Breast Cancer: Double-colonizing Women’s Identity

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Abstract
Breast cancer is now the most common cancer in most cities in India, and 2nd most common in the rural areas. Still in India women do not want them to identify with the deadly disease “breast cancer” and this often cost their life which could have been saved. These unrecognized women patients are spreaded across the rural and urban areas, higher and lower classes and amongst the educated and ignorant; but still this idea of “breast” cancer as a “womanly” disease somehow paralyzing the society. The very mention of breast – a forbidden, tabooed word limits women merely as a body. Women’s economic dependence and burden of cost of the disease colonizes them as a women and a patient. This particular study will focus on the society’s double standard towards women when she is a woman first and a “breast” cancer patient second. This article will try to check how in a developing country like India women’s medical choice and access to medical rights vary across the different social strata. Social and gender position often determines her choice. On the basis of secondary data, and qualitative case studies from Kidwai Memorial Hospital, and HCG, Bengaluru, the study will not only highlight the role of family, society, religion and timely medical support as mandatory survival strategies but also emphasizes on women’s ambiguity and tension of deformation of body feminine, isolation, aggression, depression, anger as common paranoid responses to often painful treatment. The study intends to focus on the duality of social construction of womanhood and the identity as a “breast” cancer patient often reconstructed by the patriarchal society or the real world where we, women are still living with our unconscious apprehension of rejection, ambivalence of womanly public/private substances and still overwrite our production ability with bodily identity.

Keywords: Breast Cancer, double-colonization, body feminine, deformation, medical choice, medical ethics, paranoid, ambivalence

INTRODUCTION

In India breast cancer is the second most common disease that is expanding and increasing in every other month from urban to rural, young to old, higher class to middle class and lower class. ‘The Global Burden of Cancer, 2013’ article published in the journal ‘JAMA Oncology’ in 2015 found that, “breast cancer has replaced cervical cancer as the leading cause of cancer deaths among women in India.” This particular study will try to unleash the ‘women breast cancer patients’ identities and social perspectives from an existential aspect where ‘breast’ cancer is interestingly considered as a ‘womanly’ disease. Experiential research into patients mostly reflects on the disease and the treatment. This article will to
un-cover the untold position of woman in the society where women’s reproductive body is a myth and womanly values are structured to hold binary power by the patriarchal society. This situation is valid not only in India but also in other third world developing countries in Asia. The untold suffering as a woman is very high, when patriarchal society is controlling the liberty of socialization, production, reproduction and economy. But the suffering as a ‘breast cancer patient’ is eternal because her identity as a woman partly lies in the parts of her ‘body feminine’ where patriarchal society can dominate. She will be considerably incomplete without her breasts if she is a survivor and will be burden for the family and society for her economical dependency and has to live her whole life without ‘feminine dignity’. Cost of treatment and need for physical and emotional care is also a great extent burden to the family due to dependent economic status of the women and their care provider status.

In India, a developing country the problem is deep rooted due to women’s unequal access and hostile social environment towards education, awareness, marriage, health control over health and body. Most of the women are ignorant about the fact that breast cancer is a curable disease. It demands care, treatment and support from family and society. Indian women are representing themselves as ‘matriashakti’ or ‘mother power’ by struggling with life as a mother, caretaker of the family, counselor of the children and professional house-maker and so on. Once identified with cancer the unequal access and indecisiveness on regular checkups and treatment becomes complicated as the decision regarding her body (to expose or not to for the sake of treatment, to spend or not to) depends on her husband, father or any male members of the family. Most of them lack proper information. Moreover, Indian women’s participation in healthcare decisions has been unusual due to hierarchical relationship that divides doctors and patients on the basis of gender, caste and class.

