Religious/Spiritual Beliefs and Practices Regarding Maternal Health: In Village of South Punjab

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Abstract

The ultimate aim of the study is to find out and document the cultural and indigenous belief system of the village women, specifically the religious and spiritual beliefs and practices regarding maternal health performed by local mothers. Qualitative design of study is selected to provide comprehend data. purposive sampling method was adopted to approach the targeted women and data was collected to married women (as they have experience of the pregnancy) through in-depth interviews. Research emphasis that women's attitude and perceptions regarding maternal health reflect religious inducement and thus such religious and spiritual beliefs system and practices work dynamically during the pregnancy as well as after delivery which means that it covers prenatal, natal and postnatal period. Study found that this religious and spiritual system works according to the sect (Sunni, Deobandi, Ahl-e-Hadith and Shite) in the area. These religious and spiritual beliefs were consisted on practices like (*Mannat*) to wish, to pray, (*Tawiz*) amulets, (*Dam Kerna*) insufflate, (*Milad*/*Wazifa*) meditation, and (*Sadaqah*) charity for seeking safe maternal health care throughout maternity circle.

Keywords: Religious, Spiritual, Practices, Maternal Health, Belief System.

Introduction:

Reproductive health has become the matter of amplified contemplation, in all regions of the world, from a health point of view as it significantly influences the overall well-being of individuals and society as well. In 2014, World Bank also emphasized the reproductive health issue by highlighting that globally, 287,000 women die each year just because of having complications in pregnancy and childbirth[1] that is one of the foremost causative factors of maternal mortality and frailty among women of reproductive age especially in under-developing nations. According to the report, 45 low-income countries remain burdened by increasing rates of fertility and maternal mortality which have association with gender inequality and high infant mortality, in which South Asian developing countries, unfortunately, are also included. Pakistan is a South Asian region with poor health indicators coupled with high poverty and illiteracy indicators.

Reproductive health care is not only a woman's matter, rather some other entities such as paternity, family, society and laws have a great impact on women's reproductive health. These entities together make a culture for determining rules regarding the reproductive health of women. Federation accounts, in its 1994 World Report regarding the Health of women, that the health of women is so often compromised

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[1] World Bank. *Reproductive Health and the World Bank Group: The Facts*. (Washington, D. C: World Bank Groups, 2014).

not by lack of medicinal knowledge, but rather by contraventions of the human rights of women and culture[2]. So, it can be said that culture influences reproductive health, since people move to expand access to RH information and services, they need to use culturally sensitive approaches to ensure a better understanding of reproductive health and achievement of equity between genders. Positive values and norms are influenced by cultural and religious traditions that need to be understood so these traditions can be used as a tool to improve women's reproductive health awareness among vulnerable females.

Beliefs regarding health depend on religious and cultural norms. As Adelson stated that there are some factors that affect women's reproductive health status, such as the gender-based role of mothers in childbearing according to traditional and cultural beliefs, that can result in less empowerment of women regarding taking decisions about child spacing, fertility and aspects of family planning[3]. It is well known that beliefs and practices, whether based on tradition or convention, have been found to have a strong influence even on educated persons and they cannot be easily overcome by ordering scientific proof [4]. Women have a greater vulnerability to traditional beliefs and such beliefs are more concentrated around pregnancy and childbirth than on other areas of life[5]. This study will not be judgmental of practices based on such beliefs. It will be concerned with their influence on reproductive health, their identification and their influence on respondents' behavior.

This study will examine a broad range of beliefs and practices by religious/ spiritual context. Before proceeding on, it is important to be acquainted with the status of Pakistani women in general as well as in association with maternal health to develop a good understanding of sociocultural norms and practices that affect their reproductive health. For this purpose,

Literature Review:

Religion has significant importance in people's selected way of living. South Asian studies reveal that religion is an important predictor of health outcomes in addition

[2] Zahan, Nasrin. "Factors influencing women's reproductive health." *ABC Journal of Advanced Research* 3, no. 2 (2014), pp.105-114.

[3] Adelson, Emiliya M. "Sexual health and psychological well-being of unmarried adolescent females living in an urban slum in India." PhD diss., Tulane University School of Science and Engineering, 2014.

[4] Withers, Mellissa, Nina Kharazmi, and Esther Lim. "Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries." *Midwifery* 56 (2018), pp. 158-170.

