

Master of Science in Public Health



**People Perception of Ritual Healings and Trans
Religious Practices: A Case Study of Islamabad
Pakistan**

By

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**PEOPLE PERCEPTION OF RITUAL HEALING AND TRANS
RELIGIOUS PRACTICES: A CASE STUDY OF PAKISTAN**

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TO WHOM IT MAY CONCERN

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Please provide him necessary help and support in completion of the research project. Thank you.

Sincerely,

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ABSTRACT

This study is about people perception of ritual healing and trans religious practices. This study is aimed to assess the ritual healing and trans religious practices, the perception of people about such practices, the perceived effectiveness of ritual healing and trans religious practices in emotional, physical, mental and spiritual healing among people to analyse the role of demographics in the relationship of perceived effectiveness and ritual healing and trans religious practices. In this study, the dependent Variable was Ritual Healing and Trans Religious Practices and in these variable different factors like; Prayer, Visiting Shrines. Charity and Nazro Niaz, Breaking Black Magic, Urs and Festivals were taken. While the study included two independent variables which were healing perception and perceived effectiveness. In the variable healing perceptions, different healing perceptions like Emotional, Physical, Mental and Spiritual were evaluated and in the variable Perceived Effectiveness different factors like Economical, Feasible, Speedy and Consoling and shooting were analysed. The study also took a mediating variable which was demographics and it included, Gender, Age. Education, Family Income and Marital Status etc. The study followed quantitative research design. The study was based in Islamabad and general public living in Islamabad was the population of the study. A sample was selected based on 250 participants. The data was collected through closed ended questionnaire and collected data was analysed through SPSS. The study found the positive relationship in the stated hypothesis and all of the hypothesis were in accepted state. The study suggested a new dimension for future studies.

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CHAPTER I: Introduction and Literature Review

1.1 Introduction

Traditional medicine and healing are an important and often overlooked issue in healthcare. Traditional medicine, herbal remedies and ritual healing practices are considered significant in almost every country in the world and the demand for these services is increasing. Consistent quality of traditional medicine; Safety and efficacy, ritual healing and trans religious practices contribute to the goal of ensuring that everyone has access to care.

The World Health Organization (WHO) estimates that 80% of patients in developing countries, including Pakistan, rely on traditional therapies for their primary health care needs. It is now derived from the West, known as "traditional medicine." This number of studies included all the different medical professionals. It is estimated that more than 90% of Indians generally use this traditional health service on a regular basis.

Traditional medicine, ritual healing and trans religious practices emphasize the cultural heritage of Pakistan and is an important part of the local culture. Despite modern medicine, the country's traditional medicine, ritual healing and trans religious practices culture has grown significantly in recent years. The traditional system is a special place for public health care in remote areas of the country. Traditional therapies include not only natural remedies but also witchcraft and sorcery, magic interests, religious books, occult practices, dignity and religious offerings. This treatment program is called "traditional" because it is used to treat various physical and mental illnesses.

Traditional medicine in Pakistan is mainly based on localization. It includes a combination of traditional therapies based on traditional and religious practices, as well

as integrated programs based on the scientific application of herbal and alternative therapies and techniques. Traditional medicine and adjuvant medicine are often used alone, and traditional medicine is widely known in Pakistan as part of alternative medicine. However, on average, 20-25% of the population has access to modern health care, and 75-80% of rural Pakistan still has access to traditional medicine, ritual healing and trans religious practices. Their long tradition; The use of these specialists is very important for the local people because of the amazing results and strong belief in their effectiveness.

Traditional medicine system, ritual healing and trans religious practices are comprehensive and are intended for the general health of the individual. It brings an active balance between ego and society. A holistic approach is about one's values, Feelings, Beliefs, Social and emotional considerations are considered.

Although traditional medicine, ritual healing and trans religious practices are widely used in rural areas with limited access to health care, the effectiveness of traditional medicine in urban areas is quite significant in providing health care. Modern healthcare systems, despite the development of a large network across the country, traditional medicine systems continue to play an important role in providing health care at the community level.

Many traditional healers are not officially recognized by governments in many countries including Pakistan because they operate outside the formal health care system. However, the abandonment of the moons could have far-reaching consequences for human dependence on them.

Choosing a therapist in a multicultural society is a complex process. The choice of mediation system depends on various factors like, the severity of the illness; patient

perception risk; doctor's estimated duration; health care costs; transportation; and many other factors, such as the gender of the patient and the individual medication, health care procedures; previous patient experience; perceptions and belief systems about the cause of the disease.

As in many other developing countries, the prevalence of medical corruption or the widespread availability of treatment in different cultures is an important factor in health care in Pakistan. Many studies have examined the use of treatment options for patients in modern hospitals with limited patient resources in low-income countries.

Although the Qur'an (the sacred text of Islam) is superior to religious texts, it contains many scholarly symbols related to important areas of knowledge (Shaabani, 2019). Some of these symptoms are related to our health, such as hygiene advice or natural product treatment. Moreover, in many verses of the Qur'an, God encourages everyone to seek knowledge and discover the secrets of the universe and its creatures, including humans, and then other bits of knowledge that we now have, anthropology and Medicine (Shaabani, 2019).

According to some traditional Muslim healers, knowledge of healing is divided into two parts, Physical and Spiritual. The treatment of physical illnesses is the use of herbal remedies on the affected parts of the body or prescriptions according to the Qur'an or hadith. On the other hand, aspects of health and healing (spiritual) include separating people from witchcraft, sorcery, witchcraft, lust, madness and other spiritual forces that are considered evil in Islam (Carter, 2018). Among Muslim healers, the disease known as bodily or Batinah illness is mostly treated through recitation of certain verses of the Holy Quran. Surat Al-Fatihah, Al-Ikhlās, Al-Falaq, Janah, Al-Qadr and the Holy words such as "Hisbah and An-Naml Wakeel" (3: 173) and Ayat Al-Kursi.

Oral traditions of Muslims explain the meanings of some verses of the Holy Quran and recommend the use of natural products to treat diseases (Ali et al., 2018). They include honey, black seed, olive oil, and Zamzam water (the water of the Zamzam well in the Haram, Saudi Arabia) for therapeutic purposes (Ali et al., 2018). The Prophet, may God's blessing and Peace be Upon Him, often called honey "good" and "blessed." The Prophet, may God's Blessing and peace be upon Him, said to his followers: You have a cure: honey and the Qur'an, honey is medicine for the body, and the Qur'an is medicine for the soul. "Honey" sharpens the eyes and strengthen the heart. "In modern medical practice, the pharmacopoeia of honey has been found to have antibacterial properties in addition to other health benefits, and it is simple. Complex sugars, minerals, enzymes, and amino acids.

As noted earlier in the literature, primitive Muslim healers combined religious philosophy with local cultural traditions to provide solutions to clients' health needs (Edwards 2019). During treatment, Muslims use oral texts that can be written, washed, drunk and sometimes cleansed (Oso-Ansah 2019). Some scriptures were also thrown into talismans or tavits (Tabataba 2019). Historically, these verses have been used by a number of helpers, including kings, who disguised themselves by purchasing and wearing amulets of various forms from Quranic verses (Oso-Ansah, 2019).

1.2 Problem Statement

Religious and cultural education illustrates the story of psychological struggles and knowledge and provides guidance on how to deal with it. Religious and spiritual theories are often debated in science textbooks. Dean (2015) argues that both concepts are traditionally constructed. In the West, these terms are defined as two separate structures. But in many cultures the situation is different. This is especially true in Islam

and Judaism, where the spirit is considered a part of man, and the ultimate goal of human life is to attain a measure of spiritual prosperity when one is united with Almighty God. In non-Western societies such as Pakistan, people are generally considered to be related. Concepts such as "freedom" is Western value that define effective communication. As a result, in some societies, some misconceptions about personal practice contradict Western ideas. Lack of independence is seen as undesirable in Western culture, but in non-Western cultures, poor communication is seen as undesirable (Han, 2019). This sometimes creates confusion among people especially people with less knowledge and it leads towards a lot of trans religious practices and spiritual healing which is a matter not to be ignored because the exact effect of such practices is yet to be measured.

