

Superstitions and Intellectual Disability: Local Discourses of Science and Religion in Khyber Pakhtunkhwa

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Abstract

Superstitions normally occupy important position in human societies. They exist in almost all societies with different degree and frequency depending upon their level of development. Like other things and events, they also define and manage intellectual disability. To understand the association of intellectual disability and superstitions, a qualitative study was carried out in District Peshawar and Haripur, Khyber Pakhtunkhwa, Pakistan. The study found that mostly the females (mothers) were more superstitious as compared to males (fathers). Their superstitious nature was found due to their extreme culturally required attachment, social pressure and ignorance of science and religion of Islam. Furthermore, the poor parents were more inclined to practicing superstitious practices and beliefs. The economically marginalized parents were mostly illiterate and ignorant of the latest medical therapies and above all they were unable to afford the medical expenses incurred by the medical therapy. In addition, such available practices and beliefs were found as an effective immediate psychotherapy for the parents who felt helpless to deal with the problem. Therefore, the available practices and beliefs known to them or recommended by the relatives and neighbors such as wearing amulets in their necks with forbidden words, chanting of spells and approaching shrines, provided them a hope of recovery.

Keywords: Superstitions, Intellectual disability, Beliefs, Practices, Khyber Pakhtunkhwa

Introduction:

Generally, the society is governed by both scientific and unscientific explanations of actions relating to human, nature and metaphysics. All such explanations carry due importance in societies different in socio-economic, political, religious and physical nature etc. In agrarian societies, which are normally characterized by low economic conditions and low literacy, such as in Pakistan, the unscientific and traditional explanations of almost all human and natural events occupy dominant position. They are normally exhibited by different beliefs and practices and followed by local people unquestionably. Such practices and beliefs, in other words, superstitions, perform like guidelines and future hope. There are different explanations and definitions of superstition², however, the definition/explanation that best suits here is of Khan and Mohyuddin³ who hold that superstition refer to an irrational and invalid belief which has no proof, both scientifically and logically. Superstitions are socially created and shaped by people through ages and inherited to the new generations⁴. They exist almost everywhere with regard to anything mostly beyond the control and understanding of human beings.

Similar to other phenomena, they also hold significant position to deal with the problem of intellectual disability (ID). Intellectual disability is not a socially created problem rather it is altogether medical in nature which according to Shermer *et al.* constrains individual(s) to exhibit proper intellectual functioning⁵. It, which has nowadays sought the attention of disability experts, sociologists, social workers, policy experts and social scientists, is being treated through superstitious beliefs in the rural societies in particular. It is normally concealed, despite of its medical nature, by the parents due the fear of stigma for the family⁶. Besides, it also carries considerable sum of social and economic burden on the affected families⁷.

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Normally, it is considered insignificant in terms of number, however, in actual its ratio is very alarming in the world in general and Pakistan in particular. As for example, 3% of the world population (156 million) is recorded suffering from some type of intellectual disability (World Health Organization, 1994) while the record of World Health Organization⁸ shows more enhanced number i.e., 15% (785 million) suffering from ID in the world. In United States alone 3% (6 million in total) of its population is caught in this menace⁹ while in United Kingdom it is 1198000 people that includes 298000 children of age group 0-17 years. Similarly, in Pakistan the number of disabled people, according to 1998 Census survey, is 3293155 while in the province of Khyber Pakhtunkhwa (KP)¹⁰ it makes 4% of the total population. It all reflects that the number of overall disabled or intellectually disabled people is considerable and needs serious considerations in the overall development policies.

Of course Intellectual disability is medical in nature; however, still it is being comprehended and treated in superstitious ways. This paper, hence, is an effort to surface why people hold superstitious beliefs concerning ID and what particular factors determine such beliefs and practices in the study area. To undertake this study, the following methodological procedure was adopted.

