

## **QURANIC TEXTS AND HADITHS TO CLEAR MISCONCEPTIONS IN ENCOURAGING BREAST CANCER SCREENING AMONG MUSLIM WOMEN**

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### **Abstract**

*Breast cancer (BC) among women is the most prevalent cancer globally. Muslim women tend to have a poorer survival rate compared to other ethnicities due to late detection and late stage of BC detection. Factors cited for maladaptation of BC screening include religiosity, spirituality, fatalistic beliefs and or misconceptions. Late detection and advanced stages of BC can lead to poor prognosis and issues of morbidity, mortality and cost of treatment. As such, promoting the behavioural adoption of BC screening for early detection of BC is pertinent. This study focuses on extracting related religious texts from the Quran, hadiths and fatwas to clear the misconceptions and encourage BC screening among Muslim women. The discussion utilising Quranic verses and prophetic hadiths to clear the misconceptions will focus on five themes; socio-ethical misconceptions, cultural and religious beliefs, cultural and religious barriers, stigma and fear of BC, obtained from our previous systematic review. The systematic review was conducted on related studies published globally over the past ten years. The search strategy was performed through four databases namely PubMed, Cochrane Library, Scopus and Science Direct. Resources for related Quranic verses, hadiths and fatwas were obtained from electronic databases including sunnah.com, surah.my and islamweb.net using search keywords. The discussion of the related religious texts to clear the misconceptions can provide legal guidance within the shari'ah in paving the way for Muslim women to adopt BC screening practices for early detection of BC.*

### **Keywords**

*Muslims, religious beliefs, culture, breast cancer, cancer screening*

## **1. INTRODUCTION**

Breast cancer (BC) among women is the most prevalent cancer after lung cancer incidences worldwide (Jemal et al., 2010). The World Health Organisation (WHO)

defined BC as a frequent malignant disease and the leading cancer-related death affecting 2.3 million women globally (WHO, 2021). Evidence suggested late detection and advanced stages of BC lead to poor prognosis leading to issues of morbidity, mortality and cost of treatment. As such, promoting the behavioural adoption of BC screening practices for early detection of BC is pertinent as the five-year survival rate of 99% can be achieved if the cancer is detected at stage one or two (American Cancer Society, 2022). Ethnicity or race has been identified as a significant underlying factor that affects the survival rate of BC patients in the United States and European countries (DeSantis et al., 2011; Maskarinec et al., 2011; Ooi et al., 2011). Additionally, a study conducted in Malaysia indicated that Muslim women tend to have a lower survival rate compared to other ethnicities due to late detection and late stage of BC detection resulting in poor prognosis (Abdullah et al., 2013). Amongst the factors cited for maladaptation of BC screening includes religiosity, spirituality, fatalistic beliefs and or misconceptions.

Our recent systematic review on cultural, religious and socio-ethical misconceptions among Muslim women towards BC screening (Moey et al., 2022) indicated that Muslim women with high levels of religiosity tend to perceive disease less seriously as they believe what occurred in their lives is attributable to Allah (s.w.t.), their protector (Kawar, 2013; Hajian et al., 2017; Zorogastua et al., 2017; Shaw et al., 2018). Fatalistic beliefs of Muslim women that BC was fated and unpreventable can result in them refusing to seek further information or treatment (Kawar, 2013; Shirazi et al., 2013; Saadi et al., 2015; Islam et al., 2017; Shaw et al., 2018; Kissal et al., 2018). Muslim women who viewed healing and health from a religious context might perceive conventional treatments as unnecessary. Religious practices that are deemed to have intrinsic healing qualities may provide a recourse toward conventional care (Shaw et al., 2018; Madkhali et al., 2019). Thus, may lead to a delay in seeking BC screening. Additionally, the Islamic concept of modesty may cause Muslim women to seek/desire same-sex healthcare providers (Salman, 2012; Kawar, 2013; Saadi et al., 2015; Elobaid et al., 2016; Islam et al., 2017; Zorogastua et al., 2017; Alatrash, 2020). The fear of losing one's body image, fear of rejection by the spouse and fear of family breakdown further augmented Muslim women from performing BC screening (Kawar, 2013; Islam et al., 2017; Madkhali et al., 2019). Judgement by friends and family in case of early diagnosis of BC further caused the disinterest of Muslim women in BC screening (Islam et al., 2017; Zorogastua et al., 2017; Alatrash, 2020).

