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Ideas And Beliefs About Health And Illness: An Ethnographic Study Of Kalinagar Village In Hailakandi District, Assam

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Abstract:

This ethnographic study explores the health beliefs, ideas, and practices surrounding illness within Kalinagar Village, located in the Hailakandi District of Assam, India. Focusing on two distinct Muslim communities—Ashraf (high social status) and Mahimal (fisherman, lower social status)—the research examines the cultural and religious perspectives that shape health-seeking behaviors. The study reveals that villagers perceive health as a divine blessing (Amanat) from Allah and illness as a test or a consequence of one's actions. Health practices, including preventive measures and treatment-seeking behaviors, are deeply intertwined with religious beliefs, with a strong emphasis on the teachings of Islam. Participants view modern medical treatment as a means to seek Allah's healing while maintaining that ultimate healing comes from Allah alone. The research employs participant observation, in-depth interviews, and focus group discussions to gather insights from both the villagers and local healers. The findings contribute to understanding how health is conceptualized within a Muslim rural community and highlight the complex interplay between religious, cultural, and socio-economic factors that influence health decisions. This study emphasizes the importance of culturally sensitive healthcare interventions to effectively address the needs of similar communities.

Keywords: health, illness, ethnographic study, Muslim communities, health-seeking behavior, religious beliefs, socio-cultural influences.

Introduction

This study is based on ethnographic research between two Muslim groups the so called Ashraf or we can say a high social status Muslims like Choudhury's, Laskar's and Barbhuiya's and non-Ashrafs or a Mahimal (Fisherman) or lower social status Muslim groups. This study aims to provide an in-depth understanding of the cultural contexts that influence health-related decisions and behaviours within these communities. This research explores how these communities maintain their health, their ideas, belief and knowledge surrounding health and illness, and how they seek treatment when illness strikes. This research, conducted as part of a PhD program, aimed to capture the diverse experiences and insights of 253 households residing in Kalinagar, a rural region within Hailakandi district of Assam. Situated in the northeastern part of India, Kalinagar presents a unique cultural landscape shaped by its geographic location, socio-economic factors, and traditional practices. Our study revealed that health-related beliefs and practices among these groups are significantly influenced by cultural, social, and religious factors.

Overview

Health and Illness

Health is a fundamental aspect of human life, encompassing physical, mental, and social well-being rather than merely the absence of disease. According to the World Health Organization (WHO, 1946), health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This comprehensive definition highlights that health is not just a personal matter but is significantly influenced by various environmental, cultural, and societal factors.

Health culture refers to the beliefs, practices, and social norms that shape how individuals and communities perceive and engage with health-related issues. It encompasses dietary habits, hygiene practices, traditional healing methods, and attitudes toward formal healthcare systems. Understanding health culture is crucial for recognizing how these beliefs and practices influence health-seeking behavior the ways individuals and communities access and utilize health services (Berkman et al., 2000). Health-seeking behavior is shaped by various determinants, including education, socio-economic status, and cultural beliefs, which together influence how people respond to health challenges.

Illness is commonly understood as the experience of physical or emotional discomfort, distress, or dysfunction, which may arise from an underlying disease or condition. It is a multifaceted phenomenon shaped not only by biological factors but also by cultural, social, and religious influences. From a cultural standpoint, how an individual perceives and reacts to illness can vary greatly based on their beliefs, upbringing, and environment. For example, in many Islamic cultures, illness is viewed as a test or trial from Allah, providing an opportunity for spiritual growth and purification. The experience of illness is considered a

means of cleansing past sins, and enduring it with patience is viewed as a virtuous act that strengthens faith and connection to God (Rahman, 1998). While medical science diagnoses and treats illness using evidence-based approaches, the cultural and spiritual context in which illness is experienced can significantly influence how individuals seek treatment and manage their health.

Muslims make up significant portions of the population in many countries worldwide, both in Muslim-majority regions and elsewhere. As one of the fastest-growing religious groups globally, Islam encompasses a variety of ethnicities, each with distinct perspectives on health and illness. Consequently, providing healthcare to Muslim patients can present challenges for non-Muslim healthcare providers. Islamic beliefs can influence key aspects of healthcare, including decision-making, family roles, health practices, and the acceptance or rejection of certain treatments. It is important to consider these religious views while ensuring that patient confidentiality is respected in healthcare settings (Mutair, Plummer, O'Brien, & Clerehan, 2014, p. 254).

Several studies have explored how Muslims, both globally and nationally, view health and illness, although there is still limited research on this topic. For instance, Basem Attum and Zafar Shamoon (2019) examined healthcare practices among Muslims during Ramadan, highlighting the preference for traditional remedies and the restrictions on certain medications while fasting. They also emphasized the importance of privacy and modesty in healthcare interactions. Dietrich Von Denffer (1976) explored the concept of baraka in Islamic culture, focusing on its healing power, particularly through Quranic verses, which are believed to be a source of divine intervention.

Aasian Padela, Amal Killawi, and Katie Gunter (2011) conducted focus group studies with Muslim-Americans, discovering how faith intersects with medical care. They highlighted the need for Halal food and prayer spaces in healthcare settings, underscoring the importance of religious considerations in the healthcare experience. Lori Maria Walton, Fatima Akram, and Ferdosi Hossain (2014) focused on healthcare preferences among South Asian Muslim married women, noting their preference for female healthcare providers and their belief in the healing power of prayer, Quran recitation, fasting, and charity. Gavgani, Qeisari, and Jafarabadi (2013) examined health information sources in Iran, emphasizing the role of TV, community discussions, and public libraries in spreading health-related knowledge. Miller and Petro-Nustas (2002) explored how "Islamic feminism" has empowered Muslim women to make informed healthcare decisions, especially regarding health and wellness practices.

Babar T. Shaikh and Juanita Hatcher (2004) described the healthcare system in Pakistan, with a focus on grassroots initiatives such as Lady Health Workers and Village-Based Family Planning Workers. Amirfakhraei and Alinaghizadeh (2012) studied the impact of prayer and fasting on mental health during Ramadan, noting positive effects on well-being. Similarly, Akuchekian et al. (2004) found that religious practices like prayer and fasting help students cope with stress and improve self-control. Loewenthal et al.

(2001) conducted a study in the UK and found that Muslims reported the highest effectiveness of religious coping activities in alleviating depression, suggesting the potential benefits of prayer beyond Ramadan. Amani Elrofaie (2014) emphasized that Muslim views on health often center on the belief that God is the ultimate healer and that treatment plans should incorporate spiritual health and adherence to Islamic dietary laws.

Dr. Abdul Mughees (2006) noted that Muslims may view illness as atonement for sins, encouraging patients to seek both medical care and religious practices during illness. Dr. Adam (2017) highlighted the social stigma Muslim patients may face regarding religion and mental health, advocating for support from religious leaders to encourage seeking mental health treatment. Drs. Awais Aftab and Chandan Khandai (2018) stressed the importance of understanding Islamic beliefs when providing healthcare, suggesting accommodations such as same-sex providers, prayer spaces, and dietary preferences. Earle H. Waugh (2007) discussed the Quranic perspective on health as a blessing from Allah, emphasizing the integration of physical and spiritual well-being, as well as the moderation of life as taught in the Hadith.

