

Ethnic Influences on Body Awareness, Trait Anxiety, Perceived Risk, and Breast and Gynecologic Cancer Screening Practices

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Purpose/Objectives: To examine ethnic influences on body awareness, trait anxiety, perceived risk, and breast and gynecologic cancer screening practices.

Design: Descriptive, correlational secondary analysis.

Setting: Urban and rural home and community populations.

Sample: 233 women: 138 (59%) Caucasian, 37 (17%) African American, 29 (12%) Hispanic, and 29 (12%) American Indian women (\bar{x} = 46.86 years) were recruited through mailings, churches, and community organizations.

Methods: Structured questionnaires.

Main Research Variables: Body awareness, trait anxiety, perceived risk, and breast and gynecologic cancer screening practices.

Findings: Ethnicity predicted breast and gynecologic cancer screening practices (except clinical breast examination), body awareness, trait anxiety, and perceived risk. Hispanic and American Indian women reported greater breast self-examination frequency than Caucasian and African American women. Caucasian and African American women reported more mammogram use than Hispanic and American Indian women. Increased body awareness was related to fewer gynecologic exams for American Indian women.

Conclusions: Women of different ethnic backgrounds respond differently to breast and gynecologic cancer screening practices. The influence of psychosocial variables on these practices varied with different groups.

Implications for Nursing Practice: Nursing interventions to increase breast and gynecologic cancer screening should be ethnic-specific, with particular attention to the meaning of body awareness to American Indian women and trait anxiety and perceived risk to African American women.

A major challenge to cancer control is that despite the availability of screening tests for breast and gynecologic cancer, they are underused by most women (Breen & Kessler, 1994). Ethnic minority women, in particular, tend to use them the least (Calle, Flanders, Thun, & Martin, 1993; Estrada, Trevino, & Ray, 1990; Giuliano, Papenfuss, deZapien, Tilousi, & Nuvayestewa, 1998), which may result in their lower survival and higher mortality rates than those reported for Caucasian women. This discrepancy in rates points to a significant and disproportionate cancer burden among ethnic women, which has profound implications

Key Points . . .

- ▶ Despite the availability of breast and gynecologic screening tests, they are underused by most women, and ethnic minority women tend to use them the least.
- ▶ Little is known about the influence of psychosocial variables on early screening practices in ethnic minority women.
- ▶ Ethnicity was a stronger predictor of perceived risk for gynecologic cancer than perceived risk for breast cancer as well as predicted frequency of breast screening practices (breast self-examination and mammogram) and gynecologic exams.
- ▶ Specific nursing interventions may be designed to help African American women cope with their anxiety, especially related to mammography, and American Indian women consider the role that body awareness plays in gynecologic screening.
- ▶ Ethnic groups are not homogeneous; therefore, caution must be used in designing nursing interventions to avoid stereotyping.

for women, families, communities, and the nation and is a continuing concern for healthcare providers (Hoffman-Goetz & Mills, 1997).

If present minority birth and immigration rates continue, the nation's racial and ethnic subgroups will comprise a majority of the total population by the early part of the 21st century (Bouvier & Gardner, 1986). In 1984, the U.S. government made the health status of minorities a national priority. In 1995, the Department of Health and Human Services identified national screening objectives, including priorities for cancer prevention for minority subcultures (U.S. Department of Health and Human Services and U.S. Public Health Service, 1995). Lack of data about breast and gynecologic screening practices among ethnic minorities is a barrier to accomplishing these objectives (Choudhry, Srivastava, & Fitch, 1998).

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