**ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL**
Available Online: https://assajournal.com
Vol. 04 No. 01. July-September 2025.Page#.3175-3193
Print ISSN: 3006-2497 Online ISSN: 3006-2500
Platform & Workflow by: Open Journal Systems

# Hybrid Health Systems: Negotiating Between Biomedical and Traditional Healing Approaches in South Punjab

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**Abstract**

*The present study explores the hybrid health system of South Punjab, Pakistan, whereby biomedical and traditional system exists, intersects and relates within daily health seeking processes. Instead of reflecting mutually exclusive strategies, biomedicine and indigenous healing are mutually integrated through the lives of patients and families that negotiate cultural meanings, economic limitations, religious beliefs, and structural inequalities.*

*Founded in the frames of medical anthropology, critical medical anthropology, postcolonial studies, and the sociology of health, the qualitative design is used in this research to evoke lived experiences and cultural explanations. Research was done in Multan, Bahawalpur, and Dera Ghazi Khan and used 50 subjects, who were patients, families, traditional healers, biomedical practitioners and community elders. Data gathering occurred by using in-depth interviews, focus group discussions, participant observation and document analysis and analyzed thematically.*

*The results show that the healing in South Punjab is highly cultural and religious in nature where healing is given meaning and comfort by the shrines, Quranic recitations, and spiritual healers in addition to the clinical interventions. The factors of accessibility and affordability came out as the decisive factors: whereas biomedical facilities tend to be urban, and expensive, traditional healers are local, adaptable and embedded in society. Effectiveness was perceived not just in terms of biomedical cure but also in terms of respect, trust, spiritual assurance and holistic well-being. Gender influenced decision making as male powers dominate most situations but female*

*influence in maternal and child health, where they tend to rely on midwives (dais), who offered culturally safe spaces.*
*The study finds that the hybrid health system of South Punjab has not been a transitional stage but a dynamic, adjustive reaction to cultural continuity and healthcare disparities. Theoretically, it has inputted into the arguments of medical pluralism, holistic conceptualizations of health, and sociological gender and healthcare. In practice it requires traditional healers to be incorporated into health policy, to spread biomedical infrastructure in rural areas, to develop gender-conscious health policies, and community-based health education. Finally, this paper reiterates that in South Punjab health is not merely a biological, but also a social, cultural, and spiritual reality and that effective healthcare change should acknowledge and capitalize on these cross-realities.*
***Keywords:*** *Hybrid health system; South Punjab; Medical pluralism; Indigenous healing; Biomedicine; Cultural health practices; Gender and healthcare; Medical anthropology; Sociology of health*

## Chapter 1
## Introduction
### 1.1 Background
Indigenous remedies are health knowledge and beliefs regarding minerals, food patterns, spirituality, religion and indigenous methods of preventing illness and enhancing health and well being. Although the world favors the modern medical advances, it is important not to overlook the wisdom that was inherent in the practice of traditional medicine that has stood the test of time and has helped in the holistic healing of people and maintenance of social balance in most societies. These solutions had their basis in the experience of the communities, across generations, and were regarded as part of cultural identity. Such remedies are not just alternative practices in many rural societies, such as South Punjab, but are the focal point of how people perceive the body, disease and healing.
Even the definition of health is cultural. Health in biomedical vocabulary is commonly understood as the lack of illness, but in most traditional contexts, it is understood more broadly, as the combination of physical, mental, spiritual and social well-being. An example is the spiritual healers of South Punjab who do not view illness as a compelling physical condition but as a derailing of spiritual balance that needs prayers and charms, or purification through rituals. Likewise, herbalists and hakeems consider diet, lifestyle and natural remedies as the basis of health. Such perceptions might not be consistent with biomedical models, but they are of great relevance to the local populations and make them act in ways that inform their health-seeking behavior.
The South Punjab (a part of Pakistan) is an agrarian region with limited infrastructure and rich culture; hence, the study is significant as a region of hybrid health systems. In this case, individuals are bargaining between the biomedical and traditional methods of healing based on the availability, cost and perceived efficacy. While biomedical facilities exist in urban centers, rural communities often face challenges such as long distances, lack of transportation, economic constraints, and shortage of medical staff. In such situations, traditional healers, midwives (dais), and local practitioners offer accessible, affordable, and culturally familiar alternatives.

The World Health Organization (WHO) across the globe has recognized the persistence of traditional medicine and has advised its application in health policies of countries. Countries in Asia and Africa are still using both bio-medical and traditional systems that produce systems of pluralism in health. This pluralism occurs in the form of hybridity in South Punjab, in which a patient might start with home remedies or spiritual healing and only resort to biomedical treatment when symptoms do not disappear- or where biomedical treatment is complemented by herbal and spiritual methods. The hybridity is not a sign of confusion and contradiction but an expedient response to the demands of structure and cultural values.

**1.2 Statement of the Problem**

Lack of biomedical resources cannot be used as the only explanation of persistence of traditional healing practices in South Punjab. Rather, it is a deeper cultural, social, and historical process that influences the perception of sick people and their care. The colonial life advantageous to Western medicine and illegitimized indigenous regimes, yet the locals did not allow their customs to be entirely erased. Decades after biomedical preeminence, numerous Pakistanis still resort to spiritual healers, herbalists, and local medicine since such practices are familiar to them based on their cultural ways of thinking and as a form of social support.

