



Exploring the Indigenous Remedies for Maternal Health in South Punjab

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Keywords: Maternal Health, Traditional Birth Attendant, Religious practitioner, Indigenous treatment, Traditional medicines, Spiritual healing	<p style="text-align: center;">ABSTRACT</p> <p><i>Culture influences every aspect of life including health. This study investigates the traditional indigenous remedies for maternal health in South Punjab, providing insight into prevailing attitudes and customs within the local populations. The study investigates the use of herbal medications, adherence to traditional guidance, and the involvement of Traditional Birth Attendants (TBAs) in maternal care. For this purpose, the phenomenological research design was used to conduct qualitative research in the district Rajanpur of South Punjab. In-depth interviews were conducted with six TBAs and three spiritual healers which were selected through snowball sampling. Data was analyzed through thematic analysis using ATLAS.ti software. The persisting belief in the authenticity of herbal treatments is prevalent in the local community, supported by socio-cultural values. The study highlights the essential contribution of Traditional Birth Attendants (TBAs) in delivering psychological, emotional, and healthcare assistance. In addition, spiritual and religious healers have a prominent role, emphasizing belief-based techniques. The conclusion recommends strategies to enhance knowledge, integrate indigenous practices with contemporary medical techniques, and engage people in comprehensive healthcare.</i></p> <p>This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p> 
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1 Introduction

Health-related thoughts and behaviors of people are significantly influenced by their culture. Additionally, it mandates the use of traditional healing practices. Most research on traditional treatments and medicinal herbs is conducted in areas of the world where the use of

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medicinal herbs is mainstream, particularly in Asia and Europe (O'Hara et al., 1998). Depending on the cultural or ethnic groups engaging with traditional healing practices, the terms traditional medicine (TM) or complementary and alternative medicine (CAM) are used, albeit interchangeably (Shewamene et al., 2017). The World Medicines Situation 2011 report estimates that between 70 and 95% of the population in developing countries uses traditional medicine (Shewamene et al., 2017). Traditional medicine uses plant and animal-based remedies, manual skills, spiritual healing, and other exercises to treat, identify, and prevent disease and maintain health (World Health Organization, 2017).

Like other health-related issues, culture also affects women's reproductive health, which may lead to self-medication and traditional healer consultation. Women utilize herbs to treat abortion, anti-fertility, leucorrhea, and menstrual problems. Such females rely on home remedies through herbal treatments suggested by old women or after consulting with experienced ones and avoid visiting the doctor (Patel & Patel, 2012; Rahman et al., 2012). In addition to therapeutic plants and herbs and spiritual etiologies, sacred-profane constructions and hot-cold-like dichotomies impact cultural behaviors and may injure mothers and babies (Ahmed et al., 2021). It is not only culture but society that plays a significant role in shaping traditional remedial beliefs and practices, which is why, instead of the fact that herbal therapies may not necessarily be cheap and inexpensive (O'Hara et al., 1998), traditional remedies are often used when people perceive that the economic and socio-cultural charges of using public health services are too expensive and unaffordable (Obasi, 2013).

In Pakistan, rural people are not aware about the negative effects of ethnomedicinal herbs and traditional remedies; therefore, this established tendency has continued (Abbas et al., 2017). In South Punjab's rich cultural heritage, maternal health is intertwined with many local traditions that have evolved over decades. This research explores the complex traditional healthcare practices in this region, concentrating on maternal healthcare. It was aimed at classifying and comprehending traditional healthcare methods concerning the roles of practitioners such as traditional birth attendants and spiritual healers.

This study examined Traditional Birth Attendants (TBAs) and religious practitioners' complex maternal health services in the region of Rajanpur. It is selected as a study site purposively as the literature showed that (Government of Punjab, 2011) due to the lack of health and population services and the geographical location of the district, a lot of cultural diversity is found in the area. It is therefore, district of Rajanpur is selected as the most relevant district for this study. The roles of Traditional Birth Attendants (TBAs) and religious practitioners in maternal healthcare and treatment were central to our inquiry. This research seeks to bridge the gap between contemporary healthcare and local traditional wisdom to improve maternal well-being in various communities in South Punjab.

