ROKHAN Medical Science Journal

Vole: - (1) - Issue (1)

https://rmsj.rokhan.edu.af https://doi.org/10.67608/rmsj.v1i1.36

Prevalence and Perceptions of Traditional and Religious Coping for Mental Health Problems in Nangarhar, Afghanistan

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Received: 11/10/2025
Revised: 15/10/2025
Accepted: 8/11/2025
Published: 6/12/2025

Citation: Pameer. A. K. (2025). Prevalence and Perceptions of Traditional and Religious Coping for Mental Health Problems in Nangarhar, Afghanistan. RMSJ. 1(1).

Abstract

Afghanistan is a strong and respected country in terms of culture and tradition and Afghans value their culture and tradition more than anything else. Mental health is considered a major problem globally and especially in Afghanistan.

In Afghanistan, mental health struggles are silently increasing, often hidden behind societal stigma, lack of services, and deep-rooted cultural norms. In places like Nangarhar, where formal psychological care is still developing, people turn to what they know: religious and traditional coping practices.

A total of 834 community members participated in a survey looking at age, gender, education, and what kinds of coping approaches they used when facing emotional or mental challenges. Most respondents are young men (73.4%), between the ages of 19 and 30, with a university education. The results showed that prayer (45.3%) and reciting the Quran (38.4%) are the most common religious responses. Traditional responses included spending time alone (37.9%) and talking with family members (36.2%). Perceptions of these practices varied: 37.9% found them very helpful, while 21.3% said they aren't helpful at all.

These findings tell us that people in Nangarhar rely heavily on familiar, faith-based, and cultural solutions when it comes to mental health. However, there is a mixed understanding of how effective these methods really are. This insight can guide local leaders and health organizations to bridge traditional beliefs with modern approaches, offering mental health support that feels both respectful and effective.

Keywords: Mental health, healing, tradition, religion, Nangarhar, coping, Quran, prayer

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Introduction

Mental well-being is a vital part of a person's life. However, in many parts of the world, especially in low-income and war-affected countries like Afghanistan. It is often overlooked. Afghanistan has experienced decades of hardship, including war, loss, poverty, and displacement. These issues have taken a silent harm on people's emotional and psychological health.

In rural and urban Afghan communities alike, formal psychological services are rare or inaccessible. As a result, people fall back on what they have known for generations: turning to faith, family, and folk traditions. But how effective are these coping methods in reality? And how do people who use them feel about their impact on their emotional well-being?

This study was designed to look deeper into this issue. Specifically, it aimed to understand how commonly traditional and religious coping methods are used in Nangarhar province, and how individuals perceive their effectiveness.

Literature Review

Mental health is increasingly recognized as a global health priority, yet in many low and middle income countries, including Afghanistan, mental health services remain underdeveloped and underutilized. The GBD 2019 Mental Disorders Collaborators (2022).reveals that mental disorders are among the top contributors to years lived with disability worldwide, highlighting the urgent need for culturally appropriate mental health care in conflict affected regions like Afghanistan.

Afghanistan's long-standing socio-cultural and religious structures significantly influence how individuals perceive and manage psychological distress. As Dupree, N. H. (2002) note, Afghan society remains deeply rooted in traditional family systems, Islamic faith, and tribal structures, which collectively shape people's beliefs about health and healing. In this cultural context, mental health issues are often attributed to spiritual causes, such as the influence of jinns or divine testing leading individuals to seek healing through prayer, Quranic recitation, or consultation with religious figures.

Eggerman, M., & Panter-Brick, C. (2010) emphasize that cultural values like honor, family cohesion, and religious devotion foster both resilience and coping in Afghan communities. However, these same values can also reinforce silence and stigma around mental illness, especially for women and youth. In such settings, religious practices such as daily prayer, fasting, and supplication are viewed not only as spiritual obligations but also as therapeutic tools for emotional regulation and stress relief.

Traditional practices such as visiting shrines, drinking holy water, or engaging in herbal remedies are often preferred due to their accessibility and cultural familiarity. Studies from neighboring Pakistan, for instance, show that many psychiatric patients first consult religious healers or Sufi saints before turning to biomedical interventions.

Access to modern mental health services in Afghanistan remains extremely limited due to years of war, poor infrastructure, political instability, and ongoing conflict. Cardozo, B. L (2004) found that even when services exist, social stigma, lack of mental health literacy, and trust in traditional alternatives keep people from seeking clinical care. Moreover, Andrade et al. (2014), through the WHO World Mental Health surveys, identified structural barriers such as cost, lack of providers, and cultural mismatches as major deterrents to seeking formal psychological treatment.

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Alemi et al. (2018) observed that even among young educated populations in Kabul, traditional gender norms, trauma exposure, and limited psychosocial support increase vulnerability to mental illness while decreasing treatment-seeking behaviors. These findings echo the results of the current study, where educated youth in Nangarhar still favored religious and traditional coping over modern therapy.

