

## **THE CONCEPTS OF HEALTH AND ILLNESS AMONG YOUNG MALAY BREAST CANCER PATIENTS**

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### **ABSTRACT**

*Health and illness are culturally shaped concepts through which they are perceived, experienced and managed. With diverse cultural background, patients commonly bring different stories to a similar ill-health condition. Among patients suffering from chronic illness like breast cancer, understanding how these concepts are perceived is significant in managing cancer in any multi-ethnic society. In relation to this, thirteen breast cancer patients between the ages of 29 and 48 years old were selected. This study aims at exploring the meaning of health and illness as perceived by young Malay female breast cancer patients. An ethnographic fieldwork was conducted for approximately 10 months from December 2013 until October 2014 in Kuala Lumpur and several areas in Selangor, Malaysia. The study employed a qualitative approach using participant observation, in-depth interviews, telephone and online interviews. It is evident in this study that informants had associated the concept of health and illness with their belief systems. For them, a good health is associated with spiritual dimension and having strong 'semangat'. On the other hand, many of them associated illness with 'lemah semangat'. It was observed that the concepts of health and illness among young Malay breast cancer patients are deeply rooted in their belief system, both religious and cultural beliefs.*

**Keywords:** breast cancer, cultural belief, health, Malay, religious belief

## **KONSEP KESIHATAN DAN KEUZURAN DALAM KALANGAN GOLONGAN MUDA PESAKIT BARAH PAYUDARA ETNIK MELAYU**

### **ABSTRAK**

Latar belakang budaya banyak mempengaruhi cara bagaimana masyarakat memahami konsep kesihatan dan keuzuran. Ia turut mempengaruhi bagaimana pesakit melalui pengalaman dan mengurus kesihatan dan penyakit mereka. Dengan latar belakang budaya yang pelbagai, pesakit biasanya membawa kisah yang berbeza kepada keadaan kesihatan yang serupa. Bagi pesakit yang menderita penyakit kronik seperti barah payudara, memahami bagaimana konsep-konsep ini dilihat adalah penting dalam menguruskan penyakit barah dalam mana-mana masyarakat pelbagai kaum. Sehubungan itu, tiga belas pesakit kanser payudara di antara umur 29 dan 48 tahun telah dipilih untuk kajian ini. Kajian ini bertujuan untuk meneroka konsep kesihatan dan keuzuran seperti yang dialami oleh pesakit muda barah payudara etnik Melayu. Kerja lapangan etnografi telah dijalankan selama kira-kira 10 bulan dari Disember 2013 hingga Oktober 2014 di Kuala Lumpur dan beberapa kawasan di Selangor, Malaysia. Kajian ini menggunakan pendekatan kualitatif menggunakan pemerhatian turut serta, temubual mendalam, temubual telefon dan temubual dalam talian. Hasil dapatan kajian ini menunjukkan bahawa pesakit barah payudara telah mengaitkan konsep kesihatan dan keuzuran dengan sistem kepercayaan mereka. Bagi mereka, kesihatan yang baik dikaitkan dengan dimensi kerohanian dan 'kuat semangat'. Sebaliknya, 'lemah semangat' dikaitkan sebagai punca keuzuran. Kesimpulannya, konsep kesihatan dan keuzuran dalam kalangan pesakit muda barah payudara etnik Melayu dipengaruhi oleh sistem kepercayaan agama dan budaya mereka.

**Kata kunci:** kanser payudara, kepercayaan budaya, kesihatan, Melayu, kepercayaan agama

## INTRODUCTION

According to World Health Organization (WHO) (1948: 100), health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”. However, in several non-western societies, health and illness are culturally shaped concepts through which these two concepts are perceived, experienced and managed (Kleinman, 1988; Foster & Anderson, 1978). Among the Navaho, African and rural Egyptian communities for instance, health is perceived as symptomatic of a balanced relationship between man and his environment, his supernatural environment and the world around him and his fellow man (Read, 1966; Helman, 2001).

