

Cervical cancer is a type of cancer that occurs in the cells of the cervix — the lower part of the uterus that connects to the vagina. Almost all cervical cancer is caused by certain strains of a virus called the **human papilloma virus (HPV)**, which can be transmitted through vaginal or anal sex. HPV infection is very common amongst anyone who is sexually active, but it usually does not have any symptoms, and usually goes away on its own.

Sometimes, however, HPV can go on to cause cancer of the cervix. In the early stages, cervical cancer can usually be successfully treated; this is why it is important to have regular cervical screening, so that it can be picked up early.

CERVICAL CANCER IS THE **2nd** MOST COMMON TYPE OF CANCER IN WOMEN WORLDWIDE.



80%
OF CERVICAL CANCER CASES OCCUR IN



80% of cervical cancer cases occur in developing countries. Women in developing countries are also more likely to die from cervical cancer than women in developed countries, mostly because they are less likely to have access to screening services.

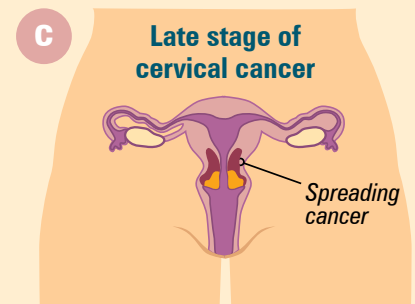
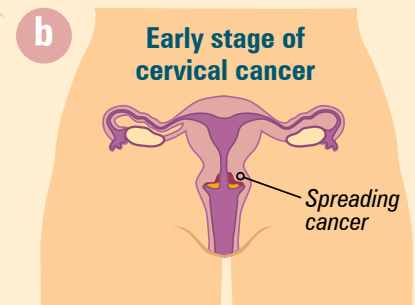
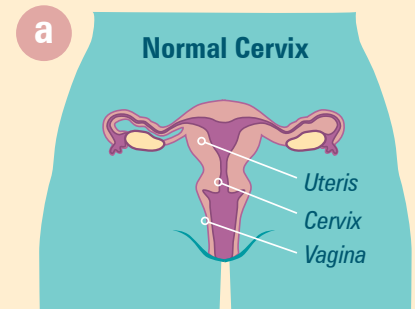
Some of the risk factors for cervical cancer include:

- increased number of sexual partners**
- unprotected sex**
- inconsistent condom use**
- becoming sexually active before the age of 18**
- having had 3 or more pregnancies**
- smoking**
- being HIV positive**

There are 3 main ways of screening for cervical cancer:

- 1**
Methods which take a sample of cells from the cervix and send these for **laboratory testing** (e.g. the Pap smear).
- 2**
Visual tests: Methods which involve applying a substance to the cervix and viewing it with the naked eye.
- 3**
Molecular tests: Tests to see if the HPV molecule is present.

Each method has its strengths and weaknesses¹. The Pap smear is the most common method in South Africa.



CASE STUDY

A fieldworker's story

The research described in this issue brief recruited and trained sex workers as fieldworkers to conduct the survey. During a feedback meeting, one field worker, Josephine* related that she had conducted interviews in a brothel, where she met a sex worker who told her that she had just been diagnosed with cervical cancer. When Josephine went back to the same brothel two months later, she was told that the sex worker had died the previous week.

“There is a lot of fear around cancer. Sex workers have a desperate need for information and services”, she said. But “It made everyone realise that they need to be screened regularly, so that they can pick up signs of cancer early.”

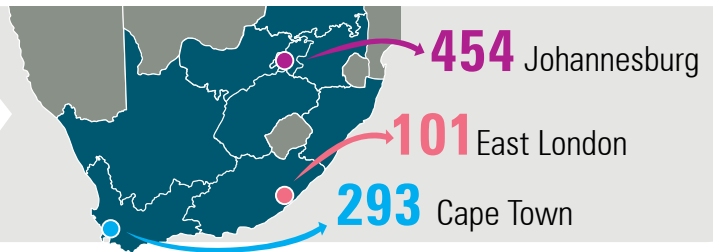
Sex workers in South Africa are estimated to be **affected by HPV infection 2-4 times more** than women in the general population². Sex workers often face challenges when accessing health care, especially sexual and reproductive health care and report experiencing **poor service, including stigma and discrimination, a lack of confidentiality, verbal abuse, and public humiliation.**



