Horizon J. Hum. & Soc. Sci. Res. 7 (1): 36 – 40 (2025)

Journal of Humanities and Social Sciences Research
www.horizon-JHSSR.com

RESEARCH ARTICLE
Peer-reviewed | Open Access

Religious Practices and Health Challenges in the Chaoshan Region of Peripheral China

Qing Wu*

Shenzhen College of International Education, 3 Antuoshan Sixth Road, Futian, Shenzhen, Guangdong, China

ARTICLE INFO

Article history

Received: 20-Dec-24
Revised: 26-Apr-25
Accepted: 05-May-25
Published: 30-Jun-25

*Corresponding Author
Qing Wu
E-mail: S21180.wu@stu.scie.com.cn

Citation: Qing Wu (2025). Religion and Health in Chaoshan, China. Horizon J. Hum. Soc. Sci. Res. 7 (1), 36–40. https://doi.org/10.37534/bp.jhssr.2025.v7.n1.id1279.p36

ABSTRACT

Introduction: Religious practices have long been integral to the cultural fabric of Chaoshan, a rural region in south-eastern China. These traditions offer emotional solace and social cohesion. However, when religious beliefs become overly superstitious or fanatical, they can adversely affect individual health outcomes, particularly by discouraging the use of modern medicine. **Methods:** This study uses a qualitative ethnographic approach, supported by field observations, interviews, and case studies, to investigate how religious practices in Chaoshan influence healthcare decisions. It explores the intersection of traditional belief systems with factors such as education, cultural norms, and family dynamics. **Results:** Findings reveal that while many religious traditions in Chaoshan promote psychological well-being and reinforce cultural values, some beliefs lead to the rejection of professional medical treatment. This avoidance is often rooted in low health literacy, rigid cultural expectations, and strong intergenerational influence. **Discussion:** The results underscore the need for critical engagement with religious practices that may inadvertently cause harm. Encouraging informed health choices while respecting cultural traditions is essential for improving public health outcomes in such contexts. **Conclusion:** Chaoshanese communities must remain vigilant in distinguishing between beneficial and harmful aspects of their religious practices. Culturally sensitive health education and community dialogue are crucial for balancing traditional beliefs with the demands of modern healthcare.

Keywords: Chaoshan, Religious practices, Health behavior, Superstition, Traditional culture, Modern medicine, Underdeveloped.

1. INTRODUCTION

In Shantou, a city in the Chaoshan region renowned for its strong folk and religious beliefs, this study examines the impact of religious belief systems on healthcare habits. Religious culture is fundamental to Shantou, influencing daily existence, individual choices, and group identity. Although Buddhism and Taoism are regarded as the two main religions in the area, there is a highly syncretic spiritual landscape where institutional religions, ancestor worship, and folk beliefs coexist.

Cheng (1997) reports that there are currently 316 major and minor Buddhist religious activity sites in Shantou, while there are just five Taoist sites. However, Taoist gods are frequently worshipped in Buddhist places. In addition to having altars devoted to the Taoist Xuantian God (also called Emperor Zhenwu), many temples and nunneries, including Qingyun, Jisheng, Jufeng, Jinlan, Baolian, Tielin, and Anshou Temples, provide divination and fortune-telling, which are rare in Buddhist temples in the north (Li, 2024). Historically, both Buddhist and Taoist practices were practiced at Jiutian Chanyuan, originally known as Baihuajian Temple. This theological mingling is seen in other institutions such as Suiyuanju and Kunde Temple, whose official classification frequently depends

on organizing bodies or registration preferences (Lai, 2018).

