)	(44)	(261)
Chi-square= 1.154		$p < 0.05$	Lambda= .031	
Significance Level : $\alpha = 0.05$				

The above table No 4.48 highlighted an association between infertility duration and hope to have baby. The statistics presented in the above given table showed a high level of association between infertility duration of the couples and their hope to have

baby. Infertility duration was divided into five categories; 2 -4 years. 5- 7 years. 8-10 years, 11-13 years, 14 and above years of infertility. Hope to have a baby was the second variable which was measured in three categories; some extent, great extent and not at all.

The results depicted that among 88 respondents of first category (2-4 years) of infertile couples 92% were hopeful to great extent. 6.8% were to some extent while only 1.1% responded to not at all. Among 84 respondents of second category (5-7 years) 45.2% were optimistic to great extent. 42.9% to some extent while 11.9% responded to not at all. Among 71 respondents belonging to third category (8-10 years) 38.4% respondents replied that they are to some extent hopeful for baby birth. 32.4% replied to great extent while only 28.2% responded to not at all. Among 14 respondents of fourth category (11-13 years). 71.4% respond fall in the category of not at all, while 28.6% were to some extent hopeful about baby birth. Among 4 respondents belonging to the fifth category (14 & above years) 75% replied to not at all while 25% responded that they were hopeful to great extent.

The Chi-square value (1.154) with $p < 0.05$ indicated high significance and positive association between the two variables.

Hypothesis N0.8 Lower the educational attainment higher will be appropriateness of faith healing for females.

Table No 4.49: An association between educational attainment and appropriateness of faith healing for females.

Educational Attainments	Appropriateness of faith healing for females					
	S.A	A	N.O	D	S.D	Total
	%	%	%	%	%	%
	(f)	(f)	(f)	(f)	(f)	(f)
Illiterate	54.4%	19.3%	10.5%	8.8%	7%	100%
	(31)	(11)	(6)	(5)	(4)	(57)
Primary	19.0%	46.0%	14.3%	20.6%	0%	100%
	(12)	(29)	(9)	(13)	(0)	(63)
Middle	4.8%	35.5%	14.5%	35.5%	9.7%	100%
	(3)	(22)	(9)	(22)	(6)	(62)
Matriculate	4.2%	29.2%	18.8%	31.2%	16.7%	100%
	(2)	(14)	(9)	(15)	(8)	(48)
Intermediate	.0%	28.6%	9.5%	42.9%	19%	100%
	(0)	(6)	(2)	(9)	(4)	(21)
Graduation	.0%	28.6%	.0%	42.9%	28.6%	100%
	(0)	(2)	(0)	(3)	(2)	(7)
Master & Above	33.3%	.0%	.0%	.0%	66.7%	100%
	(1)	(0)	(0)	(0)	(2)	(3)
Total	18.8%	32.3%	13.4%	25.7%	10%	100%
	(49)	(84)	(35)	(67)	(26)	(261)

Chi-square= 1.038 $p < 0.05$ Lambda= .038 Significance Level : $\alpha = 0.05$

The above given table 4.49 indicated an association between educational attainment of the respondent and their belief about appropriateness of faith healing for females. Educational status of the respondents was categorized at seven levels; Illiterate, Primary, Middle, Matriculate, Intermediate, Graduation, Masters & above. Faith healing appropriateness for females was the second variable measured in five categories; Strongly Agree, Agree, No opinion, Disagree, Strongly Disagree. The results pointed out that among 57 Illiterate respondents 54.4% respondents were strongly agreed with appropriateness of faith healing for females, 19.3% respondents were agreed, 10.5% didn't respond, 8.8% were disagreed while 7.0% respondents were strongly disagreed.

Among 63 Primary respondents 46.0% were agreed with appropriateness of faith healing for females, 20.6% respondents were disagreed, 19% strongly agreed, while only 14.3% gave no opinion about the enquired question. Among 62 respondents with middle qualification 35.5% fall respectively in the categories of agreed and disagreed, 14.5% didn't respond to the question, 9.7% strongly disagreed and only 4.8% had strongly belief that faith healing was appropriate for females. Among 48 Matriculate respondents 31.2% respondents were disagreed, 29.2% agreed, 18.8% didn't respond, 16.7% strongly disagreed, while only 4.2% respondents were strongly agreed. Among 21 respondents with Intermediate qualification 42.9% respondents were disagreed with appropriateness of faith healing for females, 28.6% agreed, 19% strongly disagreed while only 9.5% didn't respond to the question. Among 7 Graduate respondents 42.9% respondents were

disagreed, 28.6% respondents were respectively strongly disagreed and agreed. Among 3 respondents with Master and higher qualification 66.7% were strongly disagreed: while 33.33% respondents were strongly agreed that faith healing is appropriate for females.

The Chi-square value (1.038) with $p < 0.05$ indicated high significance and positive association between the two variables.

