



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



SEXUAL AND REPRODUCTIVE HEALTH HEALTHY LIFESTYLE MONTH

MESSAGE BOOKLET 2020

THEME:

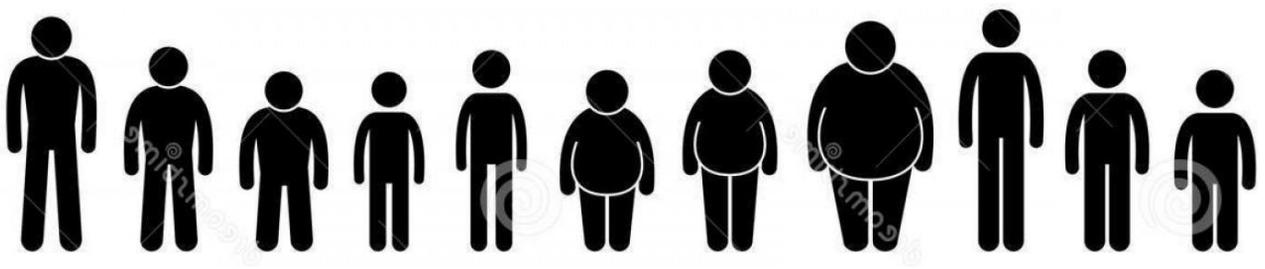
Cheka Impilo

Have peace of mind

SEXUAL AND REPRODUCTIVE HEALTH AND HEALTHY LIFESTYLE MONTH

February is a Sexual and Reproductive Health and Healthy Lifestyle Month. The awareness weeks and days that are incorporated in the month of February are as follows:

4 February	World Cancer Day
10-16 February	Pregnancy Awareness Week
10-16 February	STI/Condom Week
21 February	Healthy Lifestyle Awareness Day



WORLD CANCER DAY



World
Cancer Day
4 February

#IamAndIWill
#WorldCancerDay

I AM
AND
I WILL



WORLD CANCER DAY

What is cancer?

Cancer is a disease which occurs when changes in a group of normal cells within the body lead to uncontrolled, abnormal growth forming a lump called a tumour; this is true of all cancers except leukaemia (cancer of the blood). If left untreated, tumours can grow and spread into the surrounding normal tissue, or to other parts of the body via the bloodstream and lymphatic systems, and can affect the digestive, nervous and circulatory systems or release hormones that may affect body function.

Causes

Cancers can be caused by a number of different factors and, as with many other illnesses, most cancers are the result of exposure to a number of different causal factors. It is important to remember that, while some factors cannot be modified, around one third of cancer cases can be prevented by reducing behavioural and dietary risks.

Signs and Symptoms

With so many different types of cancers, the symptoms are varied and depend on where the disease is located. However, there are some key signs and symptoms to look out for, including:

- **Unusual lumps or swelling** – cancerous lumps are often painless and may increase in size as the cancer progresses
- **Coughing, breathlessness or difficulty swallowing** – be aware of persistent coughing episodes, breathlessness or difficulty swallowing
- **Changes in bowel habit** – such as constipation and diarrhoea and/or blood found in the stools
- **Unexpected bleeding** – includes bleeding from the vagina, anal passage, or blood found in stools, in urine or when coughing
- **Unexplained weight loss** – a large amount of unexplained and unintentional weight loss over a short period of time (a couple of months)
- **Fatigue** – which shows itself as extreme tiredness and a severe lack of energy. If fatigue is due to cancer, individuals normally also have other symptoms
- **Pain or ache** – includes unexplained or ongoing pain, or pain that comes and goes
- **New mole or changes to a mole** – look for changes in size, shape, or colour and if it becomes crusty or bleeds or oozes
- **Complications with urinating** – includes needing to urinate urgently, more frequently, or being unable to go when you need to or experiencing pain while urinating
- **Unusual breast changes** – look for changes in size, shape or feel, skin changes and pain
- **Appetite loss** – feeling less hungry than usual for a prolonged period of time
- **A sore or ulcer that won't heal** – including a spot, sore wound or mouth ulcer
- **Heartburn or indigestion** – persistent or painful heartburn or indigestion
- **Heavy night sweats** – be aware of very heavy, drenching night sweats

Cancer prevention

Between 30-50 per cent of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer. National policies and programmes should be implemented to raise awareness, to reduce exposure to cancer risk factors and to ensure that people are provided with the information and support they need to adopt healthy lifestyles.

