

Editorial

Constructions of Masculinity and Help-Seeking for Prostate Cancer

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'*I lost count of how many times I had to get up in the night to urinate. Each time I dragged myself out of bed and stood in front of the lavatory I prayed that it wouldn't hurt, but each time it seemed to get more painful, a horrible niggling stinging pain'* (Adrian Mole The Prostate Years Sue Townsend, 2009, pp.293).

Adrian mole lives in multicultural, multi-faith post-colonial Britain, a Britain in which diversity in all its various shapes and forms is almost taken for granted. However, his confrontation with the possibility of prostate cancer reinforces what we know about White men's relationship to serious illness in general and to prostate cancer in particular. We know prostate cancer is the most common cancer in men and accounts for approximately 25% of all male cancer diagnoses in the United Kingdom (UK) [1]. We know that the incidence of prostate cancer varies according to age, family history and also ethnicity. Research carried out in the US and the UK highlights that Black (African and Caribbean) men have disproportionately higher risk (one in four men as compared to one in nine White men) of prostate cancer than their White counterparts [2,3]. We know Black men in the UK have lower risk rates for prostate cancer than African Americans but these are still higher than White men. Also UK research did not find any significant difference between Caribbean and African men [4]. We know Black men are more likely to have a more advanced stage of disease at diagnosis leading to poorer survival rates than White patients [5]. Evidence suggests that the interaction between genetics, culture, environmental factors and later stage at diagnosis is the primary reason for higher rates of mortality from prostate cancer among Black men compared to White men [6].

Clearly, there is an ethnic dimension to prostate cancer. What we know less well is how this ethnic dimension impacts on BAME (Black, Asian and Minority Ethnic) men's knowledge of prostate cancer, experiences of the prostate care pathway and the role of beliefs and practices on men's help-seeking behaviour for prostate cancer. Existing evidence suggests that there is a higher degree of ignorance about cancer, cancer symptoms and cancer services within the Black and South Asian community [7-10]. It is also well documented that ethnic minorities have lower rates of access to health care services [11,12]. For example, GPs are less likely to refer South Asian patients for PSA testing [13]. Differential access to health care services has been explained in terms of racism, stereotypes and linguistic and cultural barriers resulting in disease going undetected for longer [14-16].

Another major factor in prostate cancer is the way in which cultural beliefs and practices affect men's decisions to seek medical help [17-20]. Research highlights that men have poor awareness of the risk factors for prostate cancer and men's help-seeking behaviour (the recognition of a health concern and the consequent service utilisation) is affected by specific cultural notions of masculinity which prevents them from seeking help [21,22]. In other words, what masculinity means varies by ethnicity. Studies looking at coronary heart disease have suggested that South Asian and White men may not have the same notions of masculine behaviour and this may affect their help-seeking behaviour [23,24]. There is a dearth of information looking at the impact of cultural beliefs and practices on UK BAME men's help-seeking behaviour. Given the susceptibility of Black and to a lesser degree South Asian men to prostate cancer and the research highlighting lack of knowledge about cancer and poor access to health care, it is important to explore the causes of delayed help-seeking among these groups. Early diagnosis is vital for successful treatment of prostate cancer and for this reason it is important that men access services in a timely fashion.

South Asian (Pakistani, Indian and Bangladeshi) men tend to have lower rates of prostate cancer than Black men but South Asian migrants living in the UK have higher rates of prostate cancer than their contemporaries in South Asia, suggesting lifestyle and environmental factors may be impacting on prostate cancer incidence. Certainly the picture for UK South Asian men is changing with rates of cancer for younger South Asian men becoming higher and closer to the average for their demographic groups whereas rates for older South Asian men remain lower [25,26].

Constructions of masculinity intersect with other forms of social identities for example, class, and ethnicity. This would suggest that in an ethnically heterogeneous society, masculinity is performed in diverse ways. As a consequence, it is difficult to assume that constructions of masculinity and its performance (through lifestyle choices, consumption habits, diet and other rituals and practices) is likely to be the same across the board. Nor can we assume that distinct ways of being men are hermetically sealed in ethnic enclaves without falling into the trap of cultural essentialism. In other words, being a man in a multi-ethnic, multi-faith society requires complex negotiations through various cultural codes and practices. This has significant public health implications since heterogeneity suggests the need for healthcare strategies which recognise and are tailored to the challenges of diversity. At the same time there is no clear uncontested way marking out the boundaries of diversity. Activating positive help-seeking behaviour is one of the most important means by which good public health outcomes can

be achieved. To achieve good help-seeking behaviour requires an understanding of the limits of help-seeking behaviour. This means that public health interventions are only likely to be successful if they are not only medically competent but also culturally literate and able to target a textured population. In the case of prostate cancer, we need to know why Black and South Asian men have relatively poorer outcomes as well as how best to support them through the cancer treatment journey which has such significant impact on issues such as sexual function [27].

The literature is confident that help-seeking behaviour is affected by beliefs and ideas about masculinity. What we suspect is given that there are some differences between Black, South Asian and White men; it seems possible that masculinity among these groups may be viewed differently. In other words, masculinity is not universal but a culturally imbedded performance and therefore to provide good health care options we need to be able to understand some of the decision-making processes by which men perform masculinity in relation to prostate cancer and how this impacts on their ability to seek services for prostate cancer. The NICE guidance on prostate cancer refers to the need for cultural awareness for combating prostate cancer. An understanding of masculinity, it's culturally embedded performance and impact on men's help-seeking behaviour may go some way in meeting the challenge of the NICE guidelines [28].

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