Exploring awareness and help-seeking intentions for testicular symptoms among heterosexual, gay, and bisexual men in Ireland: A qualitative descriptive study

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A B S T R A C T

Background: The incidence of malignant and benign testicular disorders among young men is on the rise. Evidence from three reviews suggest that men's knowledge of these disorders is lacking and their help-seeking intention for testicular symptoms is suboptimal. Qualitative studies have addressed men's awareness of testicular cancer, with none exploring their awareness of non-malignant diseases such as epididymitis, testicular torsion, and varicocele and none including sexual minorities.

Objective: To explore, in-depth, heterosexual, gay, and bisexual men's awareness of testicular disorders and their help-seeking intentions for testicular symptoms in the Irish context.

Design: This study used a qualitative descriptive approach. Data were collected via face-to-face individual interviews and focus groups.

Settings: Participation was sought from a number of community and youth organisations and one university in Southern Ireland.

Participants: Maximum variation and snowball sampling were used to recruit a heterogeneous sample. A total of 29 men partook in this study. Participants were men, aged between 18 and 50 years, and residents of the Republic of Ireland.

Methods: All interviews were audio-recorded and transcribed verbatim. Reflective field notes were taken following each interview. A summary of the interview was shared with selected participants for member-check. Data were analysed and validated by three researchers. Inductive qualitative analysis of manifest content was used. Latent content was captured in the field notes. Data analysis yielded two key themes.

Results: The themes that emerged from the interviews were: Awareness of testicular disorders and their screening, and help-seeking intentions for testicular symptoms. Although most participants heard of testicular cancer, most did not know the different aspects of this malignancy including its risk factors, symptoms, treatments, and screening. Several men had a number of misconceptions around testicular disorders which negatively impacted their intentions to seek prompt help. Intentions to delay help-seeking for testicular symptoms were often linked to a number of emotional factors including fear and embarrassment, and social normative factors such as machismo and stoicism. In this study, culture was perceived by some participants as a barrier to awareness and help-seeking. In contrast, many believed that young men, especially those who self-identify as gay, are becoming increasingly interested in their own health.

Conclusion: Findings suggest the need to educate young men about testicular disorders and symptoms. This could be achieved through conducting health promotion campaigns that appeal to younger men, drafting national men's health policies, and normalising open discussions about testicular health at a young age.

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What is already known about the topic?

- The incidence of testicular cancer is on the rise, and benign disorders such as testicular torsion and epididymitis can be life-threatening if left untreated.
- Evidence from three reviews suggests that men lack awareness of testicular disorders and intend to delay help-seeking in the event of testicular symptoms.

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• It is unknown how at-risk men, including sexual minorities, perceive and appraise testicular symptoms such as pain, lumpiness, and swelling.

What this paper adds
• A number of barriers and facilitators to awareness of and help-seeking for testicular symptoms were identified.
• Key barriers include: health beliefs and attitudes, symptom misappraisal, social normative factors, and barriers in relation to the healthcare system.
• Many participants believed that gay men have higher health awareness and are more comfortable with their own testes.

1. Introduction

Globally, health outcomes for males continue to be markedly poor, and efforts to promote men’s health remain scarce. Moreover, health organisations and national governments tend to assume that gendered approaches to health promotion should be primarily focused on women’s health rather than on both genders equally (Hawkes and Buse, 2013); which might lead to gender-based health disparity and poorer health outcomes, and discourages men from engaging with health services (Leone and Rovito, 2013; Whitaker et al., 2013). In order to address this issue, Baker et al. (2014) urged national governments and global health institutions to move men’s health higher up on their agenda. Of the diseases that are seldom discussed in current men’s health policies, disorders of the testes can have a major impact on a man’s wellbeing.

Testicular cancer (TC) is the most common solid tumour among young men in the United States, with a mean age of 33 years at diagnosis (National Cancer Institute, 2015). The incidence of this malignancy doubled globally over the past four decades and is highest in Western countries (Manecksha and Fitzpatrick, 2009; Shanmugalingam et al., 2013). TC is one of the most curable solid tumours with a five-year relative survival rate of 95.4% (National Cancer Institute, 2015). The surgical resection of the affected testis (e.g. orchectomy) remains the treatment of choice for TC. Every so often, orchectomy is followed by chemotherapy and/or radiotherapy (Saab et al., 2016b). Evidence suggests that TC survivors often face long-term complications secondary to the disease and/or its treatment; these include chronic fatigue, neuropathy, and fertility impairment (Huddart et al., 2005; Rosen et al., 2009; Saab et al., 2014).

