



Black women and breast health: A review of the literature

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A B S T R A C T

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Aim: In the UK, it is known that screening inequalities exist involving ethnic minority groups such as Black women (Patnick, 2009). To date, there is limited UK data on Black British women and breast health awareness. Black British women appear to be an underrepresented group in breast cancer studies (Breast Cancer Care, 2004, 2005). This literature review aimed to explore Black women's perceptions of breast health and factors that influence breast cancer screening practices.

Methods: A literature search for the period 1994 to September 2009 was undertaken using BNI, CINAHL, PubMed, OSH-ROM, PsycInfo, Google scholar, and Scopus databases. Key words used included: breast cancer, breast health, African American women, Black British women, black women, breast cancer screening, qualitative studies. Hand-searching was also done, and reference lists of papers were examined for relevant studies.

Results: Black women hold a variety of views and perceptions on the risk that breast cancer poses. These perceptions are strongly related to existing knowledge, related stigmatization, spiritual and religious beliefs, all of which can adversely influence motivation to engage in self-breast examination and breast cancer screening.

Conclusion: US based studies identified several influential factors: religion, educational awareness of breast cancer screening, breast health awareness. Breast health interventions and research are needed to increase breast health awareness in Black British women.

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Introduction

Breast cancer is a global disease and represents not a single disease but a group of tumour subtypes which predominantly affects women (Cancer Research UK, 2009). It is an international disease that affects women equally aged 20 to ≥ 70 years and cannot be differentiated by race, ethnicity, age or occupation (Rashid et al., 2006). Although it was recently reported that nearly 1,050,000 women living in the UK were newly diagnosed with breast cancer, there has been a steady decline in mortality rates from 14,370 in 1994–11,990 in 2007 (Stewart and Kleihues, 2003; Rosen et al., 2006; Cancer Research UK, 2009). This reduction in mortality may be due to earlier diagnosis through screening and improved management or a decline in the use of combined forms of hormone replacement therapy (Brewster et al., 2009). Even with this decline, breast cancer continues to be a health issue for women. In 2006, 45,500 women developed breast cancer in the UK. Up to 125 women per day develop breast cancer in the UK (Cancer Research UK, 2009). Of these, the age distribution, severity of breast cancer and ethnicity of women of reported cases is not

disclosed. This is particularly important as the incidence of breast cancer in women from at risk or 'hard to reach' groups such as Black British women is unknown.

Breast cancer is a multi-ethnic disease and is the most common form of cancer in ethnic women from first generation immigrants (Cancer Research Campaign, 1997). Although there are more than 3 million people with ethnic minority backgrounds living in the UK; the proportion of Black British women diagnosed with breast cancer is currently unknown. This is mainly due to the paucity of evidence on the incidence rates of breast cancer in Black women (Raja-Jones, 1999). In the UK, the five year survival rates among women diagnosed with breast cancer from 1998 to 2001 was 80% (Rosen et al., 2006). This represents an increase of 2.5% from the period of diagnosis of 1996–1999. Although these figures are encouraging, they fail to differentiate women by ethnicity or race. In addition to this, there is also paucity of evidence on the uptake of breast cancer screening, mortality and survival rates in Black British, Black African and Black Caribbean women living in the UK.

Literature on Black women and breast cancer is predominantly American. The American Cancer Society suggests that the incidence of breast cancer in African American women may be lower than suggested rates for Caucasian women (American Cancer Society,

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2004). Breast cancer in Black women is likely to be more aggressive than in Caucasian women and also detected at an advanced stage. Late detection may be due to social barriers that African American women face: poverty, social injustice and cultural issues (Gerend and Pai, 2008). To what extent these barriers concur with the views of Black British women is unclear.

Recent figures suggest that mortality due to breast cancer is higher in Black women compared to Caucasian women. Data indicate a hazards ratio (HR; 1.90; 95% CI: 1.83–1.96) for Black women compared to (HR: 1.52; 95% CI: 1.48–1.55) for Caucasian women (Deshpande et al., 2009). The American Cancer Society (ACS) also indicate that 5 year survival rates in African American women is 14% lower than equivalent figures for other ethnic minority groups (American Cancer Society, 2004).

The benefits of participating in breast cancer screening cannot be overestimated, the use of clinical breast examination and mammography have been shown to reduce the risk of dying by up to 17% in women aged 40 years and older and by 30% in women aged 50–69 years (National Cancer Institute, 2006). Recent figures indicate that African American women of average risk are more likely to have participated in a mammogram and may receive multiple mammograms before the age of 40 years than Caucasian women (Kapp et al., 2009). These data indicate that African American women are benefiting from national health initiatives.