Methodological procedure:

This study was qualitative in nature and, therefore, employed relevant techniques such as ‘in-depth interviews’, ‘focus group discussion’, and ‘field observation’. As the actual subjects, i.e., ‘intellectually disabled children’ were unable to respond, therefore, their parents were selected for data because their experiences and observations were of more intimate nature. To carry out this study, two districts, namely, *Peshawar* and *Haripur* in Khyber Pakhtunkhwa were purposively selected from the list maintained by the Directorate of Social Welfare and Special Education, Khyber Pakhtunkhwa. The reason behind the selection of the two districts was to ensure the probable diversity in data on the basis of their distant location, dissimilar language and history. In practice, the data obtained in these two different districts surfaced rich and diverse information that facilitates the generalizability of the study’s findings. To unearth the prevalence of superstitions among parents of such children, their demographic profile, level of awareness and their socio-economic condition was studied so that complete understanding of the issue could be comprehended. Thus, how many Interviews and FDGs were conducted, are given in Table 1.

Table 1: Detail of Interviews and FDGs (Area-wise distribution of respondents)

Type of Interviews	Locale of the Study		Total
	<i>Peshawar</i>	<i>Haripur</i>	
In-depth Interviews	15	15	30
FDGs	2 (7 participants in each FGD i.e. 2 X 7 = 14)	2 (7 participants in each FGD i.e. 2 X 7 = 14)	04 FDGs (28 Participants)
Total Participants/subjects			30 + 28 = 58

All the interviews conducted were recorded and transcribed and themes surfaced so were developed for the purpose of analysis. Nonetheless, ethical protocols were not compromised at any stage of the study. For example, informed consent was sought from the respondents prior to interviews and their confidentiality and anonymity was ensured. Hence, what this study found is given below.

Detail of the Respondents:

Table 2: Respondents' status

Relationship of Child with respondents	Numbers	(%)
Mothers	20	34
Fathers	26	44
Grand-Mothers	5	8
Relatives	7	12
Grand Total	58	100

Source: Ahmed, Shakeel and Johar Ali, P. 75.

Table 3: Economic-status of Participants and Family-Structure

Gender	F	%	Structure of the Family		Financial Status			
			Nuclear	Extended	Upper	Middle	Lower-Middle	Extremely poor
Boys	49	84	21 (42 %)	28 (57 %)	08 (16 %)	13 (26 %)	25 (48 %)	03 (6 %)
Girls	09	16	03 (33 %)	06 (66 %)	02 (22 %)	02 (22 %)	03 (44 %)	02 (22 %)
Total	58	100	24 (42 %)	34 (58 %)	10 (17 %)	15 (25%)	28 (48%)	8 %)

Source: Ahmed, Shakeel and Johar Ali, P. 76.

Table 4: Child with ID's Profile

Gender of Child with ID	F	%	Age				Place of delivery		Type of marriage	
			3-6	7-10	11-14	15-18	Home	Hospital	Cousin	Outside family
Boys	4	84	11 (22%)	14 (27%)	12 (25%)	12 (24%)	33 (67%)	16 (32%)	29 (60%)	20 (40%)
Girls	0	16	02 (22%)	04 (44%)	2 (22%)	01 (11%)	06 (66%)	03 (33%)	06 (66%)	03 (33%)
Total	5	100	13 (22%)	18 (31%)	14 (24%)	13 (22%)	39 (67%)	19 (33%)	35 (60%)	23 (40%)

Source: Ahmed, Shakeel and Johar Ali, P. 75.

Findings and Discussion:

The study found that the problem of intellectual disability was not normally considered a medical problem rather it carried socially constructed explanations that held no real medical meaning. It was found associated with different myths and superstitions that held different explanations with regard to its causes and treatment. Hence, what particular reasons were found associated with the superstitious nature of explanations of the respondents are as follows.

Ignorance on the part of parents about the causes of intellectual disability of their children:

The findings of the study reveal close relationship between superstitious beliefs and parents' illiteracy/ignorance. Illiterate parents normally remain ignorant/unaware to comprehend the real reason(s) of why a child becomes intellectually disable. They always trust the existing traditional knowledge and stereotypes concerning such problems and avoid accepting new medical knowledge which might have more logical, rational and research-based explanations. On the other hand, educated people having more exposure to the latest

understandings and explanations in different fields develop normally more pragmatic and scientific interpretations of the issues in hand. They rarely give importance to the existing superstitions and strive to believe in explanations acceptable in the modern world (See Baro & McCleay, 2002). Educated people hold comparatively flexible behavior and knowledge of how to rear children in problems while uneducated parents confront extreme problems, due to less positive information, in managing children suffering from diseases in general and intellectual disability in particular.