1.3 Research Objectives

1. To assess the ritual healing and trans religious practices among Pakistani people.
2. To evaluate the believes of people about such practices.
3. To explore the effectiveness of ritual healing and trans religious practices in emotional, physical, mental and spiritual healing among people.
4. To analyse the role of demographics in the relationship of perceived effectiveness and ritual healing and trans religious practices.

1.4 Research Questions

1. Which are some of the ritual healings and trans religious practices among Pakistani people?
2. How do people perceive about such practices?

3. What is the perceived effectiveness of ritual healing and trans religious practices in emotional, physical, mental and spiritual healing among people?
4. Is there any role of demographics in the relationship of perceived effectiveness and ritual healing and trans religious practices?

1.5 Rationale and Significance of the Study

Ritual healing and trans religious practices, traditional healers and supernatural; religious and magical practices play an important role in the diagnosis and treatment of the mentally illnesses specifically and physical illnesses in general in almost around the globe and in Pakistan (Jadit, 2017; Saeed et al. 2018; Tabassum et al., 2019; Rosler, 2019). A variety of alternative therapies are commonly used throughout the country, including religious therapies and places of worship, such as temples and shrines. But problem is that the literature on this specific aspect lacks of focus on its application and therapeutic framework. Some researchers have been conducted in rural areas to find traditional and folk remedies. Many previous studies have shown that, for example, the focus was on the Greek and herbal systems, or the occult practices of a traditional healing system but people perceptions about ritual healing and trans religious practices have been overlooked. So, this study is rationale and significant theoretically as it is going to contribute in existing literature by fulfilling the gap. The study is also significant for anthropologists in understanding this social norm from the deep level. The study is significance is also for the psychologists in understanding the impact of beliefs on human psychology and nature. The study is significant for medical and paramedical staff too in understanding the placebo effect of medications. The study is significant for future researchers, teachers, students and scholars.

1.6 Scope of the study

The study is applicable for general populace and public.

1.7 Delimitation

The study is delimited in terms of theme, time, sample and geography.

1.8 Literature Review

1.8.1 Culture, Diseases and Behavior

Diseases and behaviours are influenced by local customs and traditions. Similarly, Cultural significance is associated with the symptoms of each disease. The importance of culture is simple; unconventional and unpredictable (Kleinman, 2019). Kleinman (2019) defines illnesses as a diagnostic process and it includes conditions that are worrying and predictable, as well as conditions that may require treatment.

From a Western perspective, the concept of "disease" can vary widely in different cultural and cultural definitions, and the mechanism of the disease has a profound effect on how it is treated. Diseases such as schizophrenia, which are considered dangerous, are believed to change a person permanently, and psychological practices do not classify victims as demons in a culture associated with demonic possession. (Yesri, 2010).

A study by Warner (2019) in India shows that people with depression or mental illness have a lower status and respect. The definition of mental illness raises many questions in cultural contexts. What is rare in one culture can be considered boring or strange in another. According to Dana (2019), a specific disease may seem strange in one culture,

but it is not a strange phenomenon in another culture and same goes with the treatment method.

Javier et al., (2019) claimed that the definition of mental illness is different from culture to culture even status of mental illnesses has changed over the centuries for example, Homosexuality has been a mental illness, as defined in the Diagnostic and Statistical Manual (DSM) but with the changing values, it is now the norm in at least one western society and not considered an illness. But in some cultures, it is considered still an illness, and this shows that illnesses and sicknesses differ culture to culture.

Perception of illness and cure is affected by education, health beliefs; treatment procedures; It is influenced by different factors in each society, including access to health resources and ethics. It is widely believed that everyone loves health more than disease. However, "Acceptance of this concept unnecessarily leads us to ignore other important aspects of healthy behaviour" (Foster and Anderson, 2019).

1.8.2 Rituals

“Ritual is the presentation of traditional performances arranged by belief or by spiritual verdict. Ritual is a precise, visible way of behaviour demonstrated by all recognized the social orders. It is therefore conceivable to sight ritual as a manner of describing human beings.” (Iqbal & Farid, 2017)

The central role of social etiquette in religious contexts has been debated by many scholars (Bloch, 2016; Bourgeois, 2017; Durkheim, 2018; Elliott, 2019; Macaulay, 2020).

The theory of social cohesion emphasizes that religious practice (building common faith) leads to unity among individuals within the group (Sauss et alcorta, 2013).

Anthropologist Dimitris Zieglatas, in his experiments with fire-fighting in Bulgaria and Greece, and in his experiments with difficult and painful rituals such as Kavadi in Mauritius, argue that ritual participants should not lose themselves in groups, such as the group dormitory stage.

Almost in practice, religious rituals come in innumerable forms. Anthropological research shows that self-interval and its integration into a larger unity are the main goals of traditional behaviour. In the religious context, the purpose of the ritual is to unite believers in the higher spiritual realm. This claim is widely debated by anthropologists on ritual, text, and social communication (Hobson et al., 2017). There is evidence of a positive relationship between traditional behaviours and positive social outcomes, such as cooperation, social cohesion and significant social support (Fisher et al., 2013; Page et al., 2015).

Gorelick (2016) discusses changes in group guidelines, which rely on activating empirical and effective systems in social ideal settings. Religious rituals are collective experiences, and emotional connection is intense. Empathy, love, friendship, camaraderie, and the removal of boundaries between individuals and descendants help to strengthen the bonds between group members - the effects of 'social cohesion' (Atron, 2013; Alcorta, 2014). Tradition can bind individuals through a combination of behaviours created by singing, dancing, playing drums, and sharing emotional voices. It is evolutionary to believe that drums, songs, and dances were created to build and strengthen social bonds and were accepted as the major support necessary for survival in distant centuries (Lakin et al., 2017). These authors argue that behaviours that allow individuals to maintain group relationships are important for survival and will be common in the population. Music is a pervasive feature of religious rituals and can

provide strong emotional responses to transgender. It can bring a strong sense of collective identity. (Van Capelin and Rem, 2015)

Alcorta and Saussis (2005) explain how music acts as a "rhythm driver". These "internal biophysiological currents are coordinated with external auditory rhythms" (Shearer and Zentner, 2001, p. 372). Lunay et al. (2014) noted that moving toward the same rhythm can also increase emotional intimacy between listeners, and staying in rhythm time can create a mutually beneficial relationship between them (Launay et al., 2014).

As Gorillak (2016) points out, behavioural synthesis creates an experience of self-identification with other members of the group and leads to emotional "baggage" (Atron, 2002, p. 172). Similarly, Paladino et al. (2010) provide evidence that coordinate waves can actually illuminate the limits of the alter ego.

In this regard, Tar et al. (2014) showed that integration of others due to self-coordination can affect social interaction in music. These authors highlight the fact that interacting with others at the same time can distinguish oneself from others through the neural pathways responsible for action and perception (Avery and Milner-Sex, 2009). As stated by Soci (2013), participation in rituals produces emotional lift and inspiration. As a result, emotional coordination facilitates group tasks such as war or battle. Mental transmission may be linked to specific nerve activity.

Johnston et al. (2016) suggested that a decrease in the right anterior cingulate / left parietal lobe (RH / RPL) leads to increased self-alignment (or unconsciousness) with mental strength (emotional and intellectual superiority or the ability to connect experience with oneself). Evidence suggests that the emotional experience of global interactions with mental health is related to certain neurochemicals, such as oxytocin and dopamine (Johnston & Cohen, 2019).

Tar et al. (2014) suggest that endorphins may be released during musical activity. They point out that the endorphin system and the endogenous opioid (EOS) are generally involved in social interactions related to various primates and humans related to social behaviours such as laughter, contemporary sports, and musical activities (singing and dancing). Recent evidence suggests that endorphins are released during contemporary and functional activity (Sullivan and Rikers, 2013). The guerrillas point out that a transparent state can serve another social function - a precious signal - of commitment to the group.