2 Review of Literature

People often treat significant medical issues with natural medications or herbs due to their cost and availability without understanding their adverse effects. Traditional societies in most nations still use herbal therapies for pregnant women, which may harm their babies and themselves. As Bruno et al. (2018) explained, only some women know about the risks of herbs, while most do not know that they affect their gestational periods, especially soy-derived herbs. The days are gone when herbs were supposed to cure every disease, but in fact, women are more prone to illness from those herbs. Thus, maternal health would be in danger.

Rahman (2014) reported 35 therapeutic herbs, shrubs, climbers, trees, and seeds utilized by Joypurhat, Bangladeshi women, for gynecological disorders. The research examined oral

cultural knowledge of plant remedies for gynecological health. According to Abrahams et al. (2002), mothers, aunts, grannies, or any elder women used herbs and Dutch remedies to treat indigenous illnesses, including reproductive issues like womb dirtiness or wind (winds in the womb).

According to Abbas et al. (2017), Shigar Valley residents have several survival options in the mountains. Local healers use their traditional healing skills to help pregnant women for free. Famous common plants, including Asteraceae, Lamiaceae, Ranunculaceae, and Rosaceae, are utilized to treat prenatal, postnatal, and neonatal issues without understanding whether they're safe or helpful for maternal reproductive health. In locations along the Pak-Afghan border, midwives treat vaginal infections with Phyllanthaceae seeds called “*Amla*” and relax the uterine muscle before birth using Brassicaceae leaves, which may injure the mother.

Another running trend is self-medication, comprised of home remedies, spiritual healing, and sometimes the use of conventional medicine by utilizing the experience and knowledge of friends or family members. Warm milk, green tea, mint tea, a hot water bottle, a cooked or raw egg with warm milk, and dry fruit may relieve menstruation discomfort (Anwar et al., 2015). Some evidence from rural communities, too, shows a decline in traditional medicine used for healing practices (Kumar et al., 2021). The drop can be associated with medicinal plant usage, hospital distance (access time), and family wealth. However, this also risks losing essential traditional medicine practices and knowledge across generations.

Traditional medicine also relies on traditional healers and spiritual healers due to strong religious beliefs and peer and family influence. Tarafder (2014) examined the mythical beliefs and misconceptions of Santal, a malicious spirit and evil eye, about maternal health issues and found that up to 80% of participants believed in traditional healers and spiritual healers to diagnose disease, administer remedies, and drive away evil spirits.

In rural or low-resource communities, traditional healers, usually women called TBAs or *Dais*, help with childbirth and other ailments. Using their traditional expertise, these TBAs may treat issues including extended labor pain, retained placentas, breech-position infants, and more. To combat protracted labor, use many blankets, black tea, or warm clothes on women's backs (Gogoi & Nath, 2021). Old women who function as TBAs also tie a chitenge (traditional fabric) around the mother's waist and tug it to help her deliver swiftly (Belica et al., 2017). The research suggests pumping the placenta into water for a few seconds or frying it in a hot pan can treat resuscitation issues (Gogoi & Nath, 2021). TBAs also do abdominal and vulva massages to release oxytocin more safely than injections. Further techniques that are practiced by TBAs for breech-position babies are the same taught by a student gynecologist (Gogoi & Nath, 2021), which may challenge the skepticism of traditional healing methods by health service providers.

Another element of ethno-medication is spiritual healing based on mythical beliefs, which gives people peace and happiness to receive treatment from spiritual forces. Women utilize holy water to finish pregnancy safely (Mudonhi et al., 2021). Reciting religious passages also helps. Muslims believe there are multiple “verses of cure” that alleviate various diseases (Anwar et al., 2015). To fully understand women's maternal healthcare administration patterns, one must understand traditional pregnancy setups. Cultural as well as religious beliefs have a great contribution to determining the type of care for maternal health assurance. That is why traditional healers like herbalists, TBAs, and spiritual healers are considered more reliable and seem to be engaged in the traditional system of maternal healthcare (United Nations Development Programme, 2007).

2.1 The Structure and Agency Theory

The issue of structure and agency is crucial to comprehending the state of maternal health and the function of traditional healers in various communities. Social structures, as they relate to maternal well-being, include healthcare systems, cultural norms, and economic circumstances that influence the possibilities and choices accessible to pregnant women. Traditional practitioners who serve as intermediaries within these organizations, such as traditional birth attendants (TBAs), provide culturally embedded care. The argument centers on whether social institutions, such as access to healthcare, or agency—represented by the decisions and actions of conventional practitioners—play a more significant role in influencing maternal health outcomes. Examining this discussion about maternal health offers insights into the complex interactions that exist between the agency of conventional practitioners and social institutions when it comes to impacting health outcomes (Abel & Frohlich, 2012; Germov, 2019; Rafiee et al., 2014).

