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EDICIONES COMPLUTENSE

Women with breast cancer: the voices of women from the interior of Pernambuco, Brazil, through social work interviews

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Abstract. Objective: To analyze the expressions of the social issue, mentioned by women diagnosed with malignant breast cancer.
Methodology: This is a qualitative study, based on the critical-dialectic method.
Results: From the diagnosis of breast cancer, the expression of the Social Question intensifies in the lives of these women, for several reasons; for not having social policies that guarantee access, effectiveness, and continuity of treatment.
Conclusion: The phenomena that affect women make them more vulnerable during chemotherapy treatment, limiting their possibilities and autonomy, especially when they are heads of households, which in this study represented 52% of women.
Keywords: Women; Social issues; Breast cancer; Chemotherapy.

[es] Mujeres con cáncer de mama: las voces de mujeres del interior de Pernambuco, Brasil, a través de entrevistas de trabajo social

Resumen. Objetivo: Analizar las expresiones del problema social, mencionado por mujeres diagnosticadas con cáncer de mama maligno.
Metodología: Se trata de un estudio cualitativo, basado en el método crítico-dialéctico.
Resultados: A partir del diagnóstico de cáncer de mama, se intensifica la expresión de la Cuestión Social en la vida de estas mujeres, por varias razones; por no contar con políticas sociales que garanticen el acceso, la efectividad y la continuación del tratamiento.
Conclusión: Los fenómenos que afectan a las mujeres las hacen más vulnerables durante la quimioterapia, limitando sus posibilidades y su autonomía, especialmente cuando son jefas de hogar, que en este estudio representaron el 52% de las mujeres.
Palabras clave: Mujeres; Problemas sociales; Cáncer de mama; Quimioterapia.

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Introduction

Breast cancer is the second malignant neoplasm that most affects women worldwide, both in developed and underdeveloped countries, second only to non-melanoma skin cancer. It is the main cause of death from malignant neoplasms in women in Brazil. According to data from the National Cancer Institute (INCA), for the three years 2020-2022, 66,280 new cases of breast cancer were expected, with an estimated risk of 61.61 cases per 100,000 women. Without considering non-melanoma skin tumors, this type of cancer is also the first most frequent in women in the South (71.16/100 thousand), Southeast (69.50/100 thousand), Midwest (45.24/100 thousand), and the Northeast (44.29/100 thousand) of Brazil, in the North, it is the second most incident tumor (21.34/100 thousand) (Brazil, 2018).

Breast cancer can be treated with surgical procedures, radiation therapy, hormonal treatment, and chemotherapy. Chemotherapy can cause several side effects for users who undergo this type of treatment, including hair loss, nausea, vomiting, changes in the oral cavity (for example, thrush), weight loss, among others (Boussios et al., 2012; Miller et al., 2016).

However, in addition to the physical consequences that diagnosis and treatment produce for women, we observed empirically during the social monitoring carried out at the Oncology Center in Caruaru, during the Residence in Cancer Attention and Palliative Care (ASCES-UNITA/Ministry of Health) the consequences in the subjective, relational and objective conditions in the lives of these women.

In addition, we identified, from Bibliographical Research, the low production in the area of Social Work that reflects and analyze the experiences of women in oncology, as well as studies on the experiences developed in the Oncology Service of Caruaru.

Such observations contributed to the elaboration of the following research question: How do the expressions of the social issue, mentioned by female patients diagnosed with malignant breast cancer, during chemotherapy treatment in an oncological unit in the interior of Pernambuco, Brazil, interfere with the permanence of the treatment for these women?

Thus, this article proposes to analyze the expressions of the social issue, referred to by female patients diagnosed with malignant breast cancer, during chemotherapy treatment in an oncological unit in interior region of Pernambuco.