Nonetheless, this hybridity causes problems as well. On the one hand, there is a high degree of unregulation of traditional healers, which implies the issue of malpractice or malpractices. Conversely, the biomedical practitioners do not identify the cultural importance of the traditional medicine, and thus, mistrusts and lack of communication between the doctor and the patient arise. The issue at hand is not, therefore, just the replacement of traditional medicine by modern medicine but the negotiation of a balance between the two can be used to enhance the overall health outcomes of the people.

These negotiations are manifested in the health environment of South Punjab. A family might take a trip to a biomedical physician to treat the fever of a child and at the same time consult with a spiritual healer to be blessed. The women during child birth might seek hospital services in situations where there are complications and use the local dais to have their routine birth. Most chronic diseases that need long-term treatment usually come with a combination of both biomedical prescriptions and herbal tonics. Such a loose nature suggests that health-seeking is not strictly tied to a specific system but is rather dynamic and adaptive.

**1.3 Research Objectives**

The proposed paper will look into the hybrid health systems in South Punjab, with special focus on the biomedical and traditional healing negotiation. The specific aims are:

1.To analyse cultural, social and economic determinants of health-seeking behaviour in South Punjab.

2.To explore how communities integrate biomedical and traditional curatives in day to day living.

3.To investigate how traditional healers, herbalists and spiritual practitioners can play a role in health care delivery.

4.To explore the limitations of biomedical services and how this shape reliance on indigenous remedies.

5.To offer a contribution to policy discourses on how traditional healing can be integrated into formal systems of health in Pakistan.

Focusing on the achievement of such objectives, the study will provide an in-depth understanding of the health hybridity concept and will not confine itself to the simplist modern versus traditional dichotomies.

**1.4 Research Questions**

To achieve these aims, the study will aim to answer the following questions:

Question 3 How negotiate between biomedical and traditional in South Punjab?

How are cultural and social values attached to indigenous remedies and spiritual healing by communities?

What are the economic and infrastructural limitations to the reliance of the old ways?

What do the biomedical practitioners think about traditional healing and what do the two systems tension/complement each other?

6 What are the policy recommendations on how to improve hybrid health systems in culturally sensitive manner?

**1.5 Significance of the Study**

This study has significance in several aspects. First, it invites to the surface the realities of lived conditions of rural population in South Punjab whose voices would not be constrained in a traditional health policy discussion. The analysis foreshadows the local agency and creativity of responding to illness by laying the emphasis on their courses of action. of negotiation between biomedical and traditional healing.

Second, the work contributes to the academic debates of medical pluralism and hybrid health systems. Whereas much of the scholarship acknowledges that multiple medical traditions are co-existing, not as many studies examine how individuals are actually incorporating these systems into their everyday work. This hybridity within the context of South Punjab is placed in such a way that it gives information regarding the interplay of cultural traditions and structural constraints to implicate health practices.

Third, the health policy implication of findings is practical. Pakistan cannot be an exception since their national health strategies tend to have a tendency of further leaning towards biomedical solutions, yet the dominance of traditional healing is hard to ignore. By actualizing the concept of hybrid health systems, the policymakers will be in a position to come up with culturally sensitive interventions which do not go against the local practices but which have a positive impact on biomedical access. This can involve research training in the traditional curers, mutual structures in co-operation between biomedical and indigenous practitioners and a general sensitization to effective and safe hybrid practice.

**1.6 Theoretical Framework**

The Political Economy of Health framework guides this study. This plan makes us remember that individual choices are not the only factors that define health but structural ones, such as poverty, inequality, and state policies also, define health. The idea of The reason why structural violence by Paul Farmer is especially topical is that, once marginalized groups of people are ill not only as a biological phenomenon but also as a social and economic phenomenon.Biomedical care is unaffordable in South Punjab, because of poverty, and people are forced to resort to low-cost traditional medicine. The issue of gender inequality affects the ability of women to make their own decisions regarding health issues and they may need to consult the men in the family before

visiting hospitals. The culture determines the legitimacy of spiritual healing that is a legitimate and a respected practice. The paper uses the Political Economy of Health framework to pinpoint the blend of these overlapping factors that produce the hybrid health systems, simultaneously constraint and creative.

**1.7 Scope and Limitations**

It is rooted in the rural regions of South Punjab the Basti Jannu of Kot Addu where both biomedical and traditional practices have been combined. Even though these results cannot be fully applied to the urban context, they shed light on the tendencies of hybridity that we can hear in Pakistan.

The study has certain limitations as well. Data is based on the ethnographic field work that offers depth and not breadth. The views of biomedical practitioners and policymakers are not the only ones but may reflect the whole spectrum of the views. Moreover, healing practice is many-sided and is constantly evolving, thus it can hardly be outlined exhaustively to cover all its forms. That said, the paper is informative in its comprehension of the decision process in people within resource-limited health systems.

**Chapter 2:**

**Literature Review**

The issue of the hybrid health systems in which biomedicine and traditional curing meet has been hotly debated in global, regional and local levels. The physical symptoms are not the only determinants of health seeking behavior as they are influenced by the social relations, spiritual beliefs, and cultural customs. Scholars have noted that biomedical systems prevail in the world, because they are institutionally dominant and indigenous systems are strong and are usually favored because of their accessibility, affordability and cultural appeal.

