

## Abstract

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### Factors Associated with Screening for Cervical and Colorectal Cancer

**Kimberly McBride, PhD, MA** and Shipra Singh, MBBS, MPH, PhD  
University of Toledo, Toledo, OH

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**Background:** Research suggests that HPV knowledge does not always translate into screening behavior. Among both men and women, additional factors such as perceived cancer susceptibility and the extent to which an individual believes that cancer is not treatable or survivable (fatalism) might contribute to screening behavior. This study explored whether HPV knowledge, perceived cancer susceptibility, and fatalism were associated with respondents' HPV-related cancer screening behavior. **Methods:** Secondary analyses of data from adult men (n = 1197) and women (n = 1906) who participated in the National Cancer Institute's 2013 Health Information National Trends Survey (HINTS 4 Cycle 3) were performed. Data were analyzed using Stata 13. **Results:** Bivariate analyses showed varying levels of HPV knowledge, perceived susceptibility, and fatalism among men and women. Multiple regression analyses estimated the main effect of cancer knowledge, perceived susceptibility, and fatalism on respondents' Pap test (women) and colorectal cancer (women and men) screening behaviors. Knowledge of HPV ( $B = 7.28$ , S.E. = 6.53,  $P = .03$ ) was positively and significantly associated with Pap test among women; high perceived cancer susceptibility ( $B = 1.52$ , S.E. = .31,  $P = .04$ ) was positively and significantly associated with colorectal cancer screening among men and women. No significant associations between cancer fatalism and screening behaviors were found. **Discussion:** HPV knowledge is an important factor in Pap testing for women but not colorectal cancer screening in either women or men. Perceived susceptibility of colorectal cancer may play an important role in individuals' screening decisions and should be further investigated.

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