Religious rituals promote social cohesion by creating false symbols of submission. In order to be accepted as part of a social group with a religious ideology, the individual must show his or her willingness to participate in the ritual, thus increasing trust in other members of the group. Similarly, Watson-Jones and Legray (2016) argue that traditional groups can build group identities through gestures of loyalty and trust, as well as by sharing cultural knowledge related to the desired social behaviour.

1.8.3 Sufism and Ritual

Not to mention that Sufi rituals play an important role in the lives of the people of the subcontinent. People from Punjab and Pakistan often visit holy places and pay homage to Sufis in the traditional way. During visits, devotees perform various rituals. The followers carry hats with them and place them in the tombs of the Sufis. This is a sign of respect. The pages are specially decorated with verses from Quran or Hadith. Devotee wash the place with rose water. At that time, believers were reciting the Quran inside and outside the tomb. They too took part in the worship of God. Women are not allowed inside the tomb. Nat is recited aloud. Darood Sharif is of special importance in this school of thought (Rashid, 2019).

In Sufism, this poem is considered essential for spiritual transparency. The spiritual ascent of the Sufis is divided into three stages, and the first stage of this ascent is the destruction of the Sheikh. At this point Beth is the starting point. Followers receive talismans from nominees for safety, illness treatment, and well-being. Followers take special care of this in their life, who works to fulfil their desires. Manat when people's hopes and desires are fulfilled. The credit for their achievement goes to Talisman. In return, they distribute food. They tied ropes, recited the Holy Quran, prayed and placed a piece of paper on the grave. They also serve salt in special bags at places of worship. Followers believe that salt is a sacred remedy for various ailments. Due to poverty and illiteracy, Sufi Dargah became a centre for physiotherapy. People also light traditional oil lamps, another form of voting, thanks to the Sufis. The followers also make sacrifices in the form of animals, money and gold according to their ability. Non-believers hate this practice and criticize Sufis for accepting Christianity. There is no doubt that this gift is for comfort and relaxation. For this purpose, a special building was constructed for the living room, called the living room. The security of ancient tombs is also guaranteed to this extent. It is also used to care for students in religious institutions (Chaudhary, 2010).

Due to the large number of followers, the Urs has attracted the business world. Shops are set up for various items including food, salt, sweet rice, cosmetics, toys, handicrafts, bed linen, and flowers. Sufi books, Sufi and Sohaibzadeh lectures, brochures, magazines and CDs are available to listeners. They also took zipi (flower beds) and hats to cover their heads for the worship and recitation of Darod Sharif. Face packs are also given as a blessing to relatives. Butter is also distributed in batches. Some people bring and distribute sweets such as mitochondria (rice). All this is done to please God. This type of food is a blessing. Thus, it can be said that Sial Sharif provides economic

opportunities to the local population through the sale of various commodities (Shah, 2015).

Sufi shrines are sacred places for believers because mosques are sacred to Muslims. Followers of Sufism cover their heads with hats or nails (traditional Punjabi attire) to show respect and dignity. The women covered their heads with shawls and entered the teacher's house barefoot. They do not engage in any activity that violates Sufi teachings. Their firm belief is that the saints see them. As a sign of respect, they prostrate before the tomb.

1.8.4 Visiting Shrines

Some studies have identified causes, such as people's intention to visit places of worship. Farida (2019) believe that people come to shrines to treat their ailments. She said that religion and tradition play an important role in the identity and lives of many Muslims. Mental illness is usually the result of an imbalance between the emotional, spiritual and social aspects of human life. Those who go to shrines believe that their condition in the form of illness is a weak relationship between the (God) and them. This weak connection is harmful to evil spirits and magic. The audience seeks the protection of the Great Baba or asks him to mediate between Almighty God and them in order to mend weak or weak ties and save them from calamity. People from low socioeconomic backgrounds often cite these reasons for visiting shrines. They not only seek shelter, but can also subsist on food provided by tourists.

1.8.5 Health and Cultural Beliefs and Healing Practices in Pakistan

Religious and cultural traditions have a profound influence on how health problems are understood and resolved. The knowledge behind these health concepts and practices is not always written down and is often passed down orally from generation to generation.

Farooqi (2017) notes that the word "Islam" is derived from the Arabic word "salam", which when translated from Arabic into English means surrender. This does not mean "obscene or submissive behaviour, but a constant desire to relate to the eternal reality of God".

Pakistani culture is a mixture of traditions, customs and folk beliefs. The therapeutic regimens that cause disease are complex and multi-layered. Descriptions of illness include the presence of demons or angels; Evil spirits; Beliefs and an ancient mystical tradition. Evidence behind this belief can often be found in the Qur'an and Hadith (Youssef, 2015; Qudawi; 2016; Gilani et al., 2017; Farooqi, 2018).

Below is a description of some of the most common traditional medicines used in Pakistan (Farooqi, 2007)

a) Greek aquarium or physiotherapy - the use of plants to fight diseases. In each case, it was captured, despite the obstacles we can hardly imagine. "Helping individuals express and practice their values in a meaningful way of life in this world; i.e., obeying God's will and following the guidance of the Qur'an and hadith.

b) Sufis - Relationships between saints and their followers provide compassion, catharsis, and understanding of relationships and conflicts

c) Witchcraft - the use of black magic and the use of powers Magical for supernatural claims. To harm or help someone, the method involves a magician who recognizes and

names a problem with magic, and performs rituals to fight magic in exchange for money or other favours. In addition, some oral or wish exercises that go into everyday life include: (amulet or A small piece of amulet paper with verses from the Holy Qur'an wrapped in metallic sheathing and tied with a string) around the neck or arms. It protects against evil spirits and brings good luck. Often in return for a small donation from a religious leader, he drinks water "in times of need".

d) The dust of holy places [the shrines, mosques] should be taken out of the house and gently washed on the skin to relieve pain, or distributed in the house to prevent evil eye and witchcraft

e) Going to shrines and offering money, food or sweets to the poor and the needy.

f) Al-Hamd (Praise be to Him) and Naat (Praise be to the Prophet, may God bless him and grant him peace)

g) An oath or a promise to the Lord of Decree that if the desire is fulfilled, he will present something to God.

1.8.6 Area Profile

Islamabad is the capital of Pakistan. It is located in the northeast of the country, at a height of 457-610 meters. Unlike majorities of other cities in Pakistan, Islamabad is a planned city. The city was designated in 1959. Islamabad has 505 sq km of urban and 401 sq km of rural land. The city is located within Islamabad's capital area, and covers 906 sq km of Islamabad and another 3626 sq km of land, which is known as the "designated area". The designated areas include the Margalla Hills to the north and the northeast, most of which are national parks.

Summer is hot and humid in Islamabad, followed by monsoons and severe winters. The climate is different in many seasons. Winter is usually from December to March with showers. The cooling temperature is about 4.5 degrees Celsius, the highest temperature in the six months from December to February. Summer runs from April to September with temperatures of 35 degrees Celsius. During these months, the highest temperature was recorded as 46 degrees Celsius. The monsoon season is June or July, and September. The wind is mainly from the southwest, except for the monsoon season. The annual rainfall of 7 years is about 1150 mm. About 65% of them come from June to September. Seventh grade humidity is 55% (Shahid Iqbal, 2018).

The geology of the area is very slippery, consisting mainly of sandstone, limestone and shale and suitable for limestone buildings, bridges and other structures. Limestone mining and crushed rock cause many environmental problems, including environmental degradation and air pollution in Islamabad's Margalla National Park. Sandstone is produced by sediments in dams, crevice channels, octagons, floodplain channels and large areas. Powdery clay was found in stony plains and lacustrine sediments. The soil in and around Islamabad is barren and consists of clay. In the area, there is less cultivation of mature land and terraces. In the south and west of the area, the soil is thin and impervious. Currents and sprouts cut the bottom of the field and caused erosion and redness. This land is usually suitable for farming. However, large, thick and fertile soils were found in the low and sheltered parts of the hills, which support small forests and agriculture (Shahid Iqbal, 2018).

