



The Role of Religion and Spirituality to Cope with COVID-19 Infections Among People of Lower Socioeconomic Status in Pakistan: An Exploratory Qualitative Study

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Abstract

Religion and spirituality have been key coping mechanisms of Pakistani Muslims amidst natural calamities such as the COVID-19 pandemic. This study aimed to identify and explore the role of religion and spirituality in the recovery of COVID-19 patients in lower socioeconomics. The data for this qualitative research study were collected from 13 people in Pakistan who survived COVID-19 infection during the wave of the Omicron variant. The participants of this study referenced four key themes about their story of getting infected by COVID-19 and recovering from it and referenced religion and spirituality as an overarching aspect of that story. The patients who recovered believed that COVID-19 was a punishment from God for sinful humanity, which was unavoidable. Amidst such a belief, the studied patients tried to avoid hospitalization but prayed to God for mercy, forgiveness, and help in their recovery. A few who took medical treatment also established and/or strengthened their spiritual connections seeking quick recovery from the infection. The participants of this study believed that their religion or spirituality played a medicinal role in their recovery from COVID-19 infection.

Keywords COVID-19 · Religion · Spirituality · Pakistan

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Introduction

Governments and policymakers around the globe faced enormous public health issues during the COVID-19 pandemic. Social and economic upheaval created had severe impacts on the physical and psychological well-being of populations worldwide (WHO, 2020). Since millions of people have been infected with the deadly Coronavirus, various groups are battling in their diverse capacities to cope with the pandemic in different societies (Chen et al., 2021). COVID-19 was declared a major global health emergency by the World Health Organization (WHO) on January 30, 2020, and a pandemic on March 11, 2020 (Cucinotta & Vanelli, 2020). Community activities have not been the same during and after the pandemic as they had been previously. The COVID-19 pandemic and related restrictions exacerbate symptoms of mental health and psychological illnesses (Arnout et al., 2020; Liebreuz et al., 2020; Pankowski & Wytrychiewicz-Pankowska, 2023b). Depression, anxiety, and panic disorder are a few of such psychological issues posed by the COVID-19 pandemic, which have a worldwide impact on people's perceptions of their health and well-being (Ab Rahman et al., 2020).

The literature suggests that people experiencing adversarial life events are more likely to turn to religion for comfort and to adopt greater religious coping strategies (Al-Hadethe et al., 2016; Francis et al., 2019; Koenig et al., 1988; Pargament et al., 1990). Human beings believe to be the construct of body and soul, and the soul is distinctive to believe in a supreme being, especially in uncertain times such as pandemics. When such beliefs are preferred over scientific evidence, they often result in practices having negative impacts on health (Ayar et al., 2022). Individuals' adoption of behavioral and cognitive methods based on religious beliefs and/or practices to cope with stress and life challenges is known as "religious coping" (Pargament et al., 2001). Reading sacred writings, seeking advice from religious authorities, and eliminating bad thoughts through religious means are examples of such religious coping (Francis et al., 2019). "Religiosity" can be viewed as a framework for producing meanings that are linked to reduced psychological distress, making it a valuable source for psychological health, particularly while coping with an illness (Koenig et al., 2012; Rosmarin & Koenig, 2020). Positive coping with religion also provides a foundation of social support (Lim & Putnam, 2010).

Like Religion, spirituality also plays an important role in coping with illness and adverse circumstances (Beuscher, 2008; Graham, 2001; Krok, 2008). Both religiosity and spirituality ascend with a variety of inter-connected definitions that vary depending on the source (George et al., 2002). Distinctions between the two cannot always be made, and both revolve around "a pursuit for the sacred." However, religion is associated with a collective "reinforcement and identity," such as formal religious institutions, regular religious attendance, and prayer (Koenig et al., 2012). In contrast, spirituality has been described as a sense of fullness and connection with the cosmos that supersedes the material aspects of existence beyond the individual (Myers & Williard, 2003). Research has shown

that spirituality and religion have beneficial impacts on mental and physical health (Pankowski & Wytrychiewicz-Pankowska, 2023a). They offer greater levels of well-being, satisfaction with life, a sense of purpose, the meaning of life, hope, and optimism, as well as decreased rates of anxiety, depression, and substance misuse among patients dealing with different diseases.

