

The Perceptions and the Practices of Folk Medicines among Youths in Pakistan

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ABSTRACT

The study aims to explore the relationship between the perceptions and the practices of folk medicines among youths in Pakistan. The quantitative research method was adopted to achieve its objectives. Structured questionnaires were distributed to respondents to collect data. The respondents are youths whose ages ranged from 18 to 25 years and they resided in the twin cities of Rawalpindi and Islamabad in Pakistan. The data were analysed using the Statistical Analysis Package of Social Sciences (SPSS version 13). The result shows that Pakistan youths have limited knowledge of folk medicines, and do not have a positive perception of it. A majority of them know the importance and usage of folk medicine but do not know how to prepare it and where to get it. Findings show that a lack of educational awareness about folk medicines has a strong impact on folk medicine practices. Pakistani youths mostly prefer medically specialised doctors compared to those who practise folk medicine, which they perceive to be slow in curing illnesses. It is recommended that folk wisdom about traditional healing practices be transferred to the next generation by their elders as well as via education-based awareness campaigns.

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INTRODUCTION

The term 'folk medicine' is used to refer to natural products that are used as medicine for curing various illnesses. Folk medicine includes both the traditional healing practices and beliefs featuring the use of herbs as medicine for healing physical, spiritual and mental illnesses (WHO, 2008). Folk

medicine has been used over many centuries in traditional healing practices, but changed over time due to modernised and dominant alternative medical practices (Nurazzura, 2013). Traditional society's view on disease and health has evolved as a part of folk culture. For this reason, practices related to this issue are the domains of anthropology, ethnology and sociology. Traditional medicine thrives among people as part of its culture. In traditional societies, information about a disease is commonly shared. It is passed down through generations. People learn about medicine in the same way they learn about other cultural components.

The term 'folk medicine' used today more often than not infers the manifestation of observational treatment rather than that practiced by state-qualified physicians, registered pharmacists or trained nurses; however, it does not take into account an objective framework. Another and perhaps a better definition is that it is considered self-medication, which suggests the utilisation of herbal, animal or mineral components, involving a pharmacological activity that is doubtful or not acknowledged by standard specialists (Newman, 1945).

In medical anthropology, the term 'ethno-medical perspective' emphasises health beliefs, cultural values, traditional norms, ethics and social roles. Previously, anthropology was limited to the study of aboriginal folk medicine, which later developed into ethno-medicine, focussing on the health maintenance system of a society (Kleinman, 1977). The World Health Organisation (WHO) portrays

traditional remedy as the entirety based on learning, aptitudes and practices in light of the speculations, feelings and experiences indigenous to the different social orders. Since the beginning of human existence, man has held a profound association with plants, of which the majority have been utilised as medication. The natural modes of treatment have also been incorporated into Western, homeopathy and Chinese medicines.

Folk healers of the old tradition have benefited from nature in making medicines or healing patients. Hereditary traditional beliefs in herbs play an important role in shaping the lifestyles of traditional societies. Folk remedies have entrenched roots in hoarded knowledge of ancient times. Folk therapeutics uses traditional medicinal drugs prepared from plants and animals through traditional practices. WHO reports that more than 80% of individuals in Asia depend on customary drugs for the treatment of ailments. Such drugs are utilised for treating different incessant illnesses including skin diseases and other diverse contaminations. Individuals having confidence in profound healers, ministers, '*Hakeem*', homeopaths or even quacks have used elective treatments (Abbasi et al., 2009). Furthermore, a home cure is a treatment to cure contaminations or sicknesses using certain flavours, vegetables or home-made herbal concoctions. Home cures may perhaps have restorative properties that treat or cure ailments or sicknesses alluded to, using methods based on the customary practices of indigenous people. According to Lopez (2005), there

are a number of medications utilised by the Mexican community. In Mexican culture, a large segment of the population practises its own particular manner of preparing customary folk medicines that are easily done at home. The Mexicans have continued to improve home-made cures and are transferring these practices to their next generation. In the Mexican Green Mountains, people prefer to use herbs as medical treatment due to their abundant availability.

