

Oral cancer awareness for smokers and drinkers

Smokers and drinkers awareness of oral cancer: a qualitative study using focus groups
R. J. Lowry, and M. A. Craven *Br Dent J* 1999; 187: 668-670

Objective

To examine the perceptions and understanding of oral cancer among older male drinkers and smokers in the north east of England.

Design

Qualitative research using focus group discussions led by an experienced moderator.

Setting

Residents of the north east of England in their community.

Subjects

Male alcohol drinkers and tobacco smokers over the age of 44 years and by socio-economic grouping.

Results

There is a lack of knowledge and understanding of the risk of oral cancer in this whole at-risk population sample. Even those who have direct contact with the disease profess ignorance.

Information on health is perceived as confusing or distrusted. Much of this is linked to a fatalistic approach to serious illness.

Conclusions

There appears to be a large information gap to bridge, and we need to further understand the target group for oral cancer health promotion; and to use that knowledge to design effective health promotion initiatives.

In brief

- Smokers and alcohol drinkers seem to know little about oral cancer.
- There is profound ignorance of the risk among the at-risk population.
- A fatalistic attitude to health and disease fuels this ignorance.
- Standard health education seems not to be engaging with this group.
- Only when these attitudes are understood can effective health promotion be undertaken.

Comment

Knowledge about oral cancer among the public has been reported but more in depth views on attitudes to oral cancer in older men, the highest risk group, is only possible through focus groups. The three focus groups drew men from different social classes in order to assess this effect on attitude and knowledge. This is especially important in this context, as it is the men who cannot read and write, and who would be uncomfortable being interviewed, that can be included in such groups, especially if the groups are homogenous. If groups are drawn from mixed social classes there is a danger that some members may be intimidated by other members and so not voice their opinion. On the other hand, a mixed group can broaden the discussion and include more views from a wider perspec-

tive. In this study men from higher social groups were shown not to have any different views which is surprising.

Although it was valid to use groups containing those people at highest risk of oral cancer it would have been interesting to have had a control group of women from the same social classes. Many men rely on their wives to inform them of health issues as women are often much more knowledgeable on these topics. It is often the women that recognise symptoms and encourage men to seek healthcare. Their knowledge and attitudes may therefore be important in planning prevention strategies.

This report highlights the need for professionals to give out high quality information that is backed by evidence and which has a unified, simple message from all dis-

ciplines. The credibility of the professionals needs improving if messages are to be trusted and acted upon as even these clients perceive the lack of evidence in the messages that are given out to the public.

The question that still needs addressing is how such dissemination should occur and what methods would have the greatest impact? Any adopted strategy for prevention of oral cancer must include clear outcome measures that can be easily evaluated.

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