COVID-19 Situation in Pakistan

The spreading of COVID-19 had a significant impact on employment circumstances in the country, with an estimated 20.71 million people losing their jobs because of periodic lockdowns (Government of Pakistan, 2022a, 2022b). COVID-19-related lockdowns resulted in people losing their jobs, either permanently or temporarily, which pushed them farther into extreme poverty (Nasar & Akram, 2022). Due to lockdowns; fear of financial instability increased, the provision of social services dropped, incidents of domestic violence increased, and intimate partner violence and psychological distress increased during the pandemic period (Szilassy et al., 2021).

There is a lack of literature that looks specifically at COVID-19 patients using religion and spirituality to cope with the painful symptoms of the pandemic. Our study fills the gap in the literature by looking at a group of 13 people, and the role of religion and spirituality played in helping them cope with COVID-19. We interviewed those people who were infected with COVID-19 during the Omicron variant in Pakistan, belonged to a lower socioeconomic status, and recovered without hospitalization. The study also explores the religious and spiritual practices adopted by the patients affected by COVID-19 during the Omicron wave in seven metropolitan cities in the Punjab province of Pakistan.

Research Questions

This study explored the beliefs and practices of COVID-19 patients in Pakistan to cope with the infection through religion and spirituality. Participants were asked a series of questions and encouraged to support their responses with examples from their beliefs and experiences. This study was guided by the following research questions.

1. What is the role of religion and spirituality in coping with COVID-19 infection?
2. Do people get more attached to their religious beliefs when they have health issues such as COVID-19?
3. In what ways, if any, have people used religion and spirituality to cope with COVID-19 infection?

Review of Literature

The literature suggests that religion and spiritual beliefs are directly associated with higher degrees of optimism and lower levels of anxiety, concern, and despair during the COVID-19 pandemic (Chirico, 2021; Ungureanu & Sandberg, 2010). People

have the option to employ spiritual and religious coping constructively (that is, discovering meaning, spiritual connection, and beneficent religious reappraisals) rather than in a negative way (that is, religious struggle, punishment, and reappraisal of God's power) to fight the illness (Pargament et al., 1998). Religion is used by people to cope with uncertainty and adversity. They pray and seek a closer relationship with God or refer to the tragedy as an act of God. The literature suggests that those who have faced adversity in their lives, such as COVID-19, heart diseases, hepatitis, cancer or the death of a close family member, or injuries or divorce, are more religious than others (Ano & Vasconcelles, 2005; Pargament, 2001; Sohail, 2020; Akhlaq et al., 2022).

Religion is a form of emotion-concentrated coping in which people try to lessen their emotional discomfort because of a certain scenario, such as a calamity (Lazarus & Folkman, 1984). While religion is used to cope with a variety of events, it has also been utilized to cope with bad and unforeseen situations like COVID-19 (Bentzen, 2021; Bjorck & Cohen, 1993; Pargament, 2001; Smith et al., 2000). A study conducted by Bentzen (2021) found that Google searches for the term “prayer” have reached the greatest levels (ever documented for this term) because of COVID-19 (Bentzen, 2021; DeRossett et al., 2021).

Religiosity is defined as an institutional, outward, and formal expression of an individual's relation with the sacred. Usually, it is operationalized as being a part of a particular religious community's worldview and behaviors (Iannello et al., 2019). Contrastingly, spirituality is defined as the quest for life's meanings, the search for connection with humanity, and personal association with mystical realities (Viliani et al., 2019; Worthington et al., 2011). Spirituality in health care has recently received increased attention in the literature as an important health indicator (Jupp & Flanagan, 2007). Spirituality is also considered to be an effective coping technique to deal with life's grim realities and disasters (Chirico, 2021; Hefti, 2011).

