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Research report

Prostate cancer, masculinity and food. Rationales for perceived diet change

Lawrence W. Mróz [a], Gwen E. Chapman [a,*], John L. Oliffe [b], Joan L. Bottorff [c]

[a] Food, Nutrition and Health, Faculty of Land and Food Systems, 2205 East Mall, University of British Columbia, Vancouver, BC, Canada V6T 1Z4
[b] School of Nursing, 2211 Wesbrook Mall, University of British Columbia, Vancouver, BC, Canada V6T 2B5
[c] Institute for Healthy Living and Chronic Disease Prevention, University of British Columbia Okanagan, Kelowna, BC, Canada

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ABSTRACT

Research indicating that certain diets can lower prostate-specific antigen levels suggests that diet change might be a beneficial treatment adjunct for low-grade prostate cancer. However, few men with prostate cancer adopt significant diet change, indicating a need to better understand how and why they make food choices. This qualitative study explored men's perceptions of their diets following a prostate cancer diagnosis, and the rationales underpinning diet changes (or lack thereof). Individual semi-structured interviews were conducted with 14 men ages 48–78 years who had been diagnosed with prostate cancer within the previous 5 years. Findings show that participants exhibited varied dietary patterns, which we labeled 'eating as usual', 'intensifying efforts', 'adding-on', and 'overhauling diets'. Four main domains informed rationales for diet changes or lack thereof: perception of pre-prostate cancer diet, diet and health understandings, orientation towards prostate cancer, and the need for "doing something." Dietary ideals framed as masculine, important, action-oriented and autonomous endeavors contributed to participants' food choice behaviors, suggesting that their alignment to masculine dietary ideals influenced if and how they engaged in diet change. A better understanding of how masculine food ideals shape food choice might be useful in expanding food choice models and in developing effective nutrition education interventions for this group.

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Introduction

Survivorship and lifestyle issues in prostate cancer are gaining increased attention in Western countries as more men are being diagnosed and living longer with this disease (Jemal et al., 2009). The role of nutrition in prostate cancer prevention and recovery has been of increased interest in recent decades due to observations that typical Western eating patterns, high in meat and fat while low in fruit and vegetable consumption, are associated with high incidence and mortality (Sonn, Aronson, & Litwin, 2005). Dietary modifications that decrease meat and fat intake and increase fruit and vegetable consumption have recently been shown to reduce prostate-specific antigen (PSA) markers of disease progression in some men with low-grade prostate cancer (Carmody, Olendzki, Reed, Andersen, & Rosenzweig, 2008; Nguyen et al., 2006; Ornish et al., 2005). Although PSA testing is a crude measure of prostate cancer progression, emergent evidence suggests that diet might be a valuable adjunct to conventional treatment(s) for some men with low-grade disease. Reviews of evidence for the protective and therapeutic nature of low-fat plant-based diets and controlling overweight and obesity to improve prostate cancer recovery are also promising (Berkow, Barnard, Saxe, & Ankerberg-Nobis, 2007). Although more definitive studies are needed, many researchers and care providers have argued that the preliminary evidence is compelling enough that these diet factors should be included in prostate cancer nutrition care guidelines (Demark-Wahnefried, 2007). As well, healthy-eating recommendations have been made for prostate cancer patients to prevent or manage co-morbidities such as cardiovascular disease and diabetes, common in older men (Moyad, 2004).

As a result of these recommendations and widespread media reports linking diet and prostate cancer management, men and their caregivers have become increasingly interested in nutrition education and dietary modifications (Demark-Wahnefried, Peterson, McBride, Lipkus, & Clipp, 2000). As uptake of screening increases and definitive treatments improve, the number of men diagnosed with and surviving prostate cancer will increase. This will further increase demand for diet information and nutritional services. Therefore health care providers need to make accessible effective nutrition information and services to assist men with prostate cancer to improve their diets. Yet research reveals that few men diagnosed with prostate cancer actually make significant or long-lasting diet changes (Patterson et al., 2003). Additionally, some patients appear willing to sacrifice potential increases in survival time rather than adopt healthier eating patterns (Hopfgarten, Adolfsson, Henningsohn, Onelov, & Steineck, 2006).

* Corresponding author.
E-mail address: gwen.chapman@ubc.ca (G.E. Chapman).

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Together these observations point to the need to better understand how men who have prostate cancer make food choices in order to improve the effectiveness of nutrition education or dietary counseling programs.

Health behavior theories attempt to explain why individuals make food choices by examining complex interactions among multiple health determinants (Glanz, Rimer, & Lewis, 2002). Behavioral determinants of food choice have been conceptualized as individual (physiological, personal and behavioral) and collective (social, cultural, environmental and political) (Furst, Connors, Bisogni, Sobal, & Falk, 1996; Raine, 2005; Wetter et al., 2001). Although gender has been depicted as a health determinant, the ways gender influences diet have not been fully explored in food choice models. Much of the research on gender and food has focused on household food provision and women's food choices (DeVault, 1991), but studies focused on gender and men's food choice processes are scarce. One way gender may influence food choice is by shaping men's food ideals including dietary understandings and healthy-eating perceptions; however, little is known about how this might occur (Paquette, 2005).