Tobacco

Worldwide, tobacco use is the single greatest avoidable risk factor for cancer mortality and kills approximately 6 million people each year, from cancer and other diseases. Tobacco smoke has more than 7000 chemicals, at least 250 are known to be harmful and more than 50 are known to cause cancer.

WORLD CANCER DAY

Tobacco smoking causes many types of cancer, including cancers of the lung, oesophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach and cervix. Second-hand smoke, also known as environmental tobacco smoke, has been proven to cause lung cancer in non-smoking adults. Smokeless tobacco (also called oral tobacco, chewing tobacco or snuff) causes oral, oesophageal and pancreatic cancer. Nearly 80% of the 1 billion smokers in the world live in low- and middle-income countries.

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Nearly 80% of the 1 billion smokers in the world live in low- and middle-income countries.

- Tobacco
- Tobacco and cancer: evidence and monitoring
- Implementation tools

Physical inactivity, dietary factors, obesity and being overweight

Dietary modification is another important approach to cancer control. There is a link between overweight and obesity to many types of cancer such as oesophagus, colorectum, breast, endometrium and kidney. Diets high in fruits and vegetables may have an independent protective effect against many cancers. Regular physical activity and the maintenance of a healthy body weight, along with a healthy diet, considerably reduce cancer risk. In addition, healthy eating habits that prevent the development of diet-associated cancers will also lower the risk of other non-communicable diseases.

- WHO global strategy on diet, physical activity and health
- IARC handbooks on weight control and physical activity

Alcohol use

Alcohol use is a risk factor for many cancer types including cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum and breast. Risk of cancer increases with the amount of alcohol consumed. For several types of cancer, heavy drinking of alcohol combined with tobacco use substantially increases the risks of cancer. In 2010, alcohol-attributable cancers were estimated to be responsible for 337,400 deaths worldwide, predominantly among men.

- Alcohol
- WHO Global strategy to reduce harmful use of alcohol

Infections

In 2012, approximately 15 per cent of all cancers were attributable to infectious agents such as helicobacter pylori, human papilloma virus (HPV), hepatitis B and C, and Epstein-Barr virus. The fraction of infection-attributable cancers varied between countries and development status, from less than 5 per cent in Australia, Canada, New Zealand, the United States and select countries in western and northern Europe to more than 50 per cent in some countries in sub-Saharan Africa. Two-thirds of infection-attributable cancers (1.4 million cases) occur in less developed countries. Vaccines are available for hepatitis B virus and some types of HPV and can reduce the risk of liver and cervical cancers, respectively.

IARC monograph on biological agents

WORLD CANCER DAY

Environmental pollution

Pollution of air, water and soil with carcinogenic chemicals contributes to the cancer burden to differing degrees depending on the geographical settings. Outdoor air pollution is classified as carcinogenic, or cancer-causing, for humans. It has been estimated that outdoor air pollution contributed to 3.2 million premature deaths worldwide in 2012 including more than 200,000 lung cancer deaths. Additionally, over 4 million people die prematurely from illness attributable to the household air pollution from cooking with solid fuels, 6 per cent of these deaths are from lung cancer. Indoor air pollution from coal fires doubles the risk of lung cancer, particularly among non-smoking women. Exposure to carcinogens also occurs via the contamination of food, such as aflatoxins or dioxins.

- Environmental pollution
- IARC publication on pollution and cancer

Occupational carcinogens

More than 40 agents, mixtures and exposure circumstances in the working environment are carcinogenic to humans and are classified as occupational carcinogens. Occupational cancers are concentrated among specific groups of the working population, for whom the risk of developing a particular form of cancer may be much higher than for the general population. It is well documented that occupational carcinogens are causally related to lung cancer, mesothelioma, and bladder cancer. For example, mesothelioma (cancer of the outer lining of the lung or chest cavity) is to a large extent caused by work-related exposure to asbestos.

- Occupational health
- IARC monograph on chemical agents and related occupation

Radiation

Exposure to all types of ionizing radiation, from both natural and man-made sources, increases the risk of various types of malignancy including leukaemia and a number of solid tumours. Risks increase when the exposure occurs at a young age and also when the exposure amount is higher. Ultraviolet (UV) radiation, and in particular solar radiation, is carcinogenic to humans, causing all major types of skin cancer, such as basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma. Avoiding excessive exposure, use of sunscreen and protective clothing are effective preventive measures. UV-emitting tanning devices are now also classified as carcinogenic to humans based on their association with skin and ocular melanoma cancers.