In the specific context of Pakistan, COVID-19 patients' journey of recovering from the Coronavirus has been understudied specifically in their belief in religion and spirituality. Through qualitative inquiry, this study aims to draw the attention of social science and public health researchers to conduct further empirical research on the role religion and spirituality played or not in the recovery of COVID-19 patients.

Methods

Study Design and Setting

To explore the phenomenon associated with COVID-19 patients in Pakistan, semi-structured interviews (Nasar et al., 2021) were conducted during the wave of the Omicron variant with those who had contact with COVID-19. The research was carried out in Punjab, Pakistan's largest province, and the data were collected from six districts (see Table 1).

Ethical permission for this study was granted by the Research Ethics Committee (REC) of the Department of Sociology at International Islamic University in Islamabad, Pakistan (No. FSS/EC-IIUI-2021–318).

Table 1 Socio-demographic characteristics of the participants ($n = 13$)

ID	Pseudo names	Gender	District	Age (years)	Diagnosis period (months)	Interview duration (minutes)
PID-1	Kausar	Female	Lahore	38	3	60
PID-2	Talha	Male	Lahore	23	5.5	75
PID-3	Basharat	Male	Faisalabad	20	4.5	70
PID-4	Abid	Male	Toba Tek Singh	39	4	63
PID-5	Hira	Female	Faisalabad	22	2	85
PID-6	Javed	Male	Lahore	21	3	65
PID-7	Asghar	Male	Narowal	42	2.5	90
PID-8	Suriya	Female	Narowal	40	5	80
PID-9	Maria	Female	Toba Tek Singh	22	3	68
PID-10	Babar	Male	Multan	33	4	62
PID-11	Tehmina	Female	Multan	46	6	65
PID-12	Shiraz	Male	Rawalpindi	51	4.5	75
PID-13	Ayesha	Female	Rawalpindi	35	2.5	80

Study Participants

Eligible participants for the present study were those adult individuals who had been infected with COVID-19 during the last 6 months (September 2021 to February 2022) and had survived this infection either with or without hospitalization. The participants were recruited by using the purposive sampling technique. Initially, 24 potential participants were contacted in eleven different districts of the country. However, only 13 (7 male and 6 female) participants completed their semi-structured interviews between March 10, 2022, and May 31, 2022. To prevent the transmission of COVID-19, 9 interviews were conducted via Skype or Zoom sessions, whereas the rest were conducted face to face by adhering to the rules of social distancing.

Data Collection

A semi-structured interview guide was developed after an extensive literature review to learn about the role of religion and spirituality in coping with COVID-19 disease. Before collecting data, the interview guide was pilot tested on two patients, and the guide was amended for the final data collection. The data collected during pilot testing were not used in this study.

The data were collected in two stages through semi-structured interviews. *First*, participants were contacted purposively and informed about the study's goals where they were briefed on the interview process if they agreed to participate, followed by taking their formal consent to participate. The participants were also given information about the tentative time, schedule, and recording of their interviews. *Second*, the data were collected, transcribed, and analyzed in Punjabi and Urdu, later translated

into English for the synthesis of results for this paper. A digital tape recorder was used to record the interviews. The time of each interview varied between 60 and 90 min.

Data Analysis

The inductive coding method was used in this study to analyze the interview transcripts, and the thematic coding type was applied to identify key themes and categories (Nowell et al., 2017). NVivo software version 12 was used for the qualitative analysis of interview transcripts. While coding the transcripts, relevant quotes were annotated to be utilized in this paper. Two researchers coded the interview transcripts separately in the NVivo, and the percent agreement on the coding framework was assessed by the third researcher to ensure the intercoder reliability. These researchers are the co-authors of this manuscript. Each transcript of a participant was treated as one case whose case classification is attributed as outlined in Table 1. After the completion of coding and annotation of all transcripts, the crosstab query, an analysis feature within NVivo, was applied to export the qualitative findings.

Study Findings

The demographics of the study participants' characteristics are presented in Table 1. To ensure the respondents' privacy, identity, and confidentiality, their original names are replaced with hypothetical names, and a unique quote (participant identification = PID) is assigned to each of the participants.