3 Material and Methods

Cultural consideration in data collection is a rewarding strategy in indigenous research. The adoption of a culturally appropriate approach in this study symbolized appreciation of people's cultures, accepting them, and accommodating them. This study adopted a qualitative approach, specifically using a phenomenological research design, to investigate the role of TBAs and spiritual healers in treating maternal health and the experiences of women in the region of Rajanpur (the most critical condition concerning maternal health in South Punjab). Di Cesare et al. (2015) noted that Punjab has better nutritional status as compared to other provinces because of its progress level; however, nutritional status is not supplemented in the agrarian districts of Sindh and Southern Punjab because of the overriding effects of existing social and environmental factors. Studies observed that it is common practice in Southern Punjab that family members prefer *Dai* (TBAs) for delivery at home, who often play a crucial role in high maternal mortality. Delivery in unhygienic conditions, like cutting the umbilical cord of the mother from the knife they use in their daily routine to cut vegetables and other things, causes infections that may lead to the death of the mother (Omer, 2019).

The targeted population consisted of traditional practitioners for maternal health, i.e., TBAs, and religious practitioners or spiritual healers. In-depth interviews were carried out with participants and unstructured interviews were conducted with the women who were under the treatment of traditional practitioners. Using snowball sampling, a sample of nine practitioners (6 TBAs (*Dai*) and 3 religious practitioners/ spiritual healers, also known as spiritual healers or *Molvi*), the data were analyzed based on the judgment of the outcome of coding with the ATLAS.ti. software and manual coding by the researcher. Furthermore, the data is analyzed and presented through thematic analysis.

4 Results and Discussion

The role of the traditional practitioners was discussed in detail. What would they use to provide maternal health care locally, away from modern health care facilities? Which processes were adopted for prenatal, natal, and postnatal care? How were diseases diagnosed locally? How was the proper medicine prescribed? Also, how to treat any problem or complication with traditional methods? Two themes about traditional practitioners emerged from the data: (a) TBA role (herbalist); and (b) Spiritualist role (Religious Healer).

4.1 Role of Traditional Birth Attendant (TBA) as Herbalist

In the traditional healthcare system, a TBA used to play a key role as a stakeholder. She played her role alone as well as in consultation with the elderly women of the families. TBAs are

preferred for various reasons, including being readily available in the community, offering individualized care to mothers unlike in a healthcare facility, and providing herbal medicine believed to quicken the labor process. TBAs do this by massaging the mother's womb, which enables them to tell the birth date. In addition, the fact that TBAs are pay-in-kind makes the whole process affordable for men (Cheptum et al., 2017; Lane & Garrod, 2016).

Because these TBAs had been playing their role for generations. She was like a medical professional at a local level. It was her duty to check up on the woman, to examine her general condition, then to check the position of the baby in case of pregnancy, etc. On the contrary, family TBAs began to play their part even before the pregnancy of the women. If two or three years passed since the marriage and pregnancy would not have taken place, they started to perform their duty and suggest remedies. Infertility, irregularity, or absence of menstruation to conceive, miscarriage, or licorice were the diseases handled by the consultation with TBA at a local level. Medical care for the mother was done according to the advice of a TBAs. Every step was proceeded verbally without using any instruments. TBA listened intently to the situation and then examined mother's abdomen. After that, she would give her advice on how to solve the problem and whether any health professionals were needed.

So TBAs also used both methods for treatment—their herbal treatments along with allopathic medicines. They used some herbal medicines manufactured by local companies. But most of the time, they prepared medicines by themselves with the help of natural herbs, which were easily available from local Pansar stores. These natural herbals were used in powdered form after grinding or as an (*Arq*) were consumed. According to TBAs, these natural herbs were very effective for the reproductive system of women, especially in activating it and preventing infection. Following table illustrates all the remedies that TBAs used for maternal healthcare.