A limited number of studies have examined how Muslims in India view health and illness, focusing on the influence of religious beliefs and cultural practices on their healthcare-seeking behavior. For instance, S. M. Iqbal (2003) studied healthcare practices among Muslims in rural India, finding that illness is often seen as a test or punishment from Allah, with healing ultimately believed to come from divine will. The research revealed that while Muslims frequently seek modern medical treatment, they also place significant trust in traditional healing methods, such as herbal remedies and faith-based practices, reflecting a blend of Islamic faith and local healing traditions.

In another study, Khan et al. (2012) explored health-seeking behaviors among Muslim women in urban areas, highlighting the central role religious beliefs play in their health decisions. The study found that these women often prefer to consult Muslim healthcare providers, particularly female doctors, in order to maintain modesty. Furthermore, the participants emphasized the importance of having access to Halal food and prayer spaces within healthcare settings, and many integrated religious practices like prayer and fasting with medical treatment to ensure both spiritual and physical well-being. This approach reflects a holistic view of health, where religious practices complement modern medicine.

Sharma and Iyer (2015) investigated how religious beliefs shape healthcare decisions in Muslim families in rural Uttar Pradesh. The study found that many families delay seeking medical attention for serious health conditions, relying instead on prayer and divine intervention. Illness is often perceived as a form of atonement for sins, and there is a strong emphasis on increasing religious practices such as prayer, Quran recitation, and charity during illness. However, the study also revealed that many participants eventually turned to allopathic

treatments when conditions worsened, highlighting the coexistence of faith and reliance on modern healthcare.

S. S. Khan (2018) conducted a study on the health beliefs and treatment-seeking behaviors of Muslims in rural West Bengal, focusing on the intersection of Islamic faith and traditional healing methods. The study found that many villagers considered illness a divine test, often seeking treatment from pirs (spiritual healers) for minor ailments. However, for more serious conditions, they turned to medical treatment. The study also noted that social stigma and fear of medical tests often deterred people from seeking hospital care, especially among those with low literacy.

M. S. Azmi (2017) explored the relationship between Islamic teachings and health practices in India, revealing that Muslims in urban areas, particularly those with higher education, are more likely to adopt modern medical practices. However, the study emphasized that Islamic teachings about hygiene, dietary laws (including the avoidance of haram foods), and the use of prayer for healing remain central to their health practices. This research underscores the importance of cultural and religious sensitivity in providing healthcare to Muslim populations in India.

A further study by Sharma et al. (2019) on Muslim healthcare practices in Bihar found that many Muslims rely on both modern medicine and traditional practices, such as ruqiyyah (spiritual healing), especially for mental health issues, which continue to be stigmatized. The study also noted that Muslim patients sometimes feel uncomfortable seeking care from non-Muslim doctors, emphasizing the need for healthcare providers to be culturally competent and sensitive to religious preferences.

The integration of traditional medicine with health practices plays a significant role in healthcare access. Sonia Gordon et al. (2003) discussed how systems like Unani Tibbi, as well as religious and faith-based healing practices, coexist in India. Many people prefer these holistic systems due to cultural and religious influences. These systems emphasize the balance of physical, mental, and spiritual well-being, making them particularly popular in certain communities. Nazia Parveen's (2013) intensive fieldwork among 300 married Muslim women from two villages Balirband and Katigorah Part-III in Assam examines the health-seeking behavior of Bengali Muslims, specifically comparing women from an upper-caste group and the Mahimal, a lower-caste group. In the studied villages, individuals expressed preferences for female doctors due to modesty concerns and faced patriarchal restrictions in decision-making regarding healthcare. Economic disparities were also significant, with lower-income groups facing additional barriers to healthcare access.

According to data from the Health and Family Welfare Ministry, in 2016, India had an estimated 150 million people in need of mental health care. However, fewer than 30 million actively sought help. This disparity can be attributed to several factors, including high costs, social stigma surrounding mental health, limited

awareness, and a severe shortage of qualified professionals. As a result, mental health care remains largely inaccessible to the majority of the population in India.

These studies collectively reveal the complex ways in which religious beliefs, cultural practices, and access to healthcare shape health-seeking behavior among Muslims in India. While modern medical practices are widely adopted, traditional healing methods and religious practices continue to play a significant role in the treatment of illness. Through this study, researcher aim to contribute valuable insights into the health culture of the villager, ultimately informing interventions that are culturally sensitive and tailored to the needs of the community.

Theoretical Framework of the study

This study adopts an interpretive anthropological approach combined with micro-sociological theory to understand how the villagers of Kalinagar create and interpret their social world. The framework draws on Clifford Geertz's theory of cultural interpretation and Peter Berger's concept of the social construction of reality. The primary objective is to explore how the villagers externalize, objectify, and internalize their cultural beliefs and practices related to health and healing. Additionally, the study investigates the factors that influence the formation of meaning within their social contexts and how these factors shape their attitudes and behaviors towards healthcare, specifically regarding their approaches to healing and treatment.

Objectives

The study aimed to examine the health culture and health-seeking behaviors of the Muslim community in Kalinagar Part VI by focusing on key aspects such as beliefs about health and illness, treatment sources, and how cultural factors influence the way they seek treatment. Additionally, the research explored the various factors that affect their health-seeking behavior. The goal of the study was to generate insights that could inform the development of health interventions that are culturally appropriate and effective for this community.

Methods, background and setting

This study employs an ethnographic approach to explore the health behaviors and cultural practices of two distinct Muslim communities: the Mahimal (fisherman) Muslim community and higher-status Muslim groups. Adopting a constructivist perspective, this research embraces qualitative methods to understand the multiple realities experienced by participants, with meaning emerging from their subjective experiences (Creswell & Poth, 2016). Ethnography, as a research method, focuses on examining human behaviors within their social contexts, aiming to understand how these environments shape interactions and perceptions (Murchison, 2010). In this study, the goal was to develop cultural competence by conducting an in-depth exploration of the

villagers' perspectives and lived experiences, which could not be captured through a single method. Ethnographic techniques such as firsthand observation were integrated to collect rich, contextually detailed data (Murchison, 2010).

The study utilized a combination of participant observation, in-depth interviews, and focus group discussions with middle aged villagers aged between 25 to 45 years, and local healers (including two male and one female), quacks (local unregistered pharmacist) in Kalinagar village. Conducted in two stages, the research aimed to provide an in-depth understanding of villagers' perceptions and experiences concerning health and illness. In Stage One, the researcher observed visits to each household and shadowed specific individuals to familiarize themselves with the village's healthcare and educational environment. This process helped the ethnographer gain insight into the villagers' unique experiences when seeking medical treatment.