[5] Hira, S.K., Bhat, G.J., Chikamata, D.M., Nkowane, B., Tembo, G., Perine, P.L., Meheus, A., & Hodzic, A. "Gender does matter: Framing risk sexual behaviours among Croatian adolescents." *Centre for policy studies Fellows publication, Recno* 67 (2002), pp. 13.

of demographic characteristics[6] including Pakistan and Bangladesh[7]. As religions and religious groups are attributed with theological dissimilarities and way of life style that is why evidence from Africa[8] reflect difference of maternal health services utilization in different groups. Bisika analyze socio-religious beliefs and teachings practiced in Malawi and reported that religious teachings like "be fruitful and multiply" became a cause of reluctance and contradictory behavior for adopting family planning methods and contraception use[9]. Norms and values rooted in specific religious group may encourage negative attitude toward modern health services and medication[10] that constrain the access of reproductive health services.

Religion has prime importance in the lives of the masses. The role of religious groups (like Muslims) in criticizing RH policies and programs of a development organization that is a serious obstacle in the provision and access of RH services[11]. The opposition to the Program "Bache do hi Ache" in Pakistan from such religious groups can be quoted as an example of the obstetric role of religious groups in RH services. However, the web of social norms and customs in association with demographic indicators of people affects the phenomenon. However, instead of the discussion mentioned above, women who have good positions and empowerment in the family, utilize better healthcare facilities.

It is obvious that regional differences not only exist in place of residence, religion and cultural beliefs, socio-political setup, availability of MH services (including distance to HC facilities and their quality as well as quantity), educational attainment and mothers' age (early marriage) but also affects people lives[12]. Study reveals that females remain silent because of feeling hesitation due to cultural stigmatization that is: a woman

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[7] Hosen, Mohammad Jakir, Saeed Anwar, Jarin Taslem Mourosi, Sourav Chakraborty, Md Faruque Miah, and Olivier M. Vanakker. "Genetic counseling in the context of Bangladesh: current scenario, challenges, and a framework for genetic service implementation." *Orphanet Journal of Rare Diseases* 16, no. 1 (2021), pp. 168.

[8] Addai, Isaac, Chris Opoku-Agyeman, and Helen Tekyiwa Ghartey. "An exploratory study of religion and trust in Ghana." *Social indicators research* 110 (2013), pp. 993-1012.

[9] Bisika, Thomas. "Cultural factors that affect sexual and reproductive health in Malawi." *Journal of Family Planning and Reproductive Health Care* 34, no. 2 (2008), pp. 79.

[10] Gyimah, Stephen Obeng, Baffour Takyi, and Eric Yeboah Tenkorang. "Denominational affiliation and fertility behaviour in an African context: An examination of couple data from Ghana." *Journal of Biosocial Science* 40, no. 3 (2008), pp 445-458.

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[12] Obasi, Ebere Zepherinus. "A Review of the barriers and socio-cultural factors influencing the access to maternal health care services in Nigeria." (2013).

who talks about sexual and reproductive life is not good. So, females feel hesitation in discussing reproductive health issues. There are some religious beliefs that prevent women from accessing maternal health services. For instance, the veil that is also known as Purdah prevents women to seek reproductive health care services from outside their houses in Pakistan[13]. Similarly, it is considered that a woman is encouraged to have many children in religious teachings that prevent them to use contraception or adopting family planning[14]. Such beliefs that are based on religious and cultural norms regarding maternal health are the main causes of the poorer MH status of women.

Females with high religiosity may consider it less important to seek assistance for pregnancy in light of the fact that the they esteem and trust in their ethno-cultural and religious practices in regards of ensuring a wellbeing pregnancy experience and consequences over presenting to a health facility to start antenatal care in first trimester[15]. These convictions related to wellbeing may regularly be veiled as social convictions and practices, nonetheless, they rdemand more noteworthy consideration[16].