As such, this paper focuses on extracting related religious texts from the Quran, prophetic hadiths and fatwas to clear the misconceptions and encourage BC screening among Muslim women. The discussion utilising Quranic verses and prophetic hadiths to clear the misconceptions will focus on the five themes obtained from the systematic review; socio-ethical misconceptions, cultural and religious beliefs, cultural and religious barriers, stigma and fear of BC. The systematic review was conducted on related studies that have been published globally over the past ten years. The search strategy was performed through four databases namely, PubMed, Cochrane Library, Scopus and Science Direct (Moey et al., 2022).

## 2. METHODS

Related Quranic texts and authentic prophetic hadiths were obtained from electronic databases including sunnah.com, surah.my and islamweb.net using search keywords.

The search also includes Islamic scholars' religious opinions and maqasid shari'ah on related matters to clear the misconceptions about BC screening among Muslim women. All the texts of the Quran and hadith were reviewed by two researchers with a background in maqasid shari'ah to confirm the appropriateness of the intended text with the real meaning contained in the Quranic message.

### 3. FINDINGS AND DISCUSSION

#### 3.1 Theme 1: Socio-ethical Misconceptions

##### 3.1.1 Conception of health

Some Muslim women believe that health is defined by the absence of disease and the ability to perform duties towards their families, while others believe that they are healthy if they have no signs and symptoms of disease, leading to the belief that they are in excellent health if they do not need to see a doctor (Shirazi et al., 2013; Islam et al., 2017). This misconception of the health concept should be corrected because according to the WHO, health is not only the absence of disease or infirmity but also a state of complete physical, mental and social well-being (WHO, 1948; Marwat et al., 2014). Health is the quality of life that allows an individual to live fully and serve at their best (Marwat et al., 2014). Islam has always placed a high priority on health, ranking it second only to faith. Every Muslim have a great responsibility when it comes to health (Al-Khayat, 2004). The Prophet (s.a.w.) said, "Indeed the first of what will be asked about on the Day of Judgement – meaning the slave (of Allah) being questioned about the favours – is that it will be said to him: 'Did We not make your body, health and give you of cool water to drink?' " (Jami` at-Tirmidhi 3358). Allah (s.w.t.) gives the individuals control over their body, and it is their responsibility to maintain its health (Hatefnia et al., 2010). As stated in the prophetic hadith, Islam requires its adherents to seek medication and therapeutics including early detection of illness. The Prophet (s.a.w.) said, "There is no disease that Allah has created, except that He also has created its treatment." (Sahih al-Bukhari 5678). In line with this and other similar founding texts of Islam, seeking medical treatment is required, therefore neglecting health and refusing treatment is tantamount to risking life, which is not acceptable in Islam. As stated in chapter 2, verse 195 in the Quran, taking life, directly or indirectly, is not permitted. Refusing to seek medical treatment for the given illnesses which can lead to greater harm such as dying is tantamount to indirectly committing to silent death. Hence, the Quranic statement "Make not your own hands contribute to (your) destruction; but do good" (Al-Baqarah 2:195) is applicable in this context. According to the Islamic Fiqh Council, seeking medical attention is required when a condition threatens life, limb or the ability to function or when failure to do so may cause the disease's effects to spread to other people, as in contagious diseases (Al-Munajjid, 2022). Life is a precious gift entrusted by Allah (s.w.t.) and individuals should take care of it wholeheartedly even by devoting all their capacities and resources.