**2.2 Conceptualizing Health and Healing**

Health is a concept that is multidimensional. Health is a state of total physical, mental, and social well-being, that is, not the lack of disease, as defined by World Health Organization (WHO). This is in contrast to the biomedical model which tends to narrow-down health to physical functioning and pathological treatment.

Medical anthropologists such as Kleinman (1980) suggest that in fact health systems are culture systems, systems of beliefs and practices that are created by societies to respond to sickness. The systems are integrated into religious, spiritual, and social system. An illustration is that in South Punjab a fever can be taken biomedically as a disease that needs the use of antibiotics, or even taken culturally as an imbalance in hot and cold foods, or also as a consequence of spiritual interference.

Therefore, healing is more of curing, it involves emotional support, spiritual direction, and social solidarity. Health is a community experience in South Punjab (rural) and both family and community members are actively involved in making decisions. This pluralistic conceptualization aids in understanding why hybrid health systems still stand very firm in the region.

**2.3 Biomedical Frameworks and Their Global Dominance**

The scientific revolution, the growth of colonialism, and governmental and international organizational support have led to biomedicine becoming the leading form of healthcare in the world. It is based on laboratory testing, clinical observation and pharmacological treatments.

Biomedical model is exalted due to its achievements in the control of the infectious diseases, decreased child mortality, and increased life expectancy.

Nevertheless, its weaknesses are pointed out by critics. In his works, Foucault (1973) opined that medicine is about more than just curing, and that hospitals were institutions that controlled bodies. Biomedical systems tend to be top-down, physician-centered, and less sensitive to the cultural or emotional concerns of the patients.

In Pakistan, there is great respect and demand towards biomedicine but not everyone can afford it. Rural people, especially South Punjab, have a problem of accessing hospitals, budgeting, or embracing unknown physicians. Consequently, the rejection of biomedical dominance is usually supplemented or even opposed by the use of traditional healers.

**2.4 Traditional Healing Systems: A Cultural and a historical look at it.**

South Asia has strong historical precedents of traditional systems of healing. Unani is the medicine system that originated in the Mughal era and is a collection of Greek, Persian and Islamic medicine introduced in the region. Local herbal remedies, spiritual practices, and dietary regulations further enrich this heritage. Healers in South Punjab are generally called hakims, pirs, herbalists and dais (midwives).

The traditional healers do more than just heal the person, they give them moral certitude, spiritual validity and cultural comfort. As an example, at childbirth, women can use the services of dais who treat them with herbs along with prayers. In the case of mental health problems, the family usually consults pirs who are thought to heal the spiritual afflictions by rituals and recitation of Quran.

According to a study conducted by Zuberi (2017), there is a common belief that many patients find traditional healing more human than in biomedical consultations where doctors might spend less than a few minutes with the patients. Conversely, healers tend to establish a long-term relationship with their communities, which gain them trust and loyalty.

**2.5 Hybrid Health Systems: Negotiation and Coexistence**

This is called medical pluralism or hybrid health systems in which biomedical and traditional systems are blended. It is not something to mix up but a question of practical bargaining. Treatments that are available, affordable, appear to be effective, and are culturally resonant are chosen by the patients and families.

As an example, a South Punjab villager might go to a government hospital to be diagnosed with tuberculosis and might, at the same time, take herbal tonics to strengthen the body and take the blessing of a pir to recover. Such combinations are not contradictory but they are a sign of an integrative health logic.

This is defined as a therapy management group by other scholars like Janzen (1978) whereby various family members and elders deliberate and make decisions on the health pathways of undertaking. Hybrid health systems are therefore social and are integrated within kinship networks and economic reality.

**2.6 Global Perspectives on Medical Pluralism**

Pakistan is not the only country that has medical pluralism. Researchers all over the world show that societies do not often depend on one system of healing.

Africa: Traditional healers still play the key role in spite of the biomedical hospitals. In Ghana and Nigeria, WHO estimates 70 -80 percent of the population consult traditional healers.
India: Ayurveda, Siddha and Unani systems are institutionalized against allopathic medicine by the Ministry of AYUSH.
Latin America: Curanderos (folk healers) coexist with doctors, particularly in the rural areas where biomedicine is limited.
The World Health Organization (WHO, 2013) acknowledges that traditional medicine can be an essential part of primary health care and recommends its inclusion. South Punjab is not an exception to this world-wide pattern, in which pluralism is a response to cultural identity as well as structural limitation.

**2.7 The Pakistani Context: Trust, Accessibility, and Religion**

Underfunded hospitals, shortage of medical staff and expensive treatment costs are a few of the challenges that are encountered in the health sector of Pakistan. As indicated by the Pakistan Economic Survey (2022), the ratio of 1 doctor to every 970 people and 1 hospital bed to every 1,600 people is very low. Disproportionately affected rural communities are in South Punjab.
This causes individuals to resort to healers who are available, cheap and reliable. One of such factors is the trust: patients tend to regard local healers as belonging to their cultural and religious reality. The role is also played by religious legitimacy. Amulets, verses in Quran and blessings are regarded as not only spiritual safeguards but also medicinal ones.
As such, the hybrid system is not a fallback but a desired system by most families. It shows the struggle that the population is trying to balance the influence of the modern authority and authenticity of the traditional culture.

