

DA'WAH FOR BREAST CANCER PATIENTS  
(A CASE STUDY AT KOLEJ UNIVERSITI ISLAM MALAYSIA)

HUSNA BTE MOHD BAKI

KOLEJ UNIVERSITI ISLAM MALAYSIA

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Husna Bte Mohd Baki  
(Matric No: P010 475)

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1000012527

Faculty of Leadership And Management  
KOLEJ UNIVERSITI ISLAM MALAYSIA  
Kuala Lumpur

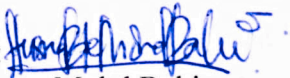
APRIL 2004

**AUTHOR DECLARATION**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

I hereby declare that the work in this academic project is my own except for quotations and summaries which have been duly acknowledged.

Date: 6 April 2004

Signature:   
Name: Husna Mohd Baki  
Matrix no: P010 475  
Address: Kg. Lanting,  
28100, Chenor, Maran,  
Pahang Darul Mahmur.

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## **ABSTRAK**

Da'wah Islamiyyah merupakan suatu aspek yang penting dalam kehidupan masyarakat masa kini. Kajian ini merupakan kajian deskriptif ke atas pelajar perempuan tahun 3, Fakulti Da;wah dan pengurusan Islam, Kolej Universiti Islam Malaysia. Kajian ini bertujuan untuk mendapatkan pandangan pelajar mengenai kepentingan dan keperluan dakwah kepada pesakit kanser payu dara. Bagi mendapatkan maklumat dan data, beberapa kaedah kajian telah digunapakai iaitu kajian perpustakaan, soal selidik dan meneliti beberapa dokumen yang berkaitan. Hasil daripada kajian ini telah menunjukkan bahawa pelajar berpendapat aktiviti da'wah kepada pesakit kanser adalah sangat penting dan perlu dijalankan kepada mereka.

## **ABSTRACT**

Nowadays, Da'wah Islamiyyah is an important aspect in society living. This academic project is based on third year female students from the Faculty of Da'wah and Islamic Management, KUIM. The study aims to gather student's views on understanding and comprehending the importance and needs of performing Da'wah for Breast Cancer Patients. Library study, questionnaires and reviewing relevant documents are the tools employed for data gathering purposes. The finding indicates that students believe Da'wah for Breast Cancer Patients is important and needs to be performed amongst them.

## ملخص البحث

يحدث هذا البحث إلى بيان دور الدعوة إلى مصاب بمرض سرط وقد إقترض الباحث أن الدعوة إلى مصاب بمرض سرط هي مهم في هذا اليوم والمنهج المثبع في هذا البحث هو عبارة عن دراسة مكتبية، التي تقوم على جمع المعلومات من مصادرها الأصلية. ثم القيام بنقد وغريلة وتحليل بهذه المعلومات ثم القيام بوضعها مرتبة في أماكنها المناسبة. وحاصل من هذا البحث أن الدعوة إلى مصاب بمرض سرط مهم ويجوز على مجتمعنا بقبام هذا البرنامج إلى المراض.

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## GLOSSARY

Aqeedah	: Fundamental
Da'wah	: Invitation
Doa	: Invication – calling to God in prayer
Ma'rouf	: Right
Munkar	: Wrong
Rabbani	: Belief in God
Salam	: Greet
Shahadah	: Testimony of feed
Shayateen	: Satan
Solat	: Ritual worship of the Muslim
Sunat	: The encouraged action

## TRANSLITERATION TABLE

### ARABIC WORDS TRANSLITERATION SYSTEM

#### 1. ALPHABET

<u>Arabic</u>	<u>Latin</u>	<u>Example</u>	<u>Transliteration</u>
ء	,	فار	fa`r
ب	b	برد	burd
ت	t	تَلّ	tall
ث	th	ثوب	thawb
ج	j	جدار	jidār
ح	h	حليب	halīb
خ	kh	خادم	khādim
د	d	ديك	dīk
ذ	dh	ذهب	dhahab
ر	r	رفيق	rafīq
ز	z	زميل	zamīl
س	s	سلام	salām
ش	sh	شعب	sha`b
ص	s	صخر	sakhr
ض	d	ضيق	dayq
ط	t	طازخ	tālib
ظ	z	ظالم	zālim
ع	c	عقل	°aql
غ	gh	غلام	ghulām
ف	f	فيل	fil

ق	q	قلب	qalb
ك	k	كلام	kalām
ل	l	لب	lubb
م	m	مال	māl
ن	n	نجم	najm
ه	h	هول	hawl
و	w	ورق	waraq
ي	y	يم	yamm

## 2. Short Vowel

<u>Arabic</u>	<u>Latin</u>	<u>Example</u>	<u>Transliteration</u>
_____	a	كتب	kataba
_____	i	علم	°alima
_____	u	غلب	ghuliba

## 3. Long Vowel

<u>Arabic</u>	<u>Latin</u>	<u>Example</u>	<u>Transliteration</u>
ى, ا	ā	عالم, فتى	°ālim, fatā
ي	ī	عليم, داعي	°alīm, dā°ī
و	ū	علوم, أدعو	°ulūm, Ad°ū

## 4. Diphthong

<u>Arabic</u>	<u>Latin</u>	<u>Example</u>	<u>Transliteration</u>
---------------	--------------	----------------	------------------------

و	aw	نوم	nawn
ي	ay	ليل	layl
يَّ	iyy	شافعي	shāfi <sup>°</sup> iyy (ending)
وَّ	uww	علوَّ	<sup>°</sup> uluww (ending)

## 5. Exemptions

5.1 Arabic letter ء (hamzah) found at the beginning of a word is transliterated to the letter “a” and not to ’ .

Example: أكبر transliterated to: akbar (not ‘akbar).