Table 1
Traditional Birth Attendant (TBA) Remedies

S.N	Remedy	Ingredients Indigenous name	Ingredients name	English	Usage and effectiveness
PRENATAL CARE					
1	<i>Trang</i>	1. <i>Gulab ke Phool+ zeera+ Moti Eliachi+ Mesrey+ desi ghee+ Pani</i> 2. <i>Kapass ke Phool+ Zeera+ Moti Eliachi+ shakar+ pani</i> 3. <i>Chowaray+ moti Eliachi+ Gerey+ desi Gee+ Gur+ Pani</i>	1. Dry or fresh petals+ Cumin + cardamom+ clarified Butter+ water 2. dry or fresh cotton flowers+ cumin+ Cardamom +Sugar + water 3.. Dry Dates+ Black Cardamom+ dry coconut +clarified butter+ brown sugar+ water	Rose black sugar loaf+ water Black Brown	All three types of drinks are useful in infertility, all ingredients are boiled in water to make syrup and then one cup is used first three days of menses. The same action could repeat for three months. It is considered very effective in the removal of infertility

2	<i>Phaki (Athra)</i>	<i>Sufeed Chandi Eilachi+ Poudher+ Suchey Mooti</i>	<i>Mussly+ Choti Singhra Tabashir+</i>	Chlorophytum borivilianum+ silver Leaf +Green cardamom+ Chestnut +Bans lochan +Pearl	Mix all these herbs make a powder and use this powder one spoon with a glass of water or milk. It is effective in pregnancy sustaining and protecting against Miscarriage	
3	<i>Safoof</i>	<i>Pak Supari</i>		PaK Supari	It's a registered herbal medicine. Hamdard company. It is used one teaspoon daily with a cup of milk. It is effective in Vaginal discharge and leucorrhea during pregnancy. this herbal medicine helps to sustain pregnancy	
4	<i>Phaki (Likori a)</i>	<i>Kuchey Badam+ Eliachi+Zeera+Shakar+ Butter+ Pani</i>	<i>Chawal+</i>	Uncooked rice + Almonds+ green Cardamom+Cumin+ Brown sugar+ Butter+ Water	soak rice in water for a day then add all herbs and make a powder. One spoon of this powder is mixed with small pieces of butter and used once in the early morning. it is considered very effective in Leucorrhea during pregnancy	
5	<i>Char Araq</i>	<i>Araq Suanf+ Gulab+ AraqMakao+ Araq Gaozban</i>	<i>Araq</i>	Fennel water+ water+ water+ Water	Rose Atropine Gaozban	Mix all four water and take one cup daily for one month early in the morning Effective in the irregular

				menstrual cycle of women
6	<i>Churan</i>	1.Suanf+ Ajwian+ Shisha Numak+ Kala Numak 2.Tabasheer+ Eliachi +Sunaf+ Mesrey	1.Fennel seed+ carom seed+ Sea Salt+ Black Salt Bans lochan+ green cardamom + Fennel seed + sugar Loaf	Grind the herbs of Both types of formulas and make a powder. This is very effective in stomach problems, nausea, and vomiting during pregnancy
7	<i>Shurbat</i>	<i>Shurbat Khatooni</i>	Syrup Khatooni	Registered herbal company syrup women used for their Abnormal period
8	<i>Castrol</i>	<i>Doodh + Castrol</i>	Boiled Milk +Castrol	A mixture of both liquids could be used and effective in constipation
9	<i>Phaki</i>	<i>Akhroot+ Badam+ Char Maghz+ Kamar Kas+ Pesta+ desi Ghee+ Doodh</i>	Walnuts + Almonds+ four Maghz seed+ Butea Frondosa+ Pistachio+ Clarified butter+ Milk	Grind all the herbs and fried in clarified butter. used this powder with a glass of milk once in day. During pregnancy, women use it for good health. this is effective in the removal of general weakness