All the participants were Muslim, with a median age of 33 years, and almost half were female. At the time of the interviews, the average diagnosis period among participants was 4-months (Table 2).

Thematic analysis of interview transcripts revealed participants of this study tended to avoid hospitalizations after infecting with COVID-19 due to the conspiracies and reported an increase in their spirituality and religiosity due to the infection.

Avoiding Hospitalization Amidst COVID-19 Conspiracies

Rumors and Conspiracies About Coronavirus Seeking medical assistance was a difficult decision for the participants of this study. The overall incapability of the medical system in the country to curb the Coronavirus was creating suspicions and doubts. An abundance of rumors regarding Coronavirus and treatment was making the situation even worst. A participant shared:

“I heard that who so ever visited a hospital for treatment met the worst consequences and faced complications. Hospitals have become houses of Coronavirus, and even a healthy person is no healthier after his or her visit to a hospital. Due to this mass fear, I preferred to stay at home (even after being infected).” (PID-3).

Table 2 Thematic categories and sub-categories based on qualitative analysis

Theme	Categories	Sub-categories
Religion and Spirituality as a cure for COVID-19 in Pakistan	<ol style="list-style-type: none"> 1. Avoiding hospitalization amidst COVID-19 conspiracies 2. God has sent COVID-19 to the sinful humanity 3. COVID-19 infection increased patients' religiosity 	<ol style="list-style-type: none"> 1.1. Rumors and conspiracies about Coronavirus 1.2. Preference for home medication instead of hospitalization 1.3. Reliance on herbal medicine and quackery 1.4. Unsure if Coronavirus or common flu <ol style="list-style-type: none"> 2.1. God controls peoples' health and diseases 2.2. God control pandemics such as COVID-19 2.3. Coronavirus is a lesson from God 2.4. COVID-19 pandemic is God's punishment for sinful humanity 3.1. Human instinct calls religion amidst pandemics 3.2. Pandemics remind us of being mortal 3.3. Increased prayers and recitation of Quranic verses <ol style="list-style-type: none"> 3.4. Praying relaxed my grief and disease 3.5. Pandemics are calling to reconnect with God 3.6. Coronavirus made me religious 3.7. Mercy and help from God can save us from pandemics 3.8. Religion and spirituality equally important in medical care

Preference for Home Medication Instead of Hospitalization Self-medication is a common phenomenon in Pakistan where people usually take the same medicines for diseases with similar symptoms. Generally, a family member diagnosed with a disease and some medicine helping them establishes that medicines used for other family members too if they develop similar symptoms. The recovery of a family member with a particular medicine is taken as proof that medicine works well. A participant shared:

“Since my wife was taking medicines and was at home, it was an easy decision for me to take the same medicines and follow the same routine as my wife was following. The instructions of the doctor helped us recover smoothly (at home).” (PID-7).

Reliance on Herbal Medicine and Quackery Culturally, the people of Pakistan use herbal medicine to treat different diseases. Some patients with minor symptoms of COVID-19 found some herbs, food items, and drinks very useful to cure their infection of Coronavirus. One of the most important facts reported was the initial construction of Coronavirus as the flu and not being considered a disease. People experiencing flue are culturally advised to drink soups, tea such as ginger, green tea, or other homemade food. A participant shared that instead of following medical instructions, he took herbal medicines and foods to cure the Coronavirus. He said:

“I was fortunate to develop minor symptoms. I was drinking warm water with honey and ginger, took plenty of fluids, and took care of my diet. After 7 days, I was perfectly fine.” (PID-2).

Unsure if Coronavirus or Common Flu The participants were experiencing the symptoms of Coronavirus such as sore throat, body aches, and weakness, but they took common recovery steps such as painkillers, vitamins, and resting at home. A participant was vaccinated and still got the Coronavirus.

“I was worried and fearful. I thought I was safe and secure now. But this Coronavirus made me more fearful. I again followed the prescribed routine suggested by the doctor and recovered. I got my second dose again and am now feeling good.” (PID-8).