In addition to Buddhism and Taoism, Shantou officially acknowledges Christianity, Catholicism, and Islam. There are 446 permitted and registered religious activity locations, with around 100,000 believers overall—accounting for one-seventh of all venues and one-tenth of religious adherents in the province (Eng & Lin, 2002). In charge of religious matters in Shantou, Chaozhou, Jieyang, and Shanwei is the Catholic Diocese of Shantou, which has an estimated 130,000 followers, or more than half of the province's Catholic population. There is just a modest presence of Islam, with only one temporary halal restaurant and 500–1,000 believers, primarily migrant workers from northwest regions like Qinghai and Xinjiang (Eng & Lin, 2002). About 40,000 people follow Christianity in 76 churches and public places, while 48 Catholic churches are also in operation, housing close to 20,000 followers. With over 40,000 regular participants and 317 officially authorized religious activity locations, Buddhism continues to be the most institutionally visible religion (Lee, 2009; Lee, 2018).

Due to a mix of cultural familiarity and limited access to biological care, field study indicates that people of Chaoshan frequently seek religious or spiritual healing. People are frequently exposed to herbal treatments, such as ginkgo biloba, for conditions like tinnitus from an early age, which fosters a lifetime faith in conventional medicine. Residents of rural communities like Wudui often seek treatment from traditional spiritual healers and invest in talismanic water rituals that are thought to ward off illness. These rituals provide cultural resonance and emotional comfort, despite their high expenses in relation to income. In a similar vein, those with little money might turn to illicit but reasonably priced drugs like metamizole while still engaging in rituals that are in line with Loong Shi, a regional religion. These instances demonstrate the ways in which cultural and economic variables interact to promote a preference for spiritual coping strategies and religious rituals over official medical care.

The purpose of this project is to investigate the ways in which cultural identity, religious institutions, and folk belief systems interact to affect public health outcomes and healthcare choices in Chaoshan. This study uses a combination of qualitative interviews, ethnographic fieldwork, and basic statistical analysis to provide light on the sociocultural determinants of health in an area where belief frequently replaces scientific certainty.

2. METHODS

Using a mixed-methods ethnographic approach, this study investigates how religious practices, health behaviours, and sociocultural factors intersect in the Chaoshan region. Field observations, semi-structured interviews, case studies, and a small-scale physiological experiment with talismanic water were used to gather data.

Convenience sampling was used to pick participants for the interviews and experimental trials from three villages in Chaoshan. The selection process was focused on the accessibility and variety of religious activities. During field visits, twenty adult volunteers between the ages of 20 and 50 were directly approached. Prior to data collection, verbal informed consent was sought, and participation was voluntary. The study's overall goal and the participants' freedom to leave at any moment were explained to them.

The study adhered to ethical guidelines for research involving human subjects, with a focus on cultural sensitivity and respect for religious beliefs. All participants were guaranteed anonymity, and no identifying information was recorded. Data were used exclusively for academic purposes, and participants were debriefed following the study to clarify the nature of the hypothetical scenario used during emotional priming.

Systolic blood pressure was taken both before and after a ritual utilizing talismanic water to examine the possible placebo impact of religious practices. To create mild tension and mimic a real-life situation, a made-up scenario with a local health concern was presented. Although this approach provided a useful means of monitoring physiological reaction, it had a number of drawbacks, including the fact that emotional priming was not consistent among participants and that results may have been impacted by differences in ritual belief. Furthermore, the data cannot conclusively identify the religious practice as the cause in the absence of a control group. Randomized controlled trials should be used in future research to increase the validity of the results.

3. RESULTS

In order to investigate how religious practices in Chaoshan affect health behaviors and results, this study gathered both qualitative and quantitative data.

Systolic blood pressure was measured before and after participants drank talismanic water, a practice originating in Chaoshan mysticism, in order to assess the physiological effects of religious ceremonies. Twenty individuals' blood pressure readings before and after the practice are shown in Table 1. To find out if the difference between the systolic blood pressure before and after the ceremony was statistically significant, a paired t-test was used.

A paired t-test compares two related samples—in this case, the same participants' blood pressure before

Table 1: The blood pressure of Chaoshan inhabitants before and after religious practices.