5.2 Arabic letter ة (ta’ marbutah) found in a word without ال (al) which is coupled with another word that contains ال (al) at the beginning of it is transliterated to the letter “ t ”

Example: مكتبة الإمام transliterated to: maktabat al-imām.

However if the Arabic letter ة (ta’ marbutah) found in a word with ال (al), in a single word or in the last word in a sentence, it is transliterated to the letter “ h ” .

Example: المكتبة الأهلية transliterasi: al maktabah al-ahliyyah  
 قلعة qal<sup>°</sup>ah  
 دار وهبة dār wahbah

**ABBREVIATIONS**

ed.	editor
n.a.	no author
p.	page
pp.	pages
S.A.W	salla Allāh <sup>ḥ</sup> alayh wa sallam
S.W.T	subhānahu wa ta <sup>ḥ</sup> ālā
vol.	volume

## **CHAPTER 1**

### **INTRODUCTION**

This chapter is to reveal to the readers the concept of the researcher's study which includes the problem statement, objectives, research questions and definitions. This chapter however will be described at continuing chapter.

#### **1.1. Breast Cancer in Malaysia**

Breast cancer is a progressive medical problem in Malaysia. A woman in Malaysia has a 1 in 19 chance of getting breast cancer in her lifetime. Out of 100 Malaysian women who have cancer, 30 will be breast cancer patients. Currently, its mortality is the third leading cause of death in Malaysia. The five most frequent cancer reported in Malaysia (1996) are men-lung, colon/rectum, stomach, liver followed by nasopharynx. Up to 90% of cancers in Malaysia are associated with the environment and individual life styles. Hence, the change of suitable healthy life style and the monitoring of the environment can prevent most cancers, (Dato' Assoc Professor Dr Mahathevan. Cancer Education in Malaysia. Department of Community health and Family Medicine, International Islamic University, Malaysia)

#### **1.2. Breast Cancer in Malaysia – The Stark Facts**

1. Breast cancer is the commonest overall cancer as well as the commonest cancer in women amongst all races from the age of 20 years in Malaysia for 2002.
2. Breast cancer forms 30.4% of newly diagnosed cancer cases in women in 2002
3. The Age Standardised Rate (ASR) of female breast cancer is 52.8 per 100,000 people. Amongst the Chinese, it is higher at 70.1 per 100,000 people, for the

4. Indians, the ASR is 61.7 per 100,000 and it is lowest with the Malays at 41.9 per 100,000 people.
5. A woman in Malaysia has a 1 in 19 chance of getting breast cancer in her lifetime
6. Out of 100 Malaysian women who have cancer, 30 will be breast cancer patients
7. The cumulative life time risk of developing breast cancer for Chinese women, Indian women and Malay women were 1 in 14, 1 in 15 and 1 in 24 respectively
8. Of the 4337 new cases of female breast cancer reported to the NCR in 2002, 52.3% were below the age of 50 years
9. In contrast, there were only 56 cases of male breast cancer reported in the same period. The ASR of male breast cancer is only about 0.7 per 100,000 people in Malaysia.
10. In comparison, the next (2<sup>nd</sup>) commonest cancer in Malaysian women in 2002 was cancer of the cervix, which only formed 12% of total female cancers. The Age Standardized Incidence Rate is 21.5 per 100,000 people.
11. Estimates by the International Agency for Research in Cancers (Globoscan 2000) reported that in 2000, there were 3825 cases reported and 1707 deaths from breast cancer in Malaysia.

(The above information was reproduced with permission from the Malaysian National Cancer Registry report 2002, released on 4 July 2003.)

Table 1: Deaths from Cancer in Women (Top Six Cancer Cases in Malaysian Women)

Note: Only One in Three Deaths of cancer in Malaysia Are Medically Certified

Types of cancer	Numbers
Breast cancer	260
Lung cancer	244
Cervix cancer	165
Colorectal cancer	128
Leukemia cancer	128
Stomach cancer	99

(Source: Vital Statistics Malaysia 1994)

### 1.3. Islam and Health

The Qur'an is not a book of medicine but, rather, a book of guidance for mankind in their worldly and spiritual matters. Interestingly, however, the Qur'an is described as "a healing and mercy to those who believe". Man, the Qur'an asserts, is the crown of creation and the vicegerent of Allah (s.w.t) on earth. It thus follows that he is to be an active participant in this universe and certainly not a passive being. The world, in other words, is the arena whereby he has to prove his worth in the task assigned to him. He is a composite entity of body and soul and hence he is to take care of his body, to ensure that it is healthy and strong so that he may actively participate in his spiritual duties for the uplifting of his soul. That is why the prophet (s.a.w) remarked: "A strong believer is better and more liked by Allah (s.w.t) than a weak believer". This hadith stresses the fact that Muslims should take good care of their health and always strive to remain in a healthy state. Health, it is to be noted, is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

It is common knowledge that in order to ensure one's health, one should have a balanced diet, comprising wholesome food and drink and avoid anything that may prove injurious to one's body. Towards that end, one should also uphold personal hygiene and take steps to assure mental health. The Qur'an provides sufficient guidance in these respects. It enjoins upon the Muslims the partaking of wholesome food:

*"O people! Eat of what is lawful and good on earth..."*

Insecurity and helplessness may lead to mental depression which could result in suicide. In order to check that, the Qur'an teaches man to seek refuge in Allah and states:

*"..For, verily, in the remembrance of Allah (men's) hearts do find rest"*.

