

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES AND PROSTATE CANCER

2014 COMMUNITY ATTITUDES SURVEY



Prostate Cancer
Foundation of Australia

Our Vision, Mission and Values

Prostate Cancer Foundation of Australia (PCFA) is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

- Promoting and funding world leading, innovative research into prostate cancer
- Implementing awareness campaigns and education programs for the Australian Community, health professionals and Government
- Supporting men and their families affected by prostate cancer through evidence-based information and resources, support groups and Prostate Cancer Specialist Nurses.

PCFA receives Government funding for specific projects and relies on the generosity of individuals, the community and partnerships, such as those with the Movember Foundation and Commonwealth Bank, to carry out our essential work.

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Tolmar Australia is proud to sponsor the 2014 PCFA Community Attitudes Survey. This important annual survey advances our collective understanding of community attitudes towards prostate cancer, gauges how opinions are changing over time, and informs the improvement of services and support PCFA can provide to men coping day to day with this disease. A new specialist uro-oncology company, Tolmar Australia is committed to shaping the future of prostate cancer care in Australia and New Zealand, by improving outcomes and providing meaningful support to the prostate cancer community.

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Foreword



Anthony Lowe is the Chief Executive Officer of Prostate Cancer Foundation of Australia

It has been estimated that some 15% of men diagnosed with prostate cancer are from culturally and linguistically diverse backgrounds*, yet very little is currently known about the specific prostate cancer information and support needs of their communities. In 2013, for the first time, we asked participants in PCFA's annual Community Attitudes Survey whether prostate cancer information should be available in languages other than English and found that almost two-thirds were in favour.

This year, therefore, PCFA decided to conduct research into the attitudes and experiences towards prostate cancer of men whose first language is Arabic, Chinese, Italian, Greek or Vietnamese. We chose these languages because they were the five most commonly suggested languages from the 2013 survey. After English, they are also the five most commonly spoken languages at home in Australia.

The first, quantitative, phase of the research revealed interesting differences between speakers of the five languages and encouraged us in the belief that translating three key existing PCFA resources – *What you need to know about prostate cancer*, *Support groups for people affected by prostate cancer* and *Caring for someone affected by prostate cancer* – would be of real benefit to Australia's culturally and linguistically diverse communities.

We therefore decided to undertake qualitative research in the form of mini focus groups with twenty men (four men in each of the five languages) to adapt and guide the translation of the resources. We wanted to ensure that any resources developed would be culturally appropriate and to validate our initial conclusion that they would be of value to their respective communities.

We are delighted to present the findings from this research and, at the same time, to launch the Arabic, Chinese, Italian, Greek and Vietnamese versions of our key resources.

A handwritten signature in black ink that reads "Anthony Lowe".

Associate Professor Anthony Lowe

Chief Executive Officer

*NSW Central Cancer Registry data 2004-2008

Introduction

Prostate Cancer Foundation of Australia has conducted an annual survey into community attitudes towards prostate cancer since 2002. In 2013, for the first time, we asked participants whether information on prostate cancer should be available in languages other than English.

The overwhelming majority (64%) were of the view that information should be communicated in other languages, with men in metropolitan (64%) and regional (67%) locations a little more supportive than men in rural Australia (58%).

The ten most commonly suggested languages are shown in the table below.

Language	Percentage
Chinese	78%
Italian	64%
Vietnamese	60%
Greek	59%
Arabic	56%
Spanish	46%
German	44%
Croatian	41%
Turkish	40%
Tagalog (Filipino)	40%

This year PCFA therefore decided to conduct quantitative and qualitative research into the attitudes and experiences towards prostate cancer of speakers of the five most commonly suggested languages in the 2013 survey – Arabic, Chinese, Italian, Greek and Vietnamese. The research findings were used to guide the process of adapting and translating three key existing PCFA resources – *What you need to know about prostate cancer*, *Support groups for people affected by prostate cancer* and *Caring for someone affected by prostate cancer* – into these languages. Funding for the translation of the second and third of these resources was provided by the Australian Government through Cancer Australia.

We were interested to understand whether speakers of these five languages see prostate cancer as an important health issue, their level of knowledge of prostate cancer, and their preferred sources of information and media habits to find out where they are most likely to source information about health issues, including prostate cancer. We also wanted to ensure that any resources developed are culturally appropriate and would be valued by their respective communities.

“I would like to thank the Australian Health Department and PCFA for taking care of us. We are honoured to have associations like PCFA.”

(70-year-old Panania Arabic speaking man born in Egypt, who has lived in Australia for 40 years)

Men from a culturally and linguistically diverse background

There are different ways to think about a man’s cultural background. For example, his country of birth, religious affiliation and the language he usually speaks at home. In this Community Attitudes Survey, first language is used to distinguish between men of different backgrounds. In describing their experiences, we refer to the men with respect to the language they speak rather than their country of birth because the language spoken does not always convey the country of birth. For example, Arabic and Chinese are spoken in a number of different countries.

It has been reported that men from a culturally and linguistically diverse background are less likely to be diagnosed with prostate cancer than men born in Australia^[1, 2]. There are likely to be many reasons for this. For example, men from culturally and linguistically diverse backgrounds have a unique set of issues pertaining to their healthcare needs. It is possible that factors such as cost, language, religious beliefs and cultural practices can lead to poor access to health services^[2] as well as unsatisfying medical encounters due to a lack of recognition of cultural differences in healthcare delivery^[3]. Moreover, the absence of appropriately framed cancer information and services in their first language may limit awareness^[4, 5] and inhibit them from taking steps they may otherwise have taken to look into this health issue.



The men who were invited to participate in this year's survey were those whose first languages are Arabic, Chinese, Greek, Italian and Vietnamese. After English, they are the most common languages spoken at home in Australia^[6]. In the 2011 Census, the five languages collectively were spoken by 390,359 men aged 40 or over (see the table below), which represents 3.7% of the total male population (10,634,013) at the time^[7].

	Arabic	Chinese	Greek	Italian	Vietnamese	Total
40-44 years	10079	17539	13122	12076	8928	61744
45-49 years	9275	22937	10148	12577	9022	63959
50-54 years	7622	20810	7470	11160	9055	56117
55-59 years	6186	17538	5738	8983	6410	44855
60-64 years	5655	12972	6889	10941	3641	40098
65-69 years	4330	7243	8294	10112	2081	32060
70-74 years	2867	5928	8885	12719	1316	31715
75-79 years	1673	4713	8049	13195	948	28578
80-84 years	1060	2861	5168	10268	853	20210
85-89 years	469	1204	1802	4571	340	8386
90-94 years	97	417	385	1087	142	2128
95-99 years		98	63		23	432
100 years and over		22	12		7	77

“I would like to thank the Australian Health Department and PCFA for taking care of us. We are honoured to have associations like PCFA.”

(70-year-old Panania Arabic speaking man born in Egypt, who has lived in Australia for 40 years)



01 Methods

The 2014 survey was conducted on behalf of PCFA by Multicultural Marketing and Management (MMM). Recruitment of participants for the quantitative phase was through online and press advertising in both English and the five different languages, MMM’s multicultural research panel, MMM’s cultural consultants network and a variety of community organisations.

