

The Role Of Religion In The Prevention Of Drug Addiction In Swat, Khyber Pakhtunkhwa, Pakistan

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Abstract

This research study “The Role of Religion in the Prevention of Drug Addiction in Swat, Khyber Pakhtunkhwa, Pakistan ” tends to evaluate and analyze the role of religion as a barrier to drugs and drug addiction. The main objectives of the study are to know about the role of religion in the reformation of drug addicts , to evaluate the perception of respondents about religious beliefs, to measure the level of their religiosity. This research has been conducted in district Swat, Khyber Pakhtunkhwa, Pakistan.A sample size of 375 from a population of 6000 has been calculated through Yamane formula. Simple random sampling technique has been used for data collection through interview schedule. The collected data was analyzed through SPSS-2021 for prevalence and association measurement. Univariate for prevalence, bi variate chi square for association while multivariate analyses by controlling background variables were carried out. At univariate level majority of the respondents were knowing about religion, prohibition of drugs in religion, knowing that drug use is a sin and spiritual healing has a role.. Similarly, at bivariate level the variable

“religion” had a highly significant and positive association at ($P = \leq \geq 0.05$) confidence level and ($Tb \pm 0-1$) showed strength and direction with effects of drugs addiction on other family members (EDAFM). At multivariate level all background variables results were checked for spuriousness and nonspuriousness based on significance ($P = \leq \geq 0.05$) and Tb ($Tb \pm 0-1$) values.

Keywords: Role, Religion, Prevention, Drug addiction, Swat

1. Background of the study

Bergan and McConatha (2000) have researched that religiosity has a direct association with pleasure in all ages of people. It has been researched that general happiness, sense of belongingness and purpose of life are felt because of religiosity (Holdcroft, 2006). In the same way, it is also researched that religious tendencies associate people with moral improvement and value system (Roccas, 2005). In the same way, positive social behaviour like conformity to norms are also associated with religion (Holdcroft, 2006). Spirituality has been defined by Burkhardt (2011) as giving meaning and purpose to life by unification with self and approving of authority greater than oneself. After decades the joint commission on health care delivery has identified the role of spirituality in the care of patients (Burkhardt, 2008). It has been considered that there is a strong relationship between religion and drug use which is claimed by different researchers (Mullen, Blaxter and Dyer 1986; Francis and Mullen, 1997; Mullen and Francis 1995). Spirituality has been acknowledged as a contributor to those who are addicted to a substance (Miller, 1997). A national survey (2010) on drug use and health predicted that 22.1 masses in the US of age Twelve or older have been reported for substance once or more in their past lives. There were 4.2 million who were dependent on illicit drugs and Fifteen million were dependent on mental health services administration. It was reported that 4.1 million were treated for the use of illegal drugs, the number is the same as those who were dependent on illicit drugs. Then, in a survey which was conducted in 2003, 55 % of United States citizen expressed that religion has a very significant role in their lives (Gallup, 2003)

According to Gallup and Johnson (2013) that 68 % of the American expressed their desire in favor of religion, they tended to have faith for which prevents them from transgression. Spiritual healing or alternative medicine has been recognized for having a role in the eradication of disease (Committee on the Use of Complementary and Alternative Medicine, Institute of Medicine, 2005). The research study by Burkhardt (2008) publishes that 64% of the U.S pointed out using any kind of alternative medicines. Further, it publishes that more than half of the masses opted for spirituality as alternative medicines. The national institute on drug abuse (2013) explains addiction as the intense craving for something or anything strongly demanded. The American Psychiatric Association (2000) defines addiction as the frequent reoccurring of any medicine that makes the mind and human body habitual and the withdrawal of such medicines/drugs results in withdrawal symptoms which is intolerable for that individual. It is necessary to treat addicted individuals and

to decrease the effect of withdrawal symptoms and make them normal human beings to lead a quality life (Adegbola, 2006).