Paired t-test on blood pressure of Chaoshanese before and after religious practices

Trials	Before	After
Blood Pressure	133	128
	138	120
	132	125
	135	128
	120	115
	129	129
	126	115
	131	126
	136	127
	142	132
	129	118
	140	132
	128	119
	129	122
	132	128
	133	136
	118	120
	120	118
p-value	0.006074177	

Source*: Author, 2024*

and after the intervention—to assess whether the mean difference is statistically significant.

The p-value, which reflects the probability that observed changes are due to chance, was 0.0061. Since this is below the standard threshold of 0.05, the difference is considered statistically significant.

Following the religious rite, participants' blood pressure consistently dropped. For instance, the blood pressure of Participant 1 decreased from 133 to 128 and that of Participant 6 decreased from 120 to 115. The findings imply that religious practices may cause a relaxing physiological reaction and lessen anxiety.

Twenty-five participants were split up into five economic ranges in order to investigate the relationship between money and reliance on religious healing. Every year, each group (n = 5) reported how frequently they participated in religious activities related to health. With a pronounced inverse association between income level and ritual frequency, Table 2 and Figure 1 demonstrate that those with lower incomes engaged in these behaviors more regularly.

In contrast, participants with higher incomes are more likely to seek biomedical care and treat religious rituals as supplemental rather than primary healthcare, while those with incomes below 15,000 RMB reported up to 18 religious rituals annually, while those with incomes over 100,000 RMB averaged just two. This trend suggests that access to modern healthcare is limited by economic constraints increasing reliance on spiritual practices.

4. DISCUSSION

This study looked into how local healthcare practices are influenced by religious and cultural belief systems in Chaoshan. Religious practices, like the use of talismanic water or spiritual healing rituals, continue to play a crucial role in health management, especially in communities with limited access to biomedical care, according to research conducted through fieldwork, interviews, and small-scale physiological testing. By showing how spirituality, poverty, and cultural tradition interact to influence medical decision-making, these findings directly address the research issue.

Following ritual participation, there was a noted drop in systolic blood pressure, which may indicate a stress-relieving or placebo-like effect. This is consistent with local beliefs that spiritual practices release "negative energy." Due to methodological constraints, such as the small sample size (n=20), lack of a control group, and emotional priming, these results should be regarded with caution. These elements provide valuable insight into regional healthcare practices while avoiding oversimplified generalizations.

Chaoshan's dependence on spiritual cures is consistent with previous accounts of the area's religious establishment. Though Taoist characters and practices are strongly ingrained in Buddhist contexts, Cheng (1997) noted that Shantou has 316 operational Buddhist temples compared to just five Taoist ones. According to Li (2024), fortune-telling and divination are frequently used in temple ceremonies and provide a symbolic and emotional kind of care. This overlap highlights the cultural embeddedness of healing and depicts a syncretic religious environment where institutional differences are blurred in practice.

The state of the economy and the infrastructure are also correlated with these habits. Although Shantou has 446 recognized places for religious activities, Eng and Lin (2002) noted that the distribution of formal healthcare services is still unequal, particularly in rural villages. Religious organizations provide as both practical and spiritual resources in this situation. According to Eng and Lin (2002), Muslims and other minority religious groups are marginalized, and their lack of halal accommodations is a reflection of wider service exclusion. The similar trend may be seen in low-income Taoist and Buddhist

Table 2. Income Brackets and Frequency of Religious Practices.