In Stage Two, semi-structured interviews were conducted with elderly villagers aged between 50 to 70 years, to gather detailed narratives on their perspectives regarding health, illness, and treatment. A focus group discussion was also conducted to validate initial findings from the interviews and observations. The researcher personally visited 20 households for interviews, which were audio-recorded and later transcribed. With participants' consent, photographs were taken during the fieldwork. After each interview, field notes were written to provide a detailed description of the experiences shared by participants.

The data were analyzed using a two-stage coding process, beginning with open coding to explore the data, followed by selective coding to identify and refine key themes (Strauss & Corbin, 1990). In addition to interviews with villagers, the first author also conducted interviews with three experts, including imams (priest') and maulavis (religious scholar'), to contextualize and compare the empirical data with expert perspectives on health and illness within the Muslim community. This helped ensure the reliability and validity of the findings. The researcher also conducted participant observations throughout the study, attending events such as sickness visits, prayers, death rituals, and visits to Islamic cemetery plots to gain further insights into the community's health-related practices.

Ethics Statement

Ethical considerations were a key aspect of this research, ensuring the protection of participants' rights and confidentiality. In qualitative research, it is essential to safeguard participants' identities, which often involves using pseudonyms in place of their real names. This approach helps maintain privacy and protects the participants' autonomy within the study (Saunders, Kitzinger, & Kitzinger, 2015). To maintain confidentiality and respect participants' privacy, their names were changed, ensuring their anonymity throughout the research process.

Study Site

The study was conducted in the Barak Valley, a region located in the southern part of Assam, India, which is made up of three districts: Cachar, Karimganj, and Hailakandi. The valley is landlocked and characterized by a network of rivers and natural water bodies, locally known as haor, beel, and anua, and is surrounded by hills and mountains. The region is predominantly rural, with 99% of the population living in rural areas. Among the three districts, Hailakandi is the smallest in terms of population, with a total of 659,296 people according to the 2011 census. Of this population, 60.03% are Muslims, and Sylheti Bengali is the common language spoken throughout the district.

The study was specifically conducted in Kalinagar Part VI, a rural village situated 25 kilometers from the district headquarters. This village was chosen for two main reasons. Firstly, it is home to two distinct Muslim communities: the Mahimal (fisherman) Muslims, who historically transitioned from Hinduism to Islam due to significant Muslim influence, and the Ashraf Muslims, who consider themselves of higher social and economic status. Secondly, Kalinagar is located along the Katakhal River, which is prone to frequent flooding, further influencing the community's way of life.

According to the 2011 India Census village survey, Kalinagar Part VI has a population of 1,050, with 553 males and 497 females. The village consists of 253 households, 202 of which are Muslim households, making up a population of 840 Muslims and 210 Hindus. The majority of the population is Muslim, with 82 Muslim families belonging to the Mahimal (fisherman) community. The research covered almost all the households in the village, with a particular focus on those participating in the focus group discussion.

The study was conducted over a period of seven months, from May to December 2024. During the first phase, the researcher was introduced to the villagers, who were curious and receptive to the research. In the second phase, data collection began in the last week of May 2024. The researcher met key informants such as Samsul Uddin Barbhuiya, a middle-aged villager who became a valuable resource throughout the study. The researcher, a member of the Muslim community, was fluent in Bengali, making language a non-issue during the fieldwork.

Muslims in the village are divided into various groups, making it challenging to classify them sociologically. However, for the purpose of this study, two distinct groups were identified based on their occupation and social status. One group consists of Muslims from families such as Choudhurys, Laskars, Barbhuiyas and Majumders, who identify as Ashrafs or "high-born" class. These individuals view themselves as superior due to their occupation, which typically includes business, jobs, and agriculture. They also own a significant portion of the land, positioning them in a higher social class within the village.

On the other hand, the non-Ashraf Muslims, often referred to as Atrafs (Ajlaf), include communities such as Shek or Mahimal (fishermen) Muslims. These individuals belong to a lower socio-economic class, as their traditional occupations include fishing, but they have also diversified into roles like barbers, dry fish sellers (laya), and wage laborers. The Ashraf group tends to view them as socially inferior due to their occupations, which are traditionally regarded as lower-status work.

Key Findings

In the village of Kalinagar part VI, the importance of belief, ideas, values and customs are directly related to the phenomenon of their health and illness. The causes or the concept of illness among the Muslim community of the village is very particular prevalent. Here we mentioned the common beliefs of villagers regarding their appearance of the illness and their seeking treatment, the attribution of the different causes of illness, the preventive and the curative procedures.

Ideas, belief regarding health and illness: An epical analysis

Health

All participants immediately view health through a religious perspective, considering it a Amanat (trust) and a Nim'at (blessing) granted by Allah (God). In this framework, Allah is regarded as the ultimate caretaker of life and health, as well as the source of all well-being. Many participants emphasize the significance of showing gratitude for the health bestowed by Allah.

"Health is a blessing from Allah, and it is also an amanat, a trust that we must take care of. Allah has given us this gift, and it is our duty to protect it. We should be grateful for the health we have and make sure to keep our bodies well, both physically and spiritually. It is not just about seeking treatment when we are sick, but also about living a balanced life and respecting our bodies as a creation of Allah. Neglecting our health means not fulfilling the trust Allah has placed in us." A middle aged elderly participant

He further explained that the people in his village have an unwavering belief that "everything is here because of the will of Allah; without the will of Allah, we are nothing." He emphasized that the villagers strongly trust in sabar (endurance) and believe that Allah will make things better if they just practice patience. Most of the elderly villagers, particularly those who are religiously literate, shared that health is a precious gift from Allah. They believe it is important to take care of their bodies by performing good actions, such as praying five times a day, giving zakat (charity), and eating only Halal (permissible) foods.

Causes of Illness

The cause of illness, like health, is viewed by all participants whether Mahimal Muslims or Ashraf upper-class Muslims from a religious standpoint. All participants firmly believe that illness occurs by the will (al-qadr) of Allah, who is seen as the creator of both health and sickness. This belief is rooted in their unwavering faith in Allah's omnipotence, acknowledging that He governs all aspects of life, including life, death, illness, and healing.

A middle-aged Mahimal Muslim explained, "Illness occurs because Allah wills it; it comes from Allah. People fall ill because Allah decides when and how it happens only He knows. It is Allah who gives illness and also has the power to take it away."

An elderly participant shared, "Illness is a test from Allah. Allah gives illness to test a person when they have completely strayed from the path of Allah. It is a reminder from Allah to bring them back to His path."

Some participant believe that illness is predestined (Muqaddar), a part of one's fate (taqadder), and is attributed to the will of Allah. It is seen as something that is written and determined by Allah's will. Some participants emphasized that, at times, illness can be beneficial, as the suffering endured during illness cleanses a person's sins. They firmly believe that Allah possesses ultimate knowledge, seeing and knowing everything, and that He only grants what is ultimately beneficial for human beings.