Researchers have shown that the more people are following religion the more they avoid drugs however the strength of the association varies among different denominations. For this reason research studies have been carried out on protestants and Catholics. According to a research study by Schlegel and Sanborn (1979), fundamental Protestants have a low association with drugs than liberal Protestants. Moreover, the research by Jessor (1977) published that those individuals who are affiliated with religious groups forbid alcohol and another drinking in comparison to those who have low affiliation with religion. Some of the protestants 24 % rated themselves as smokers while those who were not approving any religion were 37%. Further, this is supported by another research study in terms of measuring the religiosity in people by the attendance of the Church. It was reported that those who persist in the attendance of religion were avoiding the consumption of alcohol than those who were not attending the Church. Its means that they were less religious or irreligious and they were consuming more Alcohol. In the same way, an inverse relationship between church attendance and drug use has been shown in many other studies. (Sloane and Potvin, 1986).

The study is further supported by Khavari and Harmon (1982) that those people were perceiving themselves as irreligious were taking more Alcohol and they were agreeing to the use of Amphetamines. It depicts that they were showing flexibility to drug use and it is very easy for them to start any drugs for satisfaction (Dudley and Mutch, 1987).

The people who are giving importance to religion thereby influencing his/their values by changing behavior which controls external factors for suffering theme in addictive substances (Flavio, 2005). Research studies show that those people who are strongly believing in religion are rejecting illicit drugs and alcohols (Flavio, 2005). A research study that has been conducted in the Muslim population expresses that religiosity strengthens the mental health of followers (Hisham, 2011). It has been found that Muslims rehabilitate themselves by following religious values as an alternative to drug use (Lynne, 2012).

A world popular Muslim psychologist Malik Badri views that a large number of Muslims who are prohibiting drugs and alcohols are because of their religiosity (Malik, 2009). Cook Identifies that taking drugs is a sin in religion and claims that those who become an addict is a sin (Christopher, 2008). The other perspective such as Buddhism also considers drugs as sin. The Holy Quran has prohibited all kinds of intoxicants in Islamic society. The Quran prohibits alcohol for entertainment purposes (Abdel, 2005).

The phenomena of drugs and drug addiction is discussed widely in every part of the world with a growing concern about its expansion and its repercussions for a stable society. Despite all the steps that each government and agency is taking for the eradication of this menace there is a gap in understanding this issue in broader look. Therefore, it is necessary to look out this issue

form many dimensions such as religiosity level of the drug users. Spirituality consist of all those attributes that guide the follower of a particular religion to fulfill the demands of that religion. It influence human mind to do and forbad some actions (Pillon, 2010). Religiosity and spirituality are termed as shielding factors against illicit drugs (Zerbetto, 2017). It is very important to study the influence of religiosity on human mind , attitudes, tendencies, social relations and avoidance or taking of substance. It has been reported in a research study that youth are engaged in spiritual and religious activities tends to have relations with peers who are conformists in their affairs and denies substance use (White, et al., 2006). All religions have influenced their members in different ways in the prohibition of substance use (Hill, 2000).

Technological advancement have resulted multiple social problems and have brought tremendous changes in the social life. The problem of drug addiction is alarming and it has been in consideration since 70s and it is not showing any sign of success. It is caused by the weakening of religious bond among people and religion has to do little to guide people in their life (Yusof, 2008). This research study has been undertaken to know the level of religiosity of people and the association of the problem with religiosity.

2. MATERIAL AND METHODS

The research population consists of all those people who are taking drugs like Heroin, Cannabis and Ice or methamphetamine. According to NawayJwand (An organization working for the rehabilitation of drug addicts) there were about 6000 illicit drugs users in district Swat which constituted the population for this study. Simple random sampling techniques have been used for data collection. Sample size was calculated by Yamane (1973) devised formula:

Where “n” stands for sample size

N for population size

for confidence level (95% = 0.05)

By putting the values; $N=6000$ and $e = 0.05n = 375$

A pre-tested interview schedule has been used for data collection based on independent variable (IV) “Religiosity”, dependent variable (DV) “prevention of drug addiction '. The collected data have

been coded and entered to Statistical Package for Social Sciences (SPSS) 21 and an appropriate statistical tests have been carried out for drawing acquired results i.e. univariate for prevalence, bivariate Chi-Square at ($P = \leq \geq 0.05$) 0.05 confidence level and ($T_{b \pm 0-1}$) for determining strength and direction while multivariate analysis were carried out by controlling background variables age, income and educational level of the respondents. The analyzed data has been tabulated, interpreted and supported with relevant literature.