In Islam, health signifies a state of equilibrium and is perceived as one of the greatest blessings from Allah given to human beings. Humans are made accountable before Allah to safeguard this blessing by preserving the balanced state. They must take good care of their health by doing whatever is appropriate for its preservation. In relation to this, one of the basic principles of preserving good health is the prohibition on elements that cause harm. These include causing harm to oneself, causing harm to one’s family and causing harm to others, particularly one’s neighbours. As for causing harm to oneself, Islam promotes whatever that is beneficial such as eating well, exercising, staying away from illegal sexual relationship, homosexuality and immoral conduct, preventing injury by all means and consuming suitable medicine when ill. In causing harm to one’s family, Islam promotes the protection of the rights of all members in the family. This includes the protection of the rights of younger members by the older members such as it is the right of the children to be breastfed by their mothers for the first two years of their lives. This is because, mother’s breastmilk is the best food for a child to build antibodies that are necessary for protection against many diseases. Thus, in order to sustain good health, Islam enjoins its believers to be kind and forbids harm to others. For example, the prohibition of smoking for it does not only cause harm to oneself and his family, but also to others (Muhammad Haytam, 1997).

In traditional Chinese healthcare, the foundation of health refers to a balance between two opposite characters of the yin and yang (Low & Ang, 2010; Kwok et al. 2009). ‘Yin’ is the cold, dark, passive and weak character; whereas ‘yang’ is the hot, light, active and strong character. The ability to balance yin and yang is considered the optimal way to achieve health, prosperity and tranquillity in life. This is significantly observed among the Chinese in their daily diet intake, the need to balance the hot and cold elements in the body. Individuals with hot body type require cold food while those who are weak or feel cold require hot food (Low & Ang, 2010). Kwok et al. (2009) in their study on dietary habits and health beliefs of the Chinese in Canada, reported that the majority of the Chinese Canadians still believe in the concept of balancing yin and yang food to maintain good health. For instance, it was reported that they frequently consume yin food such as *bok choy* (green leafy vegetables), Chinese turnips and bitter melon to help get rid of external body heat.

In the United States, the concept of good health among elderly Chinese American women is not only by being physically healthy through doing exercises such as walking, and *tai chi* and maintaining a balanced diet through eating the right type of food to keep the hot-cold balance in the body, but also being mentally and socially healthy by adopting a modest temperament, having positive interaction with friends, and developing hobbies (Liang et al., 2004). As for Lu (2002), the concept of health among the Chinese in Taiwan is multidimensional, placing greater emphasis on well-being health and role health. Well-being health is conceptualized as being able to uphold and pursue the ultimate values in life. The Chinese equate this concept of health with being happy, at ease with life, spiritually calm and rich, having a positive outlook and living at one’s full potentials in life. Role health on the other hand, is conceptualized as a fulfilment of socially desirable role functions. Health in this context is equated with not only performing socially desirable activities such as having healthy leisure habits but also building, maintaining and managing harmonious interpersonal relationship with others. This study aims to explore the meaning of health and illness as perceived by young Malay female breast cancer patients.

## LITERATURE REVIEW

The concept of health can be further discussed in relation to its outcomes. Vivien and Noor Azlan (2014) in their reviews had concluded that the outcomes of one's health status, i.e. either good or bad is largely determined by the interaction of both his or her social and cultural backgrounds. They highlighted one's socioeconomic positions such as level of income, educational background, occupation and network of social supports are the social determinants that had significantly influenced the outcomes of one's health. Generally, it was observed that individuals with better socioeconomic position are known to be educated and most likely to secure a job with a better pay. Having all these qualities, they could not only have better access to, but also could afford to utilise the available healthcare services and consequently allow them to enjoy good health. In addition, the roles of social supports provided by family and non-family in the time of illness had profoundly affected one's health status. The support provided by family members allow individuals or patients to cope with several changes resulted from the illness suffered. For example, the emotional support provided by closed family members provides hope to cancer patients in coping with psychological stress of being diagnosed with chronic illness.

Another factor that could had significantly affected individuals' health outcome is their cultural background. Culture dictates what is acceptable and what is not within a society. It serves as a system of belief for members in the society to make sense of their daily life experiences. In the event of health and illness, culture plays an important role in influencing how symptoms are perceived, illness etiologies are attributed and decisions are made for utilisation of health services. Thus, different cultural perspectives provide different perceptions for similar illness episode. For example, cancer is perceived differently by patient of diverse cultural background. These include perceiving cancer as divine punishment, associating it with possession, witchcraft and bad luck, and attributing lifestyles, and eating habits as its etiology. To some extends, such cultural perception could lead to misconception and cause a delay in seeking for medical help. Consequently, this could negatively affect a patient's health status (Vivien and Noor Azlan, 2014).