There is a culture of silence[17]. Lack of social interaction between males and females enforces restrictions in health-seeking for women. Mostly, women are not comfortable allowing male doctors to examine them, because it is also against religious or cultural norms. These traditional maternal health care practices lead rural women to access informal and private health care services such as traditional physicians, homeopaths, herbalists, spiritual and traditional healers, and other providers that are not qualified, for example, pharmacy dispensers and medical experts[18]. The reasons behind the use of ethno medicinal methods and their impact will be studied in order to get complete information regarding the influence of beliefs on women's reproductive health and knowledge of women regarding their RH-seeking behavior. Studies reveal that fear

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of complicated pregnancy may restrict women to eat nutritious food. It is believed that taking supplements and nutritious food may increase the size of the baby and cause pain in full labor[19] or C-section[20]. However, sometimes it is believed that restriction or consciousness about eating during pregnancy may negatively affect the baby if the mother doesn't eat what she wants. So, in these areas, women are encouraged to eat more[21] without any restricted taboo. In many areas, people had strong beliefs about traditional practitioners. Women in Pakistan favored using holy water and amulets that are provided by religious/spiritual leaders rather than seeking formal healthcare services[22]. A message related to the prenatal period given by a traditional/spiritual healer was also considered a common practice[23]. conducted a study in rural Punjab, a province of Pakistan, and found that people perceived pregnancy as predestined to childbirth. That's why it should not interfere with otherwise medical interventions can create complications and can be harmful to the pregnant lady and her baby.

Cultural Taboos have been affecting human lives since the birth of civilization. Taboos impose some restrictions on women for reproductive and maternal health practices including praying, rituals or ceremonies and food taboos[24]. In some societies, if a woman becomes pregnant, she should not be touched by anybody. It is believed that if everyone knows about pregnancy, maybe one of them does anything bad like evil eye, witchcraft etc.[25] that can lead to harm mother or her baby. So, they seek help only from someone trustworthy and not from many people for getting safe and protected.

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Material and methods:

This study provides a qualitative description of beliefs and practices associated with maternal health of rural women in the context of socio-cultural framework. The data was gathered from 42 married women through in-depth interviews and three focus group discussions (each discussion involved 8 to 9 individuals as active participants) were also conducted in this regard. Purposive and snow ball sampling techniques were used for approaching the participants. Simple thematic analysis approach has been utilized for interpretation of data. To obtain primary information from community members, an immersion method was employed by residing inside the community with natives to be engaged in direct observations. Essential information and activities were documented through field notes and audio recordings for retention and recall than later arranged according to themes. Observation abetted researcher to perceive the participants' voiced and gestural communication indications, their beliefs and perceptions, behavioral physiognomies regarding maternal health and influence of religious beliefs on it, while field notes comprised on acuities and practices of respondents.

Result and Discussion:

Regarding the cultural belief system, it has already been mentioned that how mothers believed in internal health seeking views, health services and food taboos. It was also observed during the research that a strong influence of religious and spiritual beliefs and practices associated with mother and child healthcare practices were followed by the people. The native women of selected area, for suppose if did not get pregnant, in spite of availing any clinical and traditional services, strongly believed in spiritual and religious practices, in accordance of their own religious beliefs. This belief was found in every stage of maternal health including prenatal, natal and postnatal care. Although all the respondents of study were Muslim women, however, they belonged to different sects such as Sunni, Deobandi, Ahl-e-Hadith and Shia. So, their belief system was in accordance of the credentials based on their sects which appeared through their practices. People from Sunni and Deobandi sects both were followers of Imam Abu Hanifa but there was a difference in their beliefs and practices. People of Ahl-e-Hadith Sect (Aqeedah) were followers of Imam Ahmad bin Hanbal while Shia people had twelve Imams to follow.

Sunni and Deobandi both believed in spiritual Healers (*Pir*) but Deobandi did not consider it permissible to visit the shrines and to pray there. While Sunnis were in favor of praying and giving alms at the shrines and taking amulets from religious practitioners. Deobandi believed in the use of Quranic verses for insufflating (Dam Kerna). Ahl-e-Hadith did not follow any religious practitioner, spiritual healer or Sufi of the Shrine. They used to perform their spiritual healing practices according to Quran and Sunnah. People of the Shia sect had faith in religious practitioners to visit the shrine to pray and use amulets. The religious practitioners and shrines of both Sunnis and Shia were different on the basis of their beliefs. During the interview and FGD, the women of all sects shared their beliefs and practices related to prenatal, natal and postnatal periods.

As soon as a woman became pregnant, she began to practice her religious and spiritual rituals concerning the baby which continued even after the birth of the child including care of newborn. Those religious and spiritual beliefs that came up were like (Mannat) to wish or to pray, (Taweez) amulets, (Dam Kerna) insufflation, (Milad/Wazifa) meditation, and (Sadaqah) charity.

