

# **The Impact of Breast Cancer on Women's Lives in Bangladesh**

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A thesis is submitted to the Department of Economics and Social Science in partial fulfilment of the requirements for the degree of Bachelor of Social Sciences in Anthropology

Department of Economics and Social Sciences

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## **Declaration**

I hereby declare that:

1. The thesis submitted is my own original work while completing my degree at BRAC University.
2. The thesis does not contain material previously published or written by a third party, except where it is appropriately cited with complete and accurate referencing.
3. The thesis does not contain material which has been accepted or submitted for any other degree or diploma at a university or other institution.
4. I have acknowledged all primary sources of help.

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## **Approval**

The thesis/project titled —Impact of Breast Cancer on Women’s Lives in Bangladesh submitted by Tayeeba Tum Mobashera (ID: 20117001) on 31st October 2023 was accepted as satisfactory in partial fulfilment of the requirement for the degree of Bachelor of Social Sciences in Anthropology in 2023.

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### **Abstract**

Cancer is one of the deadliest diseases that often takes lives. Inside the human body, the cells that are supposed to grow and double at an average rate in order to replace the already damaged cells and the cancer cells start to grow when that whole process malfunctions. As for this study, I have focused on Breast Cancer specifically. Studies and reports published by the World Health Organization (WHO) emphasize that women are most likely to be the victim of it. Therefore, this dissertation explores how breast cancer impacts the livelihood of women affected by cancer: What are the factors responsible for their reaction towards the disease? What are the significant changes that have happened in their lives? And how are they coping with it?

Additionally, this paper will further dive into the subject by questioning the changes that have happened in the lives of a particular group of women who have suffered from it. Moreover, this paper will give an elaborative scenario which will help to understand the journey of breast cancer survivors through the variations. For this qualitative study, primary data was collected by interviewing the women diagnosed with cancer and the survivors. The findings reveal that how a diagnosed patient deals with this dangerous disease is often linked to their surroundings. It is

seen that often, women do not feel comfortable enough to share their struggles regarding a disease like this. Due to it being in a very intimate part of the body, the habit of trying to be secretive rises. As a result, it creates some sort of pressure that adds to the burden mentally and so on. Furthermore, to analyze these findings, the study incorporates Pierre Bourdieu's Habitus side by side, covering a portion of Bourdieu's Body Hexis theories. These theories help us understand how our surroundings matter regarding our habits and how we do everything in our everyday lives. However we see ourselves present ourselves, the thoughts that we have everything is the influence of the society that we live in. Hence, the study would contribute to the existing research on the diagnosed patients and their journeys. Not only that, but it also adds to the experiences of those women and how they react to it—their behavior being a social construct.

## Table of Contents

|   |           |
|---|-----------|
| <b>Declaration.....</b>   | <b>2</b>  |
| <b>Approval.....</b>  | <b>3</b>  |
| <b>Acknowledgement.....</b>                                     | <b>4</b>  |
| <b>Abstract.....</b>  | <b>5</b>  |
| <b>Introduction.....</b>  | <b>9</b>  |
| 1.1 Breast Cancer as a Global Phenomenon:.....                  | 9         |
| 1.2 Breast Cancer in Bangladesh:.....                           | 10        |
| 1.3 Research Questions and Objectives:.....                     | 11        |
| <b>Literature review.....</b>                                   | <b>12</b> |
| 2.1 Factors affecting the experiences.....                      | 12        |
| 2.2 Understanding breast cancer spiritually and culturally..... | 13        |
| 2.3 Research Gap:.....  | 15        |
| <b>Chapter 3.....</b>   | <b>15</b> |
| <b>Theoretical Framework:.....</b>                              | <b>15</b> |
| 3.1 Bourdieu’s Habitus.....                                     | 16        |
| 3.2 Bourdieu’s Bodily Hexis.....                                | 17        |
| 3.3 Significance of the research:.....                          | 17        |
| 3.4 Methodology.....  | 18        |
| 3.4.1 Data Collection:.....                                     | 19        |
| <b>Organization of the thesis.....</b>                          | <b>22</b> |
| <b>Chapter 4.....</b>   | <b>23</b> |
| <b>Reactions towards breast cancer.....</b>                     | <b>23</b> |
| 4.1 Learning about ‘You have cancer’.....                       | 23        |
| 4.2 Living through the nightmares of ‘Am I going to die?’.....  | 25        |

|   |           |
|---|-----------|
| 4.3 What would people say?.....                       | 26        |
| 4.4 Challenges of accepting 'This is the NEW me'..... | 27        |
| <b>Chapter-5.....</b>                                 | <b>29</b> |
| <b>Scenarios of dealing with the changes.....</b>     | <b>29</b> |
| 5.1 Perspective of looking at the disease.....        | 31        |
| 5.2 Habits of being secretive.....                    | 32        |
| 5.3 Challenges of dealing with the new changes.....   | 33        |
| <b>Chapter-6.....</b>                                 | <b>33</b> |
| <b>Conclusion.....</b>                                | <b>33</b> |
| 6.1 Recommendations.....                              | 34        |
| 6.2 Limitations.....                                  | 35        |
| 6.3 Further Research.....                             | 35        |
| <b>Bibliography.....</b>                              | <b>36</b> |
| <b>Appendix-1.....</b>                                | <b>38</b> |