Urdu is National language and widely spoken in Islamabad but along with Urdu, English and other regional languages are very common in Islamabad.

Table 1: Police Stations

S. NO	Police Station
1	Bani Gala
2	Bara Kahu
3	Golra Sharif
4	Industrial Area I-9
5	Karachi company G-9
6	Khanna
7	Kohsar F-7
8	Koral Islamabad express way (Old Airport)
9	Lohi Behr
10	Margalla F-8
11	Nilour
12	Noon (i-14, Haji camp)
13	Ramna G-11 Markaz
14	Sabzi mandi i-10
15	Secretariat G-5
16	Shehzad town park road
17	Shalimar F-10/2
18	Shams colony
19	Sihala
20	Tarnoul

Table 2: Courts

S.No	Courts
1	Supreme Court of Pakistan
2	Islamabad High Court
3	Islamabad District Courts West
4	District & Session Court East Islamabad
5	Accountability Courts, Islamabad
6	Guardian Court Islamabad East & West

Table 3: Shrines

S. No	Shrines
1	Bari Imam
2	Golra Sharif
3	Abdullah Shah Darbar
4	Sakhi Syed Badshah
5	Hazrat Shah Kamal
6	Shah Allah Dita
7	Peer Mahar Ali Shah
8	Darbar Mohra Sharif
9	Baba Nanga
10	Loh e Dandi

Following are the hospitals in Islamabad.

Table 4: Hospitals

S. No	Hospitals
1	PIMS
2	Complex
3	Polyclinic
4	CDA
5	Islamabad General Hospital
6	Wapda
7	Civil

1.8.7 Cultural Context of Study Area

Healthcare beliefs are present in all cultures and are an essential part of human nature for survival. Conversation with religion and magic and access to divine powers is an important aspect of faith treatment to control and interfere with nature. These doctrinal actions are religious, non-religious, or may present a unified picture of religious / non-religious beliefs. Pakistani culture, especially in rural areas, incorporates popular, religious and folk-oral traditions, sometimes mixed in a way that seems perfect. Tona is a common folk remedy that describes religious magic (a combination of magic and religion) and secular magic practices in Islamabad, Pakistan, which, like the rest of Pakistan, is Muslim-majority. It is rich in green, fertile and agricultural products, especially cash crops, wheat, rice and cotton. The Islamabad community is a pastoral community with strong gender boundaries. Children are an important part of the Islamabad family and are the main hope of married couples and their families. Parents perform health-promoting rituals within the framework of their culture and religious

beliefs to ensure the physical health of their children and to present a picture of the fusion of religion and popular culture. Islamabad population have great respect for their religious / spiritual leaders, saints and gurdwaras and turn to them for spiritual help. Generally, religious therapists use religiously-based Qur'anic verses as a form of recitation of the Qur'an in order to practice true beliefs. Other oral customs, such as folk tuna, have been practiced by the elders for many years and passed down from generation to generation. Tuna is a common medical belief that does not require a "ritual" (or formal procedure) to prepare. People in Islamabad consider sore throat, cold, stomach problems (diarrhoea, constipation, stomach problems) and fever as common ailments, which can be caused by bad weather or overeating, which in their opinion causes stomach problems. May be for adults, the disease is treated with folk remedies or processed foods. However, in children who are always under parental supervision, the disorder can be seen as a side effect (for example, poor eyesight). Islamabad's people generally believe that children are victims of exploitation. Due to its good religious status, religious medicine is popular due to the availability of modern medical facilities; However, tuna is considered a folk remedy rather than a religious remedy for various ailments.

1.8.8 Theoretical Framework

1.8.8.1 Dependent Variable

Ritual Healing and Trans Religious Practices

- Prayer
- Visiting Shrines
- Charity and Nazro Niaz
- Breaking Black Magic

- Urs and Festivals

1.8.8.2 Independent Variable

1. Healing Perceptions

Emotional

Physical

Mental

Spiritual

2. Perceived Effectiveness

Economical

Feasible

Speedy

Consoling and soothing

1.8.8.3 Mediating Variable

Demographics

Gender

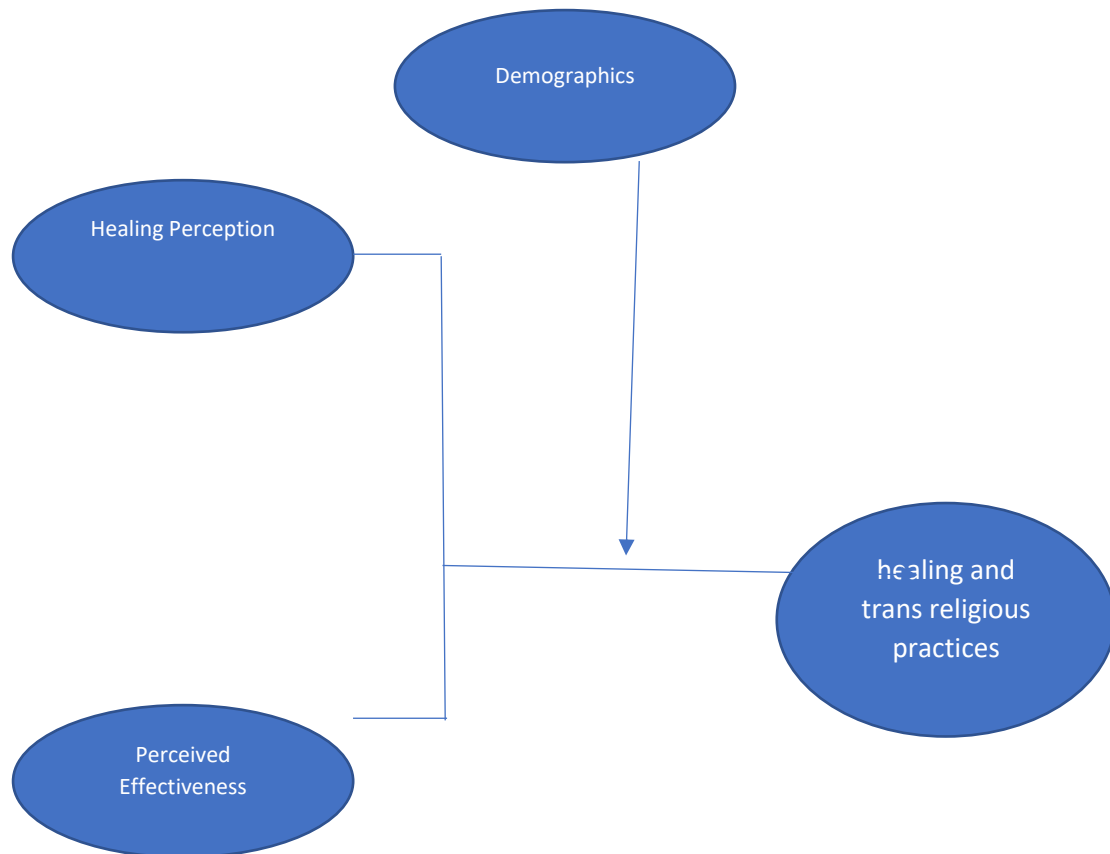
Age

Education

Family Income

Marital Status

1.8.9 Conceptual Framework



1.8.10 Hypothesis

H1: There is a positive relationship between healing perception (Emotional, Physical, Mental, Spiritual) and healing and trans religious practices (Prayer, Visiting Shrines, Charity and Nazro Niaz, Breaking Black Magic, Urs and Festivals)

H2: There is a positive relationship between perceived effectiveness (Economical, Feasible, Speedy, Consoling and shooting) and healing and trans religious practices

(Prayer, Visiting Shrines, Charity and Nazro Niaz, Breaking Black Magic, Urs and Festivals)

H3: There is Mediating role of Demographics (Age, Gender, Education, Family Income, Marital Status) in the relationship of healing perception and perceived effectiveness with healing and trans religious practices

CHAPTER II: METHODOLOGY

2.1 Research Design

The study has followed quantitative research design.