Radiation is used in medicine and can help save lives as well as prevent the need for more invasive procedures. However, inappropriate use may cause harm because of unnecessary and unintended radiation doses for patients. Radiologic tests and procedures should be appropriately prescribed and properly performed to reduce unnecessary radiation doses, particularly in children.

Residential exposure can also arise from radon, a naturally radioactive gas sometime present in soil and building materials increase risk of lung cancers. Radon levels in homes can be reduced by improving the ventilation and sealing floors and walls.

Early detection

There are a number of cancers which can be identified early which helps to improve the chances of successful treatment outcomes, often at lower costs and with fewer (or less significant) side effects for patients. There are cost-effective tests that help detect colorectal, breast, cervical and oral cancers early and further tests are being developed for other cancers.

Check with your doctor for guidance on the national recommendations regarding vaccinations, testing and screenings. These can and do vary from country to country.

Breast Cancer

Breast Cancer

It's important for women to be empowered with knowledge regarding lowering their cancer and health risk and recognising warning signs. We encourage annual medical check-ups and cancer screening for early detection, as symptoms don't always present until cancer has spread. Women need to lead a healthy, balanced lifestyle, cutting out lifestyle factors that increase their cancer risk.

Both breast and cervical cancer have been identified as a national priority with increasing incidences occurring.

Approximately 19.4 million women aged 15 years and older live at-risk of being diagnosed with breast cancer – the cancer affecting women in South Africa the most. In 2013, deaths from breast cancer and cancers of the female genital tract, accounted for 0.7 per cent and 1 per cent of all deaths in South African respectively.

Awareness of the symptoms, and early detection through screening, can help lead to earlier diagnosis, resulting in improved treatment outcomes. Awareness of risk factors, can help women reduce their personal cancer risk.

Apart from non-melanoma skin cancer, breast cancer is the most common cancer in women of all races, with a lifetime risk of 1 in 27 in South Africa, according to the 2014 National Cancer Registry (NCR).



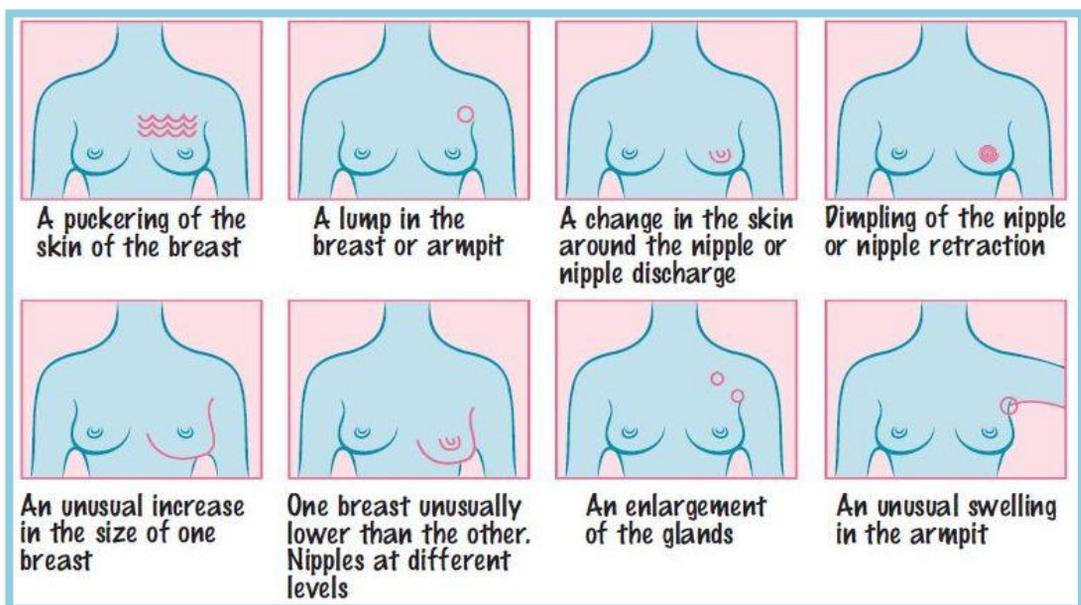
Risk Factors for Breast Cancer in Women

The following are known risk factors for breast cancer in women:

- Sex - just being a woman is the biggest risk factor for developing breast cancer.
- Age - as with many other diseases, one's risk of breast cancer goes up as one gets older.
- Family history - women with close relatives who have been diagnosed with breast cancer have a higher risk of developing the disease. If one has had one first-degree female relative (sister, mother, daughter) diagnosed with breast cancer, one's risk is doubled.
- Also, if one has had one first-degree male relative (brother, father, son) diagnosed with prostate cancer, the risk of breast cancer is increased, especially if the prostate cancer was found at a young age.

