

Sociocultural Factors Influencing Infertile Couples to Consult Faith Healers in Southern Punjab

Abstract

Present study explores the sociocultural influences motivating infertile couples to consult faith healers in southern Punjab. The study was conducted under positivistic epistemological stance and tried to find out the causal relationship between sociocultural factors and consultation with faith healers by infertile couples. For the present study, 261 infertile couples were selected from Multan, Lodhran and Bahawalpur districts in southern Punjab. Inclusion criteria for sample consist of couples having primary infertility, married for two years and visiting the faith healer. A semi structured interview schedule was constructed to conduct the cross sectional survey of the sampled population. Descriptive and inferential statistics were applied to find out the relationship hypothesized. Findings indicate that poor socio economic status, religiosity, traditional gender roles, social pressure (family, peer, in laws), appropriateness of faith healing for women to practice were the major factors influencing infertile couples to consult the faith healers in the study area.

Keywords: Infertility, Faith healing, Religiosity, Traditional gender roles, Southern Punjab

INTRODUCTION

World Health Organization (2001) defines infertility as the inability of a couple of reproductive age to conceive or carry a pregnancy to a live birth within two years period of unprotected intercourse. Infertility or failure in conceiving a baby is a problem of global proportion which is affecting 08-12% of couples worldwide. Among the current world population, 72.4 million women are currently infertile

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(Reproductive Health, 2002; Boivin et al., 2007). The biological inability to produce a child has socio cultural implications. The societal belief that a woman is incomplete until she has her own biological children force women and couples to seek infertility treatments. The women who suffer the most are the ones who have internalized societal norms of childbearing & child-rearing. They are the ones who seek medical treatment. The medical industry has provided women more choices of how to deal with their problem because more women are interested in seeking medical intervention. Society usually stigmatized the childless couples and this social stigma of childlessness is dominantly associated with the softer sex who bears the basic blame for barrenness. Paramount pressure from society, especially by the in-laws, friends and neighbors, forces childless women to take steps for the cure of infertility. Beside seeking medical treatment, the under pressure women usually try to find out other traditional, assumingly more effective, ways of treatment and use faith healing to handle infertility crisis.

Healers report that many infertile couples contact them, particularly those who have no evident physical problem. The healers claim that many infertile couples that had lost the hope of having children were able to conceive babies after spiritual-healing (Forsythe& Adam, 2009).While framing infertility as a social phenomenon, Sackey (2002) argues that infertility is contextually defined biology, caught in the webs of social obligations and expectations. The stigma related to infertility gives a meaning and understanding that how and where the boundaries of rationality are set between the individuals and community. Many people tend to give preference to indigenous methods of redressing infertility negating bio-medical reasoning of the problem. Faith healing is a process of healing disease, disorders, ailments and syndrome through the force of religion. Many people are attracted by faith healing. Believers to faith healers have crossed continents just for the purpose of healing through faith. Faith healing may include prayers, visiting shrines, temples or a powerful belief in a supreme being. Spiritual practices usually vary across cultures and religions (Schlitz & Micozzi, 2005). International Institute for Population Sciences (2005) claimed in its survey that in Rajasthan the women having no child were considered as incomplete persons and were stigmatized. Child bearing women warned the infertile women not to cross their path. This was due to the fear of catching inauspiciousness.

Most of the women in the field work area explained that the gaze of jealous infertile women was mainly responsible for subsequent barrenness, infant mortality, pregnancy loss and maternal mortality among the fellow women. To counter such strong forms of stigmatization, most of the women of the area consult faith-healers and spiritual healers for sacred and divine solutions of the problem to regain their value as complete women. Williams (1997) explained 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 of other mothers and sense of isolation among infertile women. Fido and Zahid (2004) analyzed the psychological stress among Kuwaiti women with the problem of infertility. The research findings showed that infertility resulted in social stigmatization and placed illiterate infertile women at high risk of serious emotional and social consequences, including tension, depression and suicidal tendency. Whereas educated women blamed nutritional, psychological and marital factors responsible for the infertility. Faith healers were the first choice of treatment for many of the illiterate women and infertile clinics for the educated women. This study provides evidence that infertility leads to social stigmatization and exposes women to depression, loneliness which motivate many illiterate women to seek faith-healing options.