OBJECTIVES

The paper focuses on the question of “women’s position and role” in India. It tries to focus on the depth and experiences of the disease from Indian perspective. It locates the women’s identity and bio-medical rights in India as a ‘woman’ and as a ‘patient’. The term ‘Double Colonization’, has been included to understand the extreme levels and layers of oppression on women. This term has been coined by an eminent feminist theorist, Elaine Showalter in her book Feminist Criticism in Wilderness (1981), to describe the last phase in the feminist movement. The idea refers to the domination of women as a subject, over other subject; for example, India was once upon a time under colonial rules and it was a dominated colonized country by British. In ancient India women were considered to be the weaker sex. Women were supposed to be dominated by men and used as objects by the opposite powerful sex. Women had none or very little say in almost all the walks of life. To look at it this way, women position were doubly marginalized and doubly colonized then, once by the patriarchal society who controlled them, and secondly by the British who were the
colonizers in India. The relevancy of this postcolonial term into this paper is the position of women breast cancer patients are same as ancient India even in twenty-first century where women are being controlled by the patriarchal society as a woman and also separately treated as a breast cancer patient in the ‘culturally constructed society’.

The major objective is to address the general conception of breast cancer as a disease and to identify, how it marginalizes women’s identity in a developing country. Secondly, it focuses on the discrepancy of the deformation of body ‘feminine’ and the dilemma in between private and public life of women and breast cancer patients. The study identifies the struggles, fear of rejection and unconscious ambivalence as a women and a patient. As sometimes the concept and politics between genders and sexuality constructs are being overlooked so, the write-up will emphasis on identity politics from feminist perspectives. It will help readers to understand the ambivalence of medical choice and access of medical rights of woman. Cases are therefore made for more fluid context-based interpretations of gender in terms of ‘bodily identity’ of women.

METHODOLOGY

This essay engages with the question of society’s double standard with the woman breast cancer patients where she is woman first and breast cancer patient second. The study is mainly a qualitative research and case studies based but it also constitutes authentic individual’s descriptive interviews. Patients, health professionals and family members have been chosen by the researcher to investigate in depth of the matter. The study contains both primary and secondary data. Primary data is collected through qualitative case studies from HCG and Kidwai Memorial Oncology Hospital, Bengaluru. The entire study has been conducted in Bengaluru whereas the limitation of the study could be that only Bengaluru cannot be the parameter to measure the situation of entire India. To rectify and balance, the primary data and resources have been collected from different stratum of social positions and roles such as; HCG is an affluent hospital, famous for its updated treatments that only can be availed by the upper class society. On the other hand, Kidwai Memorial Oncology is a hospital for mass controlled and funded by the Government of Karnataka where, people can access free treatments. Another reason behind choosing Bengaluru as the ideal place for sampling data is, it has been acknowledged as ‘cancer capital of the country’ in the Times of India in 2013. According to Population Based Cancer Registry (PBCR) report of 2013, ‘the city tops the chart with 36.6 new cases for every one lakh population having the disease’. As secondary data, breast cancer has been evaluated through various media representations, social media, blogs, and websites accurately and effectively to justify and validated the general understanding.

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1 The Post-colonialism or postcolonial studies is an idea or academic discipline that analyzes, explains, and responds to the cultural legacy of colonialism and imperialism.

2 It refers the simultaneous existence of two opposed and conflicting attitudes, emotions, etc. sometimes it is also known as the confusion, uncertainty or fluctuation, esp. when caused by inability to make a choice or by a simultaneous desire to say or do two opposite things.
‘BREAST’ CANCER IN INDIA

