Mothers, Sons and Testicular Cancer: An Exploratory Investigation of Health Communication

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This study highlights the importance of parent-child communication of sensitive health-related issues, specifically the importance of cancer prevention discussions. For females, communication about breast cancer has been desensitized; yet, testicular cancer is not being discussed among males, even though it is highly curable when caught early. Testicular cancer primarily impacts males ages 15–40, so introducing the conversation early is important. In this exploratory study, mothers (N = 22) participated in three focus group discussions and described communication with their sons about general health issues and testicular cancer. While the mothers discussed a number of health issues with their sons, they did not mention testicular cancer and believed their sons knew very little about testicular cancer. Mothers’ communication about testicular cancer with their sons was characterized by uncertainty and ambiguity. Findings from this study shed light on how little mothers know about testicular cancer as well as the need for comprehensive testicular cancer campaigns that target intervening publics.

Keywords: Focus Groups; Health Communication; Mother-Son Communication; Testicular Cancer

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Open communication between a parent and a child is important, especially with regard to conversations about health issues. It is imperative that parents initiate conversations on health-related topics with their children early and often to encourage them to engage in behaviors that reduce chances of injury and build health self-efficacy. Indeed, open and ongoing communication between parents and children about health-risk behaviors such as drinking and smoking may reduce the frequency of these behaviors (Riesch, Anderson, & Kruegar, 2009). Research also shows that parents—particularly mothers—are the primary source of health information for children under the age of 18 (Ackard & Neumark-Sztainer, 2001). Mothers tend to communicate more openly than fathers on a variety of health issues with both their sons and daughters (Al Sabbah et al., 2009; Luk, Farhat, Iannotti, & Simons-Morton, 2010; Wilson & Koo, 2010). This makes mothers an ideal intervening public for messaging about testicular cancer, since intervening publics can serve as influencers of a primary audience (Grunig & Hunt, 1984; Stacks, 2002).

Parents often discuss health-related topics such as sex and sexually transmitted diseases (Baxter, Bylund, Imes, & Routsong, 2009; Davis, Blotstein, Evans, & Kamya, 2010; DiLorio et al., 2006; Newby, Bayley, & Wallace, 2011); use of tobacco, alcohol, and drugs (Baxter et al., 2009; Luk et al, 2010; Riesch et al., 2009); and obesity and nutrition (Al Sabbah et al., 2009). However, cancer and cancer prevention are rarely discussed among parents and children. Young adults are often at risk for certain types of cancer, yet parents do not initiate conversations regularly with their children about risk factors and prevention techniques. For example, testicular cancer is a form of cancer that typically strikes young men between the ages of 15–40. Approximately 8,000 cases are diagnosed in the United States each year. The disease is highly curable if caught early, with a five-year survival rate of 90% (American Cancer Society [ACS], 2013). The purpose of this study is to examine the prevalence of mother-son interaction about health issues generally and testicular cancer specifically. This information can be used to design and implement a comprehensive testicular cancer campaign that targets males and intervening publics.

**Parent-Child Communication About Cancer: Females Versus Males**

Much of the current research on parent-child cancer communication focuses on interactions after cancer is already present in the child or another family member (Cohen, Friedrich, Copeland, & Pendergrass, 1989). Healthcare practitioners point out the need for more efforts to educate younger populations about means of cancer prevention, such as wearing sun block, exercising, eating healthy, and the dangers of tanning and smoking (Mayo Clinic Staff, 2010).

Females generally know about cancers that directly affect them as well as how to perform self-exams (Dewald, 2006), while males know little to nothing about cancers that directly affect them (Barling & Lehmann, 1999). Evidence suggests that most young women know whether they are at risk for breast cancer, how to detect symptoms, and the importance of self-exams (Jacobsen & Jacobsen, 2010; Linsell et al., 2010; Mayo Clinic Staff, 2011; Sinicrope et al., 2008). Conversely, males know
little about testicular cancer, detection, or prevention techniques (Barling & Lehmann, 1999; Congeni, 2005; Cummings, Lampone, Mettlin, & Pontes, 1983).

