

Belief in Charity Giving (Sadqa) and its Role in Healing: Results of a Survey Conducted at a Teaching Hospital in Karachi, Pakistan

Waris Qidwai,¹ Rumina Tabassum,² Raheela Hanif,³ Fahad H. Khan³

Abstract

Objectives: To study patients' belief and practice about Sadqa (charity) and its role in recovery from illness and restoration of health. This study will determine whether such belief and practice is related to any demographic factors such as sex, education, and religious sects.

Methods: A questionnaire was designed that included the demographic profile of patients and questions in accordance to the study objective. It was administered to 400 patients or their attendants against the calculated sample size of 385. There were very few refusals to participate with response rate of around 98%. The study objective was explained to all participants, written consent was obtained and full confidentiality was assured.

Results: The mean age of the study population was 34.33 years, majority of the patients were males with 65.6% having grade XII or higher education. The practice of giving sadqa/charity for healing was significantly associated with females ($p < 0.001$); Ismaili sect ($p = 0.017$); educational level of grade V ($p = 0.03$); graduate ($p = 0.041$); being housewives ($p < 0.001$), students ($p = 0.048$) and employees in private services ($p < 0.001$). Approximately 85% of the study population gave sadqa/charity for healing diseases and

84.8% believed that sadqa/charity heals diseases. According to 97.5% of the participants, medical treatment should be combined along with sadqa/charity for healing.

Conclusion: This study highlights the importance of the patients' attachment to charity giving and expectation that it will lead to recovery from illness. Future research in this area should be qualitative rather than quantitative to explore more about beliefs, attitude and behavior of the individuals. It is recommended that health care professionals should consider and also respect patients' and relatives beliefs about sadqa and charity; clashing with their beliefs during provision of medial care should be avoided.

From the ¹Department of Family Medicine, Aga Khan University, Karachi, ²Department of Gynaecology & Obstetrics, Dow University of Health Sciences, ³Medical student, Dow University of Health Sciences, Pakistan.

Received: 13 Dec 2009

Accepted: 11 Feb 2010

Address correspondence and reprint request to: Dr. Waris Qidwai, Department of Family Medicine, Aga Khan University, Stadium Road, P.O. Box: 3500, Karachi 74800, Pakistan.

E-mail: waris.qidwai@aku.edu

Qidwai W, et al. *OMJ*. 25, 108-113 (2010); doi:10.5001/omj.2010.30

Introduction

Charity is defined as giving to those in need, or love of one's fellow men.¹ Charity both obligatory almsgiving and voluntary donations, was and is an established practice for Muslims throughout the world.² Sadqa is charity giving but unlike charity, it is given to get blessings of the creator to have favorable outcome in different areas such as improvement in health or averting a disaster. It is a common observation that Sadqa is given to promote healing and recovery from diseases and illness in Pakistani society. It has been observed that when a person is sick, his or relatives will give charity in the hope that healing and recovery will take place.

A study reveals South African Muslim and Hindu traditional healers advised people to give to charity during illness.³ Healing in a patient takes place through a process that draws upon powers of nature, science and physician and it is these forces that are assumed to be favorably affected by giving of sadqa or charity.⁴ Bargaining is an important step in accepting a serious illness and includes giving charity and praying.⁵

The faith in healing resulting from charity is not confined to the developing countries but is also documented in the developed world.^{6,7}

This is an age that advocates a holistic model of patient care that includes biological, psychological, social and spiritual aspects.⁸ It is for this reason that modern day clinicians should enquire charity giving by patients and their relatives in the hope of healing and recovering from an illness.

Terminal care patients and patients with chronic illnesses have no option other than palliative care offered by modern medicine to reduce their suffering and improve quality of life.^{9,10} Giving charity in the hope of recovery from illness in such situation can have positive impact on patient over all well being.

Given this background, there is need to determine patients' belief and practice of Sadqa (charity) and whether such belief and practice is related to any demographic factors associated factors such as sex, education, and religious sect.

Methods

A questionnaire based cross-sectional survey was conducted at the Community Health Centre of Aga Khan University Hospital, Karachi, Pakistan in June 2008. On an average, 200 family practice patients with mostly primary and secondary care level problems were seen daily by 12-16 family physicians at the centre.

A questionnaire was developed by the investigators after

extensive literature search, including input from colleagues and patients.^{2,7} The questionnaire included the demographic profile of patients including age, sex, marital status, education, occupation, ethnic group and religious sect. Questions were developed at exploring patients' perceptions regarding the healing effects of sadqa/charity and prayers, the way the patients preferred such practice and its role in combination with modern medicine.