Moreover, the Qur'an declares all Muslims to be part and parcel of one large brotherhood, the Ummah of Islam. The prophet (s.a.w) is reported to have said that the members of the Ummah are like one body. If any of its part is in pain, then the rest of the body feels the pain. This signifies that the Muslims are to take care of one another, to be concerned for

the welfare of one another. Interestingly, most of the religious practices are ordained to be performed or observed in congregation. No Muslim is, therefore, expected to feel insecure, helpless and lonely. (Abul Fadl Mohsin Ebrahim. 1993: 25)

#### **1.4. Problem statement**

Over the years from 1993 to 2000, there were a total of 952 breast cancer patients in the University Hospital. The number of breast cancer patients increased annually, with the highest recorded in 2000. This was 3 times the number of breast cancer patients in 1993.

Although Chinese patients only formed about 30% of the admissions to the UHKL during this period, they contributed to about 60% of the breast cancer patients. Therefore, the incidence of breast cancer in the Chinese appears to be higher compared to Malay women. 2% of these patients were below 30 years of age. The majority of the cancer patients were in the 40-49 year age group when they were first diagnosed. However, this is NOT age-specific incidence but hospital incidence that could be influenced by the population it serves. Perhaps, there is a younger urban population or perhaps, the older folks prefer traditional/kampong treatment. 30-40% of the patients presented in the late stage and although women are now presenting with smaller tumors, the decrease in size is not significant.

This has been attributed to lack of breast cancer awareness amongst women, resulting in them seeing their doctor at a later stage. To improve the cure rate, the disease should be diagnosed as early as possible.

A study on features of breast cancer in Malaysians (the 3 major races being representative of Asians) has been undertaken in the University Malaya Medical Centre, Kuala Lumpur. This was compared with data from the literature on breast cancer in Caucasians.

It has been suggested that breast cancer in Asians present at a younger age and tends to be more aggressive. Findings appear to confirm that breast cancer features in Asians are of the more aggressive type compared to the Caucasians. However, further comparative

studies are required and have already planned to evaluate the differences between the two groups (Asian and Caucasian breast cancer). (Breast Cancer in University Malaya Medical Centre, Kuala Lumpur (1993-2000)).

### **1.5. The Objectives of Research:**

This academic project contains with four objectives that are:

1. To investigate the correspondents opinion about Da`wah for breast cancer patients.
2. To identify the men, groups or person responsible to perform Da`wah`s activities for the breast cancer patients.
3. To identify the importance of performing Da`wah`s activities for the Breast Cancer Patients.
4. To identify the Da`wah`s methodologies which are suitable to use for the Breast Cancer patients.
5. To describe the Da`es characteristics which are suitable to perform da`wah`s activities for the Breast Cancer Patients.

### **1.6. The Research Questions**

The research questions for this academic project are:

1. Do you agree to perform Da`wah for the breast cancer patients?
2. Who are the men or groups that should be responsible to perform Da`wah and Islamic Counseling for Breast Cancer Patients?
3. Why is it important to organize Da`wah for Breast Cancer Patients?
4. What are the Da`wah`s methods that are suitable in order to organize Da`wah for Breast Cancer Patients, and how could they be run?
5. What are the characteristics of the Da`es who are suitable to approach Da`wah for Breast cancer Patients?

## 1.7. Conceptual Definition

The conceptual definition is meant to view the concept of the case study.

## 1.8. The View of Da'wah's Concept

The Da'wah (invitation) to Allah is the duty of the Muslim Ummah. Every Muslim is charged with this mission, as Allah (s.w.t) says: "Let there arise out of you a group of people inviting to all that is good, enjoining what is *Ma'rouf* (right) and forbidding what is *Munkar* (wrong). And it is they who are the successful." [3:104]. The fulfillment of this mission on the individual level however varies with the capacity of the Muslim, including their linguistic abilities, confidence, and knowledge. (Br. Abul Walid Al-Hamawi & Br. Ibrahim Abu Khalid. Getting it right. Islamic World.Net: Methodology of Dawah site for Muslims who love ...)

With reference to **Drs. H.M Ariffin M. ED.** in his writing: *Psikologi Da'wah*, Da'wah contains definitions of good invitation process. This process is done either orally, writing, action and others. It is done consciously and consistently in order to influence others, individual or society. The objectives are to instill consciousness, understanding, experiences and cogitations towards Islamic teaching in their heart and thoughts. This Da'wah's activities are done through the message's impartment without any constrain elements.

According to these definitions, the essence of Da'wah is incriminating an invitation process, motivation, excitement and support for the others to receive Islamic teaching consciously, these are all meaning to benefit them personally and not for the Da'es advantages. Thus, the main objective of Da'wah is to implant Da'wah's message by adapting it in man's thinking and understanding. After all, the Da'wah's activities that are related to psychology involve the values of persuasion, motivation, cumulation and deductive. They are all part of Da'wah Islamiyyah. (Drs. H.M Ariffin M. ED. 1977: 23)

## 1.9. Islam and Counseling

Islamic teaching encourages counselling. The Prophet Mohammed (r) said: ***"Religion (Islam) is sincere counselling and good advice"*** (narrated by Al-Bukhari and Muslim). The Prophet Mohammed (r) also said: "The counsellors should be trustworthy". Indeed counsellors cannot be trustworthy unless he or she is proficient in the field in which they give advice. Genetic counselling is a new field of medicine demanding a comprehensive knowledge of genetics and the management of genetic disease, as well as its impact on the individual, the family, offspring and the community at large. Counsellors should be knowledgeable in their field otherwise they are deemed to be liable. The Prophet Mohammed (r) said: ***"If a person practises medicine without due knowledge, then that person is liable"*** (narrated by Abu Dawood).