Moreover, mothers share information with their daughters concerning the importance of self-breast examinations, mammograms, and clinical breast examinations. This communication exchange influences the daughter’s willingness and ability to engage in these practices and methods, as well as to research more information on breast cancer (Sinicrope et al., 2008). However, the age at which testicular cancer begins to appear (approximately 15 years old) is the age at which young men begin to distance themselves from health-related conversations with their parents, particularly their mothers (Ackard & Neumark-Szreiner, 2001).

Study Rationale

The goal of this study was to determine whether mothers communicate with sons about their health in general and testicular cancer in particular and whether the mothers had knowledge of others (fathers, physicians, coaches, friends, etc.) communicating with their sons on those issues. A related objective of this exploratory study was to learn whether mothers would be willing to discuss testicular cancer (TC) with their sons, and if so, what factors might facilitate these discussions. The specific research questions related to these study aims were:

RQ1: What health issues do mothers discuss with their sons?
RQ2: Do mothers recall discussing TC with their sons?
RQ3: Do mothers recall anyone discussing TC with their sons? If so, who was it?
RQ4A: Would mothers be willing to discuss TC with their sons?
RQ4B: What would help mothers discuss TC with their sons?

Methods

Three focus groups were conducted to interview mothers of sons in the target audience for a TC awareness campaign to address the topics in the research questions. The next sections provide an overview of the study participants, procedures, and data analyses.

Participants

After obtaining IRB approval from the researchers’ college to conduct on-campus focus groups, undergraduate students (N = 36) enrolled in a health campaigns course recruited mothers of sons ages 15–40 through face to face contact, email messages, and phone contact. A total of 22 mothers of sons (ages 15–40) participated in three focus group sessions. Nineteen participants were Caucasian, two were African American, and one was Arab American. The average age of the mothers was 50 and the average age of their sons was 22.

Procedures

The focus group sessions were held on separate dates in 2010 and were designed to gather detailed descriptive information from the target population (Lederman, 1990).
Similar to research by Lederman and Stewart (2003) and Mahon and Haas (2013), the researchers employed focus group methods to elicit information on the attitudes, beliefs, and behaviors of a specific group. This information was to be used to develop effective message strategies for a comprehensive TC campaign that targets multiple audiences.

Each focus group consisted of an average of seven mothers. Each session was structured around the same set of questions that assessed four relevant content areas. Specifically, mothers were asked about their discussions with their sons about general health issues and then about more specific health concerns related to TC. Additionally, each group was asked about other ways their sons may have learned about TC as well as how mothers might facilitate conversations about testicular cancer with sons.

Prior to the focus groups, questions were created by undergraduate students enrolled in a health campaigns course. Participants received a copy of the questions at the start of the focus group and completed a brief self-report measure where they indicated their age and race as well as their son’s age. Participants were assured by the facilitators that their audiotaped responses would remain anonymous and confidential. All participants signed consent forms agreeing to be audiotaped. To encourage open and ongoing discussion among the mothers, the one-hour focus group sessions were conducted by two female students and one female researcher trained in using focus group methods (Lederman & Stewart, 2003). Mothers received a free lunch and a small gift for their participation.

All three focus groups were audiotaped for later transcription. An undergraduate research assistant transcribed the audiotapes, and a second undergraduate research assistant compared transcripts to the audiotapes to ensure accuracy. In some instances, it was difficult to distinguish voices for accurate attribution of comments. Transcripts were read multiple times by two undergraduate students and two professors to identify distinct patterns in the mothers’ responses (Lederman & Stewart, 2003; Strauss & Corbin, 1998). For some questions, constant comparison methods were used to identify specific themes in the transcripts (Strauss & Corbin, 1998). This method has been used previously in exploratory studies that attempt to identify recurring themes in open-ended responses (e.g., Baxter & Wilmot, 1984; Wanzer, Frymier, Wojtaszczyk, & Smith, 2006).