# Chapter 1

## Introduction

### 1.1 Breast Cancer as a Global Phenomenon:

Inside the human body, some cells are supposed to grow and double at an average rate to replace the already damaged cells, and the cancer cells start to grow when that whole process malfunctions. These cells can begin to grow in anyone's body—whether adults or even children. As it affects the body immensely, treating it is also very complicated. However, the treatment depends on the part of the body the cells have affected, and for this study, I am particularly focusing on 'Breast Cancer'. According to surveys by the World Health Organization (WHO), Females are more likely to be a victim of breast cancer as they are more at risk—given the symptoms (WHO, 2023). Moreover, in 2020, the number of deaths that have occurred due to breast cancer globally was 685000 (WHO, 2023). With all the significant numbers of deaths, it can be said that this is one of the most commonly diagnosed cancers that is affecting the women population more. To raise awareness worldwide, the Pink Ribbon Foundation was formed. The main motive of this foundation is to bring all the women in solidarity and show their support, and the pink ribbon has become a universal symbol for breast cancer (Foundation, 2022)

Another factor that is connected with the disease itself seems to be human development. It includes all the aspects like education, income, and life expectancy. The incidence of breast cancer is said to be interlinked with the development. Hence, the countries with the highest human development have the possibility of having higher numbers in the population being affected by breast cancer (Wilkinson & Gathani, 2022). However, that does not mean it is not

happening in less developed or developing countries/ regions. There are still incidents of women specifically being affected by breast cancer. Statistics show that the disease is diagnosed more in lower-income or middle-income-based regions. As a result, it almost creates a sort of burden for those families as well.

Furthermore, the age factor should also be kept in mind. For instance, the women who are first diagnosed with breast cancer are considered to be below the age of 50 (Wilkinson & Gathani, 2022). Therefore, the higher life expectancy of the younger generation is also cut down due to that—which is a concern as well.

### **1.2 Breast Cancer in Bangladesh:**

As for Bangladesh, breast cancer is the most diagnosed/leading cancer among women. According to a maternal mortality survey done in 2010, it was found that women's death due to breast cancer was roughly around 69% (Forazy, 2015). The percentage being higher might also be due to the lack of knowledge as some might not be aware of it. Other than that, it can also be a factor in determining how women who are affected by breast cancer are treating it. Like, if they are not aware of the disease itself or do not have the knowledge of it then obviously that would be a major concern for them.

In some cases, how cancer among women is perceived might depend on their surroundings. Here, knowledge is very important. A major part of it depends on whether these women are aware of this disease or not. In our country, it is generally seen that women are not aware of breast cancer. In addition, our culture and society might also play a role in shaping the experiences of these women diagnosed with breast cancer. The good part is that breast cancer is being treated in our country as well. The tumor is removed from the body part with a follow-up

of some therapies. This ensures the rate of the survivors as well. It might seem like an easy process, but the patient who has been affected by it knows the best. There are a lot of concerns, scares, and stigma attached with the journey. Especially in our country, the topic of breast cancer can be something that women tend to shy away from. As much as we are progressing, there are still some issues that are prevailing in our societies. To know more about those issues and whether that is connected to the experiences and emotions of the diagnosed patients, this thesis is prepared. Therefore, this study would play a role in unpacking the impacts of breast cancer it has on Bangladeshi women and questioning the way they are dealing with it and whether it is impacting their lives or not.

### **1.3 Research Questions and Objectives:**

This particular research is structured to focus on the ways breast cancer impacts the lives of women by exploring several factors that shape their experiences. The process of getting the treatment alone is painful, but that does not stop there as it carries the after-effects to it as well. For that reason, I have tried to explore the livelihood of those women, which could possibly highlight the struggles and battles—how they managed to overcome those. Thus, my exploration is to be focused on these particular research questions-

1. What was the reaction of the patient finding out about the disease?
2. What are the factors that are responsible for their reaction towards the disease?
3. How is breast cancer perceived in their society?
4. What are the significant changes that have happened due to this disease?

## Chapter 2

### Literature review

#### 2.1 Factors affecting the experiences

The studies that are done focusing on the impacts of breast cancer on women's lives give an idea about what factors actually influence the reaction and experiences. Cohen (2011), Dumrongpanapakorn (2017) & Balneaves (2007) have implied that the cultural aspect being the way these women are have shaped how they react to breast cancer. Culture plays a significant role in shaping the way we do anything, and breast cancer is no different. However, several different factors still shape the whole journey of concerns of these women and what helps them in their time of struggle. For example, (Cohen, 2011) stated how the culture of Arab women actually influences the way one would react to disease and is linked with the concerns like emotional distress, changes in behaviors, changes in household roles etc. In the paper, it was found that women experienced psychological distress more than anything. Moreover, the women who received moral support from their spouses and shared household chores were less distressed compared to those who did not.