Islamic jurists have explained that one should be proficient in the particular field of medicine one practices. It is not sufficient to know only general medicine if one is practising in a special field of medicine. Training in and knowledge of the specialized field is required. The Prophet Mohammed (r) said: ***"No one is wise except through experience"*** (narrated by Al-Bukhari and Muslim).

Being proficient and knowledgeable in one's field is not enough. The counsellor should be considerate and compassionate, and should maintain absolute confidentiality of the person(s) or family involved. The Prophet Mohammed (r) said: ***"Whoever guards the secrets of a Muslim, God will guard their secret in this life and on resurrection day"*** (narrated by Muslim). He (r) also said: ***"God will show mercy to those who are merciful to people"*** (narrated by Al-Bukhari, Al-Tirmithi, Ahmad and others). In another hadith, the Prophet Mohammed (r) said: ***"All creatures are the family (dependents) of God. He loves most those who do well to his dependents"*** [narrated by Al-Tabarani, Abu Naeem (in Al-Hirliya), Al-Baihaqi].

Being considerate, kind and merciful, and giving good advice to those who need and ask for it is the basis of Islamic ethics in general, and of medical ethics in particular (beneficence). The worst thing of all is doing harm intentionally or unintentionally, the

first being a crime, the second is an offence. The rule of no malevolence is exemplified by the hadith: "***Do no harm***" (narrated by Abu-Dawood).

Genetic counsellors should not impose their views on clients. Rather, clients should be able to decide for themselves what is appropriate. The counsellor's role is to provide facts on genetic information in plain, understandable language (the rule of autonomy). The counsellors should also consider clients' social habits and religion before giving advice.

Islam was the first religion to give people full freedom to accept or refute the Islamic creed. God says in the Holy Qur'an: ***There should be no compulsion in religion.*** (2:256), and also says: ***Are you going to compel the people to be faithful? (10:99) whoever wishes to believe can do so, and whoever wishes to disbelieve is free to do so.*** (18:29).

The Islamic creed holds high personal freedom and hence the personal responsibility for one's actions. Similarly, genetic counsellors should seek to provide the most up-to-date information in plain, comprehensible language for their clients, and let the clients decide for themselves. A counsellor should seek to provide accurate, sincere advice, but should not try to impose it upon the client. ([www.emro.who.int/EMHJ/0506/06.htm](http://www.emro.who.int/EMHJ/0506/06.htm))

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Introduction**

This chapter revises the relationship between Da'wah and breast cancer patients concerning to other researches and information.

#### **2.1. The View of Cancer**

Breast cancer is the most common cancer in women in most parts of the world. There is a marked geographical variation in incidence rate. The incidence is highest in North Europe and North America, intermediate in the Mediterranean countries and South America and lowest in Asia and Africa. The mean age at diagnosis reported in most developing countries is around 50 years compared to 60 years in Western countries.

In 2000, there were 1,050,346 cases reported with 372,969 deaths from breast cancer world-wide. The incidence ranged from an average of 95 per 100,000 in more developed countries to 20 per 100,000 in less developed countries. The numbers may be higher because there is lack of comprehensive disease registries in many countries, including Malaysia.

#### **2.2. What Is Breast Cancer**

The term 'cancer' covers well over 100 different medical conditions, all involving the abnormal and excessive division of cells. Cancer is sometimes called 'malignant disease'. 'Tumor' and 'growth' are alternative terms sometimes used to refer to cancer, though both these words may have other meanings too.

If cells divide when new cells are not needed, they form too much tissue. This extra tissue is called a tumor. Tumors can be benign or malignant. The majority of breast tumors (up to 80%) are benign. Benign breast tumors are not a threat to life.

Most cancers start off in a localized 'primary site' and then, unless controlled either by host defenses or medical treatment, spread to produce 'secondary' or 'metastases' in other parts of the body such as the liver, lungs, bones or brain. As well as being classified by primary site, cancers are divided into different 'histological types' on the basis of their cell composition. The most common broad type is carcinoma, others being sarcoma, lymphoma and leukemia, further complex sub classifications exist for each.

In the light of such diversity it can be highly misleading to regard 'cancer' as being a single medical condition. Both the rate of growth and the pattern of spread vary greatly from case to case, depending on the type of cancer concerned, the patient's resistance and treatment given. (Jennifer Barraclough 2000)

### **2.3. Risk Factors of Breast Cancer**

The exact cause of breast cancer is not really known. It is most likely a combination of genetic and environmental factors which are not completely understood. Many people can remain cancer free despite a family history of cancer and exposure to environmental dangers, such as long-term tobacco use. Most cancer patients may not have a family history of cancer or any exposure to known environmental triggers. Some say it is highly unlikely that any single factor can trigger the disease. Researchers believe that it is most likely a combination of genetic and environmental factors.