Devereaux & Hammerman (1998) asserted that infertility must be analyzed within the social structures and social institutions. Girls are taught that the motherhood is the final expression of femininity. Families teach their young daughters that dying and aging members of the society will be replaced in an orderly manner so there is a new generation. All this can be possible only through child bearing and rearing. For infertile couples there are several societal messages and restrictions. They have to deal with childlessness, especially the childless women remain more doubtful about their identity and effectiveness. In this context, infertility is no longer a medical condition but a definition of self.

Pakistan is a classical patriarchal society differentiating male and female on the basis of their gender roles engraved in the gender ideology. In a male dominated society when a women cannot conceive baby then her position in family and in society becomes very vulnerable. Unproductive couple and especially women feel themselves incomplete, unprotected, misfit, alone, deprived and stigmatized. Sociocultural dimensions of infertility and the psychological problems associated with this biological phenomenon draw a special attention of the researchers to look at this issue with sociological lens.

LITERATURE REVIEW

Religion is a significant factor that plays an important role in framing people's beliefs about mode of treatment, which results in acceptability of activities and practices suggested by faith healers. Edirne et. al (2010) found that infertile couples get help from religion according to their belief about the treatment. People have faith in faith healers who have characteristics like piousness and control over supernatural powers. The use of different therapies including religious therapies can be the first choice for the problems like infertility, epilepsy and depression etc. Flamm (2004) reported that

many infertile people consider that they are being punished due to their sins by the God in the form of childlessness. The possibility that prayer can increase fertility would reinforce their belief. Even sometimes infertile people have to change their sect to fulfill the demands of the specified faith-healing process. Torosian (2005) found that beside medical treatment, under pressure infertile women acquire more effectual methods of treatment and usually use faith healing to -find a way out of the crisis. There are different non- medical practices which are widely practiced in different religions and communities throughout the world.

Mirza & Jenkins (2004) found in the study that parental role has high importance in the lives of Pakistani women. Child birth is considered as a blessing and childlessness as a reason of pity. Infertility is a serious concern irrespective of social and cultural status of the family and educational attainments. Having children is considered a compulsory way to get respect in a society for a successful marriage. Shah (1986) explored that birth of son is considered essential for continuation of the family name, for strength and security of the family, and for protecting honor of the family, especially its female family members. Ola & Oludare (2008) explore that desire of infertile couples to resolve the problem has resulted in patronage and various treatment methods that are determined by the social, cultural and behavioral factors. The choice of selecting a particular treatment outlet is not dependent upon the choice of the infertile couple but also by the family members. Donkar & Sandal (2009) investigated coping strategies adopted by 615 infertile women. Findings unveiled that the majority of women preferred to keep fertility issues in secret due to its stigmatization. Domar, A. et. al (2005) found that women are considered as a sole cause of infertility so they usually prefer faith healing besides medical interventions. High levels of religious belongingness and spirituality are prominently correlated with lower levels mental and psychological distress. Inhorn & Van Balen (2002) reported that despite the high existence of male infertility, infertility is primarily considered as a female issue. The role of male infertility is extensively underestimated and even kept secret in many societies. Sami & Ali (2006) conducted a study on the cultural politics of gender for infertile women in Karachi, Pakistan. The study explored the psycho-social consequences of infertility for women and its impact on their health. The findings show that motherhood defines women identity in Pakistani culture.

Thorn (2009) reported that the issue of male infertility carries more significant taboo than female infertility. The study further claims that it is very significant for all infertile couples to have access to counseling. The counseling can help improving socio psychological health of the couples. Not surprisingly, infertile couples who are capable of managing the emotional challenges infertility entails, are more likely to carry out the number of treatment cycles that are suggested from a medical viewpoint.

Several studies have found out relationship between socio-economic status of individuals and usage of health care services (Oke, 1995; Oyebola, 1980; Jegede, 1996; & Owumi, 2005). The studies have also unveil that people of poor socio-economic classes have problems of access to health care facilities. This is so because in spite of the availability of modern health care services in metropolis, people belonging to lower socio-economic status still support the spiritual healing, churches and traditional healing methodologies as their final places of treatment. Saeed et al. (2000) and Gadit and Khalid (2002) find in their studies that thousands of people visit shrines in finding out help and healing in times of need. Likewise, many scholars e.g., Farooqi (2007); Yousaf (1997); Qidwai *et al.* (2002); and Gilani *et al.* (2005) have argued that religio-cultural practices significantly influence how health problems are perceived and addressed. The study of Shoaib (2011) analyzed the motivational factors, practices and levels of acceptance of infertile couples towards spiritual healing. Issueless couples were provoked by different factors towards spiritual healing. The study revealed that many issueless couples considered religious healing as more efficient treatment and were found satisfied with role and practices of religious healers (Shoaib, 2011).

