

Gender association of prayer for health — perspective from university students in Islamabad and Rawalpindi

Masood Ali Shaikh,¹ Anila Kamal,² Irum Naqvi³

Abstract

The role of religion and spirituality in coping with disease and promoting health has been reported from many parts of the World. However, no scientific studies on the use of prayers for health and wellbeing have been reported from Pakistan. A cross-sectional survey, using a self-administered questionnaire, was conducted among 1342 graduate and undergraduate students in the twin cities of Islamabad and Rawalpindi. A huge majority of students had prayed for their own as well as their family members' health in the preceding three months. There is a need to better understand the role in Pakistan of prayers related to health.

Keywords: Prayer, Students, Health, Pakistan.

Introduction

The role of religion and spirituality in coping with disease, promoting health, preventing and limiting disease morbidity and mortality burden is well documented by several studies among the believers of all three Abrahamic religions as well as those with belief in 'higher power' or other religions from all parts of the world.¹⁻¹¹ The founding principle of Pakistan was the premise of having religious freedom and autonomy for Muslims of the subcontinent. It is fair to presume that prayer is commonly practised in Pakistan. However, literature review revealed that there are no scientific studies on the use of prayers for health and well-being in Pakistan.

We conducted this preliminary study to determine the prevalence and pattern for the use of prayer for health - one's own as well as of family members - among university students in Islamabad and compared it with their health-seeking behaviour in terms of traditional and modern healthcare services.

Methods and Results

The cross-sectional survey using a self-administered questionnaire, was conducted from September to

Table-1: Health seeking behaviour and pattern of use of prayers disaggregated by gender.

| | Male (N=674) | Female (N=668) | P-value |
|--|--------------|----------------|---------|
| I went to a doctor or hospital for treatment of any disease/injury in the past one year. | | | 0.038 |
| Yes | 426 (63.2%) | 458 (68.6%) | |
| No | 248 (36.8%) | 210 (31.4%) | |
| My family member(s) went to a doctor or hospital for treatment of any disease/injury in the past one year. | | | 0.828 |
| Yes | 558 (82.8%) | 556 (83.2%) | |
| No | 116 (17.2%) | 112 (16.8%) | |
| I prayed for my own health or any health concern in the past three months. | | | 0.129 |
| Yes | 560 (83.1%) | 575 (86.1%) | |
| No | 114 (16.9%) | 93 (13.9%) | |
| I prayed for my family member's health or any health concern in the past three months. | | | 0.395 |
| Yes | 615 (91.2%) | 618 (92.5%) | |
| No | 59 (8.8%) | 50 (7.5%) | |
| I prayed for my own wellness in the past three months | | | 0.704 |
| Yes | 581 (86.2%) | 571 (85.5%) | |
| No | 93 (13.8%) | 97 (14.5%) | |
| I prayed for my family member's wellness in the past three months | | | 0.071 |
| Yes | 614 (91.1%) | 626 (93.7%) | |
| No | 60 (8.9%) | 42 (6.3%) | |
| I have ever visited to a homeopathic doctor or hakim for treatment of any disease | | | 0.618 |
| Yes | 251 (37.2%) | 240 (35.9%) | |
| No | 423 (62.8%) | 428 (64.1%) | |
| My family member(s) has ever visited a homeopathic doctor or hakim for treatment of any disease | | | 0.121@ |
| Yes | 283 (42.0%) | 328 (49.1%) | |
| No | 248 (36.8%) | 238 (35.6%) | |
| Don't Know | 143 (21.2%) | 102 (15.3%) | |
| I prayed for my academic success in an examination or test, in college or university in the past one year | | | 0.041 |
| Yes | 620 (92.0%) | 633 (94.8%) | |
| No | 54 (8.0%) | 35 (5.2%) | |
| I consider myself religious | | | 0.193@ |
| Yes | 490 (72.7%) | 489 (73.2%) | |
| No | 98 (14.5%) | 79 (11.8%) | |
| Unsure | 86 (12.8%) | 100 (15.0%) | |

@ 'Don't' Know and 'Unsure' answers were removed before calculating Pearson Chi-Square test.

¹Independent Consultant, Gulshan-e-Iqbal, Karachi, ^{2,3}National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.

