



## Open Research Online

### Citation

Alexis, Obrey; Mansbridge, Sarah and Garbrah, William (2024). Raising awareness of prostate cancer amongst black communities in the south of England. *Ethnicity & Health* (early access).

### URL

<https://oro.open.ac.uk/96338/>

### License

(CC-BY-NC-ND 4.0) Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

### Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

### Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding



## Raising awareness of prostate cancer amongst black communities in the south of England

Obrey Alexis, Sarah Mansbridge & William Garbrah

To cite this article: Obrey Alexis, Sarah Mansbridge & William Garbrah (01 Mar 2024): Raising awareness of prostate cancer amongst black communities in the south of England, *Ethnicity & Health*, DOI: [10.1080/13557858.2024.2323465](https://doi.org/10.1080/13557858.2024.2323465)

To link to this article: <https://doi.org/10.1080/13557858.2024.2323465>



© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 01 Mar 2024.



Submit your article to this journal [↗](#)



Article views: 33



View related articles [↗](#)



View Crossmark data [↗](#)

# Raising awareness of prostate cancer amongst black communities in the south of England

Obrey Alexis<sup>a</sup>, Sarah Mansbridge<sup>a</sup> and William Garbrah<sup>b</sup>

<sup>a</sup>Faculty of Health and Life Sciences, Oxford Brookes University, Oxford, UK; <sup>b</sup>Faculty of Wellbeing, Education & Language Studies, The Open University, Milton Keynes, UK

## ABSTRACT

**Background:** Black men are more likely to be diagnosed with prostate cancer than white men and may present with prostate cancer at a much later stage during the cancer journey. This could be due to a lower awareness of the signs and symptoms of prostate cancer, an unwillingness to report symptoms or a lack of trust in the healthcare system or a combination of these.

**Aim:** The aims of this study were to raise awareness of prostate cancer in black communities in South of England and to evaluate the engagement and raising awareness campaigns.

**Method:** This project involved two phases. The first phase focused on raising awareness of prostate cancer in black men and their families. The awareness was delivered using public facing activities such as stands and talks with participants. Additionally, online awareness activities were undertaken with either black men alone or black men and their families. The second phase of the project involved an evaluation of the raising awareness campaigns through interviews. A total of 320 black men and their families were involved in the awareness sessions and of these, 12 black men were interviewed. The interview transcripts were analysed using thematic analysis.

**Results:** Analysis of the data generated three main themes including: increased knowledge and mindset change regarding prostate cancer, empowered to take community and personal action, as well as strategies and tools to raise awareness of prostate cancer among black communities.

**Conclusion:** The raising awareness campaigns had a positive effect in terms of increasing black men's awareness of the risk factors associated with prostate cancer. Moreover, the campaigns enabled them to make lifestyle adjustments that could help them to reduce their likelihood of developing prostate cancer. Additionally, the participant's knowledge had improved, and they were empowered and motivated to make a difference to their lives and that of their communities.

## ARTICLE HISTORY

Received 20 October 2023  
Accepted 21 February 2024

## KEYWORDS

'Prostate cancer'; 'Black men'; 'Raising awareness'; 'PSA test'

**CONTACT** William Garbrah  william.garbrah@open.ac.uk

© 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group  
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

## Introduction

In the UK, prostate cancer is the most common cancer in men and the second most common cancer deaths in men. In 2017–2019, prostate cancer accounted for 14% of all cancer-related deaths in men in the UK (Cancer Research UK 2022). Research suggests that over 12,000 men die from the disease each year, that is approximately 33 deaths every day (Cancer Research UK 2022). The mortality rate of prostate cancer in the UK has steadily increased by a sixth (16%) since the 1970s (Cancer Research UK 2022). Approximately 52,300 men are diagnosed with prostate cancer each year, that is more than 140 every day (Prostate Cancer UK 2023).

While the disease affects men of all ethnic backgrounds, evidence indicates that Black men are at a higher risk of developing the disease. The risk of being diagnosed with prostate cancer is approximately 1 in 4 for black men, 1 in 8 for white men and 1 in 13 for Asian men (Lloyd et al. 2015). Furthermore, it is well documented that men are less likely to seek health-related information than women who are more open to receiving unsolicited information (Bidmon and Terlutter 2015; Zajac et al. 2012). Particularly, men from ethnic minority groups such as Blacks, Filipinos and Latinos are noted to have poor information-seeking behaviour related to prostate cancer-related (Friedman et al. 2009; Conde et al. 2011). These barriers are attributed to perceived embarrassment, shame, weakness, ‘machismo’ and fear (Saab et al. 2017). Additionally, misconceptions and taboos associated with cancer as well as lack of awareness of the PSA test also prevented black men from seeking information on prostate cancer and PSA testing (Hicks, Litwin, and Maliski 2014; Friedman et al. 2009).