Site map of data collection (Naway Jwand Rehabilitation Centre, Mingora, Swat)

3. RESULTS AND DISCUSSION

6.1 Frequency and percentage distribution of religious aspects

Religion is making life meaningful, purposeful, control undergoing social processes and pave ways to social institutionalization. The given table 6.1 describe the role of religion and drug addiction. On asking about life style, majority of the respondents i.e. 67% of the respondents strongly agreed

with the statement that they are leading lives on their own will, 67% agreed that they have little knowledge about religion, 64% of the respondents viewed that drug use is a sin and the person will be punished for it whereas 63% of the respondents were well awarded that drugs are strictly prohibited in the holy religion Islam. Moreover, 72% of the respondents stated that spiritual healing has a role in the rehabilitation of drug addicts, 65% of the respondents claimed that strong religious belief and practice is directly proportional with drug prevention, 68% viewed that flexibility in religious practices and beliefs is indirectly proportional to drug avoidance along with 69% agreed that strong religious believers and practitioners are barriers to drugs spread. It is common all over the world that religion is a system of beliefs and practices which guide and satisfy human beings. Burkhardt (2011) and Burkhardt, Solari and Hass (2008) said that religion makes the lives meaningful, purposeful, checking and finding ways for social processes in order for social action at both spiritual and physical level. According to Van (2008) religion is a protective shield from evils and the research findings of Kerr et al (2002) stated that alcohol use is high in those students who have weak or no religious beliefs and practices.

Table 6.1 Frequency and percentage distribution of religion in the prevention of drug addiction

Section B7: Religiosity	Response					Total
	S.A	A	N	D	S.D	
Leading life of one's own will.	252 (67)	111(30)	5 (1)	6 (1)	1(1)	375(100)
Knowing about religion	117 (31)	252 (67)	3 (1)	3 (1)	-	375(100)
Knowing that every religion prohibits drugs.	111 (30)	253 (67)	4 (1)	7 (2)	-	375(100)
Knowing that drug use is a sin and the person will be punished for this act.	124 (33)	239 (64)	6 (1)	3 (1)	3(1)	375(100)
Knowing that drugs are strictly prohibited in Holy religion Islam.	130 (34)	236 (63)	6 (2)	3 (1)	-	375(100)
Spiritual healing has a role in the rehabilitation of addicts.	84 (22)	269 (72)	12 (3)	3 (1)	7(2)	375(100)
The more the people are following religion the more they avoid drugs.	106 (28)	244 (65)	15 (4)	5 (1)	5(2)	375(100)
Those people who are showing flexibility in religious beliefs and practices are highly prone to drugs.	67 (18)	254 (68)	24 (6)	27(7)	3(1)	375(100)
Religious people invite you for advice to leave drugs.	93 (25)	259 (69)	14 (4)	5 (1)	4(1)	375(100)

Values in each cell indicate frequency and parenthesis value show percentages. S.A, A, N, D and S.D represent strongly agree, agree, neutral, disagree and strongly disagree respectively.

6.2 Association of religiosity with prevention of drug addiction

Religion is a guide for human belief and practices which satisfy human beings and direct them for action. Every revealed religion of the world seeks for human benefits and prohibits them from evils. The table 6.2 gives information regarding the association of some religious statements with prevention of drugs. The statement that one who leads life on his/her own will was highly significant ($P = 0.000$) and negative in direction ($T^b = -0.320$). Similarly, knowing about religion, similarity of religiousness regarding drugs and punishment permission from religious side were also found highly significant ($P = 0.000$) in a positive direction with a strength as shown in ($T^b = 0.035$), ($T^b = 0.101$) and ($T^b = 0.53$) respectively. The statement that drugs are strictly prohibited in religion Islam was found highly significant ($P = 0.000$) with a weak positive ($T^b = 0.049$) strength and direction while the association between spirituality role in addicted person rehabilitation, flexibility to religious beliefs and practices and religious preachers role in drugs curbing was also highly significant ($P = 0.000$) with a weak positive ($T^b = 0.148$), positive ($T^b = 0.476$) and weak positive ($T^b = 0.206$) relations and strength respectively although the strongest religious follower (Piousness) had a non-significant ($P = 0.093$) association in weak positive ($T^b = 0.079$) direction. In line with the findings above it has been researched by Bergan and McConatha (2000) that religion has a direct association with drugs acceptance and avoidance. Holdcroft (2006), Dezutter, Soenens, & Hutsebaut (2006) found that religion has made its followers sensible and given them a sense of belongingness with life while Roccas (2005) linked people with moral values and behavioral improvement. Similarly, Holdcroft (2006) said that conformity to social norms is also associated with religion. Abdel (2005) reported that in most of the people especially in Muslims drug prohibition is due to the holy book clear directives.