By expressions of the Social Question, we understand that its origin is in the capital x work relationship, configuring itself as a set of social, political, economic, and cultural inequalities that are significantly reflected in the lives of the subjects inserted in this type of production. In light of Iamamoto's studies, the Social Question is apprehended:

> As a set of expressions of the inequalities of mature capitalist society, which has a common root: social production is increasingly collective, work becomes more broadly social, while the appropriation of its fruits remains private, monopolized by a portion of society (Iamamoto, 2001).

The repercussions of these inequalities in the objective life of the subjects are called expressions of the social issue and are revealed in the contemporary scenario with the precariousness of social policies, including health policy, social assistance, social security, structural unemployment, worsening of poverty, among others, making the subjects sick. And in the contemporary scenario, chronic-degenerative diseases, such as breast cancer.

In this context, poverty is understood at the conceptual level from a critical perspective as a direct expression of extremely unequal power relations in a society that lives on accumulation and misery. In Mõntano's perception, poverty is understood in the capitalist mode of production:

> As an expression of the "social issue", it is a manifestation of the exploitative relationship between capital and work, having its genesis in the relations of capitalist production, where classes and their interests are managed. As we said, if pauperism and poverty, in pre-capitalist societies, are the result of scarcity of products, in a society controlled by capital, they are the result of private capital accumulation (Montaño, 2012).

We emphasize that research in this area strengthens oncological assistance (not only through Social Work) in the interior of Pernambuco, Brazil, since, in this region, this service is still in the process of being structured, as well as contributing to giving visibility to the speeches of women on the subject.

Methodology

This qualitative study was carried out after approval by the ethics committee (nº 2.106.154) in research with human beings at the University Center Tabosa of Almeida -ASCES/UNITA and signature of the term of responsibility for the research subjects. Women undergoing chemotherapy treatment at the Oncology Center of Caruaru, a reference unit in cancer treatment in the interior of the State of Pernambuco, Brazil, were selected as research subjects, from June to August 2017.

The sample was given for convenience with users between the ages of 25 to 70 years old, in which a semi-structured interview was applied to 25 of them. The interviews were conducted based on some axes, such as identification data, socioeconomic data, data on diagnosis and treatment, and psychosocial issues related to treatment (Table 1).

Table 1 - Questions asked in the interviews according to each topic addressed.

Data on diagnosis and treatment
1. Do you have a family history of cancer?
2. Do you have the habit of having routine exams for breast cancer screening?
3. When did you get the diagnosis of the disease?
4. What was the path taken from diagnosis to treatment of the disease?
5. What is the histological grade of the disease?
6. Did you perform any surgical procedures on the breast after the diagnosis? If yes, which one?
Psychosocial issues related to treatment
7. Are you experiencing side effects during chemotherapy treatment? If yes, which ones?
8. Have you ever interrupted any of your activities, be they at home, or work, among others, during chemotherapy treatment?
9. Has there been any change in your or your family's economic situation during treatment?
10. What do you consider most difficult in this process of diagnosis and treatment?
11. Did you get support during this process? From who?
12. Are you currently undergoing any psychological follow-up?

The insertion in the field of study was facilitated since the research location is one of the fields of practice of the main researcher (Social worker) in the Residency in cancer attention and palliative care by the University Center Tabosa of Almeida - ASCES-UNITA.

Thus, initially, readings were made of the underlying meanings present in the speeches of the research subjects. Then, the ideas and meanings were organized and questioned, articulating them in a socio-cultural and political perspective. From the Marxist perspective, starting from a critical-reflexive view, it allowed us to know and understand the reality of the investigated subjects in its entirety, because according to Minayo et al. (2016), this technique as a method indicates the "proposal to analyze historical contexts, socioeconomic determinations of the phenomena". Finally, a summary was prepared based on empirical and theoretical reference data in the area.

Inclusion criteria were female users, aged between 25 and 70 years old, affected by malignant breast cancer undergoing chemotherapy, and undergoing treatment at the Caruaru Oncology Center from June to August 2017, excluding male users, women with other types of cancer, or who undergoing another type of antineoplastic treatment.

