Doctor of Sociology

The Social Distribution of Cancer in Belgium.
Social inequalities in cancer mortality around the turn of the century - A fundamental cause perspective.

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Abstract

There is consistent evidence of a negative association between socioeconomic position (SEP) and nearly all indicators of morbidity and mortality. Yet, for cancer, the picture is less clear-cut: depending on the site of cancer being studied either a positive, a negative or no association at all is observed. In recent decades, cancer has become a leading cause of morbidity and mortality. Belgium has among the highest all-cancer incidence in Europe, and consequently constitutes a relevant setting to investigate the socioeconomic (SE) patterning of cancer mortality. This thesis aims to unravel SE inequalities in overall and site-specific cancer mortality in Belgium and to gain insight in trends in inequalities between the beginning of the 1990s and the end of the 2000s. By mapping SE inequalities in cancer mortality, this project will allow the identification of cancer sites with the largest inequalities or the largest increase of inequalities.

Absolute and relative SE inequalities with lower overall and site-specific cancer mortality were observed. These associations were persistent across all age groups, for men and women, and independent of the choice of indicator of SEP. Generally, SE inequalities were larger for the more preventable cancer sites, especially those related to health behaviour such as cancers of the lung, the head and neck, and cervix uteri. While in men the trend over time of inequalities was rather stable, in women there was a tendency to increasing inequality for overall cancer mortality as well as for some preventable cancer sites. Additionally, our results showed an association between cancer mortality and the SE characteristics of the household, in childhood and adulthood.

These findings suggest that there is opportunity to reduce cancer mortality inequalities. Developing interventions to adopt healthier lifestyles, tailored at the disadvantaged populations, remain crucial. Additionally, to ensure that the association between SEP and health will not be reproduced over time upon the development of new interventions, it is essential to tackle the roots of SE inequalities, which is the unequal distribution of resources in society.