The same situation was observed in this study as well. The parents/families, due to their uneducated nature and cognizance, associated different explanations with the birth of intellectually disable child(ren). They frequently discussed and related it with some problem(s)/defect with the 'father' or 'mother' of the ID child or his/her/their (ID Child(ren)) possession with *Jinn* (spirit) and seldom considered it a medical problem. For instance, a mother while sharing her views regarding the occurrence of ID of her child during in an Individual Interview in *Peshawar* held that:

"After 40 days¹¹ of the birth of my child, I took a bath and visited a nearby village for attending a marriage ceremony during an extreme cold weather. After attending the ceremonies, when I was coming back at around 12 pm, I came across an area which was famous for *Jinn* and *peryaan* (jinns or ghosts). Soon after reaching home, my child became reddish We quickly kept the child in warm clothes and since then he developed ID".

The mother in this case shows superstitious attitude and does not consider it an illness. While in fact the child, according to the physiotherapist in the institute where he was taken care of, was afflicted with tetanus. The mother was altogether illiterate and unaware and, hence, related the child's disability with the influence of 'ghost'. Confirming the same reality, a 'Social Case Worker', while sharing his experiences about the prevalence of superstitious beliefs among parents with ID child(ren), explained in an Individual Interview in *Peshawar* that:

"Being a Social Case Worker, I, while maintaining child's case history, hold frequent interactions with the parents. As far as the parents' awareness is concerned, more than 95 % of the parents are unaware about the causes & nature of intellectual disability. They associate ID with superstitions. As a result, they do not consult doctors or psychologists for the diagnosis/identification of the problem. They also hesitate to send their disable child(ren), especially girls, to any special education school".

The illiterate nature of the parents was observed reinforced by the cultural construction they got oriented in. On one hand their uneducated position discouraged them to think rationally while on the other hand the prevalent traditional culture disallowed them to think and behave contrary to the given cultural framework. This study in whole surfaced quite strange superstitions/beliefs relating to the birth of child. Such realities were not only observed in the field but also referred by different scholars. As for example Khan and Mohyuddin¹² (2014), while describing the structure of *Pakhtun* society narrate that a newly born infant remains safe if a knife or dagger is put near his pillow. The presence of the knife or dagger is considered deterrence against evil spirits. Furthermore, mothers avoid taking their infant babies to families, due to fear of *Ghaq*¹³ 'evil voice', where death occurs. They normally keep them fully covered in cloth while taking them into the houses of relatives or others in neighborhood or relatives because they believe that their exposure make them susceptible to 'evil eye' (ibid). Such beliefs and practices coupled with parents' illiterate position and unawareness about the actual causes of intellectual disability detach them from reality and resultantly suffer the timely recovery of ID child (ren). Nonetheless, it must be noted that the concept/idea of *Jinn* or *Peryān* is not the self-creation of the respondents. It is also not a traditionally learnt belief. It is the integral part of the belief system in Islam which is being followed by the followers and, hence, practiced whenever required. As in Qur'an Allah says "Indeed, we created man from dried clay of black smooth mud. And we created the Jinn before that from the smokeless flame of fire" (al-Qur'an 15:26-27). Likewise, Prophet Muhammad (Peace be upon him) says

“when the wings of the night spreads, keep your children in, for the devils come out at that time...” (al-Bukhāri, *ḥadīth* # 3280). Similarly, Prophet Muḥammad (Peace be upon him) says “Do not let your animals and children go out when the sun has set, until the first part of the night is over, for the devils come out when the sun sets, until the first of the night is over” (Muslim, *ḥadīth* # 2012). Hence, such explanations in Qur’an and *ḥadīth* cannot be ignored and the respondents who believed so cannot be altogether marked as ignorant. The problem however lies in their lack of authentic knowledge of Islam which commands treatment of both, body and the soul at the same time.