2.1.1 Research Approach

Approach of research is hypothesis testing because it concerned with developing hypothesis, which is based on an existing theory, and then designing of research strategy to test the hypotheses. Deductive means reasoning from the particular to general. The study has followed the positivist approach.

2.1.2 Type of Study

This study is quantitative study in which the relationship of Independent Variables, Dependent Variables and mediator were studied.

2.1.3 Study Settings

The data collection was done from the real setting and from the real participants through primary resources. General population of Islamabad is the unit of analysis in this study. For thesis data has been done from the information filled by individual persons living in Islamabad city. Collection of data has been done during the study period. The study is based in the present time horizon. It has no data collection from the past or future neither the implementations are limited to the present scenario only too.

2.2 Data Collection Process

The study has been done through filling up of questionnaire from general public in Islamabad. The participants were selected from the general population of Islamabad. Questionnaires were created and used this procedure for data collection. It may help the respondent to answer the questions easily and in timely manner.

2.3 Population and Sampling

2.3.1 Population

The target population is entire set of units estimated using the survey data, so the target population defines who should summarize the survey results (Brenda, 2008). The population for the research thesis comprises of the general population living in the city of Islamabad.

2.4 Sample and Sampling Technique

2.4.1 Sample

The sample was consisted of 250 participants from the overall population, which has been taken from a population of 2500 patients.

2.4.2 Sampling Technique

Sampling technique for research thesis/ study is non-probability convenience sampling method due to limitation of time.

2.5 Sample Characteristics

The sample characteristics was analysed based on demographics details of the participants after the data collection. In the sample characteristics, different characteristics like gender, age, qualification, etc have been analysed.

2.6 Instrumentation

According to the research goals a closed ended structured questionnaire has been created, which is attached in appendix and the researcher has used convenience random sampling method. Extensive reviews of research questions and literature has been conducted with the help of supervisor. The researcher has made extensive efforts to include all aspects of the present research in the questionnaire, while constantly reviewing the literature on the subject under study. All the variables were measured by using five-point Likert scale ranging: 1 to 5 Strongly disagree = 1 and strongly agree = 5. Different measures based on variables of the study were included in the thesis. Questionnaires are attached in the appendix

2.7 Tools for Analysis

SPSS were used for analysis.

2.8 Pilot Testing

Pilot testing was done prior to actual data collection for the thesis.

2.9 Data Analysis

Date was analysed by use of Statistical Package for Social Sciences (SPSS). Following Tests have been done to fetch results.

Frequency Distribution to make a list, table or graph to display the frequency of various outcomes in a sample.

Descriptive Statistics for using and analysing the statistics

Reliability Analysis refers to the measure that a scale consistently reflects the construct it is measuring

One Way ANOVA

Correlation Analysis for strength of relationship among variables

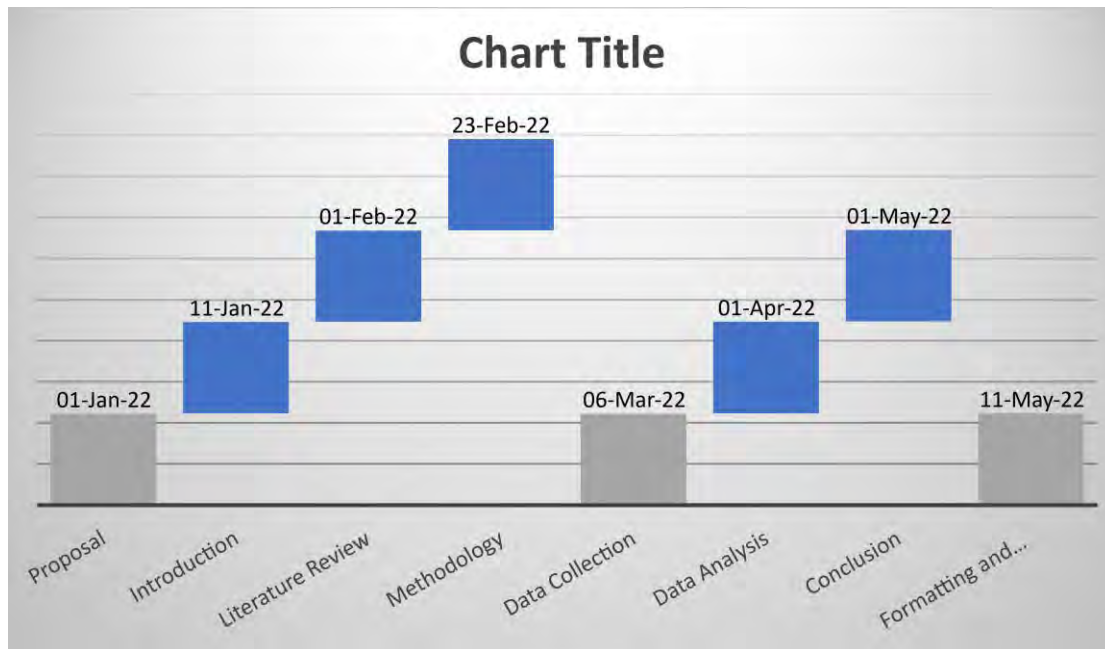
Regression Analysis for estimating the relationships between among dependent variable and independent variables

2.10 Research Ethics

Complete ethical protocol was followed. Research ethics are the set of ethical guidelines that guides us on how scientific research should be conducted and disseminated. Research ethics govern the standards of conduct for scientific researchers. It is the guideline for responsibly conducting the research. Complete privacy, willingness and right to withdrawn of the participants was followed.

2.11 Gantt Chart

The whole work was done as per this chart:



2.12 Research Budget

The detail of budget is given below:

Table 5: Budget

S.No	Task	Expense
1	Printing	2000
2	Travelling	5000
3	Food	5000
4	Refreshments	5000
5	Total	17000

CHAPTER III: RESULTS

3.1 Results of Demographics

3.1.1 Age

Total 250 participants were included in this study and among them, 79 belonged to below 20 years of age group, 81 belonged to 21-30 years age group, 50 belonged to 31-40 age group, 32 belonged 41-50 age group and remaining 8 belonged to above 50 years age group. This is shown below in tabular and graphical form.

Table 6: Age

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 20 Years	79	31.6	31.6	31.6
	21-30 Years	81	32.4	32.4	64.0
	31-40 Years	50	20.0	20.0	84.0
	41-50 Years	32	12.8	12.8	96.8
	Above 50 Years	8	3.2	3.2	100.0
	Total	250	100.0	100.0	

3.1.2 Gender

Total 250 participants were included in this study and among them, 103 were male and, 106 were females, and remaining 41 claimed that they prefer to unravel their gender and this is shown below in tabular and graphical form.

Table 7: Gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	103	41.2	41.2	41.2
	Female	106	42.4	42.4	83.6
	Preferred Not to Say	41	16.4	16.4	100.0
	Total	250	100.0	100.0	

3.1.3 Education

Total 250 participants were included in this study and among them, 64 belonged to below matriculation group, 74 belonged to intermediate group, 43 belonged to graduation group, 40 belonged master's group and remaining 28 belonged to above master's group. This is shown below in tabular and graphical form.

Table 8: Education

Education		Frequency	Percent	Valid	Cumulative
			t	Percent	Percent
Valid	Below Matriculation	64	25.6	25.6	25.6
	Intermediate	74	29.6	29.6	55.2
	Graduation	43	17.2	17.2	72.4
	Masters	40	16.0	16.0	88.4
	Above Masters	28	11.2	11.2	99.6
	Total	250	100.0	100.0	

3.1.4 Monthly Family Income

Total 250 participants were included in this study and among them, 68 belonged to below 25,000 income group, 73 belonged to 26,000-35,000 income group, 32 belonged to 36,000-45,000 income group, 38 belonged to above 46,000-55,000 income group and remaining 39 belonged to above 55,000 years age group. This is shown below in tabular and graphical form.