The discussion relating to health can be further elucidated with reference to the community's health belief system. According to Bakic-Miric et al. (2012), health belief systems can be conceptualized into three major frameworks i.e. occult, holistic and scientific traditions. The occult health tradition surrounds the notion that the world is predominated by supernatural forces and as such holds a strong belief on the existence of sorcery, magic and evil spirits. Illness is caused by spiritual forces as a result of bodily possession by evil spirits or from casting evil spells. In this tradition, illness is treated by the shaman or spirit healer who is believed to have supernatural power to ward off evil spirits. The tradition is practised in some parts of Southeast Asia, Vietnam, the Caribbean and some Latino countries. For example, according to Hien (2008), in the Viet conception of health, there are two kinds of illnesses i.e. yin and yang illnesses. It is believed among the Viet that yin illness is caused by supernatural forces through sacrilege, ghost possession or mediumship while yang illness is caused by bodily disorders or viruses.

Unlike the occult health tradition, the holistic health tradition dictates, that to achieve maximum well-being, every human is held responsible to make sure all interdependent parts of the human whole i.e. mind, body and soul are functioning in the best possible way. Here, dysfunctional condition of any whole part is attributed as the cause of illness. To maintain well-being, choices range from strict food combination, acupuncture, moxibustion to exercising programmes such as *tai chi*. This tradition is practised mainly by Asian people such as the Filipinos, Koreans, Japanese, Africans, and Southeast Asians, Haitians and Jamaicans. For example, in Chinese cultural belief, the concept of health can be discussed in relation to the flow of energy in the body. Health is perceived as the product of energy balance. There are three main sources of body energy i.e. *jing*, the sexual energy; *qi*, the physical energy and *sheng*, the spiritual energy. Among the Chinese, it is believed that the key to one's good health and longevity lies in the accumulation of these body energy and its smooth flow in the body that can be achieved by following the basic governing principles of food behaviour or dietary rules as dictated by their culture. They believe that high consumption of tonic foods or *bu* like meat, poultry, seafood, eggs or internal organs are encouraged to increase the levels of sexual and physical energy,

whilst high consumption of fish that is considered to be 'lighter' and contains no red blood is encouraged to increase the level of spiritual energy. Nevertheless, the body's energy balance is maintained by avoiding extreme excesses of the 'hot/cold' and 'wet/dry' elements in relation to food consumption. For example, illness such as acne or pimples, constipation, cough and nose bleeds due to excessive 'hot' energy in the body are treated with cooling food like fish, seaweed and wild duck (Koo, 1984).

Similarly, among the Swahili in Mombasa, Swartz (1997) has associated illness with the concept of humoral balance. The humoral balance concept is related to their cultural beliefs in which they believe that human body's functioning and illness are the results of the links in the body's four humours such as 'cold', 'hot', 'dry' and 'wet' called *matabia*. Any excess or deficiency in *matabia* particularly the hot-cold elements produced by improper diet will lead to humoral imbalance such as illness, which is expected, and the disruption of body functioning. It is interesting to find out that the concept of humoral balance is also used among the Swahilis in Mombasa for beliefs and values concerning social relationship. Social relationship must be reciprocal emphasizing on good sense or appropriateness called *mizani*. For example, in certain relationships the senior member is expected to provide advice and guidance to the junior member from whom obedience and respect are given in return. Any excess or deficiency in *mizani* will cause harm to social relationship. In this case, the evil eye may also cause an illness.

The scientific health tradition on the other hand relies on the objective diagnosis and scientific explanation of diseases through laboratory tests. Illness implies bodily disorder which is often treated by surgery, medication and other therapeutic intervention such as antibiotics, nutritional supplements, vitamins and minerals. For example, breast cancer patients are prescribed with surgeries like lumpectomy and mastectomy upon the diagnosis to remove cancerous lump in the affected breast (Dog et al., 2001).