Superstitions about the treatment of Intellectual Disability:

The study not only reflects how illiteracy or ignorance maintained superstitious practices/explanations regarding intellectual disability but also unearthed different superstitious beliefs practiced in treating ID. In addition, the study also helped recognize local beliefs considered responsible for causing its (ID) occurrence. For example, almost all of the respondents including mothers, fathers and other family members held *nazar*¹⁴ ‘evil/bad eye’ responsible for causing ID. They held that usually ‘jealous relatives’ carry evil spirits and their look(s) at the child make him/her suffer for life. This phenomenon was observed invariably in both of the study areas i.e., *Peshawar* and *Haripur*. Most of the respondents were found adamant to accept any other explanation other than ‘*nazar*’ (evil/bad eye) as the sole cause of ID. They (mothers), when asked in FDGs in *Peshawar* and *Haripur* about the role of evil eyes in causing ID, collectively endorsed it and further uttered vigorously that:

“The effect of *nazar* (evil/bad eye) is *ḥaqq* (‘truth’, which could not be denied). We strongly believe that evil-eyes of the people can cause ID in child”.

This practice/belief was not only confined to the study area but also found and referred in other societies of the world as well (Lakshmikanth and Heme, 2016). However, its intensity is believed to vary, due to the variation in literacy, socio-economic status and overall development, from place to place. As for example, in US – which is considered the most developed country of the world – 16 percent of the people still believe in ‘evil/bad eye’ and assume that certain people can cast curse or spell that causes harm to the individual(s). While in sub-Saharan Africa, which holds extremely low per capita income¹⁵ the percentage of the people believing in superstitious beliefs such as ‘evil eye’ etc. is higher i.e., 42¹⁶. It all reflects that superstitious beliefs normally exist everywhere; however, its prevalence rate is determined by factors such as socio-economic status and education level. Apart from this, the study also disclosed that people in the target area considered religious/spiritual leaders of prominent mosques or *madāris* (Islamic religious institutions) as a panacea. They held that such places are holy in nature and, hence, can, in addition to other diseases, effectively heal/recover ID children. A grandmother of an ID child in an FDG in *Peshawar* reiterated in this regard that:

“When the doctor revealed that my grandson is suffering from disability, I took him immediately to holy places for *mannat* (making solemn pledge to Allah). In the mean time I sent his shirt to a *madrasa* named *Binawri Madrasa* (a famous religious teaching Institute in Karachi¹⁷) for spelling Holy words on his shirt. After some time when we contacted the contact persons in the *Madrasa*, they asked that the mother of the child should recite *Sūrah al-Fatiḥah* (the first chapter of the Qur’ān) 100 times after each prayer and spell it upon him. They said that they have learnt through *istikhāra*¹⁸ that the child is under the influence of ‘*Dew sāya*’ (spirit or ghosts)”.

Such superstitious belief system about treatments was not only restricted to the target area but also found practiced in the entire province of Khyber Pakhtunkhwa in general and rural areas in particular¹⁹. Such belief system not only restrained parents from understanding the actual nature and causes of ID but also caused extreme delay in their treatment that ultimately affected their recovery process. As the parents normally associated ID initially

with different beliefs, therefore, they hardly thought of consulting any doctor. They exhausted all efforts following the traditional prevalent practices and resorted to scientific approaches of therapy after they failed at all levels. A mother in an individual interview in *Peshawar* in this regard stated that:

“We realized the disability of our child very late as initially we took him to different *peers* (saints) and *mazārs* (shrines) for treatment. When we found no improvement, we took him to the doctor who advised speech therapy. As there was no facility of speech therapy in *Peshawar*, we shifted him to Islamabad and admitted him in a Centre working for the treatment of such children. However, the doctors and psychologists told that you brought him very late as he has passed the age of 7 years and at this stage it would be very difficult to effectively treat his disability”.

Hence, the prevalence of different superstitions about the treatment jeopardizes their health and suffers them for life. This state of affairs does not only suffer the individual but also suffer the respective families and the overall society. Furthermore, it is worth mentioning here that the concept of ‘al-‘ayn/*naẓar*’ is not an alien phenomenon confined to the respective target people rather it is very vividly and categorically declared in Islam. As Qur’ān says “And indeed, those who believe would almost make you slip with their eyes when they hear the message, and they say, ‘Indeed, he is mad’ (al-Qur’ān 68: 51-52). Similarly, Prophet Muḥammad (Peace be upon him) says, as narrated the ḥadīth of Ibn ‘Abbās that: (“The evil eye is real, and if anything were to overtake the divine decree (al-qadar) it would be the evil eye.” (Narrated by Muslim, 2188, from the ḥadīth of Ibn ‘Abbās *Ṛāḍiyallāhu ‘anhu*) Hence, the respondents who believed so might have learnt its (*naẓar*) impact as well as the treatment explained in the Qur’ān and *aḥādīth*.

