

Knowledge, Attitudes, Beliefs, and Practices Regarding Breast and Cervical Cancer Screening in Selected Ethnocultural Groups in Northwestern Ontario

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Purpose/Objectives: To examine the knowledge, attitudes, beliefs, and practices regarding breast and cervical cancer screening in selected ethnocultural groups (i.e., Italian, Ukrainian, Finnish, and the native population) in Northwestern Ontario, Canada.

Design: Descriptive, exploratory.

Setting: Rural and urban settings in Northwestern Ontario.

Sample: 105 women aged 40 and older who were residents of Northwestern Ontario and members of selected ethnic groups, including Italian, Ukrainian, Finnish, Ojibwa, and Oji-Cree.

Methods: An interview guide was designed specifically for this study to gather information regarding knowledge, attitudes, beliefs, and practices about breast self-examination (BSE), clinical breast examination (CBE), mammography, and cervical cancer screening procedures. Data were obtained through face-to-face interviews (two or three hours) in English or the language spoken. Interviews in other languages were transcribed into English.

Findings: Ojibwa and Oji-Cree women were more likely than any other group to not have practiced BSE, to have refused CBE or mammogram, to not have been told how to perform BSE, to not have received written information about breast examination, and to be uncomfortable and fearful about cervical cancer screening procedures (33% refused internal examination as compared to 0–8% in the other ethnic groups). Four issues emerged from the findings: (a) using multimedia sources to inform women about screening programs, (b) educating women regarding breast and cervical cancer screening, (c) reminding women when they are due for screening, and (d) identifying that Pap tests are uncomfortable and frightening.

Conclusions: Cultural beliefs, attitudes, and practices of marginal populations (e.g., native women) are important to consider when developing strategies to address barriers to effective breast and cervical screening.

Implications for Nursing: Educational programs that are culturally sensitive to participants are imperative.

Key Points . . .

- Breast and cervical cancer are significant healthcare issues for Canadian women, regardless of race or ethnicity.
- Limited research has been conducted surrounding barriers to effective screening with marginal populations such as native women.
- Healthcare professionals need to be educated regarding cultural sensitivity, including knowledge of and attitudes about specific cultural groups.
- Nurse researchers need to address compliance and the cost-effectiveness of screening programs.

1,345 new cases of invasive cervical cancer in 2003. The incidence of cervical cancer is slowly declining from 1,450 cases in 2000, and this lower rate may be attributed to population-based screening programs.

Limited research has examined the barriers to cancer screening faced by Canada's minority populations (Panel on Cancer and the Disadvantaged, 1991). Ethnocultural groups

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Breast and cervical cancer are considered significant healthcare issues for Canadian women, regardless of race or ethnicity. Recent research continues to emphasize that they are a concern for women in all countries (Burchansstipanov, Dignan, Wound, Tenney, & Vigil, 2000; Giveon & Kahan, 2000). The prevalence of breast cancer is rising slowly in Canada; one woman in nine will develop the disease in her lifetime (National Cancer Institute of Canada, 2003). The National Cancer Institute of Canada estimated