While traditional and religious coping mechanisms are widely accepted and embedded in Afghan daily life, there is a growing recognition that their effectiveness may vary. Some individuals experience profound relief and hope through prayer and family support, while others, especially those with severe or chronic mental disorders, may find these methods insufficient. Feldmann et al. (2007) note that many refugees and displaced populations carry persistent stress and trauma that traditional healers may not be equipped to treat.

The variability in perceived helpfulness, reflected in this study where only 37.9% found these methods "very helpful" underscores the need for integrating culturally sensitive psychological services with existing belief systems. Dearing (2009) advocates for applying the Diffusion of Innovations Theory to health interventions in conservative societies: by gradually introducing new mental health concepts through trusted community members (e.g., imams, elders), acceptance and adoption of modern services may increase.

Dupree (2004) further emphasizes the central role of the family in coping with crises in Afghan society, where kinship ties are primary sources of both support and stress. Engaging families and communities in psych education and resilience-building could strengthen grassroots mental health responses.

Materials and Methods

Study Design

this is a descriptive, cross-sectional study. We used a questionnaire written in Pashto and distributed it to adults in different districts of Nangarhar province.

Participants

A total of 834 people participated in the study. Most are male students aged 19–30 years old.

Data Collected

Participants shared information on:

- Gender, age, marital status, and education
- Religious coping practices: prayer, Quran reading, visiting scholars
- Traditional coping practices: talking to family, spending time alone, using herbal remedies
- Perception of helpfulness: very helpful, somewhat helpful, not helpful

Data Analysis

Responses are analyzed using SPSS. We focused on descriptive statistics (frequencies and percentages).

Ethical Consideration

Participation was voluntary. Verbal consent was obtained, and no personal identifiers were collected.

Scope of the Study

This study only focused on Nangarhar province and adult participants. It did not examine formal mental health care, nor did it include children, clinical diagnoses, or in-depth interviews. The findings provide insight into community level practices but may not apply to all of Afghanistan.

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Results

Table 1: Gender Distribution

This table shows the gender distribution among 834 participants. The majority of respondents are male.

Gender	Frequency	Percentage
Male	612	73.4%
Female	222	26.6%

Table 2: Age Group

most respondents (79.4%) are young adults aged 19–30 years, showing that mental health issues and coping behaviors are mostly reported by youth.

Age Group	Frequency	Percentage
19–30 years	662	79.4%
31–50 years	118	14.1%
Under 18	46	5.5%
Above 50 years	8	1.0%

Table 3: Marital Status

most participants are single, indicating young unmarried individuals dominate the sample.

Status	Frequency	Percentage
Single	620	74.3%
Married	214	25.7%

Table 4: Education Level

Most respondents had university education, indicating a relatively educated sample.

Education Level	Frequency	Percentage
University Education	618	74.1%
Secondary Education	116	13.9%
Primary Education	62	7.4%
Uneducated	38	4.6%

Table 5: Religious Coping Methods

Prayer and Quran recitation are the most commonly used religious coping methods.

Method	Frequency	Percentage
Prayer	378	45.3%
Quran Recitation	320	38.4%
Visiting Scholars	76	9.1%
Other	60	7.2%

Table 6: Traditional Coping Methods

Solitude and talking with family members are the most used traditional strategies.

Method	Frequency	Percentage
Solitude	316	37.9%
Talking to Family	302	36.2%
Herbal/Folk Healing	126	15.1%
Other	90	10.8%

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Table 7: Perceived Helpfulness

Participants are divided in how helpful they found these methods. Many found them very helpful, while others found them not helpful.

Perception	Frequency	Percentage
Very Helpful	316	37.9%
Somewhat Helpful	194	23.2%
Not Helpful	178	21.3%
Unsure	146	17.5%

The analysis revealed:

- Demographics: Majority are male (73.4%), aged 19–30 (79.4%), and university educated (74.1%).
- Religious Coping: 45.3% used prayer regularly; 38.4% read the Quran; 26.4% visited scholars.
- Traditional Coping: 37.9% spent time alone; 36.2% talked to family; 33.5% used traditional healers.
- Perceptions: 37.9% found these methods very helpful; 24.1% somewhat helpful; 21.3% not helpful.

Discussion

The results of this study express a clear view of how people in Nangarhar respond to mental health challenges. Most participants, even though they were young and highly educated, still rely heavily on religious and traditional practices such as prayer, reciting the Quran, spending time alone and talking with family members. This shows how deeply these methods are common in everyday life, regardless of a person's age or education level.