Thus, breast cancer is almost an exclusive disease of the female. Being female is the single most important risk factor.

Some risk factors will influence one's susceptibility to a particular disease more than others. This is differentiated by the relative risks by comparing likelihood for the disease

in people with the risk factor compared to people without the risk factor. A relative risk more than 1.0 signifies greater risk while which is less than 1.0 signifies lower risk.

Relative risk cannot precisely calculate an individual's risk. If woman adds a lifetime risk to relative risk, then she will overestimate her risk and if she adds several relative risks together, this will also overestimate her risk.

The purpose is to know your personal risk factor profile and understand what it means so that it will help you and your doctor plan a course of action that may reduce your chance of ever getting the disease or at least to detect it in its earliest, most treatable stages.

The risk of breast cancer increases after the age 40. Women whose age is less than 40 are at relatively low risk of breast cancer. But, if a member of your family, such as your mother or a sister, had breast cancer before you reach menopause, you are at a higher risk. ([www.radiologymalaysia.org/bresthealth](http://www.radiologymalaysia.org/bresthealth))

**Table2: Chances of Getting Breast Cancer**

<b>By Age</b>	<b>Chances</b>
30	1 out of 2,525 (0.04%)
40	1 out of 215 (0.47%)
50	1 out of 50 (2%)
60	1 out of 24 (4.17%)
70	1 out of 14 (7.14%)
80	1 out of 10 (10%)

(Source: NCI Surveillance, Epidemiology and End Results Program & American Cancer Society 1993)

## 2.4. Emotions around Diagnosis

When first receiving a diagnosis of cancer, it may evoke many possible emotional reactions, such as:

1. Shock
2. Fear and anxiety
3. Sadness and despair
4. Anger
5. Guilt or shame
6. Relief (perhaps after a long period of worrying over diagnostic uncertainty).
7. A sense of challenge
8. Acceptance

(Jennifer Barraclough. 2000)

## 2.5. Da'wah for Breast Cancer Patients:-The Relationship between Da'wah or Islamic Counseling and Breast Cancer Patients

### 2.5.1. Breast Cancer Patients Need Help And Support.

**Rosmah Dain (2003)** in her writing expressed: Women, who suffer from breast cancer, need more help than what they are given. All these patients were need more support from the public and society so that, they could live comfortably and be received as a normal woman.

This is important especially for the woman who has experienced and faced the disease. The psychology guidance is important for the woman who has suffered from breast cancer or has had training with mastectomy operation.

Treatment and operations only is not enough for the breast cancer patients, the perfect care after the operations would perhaps help the patients run their lives positively and give them more hope and interest to continue life.

By the consciousness of helping and giving supports for the breast cancer patients and their family, the Breast Cancer Society was established in 1986.

The members of the Society include medical doctors and the ex breast cancer patients. They co-operate together, providing help and support for those who suffer from breast cancer.

The objective of this society is to provide information, psychology support and advice for the breast cancer patients including their families. They also help them to handle themselves facing complications of the disease. They help the patients by supporting them in order to decrease their fear.

**H.A Sanoesi T (1999)** in his book stated: The Islamic health medical and service gives good effort in order to serve one's needs or to manage man's health depending on invention, attitude and all activities in the name of Allah. The Islamic medical health's aim is to leave man in a healthy condition either physically, spiritual or socially. Thus, the main point of Islamic medical health is *Rabbani*.

## **2.5.2. Who Should Be Responsible To Perform Da'wah For Breast Cancer Patients?**

### **Social System Introduction**

#### **The General Community**

**Afzalur Rahman in his book (1980)** expresses; After family and neighbours, the circle of relationships widens to cover the entire community. Islam emphasizes on its members fulfilling the duties they owe to community and caring for the rights of its members. They must co-operate with all in acts of virtue and goodness, and not co-operate in acts of vice

versa and injustice. And they must act as friends to one another and say kind things to other people. They are required to greet others with peace and blessing and return others greeting with something even more courteous, or at least equally courteous. They are also advised to get things right between their Muslim brothers and to remain a united family by means of the bond God holds out and not to be divided.

Respect for other people's feeling and honour is enjoined "O believers, do not let one set of men make fun of another set of man. Perhaps the latter are better than the former. Nor should you neither defame yourselves nor insult one another by using nicknames; it is bad to use an evil name after entering the faith of Islam. Those, who do not resist from it, are wrongdoers. The holy prophet said: none of you truly believes until he wishes for his brother (Muslim), what he wishes for himself. He also said; The Muslim society is like a body suffers pain, the whole body responds to it by steepness and fever. "And he said; the relationship of one believer to another believer is like that of a building, one part of which strengthens another.

Many similar traditions are reported which describe the devices of a Muslim to other Muslims and their mutual love and brotherhood e.g. "*don't give trouble to a Muslim by your words and actions and treat him with kindness*".

**Dr Abdul Karim Ali (2001)** in his interview says: visiting patients is a claim in Islam.

Besides entertaining and decreasing patient's suffering, visiting practices could strengthen relationships among Muslims. The action is encouraged (*Sunat*) whereas it is one right of Muslims to other Muslims. In a Hadith narrated by Bukhari and Muslim, there are six Muslim's rights to other Muslims:

1. Answering the *Salam*
2. Fulfilling invitations
3. Give advice to those who need them
4. Pray to those who sneezes
5. Visit patients
6. Accompany the funeral procession

The visitation practice needs to be increased mostly amongst those who live in the city. In the rural areas, we find neighbors usually continuously go visit those who are sick. This practice could strengthen Muslim ties. In Islamic History, the prophet Muhammad even visited a Jew who often disturbed him. When the Jew was sick, the prophet Muhammad went to visit her continuously till she converted to Islam.