##### 3.1.2 Healthcare practices

Most Muslim women do not regard BC screening as a preventive measure for BC and do not seek medical advice if there is no sign or symptom. Early detection of BC is crucial because a delay in diagnosis can result in the disease progressing to a more advanced stage (Caplan, 2014; Lopes et al., 2017). The verses of the Quran and

hadiths make it clear that Islam favours all behaviours and actions that are beneficial to human health (Marwat et al., 2014). Allah (s.w.t.) says in chapter 5, verse 45, "We ordained therein for them: "Life for life, eye for eye, nose or nose, ear for ear, tooth for tooth, and wounds equal for equal." But if any one remits the retaliation by way of charity, it is an act of atonement for himself. And if any fail to judge by (the light of) what Allah hath revealed, they are (No better than) wrong-doers." (Al-Maaidah 5:45). In this verse, Allah (s.w.t) states that it is forbidden to kill people and to damage or injure human body parts. Arguments are raised regarding the restriction of permitting health to be harmed by such heinous crimes (Saiman, 2020). Because human life and body have great value in Islam, Muslim women should engage in healthy behaviours without endangering their physical health. In a prophetic hadith narrated by Ibn `Abbas, the Prophet (s.a.w.) is quoted as saying, "There are two blessings that many people are deceived into losing: health and free time." (Sahih al-Bukhari 6412). This is supported by another prophetic hadith, "Be in this world as if you were a stranger or a traveller along a path." Ibn Umar would say, "If you make it to the evening, do not wait for the morning. If you make it to the morning, do not wait for the evening. Take from your health for your sickness and from your life for your death." (Sahih al-Bukhari 6416). These two hadiths reflected the proper perspective of the value of health in life, emphasising the need to make the most of this blessing. As such, Muslim women should recognise it by participating in early BC screening in order to preserve their health regardless of the symptoms. This is because there is no guarantee that a woman is free of BC even if she does not show symptoms. One reference to activities that promote health can be found in chapter 4, verse 71 of the Quran, "O ye who believe! Take your precautions." (An-Nisaa' 4:71). Thus, it is recommended that every woman be vigilant and practised early BC screening because Islam also commands all disease prevention measures to be adopted as preventive measures ensure protection (Al-Khayat, 2004). A joint statement found in both traditional and modern health sciences indicated, "Prevention is better than cure", corresponds to what *Al-Tibb Al-Nabawī* stands for. It is recommended to prevent disease than try to treat it. This is in line with a prophetic hadith where 'Aisha (r.a.), the wife of the Prophet (s.a.w.) narrated, "Whenever Allah's Messenger (s.a.w.) ordered the Muslims to do something, he used to order them deeds which were easy for them to do, according to their strength and endurance." (Sahih al-Bukhari 20). Therefore, it could be inferred that getting screened for early detection of BC is an easy and effective practise for women rather than waiting until the cancer has spread. This in turn could help reduce the complexity and cost of treatment for advanced cancer.

### 3.1.3 Cause of BC

Our systematic review showed that some Muslim women believed that BC can be contagious and associated it with the evil eye which they believed it could be cured on its own or with the help of natural products, such as olive oil (Jassim & Whitford, 2014; Elobaid et al., 2016; Albabtain et al., 2018; Salem & Daher-Nashif, 2020). This belief should be eradicated by referring to the Quran and the prophetic hadiths as well as established scientific facts. According to one of the narrations of the Prophet (s.a.w.), as narrated by Abu Huraira, the Prophet (s.a.w.) said, "(There is) no 'Adwa (no contagious disease is conveyed without Allah's permission), nor is there any bad omen." (Sahih al-Bukhari 608). Based on this hadith, the majority of Muslim scholars interpret this hadith that these things in and of themselves do not transmit or cause harm or hidden means but that Allah (s.w.t.) is ultimately in control. Hence, any fearful