Results

After reviewing the transcripts and grouping the responses based on the research questions, several important conclusions about mothers’ communication with sons about health and TC emerged.

First, mothers discuss a number of health issues with their sons. Ten health issues are at the center of these health conversations: nutrition, substance abuse, sexually transmitted diseases, family health history, hygiene (e.g., skin, dental care), exercise, cancer, stress, specific health problems (e.g., asthma), and screening/prevention (i.e., eye exams, inoculation). The most frequently discussed topics were nutrition (e.g., eating healthy, taking vitamins; 19% of responses), substance abuse (e.g., alcohol,
tobacco use, drugs; 21% of responses), sexually transmitted diseases (21% of responses), and family health history (21% of responses).

While mothers discussed a number of health issues with their sons, TC was not one of them. None of the mothers reported having a specific conversation with their sons regarding TC. Notably, several mothers commented that they had talked about breast cancer and other female-related cancers with their daughters. One mother stated, “My daughter is 10, and I know it is kind of early but I talk with her about these issues. I talk to her about her breasts. I talk to her about all those female issues and she is only 10. Only because you know girls these days are developing a little younger now. My son, I haven’t had any talk with him. He’s 17 and I’ve never ever, ever had talk to him about his scrotum, nuts or anything. We just haven’t had any conversation.” Our initial goal for the second research question was to ask a follow-up question about specific TC information shared between mothers and sons; however, none of the mothers had a conversation with their sons about TC in general or how to conduct a testicular self-exam (TSE), so the follow-up questions were not asked.

The third aim of this study was to determine who might be discussing TC with males. Most of the responses to this question illustrated the ambiguity and uncertainty associated with TC conversations. The mothers reported that they were unsure whether discussions about TC occurred between their son and anyone else (e.g., fathers, primary care physicians, athletic trainers). Importantly, mothers did not mention fathers discussing TC with their sons; instead, mothers talked about the possibility of TC discussions occurring between their sons and their primary care physicians. However, they emphasized that because they were not present during the examination, they could not confirm whether discussions occurred. One mother stated, “I know with our pediatrician, when the kids turn 13, they start to meet privately, so if I didn’t think to ask what went on in the meeting… I didn’t get that information. So I wouldn’t have thought to ask about TC. So I don’t know if he ever brought it up with our son. But I know that Gardasil was brought up with my daughter, because then we have the conversation.” Additionally, mothers were uncertain about whether or not TC is discussed in school settings. One mother stated, “I think it’s discussed in the health curriculum, but I believe it is only touched on. Not anything in depth.”

One mother reported that the only time she had heard discussion of the topic was when professional athletes with TC appeared in the media. This mother stated, “I think the most really I’ve heard of it was with Lance Armstrong and Scott Hamilton. Those were two primary figures that you would’ve heard of it from. But I really haven’t heard too much of it.”

The final study aim was to investigate whether mothers would be willing to discuss TC with their sons and, if so, what would help them to initiate these conversations. Almost all of the mothers reported that they would be willing to discuss TC with their sons. Some mothers stated they were unsure of being able to initiate conversations about TC and one mother reported she would not talk about this subject with her son. One mother said, “I think it would probably feel comfortable giving the pamphlet first and say we’re going to talk about this.” Another mother said that
she would feel more comfortable talking with her sons now that they were older. She stated, “I think if they were younger, in their teens, I would tell my husband, you go talk to them. I think the younger they were, I would have been more apprehensive.”

**Discussion**

Several important conclusions can be drawn from these focus group discussions. First, mothers do indeed discuss important general health related issues with their sons; however, mothers do not discuss gender-specific health issues such as TC. The one mother who did discuss cancer and cancer prevention discussed prostate cancer and only did so because cancer had been diagnosed in a family member or friend. When asked whether anyone had ever discussed TC with her son, one mother stated, “We just had my father-in-law pass from prostate cancer. So we’ve talked about that, and of course the necessity to be screened. And so then we were aware of that, but not the testicular. I guess I didn’t recognize, and I still don’t, are the two related?” This example is consistent with the research on cancer communication; that is, parents usually discuss cancer with children once it occurs, not beforehand (Cohen et al., 1989).