The questionnaire was developed in English language and translated into local Urdu language and translated back to English to confirm consistency in the meaning of questions. It was administered in both English and Urdu languages, depending upon patient's comfort. It was administered by study investigators and a meeting was arranged prior to its administration to ensure consistency in data collection by different interviewers. The investigators interviewed the patients and filled out the questionnaire. A pilot study was conducted prior to the initiation of the administration of the final questionnaire.

An agreement was reached between the investigators on how to administer the questionnaire, in order to ensure the uniformity in filling of the questionnaire. The questionnaire was administered in the waiting area outside the physician's office prior to the consultation.

Patients who agreed to participate in the study regardless of family physician they consulted were interviewed. The interviews were conducted throughout the month no specific timings were followed. The calculated sample size was 385.

Ethical requirement including the administration of written informed consent and the provision of confidentiality were ensured.

Participants were interviewed based on their availability and convenience. A systematic random selection of study subjects was not undertaken. Epi info version 3.0 & SPSS version 16.0 were used for data entry and management respectively. Since no prior data was available on this topic, a sample size of 400 was used. "P" values were calculated to determine statistical significance of beliefs and practices across various demographic variables.

Results

A total of 400 participants were interviewed. There were very few refusals to participate with a response rate of approximately 98%. Patients were interviewed based on convenience sampling. The mean age of the studied population was 34.3 years, majority of the subjects were married (62.8%), and the female to male ratio was 1:1.85 with 65.6% having grade XII education or higher. The majority of respondents were housewives (27.8%), followed by those in private service (25.3%), students (16.3%) and self-employed (16%). Also, a majority of respondents were Urdu speaking (76.5%) and 81.3% belonged to Sunni sect. (Table 1)

Table 1: Demographic view of study participants

Demographic factor	Min	Max	Mean ± SD
Age	15	77	34.33 ± 12.59
		Number	Percent (%)
Gender	Male	260	65.0
	Female	140	35.0
	Total	400	100
Marital Status	Single	145	36.5
	Married	251	62.8
	Another	4	1.0
Ethnic group	Urdu speaking	306	76.5
	Sindhi	28	7.0
	Katchi	7	1.8
	Punjabi	10	2.5
	Pathan	21	5.3
	Baloch	6	1.5
	Memon	9	2.3
	Qureshi	9	2.3
	Haro	1	0.3
	Kashmiri	1	0.3
Religious sect	Bori	2	0.5
	Sunni	325	81.3
	Shia	45	11.3
	Ismaili	30	7.5
Education	Illiterate	27.0	6.8
	Can read & write	15.0	3.8
	Up to grade v	25.0	6.3
	Up to grade x	71.0	17.8
	Up to grade xii	77.0	19.3
	Graduate	134.0	33.5
	Postgraduate	44.0	11.0
Occupation	Diploma	7.0	1.8
	Unemployed	20.0	5.1
	Self-employed	64.0	16.0
	Housewife	111.0	27.8
	Student	65.0	16.3
	Government service	39.0	9.8
	Private service	101.0	25.3

The practice of giving sadqa/charity for healing was significantly associated with females ($p < 0.001$); marital status; Ismaili sect ($p = 0.017$); educational level of grade V ($p = 0.03$); graduates ($p = 0.041$); housewives ($p < 0.001$), students ($p = 0.048$) and employees in private services ($p < 0.001$). (Table 2)

The scatter diagram shows that people above the age of 30 are more in favor of this practice. (Fig. 1)

Table 2: Chi-Square test for demographic characteristics and giving of sadqa (charity)