superstition around these is false. In the Quran, Allah (s.w.t.) commands His Prophet to resort to the protection in Him from any evil that exists in this realm of His creatures. Allah (s.w.t.) reveals, "Say: 'I seek refuge with the Lord of the Dawn, from the mischief of created things; from the mischief of Darkness as it overspreads; from the mischief of those who practise secret arts; and from the mischief of the envious one as he practises envy.'" (Al-Falaq 113:1-5). According to the hadiths, the Prophet (s.a.w.) asserted that the influence of an evil eye borne by jealousy or envy is capable of bringing harm or misfortune (Sahih al-Bukhari 5740; Sahih Muslim 2187-2188). Even though there is no scientific research to indicate the association between the evil eye and the cause of some diseases, it might happen. However, Muslim women should proceed with the Islamic guidance to prevent and intervene it such as *du'a* (supplication) and *Ruqyah*. The Prophet (s.a.w.) and his companions used selected verses of the Quran as a cure and protection for various diseases. In this regard, Anas narrated that "The Messenger of Allah (s.a.w.) permitted *Ruqyah* for the scorpion sting, the (evil) eye, and *An-Namlah*." (Jami` at-Tirmidhi 2056). The scholars agree that a valid *Ruqyah* must be from the Quran and authentic *Sunnah*. It must be carried out in the Arabic language and that *Ruqyah* has no effect on its own, but it is effective only by the will of Allah the Almighty (IslamWeb, 2010). Thus, we must believe that things happen in our lives for some reason by the will of Allah (s.w.t.) and we should not be too obsessed with the possible effects of the evil eye (Huda, 2020). As Allah (s.w.t.) reveals in the Quran, "And He provides for him from (sources) he never could imagine. And if any one puts his trust in Allah, sufficient is (Allah) for him. For Allah will surely accomplish his purpose; verily, for all things has Allah appointed a due proportion." (At-Talaaq 65:3). In addition to applying the Quran as a complete code of life that provides the Islamic principles necessary for a healthy lifestyle, modern practices should also be utilised as Islam advocates all modern man-made concepts aimed at promoting and protecting health (Al-Khayat, 2004; Rahman, 2015).

### 3.2 Theme 2: Cultural/ Religious Belief

#### 3.2.1 Alternative treatment

Findings from our previous systematic review indicated that some Muslim women often postponed seeking medical help and relied on alternative medication or self-prescriptions. This includes the belief in black magic as well as the belief in healing through the use of holy water, incantation or herbal remedies (Kawar, 2013; Alkhasawneh et al., 2016; Elobaid et al., 2016; Shaw et al., 2018; Madkhali et al., 2019). In Islam, Muslims are not prohibited from seeking alternative treatment as long as it is in line with *shari'ah*. Many verses of the Quran and hadiths mention the prohibition of believing in superstitions and seeking deviant traditional medicine practitioners (*shaman*). This practice directly violates the first objective of *shari'ah*; preservation of *aqeedah*/religion. Even though Muslim women view health as a gift from Allah (s.w.t.) that must be preserved, they should not desperately seek healing by using treatment that violates the interpretation of *shari'ah*. As a monotheistic religion, Islam establishes the idea of believing in the One God as the core of its information and guidance system, which enlightens every aspect of a Muslim's life. Therefore, feelings of fear and hope are also attributed to belief in God (Bahmani et al., 2017). It was narrated from 'Abdullah bin Mas'ud that the Messenger of Allah (s.a.w.) said, "At-Tiyarah (superstitious belief in omens) is from *Shirk*." (Jami` at-Tirmidhi 1614; Sunan Abi Dawud 3910; Sunan Ibn Majah 3538). However, cultural and religious beliefs were

seen to impact the Muslim women's health behaviours. As such, certain groups in the Muslim society were tinted with superstitions and hence used unfounded medicine as an alternative treatment for BC. Islam prohibits erroneous and delusional superstitions but does not forbid its adherents from adopting appropriate worldly means while also acknowledging that an individual primary reliance should be placed on Allah (s.w.t.) above all other means because ultimately, it is Allah who heals the disease through medicine (Musharraf & Arman, 2018; Al-Hakam, 2020). As the Quran states, "(It is God) Who created me, and it is He Who guides me; Who gives me food and drink, and when I am ill, it is He Who cures me." (Asy-Syu'araa' 26:78-80).