Results and Discussion

This work was carried out in the city of Caruaru, located in the interior of Pernambuco, Brazil, in an oncology service that is part of the Unified Health System (SUS) in Brazil. The SUS is the public health system in Brazil, which focuses on ensuring full, universal, and free access for the entire population of the country, encompassing primary care, medium and high complexity, urgency, and emergency services, among others (Peroni et al., 2019; Silva, O'Dwyer, Osorio-de-Castro, 2019).

According to Peroni et al. (2019), the perspectives of what dictates the precepts of the SUS differ from those held when dealing with more complex health needs, such as the case of cancer. Difficulties in patients' access to diagnostic tests are clear, with long waiting times between confirmed diagnosis and treatment, which makes it difficult to assist cancer patients. Also in the study by Peroni et al. (2019), he reports that there are large variations in the healthcare indicators of cancer patients, in which poorer states do worse in the main indicators. We can observe this problem in the speeches of women with breast cancer throughout this study.

Profile of Researched Women

The average age of the study sample was 53 years old, with the majority being over 45 years old (72%). Most were married (52%) and 32% of the women reported having at least 1 minor child (between 04 and 17 years old). Regarding skin color, 44% declared themselves brown, 20% black, and 36% white.

Respondents live in municipalities in the interior of Pernambuco, Brazil, including Caruaru, Riacho das Almas, Cachoeirinha, São Caetano, São Bento do Una, Bezerros, Lagoa dos Gatos, Gravatá, and Taquaritinga do Norte. As for housing, 16% of them said they lived alone, 12% with their children, 56% with their partner and children, and 16% with other family members.

The schooling observed in this study (completed and incomplete primary education together representing 44% of the percentage) reflects the degree of knowledge of these women about the importance of tests for early diagnosis, risk factors, knowledge about treatment, and continuity of treatment.

As for the working conditions and income of the women surveyed, 8% were assisted by the Social Assistance Policy through the Continuous Provision Benefit - BPC, 12% were inserted in the formal market developing activities as teachers and general service assistants. About 16% were part of the informal market, working as day laborers, cooks, and seamstresses. Another 16% were rural workers, 28% were retired or pensioners, and 20% took care of the house and the family income came from the work of the partner or other family members, as we can see from table 2.

Table 2 - Profile of women surveyed

Variable	Nº	%
Ethnicity		
White	9	36
Black	5	20
Brown	11	44
Age range		
20 to 30 years	2	8
31 to 40 years	7	28
41 to 50 years	8	32
51 to 60 years	5	20
61 to 70 years	2	8
Education		
Not literate	5	20
Elementary School	11	44
Complete high school	5	20
Incomplete high school	1	4
University education	2	8
Incomplete higher education	1	4
Marital status		
Single	3	12
Married	14	56
Widow	5	20
Divorced	3	12
Work and income		
Retirees/pensioners	7	28

Social assistance	2	8
Formal work	3	12
Informal Work	4	16
Rural Worker	4	16
From home	5	20

These data demonstrate that the professions performed by the women in this study are linked to care, such as day workers, cooks, and general services assistant, that is, professions that are historically developed by women and generally have a fragile employment relationship, they are market activities informal. Thus, when they are affected by a disease that makes it impossible to work, they are left without insurance, intensifying poverty.

As the percentage of 44% of the women in this study (in addition to rural workers, housewives, and those who carry out informal activities) do not have a formal bond, they have no social security guarantee, making the Social Question even more latent after confirmation of the diagnosis, during chemotherapy and after treatment. Thus, the condition of work and income generates negative consequences for the continuity of treatment, as well as for the maintenance of subsistence conditions. In this way, unemployment is one of the expressions of the social issue experienced by the women in this study, causing the phenomenon of the feminization of poverty (Christensen, 2019).