	0 < I ≤ 15000	*15000 < I ≤ 30000*	*30000 < I ≤ 60000*	*60000 < I ≤ 100000*	*100000 < I ≤ 250000*
Frequency	18	13	9	4	2
Cumulative Frequency	18	31	40	44	46

Source: *Author, 2024.*

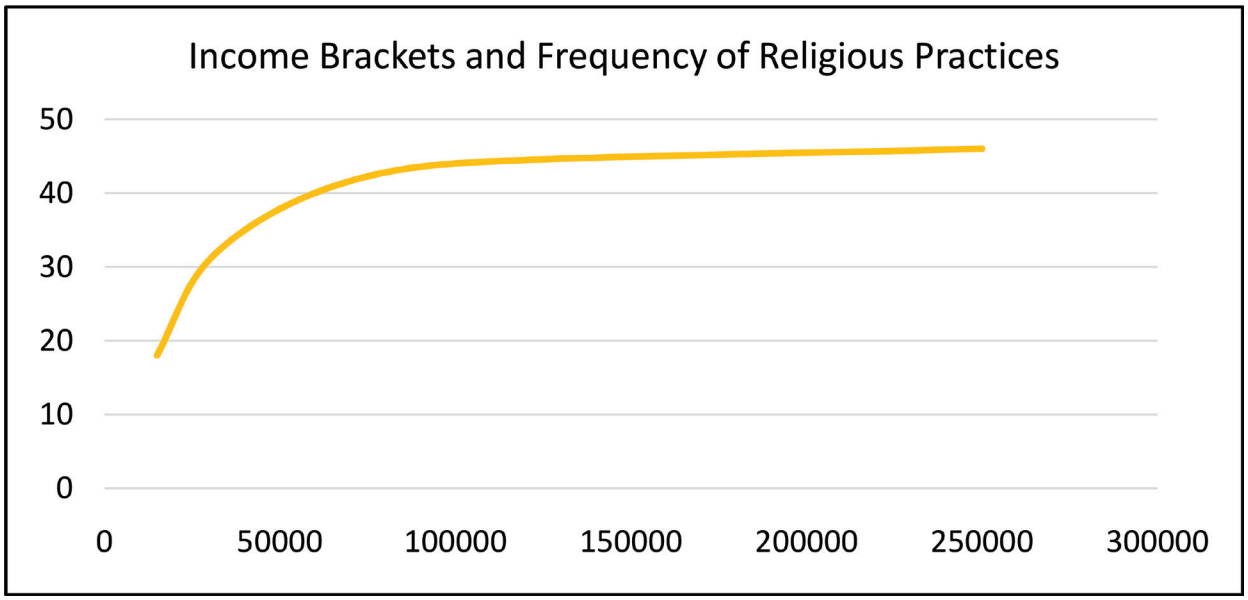

Figure 1: Cumulative Frequency Graph of Religious Practices Based on Income Brackets.

adherents, who frequently turn to ritual-based healing as an affordable substitute for expensive or unreliable medical treatment.

The persistent use of harmful or prohibited drugs is much more worrisome. In one field instance, a participant used metamizole, which is prohibited in China as an analgesic, before finally crediting their recovery to Loong Shi-style ritual worship. This illustrates the twofold vulnerability of those with minimal financial resources: their reliance on spiritual systems for both hope and healing, as well as their restricted access to risky medical solutions. Although Peterson (2007) warns of the dangers of metamizole, its accessibility and affordability allow it to remain in use in areas with little official medical supervision.

Although the whole Chaoshan region cannot be represented by these cases, they do show recurring trends: a high correlation exists between economic precarity, cultural tradition, and a lack of adequate health facilities and the use of spiritual healing. As demonstrated by Lee (2009; 2018), despite Buddhism's numerical dominance in the religious landscape, its role frequently goes beyond theory into areas such as crisis assistance, family rituals, and personal well-being.

These results highlight the necessity of culturally aware public health initiatives. Policymakers should acknowledge the role that folk and religious practices play in providing psychosocial support and bridging service gaps, rather than seeing them as barriers. Working together with regional religious leaders and including culturally appropriate practices into outreach initiatives could boost biomedical involvement, decrease dependence on dangerous substitutes, and enhance trust.