Research indicates that mothers talk to daughters about gender-related cancers (e.g., breast, cervical) but do not discuss gender-related cancers with sons. This finding is not surprising given the fact that mothers do not have personal experiences with TC. Similar to extant research on males’ knowledge of TC (Nasrallah, Nair, Congeni, Bennett, & McMahon, 2000), mothers also do not know that their young sons are at risk for TC and therefore do not include that discussion in conversations with their sons. As stated by a mother in focus group three, “My son is 29 and I talk to him about everything, but I never would have thought of talking about testicular cancer, and we’re open when we discuss things.” Moreover, one woman said she was discouraged from talking to her son about TC because her husband commented, “What teenage boy is not familiar with his testicles?”

Based on responses from the mothers, fathers are probably not talking about TC with their sons. Fathers might not be talking because the research shows that males know less about cancer than females and often do not understand the symptoms of TC or how to perform testicular self-exams, or TSEs, the process of checking the testes for lumps or anomalies (Katz, Meyers, & Walls, 1995). Asked if they believe their husbands regularly conduct TSEs, all mothers but one responded “no.” The mother who responded affirmatively stated, “A colleague was diagnosed, so I brought it up at home, and I said to my husband, does your doctor check this, and he said he did, and so he was aware of it.”

Much of the mothers’ conversation in several focus group sessions focused on their uncertainty about whether or not their pediatricians discussed TC with their sons. Mothers reported that the doctors gave out handouts and questionnaires to both the parents and the children, but those materials did not contain information about TC. “My son got a ton of handouts and pamphlets…but I don’t think there was anything about testicular cancer. There was information about smoking, drugs,
STDs,” mentioned one mother from Focus Group 1. This comment led to another mother mentioning other topics in handouts, such as “helmets, seatbelts, you know, good behavior, safety, safe health practices, but nothing about checking/doing a self, um, a self-exam.” This response suggests that discussing testicles and TC embarrasses even mothers.

One mother from Focus Group 3 reported the doctor did mention TC with her son. “I think it was brought to my son’s attention. Because with playing sports they had to have a yearly physical, and two years ago, I took him to a walk-in clinic. And that doctor said to me, ‘I’m going to give him a complete physical, but I’m also going to check him.’ I think at the time he talked to my son about how to check himself (for TC). I’m quite sure he did. But that wasn’t even our primary doctor. I think that probably went in one ear and out the other. He would have been 16 at the time. So if I were to sit him down right now, he wouldn’t even think of the conversation.”

Some mothers indicated that they were quite willing to discuss TC with their sons while others indicated concern over their sons’ ages and the importance of timing in introducing this potentially difficult topic. For example, one mother stated, “When they are younger, they cringe.” Another mentioned that she would have to be the one to discuss the topic and noted, “My son has always said he’s more comfortable talking to me than his father about these things. And he still does.” This mother’s statement is congruent with extant research which shows that children are more comfortable receiving health information from their mothers than their fathers (Ackard & Neumark-Sztainer, 2001; Luk et al., 2010).

Conclusions, Study Limitations, and Future Directions

This exploratory study used focus groups to learn more about whether mothers talked with their sons about health-related issues and TC specifically. While mothers do have discussions with their sons about a wide range of health issues, TC is not one of them. In addition, mothers in our focus group were highly uncertain about whether or not fathers, pediatricians, and health teachers were discussing TC with their sons.

While the target population for any campaign promoting TC awareness is males ages 15–40, it is important to consider individuals who may influence these males. Other researchers (e.g., Marcel, Ford, Pleck, & Sonenstein, 2007) have also indicated that there is a need to improve parent-son communication about important health issues. Follow up studies should recruit fathers of males in the targeted age group to learn more about their knowledge of TC and discussion with sons about TC. Future research in this area should attempt to identify the factors that prevent open and ongoing discussion between sons and fathers about TC issues and related men’s health issues, such as prostate cancer.

References