Whatever routine that we have in our daily life or how our surroundings, our culture actually influence the way we are—we cannot deny that. Other than that, upon finding out the ways that can help the women who have done the surgery or the therapies that are required for curing breast cancer, they are more inclined towards getting the support of the people around themselves—be it family or friends. Support of the family members and the close ones are crucial at the stage when they are suffering. So, it is only normal that these women who have been diagnosed with cancer and are survivors would initially want to seek help from their

families . For that, (Dumrongpanakorn, 2017) and (Balneaves, 2007) collectively have demonstrated similar views on Thai and Punjabi immigrant women relying on social support in general. As stated by (Dumrongpanakorn, 2017), who analyzed the experiences of Thai women, the main argument was that getting social support in these vulnerable periods of time is crucial. Not only that, social support can enhance the effectiveness of the treatment which will enable women to have a positive mindset and perspective of their condition as well. As for the Punjabi women, (Balneaves, 2007), has explained the emotional strategies of the support that the patients got from the family members. It is evident that having culturally appropriate support and care for the patient is necessary.

## **2.2 Understanding breast cancer spiritually and culturally**

While some authors are focused on the cultural aspect of the reaction towards the disease, some are also concerned about the religious dynamic. How women from different religious based households grow spiritually and how they handle the physical and mental pressure is very crucial. Ahmad, (2011) & Hamid, (2020) analyzed that one of the ways that women deal/cope with breast cancer, like the disease itself in Malaysia and Kashmir is through a spiritual journey. Somehow, these women are being closer to God—whichever they believe in, throughout the whole process. For instance, according to a study done by (Hamid, 2020), breast cancer affects the women immensely as they experience the most traumatic stage of their lives at that time. In the article, they mainly argue that Kashmiri women consider not only social support but they are also heavy on believing in God and spirituality—as their coping mechanism. Relying on God when times are rough is something that is very common in a religious household, especially in South Asian countries. However, these beliefs might, at times, trap them when they become extreme. Let us say one comes from a Muslim household who are very conservative then, that

might become one of the reasons why women are more secretive towards the diagnosis due to it being a ‘taboo’. For instance, in a campaign done by the UK health cancer awareness in Malaysia, it was found that showing ‘breasts’ on the screen itself was taboo and inappropriate (Désirée Schliemann, 2019). Hence, it is an excellent example of how cultures and religious beliefs can be connected when it comes to establishing our everyday activities.

Several studies have been done on the impact, and the experiences of women suffering/suffering from breast cancer showed the impacts across different cultures. However, no studies have focused on its effects on women from South Asian countries or even Bangladeshi women. Hence, all these findings are limited in scope when it comes to understanding the specific cultural context of Bangladesh. However, they might be useful as a reference point to explore the experiences of Bangladeshi women. To illustrate, due to the difference in cultural values and even the lifestyle of South Asian women, the way they tackle the taboo, stigma and depression is very different too. The reason for that is their beliefs and spirituality, and what community they belong to plays an important role in shaping their experiences. For example, Kashmiri women cope with or deal with this disease while keeping in mind their support system, their financial constraints, their connection with God etc (Hamid, 2020). Keeping these dynamics in mind and as well as the intergenerational experiences/support that the women of South Asian countries shape their reaction and opt strategies towards tackling breast cancer or any sort of disease in general. Hence, understanding Bangladeshi women and their cultural values and spirituality would be an effective method to explore why they react the way they do—in terms of breast cancer.

### **2.3 Research Gap:**

All the studies that have been done related to the topic of breast cancer are explored based on some specific countries only. That way, the information and literature are only limited to those. We need to observe our culture closely to understand the Bangladeshi women's experiences of cancer. Since my paper is focused on analyzing Bangladeshi women, it is important to understand how the culture shapes our behavior or everyday activities;. Additionally, if it is done looking through our lens. Other than that, in terms of social support, the literature has only provided limited ideas . Hence, it is required to get more knowledge about how the one who is diagnosed with cancer is seeking help and from where they are getting that. Despite having some factors related to our country, the situation here is different. For instance, sometimes, due to a lack of proper knowledge about breast cancer and, the steps of the treatment could be found in our country's context. Therefore, the existing literature does have a difference in that.

## **Chapter 3**

### **Theoretical Framework:**

In order to answer the questions mentioned above, I have designed my theoretical framework, especially focusing on French sociologist Pierre Bourdieu's habitus and bodily hexis. As Bourdieu's (year) habitus and bodily hexis discuss, the habits that we have almost ingrained within us are the influence of our surroundings; similar to that concept, this study is looking into the habits of women who have suffered from breast cancer.

### **3.1 Bourdieu's Habitus**

This study is going to be solely focused on the way breast cancer shaped women's lives in terms of how they react to this disease—moreover, analyzing their every action and reaction that is related to experiencing the disease. For this, Bourdieu's concept of habitus could be used as a basis for understanding. In theory, habitus refers to our embodied traits and behaviors (Gregory, 2023). Moreover, these kinds of habits, skills and dispositions that we have ingrained within our characters come through socialization in a very natural way. Everything we do is coordinated and governed by some sort of 'rule'.