One of the best and good deeds to be done is a group of Muslims to go to the hospitals and meet the patients. They give them advices and good words. This group can teach them *Doa* and support them to *Tawakkal* to Allah. If then the patients don't know how to perform *solat* in their situation, the group can teach them how to carry it out.

### **2.5.3. The Importance of Da'wah Performance towards Breast Cancer Patients**

#### **How are you feeling?**

A Guide to Common Responses to a Diagnosis of Cancer.

**Clare Crombie (2003)** in his article says: If you are reading this, it is likely that you or someone close to you has recently been diagnosed with cancer. As you can imagine, there are as many different responses as there are people receiving the diagnosis. Any feelings you have are valid and deserve to be acknowledged, both by you and those around you.

It is not only the diagnosis that has caused you to feel the way you do. The context in which you find yourself also has a part to play in the way you have reacted to this news. We know who we are because of certain familiar beliefs, rules and norms. We learn these ways of reacting in our families of origin and in our culture and they are an important element in our sense of belonging. However, one of the challenges of difficult experiences is the way in which our normal patterns of behaviour, thinking and managing our lives are threatened, or may not even work any more. This can lead to a kind of paralysis in our ability to think and deal with the situation. We can be afraid that we won't be able to cope. We can feel helpless and sometimes ashamed of that helplessness.

When people talk about not coping, they often mean that they have a fear of falling apart and not being able to put the pieces together again. It may be that the family took great pride in coping, in keeping going on no matter what. This may indeed have been an important quality during times such as wartime, or during difficult years when there wasn't enough money and yet children still had to be fed, cared for and educated. It can almost seem disloyal to the family if you feel you are unable to manage. You might feel that you, like them, must keep going and not feel, and certainly not admit to feeling, needy, vulnerable, lost, angry or confused. In many families, such feelings cannot be talked about or acknowledged in spite of the fact that we all feel like this from time to time, even if we don't tell anyone.

Most people find cancer diagnosis very disturbing. Cancer is a potentially life threatening disease which carries a lot of fear in our society. Until recently the word was almost taboo. Often, doctors did not reveal the true diagnosis to the patient, while families did their best to keep up with the charade in the mistaken belief that this was the best way to offer support. Now we are much more open and prepared to talk about cancer. Even so, families, friends and colleagues will be affected and you may worry about them and find that you are trying to protect them or not burden them. This can be one of the reasons for seeking counselling. People who see a counsellor often say that they feel relieved to talk to someone they don't need to worry about.

It can be a relief too to realise that your reactions are both appropriate and to be expected, very common and entirely understandable. We hope that in describing some of the ways you may respond, this fact sheet may be of use to you in coming to terms with what is happening to you. We include some of the most common feelings, guided by our experience of listening to many people telling their stories. If you do not find your particular response, this is not because you are out of step but because we have not included it. We would be glad to hear from you if you think that something is missing.

## **Shock, Denial and Disbelief**

Shock, denial and disbelief are natural reactions to events which threaten our normal coping mechanisms. A crisis is something which radically disturbs and upsets the everyday order of a person's life. A diagnosis of cancer does not necessarily have to result in a crisis, but if initial shock and trauma are not well enough supported, what starts as a period of stress can escalate into a crisis. When someone is emotionally and mentally overloaded the result can be likened to a computer system that crashes.

People in counselling sessions often talk about feelings and memories of previous traumatic or unfinished events that are restimulated by their cancer diagnosis. It's as if the shock forces open the door to a cupboard in which we have stuffed all the things we don't know what to do with! In response to the diagnosis, things start slipping and tumbling out. Try as we will we can't push the stuff back out of sight. Sometimes the only solution is to make the time to take everything out and sort it through, putting some things back and letting go of others.

If you were not feeling unwell at the time of your diagnosis it may be hard to believe that you have cancer. How can it be possible? However, if you have been ill or in pain for some time and unable to find out what was wrong, there may be some relief at hearing that there is an explanation for your symptoms and a treatment plan.

If cancer is a word which you have never associated with yourself or your family, it can be difficult to believe that it can be happening to you. It may require a big adjustment in your sense of who you are. If, on the other hand, you have lived for years with a dread of cancer, the diagnosis when it came may have simply confirmed your worst fears.

This does not mean there will still not be shock. Whatever the circumstances around your illness, when the doctor tells you that you have cancer, it is very natural to feel shock or disbelief, or both, or to go into denial. The way in which you are told will also play its part in how much you are able to take in. Denial is sometimes a necessary and useful defence, in the first instance, when shock is too great and threatens our sense of safety.

Given the right kind of support and encouragement, we can move out of that state in our own time and begin to take on board what is happening to us.

This is when we may need most support from those around us and is often the time that many people first seek counselling. The counselling process can give valuable space to digest and make sense of what has happened, and to prepare for the next move.

In any case of shock, first aid is needed. People need to feel safe, (which may mean something different for each of us), they may need to take things slowly, or at least to feel in charge of the pace as far as possible, so that there's time for events to begin to sink in.

