

Getting a 'hint' about social inequalities in cancer information seeking

September 23 2015, by Lindsay Kobayashi



Who searches for cancer information?

Have you ever searched for information about cancer? Chances are, if you have, it was a Google search that led to a website like WebMD, the Mayo Clinic, or a charity such as the American Cancer Society or Cancer Research UK. Research on cancer information seeking behaviour of the public tells us that most people first turn to the Internet, with more in-depth searching possibly extending to talks with friends, family, and health professionals. But who searches for cancer

information? We already know that people in America who actively seek out information about cancer are most often well educated, have a high income, are under age 65, are white, and have a usual source of health care.

Currently, the global rise in [cancer incidence](#) has coincided with the [technological revolution](#) that sees internet and mobile usage increasing across the globe. As a result, searches for [cancer](#) information have increased among the public, but these increases are occurring disproportionately among people with higher levels of education and income. This trend indicates that social inequalities in health communications are widening, and will continue to do so. The outcome would be that people who are the best educated and most economically advantaged would have the best opportunities for access to, and use of, information about cancer to help them make informed decisions about prevention and early diagnosis.

To learn more about this issue, we conducted a [study](#) investigating the relationships between literacy, cancer fatalism, and active seeking of cancer information. Cancer fatalism can be described as deterministic thoughts about the external causes of the disease, the inability to prevent it, and the inevitability of death at diagnosis. We wondered whether low literacy and cancer fatalism pose barriers to seeking cancer information, and in particular whether low literacy might lead to fatalistic beliefs about cancer, which might then in turn stop people from seeking out cancer information.

We used data from the publicly available [U.S. Health Information National Trends Survey \(HINTS\)](#). The HINTS is a great resource for anyone who interested in trends in the use of cancer-related information among the general American public. The survey is nationally representative of American adults aged 18 years and over. We used data from the third cycle of the fourth round of HINTS, which was

conducted in 2013. We used data from 2,657 American adults who had no cancer history. The measures of interest were:

Health literacy

- Reading comprehension of a nutrition label, scored out of 4 points

Cancer fatalism

- Agreement/disagreement with each of three statements:
- "It seems like everything causes cancer"
- "There's not much you can do to lower your chances of getting cancer"
- "When I think about cancer, I automatically think about death"

Cancer information seeking

- Asked respondents whether they had ever searched for cancer information

The results shown below are representative of the American public aged 18 years and over.

What did we find?

One-third (34%) of American adults had low literacy, according to our measure. This is a substantial proportion of the population, given that the measure assessed basic reading comprehension of a nutrition label, which is important for health.

Most American adults (66%) agreed that, "it seems like everything

causes cancer". However, most disagreed (71%) with "there's not much you can do to lower your chances of getting cancer". Responses were more evenly balanced to, "when I think about cancer, I automatically think of death", with 58% agreeing.

Just over half (53%) of the American public had ever searched for information about cancer. Independently of sociodemographic factors, adults with low literacy were less likely to search for information than those with high literacy. People who agreed that, "there's not much you can do to lower your chances of getting cancer" were also less likely to search for cancer information. The other two fatalistic beliefs were not associated with cancer information seeking, but people with low income and low education were less likely to actively seek out cancer information.

Finally, we found that while literacy had a strong direct effect on cancer information seeking, the fatalistic belief, "there's not much you can do to lower your chances of getting cancer" explained about 14% of the effect of literacy on cancer information seeking. This means that people with low literacy are slightly more likely to hold this fatalistic belief, which in turns acts as a barrier to seeking out information.

What does it mean?

This study indicates that addressing health literacy and fatalism about cancer prevention should be a priority for future cancer communication strategies. Population groups with less access to health care, who are the most vulnerable to low literacy and fatalistic beliefs about cancer, are also the least likely to benefit from cancer information. We feel that strategies to improve public beliefs and knowledge about cancer might be best placed outside of the clinical environment. For example, [advertising strategies](#) and [public events in opportunistic settings such as road shows](#) might help to increase incidental exposure to [cancer](#)

[information](#) among those people who are least likely to actively seek it (6-8). Communication strategies such as patient narratives, such as those found on the Prevent [Cancer Foundation website](#), also show promise. Overall, fatalism and health [literacy](#) may represent useful targets for cancer control strategies aiming to increase all people's abilities to manage their risk of cancer, and to reduce social inequalities across the continuum of cancer control.

More information: "Cancer Fatalism, Literacy, and Cancer Information Seeking in the American Public." *Health Educ Behav* 1090198115604616, first published on September 16, 2015 [DOI: 10.1177/1090198115604616](#)

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