Table 6.2 Association of religiosity with effects of drug addiction on other family members

Statements	Answers	Religiosity			Total	Statistics χ^2 (P) & T^b
		More effects	Moderate effects	Less effects		
Leading life on one's own will.	S.A	231 (61)	16 (5)	5 (2)	252 (67)	$\chi^2 = 92.519$ $P = 0.000$ $T^b = -0.320$
	A	60 (17)	24 (6)	27 (7)	111 (30)	
	N	1 (.3)	2 (2)	2 (.5)	5 (1)	
	D	4 (2)	0 (0.0)	1 (.5)	6 (2)	
	S.D	0 (0.0)	1 (.3)	0 (0.0)	1 (.3)	
Knowing about religion	S.A	95 (26)	16 (4)	6 (2)	117 (31)	$\chi^2 = 41.794$ $P = 0.000$ $T^b = 0.035$
	A	201 (53)	23 (7)	28 (7)	252 (67)	
	N	0 (0.0)	3 (1)	0 (0.0)	3 (1)	
	D	0 (0.0)	1 (.3)	2 (.5)	3 (1)	

Knowing that every religion prohibits drugs.	S.A	87 (23)	16 (5)	8 (2)	111 (29)	$\chi^2 = 60.691$ P = 0.000 T ^b = 0.101
	A	207 (56)	18 (4)	28 (8)	253 (67)	
	N	1 (.3)	3 (1)	0 (0.0)	4 (2)	
	D	1 (.3)	6 (2)	0 (.0)	4 (1)	
Knowing that drug use is a sin and the person will be punished for this act.	S.A	101 (27)	17 (5)	6 (2)	124 (33)	$\chi^2 = 46.319$ P = 0.000 T ^b = 0.053
	A	192 (51)	19 (5)	28 (8)	239 (64)	
	N	1 (.3)	3 (1)	2 (.5)	6 (2)	
	D	0 (.0)	3 (1)	2 (1)	6 (2)	
	S.D	0 (0.0)	3 (0.8)	0 (0.0)	3 (0.8)	
Knowing that drugs are strictly prohibited in Holy religion Islam.	S.A	103 (28)	19 (5)	8 (3)	130 (34)	$\chi^2 = 24.754$ P = 0.000 T ^b = 0.049
	A	190 (51)	19 (5)	27 (7)	236 (63)	
	N	2 (.5)	3 (1)	1 (.3)	6 (2)	
	S.D	1 (.3)	2 (.5)	0 (.0)	3 (1)	
Spiritual healing has a role in the rehabilitation of addicts.	S.A	66 (18)	11 (3)	7 (2)	84 (22)	$\chi^2 = 37.541$ P = 0.000 T ^b = 0.148
	A	222 (59)	22 (6)	25 (7)	269 (78)	
	N	3 (1)	7 (2)	2 (.5)	12 (3)	
	D	1 (.3)	1 (.3)	1 (.3)	3 (1)	
	S.D	4 (2)	2 (.5)	1 (.3)	7 (2)	
The more the people are following religion the more they avoid drugs.	S.A	198 (53)	21 (6)	25 (7)	244 (65)	$\chi^2 = 13.591$ P = 0.093 T ^b = 0.079
	A	198 (53)	21 (5)	25 (7)	244 (65)	
	N	8 (2)	5 (2)	2 (.5)	15 (4)	
	D	3 (0.8)	1 (0.3)	1 (0.3)	5 (1.3)	
	S.D	3 (1)	1 (.3)	1 (.3)	5 (2)	
Those people who are showing flexibility in religious beliefs and practices are highly prone to drugs.	S.A	51 (14)	10 (3)	6 (2)	67 (18)	$\chi^2 = 145.436$ P = 0.000 T ^b = 0.476
	A	332 (62)	15 (4)	7 (2)	254 (68)	
	N	4 (1)	12 (4)	8 (2)	24 (6)	
	D	8 (2)	5 (2)	14 (3)	27 (7)	
	S.D	1 (.3)	1 (.3)	1 (.3)	3 (1)	
	S.A	69 (5)	18 (5)	6 (2)	93 (24)	

