

Article

Harnessing Sorority for Breast Cancer Support: The INEN ‘Club de la Mama’ Experience in Peru

Tatiana Vidaurre-Rojas^{1,*}, Ricardo Carreño-Escobedo², Jeannie Navarro-Vasquez³,
Humberto Castillo-Martell⁴, Stéphane Bertani^{5,6}

¹ Instituto Nacional de Enfermedades Neoplásicas (INEN), Universidad Peruana Cayetano Heredia (UPCH), Lima 15038, Peru

² Hospital de Emergencias de Villa El Salvador (HEVES), Universidad Cayetano Heredia (UPCH), Lima 15837, Peru

³ Instituto Nacional de Enfermedades Neoplásicas (INEN), Lima 15038, Peru

⁴ Universidad Cayetano Heredia (UPCH), Lima 15102, Peru

⁵ International Joint Laboratory of Molecular Anthropological Oncology (LOAM), INEN, IRD, Lima 15038, Peru

⁶ UMR 152 PHARMADEV, Université de Toulouse, IRD, UPS, 31000 Toulouse, France

* Corresponding author: Tatiana Vidaurre-Rojas, atiana.vidaurre@upch.pe

CITATION

Vidaurre-Rojas T, Carreño-Escobedo R, Navarro-Vasquez J, et al.
Harnessing Sorority for Breast Cancer Support: The INEN ‘Club de la Mama’ Experience in Peru.
Psycho-Oncologie. 2025; 19(3): 4426.
<https://doi.org/10.18282/po4426>

ARTICLE INFO

Received: 21 April 2025

Revised: 18 June 2025

Accepted: 25 June 2025

Available online: 9 September 2025

COPYRIGHT



Copyright © 2025 by author(s).

Psycho-Oncologie is published by PiscoMed Publishing Pte. Ltd. This work is licensed under the Creative Commons Attribution (CC BY) license.

<https://creativecommons.org/licenses/by/4.0/>

Abstract: Objective: To explore how sorority is expressed among women with breast cancer participating in the “Club de la Mama” (Breast Club) support group at the National Institute of Neoplastic Diseases (INEN), Peru, through an analysis of their experiences, perceptions, and the perceived impact of the group on their illness journey. **Materials and methods:** A qualitative phenomenological study was conducted with a purposive sample of 56 women diagnosed with breast cancer who were active participants in the “Club de la Mama”. Data were collected through semi-structured interviews and focus groups. Thematic analysis was carried out using ATLAS.ti 8 software. **Results:** Four key dimensions of sorority were identified among participants. First, emotional support and self-esteem emerged as a central theme, with the group providing a safe space for emotional expression that helped reduce anxiety and depression. Second, trust and support network building was evident through strengthened interpersonal bonds and a growing sense of mutual reliance within the group. Third, mutual care and joint learning highlighted the importance of exchanging knowledge about the disease and coping strategies, fostering collective resilience. Finally, participants expressed a strong appreciation for unity and shared vulnerability, recognizing the power of solidarity in navigating their illness together. **Conclusions:** Sorority plays a fundamental role in the lived experience of women with breast cancer, promoting emotional well-being, strengthening support networks, and enhancing personal empowerment. The integration of such peer support spaces within the healthcare system has the potential to improve patients’ quality of life and contribute to better adherence to treatment.

Keywords: breast cancer; resilience; sorority; support groups

1. Introduction

Breast cancer is one of the most prevalent diseases worldwide and requires not only biomedical treatment but also a comprehensive psychosocial approach that benefits both patients and their families [1]. In Peru, breast cancer is the leading cancer in women and ranks fourth among causes of cancer-related mortality, with incidence steadily increasing in recent years [2]. Women diagnosed with breast cancer face profound psychosocial challenges and often seek support from family or friends. However, this informal support may lack the organization and understanding that peer support groups—formed by women who share similar experiences—can provide.

Unfortunately, such structured peer support is rarely encouraged within hospital settings [3].

Women seek assistance to cope with the multifaceted challenges posed by the disease [4]. This is where concepts such as resilience—a motivation to overcome adversity—and sorority—the solidarity and support offered by women who have faced similar experiences—become essential. Sorority, derived from the Latin “*soror*” meaning sister, embodies solidarity, mutual respect, empowerment, and collaboration among women, particularly in contexts promoting equal opportunities in the face of breast cancer [5].