Correspondence: Masood Ali Shaikh. Email: masoodali1@yahoo.com

Table-2: Self-described religiousness and use of prayers.

| | I consider myself religious | | | P-value@ |
|---|-----------------------------|-------------------|---------------|----------|
| | Yes (N=979) | Unsure (N=186) | No (N=177) | |
| I prayed for my own health or any health concern in the past three months. | | | | <0.0001 |
| Yes | 856 (87.4%) | 151 (81.2%) | 128 (72.3%) | |
| No | 123 (12.6%) | 35 (18.2%) | 49 (27.7%) | |
| I prayed for my family member's health or any health concern in the past three months. | | | | <0.0001 |
| Yes | 922 (94.2%) | 164 (88.2%) | 147 (83.0%) | |
| No | 57 (5.8%) | 22 (11.2%) | 30 (17.0%) | |
| I prayed for my own wellness in the past three months | | | | <0.0001 |
| Yes | 864 (88.2%) | 153 (82.3%) | 135 (76.3%) | |
| No | 115 (11.8%) | 33 (17.7%) | 42 (23.7%) | |
| I prayed for my family member's wellness in the past three months | | | | <0.0001 |
| Yes | 925 (94.5%) | 163 (87.6%) | 152 (85.9%) | |
| No | 54 (5.5%) | 23 (12.4%) | 25 (14.1%) | |
| I prayed for my academic success in an examination or test, in college or university in the past one year | | | | <0.0001 |
| Yes | 935 (95.5%) | 169 (90.9%) | 149 (84.2%) | |
| No | 44 (4.5%) | 17 (9.1%) | 28 (15.8%) | |

@ P-values are based on Chi-squared Test for Trend in Proportions.

November 2013 in the twin cities of Islamabad and Rawalpindi, and comprised 19 to 29-year-old male and female graduate and undergraduate students who were selected using convenience sampling at one private and two public-sector universities. To obtain information about health-seeking behaviours and role of prayers for health, a pre-tested questionnaire was used with both open and close-ended questions. Five trained male and female graduate students approached students on university campuses and distributed the questionnaires after obtaining verbal informed consent. The completed questionnaires were collected while assuring and ensuring complete confidentiality. Data were analysed using statistical package R 3.0.3. Chi-squared test was used to assess the independent relationships between categorical variables studied and gender. Statistical significance was defined by two-sided p-value of <0.05.

Of the 1,342 students in the survey, 674(50.2%) were males and 668(49.8%) were females; 712(53.1%) were enrolled in the Masters programme, while the rest were in the Bachelors programme. The mean age of male students was 21.7 ± 2.5 years, while that of female students were 21.3 ± 1.9 years ($p > 0.007$). Disaggregated by gender, the only statistically significant association was found between female gender and having visited a doctor or hospital for treatment of any disease or injury in the preceding one year (Table-1). Overall, 927(72.9%) respondents considered themselves religious, while

177(13.2%) did not consider themselves to be religious, and 186(13.9%) were unsure.

Students who considered themselves to be religious were proportionally more likely to have prayed for their and their family members' health and wellness, as well as for their own academic success; followed by students who were either unsure and those who replied negatively to the question as to whether they considered themselves religious (Table-2).

Discussion

Two-third, or 884(65.9%), of the respondents had visited a medical doctor or hospital for the treatment of any disease or injury in the preceding one year, and 1114(83%) reported that one of their family members had done the same. However, 1135(84.6%) had prayed for their own wellness in the preceding three months, and 1233(91.9%), had done so for their family members' health. Besides, 1253(93.4%) had prayed for their academic success in an examination/test in the preceding one year. The only statistically significant difference between the genders for praying behaviour was found for praying for one's academic success; with female students praying more compared to males ($p > 0.05$). Male students reported seeking more health consultations from doctors/hospitals in the preceding one year compared to females and this association was also found to be statistically significant ($p > 0.05$). Most respondents and

their family members sought care from medical doctors and hospitals, as opposed to homeopaths or traditional medicine practitioners.

There was an interesting trend between how one considered him/herself as 'religious' and praying profile. Those who considered themselves religious, prayed the most for their health and wellbeing as well as for the family members, and for their own academic success compared with those who described themselves as 'not religious'. While the praying behaviour for those who described themselves as 'unsure' fell between the two groups. There was a statistically significant trend in all praying behaviours inquired about and self-described religiousness ($p > 0.05$ each). Praying for health was an almost universal behaviour. Even those who considered themselves 'not religious' engaged in some form of praying behaviour, ranging from 72% to 86%.

In terms of limitations, our results from this preliminary study are based on younger and more educated group, and from only two cities. Hence, these results cannot be extrapolated to the entire country. However, they offer an interesting avenue for future studies to determine the profile of faith and praying behaviour for health in nationally representative studies.

Conclusion

Identifying praying behaviour correlates like ethnic, socio-economic and geographical residency status, and parental education would help improve steps to target health promotion campaigns.

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