Moreover, evidence indicates that people who are a part of various black communities seem to trust their church pastors including prostate cancer survivors as credible sources of information (Saab et al. 2017). These men relied on diverse non-medical sources such as friends, family members, the mass media, churches and personal stories of prostate cancer survivors for medical-related advice (Blackwell and Eden 2011; Ferrante, Shaw, and Scott 2011; Song, Cramer, and Mcroy 2015). Saab et al. (2017) therefore recommended that health promotion interventions should consider targeting black communities and their social networks (Saab et al. 2017). Additionally, Saab, Landers, and Hegarty (2017) emphasised that the target population’s preference of information is important for effective health promotion intervention. Notwithstanding the above evidence and recommendations, Hicks, Litwin, and Maliski (2014) argued that men who were equipped with information related to cancer prevention and screening as well as malignancy family history were less likely to engage in prostate cancer screening behaviours. This could be attributed to the controversies and conflicting evidence regarding the effectiveness of prostate cancer screening on reducing prostate cancer mortality (Drummond et al. 2014; Schröder et al. 2014). Additionally, the divergent opinions of healthcare professionals regarding prostate cancer screening make it difficult for men to request a PSA test (Saab et al. 2017). Furthermore, the theory of planned behaviour (Fishbein and Ajzen 1975) was used to gain a better understanding of the link between raising awareness of prostate cancer and an indication of intention and motivation for change in behaviour of black men. Therefore the aims of the current study were to raise awareness of prostate cancer among black communities in the South West of England and to evaluate the engagement and raising awareness sessions.

**Table 1.** Raising awareness organisations with corresponding number of participants.

Organisations	Number of participants
Churches	30
Walk and Talk Groups	67
Barbershops	22
Basingstoke Town Centre Mall and Community Centres	81
Black Voluntary Organisations	71
Individuals	26
Local Media [newspapers and radio]	6
Health Events	17
<b>Total</b>	<b>320</b>

## Materials and methods

### Design

This project used a two-phase approach; the first was the raising awareness session and the second involved interviewing participants to evaluate the raising awareness sessions. The first phase included delivering public-facing sessions for example attending churches and black voluntary organisations (please see below [Table 1](#) for further details). The raising awareness sessions were delivered by the research team and these sessions focused on defining prostate cancer, the risk factors associated with prostate cancer and statistics on prostate cancer. These sessions were between 1 and 4 h in length and ran from January 2022 and ended in December 2022. The research team was either invited to various events or organised a few events to deliver the raising awareness information to participants. At these events participants' prior knowledge of prostate cancer was unknown to the research team. This study uses the FAIR (finability, accessibility, interoperability and reusability) principles (Wilkinson et al. 2016) and therefore researchers can contact the lead researcher for further information regarding this project.

### Participants and sample selection

At the first phase, participants were given an information sheet outlining the study's focus along with the contact details of the research team and the inclusion criteria. Individuals who were interested to be interviewed were encouraged to contact the research team. As the research team could not control who participated in the public-facing sessions, a total of 320 participants of diverse backgrounds participated including family members and loved ones. Of these, 12 black men contacted the research team to be interviewed in the second phase (see [Table 2](#) for demographic data). This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines for qualitative research (Tong, Sainsbury, and Craig 2007). To be included in the project the following criteria were applied:

### Inclusion criteria

- Above 18 years;
- From a black Caribbean or black African heritage (mixed heritage is included as long as they identify themselves as black)
- Living in Basingstoke;
- From all genders and socio-economic status.

**Table 2.** Participants demographic data.

Participants	Nationality	Age range
Participant 1	Black Caribbean	50–59
Participant 2	Black African	60–69
Participant 3	Black African	50–59
Participant 4	Black African	60–69
Participant 5	Black Caribbean	50–59
Participant 6	Black African	60–69
Participant 7	Black African	50–59
Participant 8	Black Caribbean	60–69
Participant 9	Black African	40–49
Participant 10	Black African	50–59
Participant 11	Black African	40–49
Participant 12	Black African	60–69

### **Exclusion criteria**

- Participants were excluded if they were:
- Aged 18 years or under
- From other ethnic groups including Caucasian

### **Data collection**

Semi-structured interviews were used to collect data from the 12 participants who chose to participate. These interviews were conducted either face to face using audacity or using an online channel called Google Hangouts. The time for each interview was mutually agreed upon with participants. Each interview (focus group or one-to-one) lasted between 30 and 60 min and was audio recorded or video recorded with the camera off. Twelve interviews were conducted [8 one-to-one interviews and two participants in each group]. The participants in these two groups discussed their knowledge of prostate cancer and the information provided by the research team in relation to prostate cancer (Please see below for further information regarding the questions discussed in the interview group meetings). The interviews were conducted from January 2022 to September 2022. The below questions were examples used in the semi-structured interview:

Can you please tell me about your experiences of engaging in the raising awareness of prostate cancer activities in Basingstoke?