For this paper, I am going to be using Bourdieu's theory of habitus as it demonstrates how we act or socialise; our habits depend on our lived experiences or something that we have seen happening around us. In this regard, how the disease cancer is perceived by the people who are affected by it also depends on how it is perceived by their surroundings—meaning their family, friends and society in general. Often, breast cancer can be a topic that is not discussed openly, or women do not feel comfortable sharing freely. To illustrate, our Bangladeshi culture and community do not allow us to openly discuss body parts, which we women have to hide. Talking about breasts would be and is considered a 'taboo' due to over-sexualising by the people.

For this reason, we see this as a forbidden topic, and many of us certainly do not feel comfortable talking about it. This behavior alone illustrates how our reaction towards breast cancer is related to our habits. Hence, this theory needs to be included to analyze the behavior of women with breast cancer.



### **3.2 Bourdieu's Bodily Hexis**

According to Bourdieu, the body itself is a site of incorporated history (Phil, 2010). In this part, bodily hexis talks about all the factors that make up one's habitus, which is ingrained within our bodies. It connects the individual with the social with every little action that we do. For example, in our Bangladeshi culture, whatever we are taught as manners or see people doing, we tend to copy that as well. Moreover, to Bourdieu, the way we relate to our bodies reveals the deepest disposition of habitus (Phil, 2010). For example, finding new solutions to new situations is deliberately calculated. From all the mannerisms, attitudes, tastes, morals, and values to the way we present ourselves, everything is socially constructed. Through this part of the theory, factors including how women treat their bodies when being diagnosed with it and throughout their journey how they actually see themselves can be studied.

### **3.3 Significance of the research:**

As the research that I am conducting is based on women who have experienced breast cancer, it would be able to contribute to the already existing knowledge and information. Firstly, there is very little research and articles that are focused on this particular topic especially in Bangladesh. Hence, there is a limitation on the knowledge part in this case. Secondly, there is a major issue in addressing these kinds of topics in the Bangladesh context, so this might also contribute to trying to let people be more accepting of their experiences with women talking about breast cancer and how it has impacted their lives. For example, in Bangladesh, women talking about breast cancer or have been diagnosed with this type of cancer is somewhat a secretive topic. Things like these made me question whether the issues are adequately addressed or not as talking about their pain

and struggles with how they have dealt with it are presented in our culture. Lastly, the research choices that I plan to conduct for this research could be another reason that this paper would be able to contribute and give fresh insights. Through their narratives, it would bring newer knowledge to the existing knowledge of the experiences of breast cancer survivors around the world.

### **3.4 Methodology**

Since women belonging to a middle-class background are an essential part of this study, I have emphasized their narratives of how they have been dealing with the disease while trying to identify the factors that shape their reaction towards it. The main reason why I have chosen this particular topic and selected the participants is I have been a part of the primary carer of a breast cancer patient in my family. Therefore, this study is qualitative research to understand their point of view. This is a descriptive and exploratory dissertation in the sense that this research describes their experiences and, side-by-side explores bits and bobs of factors that influenced their reaction.

For this research, I have used the following methodological tools;

### **3.4.1 Data Collection:**

In order to collect the data in the case of primary and secondary sources, a qualitative approach was taken. The steps of the research process are as follows:

- ❖ **Primary Source ( Interviews):** As for the primary data, I have conducted in- depth interviews since it will provide a more in-depth understanding of the situation of the participants. I have conducted semi-structured open-ended interviews based on their social background and their connection with the disease. Since this is a very sensitive topic to talk about, the interview was conversational so that the interlocutors could feel comfortable enough to speak about it. Furthermore, the interviews enabled to provide information on the challenges and support system of these women which was insightful as well essential for this research.
- ❖ **Secondary Source (Literature):** For this dissertation, I have looked up literature from several journals, news, and reports related to breast cancer that are used as secondary sources to back up the information gotten from the participants. The journals were helpful in terms of getting the news about how women across the globe face the issues with breast cancer and the aftermath. The data that I have found was relevant to this paper. Specifically, these literatures have made the data collected from primary sources, i.e. the interviews more relevant to connect with.

For this thesis , I have managed to conduct interviews with only five people to understand the objective of my study. All five of them were women belonging to the age category of 45-48 who were and are affected by cancer, as this paper is solely focused on breast cancer. As the statistics

show women coming from middle class backgrounds are most likely to be affected by it, the participants also belong to similar backgrounds. As I had a very limited time for this research, this dissertation is a Dhaka based one. The areas that the participants belong to are Mohammadpur, Shyamoli and Dhanmondi. Every one of the participants that I had selected through snowball technique-I got to know through mutual friends and relatives who were kind enough to respond.