METHODOLOGY

The study was conducted under positivistic epistemological stance and tried to find out the causal relationship between sociocultural factors and consultation with faith healers by infertile couples. For the present study 261 infertile couples were recruited from Multan, Lodhran and Bahawalpur districts. Inclusion criteria for the selection of couples were couples having primary infertility, married for two years and visiting the faith healer. A semi structured interview schedule was constructed to conduct the cross sectional survey of the sampled population. The collected data was presented in tabular format indicating percentages and frequencies. Descriptive and inferential statistics were applied to find out the causal relationship between variables. The study was limited to the infertile couples visiting faith healers only expressing their quantifiable experiences.

Hypotheses:

The study is driven by the following hypotheses:

- I. Gender is associated with the feeling of infertility.
- II. Educational attainment is associated with the belief in faith healers.
- III. Religion is associated with the practice of Faith Healing.
- IV. Educational attainment is associated with the appropriateness of faith healing for females.

RESULTS & DISCUSSION

Table No. 1: *Gender of the Respondents*

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

The table No 1 indicates gender distribution of the respondents. The data show that 57.9% respondents of the study were male while 42.1% were female. The table indicates that more than half of the respondents were males.

Table No. 2: *Age of the Respondents*

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 table no. 2 reflect that 30.7% respondents were between 30-34 years of age, 26.4% between 25-29 years, 20.3% were between 35-39 years, 16.9% respondents were between the age of 20-24 years and only 5.7% belonged to the age group of 40 years and above.

Table No. 3: *Educational Attainment of the Respondents*

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. 3 show the respondents' educational status. The data reveal that 24.1% respondents were primary pass, 23.8% were up to middle standard, 21.8% respondents were illiterate, 18.4% were matriculate, 8% were intermediate qualified, 2.7% were graduates and only 1.1% respondents had

education of masters and above. The figures in the table indicate that 69.7% of respondents belong to the initial three categories that represent educational level from 0-08years of schooling. In this context, it can be concluded that dominant majority of the respondents were either illiterate or less educated.

Table No.4: *Occupation of the Respondents*

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
Homemaker	68	26.1
Unemployed	11	4.2
Total	261	100.0

The above mentioned table shows the occupational status of the respondents. According to the data, 26.1% respondents were homemakers and they were not directly participating in paid economic activities of their families. They were participating in their household work and responsibilities. Further, 20.7% respondents were agriculturists, 18.4% were self-employed, 12.6% were doing their private jobs, 11.9% were laborers, 6.1% had government jobs and only 4.2% were unemployed.

Table No.5: *Family Income*

Family Income (Rupees)	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. 5 is about the total family income of the respondents from all sources. The figures show that 29.9 % of respondents had family income of upto 10,000

rupees, 25.3 % had income category of 10001-20000 rupees, 16.1 % respondents had income group of 20001 – 30000 rupees, 16.9 % respondents' family income was between 30001-40000 rupees, 3.8% respondents' family income was between 40001-50000 rupees, while only 8.0 % respondents had family income of 50001 rupees and above. According to the table, the majority of the infertile couples belonged to lower and middle class families.

Table No. 6: *Duration of Infertility*

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. 6 is about 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 indicate that more than 65% of the respondents who were visiting faith healers were in between 2-7 years of infertility duration.

Table No.7: *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. 7 shows the opinion of the respondents regarding responsibility of infertility. It indicates that 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. As only 3.1% of the respondents placed

the responsibility of infertility on males, it clearly marks the gendered framing of infertility.