Can you tell me what you knew about prostate cancer before you were given the information?

Can you tell me about your knowledge now that you have received information about prostate cancer?

Can you tell me about your perception of prostate cancer?

What are your views regarding the information you have received in relation to prostate cancer?

Can you tell me about your understanding of the risk factors of prostate cancer?

### **Consent and ethical approval**

This project received ethics approval from the Study University, UREC No. 211541. Consent was also sought prior to interviewing participants. Informed consents were

taken from participants who were interested before the commencement of the interview. Participants were informed that participation is voluntary and that they can withdraw from the study at any point without any explanation. To ensure the anonymity and privacy of the informants, any information regarding the identity of the participants was not reported in the study [World Medical Association (WMA) 2018]. The data were anonymously stored in a secured computer system with a password where only the researchers could have access to. The data shall be destroyed 10 years after the report of the study (General Data Protection Regulation 2018).

## Data analysis

The interviews were transcribed verbatim and were analysed using thematic analysis (TA) (Braun and Clarke 2006). TA is a method for systematically identifying and organising patterns of themes across an entire dataset (Howitt, 2010). The initial stages involved reading and re-reading the interview transcripts to become familiar with them. This was undertaken by one researcher. Initially, coding of statements was carried out and it was important that these remained as close to participant's words as possible. These initial codes were then sorted and collated into potential themes, a process which involved clustering. Potential themes were reviewed by the research team and revised until they met Patton's (1990) dual criteria of 'internal homogeneity' (meaningful coherence of data within a theme) and 'external heterogeneity' (clear distinctions between each theme). Any interpretative differences were discussed and agreed. The selected themes were then named and refined further to ensure they captured the essence of the participants' narratives.

## Findings

Three themes were generated from the analysis of the data: (1) increased knowledge and changing mindsets about prostate cancer, (2) empowered to take community and personal action and (3) strategies and tools to raise awareness of prostate cancer among black communities (please see Figure 1). These themes and subthemes will be discussed in detail below.

### *Increased knowledge and changing mindsets about prostate cancer*

#### *Increased knowledge of prostate cancer*

Most participants stated that prior to their engagement in the raising awareness of prostate cancer activities, they only had limited knowledge about the disease:

I had heard about prostate cancer but not much until I had this information (Participant 2 BA)

Participants unanimously agreed that the information they had received during the raising awareness sessions had improved their knowledge and understanding of prostate cancer. For example, several participants reported being unaware that Black men of African and Caribbean heritage were at higher risk of developing and dying from prostate cancer; they had been shocked by the sobering statistics presented to them during the talk:



**Figure 1.** Overview of themes & subthemes.

I now know how much higher prostate cases is in Black African men vs White men (Participant 3 BA)

The raising awareness sessions also enthused participants to find out further information on prostate cancer themselves. For instance, some referred to actively exploring websites such as Prostate Cancer UK on the internet:

I think after we discussed then I think it came to my mind that [...] I really went further and read more about prostate cancer and I think I've learnt more since the last time we talked. (Participant 4 BA)

### *Change of mindset in relation to prostate cancer*

The analysis also revealed a change in participants' attitudes towards prostate cancer following their participation in the raising awareness sessions. For example, some participants remarked that they no longer perceived prostate cancer as a deadly disease, but as potentially curable if treated in the early stages. This suggests the raising awareness sessions had successfully emphasised to the participants that early detection of the disease was of critical importance:

I know that prostate cancer is real but if it is detected earlier it can be treated. So, when you have the symptoms or when feel like you have the symptoms, you don't have [to be] embarrassed. You have to talk to your GP and be open about it so that the GP will know what is happening with you so that the GP can give you the right treatment. (Participant 2 BA)

One participant stated that their enhanced awareness of prostate cancer following the raising awareness session had helped reduce their fears about the disease:

I think [...] when you don't understand something [...] you can be fearful, you can have a lot of fear and I think prostate cancer, like other debilitating illnesses such as [...] diabetes, blood pressure, mental health is a [...] it can bring a lot of a lot of fear, but I think great awareness [...] I think of that, so I think it's a case of demystified fear. (Participant 1 BC)

The next theme discusses how the raising awareness sessions empowered participants to both start a discussion on prostate cancer with other members of their community, as well as to take personal action to safeguard against the disease.