**2.8 Gender and Healing Practices**

Gender is a very important factor in determinants of health-seeking behavior. South Punjab women are regarded to play a significant role as the decision-makers in the field of family healthcare, especially to the children. Rural women often use the services of dais (traditional midwives) in their pregnancy and childbirth and find them to be affordable and culturally accustomed.
According to a research by Malik (2021), women tend to use biomedical check-ups together with herbal tonics and spiritual practices to get a safe childbirth. In addition, men and women can fall ill in different ways: men might choose biomedical solutions to stay physically fit to work, whereas women can focus more on holistic healing methods that take care of both physical and emotional aspects.
Therefore, the hybrid systems are profoundly gendered, and it is representative of greater relations of power, care, and responsibility within South Punjab families.

**2.9 Theoretical Concepts of Hybrid Health.**

A number of theoretical approaches contribute to the study of the hybrid health systems:
Medical Anthropology (Kleinman, 1980): Perceives health as being culturally constructed.
Critical Medical Anthropology (Singer, 2004): Emphasizes structural inequalities and political economy of health.
Postcolonial Studies (Anderson, 2006): Studies the effect of colonial legacies on the perceptions of the modern and the traditional medicine.

Sociology of Health (Conrad and Barker, 2010): Emphasizes agency by patients and the ways in which health practices indicate many more social shifts.

Using such frameworks, the South Punjab context describes how such hybrid systems reflect a negotiation of power and culture, need and choice, modernity and tradition.

**Chapter 3: Research Methodology**

**3.1 Introduction**

Any scholarly investigation must have a definite and methodological approach that can guarantee the research results are convincing, clear-cut, and repeatable. The methodology specifies the general research design, data collection methods, and data interpretation equipment. The methodology used in conducting this research on hybrid health systems in South Punjab helped draw the complicated negotiation between biomedical and traditional approaches of healing. Since health systems are highly rooted in culture, religion and socio-economic conditions, the research methodology should be also context sensitive and be able to reflect the lived experiences of individuals in rural and urban South Punjab.

**3.2 Research Design**

This is a qualitative study which uses ethnographic instruments, in-depth interviews and focus group discourses to document the multi-voicality and multi-experience. A qualitative design was selected since a hybrid practice of health cannot be properly explained by numbers only; it needs a more in-depth look at cultural interpretations, social relations, and life stories.

The design is descriptive, exploration-focused. It is descriptive in the sense that it records the current healing practices, and exploratory in the sense that it attempts to understand how and why people bargain in terms of biomedical and traditional systems. This type of design is especially applicable to South Punjab where plural health practices have a high historical and daily basis.

**3.3 Research Questions**

The actual research questions developed in Chapter 1 lead the approach to the research methodology. These are questions around:

1.How do the South-Punjab people move between the biomedical and traditional health systems?

2.What are the cultural, economic and religious considerations that affect their decision making?

3.How do traditional healers, biomedical practitioners live, compete, or collaborate?

4.How do patients, particularly women and marginalized groups, have agency in the selection of treatments?

The methodology of the study is anchored on these questions, which makes the data collected in the research to be relevant to the research objectives.

**3.4 Research Site: South Punjab**

The research site was South Punjab since it is an area where the biomedical and traditional systems are in practice. This region is typified by an amalgamation of rural communities, semi urban and urban areas. It is also a linguistically and culturally diverse region where there are spiritual treatments, herbal cures and modern hospitals living together.

Selective districts (Multan, Bahawalpur and Dera Ghazi Khan) were also covered through fieldwork. These zones have been selected with purpose to have diversity based on geography, healthcare facilities, and culture. In Multan, an example would be of the use of shrines affecting

the practice of healing whereas Bahawalpur is more dependent on herbalists and hakims. Dera Ghazi Khan, however, portrays a problem of distance and low access to biomedics and thus the traditional healers are more important.

**3.5 Population and Sampling**

Patients, families, traditional healers, biomedical doctors, midwives and community elders were included in the population of this study. Owing to the nature of the study, purposive sampling was employed to choose respondents capable of offering deep, pertinent, and varied information due to it being a qualitative study.

Patients / Families: The patients are selected based on their biomedical and traditional treatment.

Traditional Healers: hakims, herbalists, midwives, and spiritual healers of the local shrines.

Biomedical Practitioners: Physicians in government hospitals, in private clinics, and in rural health centers.

Community Elders: To discover the role of cultural norms and social structures in medical decision making.

Fifty people were involved in this study. Among them, 30 were patients and family members, 10 were traditional practitioners and 10 biomedical practitioners. This dispersion guaranteed a harmonised insight into the views both ends of the health spectrum.

**3.6 Data Collection Methods**

Several approaches were employed in order to have comprehensive and trustworthy data:

**1.In-depth Interviews**

- Conducted with doctors, healers and patients.
- Open-ended questions enabled the participants to give narrations on their experiences.
- Treatment histories, views on illness, and views of effectiveness were the subject of interviews.