The survey was completed by email, mail or with the assistance of community organisations. To increase the number of Italian participants in the survey, an additional 30 interviews were conducted by a male bilingual interviewer in person in Leichhardt, Haberfield and Five Dock as these Sydney suburbs have a strong Italian presence.

A total of 256 men aged 40 and over participated in the survey, comprising 50 Arabic, 50 Chinese (Cantonese, Mandarin and other Chinese dialect speakers), 52 Greek, 53 Italian and 51 Vietnamese speaking men.

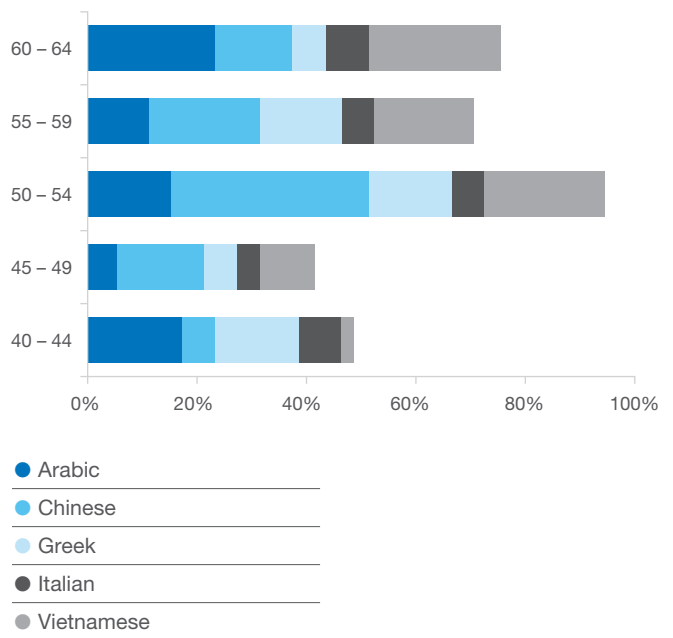
The survey was translated into the five languages by National Accreditation Authority for Translators and Interpreters (NAATI) accredited translators to ensure accuracy of the translation. Participants were offered the opportunity to fill in the survey in English as well as their language of background.

The data was collected in the months of February and March 2014. This period was chosen to avoid times such as September and November[†], when significant prostate cancer awareness and fundraising campaigns take place.

Participants in the survey were aware that it was about cancer, but not specifically prostate cancer or for PCFA.

The distribution of participants in the quantitative phase by age and language is shown in Figure 1.1.

Figure 1.1: Distribution of participants by age and language



“Participants in the survey were aware that it was about cancer, but not specifically prostate cancer or for PCFA.”

[†]September is International Prostate Cancer Awareness Month and November is when the Movember campaign takes place.

01 Methods

(CONTINUED)

The sample of 256 participants gives a 95% confidence level with a confidence interval of $\pm 6\%$ in the results.

For the qualitative phase mini focus groups with twenty men (four men in each of the five languages) were conducted at five locations. The moderators followed a discussion guide in English provided by PCFA and provided all participants with copies of the three PCFA resources translated into the relevant language in advance.

Focus group participants were recruited from the MMM research participants panel, MMM consultants network, community groups, and online advertising.

Focus group participants were screened by MMM with two questions:

- Whether they were Arabic, Chinese (Mandarin), Greek, Italian, or Vietnamese speakers
- Whether they were at least 40 years of age.

Each focus group was recorded and completed within 60 minutes, and was conducted in accordance with the Code of Professional Behaviour of Australian Market and Social Research Society (AMSRS).

Each moderator was a university qualified, native language speaker who has been trained according to AMSRS's Code of Professional Behaviour. Each group was conducted in the participants' native language. None of the moderators were responsible for translating the brochures, or knew the identity of the translators, this ensured their neutrality in discussing the translations.

Table 1.1 gives a snapshot of participants.

Table 1.1: Snapshot of the mini focus group participants

Age	Suburb	No. Years in Australia	Country of Birth
Arabic			
70	Panania	40	Egypt
67	Bankstown	41	Syria
66	Chester Hill	55	Lebanon
65	Bankstown	19	Lebanon
Chinese			
50	Gladesville	18	China
63	Chatswood	26	China
59	Willoughby	14	China
63	Roseville	27	China
Greek			
71	Brunswick	51	Greece
76	Brunswick	47	Greece
73	West Brunswick	48	Greece
72	Pascoe Vale South	48	Greece
Italian			
75	Stanmore	44	Italy
66	Chippendale	41	Italy
75	Croydon	54	Italy
72	Haberfield	60	Italy
Vietnamese			
75	Bankstown	25	Vietnam
58	Bankstown	2	Vietnam
50	Bankstown	33	Vietnam
49	Riverwood	29	Vietnam

02 Awareness of prostate cancer as an important health issue

Given that the incidence of prostate cancer is lower in men from a culturally and linguistically diverse background than men born in Australia, we were interested to know if the men who participated in the 2014 survey considered it to be an important health issue and how much they know about the disease.

Results

From a list of 12 health issues, we asked the participants to identify the three that they thought to be the most important health issues facing the community. Heart disease was identified as the most important health issue by men from all five language groups. However, there were differences between the groups in terms of the second and third most important health issues. The results are shown in Table 2.1.

Table 2.1: What do you consider to be the three most important health issues facing the community?

	Arabic	Chinese	Greek	Italian	Vietnamese
Most Important	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
Second Most Important	Prostate Cancer	Diabetes	Prostate Cancer	Prostate Cancer	Stroke
Third Most Important	Breast Cancer	Stroke	Diabetes	Diabetes	Prostate Cancer

“Yes, prostate cancer is a serious problem for everybody, not just the Italian community.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)

02 Awareness of prostate cancer as an important health issue

(CONTINUED)

With the exception of the Chinese speakers, prostate cancer was identified as either the second (Arabic, Greek and Italian speakers) or third (Vietnamese speakers) most important health issue facing the community.

In the attempt to gain a better understanding of their awareness of prostate cancer, the participants were then asked, unprompted, to identify the single most important disease facing men. The responses from all the participants showed that 48% identified prostate cancer to be the single most important disease facing men followed by heart disease (22%).

Table 2.2 shows the percentage of men in each of the five language groups who identified prostate cancer to be the single most important disease facing men.

Table 2.2: Prostate cancer as the single most important health disease facing men by language group

Language	Percentage
Arabic	40%
Chinese	52%
Greek	50%
Italian	47%
Vietnamese	52%

Interestingly, while the Chinese speakers did not identify prostate cancer to be one of the three most important health issues facing the community, when they were asked to think only of men, more than half (52%) of the responses identified it as the single most important disease.

Similarly, while the Vietnamese speakers identified prostate cancer as the third most important health issue facing the community, when focusing solely on men, more than half (52%) identified it to be the most important disease.

For the Greek and Italian speakers, their responses, 50% and 47% respectively, indicate that prostate cancer is also the most important disease facing men. This is consistent with their responses regarding health issues facing the community.