Contrary to popular belief, testicular pain, lumpiness, and swelling are not symptoms of TC exclusively. In fact, the likelihood of testicular symptoms occurring secondary to a benign disease rather than TC is quite significant. Each year, 1 in 4000 males aged less than 25 years are diagnosed with testicular torsion in the United States (Ringdahl and Teague, 2006). Moreover, epididymitis and subsequent orchitis make up 1 in every 144 outpatient visits among younger men, and each year 600,000 men aged 18 to 35 years are diagnosed with this disorder in the United States (Centers for Disease Control and Prevention, 2015). Testicular torsion is known to cause excruciating pain and swelling (Ringdahl and Teague, 2006), epididymitis and orchitis often lead to discomfort, swelling, and lumpiness, and varicocele, hydrocele, and spermatocele can be painful (Trojan et al., 2009). A number of these conditions can be life-threatening. An example is testicular torsion that can lead to testicular necrosis if help-seeking is delayed by six hours or more from the onset of pain (Ringdahl and Teague, 2006). Moreover, epididymitis and orchitis can lead to sepsis if left untreated (Centers for Disease Control and Prevention, 2015).

Evidence suggests that men are often reluctant to seek help for testicular symptoms, mainly due to lack of symptom awareness, symptom misappraisal, fear, and embarrassment (Fish et al., 2015). In a systematic review of 25 papers on TC awareness, Saab et al. (2016c) found that men were unaware of TC risk factors, signs and symptoms, and screening; very few practiced testicular self-examination; and those who performed testicular self-examination were unsure what to look for. Moreover, men’s perceived risk for TC was found to be low (Roy and Casson, 2016). Saab et al. (2016b) conducted a second systematic review to synthesize evidence from 11 studies promoting TC awareness. Similarly, men’s awareness of TC and self-examination was lacking at baseline. Nevertheless, interventions including a university campaign (Wanzer et al., 2014), mass media (Trumbo, 2004), and awareness sessions and hands-on practice (Shallwani et al., 2010) were instrumental in raising TC awareness and getting young men to self-examine. In contrast, evidence from an integrative review of 4 studies on awareness of non-malignant testicular diseases, suggests that men’s knowledge of testicular torsion (Clark et al., 2011) and hydrocele (Babu et al., 2004) is deficient, and their intention to seek medical help for testicular swelling and/or pain is suboptimal (Saab et al. 2016a).

Of the reviewed studies, very few offered an in-depth understanding of men’s awareness of TC (Dubé et al., 2005; Daley, 2007; Evans et al., 2010), none explored, qualitatively, men’s awareness of and help-seeking intentions for symptoms of non-malignant testicular disorders, and none aimed at raising men’s awareness of diseases beside TC. Moreover, only one study involved men who are at risk for health inequities (Babu et al., 2004), and none included gender and sexual minorities. This is worrying, as gay men are twice more likely to report a cancer diagnosis in comparison to heterosexual men (Boehmer et al., 2011).

In order to address the gaps identified in the literature, this study aims to explore, in-depth, heterosexual, gay, and bisexual men’s awareness of testicular disorders and their help-seeking intentions for testicular symptoms in the Irish context.

2. Methods

2.1. Study design

This is a qualitative descriptive study that draws from the naturalistic paradigm. Therefore, the phenomenon of interest was explored in its natural state rather than adhering to prior views or theories (Guba and Lincoln, 1994). Qualitative description is suitable for obtaining candid and predominantly unadorned responses to questions that are of interest to researchers, practitioners, and policymakers. Examples include: “What are the concerns of people about an event? What are people’s responses toward an event? What factors facilitate and hinder recovery from an event?” (Sandelowski, 2000, p.337). These questions are well suited for the present study that is aimed at exploring men’s awareness and help-seeking intentions for testicular symptoms. The 21 items of the Standards for Reporting Qualitative Research (SRQR) were used in the reporting of this study (O’Brien et al., 2014).

2.2. Participants

Purposive sampling, specifically maximum variation and snowball sampling were used to locate and recruit a heterogeneous sample of information-rich key participants (Grove et al., 2013; Patton, 1990). Maximum variation sampling allows researchers to describe a certain phenomenon from the viewpoint of a diverse sample. In this study, a sample that was varied in terms of age, socioeconomic status, ethnicity, and sexual orientation was sought. Participants were then asked to invite other men who
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