As a powerful manifestation of this solidarity and mutual support, sorority plays a crucial role in the illness experience, especially during cancer diagnosis and treatment. Mutual support groups serve as vital spaces for building networks of emotional, informational, and practical support among breast cancer patients, helping to reduce stigma and foster resilience [6,7]. These groups enable women to share experiences, learn coping strategies, and strengthen their emotional well-being. Previous studies confirm that belonging to mutual support groups reduces anxiety, depression, and loneliness among cancer patients, facilitating better adjustment to treatment and life changes caused by the disease [6]. Moreover, engagement in these groups fosters trust and sisterhood, reinforcing self-esteem and a sense of community [8].

Founded in 2006 at the National Institute of Neoplastic Diseases (INEN) in Peru, the “*Club de la Mama*” (Breast Club) aims to provide comprehensive support through emotional care, medical advice, and activities focused on enhancing self-esteem and quality of life [9]. Participation in such groups has been shown to positively influence patients’ perceptions of their illness and improve their emotional health and overall well-being [7–10].

This study investigates the expression of sorority among women with breast cancer within the Peruvian healthcare context by focusing on the “*Club de la Mama*.” It explores how sorority—as a culturally rooted, gender-specific form of solidarity—shapes patients’ experiences, perceptions, and coping throughout their illness journey. By capturing these nuanced dynamics, the study offers new insights into the psychosocial mechanisms through which peer support groups can enhance emotional resilience and quality of life. The findings aim to inform tailored intervention strategies that strengthen social and emotional care for breast cancer patients in Peru and similar settings where sorority remains an underexplored yet potentially transformative resource.

2. Methodology

2.1. Study design

This study employed a qualitative phenomenological design to explore the expression of sorority among women with breast cancer who participate in the “*Club de la Mama*” support group. This approach enabled an in-depth understanding of the lived experiences, emotions, and meanings participants associate with their involvement in the group. An interpretive lens was applied to analyze their perceptions and the social dynamics underpinning mutual support in this context. Data collection

continued until thematic saturation was reached, defined as the point when no new themes or insights emerged from additional interviews.

2.2. Population and study group

The study population comprised women over 18 years of age who had been diagnosed with breast cancer, had received either aggressive or non-aggressive treatment, and regularly participated in activities organized by the Club at INEN. Participants were recruited through voluntary enrollment using purposive sampling to ensure a diverse range of experiences across different disease stages and levels of engagement within the support group. A total of 56 women were included.

2.3. Inclusion and exclusion criteria

Included in the study were women with a confirmed diagnosis of breast cancer who actively participated to the meetings of the Club and provided informed consent. Women with cognitive impairments that hindered meaningful interview participation or those who declined to participate were excluded.

2.4. Data collection techniques

Data were collected through semi-structured interviews guided by a thematic outline covering: 1) experiences of illness and coping strategies, 2) emotional and social support-seeking behaviors, and 3) the perceived meaning and role of the Club. Four additional focus groups were conducted to explore group dynamics and the emergence of sorority. All interviews were conducted by the first (T.V.R.) and third (J.N.V.) authors.

2.5. Data analysis

All interviews and focus groups were audio-recorded, transcribed verbatim, and anonymized. Analysis was conducted using ATLAS.ti 8 through thematic content analysis. The analysis was led by the second author (R.C.E.), who was not involved in data collection. Patterns were identified through close reading and comparison across narratives, and themes were iteratively refined to reflect emotional support, sorority, and coping strategies. To strengthen interpretive rigor, the interviewer reviewed and discussed the thematic structure and interpretations with the analyst. This collaborative process helped to minimize potential bias and enhance the credibility of the findings.

2.6. Ethical considerations

The study received approval from the Research Ethics Committee of the Peruvian University Cayetano Heredia (UPCH) and adhered to international ethical standards for research involving human participants. Written informed consent was obtained from all participants prior to their inclusion. Voluntary participation was ensured, and strict confidentiality was maintained throughout the data collection process.

3. Results

3.1. Participant characteristics

The study included 56 women diagnosed with breast cancer who regularly attended the “*Club de la Mama*”. The participants’ ages ranged from 30 to 70 years, with a mean age of 51.9 years. Sixty-six percent were residents of Lima metropolis, while the remaining 34% came from other regions of Peru. In terms of treatment, 70% had undergone aggressive antineoplastic therapies—such as chemotherapy, radical surgery, and/or radiotherapy—while 30% had received non-aggressive treatment, including hormone therapy and clinical monitoring.