Religious people invite you for advice to leave drugs.	A	219 (58)	16 (4)	24 (7)	259 (70)	$\chi^2 = 48.594$ P = 0.000 T ^b = 0.206
	N	3 (1)	6 (2)	5 (2)	14 (3)	
	D	3 (1)	1 (.3)	1 (.3)	5 (2)	
	S.D	2 (.5)	2 (.5)	0 (.0)	4 (1)	

Values in each cell indicate frequency and parenthesis value show percentages. S.A, A, N, D and S.D represent strongly agree, agree, neutral, disagree and strongly disagree respectively. in last column chi square, significance at 0.05% confidence and $\pm 0-1$ strength and direction.

6.3 Association of religiosity with effects of drug addiction on other family members (Controlling age of the respondents)

The Table 6.3 showed a highly significant (P = 0.000) and positive (T^b = 0.312) association between religiosity and EDAFM by controlling age of the respondents. Furthermore, the association was highly significant (P = 0.000) and positive (T^b = -0.378) in age group 17-24 years, highly significant (P = 0.000) and positive (T^b = 0.495) in age group 25-32 year, highly significant (P = 0.000) and weak positive (T^b = 0.246) in age group 25-32 years, significant (P = 0.001) and strong positive (0.623) for the age group above 40 years. The significance level as shown in the table 4.7.10 a non-spurious relationship for all age groups mentioned in the table above. According to Van (2008) there is a strong association between religion and drug addiction which is serving as a strong shield against drug practice, similar to it Moreira (2006) and Parfrey (1976) research findings stated that religions play a positive role in the prevention of drug addiction and those who has a strong link with religions are more secure from drugs and drug addiction

Table 6.3 Association of religiosity with effects of drug addiction on other family members (Controlling age of the respondents)

Controlling variable (Age)	Independent variable	Dependent variable	Statistics χ^2 P & T ^b		
17-24	Religiosity	EDAFM	$\chi^2 = 26.402$	P = 0.000	T ^b = 0.378
25-32	Religiosity	EDAFM	$\chi^2 = 28.299$	P = 0.000	T ^b = 0.246
Above-40	Religiosity	EDAFM	$\chi^2 = 10.097$	P = 0.001	T ^b = 0.623
Total	Religiosity	EDAFM	$\chi^2 = 59.899$	P = 0.000	T ^b = 0.312

Chi square, and P values show significance at 0.05% confidence level while T^b = $\pm 0-1$ show strength and direction

6.4 Association of religiosity with effects of drug addiction on other family members (Controlling education of the respondents)

A highly significant ($P = 0.000$) and positive ($T^b = 0.312$) association between religiosity and EDAFM by controlling education of the respondents has been shown in the table 6.4. Furthermore, the associations were found highly significant ($P=0.000$) and weak positive ($T^b = 0.266$) in illiterates, significant ($P = 0.031$) and weak positive ($T^b = 0.178$) at primary level, significant ($P = 0.015$) and weak positive ($T^b = 0.195$) at middle level, non significant ($P = 0.129$) and positive ($T^b = 0.304$) in high, non-significant ($P = 0.813$) and weak negative ($T^b = -0.116$) at secondary level, significant ($P = 0.002$) and positive ($T^b = 0.447$) at bachelor level. The result showed over all a non spurious relationship for illiterate, primary, middle, bachelor while spurious relationship for high and secondary levels. Similarly, Flynn (2005) results exposed that religion and spirituality protects individual from drugs taking for intoxication while Marsiglia (2005) found that students studying in religious institutions are less likely to take drugs in comparison to students in non religious institutions. Researchers have shown that following religion avoid drugs however the strength of the association varies among different denominations and similar to this the research study of Schlegel and Sanborn (1979) the fundamental Protestants have low association with drugs than liberal Protestants.