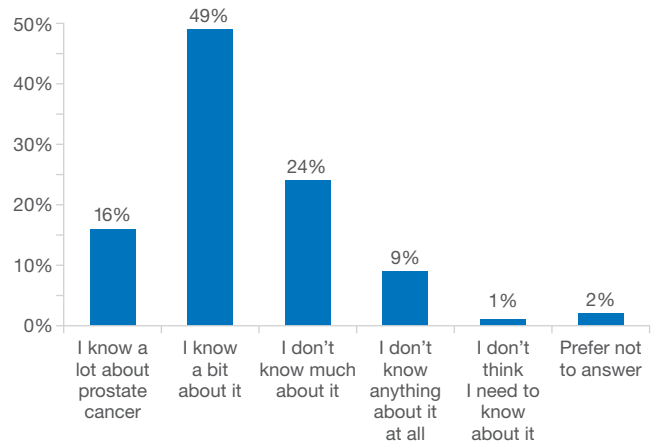
“Yes, prostate cancer is a serious problem for everybody, not just the Italian community.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)

However, for the Arabic speakers, who identified prostate cancer as the second most important health issues facing the community, only 40% identified it to be the single most important disease facing men.

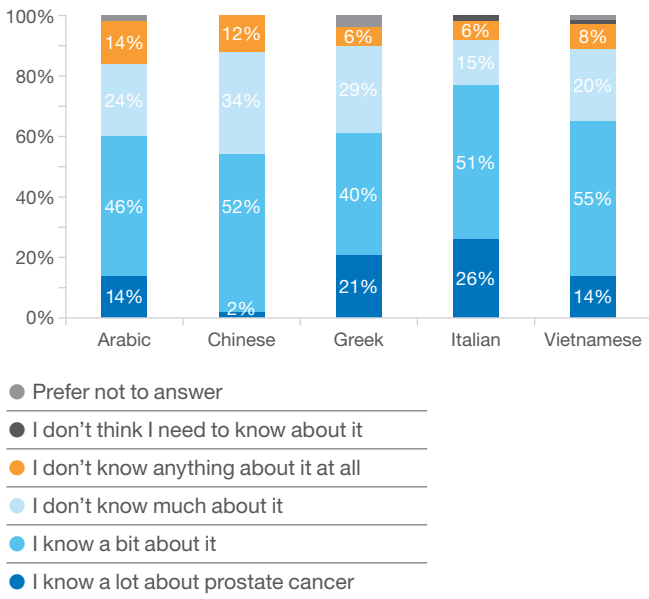
We asked participants how much they believe they know about prostate cancer. As shown in Figure 2.1, about two-thirds of the participants indicated that they either “know a lot” (16%) or “know a bit” (49%) about the disease. Only a few men (1%) did not think that they need to know about it. These response rates are similar to those in the 2012 Community Attitudes Survey of 1,431 men aged 40 to 74 from all backgrounds^[9].

Figure 2.1: How much do you believe you know about prostate cancer?



However, there are notable differences in awareness and knowledge about prostate cancer between the five language groups as shown in Figure 2.2.

Figure 2.2: How much do you believe you know about prostate cancer?



Participants' responses show Italian speakers to be the most knowledgeable about prostate cancer with 26% indicating that they "know a lot" and 51% that they "know a bit" about it respectively. This was followed by the Vietnamese speakers with 14% indicating they "know a lot" and 55% that they "know a bit" about the disease.

"You hear about breast cancer all over the place, but for a cancer that's killing more people than breast cancer, there is not enough exposure."

(50-year-old Bankstown man born in Vietnam, who has lived in Australia for 33 years)

The Arabic and Greek speakers were similar except more Greek speakers indicated that they "know a lot" about prostate cancer than the Arabic speakers with 21% and 14% respectively.

While over half (54%) of the Chinese speakers indicated that either "know a lot" or "know a bit" about the disease, only 2% considered themselves to "know a lot" about it. This is marked difference when compared with the other four language groups.

"You hear about breast cancer all over the place, but for a cancer that's killing more people than breast cancer, there is not enough exposure."

(50-year-old Bankstown man born in Vietnam, who has lived in Australia for 33 years)

02 Awareness of prostate cancer as an important health issue

(CONTINUED)

Discussion

In spite of past research findings that suggest the incidence of prostate cancer is lower in men from culturally and linguistically diverse backgrounds when compared to men born in Australia, the disease is seen by many survey participants as an important male health issue. Even for the Chinese speakers who collectively showed to have the least knowledge about prostate cancer, perhaps due to it being a disease with relatively low reported incidence in their countries of origin^[9], over half of them thought it was an important health issue for men.

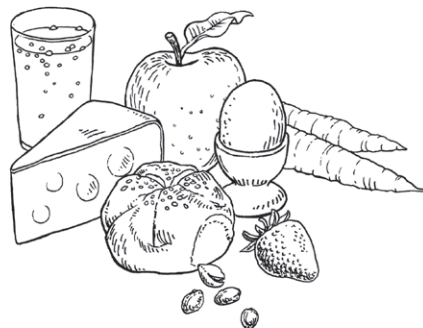
“Asian people have a lower rate of prostate cancer than Westerners. Maybe it is because we, the Chinese, eat less meat and have a healthier lifestyle. Besides, Chinese put more emphasis on family relationships and support, which is an advantage to caring for patients in a family environment.”

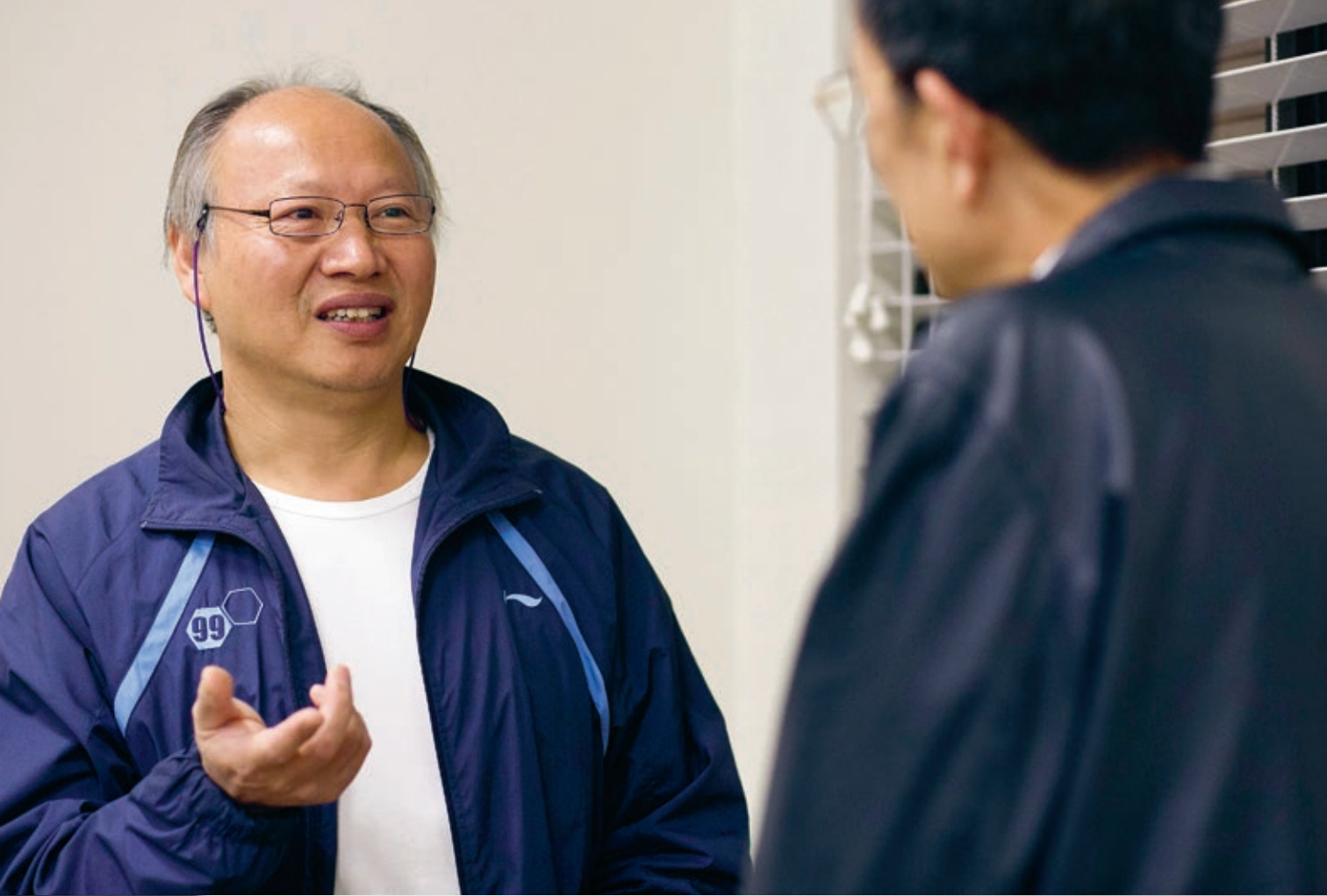
(63-year-old Roseville man born in China, who has lived in Australia for 27 years; he was diagnosed with stomach cancer 11 years ago)