Unfortunately, this need for space may coincide with a time when you are asked to make practical decisions and responses. If this is what is happening to you, especially in the medical context, allow yourself to do what is right for you, repeat questions if necessary, write things down. Have someone with you who know what questions you want to ask and is willing to ask them for you. Make sure you understand what is being said, record consultations, in fact do anything which meets your needs. You may get ideas from people who have been through something similar, or you may want to find your own way.

We all respond to trauma and change in different ways. Some people want to talk and tell those close to them. Others want to stay quiet and let things sink in. You may want to make decisions on your own, or you may want to have input from family and friends before taking any action. You may need more medical information. There is no one right way. Gentleness and patience will help you find your way through, one step at a time.

## **Anger**

Anger is frequently labelled a 'negative' emotion, by implying it is something bad. However, emotions themselves are neutral. They are like electricity. It is what we do with them that make them seem negative or positive. Electricity can be used to kill, or it can be an essential part of life, providing heat or illuminating darkness.

Some of us feel afraid when we are angry and yet it is very understandable. Anger is a natural reaction to loss, particularly when we feel powerless, and cancer can bring with it many losses. Many people speak of loss of control. We may also lose our self image, body parts, income and career prospects, energy and sense of a future, to name but a few.

As the person with cancer you will be dealing with your own losses, as they become evident. You may think "why me?" Meanwhile, relatives and friends will be reacting to your situation too. You may worry about them, or you may wish to distance yourself from their anxieties.

A positive way to look at your anger is to make use its energy to support yourself. Anger can be a powerful force for change and some people report that when they manage to harness it, it has helped them to become clearer about what they want and don't want in their lives. It can empower us to speak out assertively when we need to make demands and requests. In the film *Analyze This*, Robert De Niro says "Anger is a blocked wish, what do you want?"

Anger seeks to be heard. As children we often learn to be ashamed or frightened of anger. It can be a liberating experience when we speak out rather than squashing down our angry feelings and eventually becoming depressed.

It takes energy to hold back strong feelings. This means that our energy is not freely available to us for other things and we can feel tired and heavy, perhaps hopeless and unmotivated. If you are holding in your feelings because you feel there is no one you can talk to or no one who wants to listen, counselling can be a useful first step towards doing something different.

## **Loss**

Events involving loss and separation happen throughout our lives. Some happen to all of us and are a natural part of development. Often, because a change is seen as positive, we

do not even recognise the loss involved. For example moving house, leaving home, getting a new job or retiring, the birth of a baby. We learn to keep quiet about the losses involved or even to hide them from ourselves.

The most obvious loss is death, the final separation, but serious illness brings losses right from the moment of diagnosis. People frequently speak in counselling about the loss of certainty, of control and autonomy, loss of trust in our bodies, of self esteem, of dreams and plans for the future, in fact the loss of ability to think of a future. These losses involve the patient and their relatives and friends in a process which is similar to bereavement, even when a full recovery takes place.

If the illness is terminal, loss and bereavement are experienced as ongoing processes, rather than something that starts only with death. This is known as anticipatory grieving and, when there is a long illness, can be part of the landscape of a family's existence for years. This puts a particular kind of strain on all family members and everyone needs support, which is not always readily available.

### **Fear and Uncertainty**

Following a cancer diagnosis in themselves or in a friend or family member, most people feel fear. There is a school of thought which says that Western society lives in constant fear of death, whilst also working hard to keep its presence out of awareness. This causes a tension or anxiety sometimes referred to as death anxiety. Whatever we cannot see or talk about becomes more frightening and dreadful. Cancer breaks our rules and taboos by forcing us to confront the possibility of our own death, as well as making it more difficult to avoid talking about it. You may find that your fear lessens once you make the time to explore in a non judgmental way. You may discover that you are more afraid of the process of dying than of death itself. Even though pain relief is now highly developed and effective there is still a lot of fear of pain associated with cancer. Most people acknowledge having fears of the loss of control and autonomy which come about because the treatment for cancer is often unavoidably invasive.

Those who have children may fear for them or for their partners and loved ones. As with anger, Western society tends not to approve of showing fear and as children we are taught few ways of dealing with it, apart from hiding it away. Although talking may not take the fear away, it can relieve it, bring it down to size and take the shame and dread out of it. Some parts of our fear lessen when we are given the appropriate information and can understand the forces we are up against.

Although we like to live as if we have certainty, in fact the only thing we can be certain of is uncertainty! Cancer brings this into the foreground and requires us to live it moment by moment. Finding ways to live as much as possible in the present may be the best approach, although this is of course easier said than done! Learning to meditate can be helpful as it teaches us simple ways to practise focusing on the here and now, and provides a balance to the worries and thoughts about past or future.

## **Blame**

As humans we have a strong need to know why something has happened and perhaps to lay the blame at someone's door. We seem to feel more at ease in the world if we can separate things into right and wrong, us and them, good and bad. Randomness and inexplicable causes make us feel very anxious.

Although you may believe you can identify the cause of your illness, it is usually not that simple. Causes of cancer are many and doctors rarely know specifically what has caused yours. Even though you may feel at a loss without a clear explanation, blaming yourself is not helpful because it keeps you in the past rather than allowing you to see how you can best adapt to the present.

## **Resentment, Guilt and Communication**

It is understandable to feel resentment at times when you have cancer, as will your family and friends. Sometimes we substitute guilt for resentment and criticise ourselves rather than telling a partner or friend what we are cross about. For instance you might be aware of feeling guilty that you have got out of touch with a friend. If you look a bit deeper you may realise how resentful you are that it is always you that seems to initiate talking about your cancer. With this awareness you might choose to tell your friend how you feel. Interestingly, you may then find out that she has been holding back because she thought that you didn't want to talk. Many misunderstandings can be cleared up when someone takes the first step.