### 3.2.2 Fatalism and role of religion

Religious beliefs such as illnesses are divinely ordained and inevitable may discourage some Muslim women from pursuing BC screening. Some of them also believe that the chances of getting BC are in the hands of Allah (s.w.t.) while surrendering entirely to their fate. This is seen as a significant obstacle that inhibits Muslim women from attempting to deal with the difficulties associated with the disease or face the challenge of survival (Hajian et al., 2017). Seeking treatment is essential and a cure for every disease will definitely be found, as narrated by Jabir (r.a.) where the Messenger of Allah (s.a.w.) is quoted as saying, "There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of Allah, the Exalted and Glorious." (Sahih Muslim 2204). The only thing that matters is how Muslim women handle it. In reference to the Islamic standpoint, everything happens according to Allah's Will. The Quran says, "To Allah belongs the dominion of the heaven and the earth. He creates what He wills and plans. For He is full of Knowledge and Power." (Asy-Syuura 42:49-50). However, as Muslims, one should not just place guilt on one's *Taqdir* (destiny) and should not say that everything is predetermined by Allah or that there is nothing they can do to change it. This mindset is fatalistic (Alam, 2019). *Aqeedah* sects in Islam such as *Asyairah*, *Jabbariyah*, *Mu'tazilah* and others have different opinions about *Taqdir*. When Muslims believe that everything comes from Allah (s.w.t.) and they have no chance to change it, they adhere to *Jabbariyah*. This opinion violates Islamic teachings. As a follower of *ahlus sunnah wal jamaah*, one must believe that everything comes from Allah (s.w.t.) and is established in Allah's knowledge. However, Muslims have the will to change their fate to avoid bad things and improve their lives. In chapter 13, verse 11, the Quran explains this concept of *Taqdir*, "Verily never will Allah change the condition of an individual until they change it themselves." (Ar-Ra'd 13:11). Therefore, if a change in the external situation is desired, a psychological change in oneself is significant (Alam, 2019). As such, Muslim women should put distressing thoughts out of their minds and believe in the benefits that will be obtained from participating in BC screening and consistently practise it.

## 3.3 Theme 3: Cultural/ Religious Barrier

### 3.3.1 Modesty and reluctance to discuss breast health

Our previous systematic review also reflected that Muslim women were uncomfortable to discuss health matters with healthcare providers and regarded talking about breasts or the body to be embarrassing and a cultural taboo (Salman et al., 2012; Kawar, 2013; Elobaid et al., 2016; Islam et al., 2017; Shaw et al., 2018; Madkhali et al., 2019). The need to uncover or expose the body or breasts during screening along with shame

stemming from modesty or religiosity seemed to be a major concern among Muslim women (Kawar, 2013; Alatrash, 2020). The Prophet (s.a.w.) made seeking knowledge an obligation upon every Muslim and He said; "Whoever takes a path upon which to obtain knowledge, Allah makes the path to Paradise easy for him." (Jami' at-Tirmidhi 2646). Therefore, seeking health care and medical knowledge should not be a source of shame, rather to some extent health care and medical knowledge are part of obligatory knowledge. According to chapter 21, verse 7, the Quran stated that, "If ye realise this not, ask of those who possess the Message." (Al-Anbiyaa' 21:7). Based on this founding text of Islam, one should be encouraged to discuss health matter with relevant health professionals. However, some Muslim women believe that it is impermissible for them to expose their bodies to male healthcare providers. The importance of modesty is illustrated by a number of narrated prophetic hadiths. One of them is the narration from Abu Masud `Uqba who narrated that The Prophet (s.a.w.) said, "One of the sayings of the prophets which the people have got, is: 'If you do not feel ashamed, then do whatever you like.'" (Sahih al-Bukhari 3483; Sunan Abi Dawud 4797). Another hadiths relate modesty to faith where The Prophet (s.a.w.) is quoted as saying, "Faith (belief) consists of more than sixty branches. And 'Haya' (pious shyness from committing religious indiscretions) is a part of faith." (Sahih al-Bukhari 9; Sahih Muslim 35b). Additionally, as narrated by Ibn `Umar, the Messenger of Allah (s.a.w.) passed by a man and he was chastising his brother about modesty, so the Messenger of Allah (s.a.w.) said, "Al-Haya' is part of faith." (Jami' at-Tirmidhi 2615). These hadiths can be supplemented by the words of Allah (s.w.t.), "Say to the believing men that they should lower their gaze and guard their modesty: that will make for greater purity for them; And Allah is well acquainted with all that they do. And say to the believing women that they should lower their gaze and guard their modesty; that they should not display their beauty and ornaments except what (must ordinarily) appear thereof." (An-Nuur 24:30-31).