Table 9: Monthly Family Income Level

Monthly Family Income Level		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Below 25,000	68	27.2	27.2	27.2
	26,000-35,000	73	29.2	29.2	56.4
	36,000-45,000	32	12.8	12.8	69.2
	46,000-55,000	38	15.2	15.2	84.4
	above 55,000	39	15.6	15.6	100.0
	Total	250	100.0	100.0	

3.1.5 Marital Status

Total 250 participants were included in this study and among them, 76 belonged to single group, 91 belonged to married group, 28 belonged to widow group, 28 belonged to divorced group and remaining 27 preferred to not to show their marital status. This is shown below in tabular and graphical form.

Table 10: Marital Status

Marital Status		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Single	76	30.4	30.4	30.4
	Married	91	36.4	36.4	66.8
	Widow	28	11.2	11.2	78.0
	Divorced	28	11.2	11.2	89.2
	Preferred Not to Say	27	10.8	10.8	100.0
	Total	250	100.0	100.0	

3.2 Ritual Healing and Trans Religious Practices

3.2.1 Prayer

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 34 disagreed, 38 remained neutral, 66 agreed and remaining 82 strongly agreed. This is shown below in tabular and graphical form.

Table 11: Prayer

Prayer		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	34	13.6	13.6	25.6
	Neutral	38	15.2	15.2	40.8
	Agree	66	26.4	26.4	67.2
	Strongly Agree	82	32.8	32.8	100.0
	Total	250	100.0	100.0	

3.2.2 Visiting Shrines

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 34 disagreed, 39 remained neutral, 64 agreed and remaining 83 strongly agreed. This is shown below in tabular and graphical form.

Table 12: Visiting Shrines

Visiting Shrines		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	34	13.6	13.6	25.6
	Neutral	39	15.6	15.6	41.2
	Agree	64	25.6	25.6	66.8
	Strongly Agree	83	33.2	33.2	100.0
	Total	250	100.0	100.0	

3.2.3 Charity and Nazro Niaz

In response to this question, total 250 participants responded and among them, 53 strongly disagreed, 25 disagreed, 41 remained neutral, 60 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 13: Charity and Nazro Niaz

Charity and Nazro Niaz		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	53	21.2	21.2	21.2
	Disagree	25	10.0	10.0	31.2
	Neutral	41	16.4	16.4	47.6
	Agree	60	24.0	24.0	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.2.4 Attending Urse and Other Festival

In response to this question, total 250 participants responded and among them, 18 strongly disagreed, 28 disagreed, 39 remained neutral, 70 agreed and remaining 95 strongly agreed. This is shown below in tabular and graphical form.

Table 14: Attending Urse and Other Festival

Attending Urse and Other Festival		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	18	7.2	7.2	7.2
	Disagree	28	11.2	11.2	18.4
	Neutral	39	15.6	15.6	34.0
	Agree	70	28.0	28.0	62.0
	Strongly Agree	95	38.0	38.0	100.0
	Total	250	100.0	100.0	

3.2.5 Believing in Spiritual Healer

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 29 disagreed, 39 remained neutral, 75 agreed and remaining 77 strongly agreed. This is shown below in tabular and graphical form.

Table 15: Believing in Spiritual Healer

Believing in Spiritual Healer		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	29	11.6	11.6	23.6
	Neutral	39	15.6	15.6	39.2
	Agree	75	30.0	30.0	69.2
	Strongly Agree	77	30.8	30.8	100.0
	Total	250	100.0	100.0	

3.2.6 Breaking Black Magic

In response to this question, total 250 participants responded and among them, 24 strongly disagreed, 37 disagreed, 45 remained neutral, 70 agreed and remaining 74 strongly agreed. This is shown below in tabular and graphical form.

Table 16: Breaking Black Magic

Breaking Black Magic		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	24	9.6	9.6	9.6
	Disagree	37	14.8	14.8	24.4
	Neutral	45	18.0	18.0	42.4
	Agree	70	28.0	28.0	70.4
	Strongly Agree	74	29.6	29.6	100.0
	Total	250	100.0	100.0	

3.2.7 Tona and Totkas

In response to this question, total 250 participants responded and among them, 27 strongly disagreed, 31 disagreed, 47 remained neutral, 74 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 17: Tona and Totkas

Tona and Totkas		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	27	10.8	10.8	10.8
	Disagree	31	12.4	12.4	23.2
	Neutral	47	18.8	18.8	42.0
	Agree	74	29.6	29.6	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.3 Healing Perceptions

3.3.1 Emotional Healing

In response to this question, total 250 participants responded and among them, 39 strongly disagreed, 41 disagreed, 35 remained neutral, 64 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 18: Emotional Healing

Seeking Emotional Healing		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	39	15.6	15.6	15.6
	Disagree	41	16.4	16.4	32.0
	Neutral	35	14.0	14.0	46.0
	Agree	64	25.6	25.6	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.3.2 Physical Healing

In response to this question, total 250 participants responded and among them, 49 strongly disagreed, 25 disagreed, 35 remained neutral, 66 agreed and remaining 75 strongly agreed. This is shown below in tabular and graphical form.

Table 19: Physical Healing

Seeking Physical Healing		Frequency	Percent	Valid Percent	Cumulative
					Percent
Valid	Strongly Disagree	49	19.6	19.6	19.6
	Disagree	25	10.0	10.0	29.6
	Neutral	35	14.0	14.0	43.6
	Agree	66	26.4	26.4	70.0
	Strongly Agree	75	30.0	30.0	100.0
	Total	250	100.0	100.0	

3.3.3 Spiritual

In response to this question, total 250 participants responded and among them, 39 strongly disagreed, 31 disagreed, 45 remained neutral, 64 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 20: Spiritual Healing

Seeking Spiritual Healing		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	39	15.6	15.6	15.6
	Disagree	31	12.4	12.4	28.0
	Neutral	45	18.0	18.0	46.0
	Agree	64	25.6	25.6	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.3.4 Mental illnesses

In response to this question, total 250 participants responded and among them, 35 strongly disagreed, 43 disagreed, 35 remained neutral, 60 agreed and remaining 77 strongly agreed. This is shown below in tabular and graphical form.

Table 21: Healing Mental illnesses

Seeking for Healing Mental illnesses		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	35	14.0	14.0	14.0
	Disagree	43	17.2	17.2	31.2
	Neutral	35	14.0	14.0	45.2
	Agree	60	24.0	24.0	69.2
	Strongly Agree	77	30.8	30.8	100.0
	Total	250	100.0	100.0	

3.3.5 Health Prosperity

In response to this question, total 250 participants responded and among them, 21 strongly disagreed, 31 disagreed, 47 remained neutral, 60 agreed and remaining 91 strongly agreed. This is shown below in tabular and graphical form.

Table 22: Health Prosperity

Seeking Health Prosperity		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	21	8.4	8.4	8.4
	Disagree	31	12.4	12.4	20.8
	Neutral	47	18.8	18.8	39.6
	Agree	60	24.0	24.0	63.6
	Strongly Agree	91	36.4	36.4	100.0
	Total	250	100.0	100.0	

3.3.6 Seeking Cure

In response to this question, total 250 participants responded and among them, 41 strongly disagreed, 31 disagreed, 41 remained neutral, 66 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 23: Seeking Cure

Seeking Cure of illness		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	41	16.4	16.4	16.4
	Disagree	31	12.4	12.4	28.8
	Neutral	41	16.4	16.4	45.2
	Agree	66	26.4	26.4	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.3.7 Psychological Health

In response to this question, total 250 participants responded and among them, 36 strongly disagreed, 35 disagreed, 39 remained neutral, 63 agreed and remaining 77 strongly agreed. This is shown below in tabular and graphical form.