Based on the interviewees' speeches and their underlying meanings, we reflect on the chemotherapy process and some of the expressions of the social issue experienced by the women that we present below. As a way of guaranteeing secrecy and safeguarding their identity, the women were identified by the initials of their names.

What do women say?

The cancer treatment in women with breast cancer brings subjective questions that permeate the discovery of the diagnosis, such as changes in the female body, especially when performing mutilating surgeries and hair loss that lead to loss of self-esteem and, consequently, changes in the social life of the women (Cesnik et al., 2013). According to Ghaemi et al. (2019) one of the main conflicts related to the chemotherapy treatment of women with breast cancer is infertility, which significantly affects the quality of life of women.

In addition to the aforementioned issues, other factors intensify woman's suffering in the face of a life-threatening illness which we will reflect on during the research. Among them are the adverse effects related to chemotherapy experienced by most of the women investigated. In this sample the main effects were: nausea, vomiting, diarrhea, alopecia, and alterations in the oral cavity. In addition to the physical effects, the chemical agents of chemotherapy also cause other discomforts of a social, psychological, spiritual, and economic nature. According to Nogueira & Silva (2008):

> Cancer speaks of compromising people's daily lives, impacting the dynamics of personal and family life, their work relationships, and social relationships, especially when related to the condition of poverty. The absence of social protection mechanisms compromises the socioeconomic condition of the family (Nogueira & Silva, 2008).

The statements of the women in this study confirm this statement. Normally, these effects start to appear from the first session and are faced by each one in different ways. From the moment these effects appear, the family dynamics and the lifestyle of these women are transformed. We can see in the following statement in one of the users who have metastatic breast cancer regrets not being able to take care of her 20-year-old son who has cerebral palsy.

> "The hardest thing was not being able to take care of my son like I used to (emotional). When you talk about him [...] (emotionally). I do not put anything in my mind that I am sick to accept that it hurts less. I get this disease like any other, does diabetes kill? Kill! Does heart disease kill? Kill [...] so I take it like anyone else." (W. 18)

The investigated user's speech demonstrates the changes that occurred in her life during the chemotherapy process and that the expressions of the social issue experienced by these users become more latent when the family is headed by women, which occurs with 52% of the interviewees. Also, the statement above brings reflections on the role of women in a society that has historically been attributed to activities related to home and family care. According to Oliveira (2009) "this society still carries traces of the patriarchal family model, which evolved until the constitution of the nuclear model".

Even in the face of many achievements as a result of the struggle and resistance of women and even today occupying various occupational social spaces, the centrality of women in family arrangements is still perpetuated (Ferguson, Henessy & Nagel, 2004; Leach, 2015; Cepal, 2019). The current culture reinforces the argument that, even when women are inserted into the labor market, the space is mostly occupied by men. Tasks related to housekeeping, raising children, and taking care of the family, remain the responsibility of women. According to França & Schimanski (2009) "women's overload of responsibilities about men is evident".

In the context of chemotherapy performed by women with breast cancer, two situations can be highlighted: on the one hand, the withdrawal from paid work, in which 24% had to be absent due to the adverse effects of the treatment, and then the fact that the woman herself, faced with this moment of vulnerability, continue to carry out their domestic activities, as this makes them feel productive and, on the other hand, often due to the adverse effects, they are blamed for not carrying out these activities.

> "With two months of surgery, I did everything at home, I come back from the treatment and I will do everything at home. There is no business of resting". (W.17)
> "I stopped working, I cannot do heavy work, I cannot wash a thick sheets, I do the rest. Did you think you need a heavier cleaning and cannot?" (W. 12)
> "Everything is difficult, but God is greater. People cannot do their own thing... people who live off work... people have to live in their quiet corner. People who are housewives ..." (W.15)

The women investigated in this study, when asked about the main difficulties during diagnosis and treatment, stated that they were away from paid work and worried about taking care of their children and family. One of the users reported having abandoned treatment, as she cared for her husband with epilepsy and a sister with Alzheimer's. Thus, the disease worsened and today the treatment has become palliative, as the disease progressed to metastasis. That is, these women often give up their health and well-being in favor of other family members.

