

# CANCER OF THE CERVIX

Cervical cancer is an abnormal growth occurring in the opening of the womb. If detected in its early stages, the disease can be totally cured; if unattended, it is fatal. The incidence of cervical cancer in black South African women is amongst the highest in the world. In spite of the success of treatment most of these women still die from the disease.

## DETECTION OF CERVICAL CANCER;

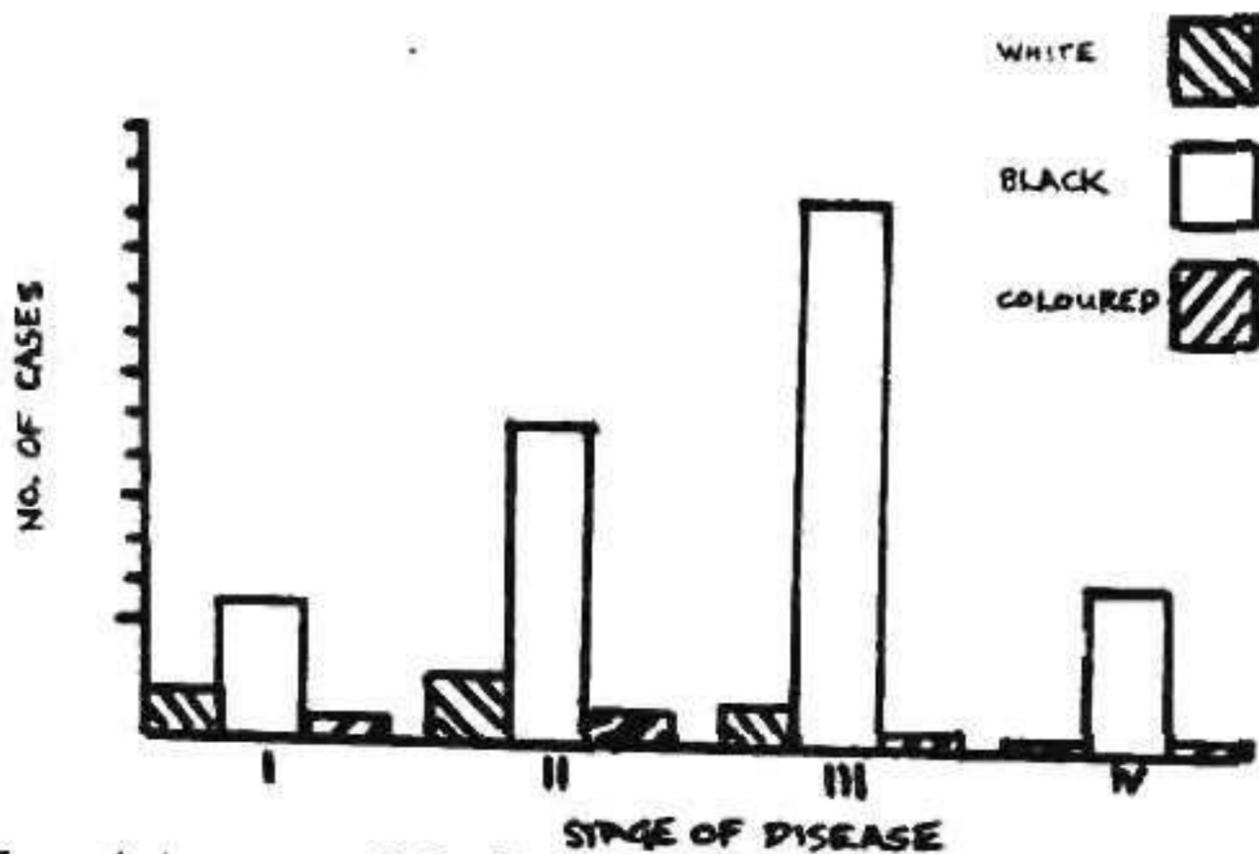
The most reliable means of detection is the Papanicolou((pap) smear. This can detect the disease even in its earliest stage during which there are no feelings of illness. This test should be painless.

## THE NEED FOR EDUCATION.

Because the early stages of the disease are symptomless, the disease will progress unnoticed (unless regular pap smears are done) and will only be detected upon appearance of symptoms late in the disease process. Therefore awareness of the need for regular pap smears must be created. Unless this active education is carried out, women will still only come to hospital with the onset of pain, discomfort or bleeding at which stage the disease has progressed too far for curative treatment.

