



Women, Power and Cancer: Lancet

For Prelims: Women, Power and Cancer: Lancet, [Cancer, Gender Inequity, Human Development Index](#), Years of Life Lost (YLLs), Lancet Global Health, [Hepatitis B and C infections](#).

For Mains: Women, Power and Cancer: Lancet, Cancer Prevention.

[Source: IE](#)

Why in News?

Recently, The Lancet Global Health has released a report titled-“**Women, Power and Cancer**”, which highlights how societal apathy towards women’s health has delayed their **access to Cancer prevention**.

What is the Methodology of the Study?

- This study estimated premature **deaths at ages 30-69 years** and distinguished these as deaths **that are preventable** or treatable in 185 countries worldwide.
- For this population-based study, estimated **Cancer deaths by country, cancer, sex, and age groups** were retrieved from the **International Agency for Research on Cancer's GLOBOCAN 2020 database**.
- Crude and age-adjusted cancer-specific **Years of Life Lost (YLLs)** were calculated for **36 cancer types**.

What are the Findings of the Report?

- **Cancer-Related Mortality and Burden:**
 - In 2020, there were **5.28 million premature cancer-related deaths** worldwide, occurring between the ages of 30 and 69.
 - These premature deaths resulted in a significant burden of 182.8 million years of life lost (YLLs), accounting for 68.8% of the total YLLs from cancer across all age groups.
- **Preventable and Treatable Deaths:**
 - Among the premature YLLs, 68% were deemed preventable, achievable **through primary prevention or early detection efforts**.
 - The remaining 32.0% YLLs were considered treatable, where effective evidence-based treatment with curative intent could reduce mortality.
- **Gender Disparities:**
 - **Men experienced a higher proportion of preventable premature YLLs** compared to women (70.3% for men vs. 65.2% for women).
 - However, the proportion of **treatable premature YLLs was higher for women** than for men (34.8% for women vs. 29.7% for men).
- **Human Development Index (HDI) and Mortality:**
 - Countries with lower **HDI** levels had **greater proportions of YLLs at premature ages** compared to very high HDI countries.

- **Lung cancer** was a major contributor to preventable premature YLLs **in medium to very high HDI countries**, while **cervical cancer led in low HDI countries**.
- **Colorectal and breast cancers** were major treatable cancers across all tiers of HDI.

What are the Key Highlights of the Study Pertaining to India?

- **Cancer Deaths Among Women in India:**
 - Nearly 63% of cancer deaths among women in India **could have been prevented by reducing risk factors**, screening, or early diagnosis.
 - 37% of deaths **could have been averted** with appropriate and timely treatment.
- **Challenges and Factors Affecting Cancer Care for Women:**
 - Societal apathy towards women's health, lack of awareness, and absence of quality expertise at the primary care level delayed access to cancer prevention, detection, **and care for women**.
- **Gender Gap and Discrimination in Healthcare:**
 - Because of **Gender Inequity** in cancer care, a woman's **health concerns were dismissed or ignored**.
 - Women are less likely to be in a position of power and may face difficulty in determining **their care due to gender bias** and discrimination.
- **Leading Risk Factors Among Women in India:**
 - The top three cancers among women in India are **Breast, Cervical, and Ovarian Cancers**.
 - One woman dies from cervical cancer every eight minutes.
- Infection continues to be the **biggest risk factor for cancer in Indian women, contributing to 23%** of deaths.
 - Infections that increase the risk of cancers include the **HPV virus**, which causes cervical cancer, and **Hepatitis B and C infections** that increase the risk of liver cancer.
 - Tobacco is the second important risk factor, contributing to 6% of the cancer deaths.
 - Alcohol and obesity each contributed to 1% cancer mortality in India.
- **Economic and Social Impact:**
 - **BRICS (Brazil, Russia, India, China, South Africa)** nations lost out on USD 46.3 billion because of **productivity loss** as a result of premature cancer deaths.
 - The value of unpaid cancer care-giving by women is about 3.66 of India's **national health expenditure**.

OVER THE YEARS

YEAR	INCIDENCE	MORTALITY
2020	13.92 lakh	7,70,230
2021	14.26 lakh	7,89,202
2022	14.61 lakh	8,08,558
2025	15.69 lakh (projected)	

Source: National Cancer Registry data presented in Parliament; ICMR National Centre for Disease Informatics and Research study

INCIDENCE PER 1 LAKH, 2020*



*Estimate

COMMON CANCER SITES

MALE: Lung, mouth, prostate, tongue, stomach (36% of all cancers)

FEMALE: Breast, cervix, ovary, uterus, lung (53% of all cancers)

FOR WOMEN, SCREENING MATTERS

BREAST & CERVICAL, the two most common cancers in women, are highly preventable and treatable.

SELF-EXAMINATION of breasts every month, and a clinical examination by a doctor every year, is important. Women who detect any lumps during self-examination must consult a doctor immediately. Women over age

40 should get a mammography once a year.

A PAP SMEAR TEST to check for pre-cancerous growth in the genitals is recommended for women ages 25-60.

HPV TEST to detect human papilloma virus that causes the majority of cervical cancers, can be done every 5-10 years.

What are the Recommendations of the Report?

- There is a need to call for a **new feminist and inclusive agenda for cancer care**, aiming to address the gender disparities and challenges women face in accessing appropriate cancer prevention, detection, and treatment.
- There is a need **for more sex- and gender-inclusive policies** and guidelines, addressing long-standing discriminatory practices undermining women's interaction with the health system.
- There should be **tailored programs for early diagnosis**, screening, comprehensive treatment, risk factor reduction, and vaccination to address premature cancer inequalities.
- Screening is crucial for **early detection and prevention of breast and cervical cancers**.
 - Self-examination of breasts every month and clinical examination by a doctor every year is advised.
 - Women over the age of **40 should get a mammography once a year** to check for breast cancer.
 - Women between the **ages of 25 and 65 years** should get a **pap smear test** to check for pre-cancerous growth on their cervix.

Why are Women More Precarious to Dying of Cancer?

- Many women in India face barriers in accessing healthcare. Their headaches, stemming from a **developing brain cancer**, are ignored generally in many cases.
 - There is a need of addressing societal apathy towards women's health, lack of awareness, and absence of quality healthcare at the primary level.
- The challenges faced by **dispossessed women**, including early marriage, lack of education, and

financial dependence, hinder their ability to seek medical attention and sustain treatment.

- Lack of knowledge and **delayed diagnosis by local healthcare providers** can severely impact a patient's prognosis and quality of life.

What are the Government Initiatives Related to Cancer Treatment?

- [National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke](#)
- [National Cancer Grid](#)
- [National Cancer Awareness Day](#)
- [HPV Vaccine](#)
- [Universal Immunization Programme \(UIP\)](#).

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