It is nearly always helpful to bring these feelings out into the open, if you can find non-blaming, assertive ways to do so. If that feels impossible or inappropriate with the person concerned, you may find it helpful to talk it through with a counsellor or perhaps with someone who has had a similar experience to you.

## **Withdrawal and Isolation**

Our need for closeness and contact varies. Most of us need to be alone at times, and we know when we want company or closeness. Sometimes these needs change when you are diagnosed, or during treatment. This is quite natural. It is helpful if you can recognise your changing needs. There is a lot to take in and digest. If you find yourself withdrawing a lot, you might decide to look for some new sources of support, for example from those who have shared similar experiences, perhaps a cancer support group, or in counselling.

## **Depression**

Depression has been described as the best way to hold ourselves together when we feel as though we are falling apart. It is distinct from being unhappy, however terrible that may

be. Dorothy Rowe says 'The experience of depression is that of knowing yourself to be utterly alone in a prison whose walls are as impenetrable as they are invisible. Inside that prison you have become your own worst enemy'. Many people who are depressed feel unable to maintain their usual social contacts and so end up feeling isolated and unsupported.

The word depression is used to describe a wide range of feelings from having no will to live to mild despondency. You may find yourself using it to describe times when you feel low in energy and are generally gloomy and unmotivated. If you have the chance to look at these feelings more closely, for example in counselling, you might find that you have stronger feelings than you've been prepared to admit to. Perhaps you are really very sad, or angry or even both.

We sometimes use the word depression when we know that we feel unhappy but don't know why. If you feel low or miserable, or if your doctor asks you if you are depressed, you may find it useful to think about whether there are any feelings that you have been denying or pushing down.

If you are particularly sad or low you may find the pressure to be positive or to get back to normal especially hard. People around you may imply that if you aren't positive you will jeopardize your recovery. Many people report that they hide or mask their true feelings thinking, "I must be strong for my family" or "Other people are worse off than me", or "Crying and being sad won't get me anywhere." These can be ways to stop ourselves and those close to us from knowing how much we are in pain. The energy it takes to keep the feelings down can make us feel even more tired and weak and this only adds to our depression. The fear of what might happen if all the feelings burst out sometimes causes anxiety as well.

In order to understand what you mean by the word 'depression' it's important that you feel safe enough to begin to really look at your feelings, either on your own or perhaps in counselling.

If you feel depressed during or after chemotherapy, consult your doctor. If you are generally exhausted and low because of treatment, you will almost certainly feel emotionally low as well. In this case it can be that rest and recuperation are the main things that you need.

Finally, it is quite natural to feel depressed at some time during your cancer experience. As much as possible use your feelings to stay in touch with your needs. Feelings are pretty good indicators of what you need. Keep on finding ways to get these needs met, make sure you have support and be kind, tolerant, and friendly towards yourself whenever you can.

### **Attitudes to Death and Dying**

Talking about death is still a taboo in many families. A surprising number of us do not make wills or think about how we would like to be cared for if we become sick. Many couples have found it too scary to discuss difficult subjects like care of children in the event of the death of one of them. We often fear that to do so would be to invite illness or death into the family, or at least would appear morbid or negative.

A diagnosis of cancer makes it much harder to avoid thinking of death and the implications of loss. If you are seriously ill you may worry that it is cruel or offensive to talk openly about dying, or about a future when you might no longer be there. And remember that your loyalty to your family 'rules' may not make it easy ever to talk about these subjects. And yet it is natural to need to discuss things openly with those close to you. The fear of seeming callous or of burdening or upsetting someone you love can lead to a situation where each person is isolated with their own fears and anxieties.

If you feel unable to share your fears and worries with the very people you would normally consult in times of trouble, remember that talking about death doesn't cause it, just as not talking will not prevent it. Many people have told us that they feel relieved

when they have the courage to look at death, sometimes with a counsellor, and that a deeper strength then makes them more able to take charge of their life.

## **Children and Families**

We frequently talk with people who are worried about how and when to talk to their children about illness, death and dying. We can send copies of useful reading material, as well as taking time to talk through this area with you, if you like.

Deciding how and what to tell your children is a very personal matter. Only the family members concerned will know what feels right. Even very young children have thoughts and feelings about illness and death. They need to feel that it's ok to bring their worries to adults, that they will be heard and will get clear and truthful responses. If they imagine that their worries and fears are too much for the adult, they may hold back and worry on their own. They will need reassurance that the illness is not their fault, that they could not have caused it and cannot make it better by changing themselves or their behaviour. Unfortunately children's feelings about loss often get buried. Adults sometimes like to believe that children are too young to understand, or that they need to be protected from feelings. Sometimes the children's feelings may be too disturbing for the adults!

Adolescents can find themselves in conflict. The illness of a parent makes it harder for them to separate and move on at the time when they are gaining independence. It's hard to find the balance between allowing space for the young person's grief and encouraging them to grasp life and move on.

We need to find appropriate ways to give children clear and coherent information, and respect their feelings as and when they arise, rather than keeping them in the dark about things that are affecting the family as a whole. Children and young adults pick up on atmospheres and changes in the family. If they are not given coherent explanations they will come up with their own, which can often be more frightening than the reality.