Table No. 8: *Source of 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
Relatives	42	16.1
Peers	31	11.9
Total	261	100.0

The table No. 8 reflects the respondents' source of motivation to consult faith healers. It reveals that 25.7% respondents were motivated by their spouses, 16.1% were motivated by their relatives, 15.7% were motivated by their own selves, 14.9% were motivated by their mothers, 11.9% were motivated by their peers, 10.7% were motivated by their mothers-in-law, 3.4% by their fathers-in-law, and only 1.5% respondents were motivated by their fathers.

Table 9: *Sources of Information*

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. 9 reflects the referral sources of information to consult the faith healer. As it is evident in the table, 24.1% respondents got information from the people who already had consulted the faith healer, 22.2% respondents were guided by their relatives, 18.8 % were guided by their friends, 16.5% were referred to by other childless couples, 8.8% respondents considered visiting the faith healer as part of their customs and traditions, and 5.4% respondents came to know about faith healer through cable TV advertisements, and only 4.2% respondents' source of information was newspaper.

Table No. 10: *Gender of the Faith Healer*

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

The table No. 10 indicates the gender of the faith healer. The figures shown in the above table depict that 88.9% of the respondents were visiting male faith healers, whereas only 11.1% respondents were visiting female faith healers to cure infertility. The results clearly show that the dominant majority of faith healers are male.

Table No. 11: *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.11 shows the most prominent characteristic of the faith healer. It indicates that 20.7% respondents consulted those faith healers who were prominent for faith healing, 20.3% respondents visited pious faith healers, 18.4% respondents visited faith healers that they believed had super natural powers, 15.3% visited saint and ancestries, and 10% respondents visited faith healers that they believed had jinn.

Table No.12: 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	Asked for the 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. 12 shows the multiple methods adopted by faith healers to cure infertile couples. It reveals that 33% of the respondents were given Amulets, 14.9% respondents were suggested for recitation of the Holy verses, 13.8% were suggested eating of healing breath food, 13.4% faith healers performed (Damm). 11.9% respondents were given healing breath water and asked to visit regularly, 11.1% respondents were asked to pray to seek forgiveness from Allah, 8.4% respondents were recommended to perform prayers regularly, 6.1% were asked for imploration (Mannat), 5.4% respondents were asked for personal donation, 4.6% respondents were recommended to distribute edibles to poor, 3.1% faith healers themselves offered prayers for the respondents, 2.3% respondents were suggested to apply dust on their body, and only 0.8% respondents were suggested to bind a piece of cloth to some holy place.

Table No.13: Women Relevance of Faith Healing

Sr. No	Statement	strongly agree	agree	no opinion	Disagree	Strongly disagree	total
I	Appropriateness for Females	49 18.8%	84 32.2%	35 13.4%	56 25.7%	26 10%	261 100%
Ii	Easy performance by females at home	37 14.2%	167 64%	28 10.7%	29 11.1%	0 .0%	261 100%
Iii	Observance of purda	38 14.6%	156 59.8%	60 23%	7 2.7%	0 .0%	261 100%
Iv	Culturally constructed practices for females	41 15.7%	113 43.3%	77 29.5%	30 11.5%	0 .0%	261 100%
V	Faith healing as a sacred activity	94 36%	130 49.8%	26 10%	11 4.2%	0 .0%	261 100%
Vi	Females are more religious than males	72 27.6%	98 37.5%	18 6.9%	61 23.4%	12 4.6%	261 100%
Vii	Faith healing as first choice for females	32 12.3%	138 52.9%	37 14.2%	50 19.2%	4 1.5%	261 100%
Viii	Females are responsible for child birth	39 14.9%	120 46%	9 3.4%	70 26.8%	23 8.8%	261 100%
Ix	Faith healers held females responsible for infertility	27 10.3%	85 32.6%	51 19.5%	86 33%	12 4.6%	261 100%

Table No. 13 consists of nine statements about the respondents' opinion regarding appropriateness of faith healing for women. Majority of respondents 51% consider faith healing as appropriate method for female. Regarding the practice of faith healing methods 76% of the respondents think it practicable for women. Respondents (76%) think that women can contact faith healers while having veil. Respondents (59%) consider faith healing as culturally approved practice. Overwhelming majority of respondents (86%) consider it as sacred activity. Respondents (65%) feel that women are more religious practicing then men. Majority of respondents i.e. 65% consider it as first choice female. 61% of the respondents term female the sole responsible for child birth.

