

“We’re not talking about men in general, we’re just talking about black people, there’s a difference”

Perceptions of prostate cancer risk in White Working Class, African Caribbean and Somali men living in South East Wales: A constructivist grounded theory

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PROSTATE CANCER IN BLACK AND MEN AND MEN LIVING IN AREAS OF DEPRIVATION

- Over their lifetime black men have twice the risk of prostate cancer, compared to white men
- The highest risk is found in African American men
- Studies in the UK have also found an increased risk in black men
- Black men are underrepresented in prostate cancer diagnosis and treatment clinics. Why?

ETHNIC IDENTITY OF THE MEN IN THIS RESEARCH

Data collected in the UK about black men and their risk for prostate cancer identify black men as; Black African, Black Caribbean and Black Other (Ben-Sholmo et al. 2008; Prostate Cancer UK 2013)

In this research, black men were included who identified themselves as Black African, Black Caribbean and Black British.

In the research area there was a clear distinction amongst men who identified as black. This meant the black men were divided into two smaller groups:

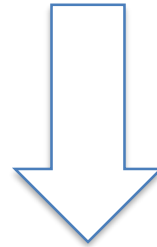
Somali
African Caribbean

White Working Class men were the third distinct cultural group involved in this research

METHODOLOGY

The understanding of risk perceptions for prostate cancer is not well understood, and the differences in perceptions between black and white men is not clear in current literature.

This research aimed to find out if there are differences in the way men construct their understanding of risk, and how this may affect their acceptance or rejection of prostate cancer.



A constructivist grounded theory approach allows for theory generation and to take account of the influence of the researchers previous clinical experience.

METHODS OF DATA COLLECTION

Semi-structured interviews, structured around the experiences the men had of cancer, their migration pattern (where appropriate), their understanding of cancer and accessing healthcare.

Focus groups to try and gain insight into how the men spoke to each other about health, illness and cancer.

Interviews: 17 men

Focus groups: 18 men in 3 separate groups

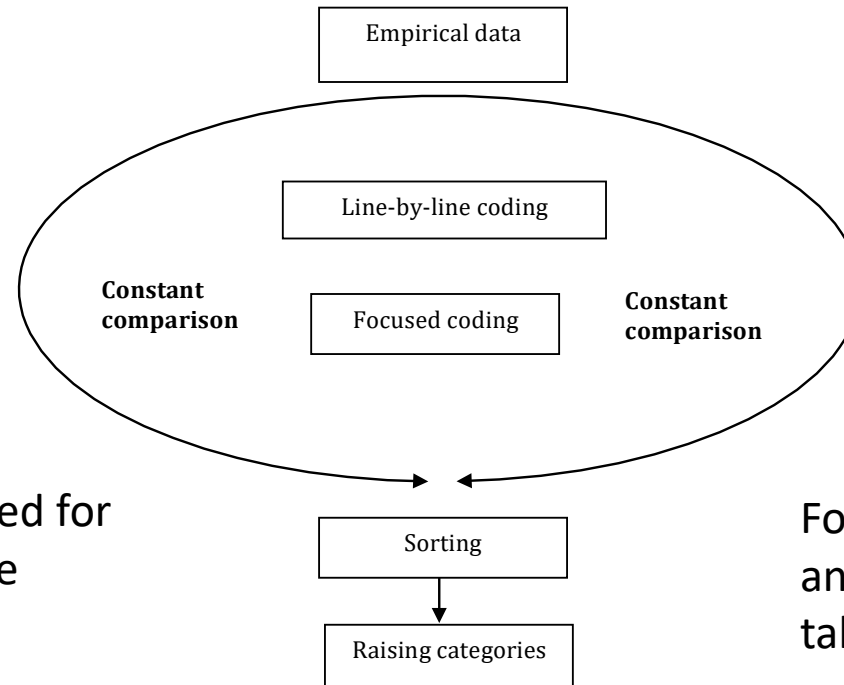
PARTICIPANTS

A total of 35 men took part in the research, divided into each distinct cultural groups as follows:

White men:	14
African Caribbean men:	11
Somali men:	10

- Men were recruited using self-reported ethnic group, following the UK Census ethnicity questions.
- All men recruited to the research had lived in the UK for more than 5-years.
- All men were asked to complete the UK census questions of educational attainment, to further characterise the sample.

DATA ANALYSIS STRATEGY



Interviews were analyzed for themes arising from the men's responses.

Focus groups were also analyzed for the nature of talk between the men

THE GROUNDED THEORY

The social construction of the body is important in helping men understand their body in society, which mediates the way in which men are socialised to understand and accept their risk for prostate cancer.

THE SOCIAL BODY

REJECTING ILLNESS

P: We didn't belong, yeah, and that was a massive barrier...
what broke that barrier is that I was tougher, better athlete than
them, that's what broke that barrier (*African Caribbean man*)

SF: You don't go now because you need to have your
medication?

P: Yes, I can't leave here.

SF: Do you miss Somalia?

P: I miss everything, I miss everything

(*Somali man interview*)

THE SOCIAL BODY

ACCEPTING ILLNESS

The White Working Class men seemed to place value on the unwell body. The men talked freely about their experiences of being unwell and appeared competitive when talking about illness and their bodies:

P: Elderly people when they get on they tell you all their problems...no matter what you've got wrong with you there's always someone who will out-ill you (White Working Class man interview)

PROTECTING SOCIAL CONSTRUCTIONS OF THE BODY

For the men in this research, the status of the body is part of their community talk or talked about as an individual experience.

The focus groups data were analyzed for the content and style of talk. These data showed that the black men talked about health, illness and cancer as community constructed, while the white men talked about illness as an individual concern.

ANY QUESTIONS?