Table 24: Psychological Health

Seeking Psychological Health		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	36	14.4	14.4	14.4
	Disagree	35	14.0	14.0	28.4
	Neutral	39	15.6	15.6	44.0
	Agree	63	25.2	25.2	69.2
	Strongly Agree	77	30.8	30.8	100.0
	Total	250	100.0	100.0	

3.4 Effectiveness of Ritual Healing Practices

3.4.1 Efficiency

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 28 disagreed, 39 remained neutral, 64 agreed and remaining 89 strongly agreed. This is shown below in tabular and graphical form.

Table 25: Efficacy

Effectiveness of Ritual Healing and Trans religious Practices					
		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	28	11.2	11.2	23.2
	Neutral	39	15.6	15.6	38.8
	Agree	64	25.6	25.6	64.4
	Strongly Agree	89	35.6	35.6	100.0
	Total	250	100.0	100.0	

3.4.2 Feasible

In response to this question, total 250 participants responded and among them, 41 strongly disagreed, 37 disagreed, 35 remained neutral, 66 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 26: Feasible

Feasible					
		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	41	16.4	16.4	16.4
	Disagree	37	14.8	14.8	31.2
	Neutral	35	14.0	14.0	45.2
	Agree	66	26.4	26.4	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.4.3 Economic

In response to this question, total 250 participants responded and among them, 18 strongly disagreed, 28 disagreed, 57 remained neutral, 64 agreed and remaining 83 strongly agreed. This is shown below in tabular and graphical form.

Table 27: Economic

Economic		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	18	7.2	7.2	7.2
	Disagree	28	11.2	11.2	18.4
	Neutral	57	22.8	22.8	41.2
	Agree	64	25.6	25.6	66.8
	Strongly Agree	83	33.2	33.2	100.0
	Total	250	100.0	100.0	

3.4.4 Time Efficient

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 35 disagreed, 39 remained neutral, 75 agreed and remaining 71 strongly agreed. This is shown below in tabular and graphical form.

Table 28: Time Efficient

Speedy		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	35	14.0	14.0	26.0
	Neutral	39	15.6	15.6	41.6
	Agree	75	30.0	30.0	71.6
	Strongly Agree	71	28.4	28.4	100.0
	Total	250	100.0	100.0	

3.4.5 Consoling and Soothing

In response to this question, total 250 participants responded and among them, 30 strongly disagreed, 31 disagreed, 39 remained neutral, 64 agreed and remaining 86 strongly agreed. This is shown below in tabular and graphical form.

Table 29: Consoling and Soothing

Consoling and Soothing		Frequenc	Percent	Valid	Cumulative
		y		Percent	Percent
Valid	Strongly Disagree	30	12.0	12.0	12.0
	Disagree	31	12.4	12.4	24.4
	Neutral	39	15.6	15.6	40.0
	Agree	64	25.6	25.6	65.6
	Strongly Agree	86	34.4	34.4	100.0
	Total	250	100.0	100.0	

3.5 Reliability

Reliability test was applied in order to check if the scale is reliable or not. By this analysis, it was found that total number of items was 19 and each of the scale has the reliability more than .988 which is reliable as it exceeds from .600. The result showed that the questionnaire is reliable for further data collection. This is shown below in tabular form.

Table 30: Reliability Statistics

Reliability Statistics		
Cronbach's	N	of
Alpha	Items	
.988	19	

3.6 Descriptive Statistics

Table below shows the specifics of the research variables, second column shows the number of respondents, third column shows the minimum value while maximum data

values recorded by respondents in the fourth column while fifth and sixth columns display the mean and standard data deviation of each variable. This table depicts the value for questionnaires filled by 250 respondents. For data collection the technique used was convenience sampling as described in previous chapters. The table contains details regarding the descriptive statistics for the variables being analysed. Of variables understudy, the information represented in the table are mean and standard deviation minimum, maximum, and the average values. Detail of variables, research sample size, Information for the minimum value, maximum value, mean values and standard deviation for the collected data are given in the columns in the above table. N is showing the number of respondents which is 250.

Table 31: Descriptive Statistics

Descriptive Statistics					
	N	Minim um	Maxim um	Mean	Std. Deviation
Demographics	250	1.00	5.00	3.3480	1.43776
Ritual Healing and Trans religious Practices	250	1.00	5.00	3.3720	1.48946
Perceptions (Effectiveness, Feasible, Healing, Cost Effective)	250	1.00	5.00	3.3880	1.41331
Valid N (listwise)	250				

3.7 One Sample Test

One Sample test was performed and it was found that each of the variable was having a sig value of .000, which is highly significant.

Table 32: One-Sample Test

One-Sample Test						
	Test Value = 3					
	T	df	Sig. (2-tailed)	Mean Difference	95% Interval Difference	Confidence of the
					Lower	Upper
Demographics	36.81	249	.002	3.34800	3.1689	3.5271
	9					
Ritual Healing and Trans religious Practices	35.79	249	.003	3.37200	3.1865	3.5575
	6					
Perceptions (Effectiveness, Feasible, Healing, Cost Effective)	37.90	249	.003	3.38800	3.2120	3.5640
	3					

3.8 Correlations

Table below shows the correlation between the variables which are studied in this research. It also indicates that whether the relationship is positive or negative between these variables. The table shows the values of correlations between all the variables. IV is positively related with DV and has a significant relationship. Mediating variable has

positive and significant relationship with IV and DV. These result shows that all the values are significant and has positive relation. It is according to our hypothesis and we will continue with further processes.

Table 33: Correlations

Correlations		Demograp hics	Ritual Healing and Trans religious Practices	Percpetions (Effectiveness , Feasible, Healing, Cost Effective)
Demographics	Pearson	1	.905**	.963**
	Correlation			
	Sig. (2-tailed)	.001	.002	.001
	N	250	250	250
Ritual Healing and Trans religious Practices	Pearson	.905**	1	.971**
	Correlation			
	Sig. (2-tailed)	.001	.002	.003
	N	250	250	250
Percpetions (Effectiveness, Feasible, Healing, Cost Effective)	Pearson	.963**	.971**	1
	Correlation			
	Sig. (2-tailed)	.001	.002	.001
	N	250	250	250

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

3.9 Regression

There is a need to conduct regression analysis after the correlation analysis. Regression analysis is conducted to verify that how much the effecting variables effect response variable. It is a powerful tool and is used to evaluate the relationship between two variables or more. We need linear regression analysis between variables that are independent and dependent. We also have to do regression analyses for mediation and moderation. We need to run Preacher and Hayes Process for linear Regression for that reason. Model 5 and Model 1 are to be used respectively for mediation and moderation. Analysing regression is used to forecast and estimate the relation between variables. The study of regression analysis shows the assumptions about Y from X values. It helps in making the decisions about one variable's dependency on another variable.

Table 34: Coefficient

Coefficients		Unstandardized		Standardiz	T	Sig.
Model		Coefficients		ed		
		B	Std.	Coefficient		
			Error	Beta		
1	(Constant)	.095	.059		1.610	.001
	Perceptions (Effectiveness, Feasible, Healing, Cost Effective)	1.023	.016	.971	63.860	.002

a. Dependent Variable: Ritual Healing and Trans religious Practices

Table 35: ANOVA

ANOVA

Ritual Healing and Trans religious Practices

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	521.904	4	130.476	1048.0	.002
Within Groups	30.500	245	.124		
Total	552.404	249			

CHAPTER IV: DISCUSSION

The study is in line with the majority of the previous studies. The study has confirmed the findings of a study by Ali (2019), which says that Pir Faqir is considered significant in Pakistan; India and Afghanistan; India. They are famous for their work. They have the ability to intervene in social situations and in depressing and difficult situations (Bashar, 2019). The actual perpetrators of this case do not pay for these services. But they will also receive thanks and support from their fans. Other cultures and countries cite similar resources. Examples include "Mabuchi Machi" (Shaman Heller) in Latin America (Felton, 2019) and "Bomo" (Razali and Najib, 2020) in Malaysia.