Masculinity theory provides a framework for better understanding men's health behaviors, including their dietary knowledge, perceptions, attitudes and food practices. Gender is conceptualized as socially constructed and performed through people's daily activities and social interactions and thus men and women demonstrate masculinities or femininities respectively by embodying and enacting idealized or hegemonic 'manly' or 'womanly' practices (Connell, 1995; Connell & Messerschmidt, 2005). This can be problematic for men's health because many health promotion practices, including nutritional self-care, are perceived as feminine and as a result men might signify their alignment to hegemonic masculinity by avoiding these and engaging in less healthy 'manly' practices (Courtenay, 2000). Few men fully embody hegemonic masculinity and hence multiple masculinities emerge in and around masculine ideals and are shaped by social context (including culture, ethnicity, race, economics and/or sexual orientation). Thus multiple, complex and sometimes contradictory, masculine health and food ideals are found in contemporary Western society.

The few studies that have examined how social constructions of masculinity might be implicated in men's health and dietary behaviors have reported typical masculine ways of describing food as fuel or a necessity to satisfy hunger and ensure bodily performance (Roos, Prattala, & Koski, 2001; Smart & Bisogni, 2001). A minority of men expressed more feminine diet evaluations such as caring about food and health; however food as health promotion remained framed as women's concerns (Roos & Wandel, 2005; Sellaeg & Chapman, 2008). Cynicism about healthy-eating messages and an overall perception of healthy food as inferior and unsatisfying were identified as barriers to healthy eating for some men (Gough & Conner, 2006). Additionally, some older men's lack of concern about diet and health was attributed to deficient health-literacy, male disinterest in self-care and reliance on female partners for health care (Drummond & Smith, 2006).

Much of this research has focused on healthy and younger men, although recently the importance of maintaining masculine identity in older frail men was implicated in shaping their self-care activities (Moss, Moss, Kilbride, & Rubinstein, 2007). However, no studies have addressed men's perceptions of food and health after a health crisis and specifically in the context of prostate cancer. Accordingly, the aim of this study was to describe men's perceptions of their diets and diet changes in response to their prostate cancer, and illuminate the reasons underpinning diet changes (or lack thereof) in their recovery and self-care.

Methods

The qualitative research design and methodology employed in this study was guided by grounded theory methods, including concurrent data collection and analysis and the use of inductive reasoning to generate theoretical explanations about the processes by which men make diet-related decisions (Strauss & Corbin, 1998). The research utilizes a social constructivist perspective whereby people are understood to create meaning about the world through dynamic social processes. In this sense knowledge and understandings about food, eating and health are constructed through daily social interactions and reproduced through food practices. Likewise, the product of interpretive research about people's food perceptions and practices presented here is understood to be co-created by researcher and participant as described by Charmaz (2006) in her approach to grounded theory methods. Ethics committees approved all methods and institutional ethical guidelines were followed.

Study participants were recruited by distributing notices in a urology clinic in a western Canadian hospital, prostate cancer support groups (PCSGs), and prostate cancer forums. Eligible participants had been diagnosed with prostate cancer for no longer than 5 years, were living in non-institutional settings with independent household food provision, and were fluent in English. The sample was primarily a convenience sample, but when possible, purposive sampling was used to select participants from a variety of social backgrounds (e.g., different education levels and incomes), and prostate cancer experiences (e.g., different cancer grades and stages). Concurrently, using theoretical sampling, interview questions were adjusted as data collection progressed to explore the dimensions of emerging themes. For example, we explored the domain 'orientation towards prostate cancer' by seeking informants with differing cancer severity and by asking probing questions about how they interpreted the nature of their cancer (e.g., as cured or managed) and how this influenced their food perceptions and practices. The final sample included 14 Anglo-Canadian men who lived with female partners and ranged in age from 48 to 78. As shown in Table 1, most were retired, college educated and middle class and had been diagnosed with low-risk prostate cancer for which a variety of treatments were represented.

Data collection

Data were collected through individual, semi-structured, in-depth interviews lasting 60–90 min. Prior to interviews, participants provided informed consent and were given 'food journal' diaries to record eating events over one week. Food journals have been useful in eliciting discussions about food choices and are helpful in illuminating tacit diet understandings (Ristovski-Slijepcevic & Chapman, 2005; Sellaeg & Chapman, 2008). Demographic information, disease characteristics and treatment histories were also collected. The first author (LM) conducted all interviews in the men's homes and was sensitive to and prepared for the unique challenges facing researchers when interviewing male participants about health and illness (Oliffe & Mróz, 2005). The interviewer was a man in his 40s who presented himself as a nutrition student, and as a competent, informed learner seeking the unique perceptions of the participants without judgment, rather than as a health or nutrition 'expert'. Interview questions addressed issues including beliefs about the role of diet in health and prostate cancer prevention and recovery, healthy-eating understandings and practices, and the impact of prostate cancer on diet. Some questions were personalized, guided by individual entries from the participant's food journal, which allowed for a deeper discussion about specific food choices. Interviews were

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