In Islam, observing modesty and maintaining privacy are mandated and the responsibility rests on each gender to protect their modesty and control their desires (Pervez, 2015). Islam provides Muslims with very clear directions in resolving conflict in a way that satisfies human interests while adhering to the will of Allah. When faced with religious views and Islamic values of Muslim women that may prevent them from engaging in BC screening, Islamic law to protect and promote the five essential human needs namely; faith, life, progeny, property and mind, should be consulted. From the Islamic point of view, it is clear that three (life, progeny and mind) of these five essentials cannot be fully protected without the preservation of health (Al-Khayat, 2004). As such, Muslim women should not take modesty concerns as an absolute barrier to BC screening when Islam emphasises placing health above Islamic decrees on modesty (Saadi et al., 2015). Further, Islam does not restrict interaction between men and women for instance in medical encounters involving male healthcare providers. However, they should follow a modesty-based code of conduct in order to treat one another with due respect and dignity. This is consistent with the story of Sa'd ibn Mu'adh (r.a.) who was placed under the care of a female nurse to attend to his injury sustained in the battle of Ahzab. During the war in the time of the Prophet (s.a.w.), elements of nursing from an Islamic perspective have long been practised involving many Muslim women such as Rufaydah, Umm Sinan, Umayyah and Nasibah in helping to reduce the suffering of soldiers on the battlefield (Ismail et al., 2021). Anas (r.a.) narrated, "The Messenger of Allah (s.a.w.) used to go to battle with Umm Sulaim, and other women with her, from the Ansar, who would give water and attend to the

wounded.” (Jami` at-Tirmidhi 1575). These scenarios indicated that the involvement of female professionals in the healthcare sector is something that is known in Muslim history. Similarly, modesty should not be an obstacle in adopting healthcare screening as the latter implies the preservation of life. In Islam, matters of life-saving supersede other concerns. Therefore, modesty is not an excuse to avoid seeking medical treatment or healthcare screening.

### 3.3.2 Family relationship

The decision of Muslim women to participate in BC screening was also found to be influenced by patriarchal marriage beliefs and gender roles. In an Islamic household, the husband has several roles or responsibilities that must be fulfilled as conferred on him by the law. In fact, men are referred to as *Qawwamun*, which is the protector and maintainer of women (Bani & Pate, 2015). Evidence from the Quran in support of this is seen in chapter 4, verse 34 where Allah (s.w.t.) says, “Men are the protectors and maintainers of women, because Allah has given the one more (strength) than the other and because they support them from their means. Therefore, the righteous women are devoutly obedient, and guard in (the husband’s) absence what Allah would have them guard.” (An-Nisaa’ 4:34). As such, as protectors, husbands should give strong support to their wives to stay healthy to serve the needs of the family. Additionally, the husband also should provide assistance with the household chores as most Muslim women were reported to prioritise the well-being of family members over themselves due to work or childcare commitments and lack of time. Spouses should support one another in raising the children and providing for their necessities because cooperating in this regard is a sign of a healthy relationship (IslamWeb, 2007). Allah (s.w.t.) says when addressing the husbands, “Live with them on a footing of kindness and equity.” (An-Nisaa’ 4:19). In a hadith narrated by `Abdullah bin `Umar, the Prophet (s.a.w.) mentioned the ranks of responsibility in Islam. He said, “Every one of you is a guardian and is responsible for his charges. The ruler who has authority over people, is a guardian and is responsible for them, a man is a guardian of his family and is responsible for them; a woman is a guardian of her husband’s house and children and is responsible for them; so all of you are guardians and are responsible for your charges.” (Sahih al-Bukhari 2554). Therefore, one of the primary responsibilities of husbands as protectors is to take care of the health of their wives and be vigilant of actual and potential health risks resulting from negligence in BC screening.