As this was a very sensitive topic, I had contacted my participants over the phone prior to my interviews with them so that they would be comfortable with talking about it. The duration of interviews that were taken face-to-face with each person took roughly an hour or so to get to know them and listen to their narratives. It took me about 2 weeks to fully take the interview as I had classes during the day time and my participants were only available during that time. Hence, I had to miss some of my university classes to conduct the interviews. During the interviews, I have taken permission to record and take some notes here and there so that no information is missed while talking. Moreover, the interviews were taken in Bangla so I have translated the transcript to English from the recordings accordingly.

The methods I have used for this study are relevant to my topic since it is required to have a one-to-one conversation with the participants knowing talking about their experiences might be a bit overwhelming. Through their narratives, I have managed to structure the achieved data into several themes/ categories based on the objectives making sure that it aligns with the purpose of the research too. The insights that I have received from my participants were helpful in learning about their journey with cancer.

**Table 1:** The list of the participants based on their demographic profile is as follows:

| <b>Names of the participants</b> | <b>Age</b> | <b>Profession</b> |
|----------------------------------|------------|-------------------|
| Nazneen Sultana                  | 46         | Housewife         |
| Shahana Akter                    | 45         | Housewife         |
| Humayra Qadir                    | 48         | Entrepreneur      |
| Jakia Ismat                      | 46         | Entrepreneur      |
| Farzana Rahman                   | 47         | Housewife         |

## **Organization of the thesis**

This paper studies the experiences of the women who are or have been diagnosed with breast cancer and their perspectives on how their journey has been. This dissertation has been categorized into 5 chapters altogether. Chapter 1 consists of the background context of breast cancer in global and Bangladeshi context. In Chapter 2, the discussion of the existing literature and the identification of research gaps, research questions and research objectives have been mentioned. In chapter 3, theoretical framework, significance of the research and methodology along with the organization of the paper is organized. The next Chapter (4), discusses the findings from the interviews of the participants which shows the factors that are responsible for the way they react to the disease and handle it initially. In chapter 5, all of those findings of their perspectives are analyzed based on the existing literature along with the theories of Bourdieu to present how similar to dissimilar it is the way these women tackle their challenges. Lastly, in Chapter 6, the conclusion along with the limitations of this research, further research and possible recommendations are stated.

## **Chapter 4**

### **Reactions towards breast cancer**

I will present my data in this chapter. My data is organized according to several themes based on the interview of my interlocutors. The data will reveal the information regarding how they came to know about the disease when they first heard the news with their families reacting to it. Secondly, how they coped with negative thoughts and constant fear during their surgery. Later, discussing the scenarios post-surgery, and how much the changes have affected them physically and mentally. Lastly, it is shown how they are trying to accept themselves while dealing with other issues as well.

#### **4.1 Learning about ‘You have cancer’**

Breast cancer is not one of the diseases which shows any signs of early symptoms that can warn you (Begum, et al., 2019). It almost hits like a truck and announces its arrival. There are times when some mild pain around the breasts or the presence of some lumps are noticed, and the next thing you know, you are running to the hospital. Upon asking the question to my participants

about whether they had felt anything, all five of them shared that they first noticed some mild pain around their underarms and the noticeable lumps, which were *not even there last night*. The cancer cells generally spread too fast, so it takes no time for the cells to grow into one massive or small one. It is only standard that when we feel pain in any unusual areas of our body, we would start to worry—that is like our human nature. Hence, the next step is to go to the hospital or consult with the doctor to know what is happening.

All of the interlocutors for this paper were diagnosed with cancer between 2-4 years ago. They still remember the first day when they found out that they had breast cancer. Fear and shock are what they are met with when they first get to know about it. Jakia, aged 46, shared her experience. The news broke her down completely while she was at the hospital. She said she immediately thought of her children and what would happen to them as if she was going to die. Likewise, one of my interviewees, Shahana, aged 45, said, *‘It felt like my world crashed down and all sorts of negative thoughts were running through my mind’*. At times like this, they would want to rely on their family, especially their primary caregivers. All of my participants have shared when they broke down the news to their husbands, instant reaction was being shocked. Since they are the caregivers, they wanted to be strong for their wives and children as well. For instance, one of the participants, Humayra, aged 48, shared, *‘My husband is not someone who expresses their emotions, but I could see it in his eyes how sad he was even if he never showed’*.

Another important factor is that the economic capital really matters. This disease comes with a heavy bill and was also a concern for most of the participants. Except for two of the women who did run a small business, the others shared they did have a lot of difficulty in paying for all the treatments. Especially, one the participants shared, she had to stop radiotherapy at some point as it became harder for her husband to bear the payment of it all.



Processing through all of the information must be challenging , especially when it is something like cancer. That is also the very moment where all the negative thoughts and stress initiated to take over their minds, as expressed by all of my participants. And it is only difficult to stay calm during situations like this.

