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‘Oral cancer is a punishment for my sins’: Oral histories of oral cancer, fatalism and Islamic religious beliefs in Pakistan.

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Abstract

This paper explores how Islamic religious beliefs; spiritual practices and fatalism may act as barriers to a diagnosis of oral cancer in Rawalpindi/Islamabad Pakistan. The qualitative methodology is oral history and interviews took place with fifteen women diagnosed with oral cancer and receiving treatment in hospital. The research provides a model illustrating how religiosity, fatalism and the social determinants of health exist on a continuum and influence the perspectives of women in Pakistan, contributing to their late presentation and diagnosis of oral cancer. Analysis of the patients' oral histories, suggests improved communication between medical

professionals and integration of spiritual/traditional healers into the existing health care system of Pakistan may assist in reducing oral health inequalities.

Key words: Oral cancer, religion, dentistry, oral history, Pakistan

Introduction

Existing research on oral cancer in Pakistan mostly focuses on behavioural habits and life-style risk factors. There is very little focus on the social aspects of the disease and limited evidence concerning the complex interplay between gender, socioeconomic status, religious practices and health. Socioeconomic status (SES) interacts with religious involvement and individuals with fewer resources place a higher premium on religious beliefs and fatalism because they have fewer options (Pollner 1989; Krause 1995, 2005; Powe 1995; Schieman 2010). This is important because people from low socioeconomic groups adhering to fatalism appear to experience the highest rates of cancer (Lachman & Weaver 1998). Oral cancer is highly prevalent in Pakistan, Sri Lanka and India, contributing to almost a quarter of all new cases (Gupta et al 2014; Gupta et al. 2017). Oral cancer is the second most common cancer in Pakistan after breast cancer with approximately 18,881 new cases (12.72% of all cancers) diagnosed in 2018 (Bray et al. 2018). Statistics from the International Agency for Research on cancer (IARC) suggest that Karachi, Pakistan has the highest incidence of oral cancer (Warnakulasuriya 2009). There is very little evidence about the experience of oral cancer in low to middle income countries like Pakistan and western countries with very different socio-economic conditions carry out the majority of research.

Religion can play an important role in the experience of health and disease. This is particularly relevant when individuals who have serious or life-limiting diseases, such as cancer, turn towards God, religion and use religious fatalism as an explanation

(Powe & Johnson 1995; Thuné-Boyle et al. 2006). Religious fatalism is inaccurately linked to ignorance and irrationality and frequently cited as a factor for people's non-participation in health promoting factors, often linked to psychological theories about locus of control, powerlessness and learned helplessness (Farris & Glenn 1976; Powe & Finnie 2003; Sharf et al. 2005; Fiori et al. 2006; Mudd-Martin et al. 2014). This conception of fatalism sees a divine being in control of the illness. Other research argues that religious fatalism links to social and cultural understandings about illness and disease and is often influenced by the social environment (Straughan & Seow 1998).

Islam is the main religion practiced in Pakistan being integral to everyday life and part of the social structure. The Quran and Sunnah guide Islamic practice and ways of living, some verses within the Quran discuss health: "And when I am ill, it is (Allah) who cures me" (26:80). People turn to Allah (God) and the Quran to seek cures for diseases or when deciding between consultations with medical doctors or spiritual healers (Tovey et al. 2005) for coping strategies, diagnosis and disease trajectory (Silvestri et al. 2003) and for inner strength (Banning et al. 2009). Muslim women particularly gain emotional support for cancer and its treatment through prayers and reading verses from the Quran (Taleghani et al. 2006; Shah et al. 2017), by drinking water in which the verses of the Quran had been dissolved (Owens and Saeed 2008), or performing certain religious rituals to defeat cancer generally, but not oral cancer (Kumar et al. 2010).

Given the lack of research on religious practices and oral cancer in low-to middle-income countries, the aim of this study is to explore the role of religious beliefs and fatalism for women in Pakistan after a diagnosis of oral cancer.

Material and methods

This is a qualitative study that aims to understand the disease experience and the lives of women with oral cancer in the context of Pakistan. The methodology is oral history. Oral history facilitates the ability to relate personal testimonies and the context in which they take place. It is both a methodology and a method, which emphasizes participant's perspectives by following an open-ended interview model, involving story telling (Leavy 2011). Oral history helps researchers gain insight into how participants make sense of difficult events in their lives and form meaning through the process of remembering (Hesse-Biber and Leavy 2011).