"For me, illness and suffering are predestined; it is already written that you will become ill, and no one can stop it." Ahmed Shek- A middle aged good health condion

"It's Allah who has given illness because there is a purpose behind it. It's your taqdeer, it's written, and what's meant to happen will happen." Ahmed hussain Choudhury- An elderly fair health condition

A few participants offered alternative metaphysical explanations for illness, such as the belief in nazar (the evil eye or al-ʿayn), which is thought to be caused by human jealousy (al-ḥasad), as well as sorcery (siḥr) and jinn possession. These views align with insights from local experts, including imams (religious leaders), hafiz (those who have memorized the Quran), and Maulavis (religious scholars), who often provide cultural-religious explanations for illness. These are considered by some experts as folk beliefs and superstitions. Such explanations are typically offered for mental illnesses, which are still regarded as taboo.

"Mental illness can also occur from the evil eye, caused by human jealousy. In our village, we have seen many people affected by the dangerous effects of the bad eye." — Akbar Ali, a Maulavi from the village

"Look... in the Quran, Surah Al-Jinn (Chapter 22), Surah Al-Rahman (55:15), Surah Al-Hijr (15:27), and many other verses mention jinn possession. Before humans were created, jinn served Allah, but after Allah created humans, the jinn became angry and distracted. They promised to harm humans by leading them away

from worship and the right path of Allah. So, sometimes mental illness is caused by jinn possession." — Ali Ahmed Laskar, an Imam of a Mosque

Only a few participants, mainly from the Mahimal Muslims, expressed a more natural explanation for illness. While they believe that illness only happens with Allah's consent, they also acknowledge that Allah has granted good health, and it is the individual's responsibility to take care of it. Allah has given humans consciousness, and it is their duty to use this ability for good deeds. For example, eating in moderation is a sunnah (the teaching and the practices of the Prophet Muhammad P.B.U.H) , as the Prophet advised, along with exercising and maintaining cleanliness. These are basic human practices that one should follow. By taking care of these simple yet important aspects, one can maintain both physical and spiritual well-being, fulfilling their responsibility toward the health Allah has granted them.

"For us, Allah has given us the brain to distinguish between what is good and what is bad for our health, and we should maintain these principles." — Hussain Shek—A good health condition

"Allah has given us consciousness and good health, and Alhamdulillah (praise to be Allah), we are lucky to have it. There are so many people born with disabilities, so we should be grateful for our health. For us, it is important to maintain our good health by following the lifestyle of the Prophet. This includes maintaining a specific diet—eating less and always filling only one-third of the stomach, doing regular exercise, and keeping cleanliness, which is part of our daily duty. For me, it's a responsibility, and I regularly follow these practices, as does my family. InshaAllah (Allah willing), we remain fit and haven't experienced any major illnesses so far." — Robijul Shek, an elderly person in good health condition.

However, our observations showed that while these villagers are aware of these teachings, they do not always belief them consistently. Despite their beliefs in the importance of cleanliness and moderation, many villagers continue to engage in doing that contradict these values. For instance, researcher saw that some people were not following hygiene such as regular hand washing while after toilet, not proper washing of clothes, or not even bathing with soap.

Understanding of illness

Our participants offer different understandings of illness. first of all, one belief is shared by all participant: "illness is seen as a test" (ʾibtilāʾ) from Allah. They believe that Allah sends illness as a way to test a person, evaluating how they respond in terms of patience, acceptance, or gratitude. Those who have faced severe or chronic illness, or who have endured a difficult life, believe that Allah tests those He loves the most. While the majority of middle-aged and elderly Mahimal Muslim participants, who have limited religious education, share this view, there is a noticeable difference in the responses of those with higher religious literacy. Middle-aged and elderly Ashraf Muslim participants, who have had access to religious schooling such as attending Madrassas (religious school) and Mosques, tend to offer more detailed and theological justifications

for their beliefs. Despite the difference in their explanations, both groups essentially share the same belief regarding understanding of illness.

“It is a test from Allah, a reminder from Allah. Allah gives illness to warn us and remind us to return to His path. When we are totally distracted, He forgives us. I have experienced this in my life—when I somehow fall ill, it happens to me, and I believe it’s a test.” — A Rokibul Ahmed Shek, middle-aged, with religiously illiterate

“When we fall into committing more sins, doing bad things like crimes and engaging in haram activities, then Allah gives illness to test us and remind us to return to His path. For me, it’s like an exam—if you don’t come back to His path, you will fail and be punished with severe illness.” — Lutfur Rahman Laskar, an elderly, religiously literate individual

Second, almost all participants believe that illness occurs because it is Allah’s will. Nothing in the world happens against His will; Allah knows when and how illness will be given to people and what kind of illness they will face. It all depends on one’s iman (faith). Those who have strong faith in Allah tend to face fewer illnesses, while those who are weak in belief or confused may face more difficulties in life. Allah has complete knowledge of everything. So, when illness strikes, it is entirely His will. Without His will, nothing can happen. They generally justify this by referencing Allah’s omnipotence and the belief that every event, including illness, serves a purpose according to His divine plan.

“Life, illness, suffering, and death—everything happens by Allah’s will. Without His will, nothing can happen, not even a single leaf from a tree can move. So, illness occurs because He wills it.” — Altaf Uddin Shek, a middle-aged, religiously illiterate individual

“Many people in our village suffer from severe illness. They think it’s caused by natural or physical reasons, but no, no... they are the weak believers in our village. They think illness is a natural cause, but it’s not—it’s Allah’s will. Anyone who has weak faith in Allah will suffer. So, it’s totally the will of Allah; Allah decides who will suffer from illness.” — Gias Uddin Barbhuiya, an elderly, religiously literate individual

Third, All participants unanimously expressed the belief that illness serves as a means of purifying one’s sins (maghfirat), which they view as a sign of Allah’s rehmath (mercy). They firmly believe that illness can sometimes be beneficial, as it cleanses sins. This belief in the expiration of sins through illness is often linked to the eschatological understanding that life and illness are part of Allah’s test for entry into paradise in the afterlife. Many participants also expressed a preference for being tested or afflicted in this world rather than in the grave or afterlife. Those suffering from serious illnesses, such as cancer, are believed to die as martyrs and, as a result, enter paradise directly, pure and sinless. There is, however, a noticeable difference in the depth of reasoning between participants who have limited religious knowledge and those with higher religious literacy, although the essence of their beliefs remains the same.

"Sometimes illness is good; it purifies our soul and cleanses our sins. So, not all illness is bad—sometimes, it's for the better." — Karim Uddin Shek, an elderly, religiously illiterate

"We commit many sins, and illness is a way of seeking forgiveness. Allah is merciful, Al-Shefa. If anyone dies from cancer, he or she is considered a shaheed (martyr), and it is promised that they will go to the highest level of Jannah (paradise)." — Kolim Ahmed Majumder, a middle-aged, religiously literate individual

Fourth, one-third of the participants view illness in terms of "religiously moral in nature." These participants believe that engaging in moral activities, such as being good to others, avoiding lies, consuming only Halal items, performing the five daily prayers (Salah), engaging in charity, going for Hajj, fasting, and adopting the life of the Prophet, can prevent illness. In this context, a clear difference can be observed between the justifications offered by elderly illiterate participants and those with higher educational backgrounds. The latter group tends to provide more elaborate theological explanations, though their core belief remains the same.

