

ABSTRACT

Title of Document: THE BREAST HEALTH OF CHURCH GOING
AFRICAN AMERICAN WOMEN: DO
CULTURE AND RELIGIOSITY PLAY
IMPORTANT ROLES IN ACHIEVING
OPTIMAL BREAST HEALTH DECISIONS?

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Nearly 40,000 women died of breast cancer last year in the United States each year. Even though the incidence of breast cancer is lower in African American women than Caucasian women, the mortality is 30% higher. There are a number of factors which have been discussed in the literature that often attribute this statistic to factors such as access, religiosity, and biology; while these factors are valid, much of the literature has examined African American woman in comparatively small numbers as well as of lower socioeconomic and educational status. Further, the theoretical framework in the majority of the literature has been solely the Health Belief Model. I contend that experiences with health care professionals, cultural influences, and religiosity play an important role in the breast health decisions that African American women make. In recognition of the complexity of the lives of African American women, this research includes Black Feminist theory framework to highlight the narrative of 44 African American women; age 30-50 that are highly educated, have access to health care and

screening, and are religious. The findings of this research were as follows: women were influenced by their experiences with health care professionals; in addition, cultural factors also played an important role in the breast health decisions. In spite of the potentially negative impact noted in literature, generally these women have increased their level of knowledge relating to their breast health. At the same time, they have positioned their religiosity/spirituality as a useful resource, used in conjunction with science based recommendations. These women have exhibited a high level of agency and independence in making their “optimal” breast health decisions. While the church continues to be a valuable source of strength in the African American community, women must seek strong and transparent relationships with their primary physicians so that accurate medical information can be acquired. Though myths and misinformation continue as well as the fact that there are too many failures in the management of the breast health of African American women, there are many successes, survivors and healings to be celebrated. These stories must be told as well.