In contrast to health, Kleinman (1988) refers to illness as a kind of innate, lived human experience of bodily process in which symptoms, suffering and disability affect not only how the sick person and his immediate others make sense of it but also his wider social grouping. As such, three distinctive elements are attributed as meanings of illness i.e. symptoms, cultural significance and the personal and social meanings. In this context, symptoms as the meaning of illness are referred to as evidence of illness or standardized truth about the individual's disability and distress to communicate his social reality and personal experiences symbolically. More often, when the symbolic meanings of symptoms and illness are stigmatized, they shape an individual's suffering as a distinctive moral or spiritual form of distress. This salient feature is referred to as cultural significance as meaning of an illness. The third element of the meaning of illness emphasizes on the personal and social meanings of illness by which an individual attaches meaning to his illness experience particularly for the ones suffering from chronic illness from his real life situation and the social context the illness occurs.

In the Malay community, the terms *sakit* (Mohd Taib, 1988) and *uzur* (Noor Azlan, 1993) are interchangeably used for illness. According to Mohd Taib (1988), the term *sakit* is used to describe the numerous ill-conditions ranging from the feeling of pain such as *sakit kepala* (headache) to one's state of being, either emotional state such as *sakit angau* (half jocularly) due to depression or low in spirit resulting from longing or being in love, or physical state such as *sakit tua* resulting from old age. Noor Azlan (1993) on the other hand, uses the term *uzur* to describe one's ill condition. He considers one is in a state of *uzur* when one's bodily elements i.e. blood, water and wind are in an imbalance state, physically weak and vulnerable; unable to perform the given task accordingly; behaves abnormally; is emotionally disturbed and grows older.

For instance, Farizah et al. (2011) in their study in Malaysia assert that illness is perceived as a life-awakening experience among Muslim women with advanced stage of breast cancer. They found that being diagnosed with breast cancer has made these women appreciate their lives more than before. The breast cancer illness had brought them closer to Allah by establishing a deeper and profound relationship with Him. The illness experiences have made them realise that everything happens for a reason, be it good or bad, under the dominion of Allah. They strongly believed that having breast cancer is a sign of Allah's love and grace rather than a punishment. On this account, they find themselves to be able to cope with the adversity of life after breast cancer diagnosis. They have a positive acceptance that breast cancer is a gift from Allah for His chosen servants, and thus,

perceive life and death in a prospective manner. For these women, life is full of trials and death is the return of one's soul to the Creator.

Societies have different ways to define what is and what is not considered as illness. This includes also how their members decide what symptom to be accepted and not to be accepted as evidence of illness. Malaria for instance, although the World Health Organization has recognized it as one of the most dangerous of all killer diseases, nevertheless it is not considered as a threat among the Mano of Liberia in the Upper Mississippi Valley. Malaria to many of them, is a form of crisis that is set by nature rather than society. Thus, suffering from it may be considered as the rite of passage for the community since it is found to be very common in which almost everyone will once experience it in their lifetime.

Eisenberg (1977) refers illness as a term commonly used by patients to describe their experiences of devalued changes in social function, for example, unable to attend work. In addition, Helman (1981) asserts illness represents a patient's perspective on his ill-health that is profoundly influenced by his personal traits as well as social and cultural backgrounds. Hence, patients of diverse cultural backgrounds commonly bring different stories to a similar ill-health condition. Often, patients try to make sense of their experiences by asking questions such as "What has happened?", "Why has it happened?", "Why to me?", "Why now?", "What would happen if nothing was done about it?", "What should I do about it" or "Whom should I consult for further help"? It is the illness that brings patients to doctors.

Several studies have associated one's good health and illness with *semangat* (Chen, 1970; Endicott, 1991; Intan Farhana et al., 2014). According to Endicott (1991), *semangat* refers to the soul of organised things that guide and coordinate their actions. There is a close interaction between *semangat* and the body it occupies. Be it strong *semangat* or weak *semangat*, it can be transmitted to the body or vice-versa. It is said that suffering from an illness, worrying and being fearful could weaken both *semangat* and the body, thus predisposes a person to becoming vulnerable to the entry of spirits and causing some disruptions. For example, in Malay cultural belief, incidents of hysteria have been described as *gangguan makhluk halus* (spirit intervention or spirit attacks) or *gejala dirasuk hantu* (ghost possession) due to *lemah semangat*, fear, worry or visiting spirit abode (Intan Farhana et al., 2014).