However, the knowledge and practices of food having medicinal properties among the majority of the population in Pakistan is lacking. This is especially true of the youths of the current era who do not know about medicinal food and its usage for curing illnesses. A study by Qidwai et al. (2003) explored the practice of medicinal food among patients in one of the public hospitals in Karachi, Pakistan. The findings of the study showed that very few patients were aware of the use of medicinal foods for general types of illnesses such as fever, cough, headache and stomach diseases. The medicinal foods known by a few of the patients were ginger, cinnamon, honey, lemon, black pepper, eggs, turmeric, mint, curd, etc. The majority of the patients did not use such types of food as medicine due to lack of knowledge. In addition, they would rather recover quickly by using modern medicine. Youths, particularly in Pakistan, do not have sufficient knowledge about folk medicines due to the generation gap and modernisation, which has caused

them to perceive it as an outdated method of treatment.

In order to investigate the perceptions and practices of folk medicines among youths in Pakistan, the following objectives were formulated to delve deeper into the subject matter:

- To identify the perceptions of Pakistani youths on folk medicine
- To examine the practices of youths regarding traditional home remedies
- To find the relationship between the perceptions and the practices of youths towards folk medicine

LITERATURE REVIEW

The term ‘customary prescription’ is a whole spectrum of learning, aptitudes and practices in light of the hypotheses, convictions and individual encounters indigenous to diverse societies (Babar & Juanita, 2005). In Pakistan, a large segment of the populace (66%) lives in the pastoral parts of the country. Destitution, exacerbated by ignorance, the low status of women and deficient water supplies and sanitation offices have had profound effects on the well-being of the people. Restricted information on well-being and illnesses, social and family cures, well-being administration and supply and social hindrances as well as expenses identified with the procurement of a successful well-being administration have been significant obstructions (Sheikh & Hatcher, 2005).

The population of Pakistan, especially those living in rural areas, has a very rich tradition of utilising herbal medicine. The rural areas are also rich with medicinal plants used for the “Unani” practice of curing illness. The Greek practice of using medicinal plants as an alternative treatment goes back to the Indus Valley civilisation (WHO, 2001). The northern areas of Pakistan have good climate and fertile land to cultivate various medicinal herbs that are then supplied within and outside the country for the production of herbal medicine (Hussain et al., 2004).

Rahman (2003) pointed out that a majority of the rural population in Pakistan relies on the traditional source of healthcare such as ‘*Hakeems*’ and ‘*Tib-e-Unani*’. Unani medical practitioners are registered with the medical system of Pakistan and practise in the country both in the public and private sectors in rural and urban areas. It is estimated that approximately 52,600 practitioners are registered as Unani medical practitioners and about 360 dispensaries provide free herbal medication under the regulation of the Health Department.

The health service framework in Pakistan comprises two fundamental divisions: general society area and private area. The general society segment, which is placed under social insurance, is seriously under-used because of specific shortcomings including deficient concentration on avoidance and advancement of well-being, inordinate centralisation of administration, political impedance, absence of openness, feeble human asset improvement, absence

of coordination and absence of a general well-being approach. In the private segment, there are not many authorised outlets and clinics, yet numerous unregulated doctors, medicinal general experts, homeopaths, ‘*hakeems*’, customary/otherworldly healers, botanists, bone setters and quacks (Sheikh & Hatcher, 2005) exist. Individuals who have confidence in profound healers, ministers, ‘*hakeems*’, homeopaths or even numerous quacks have used elective treatments (Abbasi et al., 2009).