However, the family that most worries these women are the same one that was with them during the period of diagnosis and treatment, especially their children. Most reported receiving support from children, spouses and partners, and other family members.

> "I received a lot from children, grandchildren, and friends. This is very important." (W.6)
> "The family (emotionally), my children, thank God, is a blessing. " (W.13)
> "My sister, husband, and my mother." (W.12)

In summary, chemotherapy treatment in women with breast cancer has several implications that permeate subjective aspects. In this process, they become even more vulnerable, as being a woman in a sexist and patriarchal society means fighting daily for recognition at work, equaling men's wages, and fighting for paid formal jobs, among other aspects that when women get sick often compromises treatment.

Considerations about work and income of women in chemotherapy treatment

Women undergoing chemotherapy treatment have many impacts on their lives, whether social, economic, or emotional (Coelho et al., 2018; Wakiuchi et al., 2019). Considering this evidence in the light of the concept of health founded by the World Health Organization - WHO, an international health organization that is a member of the United Nations (UN), in 1948 in which it states that health is not just the absence of disease, but a complete state of physical, mental, and social well-being (Mason et al., 2020). This concept understands the subject in its totality and contemplates all its needs.

Thus, the health condition is directly linked to the subject's historical and social work process (Rocha & David, 2015). The community lives the ills of a neoliberal project marked by the precariousness of work, and increased unemployment rates that manifest themselves in the increase of informality and the dismantling of labor rights (Oliveira, 2017). In addition to a more competitive job market with intensified activities. However, this situation becomes more chaotic when these individuals are affected by a non-communicable chronic disease, as it interferes with their social life, family dynamics, and, above all, with the maintenance of basic survival needs (Becker et al., 2018; Tziraki-Segal et al., 2019).

It is important to point out that when the subjects who get sick are women, mainly heads of households, these factors are intensified, contributing even more to a phenomenon known as the feminization of poverty (Novellino, 2008), in which poverty has a gender dimension since the places reserved for women in a macho and patriarchal society are inferior to spaces occupied by men.

The high rates of families headed by women provoke this phenomenon because occupying several occupational spaces with paid activities, the positions are lower and with lower waves than the male public. For Frazão & Skaba, "the phenomenon of the feminization of poverty refers to the growing number of poor

women, which is directly associated with the increase in the rates of families headed by women, as well as the increase in the inclusion of women in paid activities" (Frazão & Skaba, 2013).

According to the Brazilian Institute of Geography and Statistics (IBGE) (IBGE, 2013) through the National Household Sample Survey (PNAD), in 2015 the average monthly income of all men who perform paid activities was R$ 2,058 (about U$ 375) and for women, R$ 1,567 (about U$ 285). In proportional terms, women received, on average, 76.1% of men's labor income in 2015. This research states that there was an increase of 1.6 percentage points compared to 2014 when this proportion was 74.5%. However, even with this increase in recent years, these data demonstrate the inferiority of women to men in terms of working conditions and income.

These data confirm what Bruschini (2000) defends in his/her studies on the critical theory of the family. For his/her, despite the emancipation of women in a short time, the new times are moving towards a profound change in gender roles and the traditional structure of the family. Women's education focuses on marriage, domestic life, and caring for the family and children.

It is important to emphasize that many women, as mentioned throughout this study, are part of the informal market, developing activities such as seamstresses, day laborers, and cooks, that is, professions related to caring and predominantly female. Thus, these women are not insured by the National Institute of Social Security (INSS) making the Social Question even more latent in this process of diagnosis and chemotherapy treatment, because due to the adverse effects of chemotherapy, they are unable to work. The speech of the user below, head of the family, inserted in the informal market developing activities as a day laborer, demonstrates the reality experienced by them when they are affected by some illness and do not have the quality of social security insured, depending on the help of family and friends.