Furthermore, the close interaction between one's *semangat* and his body makes it possible for black magic to be held against a person by weakening the *semangat* and leaving the body out of control. Consequently, the loss of *semangat* would result in madness, loss of memory, uncertain speech and failure to recognise even one's own parents (Endicott, 1991). For instance, Chen (1970) has attributed the loss of *semangat* as the predisposing condition for mental illness. In his study among rural Malay community in Kedah, Malaysia, he observed that the loss of *semangat*, severe mental stress and incorrect behaviour such as violating taboo or *pantang larang* could predispose a person to mental illness. In Malay cultural belief, *semangat* refers to a vital force or soul substance that is equated with good health and is manifested via sense of strength, decisiveness, confidence and well-being. On the other hand, loss of *semangat* is believed to cause a person to become vulnerable and susceptible to illness like *latah* due to severe shock, and *hantu* possession.

## **METHODOLOGY**

### **Study Area and Population**

Ethnographic fieldwork was carried out for approximately ten months, beginning from December 2013 and lasted until October 2014 among 13 young Malay breast cancer patients in several areas of Kuala Lumpur and Selangor, Malaysia. Kuala Lumpur and Selangor are two neighbouring states located in the central region of Peninsular Malaysia. The areas were selected mainly due to the higher incidences of breast cancer reported. The actual locations of the study were kept confidential to protect the privacy and confidentiality of the informants.

## **Sampling**

Purposive snowballing technique was employed to identify and locate potential informants to participate in this study. The researcher approached one potential informants and adopted 'gate keeper' technique in getting access to potential informants for this study. For this purpose, the researcher approached National Cancer Council (MAKNA). They were selected based on the selection criteria determined prior to the selection of sample. The selection criteria of potential informants include 1) must be women of Malay ethnicity as the study itself focuses on Malay women; 2) must be of young age defined in the study which is within the age range of 25 to 49 years old and 3) must be among breast cancer patients or survivors. This is imperative particularly in understanding how the concept of health and illness are perceived by those who suffered from chronic illness like breast cancer.

## **Data Collection Procedure**

The data collection consisted of ethnographic qualitative methods:

**In-depth interviews** with informants were conducted in order to explore the meaning of health and illness attached by informants in describing their illness experiences living with breast cancer. Several interview techniques were included such as face-to-face interview, phone interview and online interview. The interview sessions were held informally in a semi-structured way, but guided by the interview schedule. Informants' demographic profile and perceptions of health and illness were covered in the interview schedule. The interview schedule was developed by the researcher guided by the appropriate literature. It was further constructed in consultation with academics familiar within the field of medical anthropology. Most of the interviews were held face-to-face at various settings such as at informants' house, hospital area, oncology ward, cafeteria and hotel lobby. In the case where face-to-face interviews with informants was not possible due to several limitations such as time and health factors, the interview sessions would be held either through phone interview or online interview.

**Participant observation** was held in order to observe several situations described by the informants throughout the interview sessions. In several occasions, the researcher had the opportunity to participate in several events such as accompanying informants for an appointment in the hospital, visiting them when they were admitted to the hospital and attending funerals when informants passed away. All data obtained and events observed and participated were recorded in fieldwork diary

## **Data Analysis**

Thematic content analysis technique was used to analyse the data obtained from the field. The researcher began the analysis by reading and rereading the field notes and online scripts to gain understanding of the stories conveyed by informants. Codes were then generated in relation to the study's objective. With the subsequent field notes, codes were added or dropped and the coding list was recoded whenever necessary. When the coding was completed, the codes that have common elements were merged and themes or categories that are explanatory to the relevant issues highlighted in the study were formed. All the themes or categories developed from field notes were compared in order to derive to the final themes or categories. The final sets of themes or categories later became the findings of the study.