Sampling and recruitment

A purposive sample of 15 female participants undergoing treatment for oral cancer or in remission self-selected to participate.

The recruitment centre for participants was the [redacted] Pakistan.

Interviews

Oral history interviews of 15 participants took place between January-September 2017. Staff at the medical centre made potential participants aware of the study and handed out an information sheet for patients to read and discuss with their families. Staff highlighted dates when the researcher would be at the centre and available for further questions. They highlighted that taking part in the study, or declining, would not affect their treatment. Recruitment of participants and interviewing took place in a private room in the centre. This preserved interviewer safety, observed social rules and conventions, simultaneously facilitating participant convenience. Participation was voluntary. The use of oral history allows participants to anonymise themselves or use a pseudonym. Only one participant chose a pseudonym for herself. For the purposes of this paper, all participants' actual names are anonymised. Discussions

took place in either Urdu or Punjabi. An aide memoire guided the interviewer and enabled a similar structure for each interview.

Ethics

Ethical approval from [redacted] (from the University of Sheffield and the recruitment centre in Pakistan) was received in 2017. The study observed the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments. After having time to consider the information sheet, discuss with their families and ask questions, participants consented to participate. Consent forms, participant information sheets and legal release forms were given to all the participants volunteering to participate in this study. On agreeing they either signed or placed an impression of their thumb on the consent form. The consent form sought permission for their inclusion in the study, for their interviews to be audio recorded, transcribed and archived. All the participants approved.

Analysis

This paper is part of a PhD study. The lead author translated, transcribed and analysed the interviews. Supervisors checked the analysis and offered further insights on themes. Thematic analysis of data began during the interviewing process. The first stage consisted of listening to the recorded oral history interviews and making notes. After each interview, characteristics of the participants, scene, setting, body language, reflections and field notes were summarised and a short summary of the whole interview prepared. This stage also involved translation and transcription of Urdu/Punjabi interviews into English. This process of translation added another level of reflection to this study because of the intimate entwining with meanings, whilst

simultaneously trying to convey meaning into another language. Verbatim transcription of the interviews occurred, but later edited to clarify the instances where certain emotions arose, alongside prominent hand gestures or the tone of the voice changed.

The second phase of analysis involved detailed coding of interview transcripts. In phase 3, these codes eventually formed the basis of broader themes. In phase 4, comparing and contrasting of data occurred for tone, style and content and common patterns were unveiled. Phase 5 consisted of a detailed analysis of each theme along with the data extracts. The final phase of data analysis consisted of finalising and interpreting themes. Member checking ensured credibility of the data through discussions with participants and PhD supervisors.

Results

Participants

(See Appendix 1 for detailed participant characteristics). The youngest participant was 29 years old and the oldest was 80 years of age. They were all born and raised in Pakistan and identified themselves as Muslims.

The results section describes how participants remembered and made sense of the reasons for their oral cancer, its diagnosis and treatment and their interactions with the piirs (spiritual healers).

The overarching theme is fatalism and the sub themes are: 1) *Allah as protector and punisher; 2) Fatalism, fear and confusion; 3) Spiritual healing and medical treatment;* 4) *Piirs and doctors as healers; 5) Allah working through medicine*

Fatalism

Religious fatalism is the belief that an individual's health outcome is predetermined by a higher power and not within the individual's control. However, it appears to be a

complicated construct and linked to socio-economic status and environment (Schieman 2010; Straughan & Seow 1998). The women in this study are mostly from a low SES with few resources to facilitate health and limited access to healthcare.

Sub-theme 1: Allah as protector and punisher

All participants in this study had a common belief that Allah had given them the disease and He would cure the cancer. For Woman 1, her belief in Allah and her prayers was the key to her successful oral cancer surgery and painless experience afterwards. Her faith strengthened even more after the surgery:

> *"I praised Allah all the time [...] I have so firm faith in Allah you cannot imagine. He did not make me feel the pain of the operation and I woke up the next day wondering if I was still waiting for the operation. My family told me no it is the day after and the operation has been successful. All praises to Allah only. I never complain about this disease though thinking it will annoy Allah.* He *might get angry with me. If* He *has given me the disease* He *will cure it too […]" (Woman 1, 57).*

Woman 1's fear of making Allah angry meant she chose not to complain about the disease. Furthermore, she firmly believed He had given her the disease and only He would take it away. Undergoing medical treatment appears in tension with this belief. For Woman 2 the words of Allah had utmost importance and healing powers. Throughout the course of three interviews, she continuously chanted verses of the Holy Quran, praising and seeking forgiveness from Allah.