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10	<i>Trang</i>	<i>Dar Chine+ Suanf+ Desi Ghee+ Gur</i>	Cinnamon+ Fennel seed+ Clarified Butter+ Brown Sugar	This drink Fastens the labor pain
11	<i>Doodh Wali Seviyan</i>	<i>Doodh+ Seviyan+ Shakar+ Eliachi</i>	Milk+ vermicelli+ sugar+ Cardamom	During the delivery time, it could be helpful to make Easy delivery
12	<i>Bhap Lina</i>	<i>Pani Ki Bhap</i>	Plan water steam	Delivery time woman gets vapor, which helps

					to open the uterus and makes easy delivery
13	<i>Halwa</i>	<i>Ata+ Desi Ghee+ Shakar+Eliachi</i>		Grain Floor+ clarified butter+ brown sugar+ cardamom	Soon after delivery, this Halwa helps in Pain relief
POSTNATAL CARE					
14	<i>Dhooni Dena</i>	<i>Hermal +Kola Ki Aag</i>		Wild Rue+ Coal Fire	After delivery, if women have some vaginal and urine track infection, the smoke of Wiled rue gives relief and works as antiseptic
15	<i>Phaki</i>	<i>Maghz+ Kamar Kas+ Akhroot+ Badam</i>		Maghz seed+ Butea Frondosa+ walnut+ Almond	After delivery, women feel weak this Phaki is Healthy food and improves the health of the women
16	<i>Ghutti</i>	<i>Hamdard Gutti</i>		Hamdard Ghutti	Soon after the birth of the baby Use some drops of this ghutti Clean the baby's stomach
17	<i>Namik wal Pani</i>	<i>Numak + Pani</i>		Salt+ plan water	use this saltish boiled water soon after the birth of the baby. Using some drops could help to clear the stomach of the baby
18	<i>Zeera Wali Roti</i>	<i>Gundam Zeera+ Desi Ghee</i>	<i>Ata+</i>	Grain floor+ Cumin + desi ghee	Make a piece of bread in traditional Oven (Tanur), women almost eat this bread for 40 days. This is considered very digestive and due to the use of cumin in bread it is helpful to increase the breast milk of the mother
19	<i>Malish</i>	<i>Zetoon or sursoon ka Tail</i>		Olive oil or Mastered oil	Body Massage of these oils and specially Baily and leg massages women get relief from pain

Source: Field Data

The specific chart included all of the herbs that TBAs used for infertility, miscarriages, prenatal, natal, and postnatal care, as well as information on how to use them and how effective they were. The study examined the crucial significance of traditional birth attendants (TBAs) in

providing maternal health care, specifically in the cultural setting of South Punjab. It was seen that traditional birth attendants (TBAs) provide native treatments and cures according to the wishes of families, specifically targeting concerns like infertility, miscarriages, and postpartum health. One of the TBAs said that people mostly come for infertility. She said, *“I have a certified effective prescription recipe. If a woman is not getting pregnant, she is given syrup to drink in the first three days of menstruation. That syrup is prepared by boiling the walnuts, dried dates, coconut, cardamom, and Gurr in water. After drinking it, the woman gets pregnant. Among the three ingredients, not a single one has side effects.”* (Cultural Consultant/Dai)

The research recognized the historical importance of traditional birth attendants (TBAs) and their training programs, highlighting the necessity for ongoing cooperation with professional healthcare facilities. It was observed that there was a decrease in the significance of traditional birth attendants (TBAs) in contemporary healthcare as a result of variables such as insufficient training and waning support. One TBA said, *“In this program, with the help of pictorial booklets, the TBAs have explained cleaning procedures, from cutting the umbilical cord to making sure the delivery at home is in a hygienic environment. The TBAs were told to stay in touch with the hospitals. But this program was terminated after some time.”* (Private Midwife)

In the research area, there was a great impact of cultural and religious factors on maternal health practices, encompassing dietary choices, customs, and postnatal healthcare. There is a crucial function of traditional birth attendants (TBAs) in delivering psychological, emotional, and healthcare assistance to women (Bergström & Goodburn, 2001). During unstructured interviews, the overall view of mothers regarding postnatal care was that they used to support the role of TBA related to home delivery. In the early days, the mother was very weak and had pain in her body. When TBA massaged her, she felt relieved. One mother said,

“I always prefer delivery at home. First of all, it maintains privacy, and secondly, the TBA is very helpful to me and the baby. Because in the early days, I feel very weak, and hygiene also needs to be taken care of. The TBA can do this job better than any hospital.” (Educated woman, age 26)

It can be said that TBAs remain the most acceptable resource, especially in rural settings, because of their full-time availability and accessibility (Islam & Malik, 2001). Spending their entire life in a specific community and offering their services has made people trust and listen to them, in addition to their seniority level based on their entire life-serving experience (Fatmi et al., 2005). The research recommends the conservation of culturally significant traditions and ongoing training of traditional birth attendants (TBAs) to improve the health and welfare of mothers in South Punjab.