Superstitions as a source of psychotherapy and healings for affected parents:

Of course superstitious beliefs and practices have been found associated with different factors and a reason of further aggravating the status of ID children, however, it was also observed as psychotherapy for the parents giving birth to ID children. The parents suffered severe agonies, shock and trauma after the birth of ID children and, therefore, searched for any such option which could easily mitigate their pains. They, after recognizing the disability of their children and the traditional beliefs concerning it, resorted to the prevalent practices prioritized by the local people. They believed that such practices could be the only established remedy(ies) which could help them out of the uncertain situation, social exclusion and anxiety. For such parents the available traditional practices could not only help cure the disease but also a way to rightly respond to the collective social understanding of the situation. In addition, the availability of such beliefs served like ‘guidance and counseling’ that usually governs in a formal developed health system. Hence, the presence of such options and making recourse to the indigenous superstitious alternatives provided the affected parents an effective relief. Most of the parents when asked referred to their extreme agonies and traumatic condition after they knew their children suffered intellectual disability. For example, a mother in an individual interview in *Peshawar* exclaimed that:

“I cannot forget that moment when the doctors told me that the child is suffering from intellectual disability. It was shocking news for me and I went through depression for many days and attempted suicide. However, it was good that people gave me different explanations and suggested different traditional practices that soothed me for the moment”.

Similarly, another mother who also knew about the disability of her child in *Haripur* explained in an individual interview that:

“When I came to know that my son has got disability, it was not less than a thunder-storm, however, I took him immediately to a nearby *peer* (saint) and shrine where he spelled holy words and consequently I felt relaxed because he assured me that the child will be absolutely recovered”.

This state of affairs was not only restricted to the study area but also observed and advocated by different writers. For example, Robb-Nicholson, an anthropologist, while referring to the effectiveness of superstitions holds that they can provide contentment in an uncontrolled and uneven situation²⁰. Similarly, Shahida Sajjad while explaining the role of soothing effects of superstitions holds that they play pivotal role in helping mothers reduce anxiety and feeling about the future of their ID children²¹. Furthermore, such beliefs are considered helpful in reducing anxiety, confidence-building, coping with uncertainty, illusion and in getting control over overwhelming situation²². In addition, they are generally considered compatible with the existing culture and religious beliefs that provide them acceptability in cultural context and their perceived effectiveness in helping people in immediate trouble. They are, hence, evolved to help people deal with misfortunate incidents and enable them to get power and control over things and events in life which normally remains difficult to be managed and controlled (Shermer,1998). The scholars do recommend that parents having ID children need to be provided with services and parent-training-programms to overcome their stress and skills to efficiently manage their child's care and development²³, however, they forget that such services can only be ensured in culturally and economically developed societies. Here, in this study the ground reality was very different and, hence, realizing positive and scientific approach looked a far cry at the moment.

Gender differences in superstitious beliefs:

The prevalence of superstitious beliefs was found associated with gender. Women were found more superstitious as compared to men. Though, men are not altogether immune from such beliefs, however, their frequency is normally lesser than women. The same findings have also been found by Zad in his studies wherein women associated 'diseases' or other 'bad time(s)' with different superstitious beliefs and ignored scientific explanations²⁴. The tendency of women to believe in such beliefs is not only confined to the study area but also found in the developed countries such as United States of America. For example, Western States Folklore Society (1948: 70-71) concluded in result of a nation-wide poll of women carried out by Woman's Home Companion that women believed in certain superstitious practices such as 'Avoid walking under a ladder', 'A black cat crossing your path is bad' etc., despite of their being economically sound and exposed to technological advancements. In addition, Voracek also found that women are comparatively more prone to superstitious practices as compared to men²⁵. He further correlates this phenomenon to some extent with education by explaining that less educated women have less analytical thinking and reasoning ability. He further finds a correlation between age and superstitious beliefs as well. In this study aged and illiterate women were found strictly observing traditional superstitious practices and reinforcing them through different ways. They communicated them to others, particularly women, on different occasions in the families such as during pregnancy of a woman, birth of a child, marriage or death ceremonies etc. While on the other hand educated mothers were less prone to such practices and aspired to understand the scientific reason(s) of ID. As for example an educated mother in district *Haripur*, whose child suffered from ID, was found more curious to know more about the medical condition of her child. To understand the actual nature and reason(s) of her ID child, she registered herself in a post-graduation program of Special Education in a prominent distance-learning University, namely, 'Allama Iqbal Open University Islamabad'. In this regard she while narrating her experience, explained in an individual interview in that:

"Initially, I was very confused and disturbed after the birth of my child with ID, because people held and associated different baseless myths with it. Nonetheless, I was curious about understanding the actual causes of such disability. When my child got grown-up, I admitted him in special education school and during this period, I took admission in M.A Special Education program. After studying two semesters, I came to know that such a condition can be cured and controlled through different therapies if it is detected in the early stage. However, now I know it is too late [holding her breath] to think of his complete cure".

Hence, this reflects that women and particularly uneducated women suffer more from paranormality. The reason of uneducated nature of female in particular is determined by the environment they live in. In Pakistan in general and KP in particular women are less educated, as compared to men, and less exposed to opportunities guaranteeing gender equality. They are considered dependent creature and, hence, not equal in terms of status to men²⁶. They are normally not encouraged to seek education like boys are promoted. Its reflection is highlighted by the record available with an Non-governmental organization, namely, Society for the protection of the Rights of Child, located in Peshawar²⁷ (2007) which shows that the enrollment of girls at the primary and secondary level in KP is lesser (34.4% and 32.1%) than the enrollment of boys (65.6% and 67.9%). Hence, women normally restricted to household boundaries, less exposed to the outside world and comparatively less literate²⁸ remain obsessed with the reinforced superstitious beliefs and unable to strive to understand the underlying truth behind such beliefs.

Economic status of parents and superstitions :

In addition to gender and literacy, economic status/condition was also observed influencing the rate of superstitious practices and beliefs. The affluent parents were found less prone to accepting any superstitious reality and relied more on scientific explanations and medical treatment. They consulted skilled professionals in treating their ID children while the economically poor parents trusted and followed the already practiced traditional beliefs recognized as the best proven method(s). It is generally found that affluent class, comparatively more educated than the marginalized one, normally remain more aware of the available medical therapies and have the capacity to utilize them. They, due to their educated nature, rely on knowledge appealing to logic and supported by sufficient scientific evidences. While marginalized class, due to their perceived inability to get such exposure and understandings, feel socially excluded and dependent upon the superstitious beliefs. They in this way further endorse and reinforce such practices/beliefs²⁹. The same situation was also observed in this study. The poor parents did not realize the feelings of inclusiveness and, hence, tended to stick to prevalent practices acceptable to the same social class. Furthermore, they (economically marginalized parents) relied on such practices because they considered them effective and less expensive as compared to the formal medical treatment. For example parents in an FGD in District *Haripur* collectively and emphatically replied that:

“We have heard that most of ID children got recovered only due to the traditional methods. Our traditional methods are less expensive while the treatment carried out by the Doctors is too expensive which we cannot easily afford”.

Most of the families in this study belonged to middle (25%), lower (48%) and lower-lower (8%) social classes (see table 5) and, therefore, resorted to superstitious practices due to the unaffordability of the formal medical therapy. In some cases, the ID children were forced into child labour to sustain their living. As a participant in an FDG in *Peshawar* narrated that:

“We have seen such families of disabled who are extremely poor. They use their children for begging in the streets for affording their family expenses”.

Economic status was not only found associated with the endorsement of superstitious beliefs and the exploitation of ID children but also a cause of intellectual disability among children itself. Majority of the families (67%) (see table 4) in this study relied on traditional method(s) in delivery by utilizing the local services of local nurse called ‘*Dāyi*’³⁰. They were poor enough to afford the expenses of professional gynecologists and, therefore, received high cost for their children. The local nurse ‘*Dāyi*’ was neither equipped with updated knowledge nor skilled to handle the birth of the child rightly. In this way, most of the children got mishandled and remained either permanently physically or intellectually disabled. Nonetheless, the parents still associated the resultant disability not with the negligence of ‘*Dāei*’ but with superstitions, such as ‘evil/bad eye(s)’, ‘influence of ghosts’ etc.