**Table 6.4 Association of religiosity with effects of drug addiction on other family members
(Controlling education of the respondents)**

Controlling variable (Education)	Independent variable	Dependent variable	Statistics χ^2 P & T^b		
Illiterate	Religiosity	EDAFM	$\chi^2 = 24.913$	$P = 0.000$	$T^b = 0.266$
Primary	Religiosity	EDAFM	$\chi^2 = 6.947$	$P = 0.031$	$T^b = 0.178$
Middle	Religiosity	EDAFM	$\chi^2 = 8.401$	$P = 0.015$	$T^b = 0.195$
High	Religiosity	EDAFM	$\chi^2 = 9.093$	$P = 0.129$	$T^b = 0.304$
Secondary	Religiosity	EDAFM	$\chi^2 = 0.415$	$P = 0.813$	$T^b = -0.116$
Bachelor	Religiosity	EDAFM	$\chi^2 = 12.041$	$P = 0.002$	$T^b = 0.447$
Total	Religiosity	EDAFM	$\chi^2 = 59.899$	$P = 0.000$	$T^b = 0.312$

Chi square, and P values show significance at 0.05% confidence level while $T^b = \pm 0-1$ show strength and direction

6.5 Association of religiosity with effects of drug addiction on other family members (Controlling monthly income of the respondents)

Religion has a domineering effect on the life style of an individual therefore a highly significant ($P = 0.000$) and positive ($T^b = 0.312$) association has been shown between religiosity and EDAFM

by controlling income level of the respondents in table 6.5. Similarly, the association was significant ($P = 0.001$) and positive ($T^b = 0.335$) for income PKR 10000-21000, highly significant ($P = 0.000$) and weak positive ($T^b = 0.267$) for PKR 21000-30000, significant ($P = 0.002$) and positive ($T^b = 0.300$) for income level PKR 31000-40000 while non significant ($P = 0.178$) and weak positive ($T^b = 0.279$) for income level above 40,000. The result showed an over all non spurious relationship for income level PKRs 10000-21000, 21000-31000, 31000-40000 and above-40000. In line to these findings it has been reported by Schensul & Burkholder (2005) that religion protects its followers from drugs while Cnaan, Gelles, & Sinha (2004) found that income level influences the spiritual and religious tendencies of followers. Ludwig & Mayer (2006) supports that low income Americans have higher religious tendencies than higher income Americans. Dehija, Deleire, Luttmmer, Mitchell, (2007) & Fagan (2006) have concluded that poverty has bad consequences but due to low income they hold strong beliefs and remain stern on religiosity which prohibits them from drugs.

Table 6.5 Association of religiosity with effects of drug addiction on other family members (Controlling monthly income of the respondents)

Controlling variable (Monthly income)	Independent variable	Dependent variable	Statistics χ^2 P & T^b
10,000-21,000	Religiosity	EDAFM	$\chi^2 = 15.318$ P= 0.001 $T^b = 0.335$
21,000-31,000	Religiosity	EDAFM	$\chi^2 = 30.459$ P= 0.000 $T^b = 0.267$
31,000-40,000	Religiosity	EDAFM	$\chi^2 = 12.003$ P= 0.002 $T^b = 0.300$
Above 40,000	Religiosity	EDAFM	$\chi^2 = 3.457$ P= 0.178 $T^b = 0.279$
Total	Religiosity	EDAFM	$\chi^2 = 59.899$ P=0.000 $T^b = 0.312$

Chi square, and P values show significance at 0.05% confidence level while $T^b = \pm 0-1$ show strength and direction

Conclusion

Religion plays a very key role in drug eradication. Those who are showing flexibility in religious beliefs and practices are highly prone to drugs. Age, income and educational level are some of the background variables which have a strong relation with drug addiction. Age of the respondents' i.e. lowest age and highest age addicts directly affect other family members while the middle age addicts addiction consequences are felt indirectly by the other family members. By controlling

educational status and level of the respondents it was concluded that both have effects on family members while educated and then highly educated effects are more severe due to their educated network and being imitated by other people. Income levels also intervene at all levels. The low income strata of society feel worries of becoming poorer while the middle income strata are a source of drug propagation in the society.

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