"Those who are loyal to Allah and adopt a moral way of living have achieved something great in this life, as well as in the Akhirah (afterlife)." — Anisul Ahmed Shek, a middle-aged, religiously illiterate individual

"We can deal with illness very easily by adopting a simple life, just like our Prophet. He always mentioned in the Hadith how a person's life should be from start to end. He talks about everything—from how to sleep, how to eat, what portion to eat, how to use miswak, using proper sanitation and how to stay clean. He covered every aspect of a person's life. These are moral ways of living that we should accept." — Mokbul Ahmed Majumder, a religiously literate participant

Though all the aforementioned understandings of illness are shared by many participants, one explanation appears not to align with the rest of the interviews. A focused group discussion among the villagers revealed that some perceive illness in a more negative way, attributing it to their wrongdoings. In the discussion, which involved experts, young, and middle-aged villagers, illness was seen as a consequence of past actions—a punishment from Allah. They strongly expressed that engaging in shirk (associating others with Allah), theft, and other wrongful activities could lead to severe consequences for individuals. Many participants highlighted that several people in the community engage in sinful activities such as consuming alcohol, accepting bribes, and committing serious sins, all of which they believe directly and indirectly harm their health. They emphasized that these actions, which violate moral and religious principles, often result in physical ailments as a form of divine retribution.

"People of our village are involved in various sins which directly harm their health." — An Imam of the village

"Yes, Imam Shahb, you are right. In our village, we have seen many villagers involved in wrongful activities that are not good for them. They will suffer in the future because they have weak religious faith in Allah." — Kobir Ahmed Choudhury, a middle-aged, religiously illiterate individual

"For me, what makes me curious and scared is that if I make any mistake in my life, I have to face the consequences. I have seen many people already go through this, so I believe Allah will help me by providing rehmat (mercy) in my life." — Lutfur Rahman Shek, a middle-aged, religiously literate individual

"yes… yes.. many villagers, before dying, they do not die peacefully. Their breath stays in their throat because they are suffering from the last stage of death. They do not die peacefully. Allah says that, if you have done wrong in your past life, then you will suffer this consequence. When you do sins, like taking bribe, drinking alcohol, or eating haram food, your heart becomes impure. Before you die, you will not die peacefully. Allah will make you suffer." — Tufyel Ahmed Barbhuiya, a middle-aged, religiously illiterate

"In our village, people also take bribes and get involved in shirk like drinking alcohol and using drugs, which is totally prohibited in our religion. I believe these actions bring nothing but harm. They think they can get away with it, but it affects their health and well-being in the long run." — Jashim Uddin, a middle-aged, religiously illiterate participant

Supporting the statement one participant mentioned "……these actions, like drinking alcohol and taking bribes, are serious sins. They not only destroy a person spiritually but also harm their health. Allah's punishment will come to those who engage in such activities." — Amir Uddin Laskar, a religiously literate individual

The participants in the focus group discussion collectively viewed illness as a consequence of wrongdoings, with a strong emphasis on divine punishment. They believed that illness is not merely a physical ailment but a punishment from Allah for engaging in sinful activities, such as shirk (associating others with Allah), theft, and immoral actions like consuming alcohol, taking bribes, and using drugs. This perspective is deeply rooted in their faith that Allah governs all aspects of life, including health, and that those who commit sins face repercussions in both spiritual and physical realms. Several participants noted that people who indulge in such behaviors often face the consequences in the form of illness, which they see as a direct result of their actions. They highlighted that these actions violate religious and moral principles, leading to harm not only spiritually but also physically. The belief in illness as a form of divine punishment reflects their understanding of Allah's will and the idea that Allah uses illness to remind individuals of their sins and guide them back to righteousness. In their view, illness is not only a physical condition but a means of cleansing and a test of faith, with the ultimate goal of returning to Allah's path.

Health Seeking Behaviour

The relationship between Allah and the Human Being[Physician]

The participants strongly emphasize that illness should be actively confronted, with seeking treatment viewed as a religious obligation. The concept of sabab (also referred to as wasīla) is central in their belief, which in this context means making efforts to heal. They believe that Allah has created all illnesses and is also the ultimate source of healing. Life, health, and the body are considered amanat (trusts) that must be cared for. Participants' responses reflect a holistic approach to seeking a cure, where both medical treatment and reliance on Allah are integral components. The researcher noted a difference in the depth of responses, which seemed to vary based on the participants' level of education.

Nearly all participants seek treatment through modern medicine and place their trust in physicians. However, most participants maintain that ultimate healing comes from Allah. They believe that while physicians and medicine can aid in the process, the actual cure is in Allah's hands. Despite doctors' efforts, they believe that only Allah has the power to make a cure effective, using physicians and medication as means to achieve this. The effectiveness of treatments, including doctors' prescriptions and medication, is entirely dependent on Allah's will. In this context, participants draw a clear distinction between Allah's omnipotence and omniscience and the limited capabilities of human physicians. This limitation of medical professionals is especially emphasized in cases of terminal illness and end-of-life situations. The researcher also observed differences in the depth of participants' explanations, which appeared to vary according to their level of education and religious literacy.

"Healing comes from Allah; doctors and medicines are merely wasilla (means). Ultimately, the cure is in the hands of Allah." — A middle-aged, religiously illiterate participant

"It is Allah who cures, though we should go to the doctors. The doctors only provide the medicines, but the cure is ultimately in the hands of Allah." — A religious, elderly, literate individual in good health condition

"When I seek treatment, I start with Bismillah (In the name of Allah). I believe that starting anything in the name of Allah brings peace and helps me place my tawakkul (trust) in Him, which I find very beneficial in my life." — A middle-aged, religiously literate participant in fair health

Only a minority of participants express mistrust toward modern medicine, and their reasons for this are twofold. First, they are concerned about the potential side effects of Western medications, leading them to prefer alternative natural remedies. Second, they believe that mental illnesses should be addressed by religious and faith-based healers, such as Imams (priest') and Pirs (saint'), rather than physicians or medicine. Mental health issues are still viewed as taboo in some communities and are often attributed to metaphysical causes, such as the evil eye or jinn possession.

"I have been taking medicines for the last five years, and I feel that excessive consumption of allopathic medicines has side effects. I have been using gastric capsules for a long time, and now I have diabetes. The doctors told me that it's due to taking allopathic medicines without proper consultation and excessive eating." — A middle-aged villager

"For us, mental health problems are only dealt with by religious and faith-based healers because modern medicines don't work, or sometimes we've seen that doctors don't identify the issues." — An elderly villager

Although a fatalistic attitude was observed among a small minority of participants who are formally literate, it was considered acceptable only when a person is declared terminally ill. These participants explicitly criticize a fatalistic mindset and emphasize that trusting in Allah should go hand in hand with actively seeking treatment.