## WHY IS THE INCIDENCE OF CERVICAL CANCER HIGHER IN BLACKS.

As can be seen from the graph (p.71), more black women get the disease than whites do; most of them presenting in the later stages of the disease while most whites present in the earlier stages. The causes of the disease are uncertain but a number of factors have been implicated. A relationship with a frequent change of sexual partners and de-



Racial Incidence Of Presentation In Each Stage  
Of Ca Cervix, Witwatersrand

gining sexual intercourse at an early age has been documented. Migrant labour and Influx Control have often been responsible for these lifestyles because they disintegrate the family and often prevent people from establishing long-term sexual relationships. An association between the disease and poor living conditions has also been suggested. These factors help to explain the alarming difference in the incidence of the disease between black and white South African women as seen below.

THE INCIDENCE OF CERVICAL CANCER IN BLACK AND  
WHITE SOUTH AFRICAN WOMEN

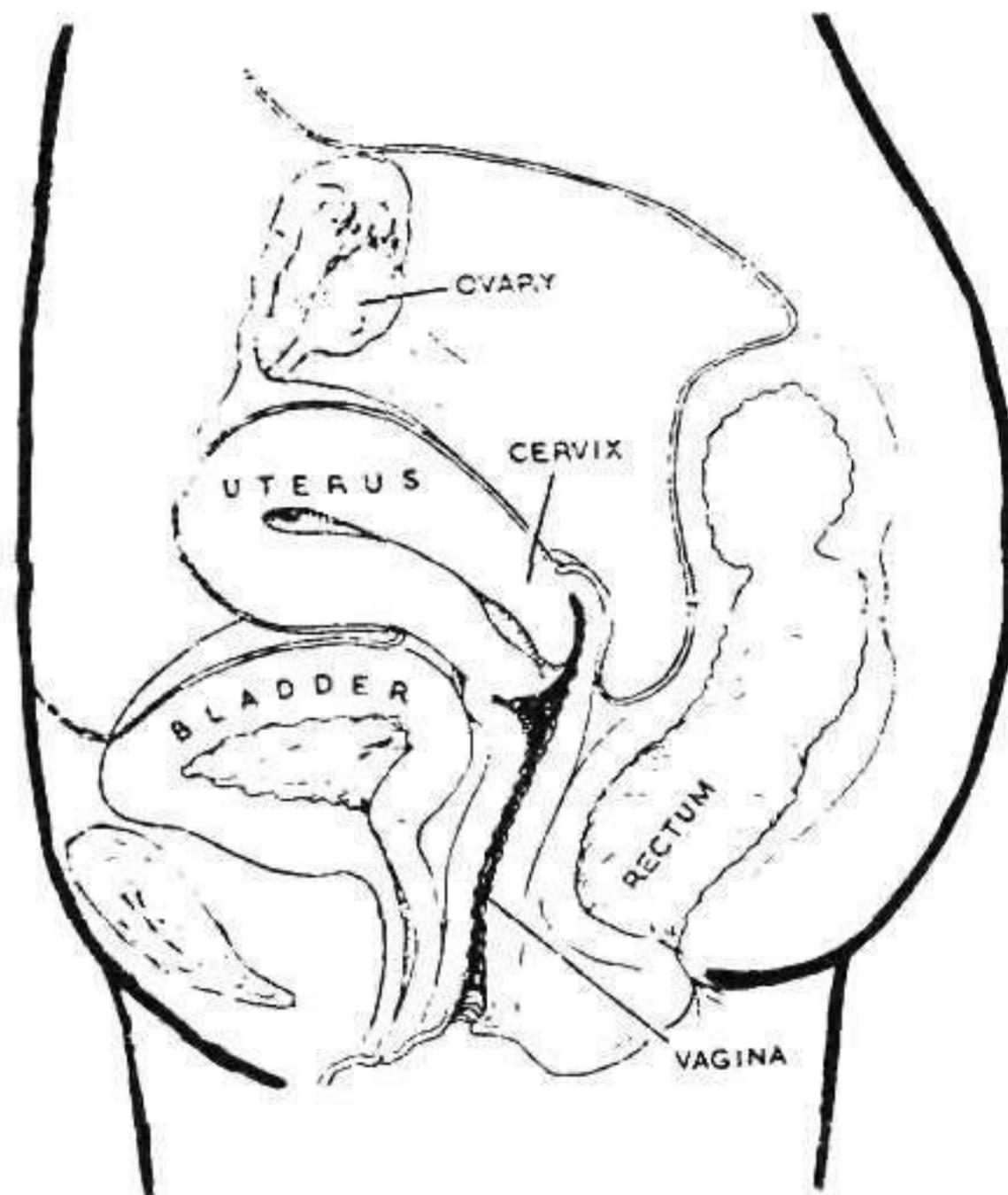
35,6 per 100000 black women

8,08 per 100000 white women

The National Cancer Association of South Africa (NCASA) reports that four out of five women who come for treatment can no longer be cured. This is because they come to hospital in the later stages of the disease.

## WHY DO WOMEN COME TO HOSPITAL IN THE LATER STAGES OF THE DISEASE?

At present, there is no major active campaign to inform women about the disease, how to detect it and how it can be cured. Most women therefore do not know about pap smears, or of their importance. Pap smears are not routinely done at family planning clinics - the one place to which even rural women have access. Even if women ask for a pap smear to be done, the clinics may not have the necessary facilities or follow-up services to contact the women who are found to have cancer of the cervix. Many clinics also charge a fee for a pap smear to be performed and this is often beyond the means of most black women. Although the situation varies from doctor to doctor, a large proportion of women who have private gynaecologists will be more likely to have a pap smear. The majority of black South African women do not have access to a private doctor.



## NCASA AND THE FAMILY PLANNING ASSOCIATION

At present only two organisations are actively involved in education about and screening for cervical cancer. They are the NCASA and the Family Planning Association of South Africa. Neither of these are state run and neither receive a substantial subsidy from the government. In addition, cervical cancer forms a very small part of their activities. The NCASA focuses primarily on lung and breast cancer (the latter especially being found predominantly in white South Africans). Information on pap smears may be given to women who go to family planning clinics and certain hospitals, but this is very random and depends once again on the discretion of the individual health worker present. The need for awareness of the severity of the disease and the high cure rate on early detection extends to the health workers as well.