> *"[…] there was some lady who told me that you should read Surah Mariam on some water and drink that water for 41 days. Dear I did that for 41 days with full concentration, if I was not able to do it, I would ask my son or*

daughter-in-law, and then drink it. Now somebody else has asked me to read Surah Yaseen on water and drink it. I drink that every day now. It is the word of Allah, it has power and blessings, may Allah bless me with health, He has got the power to heal, I can't do anything, what can I do as a human being[...] *My mouth doesn't open...it opens just this much* [tries to open her mouth]... *I am stressed and when I get sad I do a tasbeeh* (reciting on a string of beads) *of thanking Allah. […] I cannot even sleep at night...whole night spent thinking where did I go wrong* [...] *I used to ask forgiveness from Allah, and thanked Him for blessing me with a great life. Now I don't know what I did that annoyed Allah or He disliked it, Allah please forgive* [chants on taubah (asking for forgiveness from Allah]*" (Woman 2, 80).*

Woman 2 was in the last stages of oral cancer and unable to open her mouth wide, drink or eat properly, but she continued to praise Allah and ask for forgiveness. Woman 2 again described a common belief among Muslims to read certain Surah for healing. Muslims believe that Quranic verses are powerful, healing and can cure a diseased person (Rafique et al., 2019). In Woman 2's account, similar to that of Woman 1, there was complete submission towards the will of Allah, but both women felt that Allah was punishing them for previous wrongdoings, trying to make sense of what their offences may be.

Sub theme 2: Fatalism, fear and confusion

After a diagnosis of oral cancer, the immediate response of the participants of this study was to look to their faith, searching for an explanation for the inevitable. Aspects of fatalism appeared in the lives of the participants where they understood that it was 'Allah's will' they had oral cancer. In contrast, fear appeared when they accessed medical treatment. This tension appeared woven into the women's stories.

"I told you that this is from Allah. He gave me so much courage that I never lost hope. It is not in human control, these things. I will live whatever life grants me. This is what I kept on thinking...The one who created me, will also cure me [...] *When I feel scared, I then tell myself that it is by God's will, He can do whatever he wants. I am okay with it […]" (Woman 3, 54).*

Woman 3 was steadfast in her belief of Allah's power to give and take away.

Fatalistic beliefs appear in all these interviews and may have influenced how the women in this sample accessed help and services. However, the broader determinants of health such as lower levels of education and poverty may have played a bigger role in hampering their decision to seek treatment.

Woman 1's narrative displayed the same belief.

"Yes we got Surah blown over by some piirs, they asked us not to get it operated on and that they would heal it. Doctors advised us otherwise. I was confused. Whatever Allah wishes happens. These piirs are nothing if Allah has destined for something to happen" (Woman 1, 57).

The conflict of opinion between piirs and medical specialists appeared to create confusion in the minds of the patients. Woman 1 explains this through the power of Allah in that piirs could do nothing if Allah willed otherwise, but she does not mention doctors. This does not explain her decision to obtain medical treatment, but perhaps if her medical treatment failed her way of explaining the failure would revert back to her belief in Allah and fatalism.

Sub theme 3: Spiritual healing and medical treatment

In their quest to find a cure for something beyond their experience, some of the participants visited piirs before opting for any medical treatment. Referral to the piirs was a part of the support these women were receiving from their social networks.

Neighbours advised Woman 4 to visit a spiritual healer who was famous for healing cancers of all sorts.

> *"My neighbours in the village, when she saw me with oral cancer, she advised me to get it checked by a piir who will blow some verses on this wound and it will go away. I went three times and he said it would heal in no time. Even after him blowing Surah on my face, the wound remained, only the colour of the wound improved, all the blueness went away, but the pain and discomfort remained. We were also told to go to another Maulvi* (Muslim religious scholar) *in our village, I went to him to get Surah blown over me too but it did not get better, I don't know why. Later I came here to this hospital for a check-up..." (*Woman 4, 54).

For Woman 4 spiritual therapy did not work out as she had expected. Only the colour of the wound changed but it did not heal completely. She also visited a 'Maulvi' (Muslim religious scholar) in the village, which did not improve her condition. Later, she decided to visit the hospital.

Woman 5 also visited spiritual healers before visiting the hospital. The piir blew the words of the Quran over her in a process called 'dam' or 'duwa'.

