



## Cancer through black eyes - The views of UK based black men towards cancer: A constructivist grounded theory study



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### ABSTRACT

**Purpose:** Little is known about black African (BA) and black African-Caribbean (BAC) men's views towards cancer; yet culture and acculturation can contribute to the way in which people understand, explain and develop their attitudes towards cancer. Hence, cancer prevention and early detection strategies may not be sensitive to United Kingdom (UK)-based black men's views, affecting their awareness of risk factors and early detection services. This study explored the views of UK-based BA and BAC men towards cancer.

**Method:** In collaboration with black community organisations based in four major cities in the UK, 25 participants were recruited using convenience and theoretical sampling methods. Data were collected using 33 semi-structured interviews, and analysed using grounded theory analytic procedures.

**Results:** One core category (cancer through black eyes) and seven sub-categories emerged; 'cultural views', 'religious beliefs', 'avoiding Babylon', 'alienation', 'suspicious mind', 'advertisements and information influence very little', and 'gap in service provision (bridging the gap)'. Participants' views towards cancer were linked to socially constructed perspectives, linked with cultural and religious beliefs, and shaped by what being a black male means in society. Risk factors such as smoking and obesity had different meanings and symbolisation through black eyes. There were macro- and micro-level similarities and differences between BA and BAC men.

**Conclusions:** Cancer services and related public-health campaigns aimed at black men need to understand cancer through black eyes. Public health campaigns based solely on the clinical meaning of cancer are incongruent with black men's understandings of cancer, and therefore ineffective at reducing health inequality.

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## 1. Introduction

The distribution and burden of cancer varies across different groups in society based on income, age, ethnicity and gender (Freeman, 2004; Siegel et al., 2013). In the United Kingdom (UK), men face a significantly higher risk of contracting and dying from nearly all the common cancers that occur in both genders with the exception of breast cancer (Department of Health [DH], 2011; White et al., 2010). Lung, prostate, and bowel cancer are the three

most common types of cancer diagnosed in men (Cancer Research UK, 2017a). Prostate cancer disproportionately affects black men compared to any other racial and ethnic group, both in the UK (Ben-Shlomo et al., 2008; Cancer Research UK, 2017b) and the United States of America (USA) (National Cancer Institute [NCI], 2017; Siegel et al., 2013). Lung and colorectal cancer incidence rates are also higher among black men in the USA (NCI, 2017; Siegel et al., 2013). However, in the UK there is no reliable national data on patterns of cancer incidence, mortality and survival in black communities (Gordon-Dseagu, 2006; DH, 2011).

Although there is no evidence to suggest that black men have worse or better access to diagnostic services in the UK (Metcalfe et al., 2008), they are less likely to attend screening (Austin et al., 2009; Rajbabu et al., 2007). The reasons for this discrepancy

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between the availability and utilisation of services by black men is unclear. A recent systematic review suggested that, while black men bear the highest burden of the disease, limited efforts have been made to ensure they have access to relevant information to support them in making informed decisions to utilise early detection services (Pedersen et al., 2012). Further, studies have shown that there are inequalities between UK black men and the general population in levels of awareness about cancer screening, common risk factors and early warning symptoms (Rajbabu et al., 2007; The Prostate Cancer Charity, 2008; Waller et al., 2009; Webb et al., 2004). However, studies focused on knowledge of, attitudes towards, and views about cancer have used population-based surveys with minimal recruitment of black participants. These studies have not disaggregated the data based on different black subgroups such as black African (BA) and black African-Caribbean (BAC) men. While these quantitative studies have uncovered knowledge about general patterns, such as black men being less aware of cancer risk factors and presenting late, they have not explained the underlying reasons for these patterns. Hence, the reasons why black men are less aware of cancer risk factors, warning symptoms and engagement with early detection programmes remains unclear. In addition, how black men understand and view cancer has not yet been fully explored (Waller et al., 2009).

Little is known about UK BA and BAC men's knowledge of, and attitudes towards cancer (Jones and Chinegwundoh, 2014; Pedersen et al., 2012; The Prostate Cancer Charity, 2008); yet culture can contribute to the way in which people understand, explain and develop their attitudes towards illness including cancer (Burr, 2003; Dein, 2004). Acculturation also affects knowledge and beliefs about illness (Abraído-Lanza et al., 2006). People who migrate to a different country bring with them their own culture, beliefs, values, priorities, and aspirations (Kohnert, 2007). However, healthcare researchers have been slow to recognise the range of cultural and ethnic diversity within the black population (Brown et al., 2011). Hence, current cancer prevention strategies such as public health promotion and early detection strategies may not be sensitive to, address or reflect the cultural beliefs and views of UK-based black men towards cancer, which in turn may affect their awareness of risk factors, early signs and symptoms, and need for early detection. The aim of this present study was to explore the influence of culture on views of cancer held by BA and BAC men living in the UK.

## 2. Methods

The study was conducted using a constructivist grounded theory approach (Charmaz, 2006). Constructivist grounded theory assumes that the interaction between the researcher and participants is an important factor in the research process as it influences the interpretation of meaning that develops from interviews. Preliminary interpretation during the data collection and analysis process involves placing participants' meanings and action at the centre of the process (Charmaz, 2005, 2006).

### 2.1. Sample

Convenience and theoretical sampling methods were used to recruit participants based on the inclusion criteria (see Table 1). A convenience sampling method was initially used to recruit suitable interviewees based on the inclusion and exclusion criteria shown in Table 1. Once data analysis had commenced and categories began to emerge, theoretical sampling was used to more fully understand the emerging categories, to further develop the emerging theory and to work towards data saturation of emerging categories.

Acculturation may impact on attitudes towards cancer. Hence,

**Table 1**  
Inclusion criteria.

Inclusion criteria
African-born black men living in the UK
UK-born black-African men
Caribbean-born black men living in the UK
UK-born black Caribbean men
Aged 18 years and over
Able to communicate in the English language

we wanted to interview individuals who were foreign born but now resided in the UK (first generation) and those individuals who were born in the UK to foreign born parents (second generation). First and second generation BA and BAC participants were recruited through black community organisations from major cities in the UK where large populations of BA and BAC communities reside: Leeds, Manchester, Birmingham, and London. The recruitment process included the use of printed posters and radio advertisements targeting black men.

Twenty-five individuals took part in the study. The demographics of the participants are presented in Table 2. There were 17 BA and eight BAC participants. Eighteen of the participants were first generation (14 BA and four BAC) and seven were second generation (three BA and four BAC). The youngest participants were 19 years old; the oldest was 69 years old. The mean age of participants was 43 years.

### 2.2. Ethics approval

Ethics approval obtained from the University of Central

**Table 2**  
Demographic characteristics of participants.

Characteristic	Number of participants
<b>Study area (where participants reside)</b>	
Manchester	8
Birmingham	5
London	7
Leeds	5
<b>Participant's background</b>	
First generation black African (FBA) <sup>a</sup>	14
First generation black African Caribbean (FBAC)	4
Second generation black African (SBA)	3
Second generation black African Caribbean (SBAC)	4
<b>Age Range</b>	
19–30	4
31–39	8
40–49	4
50–69	9
<b>Education level</b>	
No qualification	2
Secondary school	2
A-level	1
Vocational	3
Certificate	1
Diploma	1
Degree	15
<b>Employment status</b>	
Full time	17
Part time	3
Student	4
Unemployed	1
<b>Length of time residing in the UK by years</b>	
4–10	4
11–20	10
21–30	5
Over 30	6

<sup>a</sup> FBA, SBA, FBAC, and SBAC used as the participant's identification code at the end of each quotation.

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