CHAPTER FIVE

CONCLUSION

5.1. Major Findings

Major findings of the present study are given below:

- More than half 57.9 of the respondents were male and 57.1% respondents had age group of 25 – 34 years.
- Infertility duration of the respondents 66.0% was 2-7 years and 64.4% were residents of rural areas of Southern Punjab.
- Out of 261 respondents 21.8% were illiterate, 24.1% were primary and 23.8% had middle level education. Spouse education was 32.6% illiterate and 21.8% were up to primary level.
- Respondents who belonged to joint family structure was 48.7% and 44.4% were belonged to nuclear family structure.
- About half 49.8% respondent's blood relationship with their spouse was first cousin and 35.2% had up to 4 family members in their houses.
- The ratio of house wives among 261 respondents was 26.1% and 20.7% respondents were agriculturist.
- More than half 55.2% of the respondents had up to Rs.20,000/- family monthly income and 74.3% were residing in their own houses.

- Majority 92.3% of the respondents had never ever used any kind of contraceptive methods.
- Majority 96.9% of the couples were motivated to have baby and female partners were found highly motivated than male partner to have baby.
- About half 49.0% respondents said that the infertility was based on God's will. while 21.1% held female responsible for it.
- The source of information to the respondents for consultation to the faith healer was relatives and already benefitted people and their ratio was 46.3%.
- Majority 88.9% of the faith healers were male and their prominent characteristics were pious, famous for faith healing and possession of supernatural power.
- More than half 62.8% of the respondent's distance from faith healing spot was up to 20 km from their residence.
- More than half 67.0% of the respondents were charging fee for their services and more than half of them were charging up to Rs. 400/-.
- Majority of the faith healers 71.3% were not suggesting any economic based activity (other than fee) and rest were mainly suggesting charity, mannat and sadqa etc.
- More than half 67.0% faith healers were giving amulets to their visiting infertile couples and they 84.7% were not suggesting medicine to infertile couples.
- Out of 261 respondents 45.2% were visiting the same faith healer to cure their infertility up to the duration of 05 months.

- More than half 62.4% of the respondents response about faith healing approved by culture was agree and strongly agree.
- More than half 56.7% of the respondents were agree & strongly agree that faith healing treat all problems and agreement on role positivity of faith healers were 51.8%.
- More than half 59.0% of the respondents response towards testified faith healing was agree & strongly agree and it provide psychological support to infertile couples were 68.5%.
- Majority 89.3% of the respondents were agreed and strongly agreed of the effectiveness of faith healing for infertility and 77.4% respond accepted closeness of faith healing to belief system.
- More than half 57.1% respondents were agreed & strongly agreed that faith healing had religious relevance and 75.5% were agreed and strongly agreed that life after benefits of faith healing.
- Majority 78.2% of the respondents were agreed & strongly agreed about the accessibility of faith healing and 79.7% respondents responded in favor of affordability of faith healing.
- More than half 63.6% of the respondents said that faith healing was free from medical surgery. 69.4% response was in favor of easy practice of faith healing.
- Majority of the respondents 74.4% were convinced that faith healing protected veil (purda) system.

- More than half 59.0% respondents were convinced that faith healers suggest culturally accepted practices for females.
- More than half 85.8% of the respondents were convinced that faith healing was a sacred activity.

5.2. Summary

The role of religion in life of sub-continent people was of a great significance. The people of the region tried to find out solution of all the problems, issues and ailments with the help of religion. To found solution of all the problems and treatment of different diseases such as infertility the practice of faith healing were found vey common in Pakistan. Faith healing plays a fundamental role to build up the ethics, beliefs and societal customs among the general public members. It affected the life of people and faith system. It provides support to regulate and modify the cultural characteristics of the individuals that were residing in a specific area like Southern Punjab. Majority of the respondents of the study were belonging to the rural back ground and less educated classes with a lot of misconceptions towards modern ways of treatment. In the area it was a common perception that children were the gift of God and any hindrance or delay in childbirth could be removed only through faith healing.

There are many socio-cultural factors that lead infertile couples towards faith-healing. A large number of infertile couples consult faith healers for treatment of unproductive health. They visit different faith healing spots in southern Punjab and usually are motivated by their relatives and peers. The age group of the respondents was between 20-

45 years which were not currently using any kind of contraceptives, and consulting any of living faith healer to cure their infertility. Majority of the respondents called infertility the will of God. Mostly faith healers suggest some sacred practices to to their followers to end up infertility. Some faith healers also suggest mannat, sadqa etc to their followers.

Majority of the respondents were of the view that faith healing is approved by culture and it has religious relevance, affordable, accessible, and free from medical surgery, easy to practice, treat all problems, provides psychological support and faith healing has proven its effectiveness several times.

