PERCEPTIONS OF COLORECTAL CANCER IN A SOCIOECONOMICALLY DISADVANTAGED POPULATION

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ABSTRACT: This study examined 500 low socioeconomic adults' perceptions and practices regarding bowel cancer. At least 20 percent of respondents incorrectly believed homosexual men are more likely to develop bowel cancer, exercising regularly will not affect bowel cancer, bowel cancer does not run in families, and eating foods high in fat does not increase bowel cancer risks. Approximately 7 in 10 respondents did not perceive themselves as more susceptible to developing bowel cancer even though the same number of respondents acknowledged that poor people are more likely to develop bowel cancer. The majority (54 percent) believed that if you develop bowel cancer, it will kill you. The majority of respondents did not believe that fecal occult blood tests could help save their lives if they had bowel cancer since 90 percent perceived bowel cancer as incurable even if found early. The main barriers to screening for bowel cancer identified by the respondents were: being too embarrassed to have a proctoscopic exam (77%), not wanting to know if they had bowel cancer (78%), preferring to die rather than have their bowel removed for cancer (80%), and trouble with transportation (81%). Thirty percent of the respondents had personally done a stool occult blood test and the same number claimed they had a proctoscopic exam. The results of this survey indicate that there is considerable room for improvement in knowledge, perceptions, and practices of economically disadvantaged subjects regarding bowel cancer.

INTRODUCTION

An estimated 156,000 new cases of colorectal cancer (111,000 of colon cancer and 45,000 of rectum cancer) were diagnosed in the U.S. in 1992.1 Fifty-year-old adults have approximately a 1 in 20 chance of developing colorectal cancer some time in their lives, or a 1 in 10 chance if they have a first-degree relative who has had colorectal cancer.2 Furthermore, age-adjusted incidence rates of in situ and invasive colon can-
Cancer have been increasing in the U.S. Colorectal cancer has been estimated to have cost $4.4 billion dollars in 1990.

Approximately 58,300 deaths from colorectal cancer occurred in 1992. Colorectal cancer has an improved prognosis when detected early (Dukes stages A and B). The 5-year survival rate is 88 percent when localized, 57 percent when diagnosed with regional spread, and about 6 percent if distant metastasis is present.

The American Cancer Society (ACS) and the National Cancer Institute (NCI) recommend for the early detection of colorectal cancer in asymptomatic individuals the following: a digital rectal examination (DRE) annually after age 40 years, and annual fecal occult blood test and a sigmoidoscopic examination every 3-5 years for those age 50 and over. Cancers of the colon and rectum are usually associated with higher socioeconomic status and higher levels of education, a group which also tend to have higher survival rates. Socioeconomically disadvantaged individuals over 50 years of age are least likely to participate in colorectal cancer screenings and the population most likely to die from colorectal cancer. Only one study could be found which specifically examined low socioeconomic subjects' attitudes related to colorectal cancer. This study assessed only attitudes toward fecal occult blood testing. It did not examine knowledge of colorectal cancer or perceptions of barriers and benefits of screening.

A number of studies have found that perceptions of susceptibility to colorectal cancer and perceived benefits of screening asymptomatic individuals are important predictors of participation in occult blood screening programs. Furthermore, Weinrich and her colleagues have found that knowledge of colorectal cancer is a significant predictor of participation in free fecal occult blood screening.

The purpose of this study was to assess socioeconomically disadvantaged adults' perceptions of colorectal cancer by utilizing the Health Belief Model (HBM). This model identifies a variety of factors which have an impact on an individual's decision about an illness or condition resulting in behavior change (e.g., such as seeking treatment or preventive care). These HBM factors include cues to action, perceived susceptibility and severity of the disease, the perceived barriers and benefits of action, and health motivation. Modifying variables are also incorporated into the model (e.g., demographics, knowledge, and interpersonal relations). The HBM was chosen for this study because research has found that at least two components of this model, perceived barriers and perceived benefits, have been association with fecal occult blood test screening behavior in other samples. Also, Thompson and his col-