> "(...), now I depend on favors, on the goodwill of people who know my situation and help me. It's just that I think they see how much I fought because I saw my daily effort not to lose anything." (W.12)

It is also worth mentioning that some women in this study underwent surgical procedures such as radical mastectomy, conservative surgery, and axillary dissection. Procedures that bring some of the most common limitations for them, such as the impossibility of performing domestic activities, as mentioned in the text, as well as, labor activities, as many are left with some limitations, such as the presence of lymphedemas in the arm where the sentinel lymph node was removed. Therefore, they are unable to lift them and should not take the weight, as it can lead to other complications for them.

> "I had a little shop before the illness where I sold breakfast and lunch. I cannot anymore because if not, my doctor said my arm swells." (W.13)

Respondents who work with service providers in the informal market, even when the adverse effects of chemotherapy are less intense, prefer not to compromise the clientele, as they are not sure if they would be able to deliver the order within the proposed deadline. Thus, during treatment, these women lost their source of income and began to depend on the help of their children or other family members or friends, as already mentioned throughout the study. In the interviewee's speech below, not only the physical adverse effects that limited her to develop her activities, but also the emotional ones were reported.

> "Yes, I stopped sewing practically because I am afraid I will not be able to handle deadlines. And there are also days when we are very sad and unwilling to do anything." (W.9)

Financial difficulties were not only reported by women who are part of the informal market, even those who have formal work or even retirees said they had difficulties during treatment for several reasons, which will be highlighted below. Many of the interviewees report changes in their diet, as after treatment they needed dietary restrictions and the cost of these specific foods tends to be more expensive. It is understood that coping with a disease like cancer requires a different diet, which in most cases is expensive.

In the testimonies of the interviews, when asked if there were changes in the family budget during this process, the predominant answers were the expenses with the exams requested by the team, such as bone scintigraphy, tomography, resonance, and PET-CT. Many reported that they prefer to do it privately due to the long waiting period in the SUS in Brazil. Another financial difficulty reported by the interviewees that alter the family budget is the medicine used to combat the physical side effects of chemotherapy, often these medicines are not available at the SUS pharmacy, generating an additional cost for users.

> "I started spending a little on exams. The food that changed! Some exams can be done by SUS, but they take a long time." (W.7)
> "It changed because we see a lack of things at home. I use the money to buy medicine and fruit. Now I need to eat fruit. They gave me some medicine if it was today I would not know what to do, Thank God I won". (W.6)

It is important to point out that many women in this study who underwent surgery, whether radical or conservative, reported having taken out loans to perform it in the private sector, as, according to them, it would take too long for the SUS. Retired women reported taking out a loan at the bank and the unemployed, those who were in the informal market, reported taking out loans to third parties. That is, the surgery itself has weighed heavily on the budget, especially for women who work in the informal market and heads of families.

> "There was denial because I had to take it off to have the surgery and I had private exams. I had it through the SUS, but the doctor suggested taking the private one because it is faster. I did tests to see if I had metastasis. Everything is difficult because of the crisis." (W.7)
> So, as I did not have enough at the time, I had to take out a loan. For the SUS it takes a long time, this treatment is for the SUS, but the exams and the surgery were all private. (W.22)

Faced with these factors described that hinder the treatment of the women surveyed in this study, we can reflect that the principles of the universality of the right, equity, and comprehensiveness ensured by the SUS (Pinheiro et al., 2007) and contained in the health reform project are not guaranteed to all users, since they are unable to promptly perform all the necessary procedures to continue the treatment. Thus, users resort to other means, as the wait to perform them by SUS makes the progress of the treatment difficult.

It is worth mentioning that the health policy proposal built in the 1980s through the health reform project was undermined by the neoliberal offensive, putting the constitutional provisions of the 1988 Constitution in check. According to Bravo (2009): "health is linked to the market, privileging partnerships with civil society, making it responsible for assuming the costs of the crisis". In other words, health guaranteed universally by the State becomes the private responsibility of each citizen.