2.**Focus Group Discussions (FGDs)**

- Conducted in cohorts of women, the elderly and patients.
- Helped capture collective views on healing practices and the role of family decision-making.

3.**Participant Observation**

- The scientist followed clinics, curing rituals, and shrines.
- Field notes were used to record daily contacts, rituals, and the dynamics of patients-healers.

**4.Document Analysis**

- Government health reports, WHO publications and local medical records were checked.
- Helped to put findings in perspective of health policies.

**3.7 Tools of Data Collection**

The major instruments were interview guides, observation checklists and audio recorders. Recording of interviews was done through consent and detailed notes were made during observation. Most of the interactions were done in the local language (Saraiki and Punjabi) to establish trust and bring about clarity. Subsequently, it was translated into English to be analyzed keeping cultural undertones.

**3.8 Data Analysis**

Thematic analysis was used to analyze data. This technique implies coding both the interview transcripts, field notes, and discussions to the themes representing the research questions.

Among the themes developed during data interpretation included; trust in healers, gender roles, economic factors and the systems coexisting with each other. Through the comparison of narratives by different groups of participants, the analysis brought forth the areas of convergence and divergence.

The qualitative data were organized and coded with NVivo software. Nevertheless, the focus was directed towards the cross-checking of data manually in order to achieve accuracy and reduce researcher bias.

**3.9 Ethical Considerations**

Since health and healing is a sensitive matter, the ethical problems were taken into consideration.

Informed Consent: It was explained to the participants the purpose of the study and their right to withdraw.

Confidentiality: No real names were used; pseudonyms were used.

Deference to Beliefs: Fieldwork did not judge or criticize traditional practices. Cultural sensitivity was observed by the researcher.

Reciprocity: There was an attempt to exchange findings with the local communities and health officials in order to benefit them practically.

**3.10 Limitations of the Methodology**

There is no restriction to any methodology. This aspect of depending on qualitative data implies that inferences cannot be made about the entire South Punjab. The fieldwork was also restricted by time and resources constraints. Moreover, other participants, particularly biomedical physicians, were reluctant to talk about their perception openly regarding traditional healers. However, the methods triangulation was used to enhance the validity of the research.

**Chapter 4**

**Data Analysis**

**4.2 Data Collection Process**

This study was carried out on a six-month fieldwork in Multan, Bahawalpur and Dera Ghazi Khan districts. The districts were selected based on their cultural diversity, high presence of both biomedical and traditional practice and accessibility to allow stable field visits.

Multan: Multan is the place of shrines and Sufi culture, where spiritual healing and this shrine-based practices are famous.

Bahawalpur: Strong reliance on herbal medicine and local hakims.

Dera Ghazi Khan: The area has a paucity of biomedical facilities and therefore, midwives and traditional healers are critical to the setting.

The number amounted to 50 participants:

30 patients and family members,

10 traditional healers (hakims, herbalists, shrine caretakers, and midwives),

10 biomedical doctors and paramedics.

**4.3 Tools and Techniques of Data Collection**

1.Semi-structured Interviews:

Gave participants permission to give their treatment history and experience on both systems.

Written in the local languages (Saraiki, Punjabi, and Urdu).

2.Focus Group Discussions (FGDs):

Conducted individually with women, community elders and youth.
Helped capture collective attitudes toward illness and healing.
3.Participant Observation:
Researcher observed clinics, rural dispensaries, shrine healing sessions, and herbal shops.
Notes recorded the interaction of patients with healers and the development of trust.
4.Document Analysis:
The official health report, WHO guidelines and NGO surveys were reviewed to put local practices into perspective.

**4.4 Presentation of Data**

All the raw data were transcribed and translated into English: the interviews, FGDs and observations. The data were then thematically coded and broken down into big categories:
1.Healing and cultural and religious aspects.
2.Accessibility and affordability of treatment
3.Perceptions of effectiveness of both systems
4.Gender roles and decision-making in healthcare
5.Coexistence, competition, and negotiation between healers and doctors

**4.5 Thematic Analysis**

**4.5.1 Healing of the cultural and religious dimensions.**

Among the most impressive results of the investigation was that the health practices in South Punjab are highly cultural and religious. Most patients said they used to go to shrines or spiritual healers prior to obtaining medical care. As an example, a Multan patient told me:
Medicine can be administered by the doctor, but medicine cannot truly heal like the blessing of the saint.
This shows that spiritual belief is not mere superstition but a component of a world view where body, soul and community are interconnected. The traditional healers are revered elderly people who use herbs in combination with verses in Quran, thus giving their medicine a spiritual aspect as well as a medical one.

**4.5.2 Accessibility and Affordability**

Bio-medical facility accessibility is a reoccurring problem. In Dera Ghazi Khan rural locations, a substantial number of participants said they traveled over 30 kilometers to access a government hospital. Biomedical treatment is costly to low-income families even in the presence of hospitals due to the presence of hidden costs like medicines, tests, and transportation.
On the contrary, traditional healers are locally accessible, cheap, and their payments are often flexible. Patients can pay in installments, in kind or in some cases, they do not pay at all when the healer is a family acquaintance. It is due to this accessibility that traditional medicine has managed to flourish notwithstanding the growth of modern healthcare.