God has Sent COVID-19 to the Sinful Humanity

God Controls Peoples' Health and Diseases Some of the participants believe that this universe is part of the larger design of God. He is controlling all these things, and nothing can happen without his will and consent. A participant said:

“The disease and health are directed from Him, and He plans whom to make diseased and whom to grant health. Allah (God) has answers to all the questions. He has a justification for everything including good and bad. The true human and Muslim should submit to His wish and will.” (PID-5).

Another participant also came up with a similar explanation and said:

“In the Quran, Allah (God) has said, I gave you the disease, and I make you the healthy, nothing is beyond my control.” (PID-6).

God Control Pandemics Such as COVID-19 The participants believed in the powerfulness of God and His control over everything, including viruses, infections, and pandemics. A participant shared:

“We believe that Allah (God) has a remedy for every disease. He is the creator of diseases, and He suggests medicines for these.” (PID-9).

Coronavirus is a Lesson from God All the participants were Muslims and held a firm belief in the supremacy of God. They strongly believed that Coronavirus was sent by God as a lesson to teach mankind. A female told:

“We are helpless and weak creation. It is God who helps us get out of this difficult time and situation. I was unable to sleep. I was frightened. I had 4 months old son with me, which made me more desperate and depressed. It was only God who could help us in recovery and health.” (PID-2).

COVID-19 Pandemic is God’s Punishment for Sinful Humanity Some participants considered the pandemic as a sort of punishment and a sign of warning. They believed that the diseases were constructed as a symbol of displeasure by God. A participant noted:

“This COVID-19 pandemic is a punishment by God. We are becoming deviant and not following God’s message. He has planned a lesson for all of us (through Coronavirus).” (PID-6).

Another participant said:

“We are getting away from God’s path, becoming deviant. This pandemic is just a warning and reminder. We need to get back to him (God). He is merciful and shall forgive us.” (PID-10).

COVID-19 Infection Increased Patients’ Religiosity

Human Instinct Calls Religion Amidst Pandemics The participants confirmed the human instinct to get back to religion and God in times of uncertainty, as human beings are scripted to connect to a religion and God (Al Quran, 172–73). A participant noted:

“Our mind automatically connects to religion and God when we are in difficult situations. We cannot avoid, and it is natural.” (PID-1).

Pandemics Remind us of Being Mortal A few participants noted that we should remember being mortal and such pandemics remind us of our death. One of the participants shared:

“Disease is one of the signs of death and reminds us that we can be dead. We are mortal and cannot stay here permanently. This realization also helps us connect to a religion and religious practices.” (PID-13).

Increased Prayers and Recitation of Quranic Verses The participants of this study felt relaxed and conformable after the recitation of Quranic verses, offering prayers, and calling for God’s help. A participant shared that:

“I believed that this Coronavirus was sent by God and the only power to make us get rid of this Coronavirus was God only. I prayed a lot and begged his mercy. I prayed for my speedy recovery. I started reciting verses from the Holy Quran and recalling God’s name frequently, believing that this may help my recovery.” (PID-3).

Praying Relaxed my Grief and Disease The participants were emotionally affiliated with Islam and believed that religious practices like prayers and recitation of Quranic verses were beneficial in timely and speedy recovery. The religious practices helped them get out of the pain and made them relaxed and comfortable during the process of their recovery from COVID-19. One of the participants shared that:

“It was a difficult time. I was experiencing severe joint pain and was unable to stand alone without help. I started saying prayers by gestures. I feel comfortable and relaxed.” (PID-5).

Similarly, another participant recalled that:

“When I was extremely weak, I practiced every religious activity including prayers and recitation of verses from the Holy Quran.” (PID-10).

Pandemics are Calling to Reconnect with God The Muslims believe in the predestined fate and immortality of this worldly life. They believe that firm trust in God can help them survive through difficult times. A participant said that:

“It was not me only, but my whole family started offering prayers regularly. We thought it a real-time to connect to our religion. We trust that this would certainly help us early and speedy recovery.” (PID-4).

The majority of the participants believed that God creates human beings to whom they feel connected amidst difficult times such as misery, pain, and pandemic. A participant stated that:

“It is our normal reaction to disease that we recall God and seek His help to get out of the disease. He is the actual power, and except him, no one can help us to get out of this situation of Coronavirus.” (PID-3).