Bravo (2009) also states that two projects are in dispute: the health reform project enacted in the 1980s and constitutionally regulated with the 1988 Constitution, and the private model articulated with market interests. The health reform project is based on a universal health policy through the SUS and was built through various mobilizations of professionals in conjunction with social movements and civil society.

The private or assistentialist medical care model articulated in the market is based on the adjustment and containment of State expenditures. The State has to offer the minimum for those who do not have access to the labor market. Its main characteristics are: directing services to assist vulnerable populations and expanding privatization.

When a woman is diagnosed with cancer, she faces several conflicts, which are often not clarified by the multidisciplinary team, such as the fear of not being able to get pregnant, the adverse reactions of chemotherapy that will prevent her from carrying out her work activities and that will impact in their monthly family budget, in addition to the emotional damage, due to the loss of hair and breasts, which directly impact on female high spirits (Medeiros et al., 2019; Taberna et al., 2020; Facchin et al., 2021; Vanstone et al., 2021). In addition to these internal conflicts, there are those related to the health service, with continuous trips to the oncological treatment environment, changes in the daily routine and difficulty in accessing the necessary tests and treatment, often having to take the tests and buy medicines privately , compromising even more the monthly budget of the family (Luiza et al., 2016; Cabral et al., 2019; Alves et al., 2022; Ivama-Brummell et al., 2022). According to the study by Alves et al. (2022), more than 60% of women diagnosed with stage II breast cancer were not undergoing treatment, contrary to Brazilian legislation that establishes that cancer treatment must be started within 60 days of diagnosis.

All these points mentioned do not favor the search for treatment by the patient with breast cancer, they tend to distance them more and more from the health service, looking only when the stage of the disease is more severe, when there is no longer control of the disease (Unger-Saldaña et al., 2015; Cherif, Martin-Verdier, & Rochette, 2020). Social work, as a connection sector between patient, family and clinical team, plays an important role in listening to and identifying the main needs of patients and their families, and in the search for solutions with the clinical team in promoting adherence to the treatment and better quality of life for patients with breast cancer (Levit et al., 2013; Smith et al., 2013).

Conclusion

In short, the phenomena that affect women make them more vulnerable during chemotherapy treatment, limiting their possibilities and autonomy. Also, from this study, it was possible to reflect that many of them cannot have a quality of life, as the treatment has many implications for their lives, especially when women are inserted in the informal job market and are heads of household. Chemotherapy has many implications for their lives and the most obvious one is the intensification of poverty.

The effects of breast cancer treatment directly impact the woman's routine and consequently have a financial impact. And the laws and/or support systems fail to provide adequate support to these women, established in

Brazilian laws, leading to a low quality of life and consequently to an increase in poverty, bringing impacts not only for women with cancer but also for a whole family.

In the speeches, the women express their concern about maintaining their daily routine, whether at home or work, in addition to financial concerns due to high expenses with exams and medications, due to the public system not working properly. In this study, we deal with women who have limitations developed due to the course of the disease and who are financially, socially, physically, and emotionally burdened to maintain life and promote quality of life, which is often linked to family support.

During chemotherapy treatment, the expressions of the social issue become more latent due to the little effectiveness of social policies in guaranteeing access, permanence, and continuation of treatment for these women.

This study highlights the importance of reviewing the way public health services are being offered in Brazil, the need to expand these services, and seeking to meet the needs of the entire population more effectively. Cancer is a disease that progresses very quickly, requiring quick and effective intervention.

We also evidenced from the statements, the need to provide comprehensive care to cancer patients. It is necessary to listen to them to offer the best treatment they need, going beyond the physical aspect of the disease, and also helping in the social and emotional aspects.

Conflict of interests

The authors declare that they have no conflict of interests.

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