"….look, I believe in Allah, but I also believe in physicians because they are also given by Allah. Seeking treatment is also a religious duty. The Prophet also spoke about modern treatment. Fully trusting in Allah without taking action is like committing suicide. Allah also grants healing through Halal means, and practicing treatment in this way is considered a form of faith." — A middle-aged, formally literate villager

In addition to modern treatment, participants also seek alternative forms of healing. Almost all participants frequently rely on traditional health methods available in their region. They possess knowledge of natural remedies found nearby and often address health issues themselves or consult traditional healers, and occasionally local quacks. Many times, they have experienced positive results from these methods. These alternative healing practices are particularly effective for treating minor health problems, such as fever, cold and cough, dysentery and diarrhea, headaches, toothache, acidity etc.

When dealing with fever, many villagers drink a kind of water which made with soked yellow mangosteen. Before prepared it they slices of raw green defol (yellow mangosteen) and left these slices on the sun, after it dried the raw yellow mangosteen in the sun, then soak them in hot water for a few hours. When the water changes its color and this water consumed three times morning, afternoon and night before bed to treat fever. If this remedy fails, they turn to pharmacies for capsules and antibiotics.

Coughs and colds are common ailments in the village, affecting both children and adults, with the frequency varying throughout the year. The issue is particularly prevalent during the winter months, when exposure to cold weather and water increases. Common symptoms include fever, sneezing, watery eyes, facial swelling, and nasal congestion. Villagers often underestimate these symptoms in the early stages and seek medical treatment only when the condition worsens.

Treatment methods for coughs and colds differ across households. Many villagers rely on warm water along with herbal teas, such as black tea mixed with marshmallow root, thyme, and ivy, which are believed to

relieve coughs caused by respiratory infections. Saltwater gargles are frequently used to soothe sore throats and other symptoms.

Some villagers prepare a paste from the root of Bin Benghal and drumstick bark as a home remedy, often using warm mustard oil to massage onto the chest, back, and soles of the feet for comfort. Herbal tea remains a popular option, typically made by boiling crushed ginger and tulsi (holy basil) leaves in water, consumed two to three times a day. This practice is believed to help soothe the throat and relieve discomfort. For coughs, many people use a combination of honey and lemon juice or chew raw ginger and tulsi. Additionally, a small amount of turmeric mixed with warm milk is commonly consumed before bed to aid in relief.

In cases where symptoms are more severe, some villagers turn to cough syrup available at local pharmacies or seek medical advice at civil hospitals and private clinics. Villagers with better financial means often prioritize consulting medical professionals for treatment.

To treat dysentery, many villagers drink a decoction made from bael (Bilva). Four households in the village have bael trees. They prepare for dysentery by slicing baby bael fruits, drying the slices under sunlight, and storing them. When needed, they soak these dried slices in hot water and drink the infusion three times a day to control loose motion. Villagers have relied on this method for a long time and report that it effectively manages dysentery. Along with bael soak water, they typically consume kachkola (green bananas). They roast the bananas slightly over a fire, and then mash them with onions and salt.

When headaches occur, many villagers seek help from local healers, who often recommend remedies using natural ingredients. One common treatment involves applying carpet grass root to the painful side of the head. Villagers reported experiencing relief after using this remedy. The healer also advises staying in a dark room and avoiding sunlight for three days. According to the healer, headaches can result from migraines, stress, or lack of sleep, and many villagers have noted significant improvement after following his guidance.

As middle aged one villager explained,

“I don’t have any blood pressure issues, but sometimes headaches come and go, and sometimes they last a long time. It might be due to tension or stress about our family. Because we are poor, we work hard day and night, and when there is no work or something happens, we struggle just to live. That stress brings headaches. At that point, we go to the healer, who is very popular among villagers. He gives us carpet grass root to wear on the head, and many times we get relief by seeking his help.”

Headaches are generally not taken very seriously by the villagers, as they view them as a common part of life. However, they are often unaware of the potential long-term risks of untreated headaches, leading to neglect in

seeking proper care. Many villagers, particularly those who are illiterate, resort to easily accessible and affordable treatments. For many, local healers are the most readily available option.

Middle-aged participants reported using a mix of home remedies and allopathic medicine to manage headaches. A common belief is that headaches are caused by excess gas in the stomach, which they think rises to the head. In such cases, villagers try simple remedies like eating garlic with hot water, consuming fennel seeds, or using black salt. If these remedies fail, they visit local pharmacies. When gastric capsules don't bring relief, they begin to view the issue as a headache that needs specific treatment and often turn to pharmacists for advice, sometimes receiving high-dose painkillers without fully understanding the potential risks.

Some participants with high blood pressure shared that when they experience headaches, they immediately turn to an herbal remedy called kata jamir (kaffir lime), rubbing its slices on their heads, believing it helps reduce blood pressure quickly. They also use ginger tea, tamarind juice, and lemon water, which they believe aid in managing their blood pressure. Alongside these home remedies, they continue taking prescribed medications and consult healthcare professionals when needed.

Toothaches are a common issue among middle-aged and elderly villagers, particularly those aged between 40 and 60. The main causes of tooth pain include tooth decay, often due to bacteria, as well as the widespread use of gutkha (smokeless tobacco) and pan supari (betel nut). Young people and children suffering from tooth decay frequently turn to quacks, believing the pain results from bacteria that need to be removed.

Many villagers visit quacks based in Hailakandi town, where certain individuals have gained a reputation for treating toothaches. These practitioners claim to remove the bacteria causing dental issues and position themselves as experts in managing tooth decay. Some villagers report experiencing relief after being treated by these quacks. However, not everyone trusts these practitioners. Some believe they exploit villagers by charging high fees for dubious services. Their treatment often involves ritualistic acts, such as silent chanting, followed by applying unknown substances to the affected teeth, with the assurance that these actions will cure the issue. In many cases, these methods fail to provide lasting relief. Several villagers have complained that these practitioners are dishonest, using performance-based acts to convince people of their abilities. Despite multiple complaints and poor results, some villagers—especially those who are illiterate or have limited access to proper healthcare—continue to rely on these quacks, often spending significant amounts of money in hopes of a cure.

There is also a particular group of female traditional healers, known as garwal, who visit the villages once a year. Most of them reside in Hailakandi town and come from surrounding districts. These women claim to have special powers to remove bacteria from teeth. Their reputation among villagers is mixed. While some

claim to have experienced relief after their treatment, others believe these practitioners are deceptive, as no real improvement is noticed afterward. Despite these doubts, many villagers continue to trust them.