Some participants acknowledged that people often forget the blessings of God, such as good health during normal situations, but such pandemics shake them to continue remembering their Creator. A participant said:

“It is our culture that socializes us to remember and recall God during a difficult time. Under normal circumstances, we rarely remember God.” (PID-6).

The interviewees believed that God reminds humanity to get back to him and obey his teaching. Otherwise, God will send diseases and curses upon people. A participant said that:

“Death is a final destiny and in the hands of God. This belief makes people comfortable. This also helps to connect to God and trust Him more.” (PID-9).

Coronavirus Made Me Religious Pakistan is a Muslim-dominant country where most people believe in connecting with God to seek help in difficult times such as disease, death, and misery. The participants reported not being regular at religious activities but fear of the virus, the uncertainty of catching the virus, and lack of treatment options were major factors pushing them to connect to their religion Islam and God. A participant shared that:

“I was not a very religious person before this pandemic, however, after infection (with Coronavirus) I started praying. Whenever I was in pain and restlessness, I recalled God and trusted that He will help me out of this pain and misery. I felt good.” (PID-8).

Mercy and Help from God can Save us from Pandemics Some participants viewed that human beings do not have the capacity and resources to go against God and his plans. The only solution to overcome the COVID-19 pandemic is to be submissive to God and seek mercy from Him. One of the participants pointed out the country’s healthcare system and how spirituality can help in such a situation. He noted that.”

“We have a very weak, and fragile health care system. We had very meager resources to fight against this Coronavirus. We had a smaller number of doctors and paramedics to deal with this pandemic, and we very successfully survived this pandemic. How did it happen? I trust it is only the mercy of Allah (God). Without His (God’s) help, we would not have been able to survive. We should be humbler and bow to almighty Allah for this (help to overcome the Coronavirus).” (PID-8).

Religion and Spirituality Equally Important in Medical Care Some of the participants also believed that both religion and medicine played a very important role in their recovery. A participant shared that:

“I believe that religion played 50 percent role in my recovery, and the other 50 percent was played by taking precautions like wearing a mask, avoiding social contact, washing hands, and following the prescription of the doctor. I think both are very important, and both helped me out of this situation.” (PID-5).

The COVID-19 patients adopted approaches of combining their religion and spirituality even if they used modern knowledge such as medical treatment. Many people believe that modern medicine is important for the cure of diseases but believing

in God increases the effectiveness of the medicine. Along with religion, they also trust modern, scientific knowledge. A participant said that:

“I took medicine, followed instructions by the doctor and also recited verses from the Holy Quran, and regularly offered prayers.” (PID-4).

Discussion

This study identifies that there was overwhelming disbelief in hospitalization among the participants of this study. Apart from the lack of medical education, conspiracy theories also restricted them from hospitalization. Conspiracies fed the patients of COVID-19 with fear that hospitalization will further worsen their health situation as doctors and hospitals are being paid by “someone” for the death toll of COVID-19 patients. There were various instances when conspiracy theories were spread or multiplied by religious leaders who tended to support them by religious reasonings. The conspiracy theories limiting the trend of hospitalization of COVID-19 patients were almost the same as restricting people from getting vaccinated against COVID-19 (Perveen et al., 2021). Some patients of COVID-19 preferred traditional methods such as herbal medicines and believed in that for their recovery. The COVID-19 patients, who tend to avoid hospitalization, expressed a higher level of trust in their fate to overcome the infection of Coronavirus with the will of God.

The poor access to quality healthcare was not a major concern for the people as they expressed their trust in God, which they thought to be of vital importance to overcome the natural calamity of the COVID-19 pandemic. It confirms the findings by Nixon et al. (2013) that spirituality is as important for the patients as their needs for healthcare and physical well-being. In the distressing situation of the Coronavirus, people were less worried about the consequences due to their belief in death sooner or later. Religiosity promotes better physical health, and faith practices influence psychological well-being and offer comfort during times of distress and anxiety (University of Minnesota, 2022). Hence, the participants of this study were more fearful of God being unhappy with the human being, due to which He has sent the Coronavirus to teach a lesson to humanity.