> *"I even went to a 'piir' for healing, before coming to the hospital. There was somebody near my village and he treated me three times but it was in vain. He was famous for healing cancers but nothing worked, it just spread day by day. Now my family asks me to get both the treatments from the hospital and piirs. I believe so much in both the doctors and piirs. It will have a double effect I think...so that the disease doesn't spread"* (Woman 5, 29).

Woman 5 consulted a piir (known for treating cancers) in her village because this was

easily accessible for where she lived. No results meant that her family then suggested that she travel and seek hospital medical treatment as well. She believed that because Islamic healers used words from the Quran and supplications of the Holy Prophet (PBUH), they were best for healing. Woman 5 equally believed in the treatment of both the physicians and the spiritual healers and did not mention any conflict in consulting both.

Woman 6 also consulted spiritual healers but was disappointed about the lack of a positive outcome.

> *"Yes we did go to a few piirs. I went to them so they would blow Surah on me, it did not work. We went to so many places before coming here to this hospital. Nothing worked"* (Woman 6, 54).

Woman 6 consulted the piirs to have Surahs blown over her face before seeking medical expertise, which further strengthens the observation that the participants of this sample firstly accessed the most acceptable and available options.

Woman 2 was a firm believer of Allah's words and the Quran, believing that spiritual healers could heal her by blowing Quranic verses on her face:

> *"Oh dear, they just used to blow a few verses from the holy Quran on my face, it was not a one-time thing, they did that 5 or 6 times in one go, but in vain, no cure*...[breathes heavily and mumbles some words asking for forgiveness]...*"* *(*Woman 2, 80).

Woman 2 expressed disappointment of a lack of a cure after visiting the piir several times, but was more likely to see her previous wrongdoings as a cause, rather than the piir's fault.

The evidence suggests that the participants of this study connected the disease with

religious fatalism such that their disease became inseparable from the notion that a divine power can control the worst of situations.

Sub theme 4: Piirs and doctors as healers

For some of the participants in this study, belief in medical treatment was equally as important as spiritual healing. They believed in the power of 'piirs' (spiritual healers) as well as the treatment provided by the doctors. They frequently mentioned the use of 'amulets' made by the spiritual healers based on the passage of Quran for the patients to wear at all times in order to speed up their recovery. Woman 7, for instance, believed that medical treatment and spiritual healing combined proved to be more effective for her healing.

> *"I asked the doctors here at the hospital if they would let me go to any piir. They said it was my choice. I did and see it worked* (smiles). *[...] It was both piirs and the doctors... here at the hospital. The doctors did the entire cutting and stitching and the piir healed it you see. We ourselves, sitting at home, cannot do what the piirs can"* (Woman 7, 55).

Woman 7 had accepted the disease from Allah and entrusted the piirs to cure her through Quranic verses. Her piir gave her an amulet on which some verses of the Quran were blown. Her physicians understood her beliefs and encouraged her to visit a piir she should so wish. Woman 7 combined the visits alongside her treatment from the hospital, believing that both doctors and piirs healed her from oral cancer.

Woman 8 also believed in the combined power of Quranic verses, blown by the piirs on the amulets and treatment done by medical doctors.

> *"I think I went to a piir very early on when I got cancer. That piir was famous for putting a 'haar'* (garland) *on the neck to heal the diseases. I went there,*

got that haar and drank the water on which Quranic Surah were blown. I just trusted Allah and then doctors. I trust these doctors a lot and I know I am getting better" (Woman 8, 44).

For Woman 8, the first point of consultation early in the disease process was a piir followed by a visit to a medical doctor at the hospital. Exposure to medical doctors had increased her confidence and trust in them.

Sub theme 5: Allah working through medicine

The narratives of people belonging to a comparatively higher social class differed because they did not believe in any piirs or amulets. For instance, Woman 9 was the only participant who completely denied any belief in spiritual healers.

"Oh no...We do not believe in such things. We believe in Allah, everything is from Him. He gives hardships and He is the One to cure (happiness and hardships both are from Him) we do not believe in piirs and we do not go to them for help. This is not the way of our family […] No no...We did not opt for any herbal treatments. We have doctors at home. My son is with us 24hours, so if we have any problems, he can solve them. It's not my habit to listen to all different people and do what they advise" (Woman 9, 54).

