

Family values and ethno-cultural background underlie attitudes and beliefs about prostate cancer: Time + Urgency+ Effectiveness...a challenging equation.

M. Zanchetta, PhD, DN, MNsc., M. Cognet, PhD, S. Xenocostas, MA, Y. Talbot, MD, FRCP (C), MCFP, E. G. R. Upshur, MA, MD, MSc, FRCPC, D. Aoki, BSc, BNSc & D. Wildfong, BNSc student - Canada.

Introduction

A doctoral inquiry about the informational strategies to live and deal with prostate cancer [PC] related information according to self-reported levels of functional health literacy identified the influence of ethno-cultural values associated to the representation of masculinity, that in turn tailor such literacy profiles (Zanchetta, 2001). Pre-existing ideas about the disease and its repercussions and impacts over the masculine life seems to act, as a filter in the process of accepting, interpreting, and decoding the impacts and value of the gathered information. Criticism about men's health studies relies on the negligent approach regarding the way men within each culture develop their diseases' representations rooted from their personal experiences within social milieus and informal learning (White et Johnson, 1998), as well as powerful dyad of socialization of the masculinity - men' health behaviours related to PC (Nicholas, 2000).

Context & Background

In those multicultural societies, health services are unable to respond to the range of diverse disease representations. Particular attention should be assigned to the consideration of masculine representations of diseases underlying their health behaviours. Statistical data about ethno-cultural incidence of PC is not available in Canada. A qualitative pilot study was launched to explore the multicultural dimension as it related to Canadian European male descendents. A large study will investigate the essential ideas associated with PC and its representation by those men of diverse ethno-cultural background.

Theoretical framework

Abric's (2001) theoretical proposition about a core of a social representation and its peripheral elements framed the study (Flament, 1994). The theory assumes that a central core of social representation is directly grounded from cultural values. The core element of a representation can generate or change the meaning of, as well as organize or establish, the nature of links among the peripheral elements of a given representation.

Questions of research

(1) Which ideas occur across diverse cultural/ethnic groups about PC, emerging from the phases of learning of the medical diagnosis, telling the family about the diagnosis, facing moments of frustration, and reassessing life priorities? (2) To what extent do similarities exist between these PC-related groups of ideas? (3) How do such representations delineate a core, trans-cultural representation of PC?

Method

An exploratory study involved 9 men enrolled in a local PC Support Group in South-eastern Ontario (age range: 64 to 80 years old; 6 years of illness experience and 3 years following the conclusion of treatment). Men whose parents had been born in England, Ireland, USA, Switzerland, Germany, Scotland and Canada composed the purposeful sample. Data collection followed Guimelli's (2001) approach of using inductor words to provoke the verbalization of inductive words to reveal the ideas underpinning a social representation. For that, we created an original interview guide (Zanchetta, Cognet, Xenocostas & Aoki, 2004) and used genograms and ecomaps of social networks to live with the disease to extend the data gathering procedures. Interviews were audiotape recorded, transcribed and coding using Atlas ti 4.2 qualitative software. Contrasting ideas guided the analytical and interpretative processes. Three volunteers verified and corroborated the interpretation of the findings.

Findings

The findings indicated that participants held ideas that familial values had influenced their health behaviour related to PC in three major areas: (1) silent masculine attitude about disease and suffering broadly accepted by society; (2) teachings on health promotion offered by mothers led to a life lasting preventive behaviour; and (3) the medical profession of fathers, which awoke interest to learn about health.

Ideas about *Fear and Surprise-Survival* occurred after diagnosis: *"Dreadful. Very, very, uh, a very traumatic experience... When you first hear that you have cancer, I think it's the worst thing that probably ever happened to me.*

The major descriptor of PC is *Negative consequences* related to libido and virility: *"I realised that my sexual performance was painful and I was not able to do that anymore and I felt somewhat less of a man, or an individual. Your male designation becomes sort of attacked in that fashion and I've come to live with it."*

Prostate cancer represents a disease that asked for urgent and effective use of available time throughout joint ideas of action + time, knowledge + predictability, certainty + normalcy, and power + control: *"...I think it's always been around, reading books, reading papers, taking care of yourself, taking pride in your body, trying to make it physically strong. Probably more the physical side than the emotional side, which is probably something that people should be working on. You keep a stiff upper*

lip. You don't talk about your... and that's an element of weakness. But I went through the war and you didn't speak about fear, which we had.”

Conclusion

This study identified the necessity of assisting men in understanding that an immediate investment of time is absolutely necessary in order for them to adequately comprehend medical information, explore available alternatives, and consider the potential outcomes of their decisions. PC Support Groups and those who provide care and support to men facing a diagnosis of PC must take into account the influence of male attitudes and cultural ideas that relate to issues of health, disease, and associated behaviours. When men invest time to acquire the knowledge they will need to deal effectively with their diagnosis of PC, they will experience a greater sense of control over their life choices and a greater degree of normalcy in terms of their lives in general. We believe that men must receive support to understand that immediate investment of time is imperative to adequately: (1) Decode and comprehend medical information, (2) Consider available alternatives and (3) Reflect on the potential outcomes of their decisions.

References

- Abric, J.-C. (2001). Les représentations sociales: Aspects théoriques. In J.-C. Abric (Ed.). *Pratiques sociales et représentations*. (2eme ed.), pp. 11-36. Paris: Presses Universitaires de France.
- Flament, C. (1994). Aspects périphériques des représentations sociales. In C. Guimelli (Ed.). *Structures et transformations des représentations*. Pp.139-141. Lausanne, Delachaux & Niestlé.
- Guimelli, C. (1993). Locating the central core of social representations: Towards a method. *European Journal of Social Psychology*, 23, 555-559.
- Nicholas, D. R. (2000). Men, masculinity, and cancer: Risk-factor behaviours, early detection and psychosocial adaptation. *Journal of American College Health*, 49, 27-33.
- White, A., & Johnson, M. (1998). The complexities of nursing research with men. *International Journal of Nursing Research*, 35, 41-48.
- Zanchetta, M.S. (2001). *Older men's self-reported levels of functional health literacy and the process of constructing strategies to live and deal with prostate cancer-related information within their natural environments: A qualitative model*. Doctoral dissertation. Université de Montréal.
- Zanchetta, M. S., Cognet, M., Xenocostas, S. & Aoki, D. (2004). *L'image inductrice finale pour le recueil d'une représentation synthèse: Peut-on faire l'appel aux idées redimensionnées dans une perspective de genre?* Paper presented at the Association pour la recherche qualitative - Colloque d'automne, Trois Rivières, QC, Canada, Novembre 25 2004.