As the faith healing is one the oldest way of treatment so a majority of the respondents of the study were convinced with the appropriateness of faith healing for females, easy performance of its activities at home, observance of veil (pudra), culturally constructed practices for females and faith healing as first choice for females.

5.3. Conclusion

The people of Southern Punjab were very concerned with religion. These people also expressed their belongingness towards religious beliefs by paying respect to the religious men and many of these religious men were found engaged in the process of faith healing. Infertility was strongly associated with psycho-social aspects especially in developing countries like Pakistan. The study referred the major community attitudes, which infertile couples and especially women felt themselves as disgraced and misfit characters of the society. It was also observed in the available studies in local perspective on infertility and faith healing that infertility was often experienced as shame, guilt, and a

feeling of mistrust. The role of faith healers was very important in resolving the stigma of infertility associated with females especially in lower and middle class families of Pakistan.

Faith healers reported that many infertile couples keep in touch with them and especially such couples that have no proved physical problem. The healers were of the view that many infertile couples that have lost expectation of child, they conceived baby after following practices of faith healing. These faith healers adopted different ways to treat the infertile couples. The ways of treatment methods mainly consists of some specific techniques and practices such as taawiz, damm, tauba, performing prayers, sadqa etc were used for the infertility solution.

The study found that there were several social cultural, economic and religious factors that were leading infertile couples towards faith healing. The most prominent factors were cultural and religious acceptance of faith healing, its easiness, cost effectiveness and its relevance with religion. As mentioned earlier that faith healing was supported by the religious, social, cultural and economic factors the common people were well convinced about its importance. It was also a common perception in Southern Punjab that children were the gift of God and childbirth was not possible without willingness of God. In a situation the option of faith healing was utilized widely to treat infertility.

5.4. Recommendations

It has been concluded from the study that faith healing for infertility solution in Southern Punjab was widely practiced. There were several socio-cultural reasons that were mainly supporting faith healing and motivating infertile couples towards faith healing for cure of infertility. After conducting a comprehensive and time taking study on the topic "Socio-cultural factors leading infertile couples to consult faith healers" the researcher suggested following recommendations and policy implications. On the basis of the findings and conclusions:

- Gender education should be provided to the society members for equality and equity. It will improve the health standards.
- Health policy makers must realize the health seeking behavior of all segments of the society and faith healers must be a part of this policy.
- The challenges like infertility in which faith healing and religious therapies are found effective should be practiced as a accepted service in hospital
- The government should set a regulatory authority and determine a code of conduct to keep check on faith healers.
- Awareness strategy campaign should be launched to improve the health system of rural and urban communities of Punjab.

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Appendix-A

Interview Schedule

I am a student of Department of Sociology, International Islamic University Islamabad IIUI, conducting research on "***Socio-Cultural Factors Leading Infertile Couples to Consult Faith Healers***". Kindly spare some time from your schedule for interview to help me out in my research work. All your personal information will only be used for research purpose.

A) Socio-Economic Characteristics

1. Please specify your gender?
   1) Male ☐ 2) Female ☐
2. Please specify your Age? _____Years
3. Please specify your spouse's age? _____ Years
4. Please mention your infertility duration _____
5. Type of residential area?
   1) Rural area ☐ 2) Urban area ☐
6. What is your educational attainment?

   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+
7. Please mention the educational attainment of your spouse?

   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+
8. Please mention your family structure?

   1) Nuclear ☐ 2) Joint ☐ 3) Extended ☐
9. Do you have any blood relation with your spouse?

   1) first cousin ☐ 2) Second cousin ☐

   3) No blood relations ☐ 4) Any other (specify) _____
10. Please mention total members in your family? _____
11. Please mention your Occupational status?

Govt. Job	Private Job	Agriculturist	Self-Employed	Labor	H. Wife	Unemployed	Others
1	2	3	4	5	6	7	8

12. Please mention your spouse' Occupational status?

Govt. Job	Private Job	Agriculturist	Self-Employed	Labor	H. Wife	Unemployed	Others
1	2	3	4	5	6	7	8

13. Please specify your family monthly Income from all sources RS. _____

14. Are you residing in?

1) Own house 2) Rented house □ 3) Government accommodation □

4) Tenants □ 5) Any other (specify) _____

15. Did you ever use any kind of contraceptive method?

1) Yes □ 2) No □

16. If yes then what type of contraceptive method was used?

1) Oral pills □ 2) Injection □ 3) Condoms □

4) Abortion □ 5) Any other (specify) _____

17. Did you use the contraceptive with the consent of your spouse?

1) with consent □ 2) without consent □

18. .Are you both motivated to have baby?