“...And then they told me they could not put my breast aside”, she said and then took a silent breath. Again she started saying, “they said I am already in a critical stage so, they had to remove ‘it’ immediately, even they didn’t feel to take my permission”, explained by an anonymous patient, waiting for her further check-up in HCG. The tension and ambiguity of her unpleasant experience reflected on her voice was while she was responding to our query. In India according to the Indian Council of Medical Research (ICMR), ‘in 2016 the total number of new cancer cases is expected to be around 14.5 lakh and the figure is likely to reach nearly 17.3 lakh new cases in 2020. ‘Breast cancer’ topped the list of diseases among female patients. This data also reveal that only 12.5 percent of patients come for treatment in early stages of the disease.’ (2016). The simple explanation of getting a cancer in human body is, our body is designed with millions of cells. Each and every cell has its own job which is aimed at the right process of the human body. Excluding these normal cells, unfortunately some uncontrolled cells can also grow in any part of the body which medical science considers as malignant (cancerous) cells. Normal cells of a human body are divided according to an order while malignant cells are growing out of control stalling normal cells too. Breast cancer is also a sort of cancer in which these malignant cells are begun to grow in women’s breast. These malignant cells form lump in breast, later it can turn into a cancerous tumor. Cancers can spread into any part of the body from the place it occurred. Once a cancer spread to another part of a body usually it calls as ‘metastasize’. If a cancer is not early detected it can spread all over the body. Breast cancer can spread into another part of body through lymph nodes.

Treatments for the breast cancer vary from patient to patient. Normally treatments are decided according to cancer type and its current stage. There are several ways to treat breast cancer like surgery, radiation and chemotherapy etc. Mostly surgery and radiation therapy are used in early stage of the cancer to treat without affecting the other parts of body. By surgery cancer surgeons try to remove malignant cells as much as they can or some time part of the breast is removed through surgery. Two main types of surgeries are their Lumpectomy and Mastectomy. Lumpectomy is also known as Breast – conserving surgery, which removes cancer cells as well as some nearby cells. Mastectomy is done to remove the whole breast, all the breast tissues and surrounding tissues. Sometimes doctors suggest removing both breasts it is known as Double Mastectomy. Radiation is a both internal and external way of treating cancer by using high energy-rays. It directly aims cancer cells and destroys them. Surgery and Radiation treatments are known as ‘Local Therapies’. These treatments depend on several facts like patient’s situation, cancer state, the type of surgery patient had, age and so many. External beam radiation is a way given by a machine to patient’s body. Internal radiation also known as brachytherapy is given by putting radioactive source inside the body for a short time. Chemotherapy is a drug which is known as ‘systemic treatment’ or ‘systemic therapy’. It is able to reach cancer cells hidden in any

3 It is an evil natured cell or (of a disease) very virulent or infectious.
4 It is used as a noun that refers to a compact mass of a substance, especially one without a definite or regular shape
5 It is a verb in medical science, which refers to the spread (of a cancer) to other sites in the body by metastasis.
part of the body. Chemotherapy destroys malignant cells as well as some normal cells too. Several side effects can appear because of chemotherapy such as vomiting, hair fall, and dry skin and so on. There are other systematic therapies like hormone therapy, targeted therapy etc. For a breast cancer patient one or several type of treatments can be suggested according to her situation. All these systemic therapies are given by mouth or directly into bloodstream. Most of the people are distressed about chemotherapy because of its side effects.

**CANCER: RECONSTRUCTING WOMEN'S IDENTITY**

In India still women are not ready to identify themselves as a cancer patient. They think that perception of ‘patient identity’ will not be ‘accepted’ by the society. The representation of women in India is subjective so as other discourses. Female domestic and bodily identity is implicated in the violent repression of colonial prosecution and from the notion of reproduction. About ‘identity’ Judith Butler tried to draw attention on the debate of politics of patriarchal society by making it clear that there is no fixed category of gender role or identity but there is a process that all human being go through as an effect of social production. (2004). She claimed gender and sexual identity are ‘performative’ (2004). A woman breast cancer patient’s identity is also production of culture, race, and religion and so on. They are performative rather than foundational or fixed. Butler has explained in her book *Undoing Gender*,

In the United States, there were and are several different ways of questioning the foundational status of the category of the subject. To question the foundationalism of that category is not the same as doing away with the category altogether. Moreover, it is not to deny its usefulness, or even its necessity. To question the subject is to put at risk what we know, and to do it not for the thrill of the risk, but because we have already been put into question as subjects. We have already, as women, been severely doubted: do our words carry meaning? Are we capable of consent? Is our reasoning functioning like that of men? Are we part of the universal community of humankind? (2004, 227)