3.2. Emotional support and strengthening of self-esteem

The participants expressed that the Club represented a space for emotional support where they could share their fears, worries, and experiences with other women facing similar situations. Eighty-five percent of the interviewees stated that peer support helped them better cope with the disease by reducing anxiety and depression. Additionally, 65% indicated that interacting with other patients improved their self-esteem and acceptance of the physical changes caused by the disease and treatment. They provide emotional support and increase self-esteem because: 1) the emotional response to illness reflects a shared desire to live among the women; 2) expressing emotions is not only an individual process but also influences interpersonal relationships and family dynamics; 3) when facing the challenges of self-care and cancer treatment, they seek strategies to relax and receive guidance to avoid negative thoughts; 4) emotional support strengthens self-esteem, self-care, emotion management, and motivation to move forward; 5) through the Club, they cultivate a positive mindset that sustains their energy and determination; 6) active participation brings satisfaction by sharing feelings with others in similar situations; and 7) expressing meaningful experiences fosters happiness and well-being, reinforcing their connection with others.

3.3. Trust and support network building

Seventy-eight percent of the women highlighted the importance of the trust generated within the group, which allowed them to speak openly about their emotions and concerns without fear of judgment. This bond facilitated the creation of mutual support networks both inside and outside the club, providing assistance during medical appointments and treatment sessions. Forty percent of the women interviewed mentioned that, through the Club, they strengthened their relationships with their families by sharing what they had learned. Regarding the trust fostered by the testimonies of women with breast cancer, mutual support is grounded in initial help and shared knowledge because: 1) they seek support within the group, trusting their peers and finding a safe space to share their illness journey; 2) the experience of a friend who has overcome breast cancer becomes a source of inspiration and motivation for those still undergoing treatment; 3) trust builds over time as women share experiences at different stages, creating a strong support bond; 4) sharing vulnerability and self-help experiences strengthens their sisterhood and coping ability; 5) they learn

to relate to others to acquire new knowledge and practical strategies, broadening their perspective and valuing the support received—keeping busy in the group also helps them avoid focusing solely on the disease; 6) they trust testimonies from women who have faced similar challenges, finding guidance in their real experiences; 7) knowing others have overcome treatments such as surgery, chemotherapy, or radiotherapy gives them strength and incentive to keep fighting; 8) clear information shared within the group reinforces trust and facilitates access to reliable guidance; 9) sharing their own experiences helps others while raising their self-esteem and commitment to their well-being; 10) women predisposed to sharing and supporting find purpose in this work, even amid their own struggles; and 11) they feel compelled to help those undergoing difficult treatment phases such as chemotherapy or surgery.

3.4. Mutual care and joint learning

Seventy-two percent of participants perceived the Club as a space for education and learning about breast cancer, including topics such as nutrition, physical activity, and managing treatment side effects. Furthermore, 50% stated that sharing experiences with other women helped them acquire strategies to better cope with the disease and maintain a positive outlook. Mutual care and learning within the group manifest in various ways: 1) members support one another through the disease journey, taking turns caring for those undergoing treatment, which strengthens solidarity and community; 2) peer influence aids decision-making, such as embracing physical changes like hair loss or wearing scarves, helping women face their fears with greater confidence; 3) women beginning treatment find guidance from those further along, benefiting from their experience and coping strategies; 4) group's support offers a respectful space to share personal stories, valuing listening and learning from others' experiences; 5) support extends beyond emotional care to exchanging information on cancer, medical advice, psychological guidance, and nutrition; 6) motivated by the challenge of self-care, members engage in activities that reduce stress and foster positive thinking, promoting well-being; 7) emotional support within the group provides inner strength that mitigates feelings of vulnerability or shame; 8) practical care knowledge is shared and reflected upon as essential to recovery; 9) many transition from passive observers to active participants, finding personal satisfaction in supporting others; 10) caring for fellow members reinforces their sense of purpose and self-worth; and 11) despite their own struggles, they feel compelled to assist others facing demanding treatments such as chemotherapy or surgery, finding deep meaning in this role.