## ***Empowered to take community and personal action***

### ***Community activists spreading awareness of prostate cancer***

Some participants commented that the black community found it difficult to openly talk about prostate cancer because of the stigma surrounding it, such as the perceived loss of masculinity:

We think about the stigma that goes with prostate cancer. So sometimes when we have the symptoms we suppress or hide it until sometimes it becomes too late to do something about it before we try to come out and say something about it. (Participant 2 BA)

The information the participants had received on prostate cancer gave them the confidence to start a conversation with other community members about the disease. Indeed, most participants felt it their responsibility or duty to utilise this knowledge by acting as community activists spreading awareness on prostate cancer among their community:

I think again moving on undoubtedly I'd be looking to spreading the word, educate all the people, you know, I thought [...] by no means did I think I knew it all and it's evident [...] I knew something about prostate cancer, but [...] certainly not enough and I'm certainly more educated now and I'd be looking to spread that knowledge, you know, to [...] I guess suitable individuals and I'm quite excited to doing that, so I'll definitely be, you know, spreading the word (Participant 3 BA)

A few participants also stated that they wanted to lead by example and act as role models within their community, for example by getting tested at their GP surgery:

[...] and leading by example as well, it's one thing having the knowledge, but I think what's key here also is taking appropriate steps thereafter (Participant 1 BC)

### ***Personal action to safeguard against prostate cancer***

The information the participants received also empowered them to take personal action to help safeguard themselves against developing prostate cancer. For example, some participants referred to making lifestyle adjustments such as reducing their intake of fatty foods and increasing their exercise:

I'll be trying to look at where and what I'm eating and how I've been doing things (Participant 6 BA)

Well, I was thinking when I finish work that I should really go and get myself back into some sort of physical shape. Go walking more (Participant 5 BC)

Thus, the education they received on prostate cancer gave them some personal control over the disease, although they acknowledged that not all risk factors were within their control to manage:

[...] the emphasis is really on milk products most, that's something I can change through my diet. Yeh, and well the other thing is things that I can't change like it being prevalent among Black people, I cannot change. But, yeh, avoiding certain things like [...] you said red meat, milk things like that (Participant 7 BA)

Some participants also remarked that the raising awareness sessions had encouraged them to contact their GP surgery to initiate discussions about getting tested for prostate cancer:

Maybe the first bit for me is to go for this PSA test and then from there I know what I am doing. (Participant 6 BA)

However, a few participants reported experiencing challenges when speaking to their GP surgery and were unsuccessful in having the appropriate tests carried out:

Since our conversation [...] I tried to get a test which was unsuccessful [...] I phoned my GP surgery and said, you know, can I speak to the doctor, they asked me what it was about and I said, you know, I'm participating in this study for males over the age of 50 and I need to get the PSA test done and the receptionist went and asked someone and then they come back and said well have you got a blood card or something or, you know, have you got any official documentation, I said no and they said well we can't just give someone a blood test who just walks in off the street, and I said even if you know that I'm over a certain age, I'm male and I'm more at risk of catching this, can I not just have a test. Unfortunately, I was told no I can't unless I have documentation or I'm showing symptoms, no I can't (Participant 5 BC)

Thus, a few participants also highlighted the need for GP to become more aware of prostate cancer:

So if the GP staff become more aware of this, I think they might be more likely to want to help people who say I need this test I want to check where I am and not come into the surgery when they're having symptoms and it's too late (Participant 5 BC)

The next section discusses potential strategies for raising awareness of prostate cancer among the black community.

## ***Strategies and tools to raise awareness of prostate cancer among black communities***

### ***Social events/community engagement***

Some participants proposed that existing social gatherings in places that black men and their families regularly frequent (e.g. places of worship and barbering shops) could be used to create awareness of prostate cancer among black communities:

I think it has to be when we meet socially or otherwise, you know, it might sound crazy but we chat enough even when we go into barbers shops. There are so many areas where we meet socially, you know, and I just think there is scope or potential to have that dialogue [...] ok, not necessarily an in-depth chat but you could certainly broach the subject, you know, barbers shops, I don't know, community centres. I know they're a dying breed [...] but I think word of mouth. (Participant 3, Black African)

Other participants proposed linking talks about prostate cancer to social events such as Black History Month and carnivals, where there would already be a large existing gathering of black men and their families:

... health and cultural awareness campaign in public in person or online and linked to celebrations, such as carnivals, black history month, music celebration, academic celebrations and events where people attend. (Participant 1, Black Caribbean)

Some participants suggested the need to provide education/training to interested individuals who will be issued a certificate to act as activists to spread the awareness of prostate cancer among black men and their families.