Breast Cancer

- Genetics - about 5 per cent to 10 per cent of breast cancers are thought to be hereditary, caused by abnormal genes passed from parent to child. Certain gene mutations that increase the risk of breast cancer can be passed from parents to children. The most common gene mutations are referred to as BRCA1 and BRCA2. These genes can greatly increase one's risk of breast cancer and other cancers, but they do not make cancer inevitable.
- Personal history of breast cancer - if one has been diagnosed with breast cancer, one has a 3 to 4 times increased risk to develop a new cancer in the other breast or a different part of the same breast.
- Radiation to chest before age 30 - if one has had radiation to the chest to treat another cancer (not breast cancer), such as Hodgkin's lymphoma or non-Hodgkin's lymphoma, one has a higher-than-average risk of breast cancer.
- Race or ethnicity – It is said that white women are slightly more likely to develop breast cancer than African American, Hispanic, and Asian women. But African American women are more likely to develop more aggressive, more advanced-stage breast cancer that is diagnosed at a young age. There is still insufficient evidence to categorically make this statement for South African Black women.
- Being overweight - overweight and obese women have a higher risk of being diagnosed with breast cancer compared to women who maintain a healthy weight, especially after menopause.
- history - women who haven't had a full-term pregnancy or had their first child after age 30 have a higher risk of breast cancer compared to women who gave birth before age 30.
- Breastfeeding history - breastfeeding can lower breast cancer risk, especially if a woman breastfeeds for longer than 1 year.
- Menstrual history - women who started menstruating (having periods) younger than age 12 have a higher risk of breast cancer later in life. The same is true for women who go through menopause when they are older than 55.
- Using HRT (Hormone Replacement Therapy) - current or recent past users of HRT have a higher risk of being diagnosed with breast cancer.
- Drinking alcohol - research consistently shows that drinking alcoholic beverages - beer, wine, and spirits - increases the risk of hormone-receptor-positive breast cancer.
- Having dense breasts - research has shown that dense breasts can be 6 times more likely to develop cancer and can make it harder for mammograms to detect breast cancer.
- Lack of exercise - research shows a link between exercising regularly at a moderate or intense level for 4 to 7 hours per week and a lower risk of breast cancer.
- Smoking - smoking causes a number of diseases and is linked to a higher risk of breast cancer in younger, premenopausal women.
- Low Vitamin D levels - research suggests that women with low levels of vitamin D have a higher risk of breast cancer. Vitamin D may play a role in controlling normal breast cell growth and may be able to stop breast cancer cells from growing.



Breast Cancer

The World Health Organization about Breast Health and Cancer

The World Health Organization (WHO) states the following about breast health and cancer:

Early diagnosis - early diagnosis remains an important early detection strategy, particularly in low- and middle-income countries where the disease is diagnosed in late stages and resources are very limited.

Mammography screening - mammography screening is the only screening method that has proven to be effective. Although there is evidence that organised population-based mammography screening programmes can reduce breast cancer mortality by around 20 per cent in the screened group versus the unscreened group across all age groups, in general there appears to be a narrow balance of benefits compared with harms, particularly in younger and older women.

Breast Self-examination (BSE) - there is no evidence on the effect of screening through breast self-examination (BSE). However, the practice of BSE has been seen to empower women, taking responsibility for their own health. Therefore, BSE is recommended for raising awareness among women at risk rather than as a screening method.

Doing a Breast Self-Examination (BSE)

Breast self-examination (BSE) is to be performed each month in addition to any mammograms or a clinical breast examination. Knowing the cyclical changes, what is normal and what regular monthly changes in the breast feel like is the best way to keep an eye on breast health.

Breast tissue extends from under the nipple and areola up towards the armpit.

Make a Regular Date for Doing a BSE - If pre-menopausal: Set a regular time to do the BSE a few days after the menstruation when hormone levels are relatively stable and the breasts are less tender.

If already menopausal (have not had a period for a year or more), pick a particular day of the month to do the BSE and then repeat the BSE on that day every month

Reduce Risk Through Regular Examinations:

Self Breast Examinations

If you feel or see any change in your breasts or underarms, arrange for a Clinical Breast Examination at your local CANSA Care Centre, primary healthcare centre or health practitioner.