Given 83% of the participants are 50 years old or older, it is encouraging to learn that about two-thirds of participants (65%) believe they “know a lot” or “know a bit” about prostate cancer. Indeed, consistent with findings from the 2012 Community Attitudes Survey^[8], men in this year’s survey who are in the older age groups (55 years old and older) reported that they “know a lot” about the disease compared to those who are aged between 40 and 54. However, there are some differences between participants’ responses across the five language groups.

Italian speakers appear to be most confident about their awareness and knowledge with 77% reporting that they “know a lot” or “know a bit” about prostate cancer. When compared with the other four language groups, the Chinese speakers are the least confident about their awareness and knowledge with only a little over half (54%) reporting that they know something about the disease.

The differences between the five language groups show that men from culturally and linguistically diverse backgrounds cannot be considered a homogeneous group with respect to prostate cancer awareness and knowledge. The participants’ responses suggest that men from some culturally and linguistically diverse backgrounds (e.g. Chinese speakers) may require more attention than others (e.g. Italian speakers) in terms of education and promotion to increase their awareness and knowledge about the disease.





03 Awareness, knowledge and prostate cancer testing

In Australia there is no commonly accepted guidance to men about who should be tested, at what age and how frequently. Consequently, testing for prostate cancer can be a confusing proposition for many men^[8]. In light of the lack of clarity about prostate cancer testing, issues such as those pertaining to language and cultural practices can further increase the confusion for men from culturally and linguistically diverse backgrounds, hindering access to information about testing.

In this context, we were interested to understand whether participants in this year's survey have been tested for prostate cancer, and the circumstances under which they were tested.

Results

We first asked if participants had ever been tested for prostate cancer, and then asked if they had been tested in the last 12 months. Their responses are shown in Table 3.1.

Table 3.1: Testing for prostate cancer

	Yes	No
Have you ever been tested for prostate cancer?	43%	57%
Have you been tested for prostate cancer in the last 12 months?	29%	71%

Further analysis of the responses shows notable differences between the men from the five language groups as shown in Figures 3.1 and 3.2.

Figure 3.1: Have you ever been tested for prostate cancer?

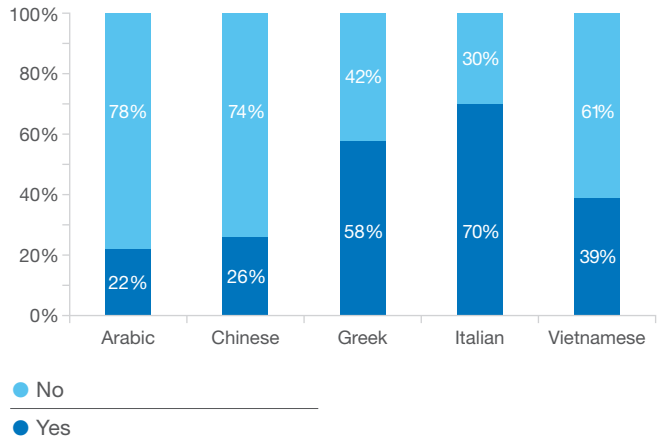
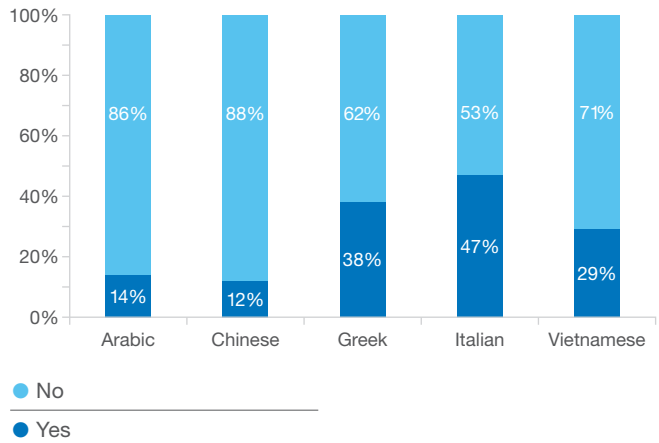


Figure 3.2: Have you been tested for prostate cancer in the last 12 months?

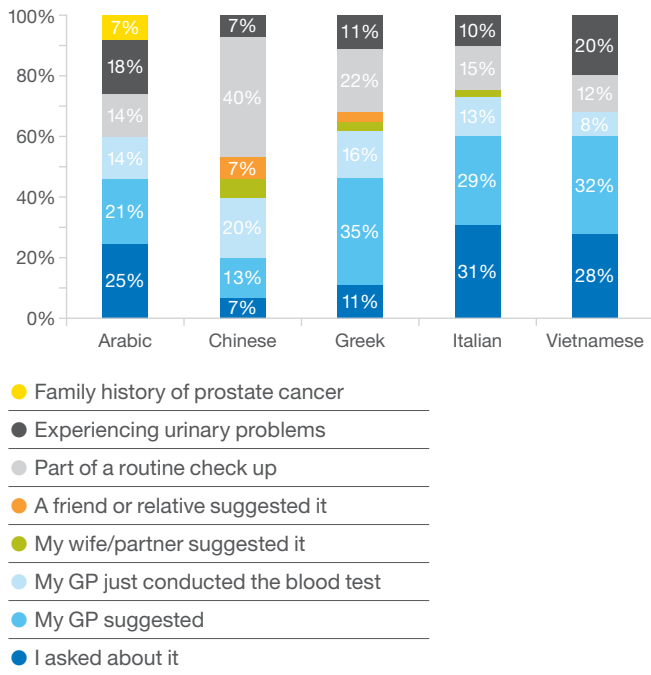


Self-reported rates of testing are highest amongst Italian and Greek men and lowest for Chinese and Arabic speakers.