#### **4.2 Living through the nightmares of ‘Am I going to die?’**

At times like this, one can only rely on their family and the close ones. It might feel like you are helpless in this situation. Moreover, how the close ones react has an impact on the way the patient with breast cancer would feel. For instance, out of 5 of my interviewees, 3 of them shared their gratitude towards their family whom they mainly got their hope from. Initially, they did feel scared and overwhelmed as it was a lot to take in, but slowly, seeing their families sparked a bit of light of hope for them to hold onto even if it was only for that moment. *‘Right after my children got to know the news, all 3 of them came running towards me and hugged me so tight as they were going to lose me. But, while hugging they kept telling me not to worry and everything will be alright made me feel so relieved, I cannot explain’*, said one of my participants, Humayra, aged 48.

However, not everyone’s family is this supportive. The remaining 2 of my participants shared their sadness when they did not get the reaction that they had hoped for unconsciously. It is evident in their answers that a lot of how their families or themselves have reacted to the news of cancer depends on their surroundings—meaning the culture, norms and values.

Nazneen, aged 46, said, *‘I think we women do not talk about things like this very openly to the public. We are always taught that body parts like breasts are something so intimate to us, so we shy away from talking about it.’*

Similarly, the rest of the participants answered and shared their opinions about them feeling too shy or thinking about things like what people would think and so on. It seems like it is better to be secretive about it than feel uncomfortable.

### **4.3 What would people say?**

Body image and overall appearance are something that we women care about a lot. Some women do not feel dissatisfied with how they look, especially with their bodies, and spend years of their lives trying to ‘fix’ themselves (Quittkat et al., 2019). Now, if that is the case, then these women who had been diagnosed with breast cancer and had to have their breasts cut off, how would they feel? It obviously is not pleasant, to say the least.

All of my participants have expressed the way it was difficult for them. After the surgery it became worse as days passed for them to look at themselves. Among all of my participants, Farzana, aged 47, said, *‘It was a horrible sight to look at. Never had I ever imagined that I would have to cut off a part of my body.’* Similar to what she has said, Jakia, aged 46, said, *‘Even before the surgery I had asked the doctor whether this can be done without cutting these off. It was a really painful sight and I did not have the courage to even look at myself.’*

Cutting off a body part, it is certainly not easy to accept at first. On top of that, the taboos and stigmas made the healing process for them not so easy. We know how we are always judged by our relatives or have to get an earful from regarding anything and everything. But, little do they realize, the words carry weight. So, their *khotas*<sup>1</sup> impact on the person with whom they are conversing.

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<sup>1</sup> Hint someone’s fault.

Jakia, aged 46, said *‘some of my female relatives would call me up and say do not go around and tell people about your problem. We are women; we are not supposed to act like we are shameless. Women should maintain their ijjat<sup>2</sup>.’*

Shahana and Humayra, aged 45 and 48, have also shared their opinion on this regard, that it was very uncomfortable for them too. They became extremely conscious about themselves. As a result, they would try to cover themselves up more so that they do not get the looks from people. With all of this surrounding them, how really should they act so that they do not get looked at differently..

#### **4.4 Challenges of accepting ‘This is the NEW me’**

The treatment process, even after the surgery, is heavy. To ensure no cancer cells are present inside the body, chemotherapy and radiotherapy are provided to the patients. During the therapy time, side by side with powerful medicine, the body starts to change. All 5 of the women I have interviewed have said during the time of chemotherapy or radiotherapy they have noticed more changes happening to their body. It was only the beginning.

*‘I had really long hair; which I had to cut off because, due to the powerful radiation, it was just thinning out. However, it did not stop there. Look at the skin around my nails; it has darkened’*, said an interlocutor, Nazneen, aged 46.

The treatment procedure does not stop after the surgery or upon receiving chemotherapies. They have to take mainly painkillers. Moreover, those medicines that the doctors suggest are very

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<sup>2</sup> Personal dignity or prestige.

powerful. However, they tend to have many side effects, too. All the abrupt changes going on in their bodies within such a short period affected them mentally, too.

One of the participants, Humayra, aged 48, expressed, *'I was always very stressed and worried about how long I have to continue taking the medicines and the therapy. Often, I would just take out all my anger on my husband. I was just very frustrated and tired.'*

Everything affected their mood too. The tension and worries whilst getting the treatment was there too. The cost of the surgery with therapies and medicines is not cheap. Unless and until one is financially solvent, it is impossible for them to continue with the treatment. As for my participants, those who were comfortable talking about the financial matters shared that when times were rough, they did get support from their extended families or their siblings. When So, the pressure and tension did become troublesome and caused a lot of stress. However, it could not always continue like this as shared by my interviewees. All of them had to bounce back into life trying to embrace their own selves. And like Shahana, aged 45, she could not back away from her responsibilities. She still had to gain the strength to look after her children, her family. Furthermore, what Farzana, aged 47, said struck me the most. She said, *'I can never go back to being my old self despite how hard I try. I can never do that. But what I will do is I want to remember this scar as the winning trophy of a battle that I have fought.'*

It is just the little motivation that has and still is making them feel good about themselves. Baby steps but they will get there eventually. Albeit the hardships and feeling defeated at times, they are some strong women who possess enough courage to anticipate better days.