Hypothesis No. 01: Gender is associated with the feeling of infertility

Table No.14: *Association between Gender of the Respondents and their Feeling of being Infertile*

Gender	Feeling of being Infertile		
	Yes	No	Total
Male	12 7.95%	139 92.1%	151 100.0%
Female	67 60.9%	43 39.1%	110 100.0%
Total	79 30.3%	182 69.7%	261 100.0%

Chi-Square= 84.575 Significance= .000 Gamma= .036 Significance Level : $\alpha = 0.05$

Table 14 shows that there is a high level of association between the gender of the respondents and their feeling of being infertile. The Chi-square value (84.575) at 0.000 level of significance indicates high significance and positive association between the two variables.

Hypothesis No. 02: Educational attainment is associated with the belief in faith healers.

Table No 15: *Association between the Educational Attainment and Belief in Faith Healers*

Education	Belief in faith healers					Total
	Strongly agree	Agree	No opinion	Disagree	Strongly disagree	
Illiterate	12 21.1%	34 59.6%	4 7.0%	4 7.0%	3 5.3%	57 100.00%
Primary	6 9.5%	34 54.4%	10 15.9%	13 20.6%	0 0%	63 100.0%
Middle	6 9.7%	44 71.0%	6 9.7%	5 8.1%	1 1.6%	62 100.0%
Matriculate	5 10.4%	26 52.2%	12 25%	5 10.4	0 0%	48 100.0%
Intermediate	2 9.5%	10 47.6%	5 23.8%	3 14.3%	1 4.8	21 100.0%
Graduation	0 0%	2 28%	0 0%	5 71.4%	0 0%	7 100.0%
Master & Above	0 0%	1 33.3%	0 0%	2 66.7%	0 0%	3 100.0%
Total	31 11.9%	151 57.9%	37 14.2%	37 14.2%	5 1.9%	261 100%

Chi-square= 54.28 Significance= .000 Lambda= .035 Significance Level: $\alpha = 0.05$

The above given table No. 15 indicates an association between the educational attainment of the respondents and their belief in faith healers. The Chi-square value (54.28) at .000 level of significance indicates high significance and positive association between the two variables.

Hypothesis No. 03: Religious and culture practices are associated with the practice of Faith Healing

Table No 16: Association between Religious and Cultural Practices of Faith Healing

Religious relevance of faith healing	Faith healing approval in culture					
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Total
Strongly Agree	11 25.0%	17 38.6%	8 18.2%	7 15.9%	1 2.3%	44 100.0%
Agree	10 9.5%	45 42.9%	30 28.6%	15 14.3%	5 4.8%	105 100.0%
No Opinion	14 16.5%	54 63.5%	8 9.4%	7 8.2%	2 2.4%	85 100.0%
Disagree	10 37.0%	2 7.4%	8 29.6%	6 22.2%	1 3.7%	27 100.0%
Total	45 17.25	118 45.2%	54 20.7%	35 13.4%	9 3.4%	261 100.0%
Chi-square=40.806 Significance= .000 Lambda= .037 Significance Level : $\alpha = 0.05$						

The above presented table No 16 shows an association between religious relevance of faith healing and its approval in culture. Chi-Square test was applied to test the hypothesis. The Chi-Square value (40.806) at 0.000 level of significance indicates high level of significance and positive association between the two variables.

Hypothesis No. 04: Educational attainment is associated with the appropriateness of faith healing for females.

Table No 17: Association between Educational Attainment and Appropriateness of Faith Healing for Females.

Educational Attainments	Appropriateness of faith healing for females					Total
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
Illiterate	31 54.4%	11 19.3%	6 10.5%	5 8.8%	4 7%	57 100.00%
Primary	12 19.0%	29 46.0%	9 14.3%	13 20.6%	0 0%	63 100.0%
Middle	3 4.8%	22 35.5%	9 14.5%	22 35.5%	6 9.7%	62 100.0%
Matriculate	2 4.2%	14 29.2%	9 18.8%	15 31.2%	8 16.7%	48 100.0%
Intermediate	0 0%	6 28.6%	2 9.5%	9 42.9%	4 19%	21 100.0%
Graduation	0 0%	2 28.6%	0 0%	3 42.9%	2 28.6%	7 100.0%
Master & Above	1 33.3%	0 0%	0 0%	0 0%	2 66.7%	3 100.0%
Total	49 18.8%	84 32.3%	35 13.4%	67 25.7%	26 10%	261 100.0%

Chi-square= 1.038 Significance= .000 Lambda= .038 Significance Level : $\alpha = 0.05$

The above table indicates an association between educational attainment of the respondent and their belief about appropriateness of faith healing for females. The Chi-square value (1.038) at 0.000 level of significance indicated high significance and positive association between the two variables.