The survey asked participants who have been tested at least once how they came to be tested. The results are shown in Figure 3.3.

Figure 3.3: How did you come to have the test?



For the Chinese and Greek speakers, their GP was a strong influencer to be tested for prostate cancer. Seventy-three per cent (73%) of Chinese speakers and the same percentage of Greek speakers reported that they were tested because their GPs suggested it, just conducted the blood test, or tested as part of a routine check-up.

This percentage is notable when compared with the Italian speakers (57%), Vietnamese speakers (52%) and Arabic speakers (49%).

“If my doctor tells me to do a test but I feel fine and I haven’t got any symptoms, I ask him why I need the test. If he tells me that I need to do a test because it’s good practice after a certain age, I do it for good luck.”

(75-year-old Stanmore man born in Italy, who has lived in Australia for 44 years)

About one-third (31%) of Italian speakers, the highest of the five groups, had the test because they asked for it, which is in contrast to the Chinese speakers with only 7% (the lowest of the five groups).

“I wouldn’t be happy about the test, but I would listen to the doctor.”

(49-year-old Riverwood man born in Vietnam, who has lived in Australia for 29 years)

03 Awareness, knowledge and prostate cancer testing

(CONTINUED)

Discussion

Self-reported rates of prostate cancer testing by the survey participants suggests that despite the disease being considered by them to be an important health issue facing men, testing does not appear to be a priority as only 43% of participants have ever undergone testing and only 29% underwent testing in the last 12 months. These findings are notable given that what we learned from previous survey findings, which did not focus on cultural and linguistic diversity, showed that men of the same age groups as those who participated in this year's survey were more likely to have undergone testing both ever and in the previous 12 months^[8].

While caution must be exercised when making sense of this difference, we are aware that health information and service access can be impeded by language barriers, religious beliefs and cultural practices^[2]. From this perspective, it could be argued that poor access to prostate cancer information can prevent people from a culturally and linguistically diverse background from taking action to address concerns they may have about the disease. In this context it is interesting to note that 55% of participants indicated that there is not enough information about prostate cancer available in their preferred language.

Closer examination of participants' responses across the five language groups shows that men from language groups (e.g. Greek and Italian speakers) who reported that they either "know a lot" or "know a bit" about prostate cancer were also more likely to have asked to be tested. In this regard, it is not surprising to find that Chinese speakers who reported to have the least awareness and knowledge about prostate cancer of the five language groups were also least likely to have asked to be tested. Moreover, previous research findings indicated that members of some Chinese communities tend not to test for disease if they feel well and do not have symptoms^[10].

Circumspection is required in drawing a conclusion about awareness and knowledge leading to testing. This is because participant responses showed that their doctors are a clear influencer on how they came to be tested. At least half of the men in each language group underwent testing because their doctors had suggested it, just conducted testing or did so as part of a routine check-up. This finding suggests that, regardless of the man's culturally and linguistically diverse background, in the context of prostate cancer testing, the doctor is the instigator of testing and the man is likely to comply following the doctor's suggestion.

"I wouldn't be happy about the test, but I would listen to the doctor."

(49-year-old Riverwood man born in Vietnam, who has lived in Australia for 29 years)

Interestingly, only men from three of the five languages groups (Chinese, Greek and Italian) reported that testing occurred following suggestions from their wives/partners, friends or relatives. This suggests that cultural differences may influence how men from particular cultures engage with health services.

"Circumspection is required in drawing a conclusion about awareness and knowledge leading to testing."





04 Discussions about prostate cancer

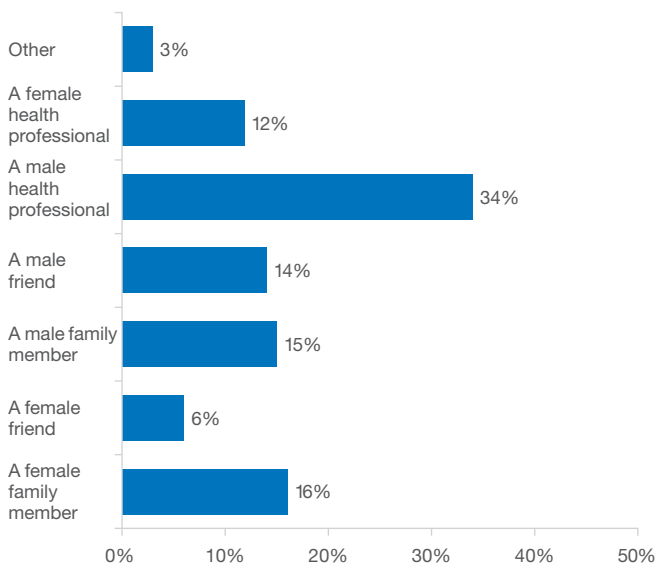
Of the 256 survey participants, 17 (7%) reported that they are living with prostate cancer – 6 Arabic speakers, 1 Greek speaker, 3 Italian speakers and 7 Vietnamese speakers. Fifteen (15) of the 17 men have discussed the diagnosis and treatment with their doctor but 2 Arabic speakers have not. Similarly, 13 of the 17 men have discussed their diagnosis and treatment with their partner or people outside their family but 3 Arabic speakers and 1 Vietnamese speaker have not.

When the survey participants were asked who they would feel comfortable discussing prostate cancer with, health professionals were the preferred group, but the health professional's gender is important. As shown in Figure 4.1, 34% of the participants reported 'a male health professional' as someone with whom they would feel comfortable discussing prostate cancer but only 12% would feel comfortable discussing the disease with 'a female health professional'.

“There are no barriers between a doctor and patient, as doctors will keep everything confidential with his patient, so we can ask and answer openly.”

(65-year-old Bankstown Arabic speaking man born in Lebanon, who has lived in Australia for 19 years)

Figure 4.1: Do you feel comfortable having a conversation about prostate cancer with?

