

*Editorial*

# Intersectionality and Cancer Disparities in South Asia: A Regional Call for Cancer Control

**Abdullah Al Mamun**

Editor-in-Chief, Health Dynamics

**Article history**

Received: 14 March 2026

Revised: 20 March 2026

Accepted: 28 March 2026

Published Online: 31 March 2026

**\*Correspondence:**

Abdullah Al Mamun

Address: Health Dynamics.

Email: [aamfst@gmail.com](mailto:aamfst@gmail.com)

**How to cite this article:** Mamun AA. Intersectionality and Cancer Disparities in South Asia: A Regional Call for Cancer Control. *Health Dynamics*, 2026, 3(3), 88-89. <https://doi.org/10.33846/hd30301>



**Copyrights:** © 2026 by the author. This is an open access article under the terms and conditions of the Creative Commons Attribution – NoDerivatives 4.0 International (CC BY-ND 4.0) license (<https://creativecommons.org/licenses/by-nd/4.0/>).

Cancer continues to pose a major public health challenge across South Asia, particularly within the member states of the South Asian Association for Regional Cooperation (SAARC), which together represent more than 2 billion people. Although the region accounts for approximately 9% of global cancer incidence, it contributes disproportionately to cancer mortality, reflecting persistent inequities in prevention, diagnosis, treatment access, and outcomes.<sup>(1,2)</sup> The mortality-to-incidence ratio in South Asia remains substantially higher than global estimates, underscoring deficiencies in timely detection, cancer infrastructure, and continuity of care.<sup>(1,3)</sup> The cancer landscape across South Asia is shaped not only by economic limitations and fragile health systems, but also by deeply rooted social and structural inequities. Countries within the SAARC region face common challenges, including shortages in oncology workforce capacity, limited access to screening and treatment facilities, inadequate cancer registries, and substantial out-of-pocket expenditures. In several settings, the patient-to-oncologist ratio reaches critically high levels, while the financial burden of treatment frequently pushes households into poverty.<sup>(2)</sup> Delayed diagnosis and poor outcomes are further compounded by cultural stigma, misconceptions regarding cancer, and barriers to accessing advanced therapies.<sup>(3)</sup>

Importantly, these disparities cannot be understood through socioeconomic status alone. Increasing attention has therefore been directed toward the concept of intersectionality, originally introduced by Kimberlé Crenshaw, which examines how overlapping social identities shape experiences of privilege, exclusion, and discrimination. In the context of cancer care, intersectionality provides a valuable framework for understanding how gender, caste, religion, language, geography, migration status, and other identities interact to influence cancer risk, access to care, and survivorship.<sup>(3,4)</sup> Across South Asia, women frequently encounter delayed diagnosis due to limited awareness, inadequate screening programmes, and low uptake of preventive interventions such as human papillomavirus vaccination. Rural populations often experience additional barriers related to distance, transportation costs, and limited availability of specialised services. Marginalised communities, including Dalit, indigenous, refugee, and sexual and gender minority populations, continue to face structural exclusion within health systems. Language discordance and culturally embedded beliefs may also hinder effective communication and timely treatment-seeking behaviours.<sup>(2)</sup> Similar patterns have been observed across Southeast Asia, where disparities emerge through the intersection of socioeconomic vulnerability, religion, geography, and migration-related factors.<sup>(4)</sup>

As the regional cancer burden continues to rise, there is an urgent need for coordinated and contextually relevant strategies that prioritise equity. Strengthening cancer registries and national cancer control programmes through the collection of disaggregated data will be critical to identifying vulnerable populations and monitoring disparities. Equally important are investments in equitable financing systems, workforce expansion, culturally competent care, and bias mitigation in clinical training. (2) Research that explicitly models intersecting social determinants of health can further inform targeted interventions and policy development. Addressing cancer disparities in South Asia will require more than expansion of infrastructure alone. A comprehensive regional response must recognise the complex social realities that shape health outcomes across SAARC countries. Embedding intersectionality within cancer policy, research, and practice offers an important pathway toward more inclusive and equitable cancer control for the populations most affected by the growing burden of cancer.

### Competing Interests

The authors declare no conflict of interest.

## REFERENCES

1. Jain U, Rahim F, Jain B, Komanduri A, Arkalgud A, Sabet CJ, Hammond A, Tshering P, Patel TA, Sirohi B, Jain P, Khan SZ, Gunasekera S, Shilpakar R, Stanikzai Z, Chowdhury AR, Swami N, Dee EC, Gyawali B. Cancer burden across the South Asian Association for Regional Cooperation in 2022. *BMJ Oncology*. 2024;3:e000466. <https://doi.org/10.1136/bmjonc-2024-000466>
2. Menon TP, Mathew A, Iyengar P, Gyawali B, Pramesh C, Dee EC. Intersectionality of cancer disparities in south Asia. *The Lancet Global Health*. 2026;14(2):e272–e280. [http://dx.doi.org/10.1016/s2214-109x\(25\)00444-9](http://dx.doi.org/10.1016/s2214-109x(25)00444-9)
3. Jain U, Rahim F, Jain B, Arkalgud A, Sabat C, Hammond A, Tshering P, Patel TA, Sirohi B, Jain P, Zeb Khan S, Gunasekera S, Shilpakar R, Stanikzai Z, Chowdhury AR, Swami N, Dee ECC, Gyawali B. Cancer burden across South Asia in 2020: A global cancer observatory analysis. *Journal of Clinical Oncology*. 2024;42(16\_suppl):e23292–e23292. [http://dx.doi.org/10.1200/jco.2024.42.16\\_suppl.e23292](http://dx.doi.org/10.1200/jco.2024.42.16_suppl.e23292)
4. Feliciano EJG, Ho FDV, Yee K, Paguio JA, Eala MAB, Robredo JPG, Ng K, Lim J, Pyone KT, Peralta CA, Flores JA, Yao JS, Santos PMG, Ang CDU, Lasco G, Chan JSK, Tse G, Tangco ED, Kingham TP, Chitapanarux I, Bhoo-Pathy N, Legaspi GD, Dee EC. Cancer disparities in Southeast Asia: intersectionality and a call to action. *The Lancet Regional Health - Western Pacific*. 2023;41:100971. <http://dx.doi.org/10.1016/j.lanwpc.2023.100971>