**4.5.3 Perceptions of Effectiveness**

Effectiveness is also measured by the patients in the form of biological cure, relief, trust and care. Biomedical doctors were perceived to be professional and remote whereas traditional healers were labeled as caring and approachable.
Spirit possession was also favored by a majority of the participants in the case of chronic illnesses such as infertility, stomach problems, or spirit possession because they believed it was more

holistic. But when it comes to cases of emergencies like accidents, complications during childbirth or surgery biomedical care was regarded as a necessity. Such a selective use of both systems is indicative of the hybridity of health-seeking behavior.

**4.5.4 Gender Roles and Decision-Making**

Gender became a decisive element in health decisions. Women, particularly in the rural areas were not autonomous in making decisions on where to get treatment. Male household or community elders usually made the decisions. Nevertheless, when child healthcare was concerned, the voices of women were more powerful, as mothers are the key care providers.

Women especially found midwives (dais) of great importance in their reproductive health. It was due to the fact that many women felt more at ease with midwives than with a hospital births because they did not face the stigma of having to expose themselves to male doctors.

**4.5.5 Coexistence and Negotiation between Systems**

Biomedical and traditional systems exist not in a vacuum, but co-exist, compete, and occasionally cooperate. The hakims of Bahawalpur openly advised their patients to refer to the biomedical doctors in case of serious diseases, whereas in Multan, some doctors have acknowledged that even the faith of patients in the shrine rituals could psychologically help them recover.

This co-existence is an expression of a negotiated hybridity that sees patients use both systems based upon the nature of the illness, financial ability and the cultural comfort. It also demonstrates the fact that health systems are not inflexible substitutes but overlapping journeys.

**4.6 Challenges in Data Collection**

Gathering data was not done without difficulties:

Doctor retructance: There was an unwillingness of the biomedical practitioners to openly talk about traditional healers as they feared loss of professional standing.

Cultural Sensitivity: There were some spiritual rites that were challenging to watch because strange people could not always be invited.

Translation Problems: There were no direct translations of some of the local terms used to describe illnesses and treatment methods and interpretations had to be done carefully.

Nevertheless, such challenges could not limit the credibility and reliability of the findings because triangulation among interviews, FGDs, and observations was done.

**4.7 Summary of Key Findings**

Data of the project shows clearly that:

In South Punjab, healing is influenced, as much by the cultural and spiritual values as by medical science.

Affordability and accessibility are the most influential factors that stimulate the use of traditional healers.

The concept of effectiveness has the holistic meaning, when psychological comfort and spiritual satisfaction are not inferior to physical healing.

The gender structure plays a critical role in the decisions that people make in healthcare, particularly in rural areas.

The two medical systems-biomedical system and the traditional system are not exclusive but are a hybrid system through negotiation and co-existence.

**4.8 Conclusion**

This chapter included the procedure of data gathering and thematic examination of the outcomes. Patient, curer, physician voices disclose a health topography that does not represent biomedical and traditional systems in opposition but in a complex interwoven life. The results of these findings are the basis of discussion in the following chapter where theoretical frameworks will be used to explain the hybrid health system of South Punjab.

**Chapter 5**

**Discussion**

**5.1 Introduction**

The above chapter provided the empirical results of this study that emphasized the way in which individuals in South Punjab manoeuvre between biomedical and traditional health systems. This chapter now proceeds beyond description to contextualize the findings in terms of the existing theory, previous studies and general discussions around the issue of health, culture and society. The goal is to place the experiences of South Punjab into the health disparities and medical pluralism and hybridity debates around the world.

**5.2 Bargaining Two Systems.**

Among the most obvious discoveries is that individuals do not consider biomedical and traditional healing as two separate systems. Rather, they actively mediate between them, and they tend to use them both or in series. An example is whereby a family can visit a shrine in order to seek spiritual consolation and then visit a hospital to seek treatment in a biomedical facility.

This echoes what medical anthropologists refer to as the so-called therapeutic pluralism that is the coexistence of more than one system of healing in one society. The same has been noted in India, Bangladesh and to some extent Africa whereby modern hospitals and local healers, herbalists, and spiritual experts co exist. As it was demonstrated in the case of South Punjab, patients do not select a single system but develop a hybrid health-seeking route, which is guided by the context and resources and is influenced by belief systems.

**5.3 The Role of Culture and Religion**

Culture and religion became an important force that influenced health behaviour. In South Punjab, disease is not just seen as an abnormal biological process but is usually seen as a disruption of the body, soul and society. The trend in the popularity of shrine healing proves that individuals are in search of a physical remedy and not only spiritual assurance.

This observation can be compared to the explanatory model of sickness by Arthur Kleinman that states that the sense of illness in patients is deeply culturally and socially encoded. The faith in the barakah (blessings) of saints or healing power of quranic recitations is a source of comfort and enhances hope in South Punjab, which biomedical science is unlikely to explain but which is an essential part of recovery.

**5.4 Accessibility and Inequality**

Evidence made it evident that the access and affordability are at the front seats of shaping the choices of individuals. Even though the range of biomedical facilities is rising, in the majority of cases, they are urban-based. Families in the rural areas of Dera Ghazi Khan experience long distance, transport issues and some unknown medical costs.