After receiving treatment, these female healers often demand goods or money, sometimes using fear to pressure villagers. They warn that failure to meet their requests could worsen the health issues, claiming that they possess certain powers capable of causing harm or bringing about a curse. Driven by fear, many villagers end up offering rice, money, or other items. Some people view these women as opportunists, using villagers' trust and fear for personal gain while pretending to offer healing. During their ritualistic performances, they often conceal substances or objects in their hands, pretending to remove bacteria from the teeth, although this is not true. Many villagers, unaware of the trick, believe in the act. In practice, the garwal seem to primarily visit to profit from the villagers' trust and fears, turning their belief into a source of income.

Many villagers also rely on traditional home remedies, herbal treatments, Ayurvedic medicine, and allopathic treatments for toothaches. Initially, they often ignore minor pain, but as it intensifies, they seek various remedies. A common home remedy involves creating a paste by mixing soda powder with burnt tea leaves and camphor (chaki korbul), which is applied to the affected area before sleep for quick relief. Some individuals place dried tobacco leaves (sada pata) on the sore tooth overnight, reporting significant pain relief.

Herbal treatments are widely used as well. For example, villagers may crush tender guava leaves and apply them to the sore area, though many report only partial relief, prompting them to seek additional treatments. Clove oil, available at the local weekly market as an Ayurvedic remedy for toothaches, is used by some villagers, who find it effective, while others do not experience much benefit.

One middle-aged villager shared,
"I had a serious toothache and initially tried some home remedies, but they didn't work well for me. As the pain worsened day by day, I decided to try Ayurvedic toothache oil, which I later found very effective. Now, whenever I feel pain in my teeth, I use this oil, and it goes away. I've also recommended it to many of my fellow villagers, and they have found it helpful as well."

Gastric issues are a common concern among villagers. Many participants expressed worry about stomach discomfort, which they often linked to their eating habits. In the study villages, non-vegetarian food is frequently consumed, and diets are not closely regulated. Many villagers do not pay attention to portion sizes, often eating large amounts of rice at each meal, which frequently leads to digestive problems.

At breakfast, most households typically begin with leftover curry and heavy foods such as fish, beef, or chicken, accompanied by rice dishes like pilaf or sticky rice. Afterward, they often drink white tea with cow milk and chew pan supari (betel nut) with dry tobacco and lime. The habit of overeating and lack of dietary control often results in acidity and stomach discomfort. To address these issues, villagers combine traditional

home remedies with allopathic medicine. Common remedies include eating two or three pieces of garlic with hot water, black salt (kala lobon), fennel seeds, honey, or apple cider vinegar to treat acidity. If these remedies do not provide relief, they turn to gastric capsules, which are widely kept in many households.

In addition to using allopathic capsules, some villagers practice herbal medicine. They eat kud manki (Indian pennywort) leaves on an empty stomach in the morning, believing it improves digestion. One respondent, a middle aged, shared that after struggling with stomach discomfort and finding little success with various medicines, he found relief by eating Indian pennywort leaves. He said,

“For my stomach discomfort, I tried various medicines, both allopathic and homeopathic, but nothing really made much difference. Eventually, I turned to herbal remedies and found some relief by eating kud manki leaves. Every morning, I break a few leaves and eat them on an empty stomach. I have found that this practice helps improve my digestion and relieves my gastric problems. Now, it has become a regular part of my routine.”

Many villagers prefer herbal remedies for gastric problems and often avoid seeking branded medications, relying instead on locally available options. Several participants mentioned that excessive use of gastric medicine can have side effects, believing that allopathic treatments may lead to further complications. As a result, whenever possible, they opt for home remedies and herbal treatments.

Villagers also emphasized the importance of physical activity in preventing gastric problems. They believe that regular physical labor, such as working in the fields, carrying loads, or walking long distances, keeps the digestive system active. They feel that when the body is in motion, especially through strenuous tasks, food is digested more efficiently, helping to prevent issues like indigestion and gas.

Many participants specifically mentioned walking after meals as a practice to aid digestion. They described taking exactly forty steps after eating, a habit they associate with Islamic teachings. Although this practice is commonly linked to the Prophet Muhammad (PBUH), they are aware that it is not an obligatory religious act but a helpful custom. For many villagers, this routine is viewed as both a spiritual and practical approach to maintaining good health.

Throughout their discussions, villagers often spoke about the habit of eating smaller portions, which they believe was encouraged by the Prophet Muhammad (PBUH). They suggested that consuming less food helps prevent gastric problems and promotes better digestion. By eating moderately and incorporating physical movement after meals, villagers feel they can avoid common digestive issues. These practices engaging in physical labor, walking after meals, and eating smaller portions form the foundation of how many villagers in the community manage their gastric health.

When it comes to serious or unfamiliar illnesses, nearly all participants rely on allopathic treatments. Their first point of contact is often the local pharmacy in town or the markets, where pharmacists many of whom are unregistered run their businesses. These pharmacists typically operate by using licenses obtained from others, having gained experience as helpers in pharmacies. Villagers, especially those with limited education, often turn to these unregistered pharmacists instead of seeking medical care from hospitals or private doctors. This reliance is driven by five primary factors.

First, there is a significant fear of blood tests. It was found that doctors typically recommend blood tests during the first visit, which makes them hesitant to go to the hospital. Second, the cost of allopathic medicines is a major barrier. Doctors often prescribe expensive treatments, which many villagers cannot afford. Third, the lack of specialized doctors nearby forces villagers to travel long distances for medical care, making it less convenient and more costly. Fourth, financial constraints play a crucial role, as most villagers come from impoverished backgrounds. Many depend on fishing, farming, or unskilled labor for their livelihood, and these occupations offer little financial security. Fifth, illiteracy is widespread; most villagers have little to no formal education, with a maximum of only a minority participants completing graduation. Poverty forces many young people to migrate for work, and school dropouts are common. Because of these barriers fear of medical procedures, high costs, distance, financial constraints, and lack of education most villagers turn to local unregistered pharmacists, home remedies, traditional healers (ojahs), quacks, and religious or faith-based healers (pirs and imams). These alternatives are more accessible and affordable, despite the limited formal training of these healers.

Discussion and conclusion

This study aimed to explore the health beliefs, behaviors, and treatment-seeking practices of two distinct Muslim communities—Ashraf and Mahimal Muslims—in Kalinagar, Assam. The findings reveal that the intersection of religious faith, cultural practices, and healthcare choices plays a significant role in shaping the villagers' approach to health and illness. One of the most notable findings from the study is the emphasis on the religious understanding of health and illness. Participants overwhelmingly viewed health as a blessing from Allah and illness as a test, a form of purification, or a consequence of one's actions. This aligns with the Islamic concept of health, where it is not just the absence of disease, but a holistic state of well-being that includes physical, mental, and spiritual health. The notion of illness as a test from Allah resonates with previous studies that suggest illness is often perceived as a means of spiritual purification, where suffering cleanses sins and brings individuals closer to Allah

Villagers hold the belief that they are accountable to Allah for maintaining their health and taking care of their bodies. A Hadith states, "A person's body has a due right over him" (Al-Dhahabi, 1961, p. 6), which underscores the importance of living a healthy life by preserving health and practicing daily hygiene. This

includes guidelines that discourage over-eating, emphasize ritual washing before prayer, and highlight the significance of oral hygiene, all of which are found in the six major Sunni Hadith (Rahman, 1998, p. 34). The focus on bodily care in both the Qur'an and Hadith is one reason why the practice of medicine was so highly regarded in early Islam. This emphasis was a motivating force for many Islamic physicians during the Islamic Golden Age, encouraging research and the development of new medical treatments (Rodini, 2011, p. 1).