Demographic factor		Have given sadqa/charity to heal disease (Q2)		p-value	
		Yes	No		
Gender	Male	210 (61.8%)	50 (83.3%)	<0.001	
	Female	130 (38.2%)	10 (16.7%)		
	Total	340 (100%)	60 (100%)		
Marital Status	Single	113 (33.2%)	32 (53.3%)	0.003	
	Married	223 (65.6%)	28 (46.7%)	0.005	
	Another	4 (1.2%)	0.0	0.398	
	Total	340 (100%)	60 (100%)		
Ethnic group	Urdu speaking	260 (76.5%)	46 (76.7%)	0.974	
	Sindhi	23 (6.8%)	5 (8.3%)	0.661	
	Katchi	6 (1.8%)	1 (1.7%)	0.924	
	Punjabi	7 (2.1%)	3 (5.0%)	0.179	
	Pathan	19 (5.6%)	2 (3.3%)	0.461	
	Baloch	6 (1.8%)	0 (0%)	0.300	
	Memon	8 (2.4%)	1 (1.7%)	0.721	
	Qureshi	7 (2.1%)	2 (3.3%)	0.566	
	Haro	1 (0.3%)	0.0	0.646	
	Kashmiri	1(0.3%)	0.0	0.646	
	Bori	2 (0.6%)	0.0	0.551	
	Total	340 (100%)	60 (100%)		
	Religious sect	Sunni	279 (82.1%)	46 (76.7%)	0.328
		Shia	40 (11.8%)	5 (8.3%)	0.432
Ismaili		21 (6.2%)	9 (15 %)	0.017	
Total		340 (100%)	60 (100%)		
Education	Illiterate	23 (6.8%)	4 (6.7%)	0.960	
	Can read & write	14 (4.1%)	1 (1.7%)	0.333	
	Up to grade v	25 (7.4%)	0.0	0.030	
	Up to grade x	61 (17.9%)	10 (16.7%)	0.805	
	Up to grade xii	68 (20%)	9 (15%)	0.362	
	Graduate	107 (31.5%)	27 (45%)	0.041	
	Postgraduate	37 (10.9%)	7 (11.7%)	0.858	
	Diploma	5 (1.5%)	2 (3.3%)	0.337	
	Total	340 (100%)	60 (100%)		
Occupation	Unemployed	17 (5.0%)	3 (3.4%)	0.999	
	Self-employed	59 (17.4%)	5 (8.5%)	0.079	
	Housewife	107 (31.5%)	4 (6.8%)	<0.001	
	Student	50 (14.7%)	15 (25.4%)	0.048	
	Government service	33 (9.7%)	6 (10.2%)	0.952	
	Private service	74 (21.8%)	27 (45.8%)	<0.001	
	Total	340 (100%)	60 (100%)		

Sadqa/charity can heal diseases is a common belief in 84.8% of the respondents and 85% of respondents give sadqa/charity for healing. According to 92.3% of participants concept of healing by giving sadqa/charity giving is a religious belief. (Table 3)

Table 3: Participants' perceptions regarding healing effect of Sadqa/charity (n=400)

Serial No.	Perception	Yes		No		Don't know	
		No.	%	No.	%	No.	%
1	Sadqa/charity can heal diseases	339	84.8	33	8.3	27	6.8
2	Give sadqa/charity to heal diseases	340	85	58	14.5	2	.5
3	Will give sadqa/charity to heal disease in future if required	363	90.8	27	6.8	10	2.5
4	Sadqa/charity can prevent disease in person/family	331	82.8	56	14	13	3.3
5	Sadqa/charity can shorten the duration of disease/illness	240	60	100	25	60	15
6	Sadqa/charity can prolong life	143	35.8	202	50.5	55	13.8
7	Regular giving of sadqa/charity increases a person's resistance to diseases	344	86	30	7.5	26	6.5
8	Concept of healing through sadqa/charity have roots in religion	369	92.3	16	4	15	3.8

Sadqa/charity is usually given in the form of money (85.2%), food (55.2%), clothes (49.2%) and sacrificing an animal (65.5%) with most of the respondents having no color preferences for clothes (49%) or the sacrificial animal (49.2%). (Table 4)

Table 4: Method of giving away Sadqa/charity for healing (n=400)

Serial No.	Charity Method	Number	Percent
1	Sadqa/charity can be:		
A	Sacrificing goat/cow/hen	262	65.5
B	Giving food to the needy	221	55.2
C	Giving clothes to the needy	197	49.2
D	Giving money to the needy	341	85.2
E	Meat/grains to birds	7	1.8
F	Aids to Mosque/madrassa	4	1.0
G	Reciting Quran	2	0.5
H	Every good deed	8	1.9
I	Money to hospitals	5	1.2
J	Giving books/education	5	1.2
K	Blood donation	1	.2
2	Color of animal of sadqa preferred:		
A	Black	81	20.2
B	White	1	0.2
C	Any	197	49.2
D	Don't know	121	30.2
3	Color of clothes of sadqa/charity preferred:		
A	Black	28	7.0
B	White	4	1.0
C	Green	1	0.2
D	Colorful	3	0.75
E	Any	196	49.0
F	Don't know	168	42.0

"Medical treatment should accompany sadqa/charity for healing" this was a common belief among 97.5% of the respondents. While 73.8% believed that medicine should take account of prayers as a healing method. For 64.5% of the respondents, prayers and medicine are equally important. Table 5 lists the diseases and conditions in which respondents consider charity giving to be mostly effective.