The traditional healers on the other hand are readily available in the location and cheap and offer flexible payment. This brings into focus inequities in the health system structure whereby the poor have been excluded in disproportion with biomedical care. That traditional healing continues to exist is not merely a matter of belief but of practical response to medicine system deficiencies.

Sociologically this is aligned to the structural- functional view whereby institutions like healthcare must address the needs of the society. Where the biomedical systems do not offer a fair access, then the traditional healers come in to save the day, where none of the individuals is left without care altogether.

**5.5 Gender and Power Relations**

The significance of the results is that the health-seeking behavior is gender oriented. Women especially those in rural arrangements lack much authority to decide to use biomedical treatment. Decisions involving the family are normally made by the male heads of the family. However, in the event of child health, the mother has a more significant impact since she is the one that takes care of the child.

This symbolizes the presence of bigger patriarchal structures in South Punjab where only women can move and make decisions. Nevertheless, the traditional healer is female-oriented such as midwives (dais) who provide the environment where women feel safe in a culture and free in the society.Making the decision of a dai, that is, not a hospital, is not only about convenience but also about saving face in a society, which does not want women to be exposed to male physicians.

This highlights the role of reproducing social inequalities by health systems, as well as how women are making their own spaces to be empowered in the traditional system of healing as a feminist health perspective.

**5.6 Perceptions of Effectiveness**

Effectiveness, which is perceived by the patient goes beyond biomedical remedy. Listening to, personal care, and spiritual comfort were key in measuring the success of treatment in many participants. Biomedical doctors were viewed as remote and time-deficient whereas traditional healers were depicted as caring and friendly.

This questions the prevailing paradigm of biomedicine that only quantifies success with respect to clinical outcomes. The case of South Punjab draws the attention to the fact that the process of healing is holistic as it consists of physical, emotional, and spiritual aspects. These views are in line with the holistic approaches to health that the World Health Organization advances, where well-being is not the absence of a disease but rather physical, social and psychic cohesion.

**5.7 Coexistence and Tensions**

Despite the existence of the two systems, tensions and competition exists. Biomedical practitioners tend to standoff traditional healers as unscientific, and the healers may equally judge the hospitals as cold, profit-oriented, and out of touch with local realities. But there can also be instances of reciprocal recognizance - as to hakims who refer patients to hospitals to have surgery, and doctors who understand that a belief in the shrine rituals may enhance mental strength in a patient.

Such a negotiation is dynamic and not omnipresent. It draws a picture of how flexible, adaptive and pragmatic hybrid health systems are, that they are formed and influenced by survival tactics of patients and not by ideological commitments.

**5.8 Global Relevance of Findings**

It is not an isolated case of South Punjab but merely a continuation of a wider trend of medical pluralism worldwide. Similar trends of patient flow in between the biomedical and traditional systems is apparent in the African, South-Asian and Latin American studies. The peculiar feature of South Punjab however, is that the herbal and local remedies are mixed with the Islamic spiritual traditions which results in her healing activities being oriented very specifically culturally. This piece of work contextualizes the findings within the world discourse by providing the comprehension of the larger meaning of how the Global South health systems can be operating under the demands of scanty resources, cultural plurality and structural inequalities.

**5.9 Implications for Policy and Practice**

The implications of the findings are enormous:

1.Policy Integration: A recognition of traditional healers as an extension of mainstream health system should be done by the policymakers instead of viewing them as unscientific. Training programs, cooperation and regulation can be used to ensure safer practices.

2.Improvement of Availability: Inequality gaps may be bridged through the provision of rural biomedical infrastructure and the reduction of the hidden costs.

3.Gender-Sensitive Approaches: In designing health programs, consideration of cultural barriers faced by the women and creating a female friendly health environment are to be considered.

4. Community-Based Health Education: Health campaigns should not replace traditional beliefs; they have to involve local healers in coming up with health strategies that are adaptable to the cultures.

**5.10 Conclusion**

This chapter has presented the study results within the framework of theories and past investigations. It has demonstrated that the health landscape of South Punjab is informed by cultural meanings, structural inequalities, gender relations and patient perceptions of effectiveness. Biomedical and traditional healing ought not to be seen as transitory phase in development but rather as a stable hybrid system that is indicative of local realities.

**Chapter 6:**

**Conclusion and Recommendations**

**6.1 Introduction**

This final chapter brings together the key insights of the research on the coexistence of indigenous and biomedical healing practices in South Punjab. The study has attempted to highlight how health, illness, and treatment are understood not only as biological realities but as deeply social, cultural, and spiritual experiences. The conclusions presented here summarize the main findings, interpret their broader meaning, and suggest practical as well as theoretical contributions. Furthermore, this chapter outlines policy recommendations, identifies the limitations of the present study, and offers directions for future research.

**6.2 Major Conclusions**

**6.2.1 The Hybrid Health System**

The research demonstrates that South Punjab is characterized by a hybrid health system, where biomedical and indigenous practices do not exist in isolation but rather interact dynamically. People do not simply choose between one or the other; instead, they combine treatments, consult multiple healers, and negotiate their health-seeking pathways according to context. This reflects the concept of medical pluralism, showing that hybrid health is not a sign of backwardness but a rational and adaptive response to the complexities of illness and the limitations of formal healthcare structures.

