

Comparison of Factors Affecting Repeat Mammography Screening of Low-Income Mexican American Women

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Purpose/Objectives: To examine the level of cancer fatalism and other sociocognitive behavioral determinants in Mexican American women categorized as regular mammography screeners and infrequent mammography screeners.

Design: Cross-sectional, descriptive.

Setting: A southwestern American city on the U.S.-Mexico border.

Sample: 68 Mexican American women with low incomes recruited from a cancer consortium database.

Methods: Women who had been identified as regular or infrequent screeners based on screening history were contacted and invited to participate in a telephone survey. Participation consisted of completing the Powe Fatalism Inventory (PFI) and the Mammography Beliefs and Attitudes Questionnaire (MBAQ) in English or Spanish.

Main Research Variables: Total scores on the PFI and total scores on each of the MBAQ subscales.

Findings: Differences between the two groups were noted in cancer fatalism, perceived control over their participation in screening activities, and family history of cancer. No significant differences were noted in demographic characteristics.

Conclusions: Cancer fatalism, generally believed to be highly related to socioeconomic status, may be mediated by women's perceptions of control over screening behavior or choices and by family history of cancer.

Implications for Nursing: Further research is needed to explore cancer fatalism among Hispanic women, including other factors that can affect the level of cancer fatalism and perceived control over mammography screening participation. With this knowledge, culturally sensitive interventions may be developed to increase self-efficacy and facilitate perceived control.

Hispanic women have some of the lowest rates of health screening and healthcare use in America (American Cancer Society [ACS], 2007; Fernandez, Palmer, & Leong-Wu, 2005). Breast cancer is the leading cause of cancer deaths among Hispanic women in the United States (ACS; Intercultural Cancer Council [ICC], 2005), and Hispanic women have very low participation rates in initial and repeat mammography screening (Fernandez et al.). Only 38% of Hispanic women aged 40 and older have regular mammogram screenings (ACS; National Cancer Institute, 2007), which is of concern because of the later stage, greater extent of disease presentation, and higher cancer mortality rates seen in Hispanic women diagnosed with breast cancer (ACS; Fernandez et al.; ICC).

Hispanics are one of the fastest growing ethnic groups in the United States. According to the U.S. Census Bureau

Key Points . . .

- ▶ Mexican American women with low incomes exhibit low participation in initial and repeat mammography screening despite the availability of federally funded mammograms.
- ▶ Breast cancer is the leading cause of cancer deaths among Hispanic women in the United States.
- ▶ Differences were noted among Mexican American women with low incomes with respect to levels of cancer fatalism and beliefs about control over their own breast health.
- ▶ Additional research is needed to describe influences on perceived control of screening behavior in Mexican American women.

(2000), the number of Hispanics in the United States may reach 97 million by 2050. Mexican Americans constitute the single largest group of Hispanics in the United States, about 58.5% of the Hispanic population (U.S. Census Bureau). Poor participation by Hispanic women in breast cancer screening programs is adding to breast cancer health disparities among minority populations in the United States.

One of the goals of Healthy People 2010 is to decrease health disparities among minority populations in the United

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