5. CONCLUSIONS

This study advances knowledge of how spiritual practices and religious belief systems influence healthcare behavior in Chaoshan, especially in marginalized or economically disadvantaged groups. The study demonstrates how ancient rituals and folk healing continue to offer emotional relief, perceived therapeutic value, and social stability—often in lieu of biomedical treatment—by integrating field interviews, physiological testing, and cultural analysis.

The results show that religious practices are more than just symbolic; they are culturally embedded health strategies and coping mechanisms, particularly in situations when conventional healthcare is unavailable, mistrusted, or prohibitively expensive. This study offers fresh perspectives on the unique dynamics of the syncretic religious landscape of Chaoshan, where Buddhist and Taoist practices frequently coexist and folk healing traditions serve as commonplace medicine.

Policy interventions should give culturally responsive healthcare outreach top priority in order to address these trends. To promote trust, health authorities might train clinicians in traditional health practices, include religious leaders as mediators, and integrate local beliefs into health education programs. Reliance on dangerous substitutes, such as prohibited drugs, can be decreased in rural regions by increasing access to reasonably priced, evidence-based care.

Larger sample sizes and controlled trials should be used in future studies to investigate these dynamics and more thoroughly examine the physiological impacts of spiritual practices. In culturally multiple countries, comparative research between Chaoshan and other areas with comparable religious cultures would also assist put the findings in context and guide more comprehensive healthcare policies.

Through recognizing the cultural validity of religious healing and addressing its drawbacks, this study paves the door for more successful and inclusive public health strategies that are grounded in local meaning and science.

Acknowledgements

I thank my uncle for hosting our field visits and assisting with the research. I am grateful to my field work mentor Mr. Zuohong Chen and my Math teacher Ms. Alpha Liu for her comments on statistical methods of this article. I dedicate this study to my grandparents who inspired me to undertake this study.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

Cheng, C. (1997). Chaozhou people and Chaozhou culture. American Journal of Chinese Studies, 4(1), 101–120. http://www.jstor.org/stable/44289219

Eng, I., & Lin, Y. (2002). Religious festivities, communal rivalry, and restructuring of authority relations in rural Chaozhou, Southeast China. The Journal of Asian Studies, 61(4), 1259–1285. https://doi.org/10.2307/3096442

Lai, Y. (2018). The folk belief, charitable undertakings and belief economy of Chaoshan charitable temples: The triple-agent model of Shantou XY Charitable Temple's operation as an example. The China Nonprofit Review, 10(1), 161–190. https://doi.org/10.1163/18765149-12341344

Lee, J. T. (2018). Christianizing maritime Chaozhou-Shantou. In Christianity and Chinese culture (pp. 1–14). Springer. https://doi.org/10.1007/978-3-319-72266-5_1

Lee, J. T.-H. (2009). Christianity and state-building in Republican Chaozhou, South China. In F. Assandri & D. Martins (Eds.), From early Tang court debates to China's peaceful rise (pp. 67–88). Amsterdam University Press. http://www.jstor.org/stable/j.ctt46n0hp.8

Li, G. (2024). Reflection on the spread of Chinese popular religion: A case-study of the Han Yu belief in the Chaozhou region. Religions, 15(12), 1523. https://doi.org/10.3390/rel15121523

Peterson, M. (2007). Should the precautionary principle guide our actions or our beliefs? Journal of Medical Ethics, 33(1), 5–10. http://www.jstor.org/stable/27719773

Biographical Statement of Author(s)

Qing Wu was born in China in 2006. He is a senior student at Shenzhen College of International Education.

His main areas of research interest are sociocultural anthropology, religions, traditions, public health, and science.

Qing Wu
Shenzhen College of International Education
3 Antuoshan Sixth Road
Futian, Shenzhen, Guangdong Province
China, 518043
E-mail: S21180.wu@stu.scie.com.cn
kenqw0@gmail.com
Mobile:. (+86) 13728986994
ORCID iD: 0009-0007-3107-3308