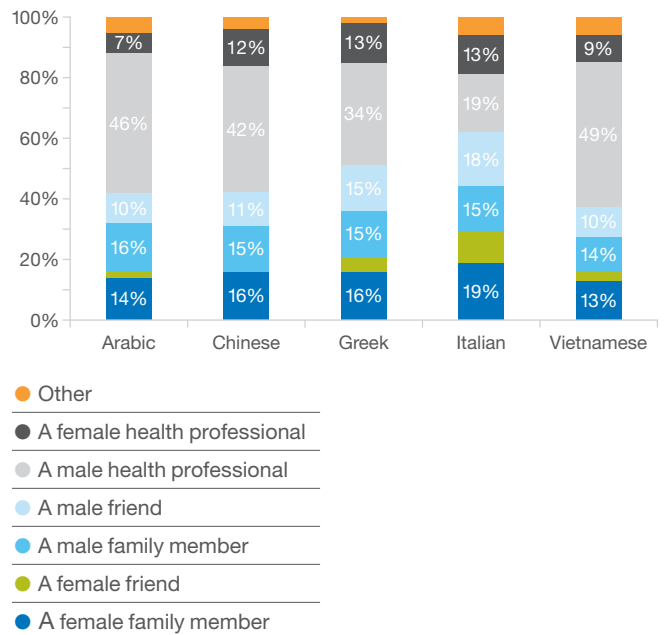


The next group of people with whom they would feel comfortable is family members ('a female family member' – 16%, 'a male family member' – 15%). Friends are also a group of people with whom participants would feel comfortable discussing prostate cancer. However, similar to health professionals, the friend's gender is important. Fourteen per cent (14%) of participants reported that they would discuss prostate cancer with 'a male friend' but only 6% reported that they would with 'a female friend'.

“My father died from prostate cancer here in Australia. My brother, who is 70 years old, has prostate cancer; he lives overseas. We talk about all types of illness openly. In our community there are no restrictions, especially when it comes to health; and we help and support people who are suffering from an illness.”

(66-year-old Chester Hill Arabic speaking man born in Lebanon, who has lived in Australia for 55 years)

Figure 4.2: Do you feel comfortable having a conversation about prostate cancer with (by language groups)?



04 Discussions about prostate cancer

(CONTINUED)

When discussing prostate cancer, except for the Italian speakers, a clear preference for a male over a female health professional is seen in the responses across the five language groups.

“Talking openly about prostate cancer is not ideal. If I go to the same club as these other men and I say I have prostate cancer, it’s not appropriate. I would like to talk about it with people who are interested, not haphazardly.”

(66-year-old Chippendale man born in Italy, who has lived in Australia for 41 years)

Similarly, a preference for a male over a female friend is also clear. Notably, no Chinese speaking participant reported that they would feel comfortable in talking to a female friend about prostate cancer.

“Unlike Westerners, Chinese can openly talk about making money, but not making love. If someone mentioned he was diagnosed with prostate cancer, people around him would wonder if he did something wrong sexually.”

(63-year-old Roseville man born in China, who has lived in Australia for 27 years; he was diagnosed with stomach cancer 11 years ago)

Discussion

Based on participants’ responses, depending on the relationship they have with the person, discussing prostate cancer appears to be a gendered issue. While health professionals are a clear preference for survey participants when it comes to having a conversation about prostate cancer, it was also clear from the responses that the gender of the health professional is important. Similarly, participants reported that they would have a conversation about prostate cancer with their friends but again, the gender of the friend is important. Family members are the only people participants would have a conversation with where gender is less of an issue.

“The truth is that nobody likes to say that they have got prostate cancer. Within your family it is fine to speak of it, but not outside the family. You may find somebody who is sorry for you, but there might also be people who make fun of you, or enjoy your misfortune.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)

These findings show that while it is important to encourage men from culturally and linguistically diverse backgrounds to discuss prostate cancer with people they trust, it is possible that cultural issues and sensitivity surrounding prostate cancer might discourage them from talking with certain people such as a female health professional or a female friend. This is especially so for some men. For example, it seems Arabic, Chinese and Vietnamese speakers would much prefer to have a conversation with a male health professional than a female one, and Chinese speakers would not have a conversation with a female friend.

“Family members are the only people participants would have a conversation with where gender is less of an issue.”





05 Media consumption habits of multicultural groups

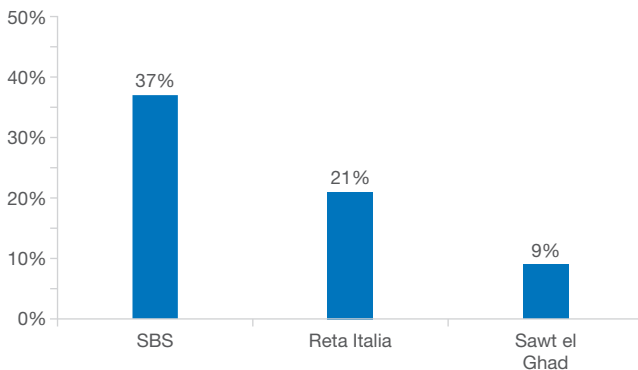
We asked the various different language groups about their media habits to find out where they are most likely to source information about health issues, including prostate cancer. We found that although many consume media in English, a large proportion also chose to consume such information in their own language.

We asked participants to identify the main TV stations they watch regularly (at least once a week). Interestingly, although a large percentage watch television in English (65%), many also watched television in their own language (39%) with the most commonly watched stations being *RAI* in Italian (31%), *Antenna* in Greek (11%) followed by other channels such as *CCTV* (Chinese, 4%), *MBC* (Arabic, 4%) and *MTV* (Arabic, 4%).

When asked what radio stations they listen to regularly we found that almost half the participants listen to radio in their own language regularly (47%), followed by 34% who listen to radio in English and 31% who don't listen to radio regularly at all.

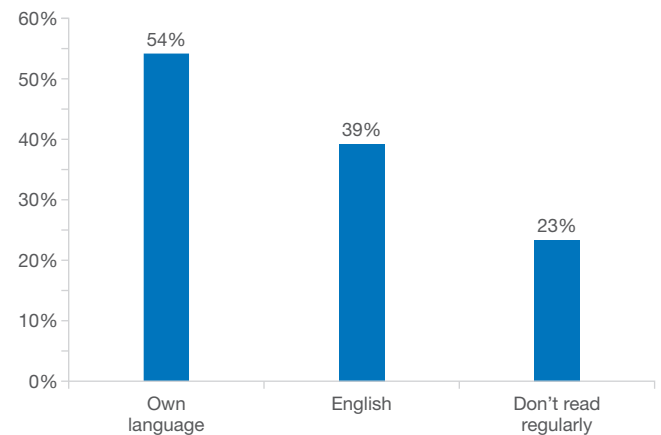
Of the 47% of participants who listen to radio in their own language, 37% of them listen to *SBS* in different languages, 21% listen to *Rete Italia* in Italian and 9% listen to *Sawt el Ghad* in Arabic. For those listening to radio in English, the most popular stations were *2GB* (20%) and *ABC* (13%).

Figure 5.1: Which radio stations do you listen to regularly (at least once a week)?



Participants were asked to identify the main newspapers they read regularly. We were interested to find that more than half of the participants read newspapers in their own language regularly (54%) compared to 39% who read newspapers in English and 23% of participants who said they don't read the paper regularly.

Figure 5.2: Which newspapers do you read regularly (at least once a week)?



Of those who read the newspaper in English, the most popular was the *Telegraph* (36%) followed by the *Sydney Morning Herald* (31%) and *The Age* (10%).

Of those reading in their own language, 21% of participants read *La Fiamma* in Italian, 10% read the *Vietnamese Herald* and 8% read *Chieu Duong* in Vietnamese.

