

Prostate Cancer Awareness Amongst Congolese Men



Contents

Introduction.....	3
Methodology.....	5
Key Findings	7
Recommendations	12
Conclusion.....	15

Introduction

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Background

Prostate cancer is one of the most prevalent cancers affecting men worldwide, yet many men from ethnic minority communities, including the Congolese community, face barriers in accessing screening and treatment. Research indicates that African and Afro-Caribbean men are at a higher risk of developing prostate cancer, but awareness and engagement with healthcare services remain low. This report presents findings from a focus group discussion with Congolese men to explore their awareness of prostate cancer, experiences with GP surgeries, and barriers to screening and treatment.

Objectives

The focus group discussions aimed to:

- Assess the level of awareness and knowledge about prostate cancer among Congolese men.
- Explore attitudes towards prostate cancer screening and treatment.
- Identify barriers to accessing GP services for prostate health concerns.
- Gather insights on improving engagement with healthcare providers.

Methodology



Methodology

Participant Selection

Participants were recruited through local Congolese community organisations, churches, and word-of-mouth. A total of 10 Congolese men, aged between 40 and 65, participated in three focus group discussions held on Zoom.

Format of Discussion

Each focus group session lasted 90 minutes and was facilitated by a bilingual staff member (English and Lingala/French).

The discussions followed a semi-structured approach, covering the following topics:

1. Awareness and knowledge of prostate cancer.
2. Attitudes towards prostate cancer screening.
3. Cultural beliefs and myths surrounding prostate health.
4. Barriers to visiting GP surgeries for prostate health concerns.
5. Experiences and perceptions of GP consultations.
6. Suggestions for improving healthcare engagement.

Key Findings

Key Findings

Awareness and Knowledge of Prostate Cancer

Low awareness

80% of participants had limited knowledge of prostate cancer, its symptoms, and risk factors. Only 20% recognised the symptoms, either through their personal networks or through online resources.

Common misconceptions

40% of participants believed prostate cancer only affects elderly white men and wealthy individuals. Other misconceptions included links to poor lifestyle (20%) and excessive sexual activity (30%).

Lack of discussion

All participants agreed that prostate health is rarely discussed among Congolese men due to cultural taboos. Many expressed the belief that such issues are too private to share.

Attitudes Towards Prostate Cancer Screening

Fear and embarrassment

There was significant discomfort in discussing prostate health. Participants were particularly uneasy about the idea of digital rectal exams (DRE) and PSA tests.

Avoidance mindset

75% believed that “if you feel fine, there’s no need to see a doctor.” However, 10% now recognise the importance of visiting a GP due to personal or family experiences, while 15% disagreed with both perspectives.

Trust in traditional remedies

60% preferred herbal treatments over medical intervention, although 40% acknowledged the importance of seeking medical help, particularly since living abroad has shown them the value of early diagnosis.

Cultural Beliefs and Stigma

Prostate health is a private issue

There was unanimous agreement that prostate health is a taboo subject among Congolese men. No one wanted to discuss personal issues like frequent nighttime urination.

Mistrust of Western medicine

Some participants expressed a preference for traditional remedies over Western medicine. However, several participants noted that the death of a loved one from prostate cancer made them recognise the importance of early medical intervention.

Perception of masculinity

Fears regarding masculinity and sexual health emerged as barriers to seeking help. Some men worried that medical procedures might impact their masculinity, though 30% recognised the life-saving potential of early treatment.

Barriers to Accessing GP Services

Language barriers

75% of participants struggled to communicate effectively with healthcare professionals due to language barriers. Many participants felt embarrassed to involve family members or interpreters.

Long waiting times

60% of participants reported difficulties with booking GP appointments and accessing timely screenings, while 40% cited lack of time as an obstacle.

Negative past experiences

90% of participants felt that their health concerns were dismissed or not taken seriously by doctors. Participants also felt that consultations were too brief, with many feeling their concerns were not fully addressed.

Fear of diagnosis

The fear of receiving a cancer diagnosis discouraged some men from seeking medical advice. One participant, Mr. H, shared that as men, we take pride in being self-reliant, and the idea of depending on others for personal care after a cancer diagnosis made it difficult to approach doctors.

Experiences with GP Surgeries

Mixed interactions

While some men reported positive experiences, others felt rushed or unheard during GP visits. Mr. T mentioned that his

visit went well because he had prepared by writing down all his questions.

Lack of male GPs

All participants agreed on the importance of having male doctors, particularly for sensitive health concerns. The absence of male GPs was seen as a barrier for some participants.

Limited proactive engagement from GPs

45% of participants reported receiving information or encouragement from their GPs about prostate cancer screening, while 20% received little information. 35% of participants had not attended a GP appointment for prostate concerns.

Recommendations

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Community-Based Awareness Campaigns

- Conduct awareness sessions in churches, mosques, and community centres.
- Utilise trusted community leaders to foster discussions on men's health.

Culturally Tailored Health Education

- Develop multilingual materials in Lingala, French, and Swahili.
- Use social media, radio, and WhatsApp to spread information.

Enhancing GP Engagement and Accessibility

- Train GPs and healthcare staff on cultural competency.
- Provide male GP appointments for prostate health consultations.
- Proactively invite high-risk patients for screenings.

Creating Safe Spaces for Discussion

- Establish support groups for Congolese men to discuss health issues.
- Encourage peer-to-peer conversations about prostate health.

Providing Convenient Screening Options

- Offer mobile health clinics for prostate cancer screening in community hubs.
- Increase walk-in screening availability at GP surgeries.

Conclusion

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The focus group discussions revealed significant knowledge gaps, cultural barriers, and challenges in GP engagement among Congolese men regarding prostate cancer. Fear, stigma, and mistrust of healthcare services contribute to low screening uptake.

Addressing these issues requires community-driven, culturally sensitive initiatives that normalise discussions on men's health, improve trust in healthcare providers, and enhance access to screening.

Collaborative efforts between community organisations, healthcare professionals, and policymakers are needed to improve early detection rates and health outcomes for Congolese men at risk of prostate cancer.

Next Steps

- Develop and distribute educational materials in collaboration with local health organisations.
- Organise prostate cancer awareness events in community spaces.
- Advocate for more accessible and culturally sensitive healthcare services.
- Conduct further research to explore additional barriers to healthcare engagement within the Congolese community.

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