DISCUSSION

Present study explores the sociocultural factors influencing infertile couples to consult faith healers in southern Punjab. The study was conducted with 261 couples consulting faith healing as the method/treatment to cure infertility. The study found that couples belonging to middle and lower class, with less/ lower educational attainment, homemakers/ low paid jobs were more motivated to consult faith healers. Bivariate analysis confirms the strong association between level of education and consultation with faith healers.

Several studies found relationship between socio-economic status of individuals and usage of health care services, especially of Oke (1995); Oyebola (1980); Jegede (1996) and Owumi (2005). They believe that people of poor socio-economic classes have problems of access to health care facilities. This is so because in spite of the availability of modern health care services in metropolis, people belonging to lower socio-economic status still support the spiritual healing, churches and traditional healing methodologies as their final places of treatment. They further highlight other factors, including income, language, religion, education and occupation that impact the utilization of any health care system. The study found that social attributes/ characteristics of the faith healers were also the influencing factors for the infertile couples to go to faith healers like piousness, saint, having spirits/Jinn. Many scholars, e.g. Farooqi (2007), Yousaf (1997), Qidwai *et al.* (2002), Gilani *et al.* (2005) agreed that religio-cultural practices considerably influence how health problems are perceived and addressed. The information behind these health insight and practices is not always written and often passes orally from generation to generation. Pakistani culture is a blend of traditions, rituals, and folk beliefs. The faith system underlying causation of illness and healing regimes is multifaceted and multilayered. Explanations of sickness include possession by jinn, evil spirits, ghosts or fairies, black magic spells that compel people to seek cure of treatment from faith healers. It was found in the study that the cultural/ religious relevance of faith healing was one of the major factors motivating couples to seek the help from faith healers.

Chi-Square analysis showed strong association between religion and adoption of the faith healing as treatment for primary infertility. Shoaib (2011), Saeed *et al.* (2000), and Gadit & Khalid (2002) find in their studies that thousands of people visit shrines in finding out help and healing in times of need. These needs may comprise a search for better health outcomes, fulfillment of desires relating to wealth and success. The way an individual recognizes his or her health is directly related to his/her worldview values, religion and belief systems, Culture, educational level, family and societal structure, the accessibility and availability of health care and many other issues may

impact upon this perception. The study has indicated that relatives, spouse, and mother and in laws were the prominent persons pushing the infertile couples to visit faith healers. Yildizhan et.al (2009) and Matsubayashi et. al (2004) found in their two separate studies that couples living with parents-in-law with the problem of infertility have to face psychological pressure from in-laws, and this pressure is well documented throughout the world. This study also explored interesting facts regarding gendered nature of the infertility. It was found that predominantly women were considered as the sole cause of infertility. It was also found that women due to certain social pressures were more concerned to have babies. Sociocultural justification of faith healing as suitable treatment for women was also an important finding of the study. Domar et. al (2005) found that women are considered as a sole cause of infertility so they usually prefer faith healing besides medical interventions. Inhorn & Van Balen (2002) reported that despite the high existence of male infertility, infertility is illogically considered as female problem. The role of male infertility is extensively underestimated and even kept secret in many societies. Sami and Ali (2006) conducted a study on the cultural politics of gender for infertile women in Karachi, Pakistan. The findings show that motherhood defines women identity in Pakistani culture. Thorn (2009) reported in the study that male infertility trends are to be linked with a more significant taboo than female infertility.

CONCLUSION

This study explored the sociocultural influences motivating infertile couples to consult faith healers in southern Punjab. Findings of study highlight infertility as a socially constructed gendered phenomenon as women solely tend to be considered responsible for infertility. Findings of the study further reveal that poor socioeconomic status, religiosity, traditional gender roles, and social pressure, are the major factors influencing infertile couples to consult the faith healers.

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