Woman 9 belonged to a well-educated family and therefore did not feel the need to get opinions from anybody else regarding her disease and treatment. Through her accounts, she portrayed Allah for being the one to cure all illnesses. Woman 9 also showed complete disbelief in spiritual cures because most of her children and grandchildren were qualified medical doctors and whilst she had faith in Allah, she had little faith in the piirs. For woman 9, this did not provide a tension because she

believed that Allah worked through medical doctors to assist in treating people.

Two women in this study belonged to middle class families and had little belief in piirs and homeopathic remedies.

> *"I have seen that some get oral cancer operated on and don't get chemotherapy, some don't get the radiation therapy done. While some go to piirs, homeopathic medicine, and they think everything is sorted, but they are wrong and then they die..."* (Woman 10, 34).

A more affluent socioeconomic background and education may have empowered Woman 10 to make informed choices about her health and seek treatment from qualified doctors. Again, this woman professed her faith in Allah, but not the piirs.

Despite the suggestions by her family and her husband, Woman 11, like Woman 10, did not choose the piirs or homeopathy.

> *"No...I did not go to any Piir...but my family suggested using homeopathic medicine because they said there are certain herbs and medicines that can cure cancer without an operation. Even my husband was very keen to suggest homeopathy because he was very worried about me. I never believed it. I do not trust such things ever. I know only medical interventions can help"* (Woman 11, 39).

Woman 11 believed only medical treatment could cure her cancer no matter how effective the other treatment modalities seemed. Choosing to obtain medical treatment over the suggestions of her family indicates her level of education and social status. This is because she is able to weigh up the options in order to make a choice and has the resources to access medical care.

Discussion

This study aimed to understand the disease experience and the lives of women with oral cancer in the context of Pakistan. The complexity of beliefs held by Muslim women in this study is tangible. For example, some women believed in punishment from Allah and that their disease was unavoidable because they had sinned, but this did not apply to all with oral cancer. Some believed in the power of the piirs, others engaged with both piirs and medical healthcare, whilst those of a higher socio-economic status sought medical healthcare in isolation.

Muslims facing illness are often encouraged to engage with 'tawakkul' (firm belief in Allah) and have patience that may draw divine attention of healing towards them (Arozullah et al. 2020). In contrast to appearing to portray Muslims as helplessly waiting for divine intervention and reliant on spiritual intervention from spiritual healers, this study illustrates that some women sought medical healthcare whilst simultaneously upholding their faith. This is a complex point, which will be returned to in the section on fatalism. This finding is in contrast to the findings of a recent study conducted on Muslim women in America, which suggested that most Muslim women refused breast cancer screening because for them cancer was 'inevitable' and from Allah and nothing could be possibly done to avoid it (Islam et al. 2017). This may be related to the lack of methodological framework in Islam et al's study which lacked depth in terms of exploring women's beliefs. Instead, it utilised the views of imams, physicians, social services and community based leaders, not the women using the services. It may also be contextually bound and related to the healthcare system in America, which is beset by challenges for ethnic diversity and cultural competency (Nair & Adetayo 2019; Sharma et al. 2016; Chatterji, Joo & Lahiri 2012). In contrast, our study uses oral history as a methodological framework and

explores the disease experience in the lives of women affected by oral cancer in Pakistan.

The religious interpretation of health and disease conveys the understanding that practicing religion devoutly leads to good health (Ashy 1999). However, this approach has a tendency to victim-blame individuals because if they fall ill it is something they have done and their punishment is illness. Beliefs on primary sources of health include praying five times a day and supplications as a way of reducing psychological stress and disciplining the body (Ashy 1999; Hamdan 2010; Padela and Raza 2014). Muslims believe that health is a gift of Allah and therefore any illness comes from Him: *"We have sent down in the Quran that which is healing and a mercy to those who believe." (Quran 17:82)*. Faith is an integral part of the structure of the lives of many Muslims, particularly women in Pakistan, although there is little evidence to support this observation. This may be due to the sensitive nature of people's lives where privacy is fiercely guarded and all matters are 'assumed to belong to the private domain unless and until they are proved to belong to the public sphere' (Hyat 2007 p.141).

Some of the women's accounts discussed oral cancer as a punishment from Allah for past sins and they spent their days praying for forgiveness. In the Quran (4:18), when a Muslim nears death they should repent and seek forgiveness from hurting others (Smith and Haddad 2002). Cancer equates with death in Pakistan and this is termed cancer fatalism (Miles et al. 2011 Powe & Finnie 2003). This adds another layer of complexity when overlaid with religious fatalism because the two appear to be intimately tied to one another. For example, for some women cancer and religious fatalism may have been one way of preparing for death whilst simultaneously seeking forgiveness, which was foremost in Woman 2's account. In contrast, other women in

this study touched on this only in a very subtle way.