Breast Cancer

Steps: How to do a Breast Self-Examination (BSE)

A Breast Self-Examination is as easy as 1-2-3

Breast self-examination (BSE) should be done once a month during ovulation (preferably at the same time of day).

1. In the mirror

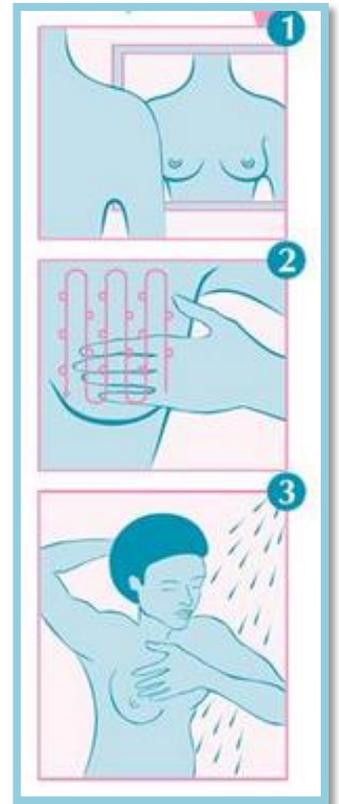
- Inspect four ways: arms at sides; arms overhead; firmly pressing hands on hips and bending forward.
- In front of a mirror, check for any changes in the normal look and feel of your breasts, such as dimpling, size differences or nipple discharge.

2. Lying down

- Lie on your back with a pillow under your right shoulder and your right hand under your head.
- With the four fingers of your left hand make small circular motions, follow an up and down pattern over the entire breast area, under the arms and up to the shoulder bone, pressing firmly.
- Repeat using right hand on left breast.

3. While bathing

- With the right arm raised, check your right breast with a soapy left hand and fingers flat using the method described under step 2 ('Lying down'). Repeat on the other side.



Discuss any changes with your medical practitioner



Cervical Cancer

Cervical cancer is the **2nd most common cancer** among South African women. Women have a 1 in 42 lifetime risk of cervical cancer (NCR 2014). It can be successfully treated if detected in the early stages, so it is important that women are aware of symptoms and what is normal for their bodies.

Symptoms include: abnormal bleeding between periods, heavier and longer menstrual period, vaginal discharge, vaginal bleeding or pain during intercourse / after menopause, increased urinary frequency.

Risk factors: Cervical cancer is mainly caused by the Human Papilloma Virus (HPV), a common virus spread through skin to skin contact, body fluids and sexual intercourse. Failure to use protection during sexual intercourse, sexually transmitted infections (STIs), multiple sexual partners, early sexual debut, and use of oral contraceptives increases risk.

Women with HIV infection also have a higher risk of developing cervical cancer.

Furthermore, being overweight, inactive, consuming alcohol, poor dietary habits, smoking and exposure to chemicals increases risk.

Reduce Risk Through Pap smears

Having regular **Pap smears** can detect abnormal cells in the cervix (lower part or mouth of the womb), that could develop into cervical cancer. Screening involves taking a swab of the cervical cells. It is uncomfortable, but painless.

When abnormal cells are identified and removed, in many cases *it is prior to cancer cells actually developing*. Early diagnosis and treatment of pre-cancerous lesions *prevents up to 80% of cervical cancers*, in high resource countries, where cervical cancer screening is routine.

Women making use of *public sector screening services* are entitled to three free Pap smears per lifetime, starting at the age of 30 years or older, with a 10 year interval between each smear. Find

Who should have a Pap smear?

- All women who have been sexually active, should start having Pap smears between ages 18 to 20 years.
- Every eligible woman should preferably have a Pap smear at least every 3 years.

Note:

- It is better to have a Pap smear at a less optimal time, than not at all.
- Routine cervical screening is *not required* for women *under the age of 18 years*, even if they are sexually active.
- If a woman is 70 years old and, within the last 5 years, had *two normal Pap Smears*, she need not continue with Pap smears.

Reduce Risk Through Vaccinations

The primary underlying cause of cervical cancer is the Human Papilloma Virus (HPV), which is transmitted through skin to skin contact and is *a very common virus infecting most people* at some point in their lives.

There are many types of HPV and some of the virus types can infect the cells that could lead to cancer. About 40 types are sexually transmitted through genital contact, while mostly two types (16 + 18) are considered high risk in South Africa.