... So go into the community, have talks with them and you can do that by recruiting advocates, you know, champions of prostate cancer for BAME ... um ... who can be trained on delivering these sessions ... um ... and then these champions can engage with community groups and, you know, deliver these sessions. (Focused group 1, Black African, Participant 10)

### ***Traditional and social media channels***

Some participants also commented that awareness regarding prostate cancer could be spread amongst the black community via traditional media (e.g. TV and radio) through culturally specific programmes and adverts:

And probably like a one-to-one discussion or people coming on TV or radio, just to inform people about prostate cancer. And it's probably since we're talking about the black community, have a programme specifically [...] designed just to target the black community. (Participant 4, Black African)

Other participants referred to the use of social media channels, such as Twitter, Facebook and NHS websites to help raise awareness of prostate cancer among black communities:

[...] the internet as well. Generally, I think the NHS websites, and twitter can be used to raise awareness of prostate cancer. (Participant 7, Black African)

Interestingly, a few participants suggested using black influential personalities such as celebrities to sensitise black communities about prostate cancer.

So recently a few weeks ago there was a very powerful video that featured, I'm sure you would have seen this, that featured some Black celebrities ... um ... about prostate cancer, you know, about getting yourself checked for prostate cancer. I thought that was a very powerful tool. Getting the Black celebrities that black men, you know, celebrate from time to time. I think there was this guy, what's his name, Idris Elba. Black men may take notice and may go get checked out for prostate cancer. So having a few black celebrities in that video may help. I thought that was quite a powerful one. But I think the key message for that video was 'go get yourself checked. (Focused group 1, Black African, Participant 10)

### ***Billboards and posters***

Finally, a few participants suggested that billboards and posters in locations such as GP surgeries could be an alternative way of disseminating information about prostate cancer amongst black communities:

[...] if we can have posters in appropriate places for me and others to be aware of prostate cancer and encourage checks and dietary changes to your life, encouraging exercises and activities and stuff then yeah that would be another way to promote prostate cancer to black men and their families. (Participant 6, Black African)

## **Discussion**

The current study aimed to raise awareness of prostate cancer among black communities in the South West of England and to evaluate the engagement and raising awareness

sessions. This study found that participants lacked the knowledge and understanding of prostate cancer prior to their engagement in the sessions. For example, they were not aware that they were at an increased risk of developing prostate cancer compared to other ethnic groups. As a result of their participation in the sessions, their knowledge and understanding were heightened and these brought the disease to the forefront of their minds. Similar findings were reported by a number of authors (Alexis and Worsley 2018; Cremin 2015) in that black men had poor awareness of prostate cancer however interventions such as the raising awareness sessions, enabled them to understand their potential risk and afforded them with knowledge so that they could reduce their risk of developing prostate cancer.

Moreover, this study found that participants had little awareness of the potential risk factors and the signs and symptoms associated with prostate cancer. Two quantitative studies conducted in the United Kingdom found similar results (Rajbabu et al. 2007; Waller et al. 2009). However, these studies provided no explanation as to why participants lacked awareness of prostate cancer. In this in-depth qualitative study, we interviewed participants and found that black men had a low awareness of the potential risk factors pertaining to prostate cancer. Although a lot of work has been done by Prostate Cancer UK (2024), the results of the current study are an indication that health education endeavours must continue to present prostate cancer through black eyes using materials that are sensitive and culturally specific to black communities.

This study uses the theory of planned behaviour change to achieve a better understanding of the link between raising awareness of prostate cancer and a change in behaviour. The theory of planned behaviour posits that people's intentions are formed depending on their attitude, perceived behaviour control and subjective norms (Fishbein and Ajzen 1975). As highlighted in this research, participants had the intention and motivation to modify their behaviour and attitude towards prostate cancer following their engagement with the sessions. They revealed that they would no longer consider prostate cancer as an old man's disease. This is because they found out through the awareness-raising sessions that black men aged 45 or older were at risk of developing prostate cancer. Equally, they also stated that they would visit their general practitioner to obtain a prostate-specific antigen test PSA.

The findings revealed that the raising awareness sessions empowered participants in two main ways. Firstly, it provided them with the confidence to start conversations about prostate cancer with other members of the community. This is a critical finding as the negative stigma surrounding prostate cancer has made it a taboo subject among the black communities (Bamidele et al., 2019; Potts, 2000). This implies that the raising awareness sessions were beneficial in breaking down such negative stigmas and instead helping to facilitate open discussions about the disease. An important element of spreading awareness of prostate cancer was leading by example (e.g. getting tested for prostate cancer). This could potentially be useful in helping black men to initiate discussions with their GPs regarding getting tested for prostate cancer. This could be advantageous in overcoming the distrust that members of the black communities have regarding healthcare professionals (Ben-Shlomo et al., 2008; Thompson, 2014).

The raising awareness sessions also empowered participants to take personal action. The information they received allowed them to make informed lifestyle adjustments (e.g. exercising more and cutting down on fatty foods) to help reduce their risk of

developing prostate cancer in the future. This is a further key finding as it is indicative that the raising awareness sessions were fruitful in overcoming some of the myths regarding effective ways of combating prostate cancer (Ross et al., 2011). It also allowed participants to exert some personal control over developing prostate cancer.