## RESULTS

### Characteristics of the informants

13 young Malay breast cancer patients between the ages of 29 and 48 years old were selected for this study. They are of Malay ethnic origin who practise Islam as a way of life and mainly communicate in Bahasa Melayu. Occasionally, some of them communicate in English. With regards to the level of education, most of the informants are highly educated for the majority of them attained the highest level of tertiary education. They are full-time employees of the government and private sectors, ranging from professionals, managers, officers and clerical staff. As for marital status, the majority of informants were married with at least one child. The informants' demographic and health profile is shown in Table 1.

Table 1: Informants' Demographic and Health Profile

No	Informants (Pseudonym)	Age	Marital Status	No. of children	Educational level	Sector	BC Staging
1	Juji	36	Married	4	Tertiary	Government	II, IV
2	Yah	29	Single	0	Tertiary	Private	II
3	Ati	36	Married	1	Tertiary	Private	I, II
4	Yana	35	Married	1	Tertiary	Private	II
5	Teh	35	Married	3	Tertiary	Government	II
6	Una	41	Divorced	5	Secondary	Government	IV
7	Ila	41	Married	3	Tertiary	Private	II
8	Pah	36	Married	3	Tertiary	Private	II
9	Mas	36	Married	3	Tertiary	Private	II, IV
10	Sue	45	Married	5	Secondary	Self-employed	II
11	Raja	42	Single	0	Secondary	Private	II
12	Syai	48	Married	2	Secondary	Government	II
13	Shah	33	Married	4	Tertiary	Government	II

### Perception of health

From the data obtained, young Malay breast cancer patients this study describe good health in various ways. Several issues related to breast cancer symptoms are highlighted. Issues such as having lump, and seeking for a cure are common phenomena described in this study. They believed that having a good health could be associated with many factors such as performing religious obligations, and having strong *semangat*. The informants strongly believed that individuals' health and illness are deeply rooted in their belief systems that can be further categorized into two, namely Islamic religious belief and Malay cultural belief systems.

### **Good health is attached to spiritual dimension**

In Islamic religious belief system, good health is measured through one's relationship with Allah and to what extent their attachment to spiritual dimension. This involves the ability to perform religious duties such as fasting, praying obligatory prayers, and ability to read and recite Qur'anic verses daily. Yana aged 35 described reciting Qur'anic verses on a daily basis as a key factor for a healthy life.

Her strong adherence to the belief in Allah's will to heal her illness derived from her constant recitation of Al-Qur'an. She developed this belief after she sought treatment from an 'ustaz' (male religious healer) in one of the Islamic treatment centres at her place. In her first visit to the centre, she was given a list of 'ayat' (verses) from Al-Qur'an by the 'ustaz' to be recited several times daily as part of the treatment process. The 'ustaz' told her that Al-Qur'an contains 'ayat' that could cure illnesses including breast cancer. At every visit to the centre, she was given several Qur'anic verses to be recited as part of the treatment. After three visits, Yana finally came to the conclusion that it only takes someone to be close to Al-Qur'an to cure the illness. She added that Al-Qur'an has made her belief in Allah's will become stronger. Since then, she constantly recites Qur'anic verses or reads Al-Qur'an daily to alleviate and eventually cure her breast cancer symptoms.

In another episode, Shah, aged 33 narrated that she had a strong belief in dealing with her breast cancer symptoms. Thus, she regularly perform *solat Tahajjud* (night prayer) in searching for a cure for her illness. She believed that the *solat Tahajjud* could cure many illnesses including chronic illness like breast cancer. She said:

She strongly believed that reciting Al-Qur'an, performing 'solat Tahajjud' and then 'tawakal' (leave everything in the hands of Allah) to Allah were the most powerful remedies for cancer. She described by performing religious practices, she found inner strength in herself to fight against the illness.

As for Ati aged 36, she strongly believed that Allah gave her breast cancer and only Him could cure her. Therefore, by getting closer to Allah and improving her relationship with Allah, she could cure from cancer and gain a good health. In one of the interviews, she narrated:

As a Muslim, she believed that it only takes one to be closer to Allah and improve his or her relationship with Him for a healthy life.