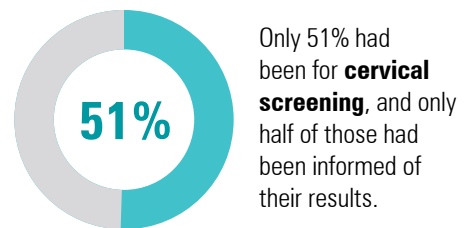
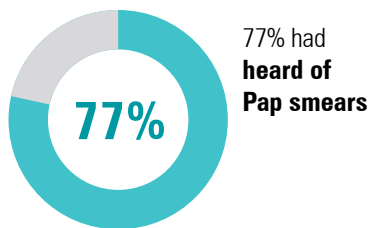
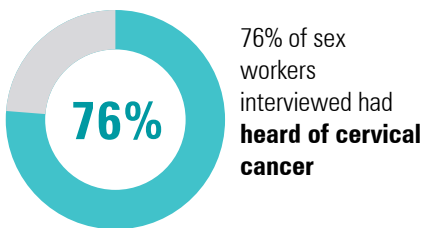
When you go to the clinic with an STI, they will humiliate, mock you and interrogate you about where you got it, all the time talking loudly so that everyone will hear³.

SWEAT interviewed sex workers about their knowledge, attitudes, practices and preferences around cervical cancer.

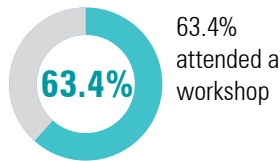
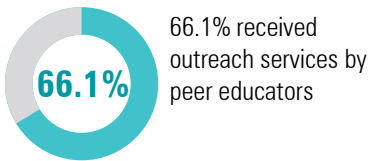
We conducted a survey with **848** sex workers from Johannesburg, Cape Town and East London.



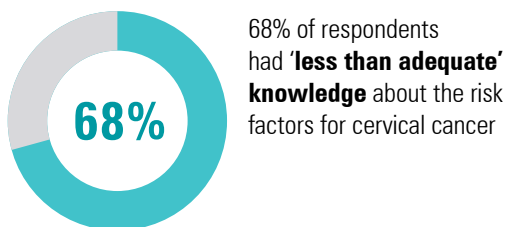
What did we find?



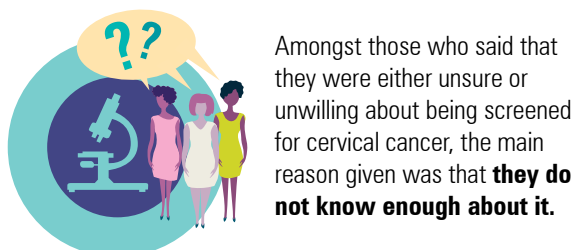
The majority reported that they had received services from a non-governmental organisation (NGO) in the previous three months



Sex workers who worked in bars or shebeens were less likely to have been screened, or have accessed outreach services, compared to those who worked in brothels, streets or at home



The majority felt that health facilities are available, and affordable, and that cost and distance are not significant barriers.



The majority of sex workers expressed attitudes that they cared about their health, and were prepared to seek medical help to prevent and treat illness. They also expressed a preference for attending medical facilities as opposed to visiting traditional or faith healers to prevent or treat serious illnesses such as cancer.

What kind of services are sex workers asking for?

We asked sex workers what kind of services they preferred for screening and treating cervical cancer. They said they preferred:



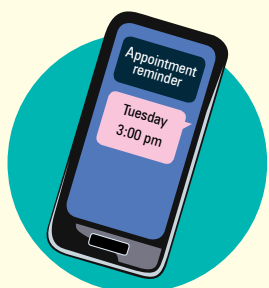
Friendly, non-stigmatising, non-judgmental services,



Targeted interventions specifically for sex workers



At a fixed location, as opposed to a mobile clinic



They would appreciate receiving appointment reminders, and health tips via sms



Provided by a professional female health care worker



They are prepared to travel to receive services which cater to their needs

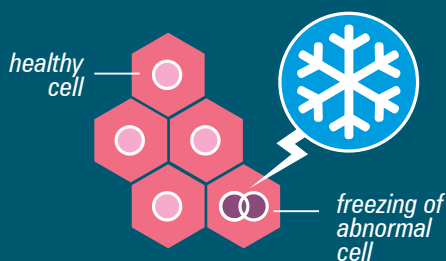


Although most are happy to go alone, some would like to have the option of being accompanied by a peer educator or peer navigator



They would prefer to have a fixed appointment time, instead of spending long hours waiting to be seen

Cryotherapy is a treatment that destroys abnormal cells by rapidly freezing them, so that normal cells can grow back.