Cancer fatalism contributes to late presentation for treatment when earlier presentation may have provided a more positive outcome (Straughan 1998). For the women in this study, different dimensions of fatalism (as shown in the figure below) existed in the lives of the participants and played a key role in the potential outcomes of oral cancer. Limited medical facilities in the villages and towns in Pakistan coupled with a lack of education and low incomes meant they resorted to less expensive faith healers and other alternative therapies. This delayed diagnosis and early treatment and for many women diagnosis occurred too late when the cancer was inoperable and frequently meta-static. Poor education, poverty and rural living may contribute to higher dependence on piirs and late presentation for medical diagnosis and healthcare. One factor that may assist is a programme for medical professionals to engage with spiritual healers to promote oral health, developing their awareness of oral cancer and garner their assistance in a referral pathway for oral cancer. This may ameliorate beliefs in cancer fatalism, increase access to medical services and reduce mortality rates. The evidence in this study suggests that the social determinants of health and fatalism exist on a continuum and different factors may affect whether there are higher or lower levels of religiosity and fatalism linked to beliefs of higher or lower control and potential outcomes for oral cancer. For example, women with high religiosity and low SES appear to move more towards a combination of religious and cancer fatalism, which equates to powerlessness. This leads to an inevitable journey towards suffering and death where Allah is the giver and taker of life, there is a failure to seek medical care, the person is ignorant to health outcomes and there is a reliance on spiritual healers. In contrast, women from a higher SES may have high or low religiosity but appear more likely to view Allah as working through professionals and

seek timely medical healthcare, are more likely to adhere to treatment and they are aware of their health outcomes. These women use religion as a source of strength, which gives them a sense of optimism. Figure 1 provides a theoretical model for the influence of the social determinants of health and fatalism, dimensions of fatalism and potential outcomes for oral cancer.

Figure 1. Theoretical model for the influence of the social determinants of health and fatalism on oral cancer

Study Limitations

This small-scale study employed a sample of 15 women in a rural area of Pakistan; it used oral histories as its methodology. It is a snapshot of life at a particular moment in time and different women and researchers could yield different interpretations. The results cannot be generalised to the whole of Pakistan, but theoretical generalisation can be used for further research.

Conclusion

This study contributes new evidence to the limited body of research on oral cancer from the perspectives of women in Pakistan. It provides a theoretical model outlining the impact of socio-economic status and fatalism on oral cancer. Dimensions 2 and 3, drawn from the evidence suggest that the medical profession could be working with spiritual/traditional healers to improve early diagnosis of oral cancer and reduce the divide between traditional and modern medicine. In most cases, these healers are the

first point of contact outside the health care system for people living in rural areas. Encouraging the health system to work alongside traditional healers and training them to integrate the role of modern medicine as a way of working alongside people's fatalistic beliefs and developing referral pathways, may be one way of reducing late presentation, increasing early diagnosis and effective delivery of care for people with oral cancer.

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Appendix 1.

Demographics of the participants

No.	Name	Age	Gender	Location	Socio-economic status	Level of education
1.	Woman 1	57	Female	Mianwali	Low	No education
2.	Woman 2	80	Female	Faisalabad	Low	No education
3.	Woman 3	54	Female	Sohawa	High	No education
4.	Woman 4	54	Female	Chakwal	Low	No education
5.	Woman 5	29	Female	Chakwal	Low	No education
6.	Woman 6	54	Female	Gujrat	Low	Primary (till year 5)
7.	Woman 7	55	Female	Kallar Syedan	Low	No education
8.	Woman 8	44	Female	Arang Kel	High	No education
9.	Woman 9	54	Female	Jhang	Middle class	Primary (till year 5)
10.	Woman 10	34	Female	Sadiqabad	Lower Middle class	Masters
11.	Woman 11	39	Female	Mansehra	Low	Intermediate (Year 12)
12.	Woman 12	55	Female	Chakwal	Low	Primary (till year 5)
13.	Woman 13	55	Female	Gujar Khan	Low	No education
14.	Woman 14	56	Female	Mithial	Low	No education
15.	Woman 15	65	Female	Gujar Khan	Lower Middle class	Primary (till year 5)