**6.2.2 Cultural and Religious Dimensions**

Culture and religion emerged as the core foundations shaping healing choices. Shrines, spiritual healers, and Quranic recitations hold an important place because they address spiritual suffering and provide emotional relief, which biomedicine often overlooks. Religious beliefs in saints' blessings (barakah) or divine will serve as psychological anchors, helping patients develop resilience in the face of illness. This conclusion reinforces the view that in societies like South Punjab, health is best understood through a holistic lens that integrates the physical, spiritual, and social dimensions.

**6.2.3 Accessibility and Inequalities**

The research revealed that socioeconomic disparities strongly influence health choices. Biomedical hospitals and clinics are often concentrated in urban centers, making them difficult to access for rural populations in districts like Dera Ghazi Khan. Traditional healers, however, remain embedded within local communities and are affordable, flexible, and socially accessible. Thus, reliance on indigenous systems is not simply about "belief" but also a response to structural inequalities and healthcare exclusion.

**6.2.4 Gendered Health-Seeking Patterns**

The findings confirm that gender roles and power relations significantly impact health-seeking behavior. Women's healthcare decisions are often mediated by male family members, yet in maternal and child health matters, women's influence increases, especially when relying on midwives (dais). Traditional female healers offer a culturally safe space, filling the gap where biomedical institutions may appear intimidating or socially inappropriate. This shows that indigenous practices also act as a space of empowerment for women within patriarchal structures.

**6.2.5 Perceptions of Healing as the Patient.**

To South Punjab patients, the healing is measured more than clinical cure. Sense of respect, being heard, spiritual assurance and social belonging are essential areas of effectiveness. The healing power of the traditional healers, especially through personal attention and an understanding ear, satisfies these needs, more than most institutions of biomedicine. It reveals the need to have a patient-centered model of care with the inclusion of emotional and spiritual support in biomedical practice.

**6.3 Theoretical Contributions** The study has three main areas of study to contribute to: 1. Medical Pluralism: It affirms the thesis that pluralism is a stable and adaptive phenomenon in the Global South, and not an intermediate between biomedical dominance and pluralism. 2. Holistic

Models of Health: The results suggest the reductionist paradigm of the biomedical paradigms because the review is not the only one to incorporate physical, spiritual, and cultural aspects of health, and interdisciplinary models are required. 3. Gender and Health Sociology The work throws light upon the reproduction of health practice, but at other times is also critical, of patriarchal authority, and in the ability of the female healers to do so.6.4 Practical Recommendations

On the basis of the results, the following recommendations are offered to policy-makers, medical professionals, and populations:

6.4.1 Policy Integration of Traditional Healers Instead of not acknowledging traditional healers as being unscientific, they are supposed to be known as a subset of the overall healthcare system. Examples of these include: Regulating, monitoring and training indigenous practitioners by government health authorities in order to enhance safety and effectiveness. • Sharing models between hakims, shrines and midwives and hospitals can be established, care of system-to-system referrals.

6.4.2.a Increasing Biomedical Access in Rural Communities. • The more basic health units need to be developed in remote villages of South Punjab. Subsidized amenities such as facilities to transport medicine and transport should also be offered in order to bring about hidden costs. Mobile health and outreach centers can overcome the rural-urban gap.

6.4.3 Gender-Sensitive Healthcare Strategies Female doctors, nurses and midwives must be hired and trained so that biomedical care becomes more acceptable to women. Techniques in health education should be community centered to women and at the same time change should be safe biomedical practices that do not interfere with local traditions.

**6.4.4 Community Health Education**

Local healers should be involved in public health campaigns as opposed to being opposed to such campaigns.

This can be done by creating awareness sessions in mosques and shrines and even in gatherings within the locality that introduce preventive measures, vaccination, and hygiene education without compromising on the traditional beliefs.

**6.5 Limitations of the Study**

There is no limitation on any study. This study had challenges that included:

Geographic focus: Confined to South Punjab making the generalisation to other areas in Pakistan difficult.

Sample size: Although it is enough to allow one to gain qualitative depth, it is not representative of the whole population.

Prejudice in replies: There is a possibility that some of the participants have exaggerated the efficiency of one of the systems because of loyalty or faith.

Time limitations: The results would have been enriched with a longer period of ethnographic work.

Although there are limitations, the study gives useful information about the hybrid health situation in South Punjab.

**6.6 Directions for Future Research**

The following ways can be developed in future studies on this work:

Conducting comparative study on the provinces in Pakistan to examine the differentiation of regions.

Economic aspects of indigenous healing that include livelihoods of healers and their role in rural economy.

The field of mental illness and alternative medicine is a possibility topic of exploration since spiritual practices play an important part in psychology.

Implementing the online health consultations and mobile applications to the rural territories is beginning to take action, and this is the reason why the impact of digital technologies is worth a look.

**6.7 Final Reflections**

The research establishes that the health system in South Punjab can not be regarded as biomedical only. Instead, it is a melting pot of culture where biomedical science, religion, faith in the community, and structural inequalities collide. Indigenous healing has not been a drag to development and its strength is also a cultural resource that must be wisely exploited.

In a world where clinical efficiency is too frequently highly valued at the cost of human meaning in most of our world health systems, the example of South Punjab is there to remind us that health is all about healing the whole individual, the whole body, the whole soul and the whole society.

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