## **Chapter-5**

### **Scenarios of dealing with the changes**

In the previous chapters, I have illustrated the experiences of the respondents and exactly how they affected them. Focusing on how their family members handled the situation with that affecting the participants as well. Moreover, dealing with the ways our society sees a disease which would tend to have an influence on them. Lastly, I have tried to portray their daily struggles of accepting themselves with all the physical changes. Now, this chapter demonstrates the analysis of the findings that I have achieved compared to the existing literature and reports about the experiences and the struggles throughout the journey. In addition, I have demonstrated the challenges of dealing with the changes in the present time as well.

This chapter is divided into three sections, which would emphasize the habit of being secretive about the challenges of dealing with new changes based on the participant observation. The first section highlights facts like their family members' reaction and their surroundings affecting them. Moving on to the second part, it is focused on the issues of taboo and stigma which women have dealt with. As a result, they have become secretive in discussing the topic of breast cancer. Lastly, in the third part of this chapter it shows the everyday life difficulties that the participants have faced during the early stages and present time as well.

**Table 2: Summary of Analysis**

| Themes in focus                            | Findings  |
|--|---|
| Perspective of looking at the disease      | <ul style="list-style-type: none"><li>a) Reaction of their families affect their overall look and opinion on the disease.</li><li>b) The emotional burden is interlinked with the changes in behavior.</li><li>c) The financial stress affected their mental stability.</li></ul>   |
| Habits of being secretive                  | <ul style="list-style-type: none"><li>a) It is uncomfortable for women to talk about the disease openly.</li><li>b) The stigma surrounding the body part results in them shying away from them discussing it with their families.</li><li>c) Always being consciously covering themselves to avoid any gaze that would make them uncomfortable.</li></ul> |
| Challenges of dealing with the new changes | <ul style="list-style-type: none"><li>a) It is frustrating for them to accept the physical changes.</li><li>b) The insecurities and undermining themselves rise at its peak.</li><li>c) Side-effects of the medicine and therapies also have an impact on their moods.</li></ul>  |

## **5.1 Perspective of looking at the disease**

It is always the first reaction to anything or any situation that tends to stick to our minds. Being diagnosed with cancer does and getting to know the news has an impact on the patient—it is only normal. However, what impacts the most is how one's family and the close ones treat them during their hardest times. Some of my participants have expressed they were lucky enough to be supported by their families which they were grateful for. At least most of them did. Even though the families were shocked with the news itself, they just had to show that they care. Those of my participants whose family members were there for them expressed their gratitude towards them. For example, one of the interviewees, Jakia, shared that her little daughter never left her side after hearing the news and her husband made sure not to miss a single doctor's consultation sessions. This proves that, a little hope is all they needed during the times when they felt like giving up. Getting hope does not mean the journey would be smooth, it is not and was not for them either—which they realized later on. Rather it causes a lot of emotional damage which almost feels like a burden. As (Cohen, Mabjish, & Zidan, 2011) has stated in their paper while researching on the Arab breast cancer survivors, the culture actually influences the way these women would react to the disease and as a result, it causes emotional distress and changes in behavior as well. Now, the question comes, where is the stress coming from? One of my participants, Shahana, expressed how she had to worry about the expenses of the treatment that was getting which was adding a lot of stress than she already had before. Sometimes, financial difficulties were in the way as most of them do not have individual resources. Here, the significance of having and not having economic capital is significant. Not only that, all of my interviewees are mothers, so their thoughts always go to their children whom they need to take care of. Regardless of them being so sick, they cannot run away from their responsibilities. Their

families are the number one priority for them. Hence, it is not only the pressure of these women being affected by cancer, living with a constant fear but it multiplied with all the other internal issues of their families as well.

## **5.2 Habits of being secretive**

When we hear about someone who has been affected by breast cancer, the first thing we tend to do is, consciously or unconsciously, our eyes go to that specific area. Generally, this type of cancer is a very sensitive one to talk about anyway. All of my interlocutors have stated how uncomfortable it was for them to even talk about. Among my participants, Humayra and Shahana particularly mentioned, that it got really uncomfortable for them when someone would point out about the disease and look at them. They made sure to cover up well so that it is not noticeable post-surgery which was the root cause of insecurity. Moreover, there is a ‘taboo’ attached to this particular body part which is common. Like, in Malaysia, even for a breast cancer campaign showing breasts on the advertisement or billboards was labeled as ‘taboo’ (Desiree, et al., 2019). It is not any different here in Bangladesh as well. One of my participants, Nazneen, said that women do not get to talk openly about their intimate parts or anything related to it, it is not considered good. Furthermore, Jakia, one of my interlocutors, elaborated on the fact that some of her female relatives called her up and shamed her saying she should not talk about her breasts and it is certainly not something a woman should do. The habit of being secretive is connected to the people and our surroundings which influences and teaches how we should present ourselves—that is partly what Bourdieu’s theory of habitus talks about (Gregory, 2023). Incidents like these only prove how we have to be secretive about it no matter how much it hurts us. Suppressing the pain and hiding everything might be the only solution.



