

Exploring Gender Differences in Colon Cancer Screening Knowledge and Health Beliefs among African Americans

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African Americans are diagnosed with and die at higher rates from colorectal cancer (CRC) than any ethnic groups in the United States. Culturally appropriate, effective interventions are urgently needed to reduce these cancer disparities by increasing participation in CRC screening. Both men and women are at risk for CRC, but may have different perceptions of their personal risk for CRC, knowledge, and health beliefs about screening.

The purpose of the study was to examine gender differences among 817 African American primary care patients who are overdue for CRC screening. A framework based on the Health Belief Model and the Transtheoretical Model was developed specifically for this study.

Baseline data were analyzed from a randomized clinical trial comparing two interventions to promote screening. African American primary care patients (n=817) who were due for screening were recruited from 11 clinics. Telephone interviewers collected baseline data on demographic characteristics, CRC knowledge, CRC health beliefs (perceived risk, perceived benefits, perceived barriers, and self-efficacy). Comparisons between male and female participants were conducted using t-tests and chi-square.

Significant differences were found between men and women on several health beliefs about CRC screening. Compared to women, men had higher perceived CRC risk scores ($p=.001$), higher colonoscopy benefits scores ($p=.012$), higher colonoscopy self-efficacy scores ($p=.005$), and higher FOBT self-efficacy scores ($p=.000$). Women had significantly higher colonoscopy barriers scores ($p=.005$) than men. No differences were observed between men and women on CRC knowledge scores ($p=.829$), FOBT benefits scores ($p=.783$), and FOBT barriers scores ($p=.679$).

Results indicate there are differences between African American men and women in relation to specific CRC screening health beliefs. Knowledge of CRC screening is equally low for both groups. Health care providers should take note of this when providing recommendations for screening. In addition, these results can inform the development of effective strategies for tailoring interventions to increase CRC screening.