1) Yes □ 2) No □

19. Who among you is more motivated in having baby?

1) Wife □ 2) husband □ 3) equally both □

20. Do you feel that you are infertile?

1) Yes □ 2) No □

21. What do you think who among the two is responsible for infertility?

1) Husband □ 2) wife □ 3) both □ 4) God's will □

5) Super natural powers □ 6) any other_____

B) Motivational factors to consult faith healers

22. In your family who motivated you to consult faith healer?

1) Yourself □ 2) Your spouse □ 3) Your mother □ 4) Your father □

5) Your mother in law □ 6) your father in law □ 7) Relatives □

8) Peers 9) Any other _____

23. What was the source of information regarding consulting the faith healer?

1) Relatives ☐ 2) friends ☐ 3)) Custom/Tradition ☐

4) Already benefitted people ☐ 5) Childless couples ☐ 6) Cable T.V ☐

7) Newspapers advertisement ☐ 8) Any other_____

C) Faith Healing

24. What is gender of the faith healer?

1) Male ☐ 2) Female ☐

25. What are the prominent characteristics of the faith healer?

1) Saint ☐ 2) pious ☐ 3) famous for Faith healing ☐

4) Having jinn ☐ 5) having supernatural powers ☐ 6) Ancestry ☐

7) Any other (specify) _____

26. Does the faith healer charge any fee?

1) Yes ☐ 2) No ☐

27. If yes then please specify its amount Rs _____

28. Does faith healer suggest economic based activity other than fee?

1) Yes ☐ 2) No ☐

29. Please specify kind of the economic based activity?

1) Charity ☐ 2) Manat ☐ 3) Sadqa ☐ 4) any other_____

30. To what extent you are hopeful to have baby?

1) To some extent ☐ 2) To great extent ☐ 3) Not at all ☐

D) Faith Healing Methodologies

31. Which healing method has applied on you by the faith healer?

Sr. #	Faith healing methods	Response
i	gave Amulets (Taawiz)	☐
ii	Ask for recitation of Holy verses (Wazeefa).	☐
iii	Performed (Damm)	☐
iv	Gave healing breath water	☐
v	Asked for Imploration (Mannat)	☐
vi	suggested eating of healing breath food	☐
vii	Asked to distribute edibles to poor	☐
viii	Asked for personal donation	☐
ix	Asked to visit regularly	☐
x	suggested binding of of cloth to some holy place	☐
xi	Suggested to apply dust on body	☐
xii	Asked to perform prayers regularly	☐
xiii	Asked for forgiveness from Allah (Tauba)	☐
xiv	Faith healer offered prayers for the couple	☐

32. Does the faith healer give/suggest some medicine?

1) Yes ☐ 2) No ☐

32.1. If yes please specify its type?

1) Herbal medicines ☐ 2) Allopathic ☐ 3) Homeopathic ☐

4) Any other _____

33. From how long you are visiting the faith healer_____

34. Please tell the number of visits to the faith healer_____

35. Please specify the distance that you to cover to reach the faith healing spot?

_____km.

36. To what extent do you belief about effectiveness of faith healing for infertility cure?

Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

37. To what extent do you agree with the following statements about faith healing.

Sr. #	Statement	S.A	A	N.O	D	S.D
i	Faith healing is approved by culture	1	2	3	4	5
ii	Faith healing treat all problems	1	2	3	4	5
iii	Faith healers play positive role in treatment.	1	2	3	4	5
iv	Faith healing is proven	1	2	3	4	5
v	Faith healing provides psychological support	1	2	3	4	5
vi	Faith healing is effective for infertility	1	2	3	4	4

38. To what extent do you agree with the following statements about religion and faith healing

Sr.#	Statement	S.A	A	N.O	D	S.D
i	Faith healing is close to belief system	1	2	3	4	5
ii	Religious relevance of faith healing	1	2	3	4	5
iii	Faith healing practices also offer benefits in life have after	1	2	3	4	5

39. To what extent do you agree with the following statements about gender and faith healing

Sr#	Statement	S.A	A	N.O	D	S.D
I	Faith healing is accessible	1	2	3	4	5
ii	Faith healing is affordable	1	2	3	4	5
iii	Faith healing is free from medical surgery	1	2	3	4	5
iv	Faith healing practices are easy to practice	1	2	3	4	5

40. To what extent do you agree with the following statement about gender and faith healing.

sr. #	Statement	S. A	A	N.O	D	S.D
i	Faith healing is appropriate for females	1	2	3	4	5
ii	Faith healing practices can easily be performed at home by females	1	2	3	4	5
iii	Faith healing practices ensures veil (parda) system	1	2	3	4	5
iv	Faith healing provide culturally constructed practices to females	1	2	3	4	5
v	Faith healing as a sacred activity	1	2	3	4	5
vi	Females are more religious than males	1	2	3	4	5
vii	Faith healing as the first choice of females	1	2	3	4	5
viii	Females are responsible for childbirth	1	2	3	4	5
ix	Faith healers held females responsible for infertility	1	2	3	4	5

Name of Researcher_____