Breast cancer is the most common cancer among women in the United States. For all ages combined, African American women are diagnosed with breast cancer less frequently than Caucasian women (American Cancer Society [ACS], 2002). However, breast cancer mortality rates are substantially higher for African American women (ACS). The precise causal pathway for the disparate incidence and mortality rates between the two groups is unclear; however, African American women are diagnosed with advanced stages of breast cancer more often than Caucasian women of similar age (Newman & Alfonso, 1997). Furthermore, later stage at diagnosis was found to account for about 40% of the difference in mortality rates (Eley et al., 1994). Other possible reasons for this include biologically different cancers (Hunter, 2000), problems with access to healthcare (Lannin et al., 1998), and, of particular interest in this study, the influence of belief in God as a controlling force in one’s health.

Data indicate that religiosity and spirituality may have a greater influence on health behaviors among African Americans than among Caucasians (Bourjolly, 1998; Parks, 1998). However, few studies have explored the effects of such factors on breast cancer screening behavior among African American women, particularly those at high risk. The purpose of this exploratory, cross-sectional survey was to examine the effect of such beliefs on breast cancer screening behaviors in female members of a large African American family with a BRCA1 (breast cancer susceptibility gene 1) mutation. Relationships among belief in God as a controlling force in health and sociodemographic, psychosocial, and clinical variables as potential confounders of religious and spiritual beliefs also were explored. Enhanced understanding of these

Key Points . . .

➤ In unaffected women of a large extended kindred with a BRCA1 mutation, a high level of belief in God as the source of control over one’s health was negatively associated with breast cancer screening behaviors.

➤ Including religious and spiritual beliefs in health assessments may help to identify barriers to cancer screening.

➤ Health education and counseling tailored to patients’ belief systems may increase breast cancer screening behaviors.