In Pakistan Faith practitioners, also known as pir, play an important role in the treatment of people with mental illness, and they are the first contact with a person or family suffering from mental illness. A study in New Delhi found that 57% of the 200 patients interviewed before going to the psychiatric hospital had their behaviour in patients with mental health problems, and 30% were religious. Right to use Interestingly, there are more men than women in the early stages of a psychiatrist. However, the questionnaire did not include the choice of place of worship for oral purposes (Cada et al., 2019).

In choosing therapies for faith, the therapist must be able to communicate with people; The language they use; It is suggested that for their sincerity, they would be able to cure "diseases" rather than reputation and disease. (Henry, 2016; Kleinman, 2017; Chad et al., 2018).

Not only because of the lack of Western psychiatric services, but also because of the culture of oral beliefs that are "adapted" in a way that is appropriate for the mentally ill, it is recommended that it be better used.

A study by the World Health Organization (WHO) found that religious therapists play an important role in caring for clients with mental health problems (Sartorius et al., 2020). These theologians believed that not only did they treat medical malpractice but they were better at dealing with psychological problems than in Western medicine (Gator et al., 2020). Many religious therapists claim to provide a wide range of care in all areas of society. Believers, or other therapists, may have a social understanding of the full range of psychiatric therapies in their treatment (while collectively) while practicing a healthy diet.

However, some therapists may combine psychotherapy with oral therapies, which can lead to more serious side effects and personal experience. The word "perfection" cannot be compared to the practice of various therapies. Therefore, for those who practice faith, the basic principles and all their suggestions need to be considered in more detail if they are to be put into practice.

The importance of shrines is evident in the religions of the world. Shrines are a source of mental health for the people of Pakistan. It plays an important role in providing non-pharmaceutical options designed to promote general health. As mentioned earlier, shrines are a haven for Sufi cemeteries and followers of Sufism. These places of worship are religious centres and a source of physical and mental well-being for people of various Islamic cultures. The purity of the shrines and the healing power of the Sunnah are a belief that has been ingrained in every child in Pakistan since childhood. Religion is a compulsory subject in every school, and visiting religious sites and celebrating sacred things is a common practice in many Pakistani families. Therapies in the higher realms are sometimes compared to psychotherapy because of their effect on mental health.

CONCLUSION AND WAY FORWARD

In this way, the structure of the monarchy and the social fabric of Pakistan influence the beliefs and belief systems of the audience. Oral education is provided in shrines with their religious and non-religious knowledge. In addition to severe failure or dissatisfaction with allopathic treatment, poverty and a variety of explanations for various diseases have limited the choice of treatment, and treatment in churches seems very interesting. This venue provides an amazing opportunity and is always complemented by stories from other audiences. Interestingly, some fans are intrigued by the fact that some fans are turning the "unusual" series into an eternal one, while others are trying to recreate their home-visit experience. Not everyone who visits shrines can clearly distinguish between "real" or "unstable", so it is not advisable to experience a "real" oral experience. However, Participants try to identify and interpret words, test their therapeutic knowledge and try to gain a deeper understanding of meaning and knowledge. For some, it is clear that there have been verbal events and changes in local references.

Given the results of the current study, here are some recommendations:

Health professionals should acknowledge that anxiety can be expressed in natural ways. Looking at this statement with a medical lens can lead to misdiagnosis, which can lead to a combination of treatment and greater discomfort.

In hollow groups, such as women in patriarchal societies, it is important to pay attention not only to the symptoms, but also to the social and cultural context in which the symptoms occur. Finding a powerful creative solution that fits patient's beliefs and background will increase chances of success. It would be a mistake to think that

biomedical interventions are generally appropriate. Sitting may lower the reputation of fewer people than mental illness labels. More importantly, allowing people to "talk" about their problems, rather than self-assessing, means they are worthless and can lead to further confusion, mistrust, and discontinuation of treatment.

Health professionals working in developing countries but who are trained in Western psychology should try to step back and consider their actions and how to move forward from the perspective of local people. Is it worth it? "Differences in understanding between physicians and patients can encourage people to seek improper treatment and jeopardize their safety. Uncertainty spoils the opportunity for treatment or intervention to cure another belief.

Health professionals need to recognize the importance of alternative coping mechanisms (diseases, illnesses, sicknesses) if they are to be able to provide appropriate cultural care. Living in a multicultural society such as the Pakistan is important to try to understand the 'purpose' of the vision, so and the patient's world culture and finding the best 'fit'. Key work medical education and training should address social and gender issues and their relationships with mental health if Pakistani women are able to access adequate health care, or the social services they need.

It is clear that People who are already at risk are at risk of injury and abuse.

In Pakistan, the Ministry of Religious Affairs needs to take security seriously and work hard to protect people, whether in the short or long term.

There are many topics that will be helpful in conducting further research. This includes the following:

This is one of the few studies conducted in the sanctuary, and it is the only study that seeks to understand the "image" view of people seeking treatment. Further research is

needed in this area to build a body of knowledge about the healing process of gurdwaras. Specific programs that help treat the masses require further testing to determine their suitability for mental health care, as used in Pakistan.

All research in the literature on the experiences of patients seeking faith healing focuses exclusively on faith healing and the neglected treatment of faith.

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APPENDIX

Part 1: Demographics

Age

1. below 20 years
2. 21-30 years
3. 31-40 years
4. 41-50 years
5. above 50 years

Gender

1. Male
2. Female
3. Proffer Not to Say

Education

1. below matriculation
2. intermediate
3. graduation
4. master's group
5. above masters

Monthly Family Income

1. below 25,000 incomes
2. 26,000-35,000
3. 36,000-45,000

4. 46,000-55,000
5. above 55,000

Marital Status

1. single
2. married
3. widow
4. divorced
5. prefer to not to say

Part 2: Ritual Healing and Trans Religious Practices

1. I believe that pray is a strong element, which can be healing for me.
 1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

2. I believe that visiting shrines can bring healings and blessings in my life.
 1. Strongly Disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

3. I believe that doing charity and nazro niaz can help me face the diseases and it may be is a strong element, which can be healing for me.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

4. Attending Urse and other festive can be healing for me.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

5. I believe that spiritual healers have a strong role to play in our lives.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

6. I believe that doing performing different trans religious activities can break the black magic.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

7. I perform different Tona and Totkas for various purposes in my life.

1. Strongly Disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly Agree

Part 3: Healing Perceptions

1. I trust that spiritual healing and trans religious activities can bring emotional healing to me.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

2. I trust that spiritual healing and trans religious activities can bring physical healing to me.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

3. I trust that spiritual healing and trans religious activities can bring spiritual healing to me.

1. Strongly Disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

4. I trust that spiritual healing and trans religious activities can cure my mental illnesses.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

5. I trust that spiritual healing and trans religious activities can cure my various illnesses.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

6. I trust that spiritual healing and trans religious activities can bring psychological health to me.

1. Strongly Disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Part 4: Perceived Effectiveness

1. I have belief that spiritual healing and trans religious activities are effective.
 1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

2. I have belief that spiritual healing and trans religious activities are feasible.
 1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

3. I have belief that spiritual healing and trans religious activities are economical.
 1. Strongly Disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

4. I have belief that spiritual healing and trans religious activities are speedy and time saving.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

5. I have belief that spiritual healing and trans religious activities are consoling and soothing.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Appendix A
Informed Consent Form

AL-Shifa School of Public Health.

Dear Participant

My Name is Dr Faheem Khan. I am Student of MSPH in Al-Shifa School of Public health.

I am conducting research on topic, People perception of Ritual Healing and Trans religious practices. A case study of Islamabad, Pakistan. Your participation will be highly encouraged.

Participant's Signature

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