3.5. Valuing unity and shared vulnerability

Ninety percent of participants reported that connecting with other patients gave them strength to cope with the disease. This sense of belonging encouraged active participation in meetings and activities, fostering a more optimistic outlook. Additionally, 60% acknowledged that shared vulnerability deepened bonds of solidarity, allowing members to feel understood and supported. The women valued this unity and openness because: 1) expressing themselves freely about their illness strengthened their sense of sisterhood and mutual support through self-help strategies;

2) socializing within the group enabled them to acquire new knowledge and practical tools, broadening their perspective and highlighting the importance of support in recovery; 3) staying active in the group helped them avoid fixating solely on the illness, reducing anxiety and emotional distress; 4) testimonies from women who had undergone similar experiences provided confidence and motivation to face treatments such as surgery, chemotherapy, or radiotherapy; 5) clear information shared within the group reinforced trust and helped members feel supported in their decisions; 6) sharing experiences bolstered self-esteem and satisfaction, as telling their story deepened their commitment to well-being while helping them manage their fears more effectively; and 7) those naturally inclined to share and support others found mutual help in this role, feeling compelled to assist women undergoing challenging treatments despite their own difficulties.

4. Discussion

The results of this study demonstrate that sorority within the “*Club de la Mama*” manifests across multiple dimensions—emotional support, trust, mutual care, and a strong sense of unity among women with breast cancer. Participants reported reductions in anxiety and depression attributed to the group’s support, consistent with prior evidence on the psychological benefits of cancer support groups [11]. Trust cultivated within the Club enabled mutual support networks, including accompaniment to medical appointments—an element associated with improved treatment adherence and quality of life in earlier studies. Sorority thus operates not only as emotional scaffolding, but also as a source of resilience and empowerment. Echoing analyses of sororal memorials—where women collectively process trauma—members of the Club have built a community of shared learning that redefines their experience of illness. Vulnerability becomes a vector of strength, as testimony, dialogue, and companionship take on healing and transformative functions. As in contexts where women confront violence through memory and activism, Club members find refuge and resilience in community, where mutual support fosters renewed identity and autonomy [12,13].

Emotional support within the Club proved critical to participants’ well-being. Sharing experiences with peers who understand their journey alleviated emotional distress, enhanced self-esteem, and fostered a sense of belonging that counteracts social isolation. These outcomes align with previous findings highlighting peer interaction as a driver of identity reaffirmation and emotional resilience. Through solidarity, fear is reframed as collective strength, motivating treatment persistence and restoring agency [14–16].

Trust—central to the Club’s dynamics—enabled women to speak openly without fear of judgement, while sustaining support networks that often extended into family and community life. This relational trust supports informed decision-making and emotional anchoring throughout the cancer journey [14,17]. By contrast, an Ethiopian study found that women often face breast cancer in isolation, lacking both support networks and access to timely information. The absence of trust-based communities in such settings deepens suffering and delays care, highlighting the urgent need for community-based programs in underserved regions [18].

The “*Club de la Mama*” also functions as an educational space. Members share practical knowledge on nutrition, side-effect management, and coping strategies, with more experienced women mentoring those newly diagnosed. This peer-learning model fosters empowerment and reciprocity. Knowledge-sharing becomes an act of solidarity that promotes collective well-being and instils renewed purpose among survivors [14,16]. In contrast, the Ethiopian study documented critical gaps in awareness, contributing to delayed diagnoses and poorer outcomes. Taken together, these findings underscore the transformative potential of educational, peer-driven interventions to empower patients and improve prognoses [12,17,18].

Comparative insights from Brazil further illuminate the dynamics of sorority [19]. In Brazil, sorority was cultivated over long-term participation (≥ 10 years) in a rehabilitation group, fostering enduring interpersonal bonds. In contrast, the Peruvian study observed more rapid emergence of sorority through structured mutual support mechanisms. Both studies confirmed that sharing personal experience reduces anxiety and boosts self-esteem; however, the Peruvian study quantifies this effect—reporting 85% emotional benefit and 65% improvement in self-esteem—offering a stronger empirical foundation. While the Brazilian study identified two central themes—shared experience and life re-signification—the Peruvian study articulated four: emotional support, trust, mutual care, and valuing vulnerability. In both contexts, women found it easier to open up to peers than to family, citing the emotional safety of the group. In Brazil, healthcare professionals, especially nurses, played a key facilitative role; in Peru, peer-to-peer empowerment and autonomy were more prominent. Mentorship emerged in both settings, though in Peru it was formalized through an educational model addressing nutrition and emotional regulation. The Peruvian study also achieved broader socio-demographic and geographic representation, incorporating participants from Lima and other regions, whereas the Brazilian study focused on a single municipality. Notably, the Brazilian analysis employed feminist theory and Goffman’s stigma framework to interpret sorority as resistance to exclusion [19]—an analytical dimension not explored in the Peruvian study. Nevertheless, both demonstrate that sorority transforms breast cancer from a solitary experience into one of community. Crucially, the Peruvian study operationalizes this transformation into a replicable support model for integration into the healthcare system, reinforcing its policy relevance and potential for broader implementation.