## ATTEMPTED SCREENING PROGRAMMES

Some attempts at screening have been made. The South African Institute of Medical Research set up a programme in Soweto in which they trained large numbers of workers to analyse pap smears (cytologists). Doctors and other health workers (not appreciating the need for pap smears) did not take advantage of this facility so the project was underutilized. The project did not however include an education programme for health workers or for the communities involved and therefore was unsuccessful.

Projects in Natal sent mobile clinics into the townships and rural areas to screen women by doing pap smears. Because these projects did not arise out of discussions with the communities the objectives of the project was unclear and the women met it with some mistrust. To many the pap smear was seen as a method of indiscriminate sterilization and so regarded the project as yet another way for the state to exert control over women.

## WHY IS CERVICAL CANCER NEGLECTED?

In spite of the availability of a relatively simple screening test and the documentation of an almost 100% cure rate if detected in its early stages, the state puts very little money into educating and screening of cervical cancer. In fact many clinics have been requested to reduce the number of pap smears taken. The reason given is the cost of performing these tests. The state is unwilling to spend money to provide facilities for pap smears, to train and employ cytologists who analyse the pap smear in order to detect cancer and to stage the disease. The state is unwilling to spend money to create the awareness of the disease, its early simple painless detection, its treatment and high cure rate. All this is far cheaper than treating an advanced case of cervical cancer which usually requires lengthy hospitalisation.

This reflects a broader pattern of health care distribution in South Africa. Health services are largely orientated towards meeting the needs of the minority of the population. The health needs of the Blacks are of little concern to the state even in the case of an easily curable, but lethal disease like cancer of the cervix.

In addition, because the disease has been associated with women who have many sexual partners, this has resulted in women being blamed for contracting the disease. Thus shifting the responsibility for preventing the disease away from the state and places it on the individual.

Education around cervical cancer is crucial because it is only once women have access to information concerning the disease, that they can begin to make demands to combat it.