Women, because of having breast cancer are subjectified by the society’s construction as to objectify women sexually. It is not the identity effect, it is defined in the paper as ‘the subjectivity’ effect’ that enforces woman to be objective, to be tensed of body deformation, face perplexity of treatment construction and continue worrying about risk life and living. This identity of women is socially constructed. In social science studies, it has been defined as ‘a central theme of people’s fate which does not seem to be of their own choice, rather all social forces (power) dictate and dominate the individual to play role and

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6 Constituted by individuals’ continually and repeated act including sets of gestures, styles, habits, phrases, and looks
7 To make something subjective means to identify the individual or matter with a subject or interpret subjectively for comparing and objectify other.
perform as a particular gender’ (Marger, 2000). It is society that characterizes ideologies and categories our identity, by setting unspoken and invisible rules and regulations as well as expectations. It also came out that ‘humans are separated into different groups depending on physical appearance, intelligence and culture, and also that these determine whether individuals are placed in a social space of inferiority or superiority’ (Marger, 2000). Furthermore, the structures of the society are not predetermined, rather it is contributed by its members into a larger experience of the identity of ‘being’. ‘Lived experiences, social locations, and identities are, in various ways, conditioned by a matrix of power within which overlapping hierarchies of race, gender, and class are central’ (Harrison, 2005, 230).

Interestingly, society plays a double role with the idea of womanhood. Once she is identified as ‘breast’ cancer patient she will not be given the ‘womanly’ position for her being dependent socially and economically. Society will be ‘other-ing’ her by depriving her rights as a woman and as a ‘breast’ cancer patient. Thus, her body is socially constructed. The wholeness of her body includes ‘a pair or breast’ and ‘a vagina’. This construction of body is continuously produced and reproduced through social interactions like family, religion, culture, institution, politics, law and so many. These are the invisible systems and barriers structured by the society that are deemed to be the hegemonic standards and these vary from context to context.

“I don’t know how my children and colleagues will accept me without breasts. When they will be wondering at me curiously it will be really uncomfortable at places. I am afraid that my children will feel down in the society just for me,” was expressed by a ‘survivor’ of breast cancer, who was waiting for her further treatment in Kidwai hospital queue after surgery. So many patients complained for the delaying and waiting process. They also complained about the cost and duration of the treatment. It is true that cancer treatments, drugs and technologies of medical science are developing day by day but their cost and duration are also increasing. It includes layers of treatment method such as, regular checkup and scans which costs in an unmanageable manner, sometimes impossible for middle and poor class families. According to American Cancer Society (ACS), ‘Mammography test is required annually for a breast cancer patient. This particular test costs nearly USD 100, per patients.’ (2015). ‘This cost of Chemotherapy (depends on cycle) is INR 30,000-1 lakh each session and this cost would vary depending upon drugs and doses based on cancer patients’ medical condition. Targeted therapy costs approximately INR 20 lakh for 5-6 sessions on the other hand radiation therapy charges over INR 1.5 lakh per cycle. If requires Masectomy surgery charges about INR 4.5 lakh, Lumpectomy surgery about INR 2 lakh and a PET-CT scan approximately INR 24, 000.’ (MedGurus Organization, 2016). The prices of medicine are different in private and public hospitals. For Example, same medicines in HCG and KMIO are of different in prices. Whereas KMIO is recognized as a charitable institute by the Endowment Department of Karnataka on the other hand HCG has been acknowledged as one of the best cancer institutions for its research, techno-centric facilities such as like CyberKnife robotic radiosurgery and the best group professionals in India. The drugs sold by

8 A system of ideas and ideals, especially one which forms the basis of social, economic or political theory and policy.
9 ruling or dominant in a political or social context.
Kidwai are 40% to 60% cheaper than in the market. In addition to this, poor people are given financial assistance through various schemes run by Karnataka government.