Finally, the participants of this study proposed some strategies and tools that could be used to raise awareness of prostate cancer among black communities. For instance, as recommended by Saab et al. (2017), the participants of the current study suggested that prostate cancer awareness interventions should target the existing social network of black men and their families. Also, Saab, Landers, and Hegarty (2017), argued that the preference of information is important for effective health promotion intervention. This is in line with the proposals by some participants of this study who suggested that prostate cancer awareness could be spread amongst the black communities via traditional media (e.g. TV and radio) and adverts. However, the participants most frequently cited a more culturally specific strategy. This highlights the importance of clients' preference (Saab, Landers, and Hegarty 2017) and cultural sensitivity in promoting health. This further aligns with Alexis (2020) who revealed that black men felt that information on prostate cancer needed to be tailored to their own cultural or individual circumstances.

To ensure effective prostate cancer awareness, the participants of this study highlighted the importance of utilising black influential personalities to help spread information about prostate cancer among black communities. A similar observation has been documented by previous scholars (Blackwell and Eden 2011; Ferrante, Shaw, and Scott 2011; Song, Cramer, and Mcroy 2015). They argued that people who identify themselves with various black communities seem to trust influential personalities such as church pastors, and prostate cancer survivors as credible sources of information (Blackwell and Eden 2011; Ferrante, Shaw, and Scott 2011; Song, Cramer, and Mcroy 2015). It must be acknowledged that Prostate Cancer UK [2024] has created a toolkit for raising awareness of prostate cancer in Black UK communities and the principles of this toolkit can be adopted in the UK. Although many awareness campaigns were conducted, it should be noted that the town centre Mall and community centres yielded the greatest number of participants. This is because black participants are more likely to be in these vicinities compared to the other venues.

### ***Study strengths and limitations***

This study is the first to use culturally specific information to raise awareness of prostate cancer among the black African and black Caribbean communities in the south of England, as far as the authors are aware. The qualitative approach used enabled an in-depth understanding of black men's (mis)perceptions of prostate cancer. It also gave black men a voice by seeking their views on the best ways of raising awareness of this disease amongst their communities.

One of the main limitations of this study is that the findings cannot be generalised to the wider population due to the small sample size that was used. Secondly, the study participants were either of black African or black Caribbean heritage. They also all resided in one particular area in the south of England at the time of the study. Therefore, these participants' perceptions, prior knowledge and awareness of

prostate cancer may differ from that of other black men in other areas in the south of England. It must also be acknowledged that the participants in this study were all interviewed relatively shortly after the awareness sessions. Therefore, it is not known if the intervention they have received will bring about long-term lifestyle changes. It is also not known whether they remained empowered and motivated to share their knowledge with others.

### ***Implications for practice***

The following recommendations should be considered for the future regarding prostate cancer awareness intervention among black communities and in future research:

- Prostate cancer awareness interventions should aim at targeting the existing social network of black men and their families.
- GP surgeries should make conscious effort to provide culturally specific information in an effort to increase awareness of prostate cancer among black men and their families.
- The preference of information is important for effective prostate cancer awareness intervention. The use of different medium such as social media, website and black influential personalities in disseminating culturally specific information to increase awareness about prostate cancer amongst black communities should be considered
- The use of culturally specific events and gatherings should be considered in an effort to spread information about prostate cancer in black communities.
- The current study revealed the need to train and educate members of the black communities who could then act as community advocates to help spread awareness of prostate cancer within these communities.
- There is an urgent need to increase GPs' and their employees' awareness and understanding of the impact and risks of prostate cancer on black men. In doing this, it is anticipated that black men will be able to obtain a timely PSA test.

### **Conclusion and recommendations for further studies**

Findings revealed that the participants lacked the knowledge and understanding about prostate cancer prior to participating in the raising awareness activities. The raising awareness activities were effective in increasing black men's understanding and awareness of prostate cancer. This study also found that participants wanted to spread awareness to other members of their communities wherever possible,

The findings of this study also revealed that the raising awareness activities were successful in encouraging black men to initiate a discussion with their GPs regarding getting tested for prostate cancer. The raising awareness sessions were also instrumental in enabling participants to exert some personal control in reducing their risk of developing prostate cancer.

Black men identified a number of strategies for raising awareness of prostate cancer in black communities using both traditional and social media as potential channels for spreading awareness. However, participants most frequently cited a more culturally

specific strategy. They referred to using public-facing activities in places where black men regularly frequented such as churches, community centres and barbers' shops. In raising awareness of prostate cancer in black men and their communities, it would be best to actively engage with them through faith leaders, other social events, through families and loved ones.