Table 1: Religious and Spiritual Beliefs and Practices Regarding Maternal Health

Practices	**Local Terms**	**Ritual procedure**	**Reason**
Seeking Wish/Pray	Mannat (Rakh)	enlightening lamp, food distribution, sacrificing	To get mercies of spiritual healers for problem resolution
Amulets	Taweez	Wore or kept words, numbers or Quranic verses	To avert bad spirits, evil eyes etc.
Insufflation	Dam kerna (Salwaat)	Intake of holy water/food	Curing and healing of medical and spiritual ailment
Charity	Sadqah	Monetary/material distribution of resources	Alleviation of adversity
Mediation	Milad and Wazeefa	Collective/individual, Recitation of verses/ words	Seeking blessings of Allah

Source: Field Data

Through FGD and interviews, it became clear that the individuals having strong belief in religious practitioners, spiritual healers and the role of shrines in fulfillment of their desires, perceived human as a sinful creature. They perceived that unusual cases like not conceiving a child, having miscarriage after pregnancy and birth of abnormal babies reflects the signs of God's anger. For seeking God's blessings and getting rid of such miseries, they used to visit the shrine, meet with their *pirs/pirnis* for Mannat and requested him/her for *dua*. These Pirs were perceived as the acolyte, factual henchman of Allah and thus be able to resolve people's problems by seeking Allah's mercies. In case of the fulfillment of desires and wishes, it was obligatory for them that they would visit the shrine again and settled their prescribed Mannat. These followers of spiritual healers comprised on the people of both sects sunni and shia. However, it was observed that followers of Deobandi sect performed these spiritual practices but exclude the belief on

spiritual healers (*Pirs/Pirnis*). Ahl-e-Hadith were found much rigid in this regard, they never follow any religious practitioner, spiritual healer or Sufi of the Shrine, nor they practice amulets, insufflation or *milad* etc. rather they believed on reciting verses or spiritual healing practices according to Quran and Sunnah.

Table 2: Spiritual and Religious Rituals in accordance of their way of performance.

Rituals	**Indigenous name**	**Practices of ritual**	**Performance of ritual**
Mannat man'na	Darbar per Mannat man'na (Rakh)	Seeking for mercy or wish on the shrine	In case of infertility, normal pregnancy, ensuring healthy mother and child, and often for the sake of baby boy, women visit the shrine, pray and wish for their desires. They make their promise (mannat) to God for the completion of desire and perform mannat after fulfilment of wish.
Dam Kerna	Jism, Khajoor, Pani, Shakar, Namak per dam kerna	Below or breaths hard on the body, dates, water, sugar and salt	In *Dam*, religious practitioner recites some Quranic verses/surah as dam and blew on any of these items. Women have to eat or drink the item according to the directions of Religious practitioner in different times.
Khak/ Matti	1.Khak-e-Madina 2.Khak-e-Kerbala 3.Darbar ki Matti	1.Dust particles of Madina 2.Dust particles of Kerbala 3.Dust particles of shrine	Women used this *khak*/dust (anyone according to their belief system) along with water to ensure safe pregnancy as *Khak* have association with pious place so it was perceived to be effective.
Darbari Tail (oil)	Dia ke Tail ki Malish	Massage from the oil used for lamp blown on shrine	Pregnant women had to apply the oil (getting from the lamp blown by people on shrine) on her body and especially massage her abdomen for safe pregnancy.

Pak Pani	Chashma ya Talaab ka Pani	Holy water from the pond on shrine	At the shrine of Baba Freed, a water pond was existed and people used it for ablution. Women were observed to drink water from this pond. This water is considered "Shifa" as it situated on shrine (a pious place). Its use in pregnancy was considered useful.
Taweez	Dhaga / kaghaz	Amulet 1.Colored thread 2. Written scripts of verses in form of words or numbers	Religious practitioner recites verses and blew on thread or in other case, write some verses in original or numeric form on piece of paper which was covered with leather cover or silver case. During pregnancy women wore it on abdomen while on the delivery time women put it on her thigh or waist as it helps in easy delivery.