### **5.3 Challenges of dealing with the new changes**

The physical changes after the surgery of a breast cancer patient, it is a lot to take in. In fact, it is one of the major changes in their bodies. It affects mental health as well. For example, each and every one of my interviewees have spoken about the situation after post-surgery and how it affected the way they would even look at themselves. One of my participants, Farzana, voiced her struggles dealing with the new changes in her body which was frustrating to accept at the initial stage. Now, how we even look at our bodies is also connected to what our societies have made as the ideal standard. So, it does give us an idea that the ideal standard is imprinted in our minds like a habit and it should only be that way as the theory of habitus (Gregory, 2023). Coping with the changes and accepting themselves have been difficult, as all of my participants said it had made them feel so insecure to the point that they could not look at themselves in the mirror. For instance, Humayra, one of my participants, stated that the high-power medicines and the feeling of not being enough had initiated a lot of fights at her home too. Hence, with everything going on in their lives, these women had to make sure they had to accept and embrace their new version of themselves.

## **Chapter-6**

### **Conclusion**

Among the women population, apart from lung cancer, breast cancer holds the highest place in recent years. It is a matter of great concern since the death rates seem to be up. However, through

proper treatment and being aware of the disease might be able to change the scenarios immensely. As much as it is a global concern, Bangladeshi women are also being diagnosed with it. The issue here in the country is the topic of breast cancer is not treated as a normal one. Since the tumor is found in an intimate part of the women's bodies, they try to shy away from talking about it as well. Not only that, Throughout the journey, these women face difficulties starting from the day they get to know about it till the day they fully accept themselves. The process of accepting themselves becomes a bit easier when they get the support from their close ones which is not always the case. Majority of them seem to have suffered from hearing an earful from their relatives or have other concerns that weigh them down even more. The process of surgery then the therapies are very painful and affect the mental and physical health a lot. Processing all of that while having to fulfil their responsibilities creates much emotional distress for these women. They always undermine themselves post-surgery as the anxiety and insecurities hit that time the most. Dealing with the insecurities of maintaining the social norms and values is what they get trapped into. Often , their moods get affected by the medicine and all the pressure that takes a toll on them and becomes the root of chaos at home. Hence, with all the societal pressure, the extremely painful treatment process and their internal struggles, overall is not a pleasant experience for them at all but rather the opposite.

## **6.1 Recommendations**

Through my study, I was lucky enough to learn about these women's experiences and what the process was like to them. So, my recommendation would be, first of all, to write more papers on their struggles—a more detailed one. There were many concerns that should be addressed

properly, like these women seeking support from their families might not always work. So, counselling sessions side by side with their therapies would be appreciated by them. Furthermore, the unrealistic body and beauty standards that we have created are problematic, and it is about time that we should be mindful of it. Lastly, creating a space and non-judgemental space where women would not feel hesitant to talk about intimate issues should be encouraged and practised for everyone's betterment.

## **6.2 Limitations**

The biggest limitation of this paper was the issue of time constraints . Since this research was done within 2-3 months of the period , it was not feasible for me to take more interviews. This research would have been much more informative if more women's narratives was included. Moreover, since this was quite a sensitive topic, there was a bit of hesitation and I had to address the issues as politely as possible. Due to that, there were times when they would not go further into answering some questions that much. Lastly, the amount of literature based on our country and that was written based on the Bangladeshi women's perspective was limited in number. Hence, it affected my findings..

## **6.3 Further Research**

In case of doing any further research on this very topic, there is a lot of scope in it. There are still many issues that are just addressed briefly and can be focused on separately. It would also be an informative paper or research as well. The findings that I have got from the interviews with such

a small number of people were still able to bring out the factors which affected their mental and physical health.

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## Appendix-1

### 1.1 Questionnaire:

#### Demographic Questions:

1. Age
2. Religion
3. Profession

**What was their first reaction to being affected by cancer?**

4. What were the symptoms that you had noticed?
5. How and when did you first get to know about it?
6. What was your first reaction?
7. How did your family members react to it?
  - How did you tell them ( family members, relatives, friends)
  - Their reaction

**What are the factors that are responsible for their reaction towards the disease?**

8. Did anyone in your family have had cancer before you?
9. Did the reaction of your family members or close ones have any impact on you?  
If so then how (positive/ negative) ?
10. Do you think your cultural norms/ values have any impact on the way you or others look at the disease itself? How so?

**What are the challenges that they have faced?**

11. Did you face any difficulty while talking about the disease?
  - Taboo/ Stigma
12. Who were your primary carer/ care giver? Was it challenging for them?
13. What kind of support you got from them? Was it hard? IF so how?
14. Did you have any financial problems during your treatment period? If yes then how did you manage?

**How did they deal/ cope with the changes?**

15. what kind of changes caused by the disease in your body and mind?
16. Did the changes affect you in your everyday life? If so then how?
17. Do you see yourself differently now with all the changes? If yes, how?
18. Could you cope with the after-affects of it? Did anything help in particular?