Participants consistently emphasized that sharing vulnerability fostered unity, encouraged engagement, and cultivated a more hopeful outlook. Identifying with others undergoing similar experiences enhanced emotional resilience. Vulnerability was not perceived as weakness, but as the foundation of supportive bonds through which women redefined illness and found strength in community. These safe spaces for expression transformed the cancer journey into a more manageable, less isolating experience [14]. In the Ethiopian context, however, such vulnerability remains unsupported, compounding distress and narrowing coping options. The absence of shared spaces underscores the critical importance of sorority in navigating breast cancer [18]. These findings affirm that, in a supportive environment, shared vulnerability becomes a powerful driver of resilience. This aligns with social support theory, which posits that robust social ties buffer stress and depression—an effect

clearly observed among Club participants and consistently documented in other contexts where solidarity improves illness experiences [20,21].

A key strength of this study lies in its qualitative design, enabling in-depth exploration of lived experience within the “*Club de la Mama*.” The use of interviews and focus groups allowed data triangulation and a nuanced understanding of group dynamics. However, certain limitations must be noted. The sample was limited to active Club members, restricting generalizability. In addition, the exclusive focus on a single support group precluded comparisons with other models. Future research should broaden the participant base and include individuals not involved in peer support initiatives.

These findings carry important implications for cancer care. Integrating support groups into standard services could improve emotional well-being and strengthen treatment adherence. Healthcare professionals should recognize the value of psychosocial support and actively encourage participation in such initiatives.

Finally, the study advocates for policies that institutionalize and expand support groups across healthcare settings. Embedding these structures in hospitals and community centers would reduce emotional burdens and improve quality of life. Scaling up such models presents a national challenge. Future research should assess their clinical impact, contribution to treatment continuity, and long-term effects on survivorship through longitudinal, mixed-methods studies.

5. Conclusions

Sorority emerged as a central pillar in the coping process of women diagnosed with breast cancer. Within the “*Club de la Mama*”, participants found a space of mutual support where solidarity, emotional connection, and shared experience enhanced resilience. The group fostered psychological well-being, empowered participants through reciprocal learning, and established trust-based support networks [13]. These findings highlight the critical role of peer-led spaces in the cancer journey and support the integration of such models into standard healthcare provision.

Author contributions: Conceptualization, TVR, with input from HCM; methodology, TVR and RCE; data acquisition, TVR and JNV; formal analysis, RCE, with input from TVR; investigation, TVR, RCE, and JNV, with input of HCM and SB; data curation, RCE and JNV; writing—original draft preparation, TVR; writing—review and editing, TVR, RCE, and SB; supervision, HCM; project administration, TVR and JNV, with input from SB; funding acquisition, TVR and SB. All authors have read and agreed to the published version of the manuscript.

Ethical approval: The study was conducted in accordance with the Declaration of Helsinki and approved by the Research Ethics Committee of the Peruvian University Cayetano Heredia (UPCH).

Informed consent statement: Informed consent was obtained from all subjects involved in the study.

Conflict of interest: The authors declare no conflict of interest.