As far as the usage and benefits of folk medicine are concerned, individuals have been utilising plants as cures for different infirmities from time immemorial without knowing their viable constituents. The traditional healer cures ailments of both regular and extraordinary origins. The best of confident healers can both cure and kill, but often times serve as specialists, treating those who are ill as well as building deeper interpersonal relationships regularly associated with them (Beck, 1990).

In another study, Tareen et al. (2010) highlighted the knowledge and use of folk medicine among women in Pakistan. They stated that most women in the rural parts of Baluchistan use medicinal plants for curing digestive problems, fever, liver problems, diabetes-related ailments as well as pregnancy and post-natal matters. A few decades ago, the practice of using herbal medication was transferred from generation to generation but this has decreased in current time and traditional herbalists are no longer transferring the knowledge to the next generation.

Theoretical Framework

The theoretical background of the study draws from the field of medical anthropology, which defines 'ethno-medicine' as the study of traditional healthcare practices and knowledge. Levinson and Ember (2012) explained ethno-medicine as the study of the primitive or folk health system of any society. Ethnographers in medical anthropology study folk medicines with respect to knowledge, beliefs, values, roles of healers and health seekers. They also cover the techniques used for preparing folk medicines, the legal and economic rulings of its usage as well as the symbolic and interpersonal components of the experience of using folk medical treatment.

Arthur Kleinman, a medical anthropologist explained the concept of ethno-medicine in the "Explanatory Model" of the health system. The model describes the causes of illness, diagnostic benchmarks and treatment preferences based on cultural values and practices. The stance of the present study is related to Kleinman's theoretical idea of establishing the notion of ethno-medicine based on the 'Explanatory Model'. Knowledge about folk medicine and its practice reflects the cultural construction of curing illness (Kleinman, 1977). Medical anthropologists assert that the belief system of any culture mirrors the individual's health seeking behaviour and inclinations to seek alternative practices of healthcare (Hall, 1977).

METHODOLOGY

Research Design

This research was based on the quantitative research design. This study was done in two parts: a pilot study and the main study. A structured questionnaire was used in the pilot study.

Sample

The sample for the pilot study was selected from private and public colleges and universities in Rawalpindi. The sample comprised youths between the ages of 18 and 25. The sample for the eventual study was chosen from public and private higher educational institutions in Rawalpindi and Islamabad. This sample size was 120, including 60 males and 60 females using the convenient sampling technique.

Instrument

The structured questionnaire utilised the Likert scale. The questionnaire was divided into three parts: the first part asked for demographical information of respondents, the second consisted of items related to the perceptions and practices of folk medicine and the final part was based on items related to the usage and preparation of the medicine and its practices. In Section One of the questionnaire, semi-structured questions were included for any other options so information related to the respondents' demographics could be added. For Sections Two and Three, respondents were given five options, strongly disagree, disagree, neutral,

agree and strongly disagree, from which they had to select one option.

Procedure and Pilot Study

The researcher visited public and private universities in Rawalpindi and Islamabad to conduct the study. Before conducting the actual study, a pilot was done to check the validity and reliability of the instrument. The sample of this pilot consisted of 30 youths (between the ages of 18 and 25) not included in the main study’s sample. After determining that the reliability of scale was satisfactory, the actual study was carried out.

Ethical Consideration

Initially, permission was sought from the heads of institutions to conduct the study. Then, informed consent was obtained from the individual respondents. The respondents were briefed about the purpose of the study and were assured that information provided would be kept confidential.

Analysis

Data were analysed using the SPSS (Statistical Package for Social Sciences). Firstly, the univariate analysis (percentages and means) was employed to describe the demographic characteristics of the youths as well as their perceptions and practices related to folk medicine. Secondly, the bivariate analyses (t-test and correlation) were used to determine gender differences and relationship with the perceptions and the practices of youths in relation to folk medicine.