Now, the main reason of all these discussions above is to clarify that the cost of treatment and whole process of identifying and maintaining are really expensive, time consuming and unpredictable. That is the reason why the decision making process differs in families and treatment varies from hospital to hospital. Not every family can afford, nor every family is concerned about all these facts and costs. Moreover, women are mostly not the decision maker; they are not even the major income source of a family which creates anxiety and stress both as women and a patient. Another distinction is the class and cast where, not every cast and class will be treated equally as per social strata and nor their health access will be the same. It will vary from upper cast to lower and rural to urban.

THE DEFORMATION OF BODY AND PRIVATE VS. PUBLIC

CASE-1: Ms. Sulekha, age 49 (real name has been put out of sight conditionally), is a banker. She is having two daughters. She experienced her first lump in September, 2010. After discovering the differences of her left breast and right breast she was so worried. She thought it is just a normal tumor but she couldn’t sleep night after nights for being tensed. Few months later she first exposed to her daughter that she had been feeling wrong with her left breast. The next day they went to the doctor. After that since 2010 till now, once or twice every day she is coming to the hospital. Now she is feeling really tired of this whole thing and guiltier when she looks at her old retired husband. Her daughters got married but she is also tensed about their future as now she knows that it can spread as ancestral disease. She is always in fear of that her daughters might be in trouble both physically and mentally by their in laws because of her. (Patient, HCG)

CASE-2: Ms. Joythi, shared her thoughts about her married life after surviving from breast cancer in a famous social blog. It was their love marriage and they were expecting to take a baby at that time suddenly she was diagnosed with breast cancer at the age of 28. In spite of having strong relationship, cancer challenged her bonding with her husband and family. She was in treatment for almost a year, with follow-up drugs and surgeries that impacted her quality of life for a prolonged long period of time, far longer than either anyone expected. She had chemo, a mastectomy and radiation which were then followed by a series of reconstructive surgeries. All the while, she tried to hold on her job and family things together. To her, their marital glue was communication, adventure, and sex but ‘chemo-brain’ wiped all her ability to communicate, especially about emotional issues. Their strong bonding was falling apart day by day. Her husband to take care of household, office work and every other work she used to do before. Chemo brought her on chemical menopause; the mastectomy took away a critical erogenous zone and left her with profound loss of body confidence. Radiation was so painful and a complete energy drain for her. All these together are the opposite of the concept ‘sexy’. All these painful reality became her everyday trauma. She couldn’t help their bond because her husband and in laws took the decision of actually losing her from their family. At his lowest moment, her husband
was also vacillated between his frustration with her helplessness and the terror of her treatment and possible death. (From the blog, womenwcancer.com)

CASE-3: Razia, age nearly 52, a widow, was diagnosed with breast last year in 2015. She has come from a very poor family. Every day she had pain on her chest. One day her son took her to a medical center of their village. They immediately sent her to KIMO without letting her know what actually happened with her. She is thinking that they could have shortened the process of medication because she is worried of this long waiting process. It horrifies her that each night she couldn’t sleep. She just kept thinking when this thing is going to end even if it takes her life. She didn’t want to be a burden for her son and his family. She said, ‘...and you know sometimes, last year here in November/ December, you could see that this thing was growing inside of you. They said at first, it was small! And then afterwards it was the size of a tennis ball! So, uh, that was quite worrying!’ She complained not only about this free checkup process is so lengthy and tiring for her now.

Women breast cancer patients are mostly thinking about the deformation of the body, all of them highlighted about losing he breast, the sense of rejection from husband and family, being divorced, being burden and economical limitations. Women sentiments are shaped by society and culture no matter what the situation is. This formation of the body is a settlement of patriarchal society so as reproduction. Study shows and reflects their attitudes towards their so called feminine beauty not in the depth of the disease, because they are tensed, ambiguous and worried in order to preserve a feminine body which appears in ‘proportion’.