4.2 Role of a Spiritual or Religious Healer

In the local healthcare system, spiritual and religious healers played a significant role. The nature of this character was dissimilar from that of TBA, but he was a mentor. The main part of spiritual healing was the shrine and then the characters of *Peer sahib, or Pirni*, who used to cure human suffering by healing up through some rituals and sacrifices. Those rituals were performed in the form of *Mannat* or amulet locally. Many studies found that the religious beliefs and practices of families influence care-seeking. Almost similar findings were found in a study that showed women sought faith-based medication from ‘local religious leaders’ along with formal healthcare services (Qureshi et al., 2016).

Women used to practice the ‘*Mannat*’ for a safe pregnancy, easy delivery, and a healthy baby. For this purpose, she and her husband or family used to go to their living *peer* or visit a shrine and express their devotion in different ways, according to their beliefs. These *peers* were

not directly involved with health care, but they were running their system parallel to the existing health systems. The locals considered their role superior to the traditional health system and institutional health care. This type of treatment was called spiritual healing. Talking about this system in an interview, one mother said,

“Whether the medicine is indigenous, traditional, or allopathic, it is a temporary treatment. The cure given by Pir Sahib or through the shrine is spiritual therapy. Its effect is long-lasting, and there is also a reward. So, we avail ourselves of spiritual healing as well as worldly treatment. It is indeed a blessing for us and our babies.”(Rural woman, age 39)

According to the interviews, the treatment that women used for maternal health and, with the help of things they used to do their spiritual healing, a chart of those particular details had been compiled with a description of their effectiveness. It is given as follows:

Table 2
Spiritual and Religious Remedies

S.No	Remedy	Ingredients indigenous name	Ingredients English name	Usage and effectiveness
PRENATAL CARE				
1	<i>Mannat</i>	<i>Darbar per Mannat (Rakh)</i>	Seeking for mercy or wish on the shrine	In Mannat role of the shrine is important, in the case of infertility, normal pregnancy, and for a healthy child and sometimes a baby boy. Women visit the shrine and wish that their desires when desire come true, they make their promise to God
2	<i>Dam Kerna</i>	1. <i>Jism per dam kerna</i> 2. <i>Khajoor Dam kerna</i> 3. <i>pani dume kerna</i> 4. <i>Shakar Dam kerna</i> 5. <i>Namak Dam Kerna</i>	1. Below or breaths hard on the body 2. Blow on Dates 3. Blow on water 4. Blow on Sugar 5. Blow on salt	Religious practitioner read Some Quranic verses and blew on these items as per the direction of the spiritual and religious healers women eat and drink at different times. All these are used for fertility and safe pregnancy. Belief is its effectiveness.
3	<i>Khak Ya Matti</i>	1. <i>Khak Madina</i> 2. <i>Khak Kerbala</i> 3. <i>Darbar ki Matti</i>	1. Hard piece of dust from Madina 2. Hard piece of dust from Kerbala	Women use this Dust (khak) with water for a safe pregnancy. They believe that Khak is from a pious place, it has an effect

			3..Hard piece of dust from the shrine	
4	<i>Tail Malish</i>	<i>ke Dia ka Tail</i>	Lamp blown with mastered oil	On the shrine people blew a lamp with mastered oil, pregnant women use this oil on their bodies and massage their baily for safe delivery
5	<i>Pak Pani</i>	<i>Chashma ka Pani</i>	Water Pound on the shrine	One of the shrines is of Baba Freedan in an area where e a water pond for ablution, People put money and women drink water from this pond their belief is this water is “Shifa” and its use in pregnancy is useful.