Source: Field Data

4.1 Mannat (Wish):

It is also called (Rakh) in the local language. Women of the area, who felt agonized and despondent, used to have Mannat at the shrine (Dergah) and promised to visit shrine if their Mannat (get pregnant, son preference, health of baby and any other issues) would be fulfilled. Further, enlightening the lamp (Día) and distribution of sweets (Mithai) and Deig (Big pot of rice) as charity were also performed as a part of this ritual. They often sacrificed an animal (if their financial condition let them to do so) and install a flag (Alam) also. The most visited shrines include shrine of Khawja Ghulam Fareed (Kot Mithan), Hamza Sultan (Jampur) and Sakhi Sarwar (D.G Khan) but native people also visited spiritual practitioner (Pirs) in other cities too.

A woman told about the progression of mannat during this interview:

> *"I could not conceive even if I got pregnant, It always ended up in miscarriage. Then, I visited the shrine of Hamza Sultan in Jampur. There I prayed for Mannat that I would enlighten a lamp (Dia) in the shrine after delivery, I laid a sheet there and distributed sweets. In this way, this Peer sahib's miracle healed me."*
>
> (An uneducated urban woman of age 48 years)

Mannat does not comprised only on the form mentioned above, instead it has multiple forms to be fulfilled. Another form of Mannat observed during study was to worship by sitting in the shrine. A woman explained it as following:

> *"I am the follower of Pir Khawja Ghullam Fareed. Allah has blessed me with children. I had manat for the birth of each of my children that I would stay at the shrine for nine nights. It means every Thursday I used to offer my prayers in a specific place made for women at the shrine. I started this practice from the seventh month of pregnancy. I had to do so for continuous nine Thursday nights along with drinking water from a pond in the shrine. That's how God's grace was on me.*
>
> (An uneducated rural woman of age 39 years)

As mannat have different forms of accomplishment, it's purposes to be fulfilled are also different. Regarding the concept of Mannat, a woman said in FGD:

> *"I only had daughters so I visited the shrine of Hamza Sultan and prayed there that I will wear embroidered shirts for six months starting from the birth of my son and will dress the baby too. These especial shirts are available from the shrine. A woman makes it for selling there. The women who come there for Mannat, purchase these shirts. If they are blessed with sons, they wear the shirts for six months. These shirts are available in bright colors like red and pink etc. because these are considered the color of happiness. When my Mannat was fulfilled, I wore that shirt for six months. After that, I went to the shrine and gave the Deig".*
>
> (Rural woman age 26)

4.2 Taweez (Amulet):

It was observed that women in selected study used amulets to get pregnant as well as to have safe pregnancy. These amulets were taken from a local *Pir Sahib*, or from any pious old man or woman. These amulets were worn around the neck, tied by the leg or tied around the waist. These amulets were based on some written scripts may be on papers or sometime on cloth or leather in the form of words, numbers or Quranic verses. Additionally, people wore different colored threads around their necks or in their hands. Those threads were available in combination of seven different colors but usually in black, white or green, something was red and blue on these threads. According to what came out during the interviews, there were various reasons for using the amulets as a whole. Generally, it is perceived that wearing an amulet can cause healing[26]. Women used amulets to get pregnant, to have safe pregnancy or give birth to a son. Women who

[26] Qidwai, Waris, Rumina Tabassum, Raheela Hanif, and Fahad Hanif Khan. "Belief in prayers and its role in healing among family practice patients visiting a teaching hospital in Karachi, Pakistan." *Pak J Med Sci* 25, no. 2 (2009), pp. 182-9.

failed to conceive used to the insufflate thread around their waists. A thread was also tied around the women's waist to protect the baby and herself from evil eyes during the complete period of pregnancy. The amulet worn around the neck was firstly wrapped in leather cover or in silver case and then dangled around the neck.

During an in-depth interview, a woman told that:

> *"She got pregnant after getting an amulet from the family pir(spiritual healer) and continuously tied it to her waist till delivery. After delivery she got another amulet for the baby. It is believed that amulet, having Quranic verses can protect its beaver from bad things".*
>
> (A primary-level educated woman of age 28 year)

4.3 Dam Kerna (Insufflate):

The locals termed it as "*Salwat*". It was firm belief that Insufflated food had the power of removing the effects of evil eye. Through focus group discussion, it was highlighted that people very often requested *Moulvi Sahib, Pir Sahib* or any pious person of the area to do *Dum* on the food items and drinking water. Then, eating and drinking these things brought healing. Some women mentioned another remedy to ward off the evil eye. They used to drink "Makkah Water" also known as "*Aab-e-zam zam*" which is holy water for the Muslims around the world. It was asked to a pilgrim, returning from Saudi Arabia, to bring that holy water for them. It was also available in the neighboring city in those days. It was considered the best cure for healing purpose. Moreover, some mothers said that dates were effective to conceive and useful for easy delivery. *Khaka-e-Madina* and *Khak-e-Karbala* were also considered as a source of healing during pregnancy and at the time of delivery.