Conclusion:

Superstitions normally dominate more in the agrarian societies or less developed societies. They are considered the best available therapy/option(s) due to ignorance, low economic status and non-availability of specialized medical services. The available myths and beliefs pertaining to intellectual disability are considered to act as an effective timely solace to the affected families. The parents instead of getting disorganized resort to consider the problem like ID as a trial imposed by God, a condition caused by 'evil/bad eye(s)', or an influence of ghosts etc. They consider the problem beyond human control and, therefore, consult saints and shrines as the only and possible convincing remedy. Furthermore, their solace is reinforced by the prevailing beliefs that though such children are not productive in society yet they may be a source of economic prosperity in this world as well as a source of salvation in life after death. On the other hand, educated and affluent parents are more ambitious about the future of their children and strive to seek accurate and reliable information about the nature and treatment of such disability. They consult relevant psycho-medical centres/institutes for training and rehabilitation of their children. Thus, realizing the negative ensuing effects of superstitious practice and beliefs concerning ID and overcoming the strength and prevalence of superstition-induced behavior among parents, the government may prove more effective if it initiates crash program of mass awareness regarding its causes and prevention similar to polio awareness program in Pakistan.

Endnotes:

¹ Leclerc, I. "Metaphysics as a Discipline: Its Requirements." In *The Nature of Metaphysical Knowledge*, edited by George F. McLean and Hugo Meynell, 3-22. (Washington: University Press of America and the International Society for Metaphysics, 1998).

² Levy, Sonia. "The Effects of Rule-Induced Superstition on Operant Performance." PhD Dissertation, Faculty of the Chicago School of Professional Psychology, University of Illinois; Unites States, 2018; Foster, Kevin R. and Hanna Kokka. "The Evolution of Superstitious and Superstition-like Behaviour." *Journal: Proceedings of the Royal Society. B, Biological Sciences* 27, no.1654 (2005): 31-37; Abbott, Kevin R. and Thomas N. Sherratt. "The Evolution of Superstition through Optimal Use of Incomplete Information." *Journal: Animal Behaviour* 82, no.1. (2011): 85-92.

³ Khan, N. and Anwar Mohyuddin. "Socio-Economic Impacts of Superstitions among Pakhtoon Women." *European Academic Research* II, no.8 (2014): 10696-10713.

⁴ Quinn, Naomi and Dorothy Holland. "Culture and cognition". In *Cultural models in language and thought*, edited by Dorothy Holland and Naomi Quinn, 3-40. (Cambridge: Cambridge University Press, 1987).

⁵ Shermer, Michael. *Why people believe weird things: pseudoscience, superstition, and other confusions of our time*. (New York: Henry Holt and Company)

⁶ Park, Sihyun and Kyung Sook Park. "Family Stigma: A Concept Analysis." *Asian Nursing Research* 8, no.3 (2014): 165-171; Quinn, *Cultural models in language and thought*, 3-40.

⁷ Ahmed, Shakeel, Johar Ali and Noor Sanauddin. "Patriarchy in Family-Care Giving." *JPMI* 30, no.1 (2016):73-79.

⁸ World Health Organization. *The International Classification of Diseases 10th Revision (ICD-10) Guide for Mental Retardation*. (Geneva: Division of Mental Health and Prevention of Substance Abuse, World Health Organization, 1994).

⁹ World Health Organization. *World Report on Disability*. (Geneva: World Health Organization Press, 2011).

¹⁰ UNDP. *Khyber Pakhtunkhwa Millennium Development Goals Report 2011*. (Islamabad: UNDP Pakistan, 2011).

¹¹ "Bath" here refers to the shower taken after 40th day of birth a child. In Pakistan, and particularly, among the rural and semi-urban areas, Muslim women, believe that taking bath before the 40th day of the birth of the child, entail numerous diseases. Therefore, it is almost a common practice among most of the people in such areas that they take shower after the 40th day of the birth of the child. This 'bath' is considered as cleansing ceremony wherein the relatives and nearby people are invited for celebrating it.