### **Good health and Illness are associated with semangat**

Aside from Islamic religious belief, several informants had associated the concept of health with their strong Malay cultural beliefs. They believed that one's health status or well-being is closely associated with *semangat*. In Malay cultural beliefs, *semangat* is a vital force found within a person. It is one of the main components for being *sihat* (healthy). A person with strong *semangat* is considered healthy for he or she will be able to perform many duties assigned to him or her. Alternatively, one becomes vulnerable if the *semangat* is weak. There are several ways one's *semangat* becomes weak such as after giving birth, experiencing an accident and falling sick. It is evident that strong *semangat* symbolises good health and keeps individuals healthy, whilst weak *semangat* addresses many issues surrounding one's vulnerability i.e. susceptibility to illness. Yah, a breast cancer patient aged 29 narrated as follows:

She became 'lemah semangat' (weak) when the doctor diagnosed her with breast cancer. The doctor recommended her to go for surgery to remove the affected breast. She refused to accept the doctor's recommendation. Initially, it was so hard for her to



accept the diagnosis because she was still young and single. She was afraid of the consequences and could not imagine what would happen to her after mastectomy.

As for Una aged 41, the presence of her parents during surgery was considered as *penguat semangat*. In one of the interviews, she said:

She wanted to wait for her parents to return from ‘Hajj’ (pilgrimage) mainly because she needed the ‘du’a’ and their presence as ‘penguat semangat’ for her to keep fighting.

In another instance, Sue aged 45 described the support she received from her husband had caused her to become *bersemangat* to undergo the treatment. It had tremendously helped her to overcome the fear she had about the treatment. She mentioned:

Her husband was amazing. He encouraged her to decide on what would be the best for her. As a husband, he had nothing to disagree, instead would give his full support as much as he could. The support made her felt ‘bersemangat’ to seek for a cure and undergo whatever treatment prescribed by the doctor.

Another informant Juji aged 36, described *semangat* in relation to the support provided by her husband in coping with the predicament after cancer diagnosis. She described:

She was very much affected and touched by her husband endless sacrifice and support, thus giving her ‘semangat’ to go through and fight against her ill condition.

## DISCUSSION AND CONCLUSION

Malay informants had associated their breast cancer illness with divine reason. Majority of the patients interviewed had initially encountered the possibility of dying soon. For many of them, the word ‘cancer’ is equivalent to death. This includes fear of death or unknown reasons for the symptoms suffered. In relation to this, religion is seen as a comforting factor to rationalise the ‘inexplicable’ situation in life. In most cases, breast cancer patients perceived their breast cancer illness episode as a life awakening experience. The illness had brought them to be closer in terms of relationship with Allah, family members and friends. They become *redha* as they turned inward and found meaning in their predicament. The *redha* concept is part of the spiritual healing approach adopted by them. The spiritual healing approach includes reciting verses from the Qur’an, making *du’a* and performing daily prayers. They strongly believed that the key factor for a healthy life is by improving their relationship with Allah for He is the curer of all illnesses.

The concept of *semangat* described by some informants in this study is different from the Malay cultural belief discussed by Chen (1970) and Endicott (1991). For these informants, the concept of *semangat* was described in relation to the support provided by their family members i.e. parents and husband in battling against breast cancer. The support provided refers to their strong will, determination and positive thinking that they could cure from cancer. In relation to breast cancer, informants perceived that a healthy breast symbolises good health and is a symbol of femininity. It is utmost important symbol in a woman’s life and is believed to be an element of strong *semangat* among breast cancer patients. Thus, for several informants breast cancer is not only about seeking for a cure, but having to remove a breast will make a woman to lose her dignity as woman and become *lemah semangat*. This is because for some informants, body disfigurement might be an excuse for a divorce or their husband marrying another woman for they may not be able to perform their traditional role as a wife.

For Malay breast cancer patients, the elements of *sihat* or good health consist of maintaining a good relationship with Allah which is materialised through performing religious obligation as well as strong *semangat* through supports provided by family members. On the other hand, illness or *sakit* is indicated by *lemah semangat* is mainly due to fear of uncertainty. Thus, the findings of this study had

made it visible that the Islamic religious belief had superseded the Malay cultural belief in the lives of the Malay informants after breast cancer diagnosis. At this juncture, it was observed that informants were becoming more religious and pious after breast cancer diagnosis.