References

1. Ministerio de Salud del Perú. Cancer statistics in Peru (Spanish). Lima: MINSA; 2020.
2. Globocan 2024. Estimated cancer incidence, mortality and prevalence worldwide in 2024. International Agency for Research on Cancer; 2024.
3. Instituto Nacional de Enfermedades Neoplásicas (INEN). Annual report of oncology care (Spanish). Lima: INEN; 2023.
4. Rodríguez-González N, Ramos-Monserrat MJ, de Arriba-Fernández A. How do social determinants of health influence breast cancer? (Spanish). *Revista de Senología y Patología Mamaria*. 2023; 36(3): 100467. doi: 10.1016/j.senol.2022.100467
5. Fernández A. Weaving Sisterhood: Breast Cancer Prevention Day (Spanish). Available online: <https://montevideo.gub.uy/noticias/salud-y-salubridad/tejiendo-sororidad-jornada-de-prevencion-del-cancer-de-mama> (accessed on 2 June 2025).
6. Belete NG, Bhakta M, Wilfong T, et al. Exploring the impact of breast cancer support groups on survivorship and treatment decision-making in eastern Ethiopia: a qualitative study. *Supportive Care in Cancer*. 2025; 33(5). doi: 10.1007/s00520-025-09475-w
7. Wang HF, Feng XY, Zheng XY, et al. Research Progress of Peer Support for Post-Operative Breast Cancer Patients. *Advances in Clinical Medicine*. 2022; 12(06): 5633-5641. doi: 10.12677/acm.2022.126815
8. Jablotschkin M, Binkowski L, Markovits Hoopii R, et al. Benefits and challenges of cancer peer support groups: A systematic review of qualitative studies. *European Journal of Cancer Care*. 2022; 31(6). doi: 10.1111/ecc.13700
9. Jansen BA, Bargon CA, Dinger TL, et al. Breast cancer patients' needs and perspectives on a one-on-one peer support program: quantitative and qualitative analyses. *Supportive Care in Cancer*. 2023; 31(11). doi: 10.1007/s00520-023-08009-6
10. Pichon-Rivière E. The role of emotional bonding in patient support groups. *Journal of Social Psychology*. 2017; 52(3): 220-235.
11. Liedo B. Together and in revolt: sorority in contemporary feminism (Spanish). *RECERCA Revista de Pensament i Anàlisi*. 2022; 27(2).
12. Bahrami MA, Tabari S, Tahmasebi S, et al. Strategies to Promote Empowerment Status of Breast Cancer Women. Mintoo M, ed. *International Journal of Breast Cancer*. 2024; 2024: 1-15. doi: 10.1155/2024/3305399
13. Ruiz-Romeo M, Ciria-Suarez L, Medina JC, et al. Empowerment among breast cancer survivors using an online peer support community. *Supportive Care in Cancer*. 2024; 33(1). doi: 10.1007/s00520-024-09119-5
14. López MG, Méndez AM, Cervantes EI. Sorority! what is it?. *Milenaria, Ciencia y Arte*. 2022; 19: 37-39.
15. Ahn J, Lee K eun. Experiences of peer support activities and the need for a metaverse-based program in young women with breast cancer: A qualitative study. *Asia-Pacific Journal of Oncology Nursing*. 2023; 10(7): 100253. doi: 10.1016/j.apjon.2023.100253
16. Sanches M, Fonseca I, Spinoso P, et al. Sorority and breast cancer: perspectives from participants in a support group (Portuguese). *Observatório de la economía latinoamericana*. 2024; 22(8): e6204. doi: 10.55905/oelv22n8-065
17. Lognos B, Boulze-launay I, Élodie M, et al. The central role of peers facilitators in the empowerment of breast cancer patients: a qualitative study. *BMC Women's Health*. 2022; 22(1). doi: 10.1186/s12905-022-01892-x
18. Ayele W, Addissie A, Wienke A, et al. Abstract B033: Breast cancer and other cause of death among adult women in rural Ethiopia: Presentation and duration of suffering using the direct sisterhood method. *Cancer Epidemiology, Biomarkers & Prevention*. 2020; 29(6_Supplement_1): B033-B033. doi: 10.1158/1538-7755.disp18-b033
19. Sanches M, Fonseca I, Spinoso M, Reis de Souza G. Sorority and breast cancer: perspectives from participants in a support group (Portuguese). *Observatório de la economía latinoamericana*. 2024; 22(8): e6204. doi: 10.55905/oelv22n8-065
20. Bamusi MT, Philip NE, Bhat LD. Women's empowerment and its influence on the uptake of breast cancer screening in Tanzania: an analysis of 2022 Tanzania demographic health survey data. *BMC Women's Health*. 2024; 24(1). doi: 10.1186/s12905-024-03345-z
21. Jadidi A, Ameri F. Social support and meaning of life in women with breast cancer. *Ethiopian Journal of Health Sciences*. 2022; 32(4): 709-714. doi: 10.4314/ejhs.v32i4.6