If celebrities get cancer mostly they are bold and free in sharing their perceptions and experiences instead hiding it from people. The tension lies if their popularity and image degrade its value. For example, Manisha Koirala, she was diagnosed with ovarian cancer; she shared her experiences with public so that women could be concerned if they are having family heredity of any cancer. Women are expected not to expose any cancer especially in their ‘private’ parts; unrecognized tabooed parts of the body. At the same time the glory of those bunches of soft tissues are also the symbol of beauty, motherhood and body feminine.

‘Breast cancer alone kills some 458,000 people each year, according to the World Health Organization, mainly in low- and middle-income countries. It has got to be a priority to ensure that more women can access gene testing and lifesaving preventive treatment, whatever their means and background, wherever they live. The cost of testing for BRCA1 and BRCA2, at more than $3,000 in the United States, remains an obstacle for many women’ claimed by the Hollywood actress Angelina Jolie that was published on May 14, 2013, on page A25 of the New York edition with the headline: My Medical Choice. Her case was different that she had a risk of getting both ovarian and breast cancer from her “faulty” gene. Her mother also died in a cancer at age 56. Angelina Jolie was able to choose her medical choice along with the doctor’s gaudiness. First she had a breast surgery since it was risky and also as a professional she kept working. After few more surgeries her risk of

\[10\] the action or process of deforming or distorting the traditional form or structure
getting breast cancer came up to law rate. Since many things were kept as secret from the media as it was her question of ‘image’; now she has expressed her experience of cancer to aware the women. Being a celebrity she believes that keep on working for humanity is her responsibility so that anyone may recognize their chances of getting cancer quickly (2003).

Nancy Datan, a feminist psychologist who died of breast cancer, in her *Illness and Imaginary: feminist cognition, socialization and gender identity* has come up with the ideas like, ‘it is a central tenet of feminism that women’s invisible private wounds often reflect social and political injustices. It is a commitment central to feminism to share burdens. And it is an axiom of feminism that the personal is political’ (1989). She argued with the society and wrote these words against all odds in calling for the flourishing of feminism and explore around the issues incorporated with breast cancer. To understand the process of decision-making, private/public dilemma and beautification for patients with breast cancer from a feminist point of view, someone has to look at the havoc related to women with breast cancer, both by orthodox medicine and by alternative philosophies of ‘self-help’.

The popular notion in both rural and urban areas is regarding the treatment and diagnosis which they consider as deadly or as death consent but it is effectively found in a study of ACS that women who are given standard treatment can survive more than the standard age that is required for women in a developing country (2016). Myth is ‘breast’ cancer is a ‘womanly’ disease. Although, according to ACS’s record of 2015, ‘it is not only woman who may get ‘breast’ cancer men may also get breast cancer. There are 1400 cases every year of breast cancer in men in USA’. The Times of India reveals, in Oct 16, 2013 that ‘truth is, though relatively rare but breast cancer can afflict men, too. It often goes unnoticed and untreated. The problem is the myth that breast cancer cannot affect men,’ claimed by one of the renowned oncologists head of Oncoplastic Breast Surgery unit of India.