NATAL CARE

6	<i>Tawize</i>	<i>Dhaga + kaghz per</i>	Amulet in kind of (Threed + piece of paper)	Spiritual practitioner blew on thread or put some verses or numeric on pieces of paper during the delivery time women put them on their Thing or waist it helpful in easy delivery
7	<i>Booti</i>	<i>Mariyam Booti</i>	Mariyam Flower	Reconstitute in water and taken internally for colds. Is considered in labor pain and childbirth. This is found in Saudi Arabia

POSTNATAL CARE

8	<i>Pak Pani</i>	<i>Aab-E- Zum zum</i>	Maka water	Muslim belief is, that Maka water is a “Shifa” women and newborns drink this water for safety and health
9	<i>Mannat Dina</i>	<i>Rakh Puri Kerna</i>	Performance of Mannat	During and after the postnatal care women perform their Mannat, in kind of food, animal sacrifice, Money, chadar on shrine, etc
10	<i>Shahad</i>	<i>Makhi</i>	Honey	Muslim belief is Honey is Shifa, women and

newborns use Honey.in postnatal care, women use this in different kinds of boiling water and green tea. People give a Ghutti of Honey to newborn

Source: Field Data

During data collection, one more aggregative response came to light. The people, who had a strong belief in (*Pirs/Pirnis*) and the role of shrines, were told that humans were sinful creatures. When a woman could not conceive, had a miscarriage after pregnancy, or had abnormal babies, it was thought that God was angry. That is why they used to visit the shrine of their *Peer* for *Mannat* and request the dua. Because they thought that their *Peers* were true followers of Allah, they were able to solve their problems. If the wishes of these people were fulfilled, they would come to the shrine and complete their *Mannat*. A woman shared her experience: “*I was not conceiving a baby. I went to the shrine of my Peer (Hamza Sultan) and practiced Mannat there. I prayed that if I had children, I would sacrifice an animal. In addition, I kept massaging my body with the oil from (Dia) burning at the shrine. I brought soil from the shrine and mixed it with drinking water, then used it. Peers are good servants of God, and everything in the shrine is holy. I went there until my baby was born. I used to go there with the permission of my husband and family. When God gave me children, I went there to complete my Mannat*”. (Uneducated urban woman, age 47)

According to the data, most women went to shrines to cure their infertility. Spiritual methods were also used to treat abortions, miscarriages, and baby deformities and to favor sons. People used to heal these disorders according to their beliefs by utilizing shrine dust (*Khak-e-Madina, Khak-e-Karbala*), *Dua* (Prayer) of *Pir* (*Dum Wala Pani*), shrine candle oil, and a string or amulet provided by *Peer* around their waist. The second circle consisted of people who did not visit shrines. They had the belief that they used (*Dum Wala Pani*) during pregnancy. Any devout elder man or imam masjid sahib was asked to perform *Dum* on salt, sugar, or water and present it to the pregnant mother. Some ladies reported they recited Surah Yasin, Rehman, or Yousaf and blew on their drinking water.

All discussions during the interviews revealed that whether it was an institutional health care system or traditional, the spiritual/religious system had a dominant role; rather, it was considered far superior locally. The thought was that their system was a source of peace for the soul. That was the reason people always preferred the advice of their *Peers* despite critical situations during prenatal, natal, and postnatal periods. During the interview, a village woman said, “*I slept alone at night during the pregnancy in the open yard of my house. My husband was not at home for some work. Then I saw something moving like a shadow, which made me scared, and I suffered mental stress for a long time, which led to the loss of my baby. So, I asked Pir Sahib for prayers and took the amulet and tied it around my neck, which ended my fear.*” (Rural woman, age 36)

5 Conclusion and Recommendations

Overall, the prevailing attitudes towards healthcare in South Punjab demonstrate a dependence on existing practices, particularly the extensive utilization of herbal remedies without scientific verification and obedience to the guidance of older women. Rural and urban regions have distinct viewpoints on child and newborn care, yet there is an overwhelming belief in the effectiveness of traditional herbal therapies that remains prevalent in all groups. Traditional Birth Attendants (TBAs) are essential in providing medical care during childbirth, giving a range of

treatments, including herbal remedies and conventional pharmaceuticals, according to the wishes of the family. In addition, the local healthcare system incorporates spiritual and religious healers who prioritize belief-based methods such as the use of amulets and the performance of *Mannat*.

The study suggests that educating communities about evidence-based healthcare practices is necessary. It is required to promote the safe integration of modern and traditional medicine. Moreover, government should reinstate Traditional Birth Attendant trainings. It is essential to address myths and empower women through health literacy and community-based health education. It is better to encourage spiritual and religious healers and healthcare professionals to work together. Research studies should be conducted to confirm the efficacy and safety of conventional treatments and remedies. There should be improve access to contemporary healthcare services and build continuous monitoring and evaluation mechanisms to evaluate interventions and connect healthcare strategy with community needs.

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