CASE STUDY

An example of cervical cancer screening and treatment for sex workers provided by a non-governmental organisation.

In Limpopo, Hoedspruit Training Trust used a “see-and-treat” approach to cervical cancer testing for sex workers. If pre-cancer cells are found, they are treated during the same clinic visit with cryotherapy – a successful preventative measure, especially for populations that are hard to track down and bring back for subsequent visits. Feedback regarding the cervical cancer screening was positive, with sex workers thrilled to have been screened and offered lessons about cervical cancer. For most it was a first-time screening and individuals reported not having been aware of the fact that they are more at risk of getting cervical cancer as sex workers.

Deliwe, a 25-year-old sex worker from Phalaborwa expressed relief about being screened for cervical cancer and obtaining a negative result. She stated that she will be getting screened on an annual basis now that she knows that her risks of developing cervical cancer are high. She admitted to having felt uneasy prior to the screening, but was happy to report that the procedure wasn’t painful at all and that she felt a great sense of reassurance knowing that she is in the clear⁴.

CASE STUDY

An example of a partnership between a community-based, sex worker peer education programme and a public health facility to improve screening for cervical cancer

In Komani (formerly Queenstown), Eastern Cape, a **SWEAT** peer-education project conducts outreach and workshops with sex workers. The project formed a good relationship with the nurses from the local clinic. The peer educators referred sex workers for services, and accompanied them if they were reluctant to go alone. They also invited nurses to come to their workshops to provide health education and conduct HIV and other health screenings. One month, they decided to run a cervical cancer screening campaign, and recruited over 50 sex workers to have Pap smears; most of the sex workers had never been screened before⁶.

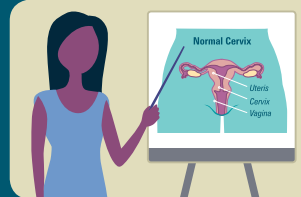
Recommendations



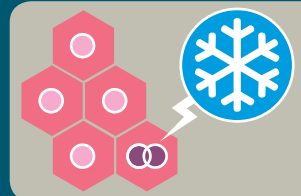
Sex workers should be offered cervical cancer screening **once a year**, regardless of age.



Cervical cancer screening should be part of a package of comprehensive sexual and reproductive health services offered to sex workers, as recommended in the South African National Strategic Plan on HIV, TB and STIs 2017-2022⁵.



Awareness-raising and education about cervical cancer should be integrated into existing community-based programmes for sex workers.



All programmes providing health services for sex workers should offer cervical cancer screening, and ideally also cryotherapy.



Special efforts should be made to reach sub-populations within the sex worker population who may be less likely to access screening, such as bar and shebeen-based sex workers, migrant sex workers, and younger sex workers.

Conclusion

Sex workers are at increased risk for cervical cancer, and should be offered cervical screening annually. Our study shows that only 51% of sex workers have ever received cervical screening. Screening rates could be improved through targeted cervical screening (and ideally also treatment services, if required), combined with an expanded education campaign appropriate to sex workers' specific needs and risk factors, in the context of a community empowerment approach.

Endnotes

- ¹ The strengths and weaknesses of the different screening methods are outlined in the National Department of Health Cervical Cancer Prevention and Control Policy, 2017.
- ² Auvert, B., Marais, D., Lissouba, P., Zarca, K., Ramjee, G., Williamson, A. L. High-risk human papillomavirus is associated with HIV acquisition among South African female sex workers. *Infectious Diseases in Obstetrics and Gynecology*, 2011. <http://doi.org/10.1155/2011/692012>
- ³ NACOSA (2016). *Creating Safe Spaces: an evaluation of the Red Umbrella Sex Work Programme*. Available from <http://www.nacosa.org.za/2016/07/29/red-umbrella-sex-work-programme-evaluation/>
- ⁴ SWEAT (2015) *GOOD PRACTICE GUIDE to integrated sex worker programming Based on the Experiences of the Red Umbrella Programme*
- ⁵ SANAC (2017). *South African National Strategic Plan on HIV, TB and STIs 2017-2022*. Available at <https://sanac.org.za/the-national-strategic-plan/>
- ⁶ SWEAT (2018). *Low cost, integrated model for sex work programming*. Available at sweat.org.za