**MEDICAL CHOICE AND RIGHTS**

Cancer treatments and treatment services mostly prefer to emphasize more on the healing of a patient’s body. Healing of body is so important but side by side it is better to keep in focus that the experience of trauma and suffering is not limited to the body, it is beyond body, and it is psychological, emotional. Though breast cancer is an emotional ground for both patients and doctor but still her distressed mind should be more consoled than her bodily pain. In fact, health professionals maximum time experience limitations in their capacity of communicating with patients and her family effectively and empathetically. Doctors are mostly concerned that they will be upsetting patients or disperse their expectations for restoring to health where in India ‘cancer’, ‘breast’ and ‘death’ are still not considered as ‘normal’. One thing often both health professionals and family members forget that providing adequate information to the lady having breast cancer is highly important, because still in the society the rights as ‘human being’ and health access and medical choice of treatment still exist.
Health professionals expressed that, breast cancer patients are frequently remaining untreated and unidentified specially, rural women. They concern about the treatment side effects; sometimes they decline conventional treatment when the risk of side effects is too high rather they go for natural or ayurvedik treatments or look for religious remedies. In KIMO a patient said, her husband thinks that it is her curse of her previous life which cannot be healed with any other medicine of ‘this world’. Still she kept on coming in the hospital when she cannot bear its pain. Nurses said she refused to take any medicine; normally she takes only pain killer. It is not uncommon for patients who are unsatisfied with conventional medical options and prejudiced with various notions. Sometimes not their prejudiced mind but their economic insolvency and dependency take their lives. America Cancer Society reports in 2012 that, ‘though the survival rate is getting higher still 45% of the patients are dying on their way of waiting not in the disease because day by day it’s becoming modern, expensive and longer than anyone ever thought of it.’ Feminist Wendy Harcourt said,

In the name of science, vast sums of money are spent which have a narrow focus while women as complex social beings are reduced to a particular condition. The development of these practices is often determined by the technical feasibility, scientific ingenuity, and funding available and based on the needs or acceptability of these techniques for women. (1992)

Again confusion and tension remains in between to have breasts or not to have, as after surgery the option of prosthetic\textsuperscript{11} breasts are there. Even, for an independent woman it is highly impossible to bear both the cost of surgery, treatment and prosthetic where the question of social acceptance of additional breasts is still remaining. Globally, breast implants and breast reductions are one of the burning issues after surgeries in improving and enhancing the so called beauty but in India where most of the women are home-maker, depends on the male members of the family the sense of beauty overlaps the economic condition.

In developed countries this shows that not only breast cancer patients deal with a breast complex, it is these patients in particular who are affected by feelings of being defeminized and desexualized. The paradox remains that while medically, breasts are considered to be removable, women must still attempt to preserve them if they want to fit into social norms and demands of femininity and beauty (Schulzke, 2011).

In India, one might argue that breasts are gendered as one of the indicators of the femininity and beauty of women but as per the real life experience it is hard for Indian families do not want to exaggerate the idea of beauty. In developing countries where everyday women are suffering from anemia and malnutrition, prosthetic is not a solution rather it’s an illusion. The cost and class of prosthetic could be a reason of differentiating women into different classes and statuses.

\textsuperscript{11} denoting an artificial body part, such as a limb, a heart, or a breast implant
CONCLUDING THOUGHTS

Mahasweta Devi, a very well known Indian writer in her book *Breast Giver* justifies the old Jashoda’s (protagonist) existential struggle in such a condition where, “[she] showed him her bare left breast, thick with running sores and said, ‘See these sores? Do you know how these sores smell? What will you do with me now? Why did you come to take me?’” (Breast-Giver, 27). The crisis of Jashoda has been portrayed from real life, lower and middle class women of India who are ignorant both about the disease and treatment but dignified with their constructed social role. The percentage of Jashoda’s is decreasing day by day but their wounds are never-ending. This problem can be solved by the assertive and positive role play of the health professionals and family through words, by asserting the capacity to consent and to reason, by claiming a place in the community and peace through guidance. Being woman appeared to be intrinsically connected to society’s constructions of breasts as being fundamental in achieving and discovering an ‘ideal’ level of femininity. In this field, so many feelings, so many experiences, voices are still unexplored. New and important knowledge should come up because it emphasizes the importance of understanding women and breast cancer patients/survivors' experiences on poignant level as well as on a psychological and physical level. These studies will highlight how their experiences are gendered in the society because it is vital that we are taking gender seriously when focusing on better treatment strategies and promoting social transformation.

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12 Breast Giver is a poignant account of Jashoda the "professional mother", who, having succoured some fifty children, died of breast cancer.


DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS.


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