Breast cancer studies in the UK

There are three British studies available that have examined breast health in Black women. Kernohan (1996) explored the impact of a health promotion education programme on its ability to increase the uptake of breast and cervical cancer screening in ethnic minority women. Of these, 163 African-Caribbean women responded to the programme and uptake of screening improved (Kernohan, 1996). This study increased the awareness of the need for community based health education programmes, investment in breast health and breast health research in order to gain a better understanding of the views and experiences of Black women with breast cancer. Breast Cancer Care explored breast cancer awareness in ethnic minority women. Findings indicated that 32% of Black women did not know about breast cancer, its symptoms or the risk factors, particularly age and 43% never examined their breasts as they did not know what to look for. In addition, 53% of Black women did not know that age was a risk factor, this may have accounted for the fact that large 45% of women in the 50 years–70 years age group had never attended a breast cancer screening programme (Breast Cancer Care, 2004).

Although, Breast Cancer Care (2004) examined breast cancer related knowledge, breast health beliefs and attitudes in Black and ethnic minority women, Black women were under-represented accounting for 2 of 78 ethnic minority participants. The key findings concur with a more recent study (Breast Cancer Care, 2005). Findings indicated that Black and ethnic minority women possessed limited knowledge of breast cancer, associated risk factors and women preferred a health care professional to undertake their breast health check. Women with a personal history of breast cancer were able to relate to the problems of late detection, poor prognosis, and associated distress associated with the disease process and lack of awareness of breast cancer risks (Breast Cancer Care, 2005).

These studies indicate that in the UK, Black women appear to be less knowledgeable about breast health and the importance of breast cancer screening. Given the lack of concrete evidence on breast health and breast cancer screening practices in Black women, it is appropriate to examine the existing literature on breast health and breast cancer screening practices.

Clarification of concepts

In this review Black women refers to women of African diaspora which includes African and Caribbean Black. In addition to this the breast cancer nurse refers to nurses who specialise in the care offered to breast cancer patients (Amir et al., 2004).

Search methods

This review draws on established methods to review the literature and attempts to evaluate a range of existing research that is relevant to the perceptions of breast health and experiences of Black women in relation to breast cancer screening (Centre for Reviews and Dissemination, 2001). This review provides evidence that illustrates the range of published evidence pertinent to perception of breast cancer, perceived stigmatization, breast cancer screening practices and impact of spirituality and religion on breast health. The study drew on both UK and international literature in an attempt to illustrate for complexity and depth of the subject and the global nature of the subject matter Fig. 1.

The search for relevant literature involved the use of the following data bases: Scopus, Cinahl, Pubmed, Medline and British Nursing Index and search engines such as advanced Google Scholar. Evidence was also generated from hand searching individual journals. As the focus of the review centred on breast health awareness and breast cancer screening practices. A search strategy was undertaken to locate relevant literature as described by Hek and Moule (2006). The following terms were used to locate relevant literature: breast cancer, breast health, breast cancer screening, lived experience, African-American women, African-Caribbean women, Black women, Black British women, phenomenology, grounded theory, qualitative studies, quantitative studies in different combinations. Search terms were used in combination. Research studies, literature reviews, exploratory studies using qualitative and quantitative research designs, critical reviews of the literature were included in the review if they addressed the research question: how do Black women view breast health and what is their experience of breast cancer screening? Papers were preferentially selected from a 15 year period from 1994 to 2009 as it was felt that most relevant studies pertinent to the subject area would be located within this period and would reflect the currency of the available literature.

In total 490 references were identified electronically and by hand searching. Abstracts and titles were scanned for relevance. Key words used were. To ensure that studies focused specifically on breast cancer/breast health in Black women, it was decided to retrieve documents that contained the words breast cancer and Black or African American women either in the title or the abstract. In the case of literature reviews these were included if they addressed perceptions of breast cancer or the experience of breast cancer screening on the lives of Black women. In total 60 papers were selected for in-depth evaluation, of these 15 research studies emerged that examined breast health practices in Black women (Table 1). These included, 2 literature review, 3 cross sectional studies, 2 phenomenological studies, 1 correlation study, 2 exploratory studies, 1 evaluation study, 1 qualitative study and 3 surveys.

Studies were excluded if the sample population in studies were not Black women. Studies in which the sample population included a wide range or an eclectic mix of client ethnic minority women were also excluded, as these studies would possibly not reflect the concerns of Black women. Studies that focused on the treatment of breast cancer were not included. Full text papers not written in English were excluded.

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