4.4 Sadqah (Charity):

The general opinion of women was that *Sadqah* /Charity alleviated adversity. This was the firm belief of Muslims but there were found many different ways of giving *Sadqah*. Some women said that they used to give money case as *Sadqah* to any poor and needy person or to a *Madrasah* (an educational institute for religious teachings). In addition, they used to arrange *Sadqah*, especially during the pregnancy or at the time of delivery and a needy person was considered a rightful deserver. A woman said that she used to give her *Sadqah* to transgender because their prayers were quickly answered. Another opinion was that *Sadqah* was also used as *Mannat* that was performed in the form of a black goat or black cock. These were taken to the shrines and sacrificed there as *Sadqah*/Charity. Some used to put a specific amount in the money box of the shrine. A woman said in IDI:

> *"I belong to the Shia sect. We donate our family's Sadqah by feeding the people on the 9^{th} and the 10^{th} of Moharam. This method has been going on in our family for years. That's why, we remain safe from all troubles".*
>
> (Primary educated woman of age 28)

4.5 Milad and Wazeefa (Meditation):

Milad is a collective ritual in which needy person arrange gathering of friends, relatives or neighbors to recite holy verses, Quran or likewise some other religious/spiritual cantos for the sake of blessing while in wazeefa same rituals are performed individually by following specific prescribed verses on specific time and place. Different ideas about beliefs and practices emerged during interviews, a mother shared her own experience,

> *"A woman said that she succeeded to get pregnant after following on advice (Wazeefa) comprised on Durood e Muqddsa, recited at Tahajjud time. It healed me, said by woman. After giving birth to the child, I distributed a Deig in the area as a charity'.*
>
> (A matriculate woman age 27)

Similarly, another woman belonged from Snni sect described that "we have the tradition that when a woman gets pregnant, we read there the stories of seven ladies. It brings blessings to the home. In addition, we arrange Meelad for her, once or twice, during her pregnancy time period. In Meelad, we start with the recitation of complete Holy Qur'an and then Naat is recited. Remembering Allah and His Holy Prophet (PBUH) bring blessings in everything. During interview and FDG, this opinion came out unanimously that all the women, regardless of their beliefs on sects, used to recite specific Surah of the Holy Quran during their pregnancies. Surahs were also recited as *Dum* at the delivery time. *Dum wala Pani* was provided for the pregnant women to drink for the purpose of healing. So that, mother and baby both might be protected from evil eyes.

Conclusion:

Religion has great contribution in everyday routine life of people that's why religion works as an important clairvoyant of health outcomes in addition of demographic characteristics or other cultural stimuli. Reproductive health has become the issue of amplified consideration throughout the world from a health point of view because it eloquently influences the well-being of individuals. As religious teachings and religious groups are attributed with theological dissimilarities and way of life style that is why we found difference of maternal health services utilization in different groups. Results of the study revealed that people had strong believe on spiritual and religious practices but a trivial variation was found because of sectorial differences as people from Sunni and Shia sect have strong believe on the blessings of saints, spiritual healers and religious persons including (maulvi Sahab) etc. and they follow them for insufflation, getting mediative versus, getting versed amulets, holy threads and likewise activities. However, Deobandi and ahl-e-hadith sect don't believe in taweez, visiting shrines and helers (asking for help), instead they prefer to follow the teachings of Quran and sunnah of Hazrat Muhammad sallallahu alaihi wasallam. Women start to practice these rituals from prenatal stage and follow till postnatal care, however those who found some difficulty in conceiving had to perform some rituals before the start of pregnancy. These rituals may consist of mannat

(including night stay at shrines, wearing bright colored embroidered clothes available at shrine, pay Charity etc.), amulets (based on threads or papers), holy food or water for curing and preventing from ailment, sadqah/charity (according to financial stability) to elevate adversity and organizing wazifa and milad (mediational activities) for the sake of contentment and blessings of Allah Almighty.