- ¹² Khan, N. and Anwar Mohyuddin. "Socio-Economic Impacts of Superstitions among Pakhtoon Women." *European Academic Research* II, no.8 (2014): 10696-10713.
- ¹³ It is a *Pashto* word. *Pashto* is the dominant language spoken in most of the part of Khyber Pakhtunkhwa, Pakistan and Afghanistan. It is also spoken in Balochistan and some other parts of Sind and Punjab provinces of Pakistan .
- ¹⁴ It is a *Pashto* word which literally means 'sight', however, in such situation it is used for 'evil/bad eye'.
- ¹⁵ Sachs, Jeffrey and and Andrew M. Warner. "Sources of Slow Growth in African Economies." *Journal of African Economies* 6, no.3 (2018): =335-376.
- ¹⁶ Gershman, Boris." The Economic Origins of the Evil Eye Belief." *Journal of Economic Behaviour and Organization* 10, no.2 (2015): 119-144
- ¹⁷ Karachi is the major city of Pakistan situated in Sindh. It is also the capital of Sindh province of Pakistan.
- ¹⁸ The word *Istikhara* means to ask ALLAH to guide one to the right sort of action concerning a deed or a job.
- ¹⁹ Khan, N. and Anwar Mohyuddin. "Socio-Economic Impacts of Superstitions among Pakhtoon Women." *European Academic Research* II, no.8 (2014): 10696-10713.
- ²⁰ CelesteRobb-Nicholson. "By the way, doctor: What can I do about twitching eyelids?" *Harvard women's health watch*, July 12, 2018, [https:// www.health.harvard.edu/newsletter_article /what-can-i-do-about-twitching-eyelids](https://www.health.harvard.edu/newsletter_article/what-can-i-do-about-twitching-eyelids)
- ²¹ Sajjad, Shahida. "Stress faced by mothers of children with Intellectual Disability and its Impact on their family life." In *CitSeer* 12 (2010): 71-78.
- ²² Neil, Graham. "Demystifying Sports Superstition." *International Review for the Sociology of Sports* 17, no.1 (1982):99-124; Matute, Helena. "Learned helplessness and superstitious behavior as opposite effects of uncontrollable reinforcement in humans." *Learning and Motivation* 25, no.2 (1994): 216-232.
- ²³ Feldman , Maurice, Fay Towns , Judith Betel , Laurie Case, Arnold Rincover , and Carl A. Rubino. "Parent education project II. Increasing stimulating interactions of developmentally handicapped mothers." *Journal of Applied Behavior Analysis* 19, no.1 (1986): 23-37; Feldman, Maurice, Laurie Case, Fay Towns, and Judith Betel. "Parent education project 1: development and nurturance of children of mentally retarded parents." *American Journal of Mental Deficiency* 90, no.3 (1985): 253-258; Tymchuk, Alexander and Maurice A. Feldman. "Parents with mental retardation and their children: Review of research relevant to professional practice." *Canadian Psychology* 32, no. 3(1991):486-496.
- ²⁴ Zad, Roghayyeh Ebrahimi. "Superstitious beliefs and some of its causes: Case Study: Ghachsaran Citizens." *Bulletin of Environment, Pharmacology and Life Sciences Bull* 3, no.II (2014): 286-290.
- ²⁵ Voracek, Martin. "Who wants to believe? Associations between digitratio (2D:4D) and paranormal and superstitious beliefs." *Personality and Individual Differences* 47, no.2 (2009): 105-109; Schalock, Robert, Ruth A Luckasson, Karrie A Shogren, and Karrie A Shogren. "The Renaming of Mental Retardation: Understanding the Change to the term Intellectual Disability." *Intellectual and developmental disabilities* 45, no.2 (2007):116-24.
- ²⁶ Naz, Arab, Umar Daraz and Waseem Khan. "Physical and Infrastructural Obstacles to Women's Education in Khyber Pakhtunkhwa Pakistan." *FWU Journal of Social Sciences* 7, no. 2(2013) 139-142.
- ²⁷ Peshawar is the capital district of Khyber Pakhtunkhwa, Pakistan.
- ²⁸ Rehmana, Abdul, LuanJingdonga and ImranHussainb. "The province-wise literacy rate in Pakistan and its impact on the economy." *Pacific Science Review B: Humanities and Social Sciences* 1, no.3 (2015): 140-144.
- ²⁹ Graeupner, Damaris and Alin Coman. The dark side of meaning-making: How social exclusion leads to superstitious thinking." *Journal of Experimental Social Psychology* 69, no.3 (2017):218-222.
- ³⁰ 'Dāyi' is an Urdu (National language of Pakistan) word which refers to a female nurse. Usually 'Dāyi' -is uneducated or less educated and non-professional hired during the delivery of child.