### 3.4 Theme 4: Stigma

BC stigma was revealed to be associated with misconceptions about the disease, fear that screening for BC would increase the risk of developing BC and bring shame to one’s family (Kawar, 2013). Dispelling the stigma associated with BC diagnosis among Muslim women can be challenging due to discrimination and changes in people’s attitudes and behaviour towards them. Many Muslim women chose not to reveal BC diagnosis to others and kept the news to themselves and very close family members (Jassim & Whitford, 2014). In this regard, Muslim women should not be embarrassed to disclose their BC diagnosis or worry about how others may perceive them because sharing information about the disease may be beneficial while instilling awareness to other Muslim women. As stated by the word of Allah (s.w.t.) in the Quran chapter 33, verse 53, “Allah is not ashamed (to tell you) the truth.” (Al-Ahzaab 33:53). In addition, the altered self-image from the loss of breasts or the possibility of large scars can also

create stigma for Muslim women as they may view themselves as less feminine or less attractive than other women who are free of BC. As such, they may develop concerns about being less appealing to their husbands (Jassim & Whitford, 2014; Madkhali et al., 2019). This should not be an issue because from the perspective of maqasid shari'ah, life must be protected under all circumstances and it supersedes other aims. Therefore, Muslim women should put their health before all other things even if they have to undergo surgical removal of the breast.

### 3.5 Theme 5: Fear

Muslims are encouraged to undergo screening as part of their efforts to stay healthy. However, our previous systematic review showed that the performance of BC screening among Muslim women was unsatisfactory. Some Muslim women were reported to be fear of the screening procedure and diagnosis of BC as well as fear of rejection from husband, family and or friends. Islam discourages excessive fear as it would lead to despair and result in spiritual deterioration (Bahmani et al., 2017). Evidence in support of this is found in two Quranic verses: "It is only the Evil One that suggests to you the fear of his votaries: Be ye not afraid of them, but fear Me, if ye have Faith." (A-li'Imraan 3:175) and "Verily on the friends of Allah there is no fear, nor shall they grieve." (Yunus 10:62). These verses give a clear perspective that Muslims should not be in excessive fear as nothing can bring them down without Allah's permission. As such, Muslim women should not feel fear or be intimidated due to the belief that they will lose their husband to a second wife as a result of BC diagnosis. Allah made men accountable for taking care of women because they have more strength than women thus husbands cannot take this responsibility lightly. In the narration by Abu Huraira (r.a.), the Prophet is quoted as saying, "Whoever believes in Allah and the Last Day should not hurt (trouble) his neighbour. And I advise you to take care of the women." (Sahih al-Bukhari 5185-5186; Sahih Muslim 1468a; Jami` at-Tirmidhi 1188). Additionally, the Prophet (s.a.w.) said, "The most complete of the believers in faith, is the one with the best character among them. And the best of you are those who are best to your women." (Jami` at-Tirmidhi 1162).

## 4. CONCLUSIONS

Promoting the behavioural adoption of BC screening practices for early detection of BC is pertinent to increase the survival rate. Cultural, religious and socio-ethical misconceptions caused maladaptation of BC screening among Muslim women. Muslim women who are highly religious have a tendency to perceive disease less seriously because they believe that whatever happens in their lives is attributable to Allah (s.w.t), their protector. This study seeks to encourage the adoption of BC screening behaviour among Muslim women by utilising and applying related Quranic verses and prophetic hadiths as well as fatwas to clear misconceptions about BC screening. By understanding the religious interpretations of the Quran, hadiths and medical ethics contextualised within a religious framework, the study concludes that the augmentation of religious teachings and scientific knowledge may influence Muslim women in adopting BC screening behaviour for early detection of BC.

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