## REFERENCES

- Bakic-Miric, N. M., Gogic, A. S., & Bakic, N. M. (2012). Conceptual framework for communicating health and illness across cultures. *Vojnosanit Pregl*, 69(3), 260–264.
- Chen, P. C. Y. (1970). Classification and concepts of causation of mental illness in a rural Malay community. *International Journal of Social Psychiatry*, 16(3), 205-215.
- Dog, T. L., Riley, D., & Carter, T. (2001). Traditional and alternative therapies for breast cancer. *Alternatives Therapies in Health and Medicine*, 7(3), 36-47.
- Eisenberg, L. (1977). Disease and illness: Distinction between professional and popular idea of sickness. *Culture, Medicine and Psychiatry*, 1, 9-23.
- Endicott, K. M. (1991). *An analysis of Malay magic*. Singapore: Oxford University Press.
- Farizah Ahmad, Mazanah Muhammad, & Amini Amir Abdullah. (2011). Religion and spirituality in coping with advanced breast cancer: Perspectives from Malaysian Muslim women. *Journal of Religion and Health*, 50, 36-45.
- Foster, G. M., & Anderson, B. G. (1978). *Medical Anthropology*. Canada: John Wiley and Sons, Inc.
- Helman, C. G. (1981). Disease versus illness in general practice. *Medical Anthropology*, 31, 548-552.
- Helman, C. G. (2001). *Culture, health and disease* (4<sup>th</sup> edn.). London: Arnold.
- Hien, N. T. (2008). Yin illness its diagnosis and healing within Lên Đông (spirit possession) rituals of the Việt. *Asian Ethnology*, 67(2), 305–321.
- Intan Farhana Saparudin, Fariza Md Sham, & Salasiah Hanin Hamjah. (2014). Pemahaman konsep hysteria dalam masyarakat Melayu, paper presented at *Seminar Antarabangsa Dakwah & Etnik 2014*, Bangi, Selangor, 2014. Bangi, Selangor: Pusat Kajian Dakwah Orang Asli dan Pribumi, Universiti Kebangsaan Malaysia.
- Kleinman, A. (1988). *Illness narratives: Suffering, healing and the human condition*. New York: Basic Books.
- Koo, L. C. (1984). The use of food to treat and prevent disease in Chinese culture. *Social Science and Medicine*, 18(9), 757-766.
- Kwok, S., Mann, L., Kwan, W., & Blum, I. (2009). Dietary habits and health beliefs of Chinese Canadian. *Canadian Journal of Dietetic Practice and Research*, 70(2), 73-80.
- Liang, W., Yuan, E., Mandelblatt, J. S., & Pasick, R. J. (2004). How do older Chinese women view health and cancer screening? Results from focus groups and implications for interventions. *Ethnicity & Health*, 9(3), 283-304.
- Low, P. K. C., & Ang, S. (2010). The foundation of traditional Chinese Medicine. *Chinese Medicine*, 1, 84-90.
- Lu, L. (2002). A preliminary study on the concept of health among the Chinese. *Counselling Psychology Quarterly*, 15(2), 179-189.
- Mohd Taib Osman. (1988). *Bunga rampai: Aspects of Malay culture*. Kuala Lumpur: Dewan Bahasa dan Pustaka.
- Muhammad Haytham Al Khayat. (1997). *Health: An Islamic perspective*. Alexandria, Egypt: World Health Organization.
- Noor Azlan Mohd Noor. (1993). Sistem perubatan Melayu tradisional: Satu tinjauan umum. In Azizan Baharuddin (Ed.). *Perubatan dan kesihatan di kalangan orang Melayu*. (pp 49-79). Akademi Pengajian Melayu.
- Read, M. (1966). *Culture, health and disease: Social and cultural influences on health programmes in developing countries*. London: Tavistock Publications Limited.
- Swartz, M. J. (1997). Illness and morality in the Mombasa Swahili community: A metaphorical model in an Islamic culture. *Culture, Medicine and Psychiatry*, 21, 89-114.

- World Health Organization (WHO). (1948). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- Vivien, Y. W. C., & Noor Azlan Mohd Noor. (2014). Sociocultural determinants of health and illness: A theoretical inquiry. *Geografia: Malaysian Journal of Society and Space*, 10(1), 49-59.