Further research is needed to understand the knowledge and perception of GPs about prostate cancer and its impact on black men and their communities. This could help to develop effective strategies which could be adopted by GPs for the benefit of black men. Furthermore, to enhance the transferability of the results of the study, further research would be to replicate this study in a wider geographical area. Finally, a follow-up study to ascertain if participants had continued to spread the knowledge they had gained during the raising awareness sessions is needed.

### Disclosure statement

No potential conflict of interest was reported by the author(s).

### Funding

This study was funded by Action Hampshire, Wessex Cancer Alliance and Health Education England.

### Author contributions

Study design – OA, SM WG. Data acquisition, analysis and interpretation for important intellectual content – OA, SM WG. Involved in drafting the manuscript or revising it – OA, SM WG. Given final approval of the version to be published – OA, SM WG.

### References

- Alexis, O. 2020. "Black Men and Prostate Cancer in the UK." *British Journal of Healthcare Assistants* 14 (1): 10–11. <https://doi.org/10.12968/bjha.2020.14.1.10>
- Alexis, O., and A. J. Worsley. 2018. "A Meta-Synthesis of Qualitative Studies Exploring Men's Sense of Masculinity Post-Prostate Cancer Treatment." *Cancer Nursing* 41 (4): 298–310. <https://doi.org/10.1097/NCC.0000000000000509>
- Bamidele, O., H. McGarvey., B. M. Lagan., K. Parahoo, M. B. E. F. Chinegwundoh., and E. McCaughan. 2019. "'Man in the driving seat": A grounded theory study of the psychosocial experiences of Black African and Black Caribbean men treated for prostate cancer and their partners." *Psycho-Oncology* 28: 1712–1720. <https://doi.org/10.1002/pon.5150>
- Ben-Shlomo, Y., S. Evans, F. Ibrahim, B. Patel, K. Anson, F. Chinegwundoh, C. Corbishley, et al. 2008. "The risk of prostate cancer amongst black men in the United Kingdom." *Eur Urol* 53 (1): 99–105. <https://doi.org/10.1016/j.eururo.2007.02.047>
- Bidmon, S., and R. Terlutter. 2015. "Gender Differences in Searching for Health Information on the Internet and the Virtual Patient-Physician Relationship in Germany: Exploratory Results on How Men and Women Differ and Why." *Journal of Medical Internet Research* 17 (6): e156. <https://doi.org/10.2196/jmir.4127>
- Blackwell, C. W., and C. Eden. 2011. "Human Papillomavirus and Anorectal Carcinoma Knowledge in Men Who Have Sex With Men." *Journal of the Association of Nurses in AIDS Care* 22 (6): 444–453. <https://doi.org/10.1016/j.jana.2011.08.004>



- Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Cancer Research UK. 2022. *Prostate Cancer Statistics*. London: Cancer Research, UK. Accessed on 23/8/22. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/prostate-cancer#heading-One>.
- Conde, F. A., W. Landier, D. Ishida, R. Bell, C. F. Cuaresma, and J. Misola. 2011. "Barriers and Facilitators of Prostate Cancer Screening Among Filipino Men in Hawaii." *Oncology Nursing Forum* 38 (2): 227–233. <https://doi.org/10.1188/11.ONF.227-233>
- Cremin, M. 2015. "Meeting the Unmet Support Needs of BME Men with Prostate Cancer." *British Journal of Nursing* 24 (20): 1010–1014. <https://doi.org/10.12968/bjon.2015.24.20.1010>
- Drummond, F. J., E. Barrett, R. Burns, C. O'Neill, and L. Sharp. 2014. "The Number of PSA Tests Continues to Rise and Variation in Testing Practices Persists: A Survey of Laboratory Services in Ireland 2008–2010." *Irish Journal of Medical Science (1971 -)* 183 (3): 369–375. <https://doi.org/10.1007/s11845-013-1022-y>
- Ferrante, J. M., E. K. Shaw, and J. G. Scott. 2011. "Factors Influencing Men's Decisions Regarding Prostate Cancer Screening: A Qualitative Study." *Journal of Community Health* 36 (5): 839–844. <https://doi.org/10.1007/s10900-011-9383-5>
- Fishbein, M., and I. Ajzen. 1975. *Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research*. Reading, MA: Addison-Wesley.
- Friedman, D., S. Corwin, I. Rose, and G. Dominick. 2009. "Prostate Cancer Communication Strategies Recommended by Older African-American Men in South Carolina: A Qualitative Analysis." *Journal of Cancer Education* 24 (3): 204–209. <https://doi.org/10.1080/08858190902876536>
- General Data Protection Regulation. 2018. <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>.
- Hicks, E. M., M. S. Litwin, and S. L. Maliski. 2014. "Latino Men and Familial Risk Communication About Prostate Cancer." *Oncology Nursing Forum* 41 (5): 509–516. <https://doi.org/10.1188/14.ONF.509-516>
- Howitt, D. 2010. *An introduction to qualitative methods in psychology*. (2nd ed). Harlow: Pearson Education.
- Lloyd, T., L. Hounsome, A. Mehay, S. Mee, J. Verne, and A. Cooper. 2015. "Lifetime Risk of Being Diagnosed with, or Dying from, Prostate Cancer by Major Ethnic Groups in England 2008–2010." *BMC Medicine* 13 (171): 1–10.
- Patton, M. Q. 1990. *Qualitative Evaluation and Research Methods*. Newbury Park, CA: Sage.
- Potts, A. 2000. "'The Essence of the Hard On': Hegemonic Masculinity and the Cultural Construction of 'Erectile Dysfunction'." *Men and Masculinities* 3 (1): 85–103. <https://doi.org/10.1177/1097184X0000300100>.
- Prostate Cancer UK. 2023. "Facts and Figures." Accessed on 12/10/23. <https://prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/about-prostate-cancer#:~:text=Prostate%20cancer%20is%20the%20most,prostate%20cancer%20in%20their%20lifetime>.
- Prostate Cancer UK. 2024. "Toolkit for Raising Prostate Cancer Awareness in Black UK Communities." Accessed on 2/2/24. <https://prostatecanceruk.org/for-health-professionals/resources/engaging-with-black-communities#:~:text=Because%20Black%20men%20have%20double,a%20GP%20from%20any%20age>.
- Rajbabu, K., S. Chandrasekera, G. Zhu, S. Dezylyva, E. A. Grunfeld, and G. H. Muir. 2007. "Racial Origin Is Associated with Poor Awareness of Prostate Cancer in UK Men, But Can be Increased by Simple Information." *Prostate Cancer and Prostatic Diseases* 10 (3): 256–260. <https://doi.org/10.1038/sj.pcan.4500961>
- Ross, A. E., L. Marchionni, M. Vuica-Ross, C. Cheadle, J. Fan, D. M. Berman, and E. M. Schaeffer. 2011. "Gene expression pathways of high grade localized prostate cancer." *The Prostate* 71: 1568–1578.
- Saab, M. M., M. Landers, and J. Hegarty. 2017. "Exploring Men's Preferred Strategies for Learning About Testicular Disorders Inclusive of Testicular Cancer: A Qualitative Descriptive Study." *European Journal of Oncology Nursing* 26: 27–35. <https://doi.org/10.1016/j.ejon.2016.11.001>



- Schröder, F. H., J. Hugosson, M. J. Roobol, et al. 2014. “The European Randomized Study of Screening for Prostate Cancer – Prostate Cancer Mortality at 13 Years of Follow-up.” *The Lancet* 384 (9959): 2027–2035. [https://doi.org/10.1016/S0140-6736\(14\)60525-0](https://doi.org/10.1016/S0140-6736(14)60525-0)
- Song, H., E. M. Cramer, and S. Mcroy. 2015. “Information Gathering and Technology Use Among Low-income Minority Men at Risk for Prostate Cancer.” *American Journal of Men’s Health* 9 (3): 235–246. <https://doi.org/10.1177/1557988314539502>
- Thompson, R. 2014. Hear me now. One year on. B’Me Against Cancer. <https://bmecancer.com/index.php/hear-me-now-one-year-on>.
- Tong, A., P. Sainsbury, and J. Craig. 2007. “Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups.” *International Journal for Quality in Health Care* 19 (6): 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Waller, J., K. Robb, S. Stubbings, A. Ramirez, U. Macleod, J. Austoker, S. Hiom, and J. Wardle. 2009. “Awareness of Cancer Symptoms and Anticipated Help Seeking among Ethnic Minority Groups in England.” *British Journal of Cancer* 101 (S2): S24–S30. <https://doi.org/10.1038/sj.bjc.6605387>
- Wilkinson, M. D., M. Dumontier, I. Aalbersberg, G. Appleton, M. Axton, A. Baak, N. Blomberg, et al. 2016. “The FAIR Guiding Principles for Scientific Data Management and Stewardship.” *Scientific Data* 3: 160018. <https://doi.org/10.1038/sdata.2016.18>
- World Medical Association (WMA). 2018. “Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects.” Accessed 17/02/2023. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>.
- Zajac, I. T., I. H. Flight, C. Wilson, D. Turnbull, S. Cole, and G. Young. 2012. “Internet Usage and Openness to Internet-Delivered Health Information Among Australian Adults Aged Over 50 Years.” *Australasian Medical Journal* 5 (5): 262–267. <https://doi.org/10.4066/AMJ.2012.1065>