Prayer stood out as the most common religious coping method, followed closely by Quran recitation. These practices are not just about seeking spiritual comfort. For many, they provide a sense of stability, hope, and control during difficult times. On the traditional side, solitude and family conversations were the main used strategies, reflecting the importance of both personal reflection and social support in Afghan culture.

However, the study also revealed something important: people's opinions about the effectiveness of these methods were mixed. While many found them very helpful, a significant number said they were not helpful at all. This suggests that while these practices can offer emotional comfort, they may not be enough for more serious or long-term mental health conditions.

This finding highlights a challenge for health providers and policymakers. It's not about replacing these traditional and religious practices, they hold deep cultural and spiritual meaning but about finding ways to complement them with modern mental health care. If traditional healers, imams, and community elders can be included in awareness and referral networks, people may be more open to seeking professional help when needed.

Another point worth noting is the strong presence of young, educated men in the sample. While this group is often thought to be more exposed to modern ideas, their strong reliance on traditional coping shows how powerful cultural norms remain. It also means there's an opportunity here: by engaging this group in awareness campaigns, they can help spread more balanced and informed views about mental health care in their communities.

In short, the results tell us that people in Nangarhar deal with emotional struggles using the tools they know best faith, family, and familiar traditions. These tools bring comfort and are worth respecting, but they can

be strengthened by introducing modern mental health support in ways that feel culturally safe and acceptable. Blending these approaches could be the key to improving mental well-being in the province.

Conclusions

This study provides valuable insight into the coping behaviors of individuals in Nangarhar province regarding mental health challenges. The findings show that traditional and religious healing practices remain central to how people manage psychological distress in this region. Methods such as prayer, Quran recitation, solitude, and family communication are not only widely practiced but also closely tied to people's identity, faith, and cultural heritage.

The majority of respondents were young, educated males, a demographic that still strongly adheres to traditional and religious coping strategies despite exposure to modern education. This reflects the deep-rooted nature of these practices in Afghan society. Prayer are the most frequently reported religious coping method (45.3%), followed by Quran recitation (38.4%). Similarly, solitude (37.9%) and talking with family members (36.2%) emerged as the dominant traditional strategies.

However, the study also reveals a divide in perceived effectiveness. While 37.9% of participants viewed these methods as "very helpful," more than one in five (21.3%) found them "not helpful." This variation indicates that while traditional and religious practices provide comfort and familiarity, they may not fully address more complex or chronic mental health conditions.

Therefore, it is essential to recognize both the value and limitations of these culturally embedded practices. The findings highlight a clear opportunity: to bridge the gap between tradition and modernity. Integrating traditional and religious coping strategies with evidence-based psychological support can create more holistic and accessible mental health care models for Afghan communities.

Such culturally responsive mental health interventions built on trust, respect, and understanding have the potential to reduce stigma, enhance help-seeking behaviors, and ultimately improve mental health outcomes across the province.

Recommendations

1. Equip imams and scholars with mental health first aid training so they can identify serious cases.
2. Encourage partnerships between folk healers and mental health professionals.
3. Run awareness sessions to help people recognize symptoms that require medical or psychological help.
4. Develop care systems that respect religious and traditional values while offering modern support.

Acknowledgments

The author sincerely expresses gratitude to Mr. Irfanullah Stanakzai for his valuable guidance, encouragement, and support throughout the research process. His constructive insights contributed significantly to the design of the study and the interpretation of the findings. The author also extends sincere appreciation to the administration of Rokhan University for their administrative support and encouragement during the conduct of this research. Finally, heartfelt thanks are extended to all community members from Nangarhar Province who voluntarily participated in this study and generously shared their time and experiences.

Funding
This research received no external funding from any governmental, commercial, or non-profit funding agency. The study was conducted independently by the author.

Conflict of Interest
The author declares that there are no financial, professional, or personal conflicts of interest that could have influenced the design, conduct, analysis, or publication of this study.

Ethics Approval
Ethical approval for this study was obtained from the Research and Ethics Committee of Rokhan University before the commencement of data collection. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Participation was voluntary, respondents' anonymity and confidentiality were strictly maintained, and no personally identifiable information was collected.

Informed Consent
Verbal informed consent was obtained from all participants before administering the questionnaire. Participants were informed about the purpose of the study, the voluntary nature of participation, their right to refuse or withdraw at any stage without any consequences, and the confidentiality of their responses.

Data Availability
The dataset generated and analyzed during the current study is available from the corresponding author upon reasonable request. The data are not publicly available because they contain information collected from participants and are subject to privacy and confidentiality considerations.

Author Contributions
Dr. Aamir Khan Pameer: Conceptualization, study design, questionnaire development, data collection, statistical analysis, interpretation of findings, manuscript preparation, critical revision, and final approval of the manuscript. The author read and approved the final version of the manuscript and accepts full responsibility for the integrity and accuracy of the work.

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