

# Fatalism and Mammography in a Multicultural Population

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**C**ancer fatalism has been suggested to be a major barrier to early-detection behaviors and cancer care. Cancer fatalism has been defined as “the belief that death is inevitable when cancer is present” (Powe & Finnie, 2003, p. 454) or a belief that health is beyond an individual’s control because it is a matter of fate or luck (Straughan & Seow, 2000). Fatalistic beliefs may affect the ability to prevent cancer. If people believe that contracting a disease is in the hands of God or that it is a matter of luck and unpreventable, they will not adopt early-detection behaviors (Straughan & Seow). Fatalism also may be involved in survivorship. People with cancer may believe that nothing can be done to prevent death. Both types of fatalism may prevent people from seeking early diagnosis and treatment. Most quantitative studies have not differentiated between the two types of fatalism and have assumed that both types represent the same concept and that both are barriers to prevention behaviors (Mayo, Ureda, & Parker, 2001; Powe, 1995). The Powe Fatalism Inventory (PFI) and the revised PFI refer to fear, predetermination, pessimism, and inevitability, and they measure the inevitability of death and predetermination as one concept (Mayo et al.; Powe, 1995). Straughan and Seow used a measure of fatalism that included mainly fatalistic beliefs about cancer prevention. Abraido-Lanza et al. (2007) pointed out that little consensus exists on what fatalism is and how to measure it; for example, some studies included items referring to fear and fatalism in the same scale (Harmon, Castro, & Coe, 1996; Suarez, Roche, Nichols, & Simpson, 1997). In addition, Abraido-Lanza et al. suggested that the precise definition of cancer fatalism for different populations may not be the same.

Many studies have examined the degree to which perceptions of fatalism influence cancer screening, with conflicting results. Most of the studies found that individuals with higher levels of fatalistic beliefs obtained fewer early-detection tests, such as breast cancer screening (Liang et al., 2008; Mayo et al., 2001; Spurlock & Cullins, 2006; Straughan & Seow, 2000) and early detection

**Purpose/Objectives:** To assess levels of fatalistic beliefs and their association with mammography use in four population groups in Israel.

**Design:** Telephone survey.

**Setting:** Maccabi Healthcare Services in Israel.

**Sample:** A random sample of 1,550 Arabic and Jewish women.

**Methods:** A random telephone survey was performed during May and June 2007. Women’s fatalistic beliefs were measured. Information from claims records regarding mammography use was obtained for each woman.

**Main Research Variables:** Levels of fatalistic beliefs and mammography use.

**Findings:** Fatalistic beliefs included general beliefs that God or fate (external force) was the cause of cancer and related to cancer survivorship. The higher-educated women reported less fatalistic beliefs. Arab women reported more fatalistic beliefs compared to the other women. Mammography use was associated with fatalistic beliefs that external forces were the cause of cancer among Arab and immigrant women but not among veteran Jewish and ultraorthodox women. Fatalistic beliefs about cancer survivorship were not associated with mammography in any of the population groups. Levels of fatalism and education may explain the difference in rates of mammography among Arab and Jewish women.

**Conclusions:** High levels of fatalism may inhibit women from having a mammogram, particularly Arab and immigrant women in Israel. However, this is not a generalizable result for all population groups and all types of fatalism.

**Implications for Nursing:** Interventions to decrease fatalism in Arabs and immigrants may increase compliance with mammography. Nurses may achieve this by developing tailored messages for women who believe that external forces are the cause of cancer.

of colon cancer (Gorin, 2005; Liang et al., 2008; Powe, 1995). In some studies, the association was evident in a crude analysis. However, in a multivariable regression analysis, fatalism was not associated with breast cancer screening (Mayo et al.). Other studies did not find the association between fatalism and early-detection behaviors after controlling for additional factors (Farmer,