RESULTS

Part I (Pilot Study)

Part One of the study consisted of the results of the pilot study to determine the reliability of the scale as shown in Table 1 below:

Table 1
Alpha reliability of the instrument used for questionnaire (n= 30)

N	No of items	Alpha Reliability
30	40	0.725

The alpha reliability of the questionnaire was found to be satisfactory for use in the final study. No changes were required on any item of the questionnaire except for the sequence of certain items.

Part II (Main Study)

Part Two of the study comprised the findings described below:

Table 2
Frequency and percentage distribution of respondents based on age (n=120)

Age	Frequency (n)	Percentage (%)
18-20	16	14.3
21-23	70	58.3
24-26	34	28.3

Demographics of the respondents.

Table 2 shows that the majority of the respondents belonged to the age group ranging between 21 and 23 years, which was 58.3% of the total number. It also indicates that 28% were in the age group ranging

between 24 and 26 years while only 14% were between 18 and 20 years old.

Table 3
Frequency and percentage distribution of respondents based on qualification (n=60)

Qualification	Frequency (n)	Percentage (%)
Bachelor's	50	41.7
Master's	62	51.7
Other Master's	8	6.0

Table 3 shows that 51% of the respondents were working towards their Master's degree followed by 41%, who were studying for their Bachelor's degree while only 6% of the respondents were doing their M.Phil. degree.

Table 4
Frequency and percentage distribution in use of folk medicine (n= 60)

Use of Folk Medicine	Frequency (n)	Percentage (%)
Always	1	1.0
Often	11	9.2
Sometimes	96	80.0
Not at all	12	10.0

Table 4 indicates the extent of folk medicine usage among youths. It highlights that only 1% of youths always used folk

medicines, 9% used them often, 80% used them sometimes and 10% of the respondents had never used them before.

Table 5
Mean and standard deviation of perception off folk medicine among Pakistani youths

	Minimum	Maximum	Mean	Std. Deviation
Perceptions	39.00	107.00	55.9500	10.25013

In Table 5, the mean of the youths' perception of folk medicines is 55.95, which is approximately closer to that of the minimum value of 39.00. As the mean value is near the minimum level, it shows that the youths had low awareness of folk medicine.

Table 6
Mean and standard deviation of the practice of folk medicine among Pakistani youths

	Minimum	Maximum	Mean	Std. Deviation
Practices	47.00	75.00	53.1667	6.24138

From Table 6, we can see that the mean of practice of folk medicine among youths is 53.1667, which is approximately nearer to that of the minimum value of 47.00. This shows that Pakistani youths had minimum practice of folk medicine.

Table 7
Gender differences in perception of folk medicine among youths

Perception	Male		Female		t	p
	Mean	SD	Mean	SD		
	67.76	12.06	64.65	8.68	1.159	0.278

Bivariate analysis

Table 7 presents the perception of both genders of folk medicine. The mean is 67.76 and the standard deviation is 12.06 among male respondents. As for female

respondents, the mean is 64.65 while the standard deviation is 8.68. The value of *t* is 1.159 and the value of *p* is 0.278. This shows that there was no big difference between the genders regarding perception of folk medicine.

Table 8
Gender differences in perception of folk medicine among youths

Practices	Male		Female		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
	60.00	6.83	58.57	5.81	0.872	0.387

The practice of folk medicine by both genders are demonstrated in Table 8. Among the males, the mean is 60.00 and the standard deviation is 6.83. Quite similarly, the mean among females is 58.57 and the standard deviation is 5.81. The value of *t* is 0.872 and the value of *p* is 0.387. The data showed that there was no significant difference between the genders regarding the practice of folk medicine.

Table 10
Relationship between social class with knowledge and use of folk medicine

Items	Number of items	<i>r</i>	<i>p</i>
Knowledge	06	0.473**	0.000
Usage	07	0.491**	0.000

Table 10 indicates that there is highly significant correlation between social class and knowledge about folk medicine. The urban-upper class had less awareness of folk medicine compared to those living in the rural areas, who tended to belong to lower socio-economic classes. Furthermore, the table also indicates a strong and significant positive correlation between the usage of folk medicine and social class, which is also higher for rural areas. As the rural areas are rich with medicinal plants and herbs, knowledge and practice of folk medicine tended to be greater than among those living in urban residences.

