The Influence of Social Support on Breast Cancer Screening in a Multicultural Community Sample

Purpose/Objectives: To examine the relationship between women’s reported social support and their adherence to recommended breast cancer screening guidelines.

Design: Descriptive, cross-sectional survey.

Setting: Community women’s organizations throughout the San Francisco Bay Area.

Sample: 833 mostly low-income women with a mean age of 46.2 years from three racial or ethnic groups (i.e., Latina, Caucasian, and African American) who were not breast cancer survivors.

Methods: Social support was measured with a five-item, four-point, Likert scale developed for the study (Cronbach’s alpha = 0.7248). Adherence to screening guidelines was measured by asking frequency of performing breast self-examination (BSE) and frequency of obtaining a clinical breast examination (CBE) and a mammogram. Research assistants and leaders of women’s organizations conducted the survey in work and community settings.

Main Research Variables: Social support, performance of BSE, obtaining a CBE and a mammogram, income, education, spoken language, and level of acculturation.

Findings: Higher levels of social support were related to higher income and higher education. Lower levels of social support were associated with being Latina, completing the survey in Spanish, and being born abroad. Women who did not adhere to screening guidelines (for BSE or CBE) reported less social support.

Conclusions: Social support is associated with adherence to breast cancer screening guidelines.

Implications for Nursing: Nurses should assess women’s levels of social support as a factor when evaluating adherence to breast cancer screening guidelines.

Key Points...

- Social support enhances positive health outcomes and well-being.
- Community-based cancer screening programs that use lay health advisors assume that supportive interpersonal relationships facilitate screening behavior.
- Nurses should assess women’s levels of social support as a factor when evaluating adherence to breast cancer screening guidelines.
- Nursing can play an important role in promoting screening behavior by fostering sources of support.
- Future research needs to investigate whether certain sources or kinds of social support are more important than others in influencing breast cancer screening behavior.

Influence their attitudes about breast cancer screening. Commonly cited breast cancer screening barriers are lack of medical insurance, low annual income, low education level, and issues associated with race or ethnicity (Bastani et al., 1995; Pearlman, Rakowski, Ehrich, & Clark, 1996). Cultural factors that have a negative impact on breast cancer screening are issues of privacy and modesty, lack of knowledge that breast cancer risk increases with age, lack of appreciation of preventive medicine, fear of finding cancer, spoken language, and a nonsupportive spouse or partner, especially for Latinas (Choudry, Srivastava, & Fitch, 1998; Facione & Katapodi, 2000; Flores & Mata, 1995; Oktay, 1998).

The links between social support, positive health outcomes, and well-being are well established, and individuals who have social and community ties have lower morbidity and mortality rates than those who lack social support (House, Landis, & Umberson, 1988). Social support is hypothesized to act in a three-fold manner. It can influence individuals’ appraisals of how stressful events seem, it can influence their appraisals of coping options, and it can have a direct impact on health behaviors (Komproe, Rijken, Ros, Winnubst, & Hart, 1997).

Compared with men, women appear to be more influenced to perform positive health behaviors when they have adequate supportive relationships (Molinari, Ahern, & Hendryx, 1998). Therefore, women’s social support networks are expected to influence their attitudes about breast cancer screening. Commonly cited breast cancer screening barriers are lack of medical insurance, low annual income, low education level, and issues associated with race or ethnicity (Bastani et al., 1995; Pearlman, Rakowski, Ehrich, & Clark, 1996). Cultural factors that have a negative impact on breast cancer screening are issues of privacy and modesty, lack of knowledge that breast cancer risk increases with age, lack of appreciation of preventive medicine, fear of finding cancer, spoken language, and a nonsupportive spouse or partner, especially for Latinas (Choudry, Srivastava, & Fitch, 1998; Facione & Katapodi, 2000; Flores & Mata, 1995; Oktay, 1998).