Other non-English newspapers mentioned include: *Greek Herald* (7%), *O Kosmos* (Greek, 6%), *El Telegraph* (Arabic, 5%), *Al Mustaqbal* (Arabic, 4%), *Australian Chinese Daily* (4%), *Al Arabiya news* (Arabic, 4%), *An Nahar* (Arabic, 4%), *Neos Kosmos* (Greek, 4%), and *Dan Viet* (Vietnamese, 4%).

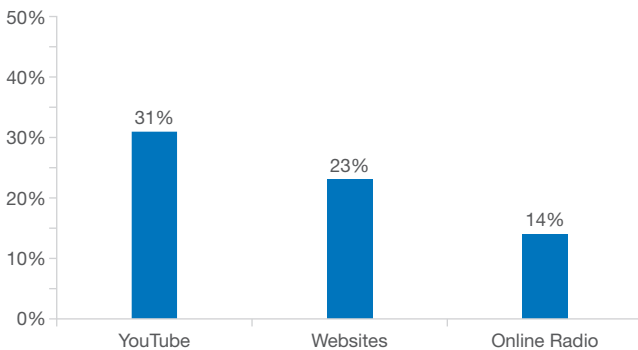
05 Media consumption habits of multicultural groups

(CONTINUED)

Online media used to obtain health-related information

Participants were asked to identify the main online source they use to obtain health-related information. Thirty-one per cent (31%) of participants said that they watch YouTube for health-related information in their own language. Other popular channels included reading websites (23%) and listening to online radio (14%). However, 23% of participants said they do not use online media for health-related information.

Figure 5.3: What online media do you read to obtain health information?



The major online media used to access online newspapers listed by the 73 participants who read online newspapers regularly included Google (21%), Yahoo (4%) and others accessed the papers directly (e.g. www.smh.com.au).

For those using online media, more than half (59%) of the participants listen to SBS (in various languages) online. Fourteen (14) respondents said they use blogs or other online media regularly including Google (29%), qq.com (Chinese, 14%) and Yahoo (4%). Other media listed included Wikipedia, Mercola.com (natural health: Dr Joseph Mercola; New Wave) and the website of the Department of Health.

Discussion

Looking at participants' media habits, it appears that many find information about health issues, including prostate cancer in their own language useful across a variety of media, even if they also consume information in English.

In addition, there appears to be a relatively high usage of online media to access health-related information, particularly with the use of YouTube. It may be that with more complex health issues, people find it useful to have visual information, rather than just written and it is helpful for it to be in their own language.

“Nothing wrong with any picture if it’s for health purposes; pictures give readers a clear message.”

(66-year-old Chester Hill Arabic speaking man born in Lebanon, who has lived in Australia for 55 years)



06 Translating the key resources

The results from the quantitative phase of the research indicated that each of the five culturally and linguistically diverse groups were likely to benefit from information on prostate cancer in their own language. Fifty-five per cent (55%) of participants indicated that there is not enough information about prostate cancer available in their preferred language.

PCFA therefore engaged MMM to translate three key existing PCFA resources – *What you need to know about prostate cancer*, *Support groups for people affected by prostate cancer* and *Caring for someone affected by prostate cancer* – into Arabic, Chinese, Italian, Greek and Vietnamese and to hold five mini focus groups to gain insight into their cultural appropriateness and value to the respective communities.

Relevance of the resources

All participants in the focus groups were positive about the resources, calling the information relevant, interesting, not tiring, and very serious. The only criticism was that some men wanted more detailed information about symptoms, the age at which attention should be paid to the symptoms, how prostate cancer differs from other cancers, and most importantly the need to see a doctor and perhaps get a referral to a specialist.

“My dad died from prostate cancer. My oldest brother has a prostate cancer; he lives overseas. I did a test several times but thank God I don’t have it. The booklet is very interesting, like we are doing now; we are talking about prostate cancer and gaining more knowledge about this type of cancer.”

(66-year-old Chester Hill Arabic speaking man born in Lebanon, who has lived in Australia for 55 years)

“I really appreciate the idea of support groups from the brochure. From my personal experience, the more the patients talk about the cancer, the more likely they get cured. Community support is more important than the doctor. Most patients from the Chinese community would keep it to themselves rather than turn to the community for help. This brochure is a very good start to providing a source of help.”

(63-year-old Roseville man born in China, who has lived in Australia for 27 years; he was diagnosed with stomach cancer 11 years ago)

“The brochures are excellent. They were made clear so that it’s possible to understand well everything that is written here in Italian.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)

“The messages are very relevant to our community. There are a large number of elderly Greek men with this condition. An accurate and easy translation like this one will be very useful.”

(73-year-old West Brunswick man born in Greece, who has lived in Australia for 48 years)

Caring for someone affected by prostate cancer touched many participants personally. They all agreed that carers need care, and that carers need answers to their questions.

“The carer’s role is so underestimated. It is good to see that this brochure focuses on the carer’s role and carer’s needs. The carer, I believe, has a much more difficult life than the care recipient”.

(76-year-old Brunswick man born in Greece, who has lived in Australia for 47 years)

The Chinese speaking focus group said that this brochure is very helpful because carers suffer as well while they look after the patients. The brochure explains the correct way for carers to look after patients. The brochure also helps carers become more self-aware, to prevent them from suffering and to live a happy and healthy life.

“My wife is a cancer patient, and I’ve been looking after her for many years. When I saw this brochure, I thought it was what I wanted! The carers are normally frustrated with the social and psychological burden, and they hardly get help from the doctor. I think this brochure is good source for carers to obtain help and share information with others. For treatment of cancer, psychological support is more important than treatment.”

(59-year-old Willoughby man born in China, who has lived in Australia for 14 years; his wife is a cancer patient)

“This brochure not only provides help to the carers, but also makes the community aware of the carers’ problems so more people might offer help to them. A cancer patient may not listen to the immediate carer, but other people with better knowledge and more experience may convince the patient.”

(63-year-old Chatswood man born in China, who has lived in Australia for 26 years)

All participants said that having prostate cancer information in their own language would be helpful. They explained that there are people who do not speak English at all, despite living in Australia for many years. The translated brochures would enable them to look for symptoms, and motivate them to go to a doctor for regular checks. Without translation of prostate cancer materials some men might not have any information.

They also explained that there are many people who speak English but would still have difficulty in understanding medical information in English, for example information on television or radio programmes, where the words may be spoken quickly.

“We need more information. Before this study, I didn’t know anything about prostate cancer. I never heard anything about it, not even in English.”

(75-year-old Stanmore man born in Italy, who has lived in Australia for 44 years)

“Probably some Italians who live here cannot speak or understand English well. Maybe they have been working and dealing with other Italian people. Therefore, information in Italian could really be of help.”

(75-year-old Stanmore man born in Italy, who has lived in Australia for 44 years)

For men who are unable or unwilling to speak openly of prostate cancer, translated brochures enable them to obtain the information without having to ask someone for help.

Cultural appropriateness

Participants were satisfied and not offended with the pictures and graphics, although some wanted the pictures to be larger in size. None of the groups found anything offensive to their cultural community.

“Nothing wrong with any picture if it’s for health purposes; pictures give readers a clear message.”

(66-year-old Chester Hill Arabic speaking man born in Lebanon, who has lived in Australia for 55 years)

“Interesting pictures and graphics give better understanding, and are attractive to the readers as they can cause you to be curious and more likely to read the booklet.”