Table 9
Relationship between perception and practice

Perception & Practice	Number of items	<i>r</i>	<i>p</i>
	60	0.89	0.056

The correlation between perception and practice was 0.89 with 0.056. Table 9 shows that Pakistani youths had little knowledge of folk medicine. As such, practice of folk medicine was also infrequent and limited.

DISCUSSION

The purpose of this research was to examine the relationship between the perception and the practice of Pakistani youths of folk medicine. Most of the respondents agreed that they had little awareness of folk medicine. These youths perceived that people belonging to the low socio-economic class used folk medicine and had strong beliefs about home-made remedies. As the findings showed, quacks mostly used folk medicine. There is, therefore, a need to educate people, especially youths, on folk medicine. Pakistani youths have insufficient awareness of folk medicine and how to prepare and use it. In this modern era of globalisation and industrialisation, youths prefer to go to hospitals rather than apply home-made remedies for their illnesses. They rely on modern medicine rather than on folk medicine, unlike in the past. As trends are changing, people's perception are also changing with time.

Prior to using folk medicine, awareness and knowledge are needed. Sometimes, it is a challenge for the young generation to prepare and apply home remedies. If they live in an extended family system, their parents and grandparents could help them to prepare and use folk medicine. Otherwise, they would have to attain the knowledge themselves. Youths have low perception of folk medicine, resulting in low practice of this type of medicine. Shaikh et al. (2009) and Hussain et al. (2012) supported the argument that youths in Pakistan exhibit little awareness of folk medicines. Using folk medicine requires special skills and

knowledge for preparing them at home, and these youths do not have such expertise. Further, the findings showed the correlation between the practice and the perception of youths regarding folk medicine.

The perception and practice of folk medicine among Pakistani youths are limited and are changing with the passage of time. The findings showed that Pakistani youths are less enthusiastic about curing illnesses using folk medicine. They responded that folk medicine was not able to expedite recovery compared to modern medicine. Most of the young respondents had no positive perception of folk medicine and instead, required more evidence. This is the reason for their minimal utilisation of folk medicine. The study's findings support the hypothesis that the perception and practice of Pakistani youths of folk medicine are changing due to modernisation. The findings of this study show that lack of knowledge of folk medicine is the cause for the insubstantial practice of folk medicine.

CONCLUSION AND RECOMMENDATIONS

The perception and practice of folk medicine among youths are very limited in Pakistan. The perception of folk medicine is changing and with the passage of time, biomedical practice has become more popular in this modern era. The youths responded that folk medicine is used by the lower class, who cannot afford modern medicine. The findings showed that youths disagreed with the curing of illness through use of folk medicine. They responded that folk

medicine cannot expedite recovery, unlike modern medicine. The youths had no positive perception of folk medicine and demanded evidence. This is the reason of their minimal practice of folk medicine. The findings of the study supported the hypothesis that the perception and practice of the youths of folk medicines are changing due to modernisation. The study will contribute to the existing knowledge of folk medicine and will motivate future generations to incorporate traditional treatment of illness into their daily life and health system.

Traditional knowledge of herbal medication is generally transmitted from the herbalists ('*hakeem*') and traditional healers. However, this group is decreasing in number by the day. Folk medicine is generally used for acute illnesses such as fever, digestive problems and acute cough. It is easy and cheap to prepare at home for the curing of acute illnesses but is not preferred for serious health problems such as cardiac diseases, hepatitis or infectious diseases.

RECOMMENDATIONS

Pakistani youths must be educated on folk medicine. Awareness and knowledge of folk medicine and other useful plants should be promoted through research activities. Folk wisdom in preparing medicine must be transferred to the next generation.

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