Obeying Allah and adhering to His commandments as outlined in the Qur'an and Hadith is central to the spiritual, mental, and physical well-being of the villagers (Stacey, 2009a). Islam, in general, emphasizes the maintenance of health over the treatment of illness once it arises (Stacey, 2009b, c). This principle is especially evident in the Medicine of the Prophet tradition. The Qur'an advises, "Eat and drink [as We have permitted], but do not be extravagant: God does not like extravagant people" (7:31), and "Eat of the good things We have provided for your sustenance, but commit no excess therein, lest My wrath should justly descend on you" (20:81). The Prophet Muhammad (PBUH) is also reported to have encouraged healthy individuals to avoid contact with those suffering from contagious diseases (such as leprosy) and recommended dietary practices—such as avoiding the consumption of meat from dead animals and pork—that are now recognized as contributing to disease (Rodini, 2011, p. 3). These teachings had practical implications during the early Islamic period, as maintaining good health and vitality was essential for individuals to be able to participate in religious duties, such as fighting in the cause of Islam or serving God with full strength and dedication.

A widespread belief among the villagers is that both physical and emotional illnesses are trials granted by Allah, intended to purify the individual, erase past sins, and offer a chance for future rewards. This perspective frames illness and suffering as a test of patience and perseverance, providing an opportunity for spiritual growth. This belief infuses illness with meaning and purpose, helping to alleviate much of the distress caused by sickness. According to Rahman, a Hadith indicates that Allah may intentionally allow disease, poverty, or loss to befall someone who is spiritually weak, and that enduring these hardships can elevate the individual to the ranks of the truly faithful—a status that might otherwise remain unattainable (Rahman, 1998, p. 37).

Villagers strongly believe that Allah is the ultimate source of all healing, regardless of the treatment methods a person may use to seek recovery. As many villagers express, "When they fall sick, Allah restores them to health." This belief reflects their deep trust in Allah and a resignation to His will (tawakkul) when it comes to health matters. The concept of tawakkul emphasizes relying on Allah while also taking the necessary steps toward healing. Some conservative Islamic theologians, dating back to the ninth century, have suggested that while medical treatment is permissible, abstaining from it in favor of relying on Allah's will is often considered preferable (Rahman, 1998, p. 48). Rahman illustrates this point with a story of a Sufi saint who, when sick, was advised by her friend, Sufyani, to pray to God for relief. The saint replied, "O Sufyani! Do

you not know who has willed my suffering? Is it not God?" Sufyani agreed, and the saint continued, "If you know this, why do you ask me to pray for what contradicts His will?" (Rahman, 1998, p. 49). This study emphasized the view that ultimate healing is in Allah's hands, and seeking His will is central to the healing process.

There is a balance between the fatalistic view of blindly accepting Allah's will and actively seeking medical treatment. Al-Dhahabi, in his work on Prophetic Medicine, notes that an expert doctor should first do their best in providing treatment and then place their trust in Allah for the outcome of that treatment (Al-Dhahabi, 1961, p. 103). He compares this to a farmer planting seeds and trusting that Allah will make them grow. This view aligns with the beliefs of many Muslims, regardless of the conservativeness of their theology. Rahman (1998, p. 50) highlights that most Muslims not only seek medical treatment but also regard it as spiritually valuable and even religiously obligatory. According to Muslim medical historian Husain Nagamia, disease in Islam is not seen as a curse to be endured, but rather as an affliction for which a cure must be sought, with patience and perseverance (Nagamia, n.d.). The bottom line is that Muslims are encouraged to consult physicians when they fall ill, as the Prophet Muhammad (PBUH) himself did, and as he advised others to do (Stacey, 2009d; Farooqi, 2010; Bukhari 7/71/602; Lyons & Petrucelli, 1997).

This ethnographic study provides valuable insights into the diverse health-related beliefs, practices, and behaviors shaped by both religious and cultural factors. The findings reveal a complex interplay between Islamic faith, traditional healing practices, and modern healthcare systems, with participants often navigating these different modalities based on their religious convictions, socio-economic status, and education levels.

The belief that health is a divine gift (Amanat) from Allah, as well as illness being a test or a consequence of one's actions, significantly influences health-seeking behaviors in the community. Participants unanimously agreed that illness is often viewed as both a test and a form of purification from sins, with many attributing their suffering to Allah's will. Additionally, the integration of religious practices such as prayer, fasting, and charity, alongside modern medical treatments, underscores the holistic approach to health within the community.

While modern medicine is widely utilized, particularly in cases of serious illness, traditional remedies and faith-based healing practices continue to play a crucial role in the daily lives of villagers. Many rely on local healers, herbal remedies, and religious rituals for minor ailments, demonstrating a blend of Islamic faith and culturally embedded health practices. Despite the presence of allopathic medicine, participants tend to trust local, informal healthcare providers due to factors such as fear of medical tests, financial constraints, and the lack of nearby medical facilities. These factors, combined with illiteracy and limited access to healthcare, often lead to an over-reliance on unregistered pharmacists and traditional healers.

The study also highlights the complex relationship between faith and healthcare. Participants emphasized the importance of seeking medical treatment as a religious duty while also placing ultimate trust in Allah for healing. This view, rooted in Islamic teachings, presents an interesting balance between active treatment-seeking behaviors and a fatalistic acceptance of divine will. The participants' belief that Allah controls all healing, while simultaneously recognizing the role of physicians and medication as a means to achieve this healing, reflects a nuanced understanding of health and illness in the context of Islamic faith.

However, despite the cultural and religious importance of maintaining good health, some participants admitted to not consistently adhering to health-preserving practices, such as hygiene and moderation, indicating a gap between knowledge and practice. Moreover, there is a need for more culturally sensitive healthcare interventions that respect religious beliefs while promoting effective treatment options. The research brings out the importance of understanding the health beliefs and practices within specific cultural and religious contexts. By recognizing the intersection of faith, culture, and health-seeking behavior, healthcare providers can offer more effective, culturally competent care that resonates with the values and beliefs of Muslim communities. Moreover, addressing the barriers to accessing healthcare, such as financial constraints, illiteracy, and mistrust of modern medicine, can improve healthcare outcomes and ensure that all members of the community receive the necessary care in times of illness. This study contributes to the growing body of knowledge on the role of religion and culture in shaping health behaviors and provides a foundation for future research in similar settings.

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