This study has found that COVID-19 increased the spirituality of participants who were infected by the Coronavirus. The participants of this study believed in Coronavirus as a message from God for humanity to seek forgiveness of their sins and seek God’s help in pandemics like COVID-19. People mentioned being helpless in front of God’s decisions, such as COVID-19, and believed that only God could help overcome the pandemic and advised people to be fearful and ask for His mercy. Mahmood et al. (2021) found that “Muslims of Pakistan applied their religious and spiritual faith to cope with health anxiety during the coronavirus pandemic.”

This study also confirmed that the people infected with COVID-19 started or increased their mindfulness or spiritual connection with God and believed in praying more than the medical care for their recovery. Libby et al (2021) found a strong positive relationship between increased prayers and self-rated good health, this study reports similar findings of COVID-19 patients having increased prayer

habits during/after the infection. The patients who were not religious before getting infected by COVID-19 also started connecting with their spirituality and sought help from God for their early recovery. Furthermore, this study identifies that medical treatment, who took one, was not the only option for recovery for the patients with COVID-19 as they also prayed more and recited Quranic verses for their recovery. They named their spiritual connections or prayers for recovery more important than their medical care.

Durkheim acknowledged the role of religion in social contexts and how it influences the thinking and behavior of individuals including their health and well-being (Cliffs Notes, 2022). The results of this study second the findings from previous studies about the key role of religion and spirituality in curing patients with infectious diseases. It also supports the rationalization of doctors in Pakistan for attending to the religious and spiritual needs of COVID-19 patients in hospitals. Furthermore, it can build doctors' understanding to collaborate with alternative treatment modalities. This study invites more in-depth research studies in diverse fields such as phenomenological and critical ethnographic on the larger samples, which can help further to explore the ways critically ill patients use religion and spirituality to cope with infections such as COVID-19.

Limitations

This study was restricted to the survivors of COVID-19 infection who belong to the lower socioeconomic only. The study does not consider the differences in cultural and religious beliefs of participants from different sects and regions. Furthermore, the sample size of this qualitative study ($n=13$) may not be representative of the whole country having over 1.5 million cases of COVID-19 (as of August 12, 2022), but it highlights an interesting association between religion and spirituality and the recovery of COVID-19 patients interviewed for this study.

Conclusion

This study concludes that religion and spirituality have been perceived to be vital factors in the recovery of COVID-19 patients in Pakistan who participated in this study. While they named various socio-cultural factors for getting COVID-19 infections, they also viewed the pandemic as an expression of nature's unhappiness with humanity. The studied patients further thought that the COVID-19 pandemic was likely to happen in any case amidst such a situation of sinful humanity. The majority of the participants avoided hospitalization due to various conspiracies associated with hospitalization and due to their individual beliefs, that they will overcome the disease by seeking forgiveness and mercy from God. Since they believed that the COVID-19 pandemic is a punishment from God to humanity for their sins and wrongdoings, so the infection of COVID-19 can only be controlled or recovered through prayers such as bowing before God and reciting Quranic verses. Hence, COVID-19 increased the spirituality of those infected by the Coronavirus, and they

sought God's mercy for their recovery as they believed more in prayers than in medical treatments. COVID-19 patients' religiosity and spirituality were reported to be a significant impact on their recovery and healing from the infection.

The findings of this study have implications for coping with potential health emergencies or pandemics in future amidst conspiracies about the diseases and related medicines prepared. The health sector professionals and institutions may reference this study to efficiently design and implement their public health interventions or engagements. Though the COVID-19 pandemic is almost over, this study remains related to the religious or spiritual response of people to cope with their health conditions. There is significant space for the social science research to further explore the individual scenarios and sociopsychological reasonings of people relying on religion and spirituality to cope with their health risks and deprioritizing the medical recommendations or guidelines.

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Declarations

Conflict of interest The authors declare no conflict of interest.

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