(70-year-old Panania Arabic speaking man born in Egypt, who has lived in Australia for 40 years)

“The main picture is very important to show us what we are talking about. We need this picture as it is vital to showing us what we are talking about here!”

(49-year-old Riverwood man born in Vietnam, who has lived in Australia for 29 years)

“The brochures are excellent. They were made clear so that it’s possible to understand well everything that is written here in Italian.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)

06 Translating the key resources

(CONTINUED)

Distribution and the information technology divide

Participants in the focus groups also suggested ways to distribute translated material within the community, such as through ethnic medical practices, community groups, and ethnic radio. The participants shared a concern that there was not enough publicity about prostate cancer.

Some participants, despite their age, were very comfortable at finding information online, but others were not so adept. For example, the Chinese participants (ages 50 to 63) think the Chinese-language brochures should include links to useful websites in Chinese and more links to local Chinese community health-related activities.

In contrast, the Italian participants (ages 66 to 75) unanimously opposed the listing of internet addresses as the way to contact and get information from organisations referred to in the brochures.

“We are not familiar with the Internet. For us it is better to have everything included in the leaflet – telephone numbers, whom to contact. I don’t know how to go to the Internet to get more information.”

(66-year-old Chippendale man born in Italy, who has lived in Australia for 41 years)

“I hate the Internet.”

(75-year-old Stanmore man born in Italy, who has lived in Australia for 44 years)

The Greek participants (ages 71 to 76) said it may be useful to provide the telephone numbers of the contact organisations instead of websites, as none of the Greek men have any computer knowledge. Generally, first-generation Greek-speaking immigrants do not have any information technology knowledge or skills.

Confidence in the information

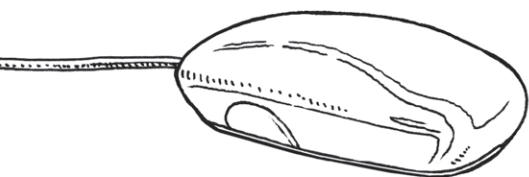
Participants also indicated that PCFA’s reputation makes the organisation a trustworthy source of information. For example, all participants in the Chinese speaking focus group agreed that these PCFA brochures are very relevant and useful for their community, especially for older people who rarely get access to the sources of information about cancer.

“You may get a huge amount of information about prostate cancer from the Internet, but you really can’t judge whether it is true or not. However, these PCFA brochures are very trustworthy and reliable, and we have the confidence to follow the advice from these brochures. When one feels lonely and helpless, one is more likely to turn to this source.”

(50-year-old Gladesville man born in China, who has lived in Australia for 18 years)

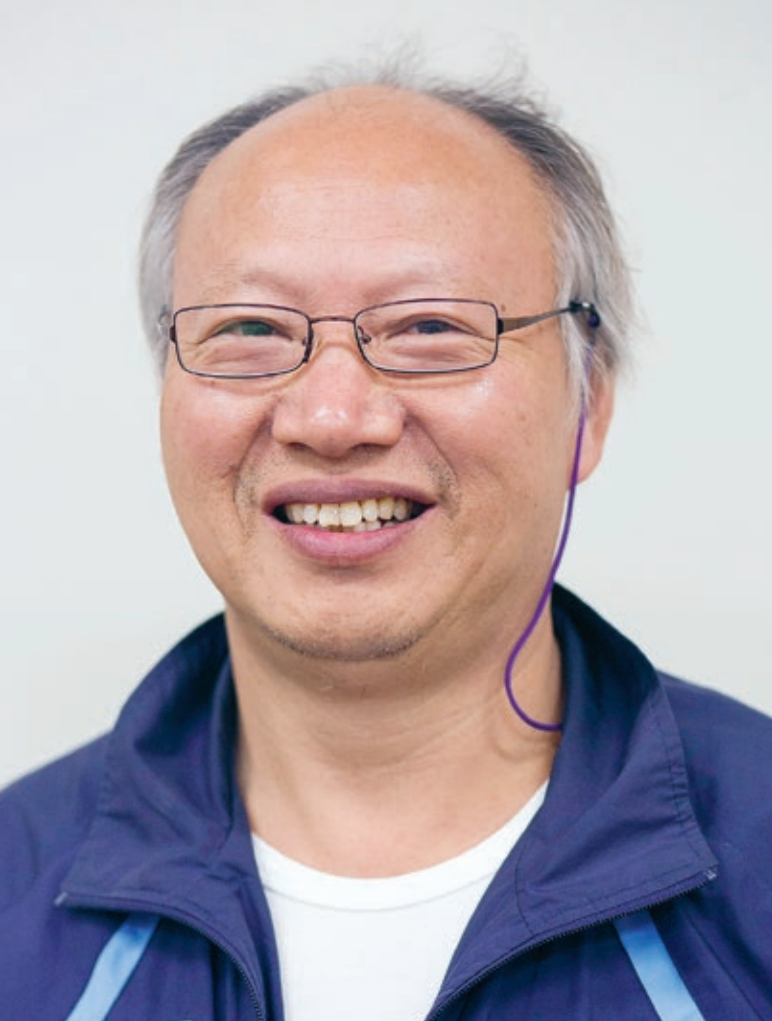
“With these brochures, PCFA has made efforts to strengthen the confidence of cancer patients and carers to fight against the disease. From my experience, confidence is more powerful than the treatment. We need the help from non-profit organisations like PCFA very much.”

(63-year-old Roseville man born in China, who has lived in Australia for 27 years; he was diagnosed with stomach cancer 11 years ago)



“It is rare that the elderly use the Internet.”

(72-year-old Haberfield man born in Italy, who has lived in Australia for 60 years)





07 Conclusion

Our research revealed interesting differences in the self-reported level of awareness and understanding of prostate cancer between speakers of the five languages. Italian and Vietnamese speakers, for example, indicated a much higher level of knowledge than Chinese speakers. Self-reported rates of testing were also generally higher in men with a higher level of awareness of prostate cancer.

We found that discussing prostate cancer appears to be a gendered issue with many of the five language speakers much more comfortable discussing prostate cancer with a male than a female health professional or friend.

We found that the translated resources were very relevant to men from the respective communities. Gratifyingly, PCFA was seen as a trustworthy source of information by focus group participants. Our research also shows why even men who have lived in Australia for many years may value prostate cancer information in their first language. We were told that:

- There are people who do not speak English at all, despite living in Australia for many years
- Many people who speak English still have difficulty understanding medical information in English
- For men who are unwilling to speak openly about prostate cancer, translated resources enable them to obtain information without asking for help.

Research into the media consumption habits of speakers of the five languages also revealed interesting differences. For example, Chinese speakers were seemingly much more comfortable accessing prostate cancer information online than Italian and Greek speakers. We also found that whilst a large percentage of participants in the quantitative survey watch television, listen to the radio and read newspapers in English, many also consume media in their own language. Participants in the focus groups also suggested ways to distribute translated material within the community, such as through ethnic medical practices, community groups, and ethnic radio. These findings and the gendered nature of discussions about prostate cancer will help guide the dissemination strategy for PCFA's new resources.

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