Table 5: Participants' perceptions about sadqa/charity & prayers along with medical practice (n=400)

Serial	Perceptions	Yes		No		Don't know			
		#	%	#	%	#	%		
1	Sadqa/charity should be combined with medical treatment	390	97.5	9	2.2	1	0.2		
2	Modern day medicine should take account of the role of sadqa/charity & prayers in healing	295	73.8	85	21.2	20	5.0		
3	Modern day medicine give due credit to role of sadqa/charity & prayers in healing	180	45.0	165	41.2	55	13.8		
		Equally important		More important		Less important		Not important	
		#	%	#	%	#	%	#	%
4	Role of sadqa/charity & prayers in comparison to medical practice	258	64.5	94	23.5	44	11.0	4	1.0
	Medical conditions in which sadqa/charity & prayers work best						#	%	
1	Works same in all diseases					274	68.5		
2	Hepatitis					33	8.25		
3	Cancer					33	8.25		
4	Diabetes					7	1.75		
5	Infertility					26	6.5		
6	Repeated pregnancy loss					3	0.75		
7	Post-surgical recovery					23	5.75		
8	Serious diseases (including cardiac, renal, AIDS)					14	3.5		
9	Minor disease					15	3.75		
10	Psychological disorders					10	2.5		
11	Spiritual disorders					8	2.0		
12	Gender of fetus					15	3.75		
13	Don't know					23	5.75		
14	None					5	1.25		

Discussion

This is among the first studies which highlights the important topic of giving of sadqa and charity by patients and relatives in the hope of recovering from illness and disease in Pakistan. The study sample was large enough and with a very high response rate to draw valid conclusions. The study population represented all groups and strata of the society. One can argue that the study population was hospital based and those who are sicker and more health conscious visit hospital, limiting the results as opposed to generalizing them to the population at large. This is a limitation of this study and a community based survey is recommended. The study population was a relatively well-educated and affluent population at a University medical center and affects the generalizability of the results. The lack of studies on this topic prevents direct comparisons to be drawn from any available data. There is indirect evidence that patient's faith is considered important by the patient

in the healing process.^{11,12}

This study has documented a very strong preference and practice in favor of giving Sadqa/charity in the hope of recovery from illness, among the studied respondents. It is important for clinicians to note that almost 85% of the respondents believed in this practice and give charity. It is again important to note that almost 92% relate the belief and practice of Sadqa and charity giving in the hope of recovery from illness to religion. These are important findings and can have a favorable impact on patient-physician consultation if handed in a supportive manner by the clinician.

The finding that patients believe charity giving not only improves healing but also shortens disease duration, increases patient's resistance and prevents it from recurring in the future has important implications for clinical practice. They also believed that it prolongs life. The depth of belief in charity giving for

healing and improving health shows the extent to which patients have firm beliefs in this practice. Clinicians ignoring this aspect in patient care are missing a very important aspect of medical care from patient's point of view.

It will be considered a deviation from a patient centered model of medical care and thus not in line with current day medical practice.

The form in which charity or sadqa is given is also important to note. It is not restricted to giving money, but also includes giving food, clothes or sacrificing animals. This shows the value that people attach to this practice and use whatever means is available to them. There was no preference of color of the animal to be sacrificed for Sadqa to have maximum impact. The fact that color of cloth or animal was not considered statistically important among the respondents shows that superstition had little place in their minds and practice. It is important for modern medical practitioners to promote patient beliefs in health seeking behavior that is based on scientific lines and is evidence based.

This study demonstrates that the practice of giving sadqa and charity in the hope of recovery from disease is significantly associated with certain factors such as gender, marital status, Ismaili sect, educational level, and certain occupations such as private services, being a housewife and student status. Increasing age is also associated with the practice of sadqa and charity. It is important to identify factors associated with this practice among patients so that a better management plan can be made and clinicians can harness advantage of seeking well being among their patients as a result of this practice.

This study highlights the fact that a majority of the patients consider practice of charity giving and medical treatment equally important in recovery from illness and want modern day medical practitioners to incorporate consideration of sadqa and charity by patients and their relatives while providing medical care. Such patient expectations are in line with holistic models of medical care, as well as patient centered approach advocated by the medical profession today. Patient centered approach is considered an important part of present day medical practice.¹³ It is important for practitioners to consider Patient's beliefs as important and not to make the patient feel that their beliefs are being disregarded.

Conclusion

Charity giving (Sadqa) in the hope of recovery from illness was widespread among the studied patients. The modern day medical practitioners must give consideration to sadqa and charity by patients and relatives to influence recovery from illness and disease. Further research in this important area of health care is recommended.

Acknowledgements

The authors reported no conflict of interest and no funding has been received on this work.

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