Cervical Cancer

High risk HPV is estimated to cause: 70 per cent of cervical cancers; 50 per cent of vaginal and vulvar cancers; and 20 per cent of head and neck cancers.

The **Human Papilloma Virus (HPV) School Vaccination Programme** is conducted to help reduce cervical cancer risk. Persistent infection with HPV may lead to cervical cancer, so all females in the age group of 9 to 26 years (provided they are *not* sexually active) may be vaccinated.

Furthermore, CANSA advises delaying sexual debut; reducing the number of sexual partners, and increased condom use. Medical male circumcision helps to reduce Human Immunodeficiency Virus (HIV) acquisition and transmission, and is protective for Human Papilloma Virus (HPV) in males, thus reducing the risk of initial or re-infection of HPV among women.

Human Immunodeficiency Virus (HIV) and Human Papilloma Virus (HPV)

Women living with HIV are at increased risk of developing cervical cancer and experience more rapid progression of the disease.



Prevent Cervical Cancer

Human Papillomavirus (HPV) vaccine is now available for grade 4 girls who are 9 years and older.

Protecting young girls, future women of South Africa against cervical cancer.



Prostate Cancer

Prostate cancer is the most common cancer among all SA men

The lifetime risk for Prostate Cancer in men in South Africa, is 1 in 19, according to the 2014 National Cancer Registry.

Men need to go for simple screening tests to detect Prostate Cancer (**see guidelines below**). Screening results in early detection, enabling more effective treatment and a better chance of recovery:

- Routine Prostate Specific Antigen (PSA) testing, annually, **from age 40** for all men at high risk of prostate cancer. This includes those men with more than one first-degree relative who had prostate cancer at an early age (younger than 65 years)
- Routine Prostate Specific Antigen (PSA) testing, annually, as **from age 45** for all males who are at risk of prostate cancer. This includes men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than 65 years)
- Routine Prostate Specific Antigen (PSA) testing, at least once every two years, for **all males from age 50**

Reduce Risk Through Screening:

Although most enlargements of the prostate are not cancerous, regular screening is essential.

Prostate Specific Antigen (PSA) Test

Prostate Specific Antigen (PSA) is a protein produced by both cancerous (malignant) and non-cancerous (benign) prostate tissue. High PSA levels may indicate inflammation of the prostate or even cancer. A blood test or finger prick test can establish if PSA levels are raised.

What is your risk for prostate cancer?

Factors that increase the risk for prostate cancer

- Age 40 and older (rapidly increased risk after 50)
- Poor diet (more than 300g of red meat four times a week and high fat intake)
- Presence of BRCA1 + BRCA2 gene mutation
- Smoking
- Lack of exercise
- Family history of prostate cancer
- Obesity
- Alcohol intake



Prostate cancer screening

Cancer screening aims to detect cancer before symptoms appear. This may involve blood tests, urine tests or medical imaging. The benefits of screening in terms of reducing the cancer risk, early detection and subsequent treatment are enormous and CANSA encourages all men to have regular screenings. Screening for prostate cancer includes a digital rectal exam and a Prostate Specific Antigen (PSA) blood test.

Prostate Cancer

Screening procedure	What it does?	Starting age	How often?
Digital rectal examination	The doctor examines the prostate through the rectum to check for any prostate abnormalities	50 (40-45 for those at high risk, such as men with a family history of prostate cancer)	Annually
Prostate Specific Antigen (PSA) blood test or finger-prick test	Blood is tested for PSA levels, a protein produced by the prostate - high levels may indicate inflammation of the prostate or cancer	50 (40-45 for those at high risk such as men with a family history of prostate cancer)	Annually



It's of great concern that the number of men being diagnosed with late stage cancer is on the rise. Knowledge is power and can change the lives of men drastically if they are aware of early warning signs and symptoms of male cancers.

Men need to be pro-active about their health and should recognise warning signs. We encourage monthly testicular self-examinations, annual medical check-ups and cancer screening for early detection, as symptoms don't always present until cancer has spread. Men also need to lead a healthy, balanced lifestyle, cutting out lifestyle factors that increase their cancer risk.

We urge men and male cancer Survivors to encourage one another to invest in their health and to ask their doctor for advice on specific cancer screening tests relevant to their age, medical and family history.

TREATMENT AND PROGNOSIS

Treatment depends on age and how aggressive the cancer is, Options include surgery, radiation therapy, chemotherapy and hormonal therapy.

The prognosis for prostate cancer is good if diagnosed early and treated.