

**A Summary of - 'Bowel Cancer Screening: What makes men go?'**  
**An investigation of male participation in the bowel cancer screening programme in Stockport**

Thank you to all participants who contributed, without which this study would not have been possible. I am very pleased to say that I have passed my dissertation and as such have gained my Masters in Public Health.

Attached with this document is a brief overview of the aim, objectives, methodology, key findings and recommendations for this study. If you would like to receive the full dissertation I would be more than happy to forward a copy.

Many thanks,

*Lara Boddy*

[Lara\\_boddy@hotmail.co.uk](mailto:Lara_boddy@hotmail.co.uk)

This research aimed to understand the reasons for males participating and not participating in bowel cancer screening in Stockport. The bowel cancer screening programme was the first screening programme that routinely invited males to participate. The research objectives were to identify participant's knowledge of bowel cancer, identify participant's knowledge about bowel cancer screening, identify the reasons why men choose to participate in screening, and identify any barriers to participating in screening. The research took a qualitative approach in the form of eight individual semi-structured interviews, using a social constructivist epistemology.

The main findings of the research include the identification of three main themes which contribute to understanding the reasons for participation or non participation in screening. These were personal circumstances, personal or family/friend experience, and knowledge and awareness. Research to understand motivators and demotivators for attending screening will help support the introduction of bowel cancer screening in the Stockport area.

<b>Theme One summary of key areas - Participants knowledge of bowel cancer</b>
7 out of 8 of the participants had some knowledge of bowel cancer with both the source and level of knowledge varying between participants.
Participants were aware of bowel cancer through a family or friend's own experience, the media; TV/newspaper, Stockport LINK and local health clinic.
5 out of 8 participants were aware of the symptoms or that bowel cancer had early symptoms to be aware of. The remaining participants did not have any specific awareness about bowel cancer.
Most participant's did not feel that bowel cancer was something that concerned them over an above any other disease.
Half of participants were surprised to hear that bowel cancer is the 3 <sup>rd</sup> most common cancer in the UK.
5 out of 8 participants felt that knowing this information would act as a motivator.
One participant felt that health professional should be fully informed about bowel cancer.

**Theme Two summary of key areas - Participants knowledge of bowel cancer screening**

All participants had an awareness of at least one screening programme.

5 out of 8 participants had knowledge of the purpose of screening.

Aware of screening through various sources; partner/friend involvement in screening, Stockport LINK, the media; negative media coverage/newspapers/TV, internet

Half of participants had some knowledge of bowel cancer screening. One participant knew it involved a test at home and the remainder were aware it was a national programme.

**Theme Three summary of key areas - Reasons for participation**

<b>Personal Circumstance</b>	Active involvement in a community organisation e.g. LINK; Participant actively looking after health; A caring responsibility; Current long term health condition; Wife attending screening; Age of individual; Wanting reassurance; Fear of cancer/developing cancer/going through suffering
<b>Personal, Family or Friend experience</b>	Personal previous ill-health; Family or close friend experience of bowel cancer; Family or close friend's experience of cancer; Partner influence; Motivation from family, being grandparent
<b>Knowledge/Awareness</b>	Understanding risks of disease; Knowing what the programme will involve; Knowledge that cancer is treatable; Media advertising in general; Using football as medium for communicating health messages; A knowledge of bowel cancer-understanding risk; Knowledge about how common bowel cancer is; Community advocates; Bowel cancer screening The Facts Leaflet/invitation letter; Promoting benefits of screening; Ensure health professional awareness; Member of LINK – increased awareness of bowel cancer; Doctor awareness raising and endorsement.
<b>Other</b>	Completing the kit at home; Considering looking after our health to be a responsibility; Influencing culture so preventative health is norm; Awareness and demand of PSA test for prostate begun to change culture in men

<b>Table Ten: Theme Four summary of key areas - Reasons for non-participation</b>	
<b>Personal Circumstance</b>	Personal medical history; bowel cancer difficult topic area to discuss; Potential impact of negative outcome on own life
<b>Personal, Family or Friend experience</b>	Family or friend personal experience of cancer or bowel cancer; Fear of outcome
<b>Knowledge/Awareness</b>	Lack of awareness about the programme and the process; Lack of communication creates uncertainty; Lower acceptance in lower educated; Lack of knowledge of bowel cancer; Perception that risk does not affect them; Perceive process to be messy; Ignorance; Apathy-presumption that cancer not in family therefore no risk; Health professionals need to have greater awareness; Language used in Bowel cancer screening The Facts & invitation letter; Instruction leaflet confusing in parts; Negative media coverage
<b>Other</b>	Cancer is a frightening word for people; Not the norm for men – don't talk about health; Embarrassment: Knowing too much may scare men off

Key recommendations of this research include the production of information leaflets and other materials based on the segmentation of the eligible population, and ensuring that eligible populations have knowledge and awareness of both the screening programme itself and the disease the programme is designed to tackle.