Cancer as Perceived by a Middle-Aged Jewish Urban Population in Israel

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Breast cancer, colorectal cancer, and melanoma comprised 35% of all cancers diagnosed in Israel in 2005 (Central Bureau of Statistics, 2007). The five-year survival from was 78% for melonoma, 71% for breast cancer among Jewish women, and 45%–50% for colon cancer (Barchana, 2000). An increase in survival, particularly for breast cancer, has been observed in recent decades (Barchana).

Early-detection tests for breast, colorectal, and skin cancer are available for Israelis aged 50 years and older as part of the National Healthcare Services. However, despite guidelines for early detection, only 68% of women aged 50–74 years reported having a mammogram during the previous two years and only 53% of women ever had a cervical Pap smear test (Israel Center for Disease Control, 2006). Even less people have had colonoscopies and fecal occult blood tests (Shvartzman, Rivkind, Neville, Friger, & Sperber, 2000), and less than 10% of people aged 50 years and older have undergone colon cancer early detection tests (State Comptroller and Ombudsman, 2003).

Deciding to perform early detection tests for cancer is a complex process and many factors affect it, including organizational, social, and individual. A vast amount of literature exists on the attitudes and beliefs people have regarding cancer and early detection, and some attitudes depend on culture (Pasick & Burke, 2007; Russell, Perkins, Zollinger, & Champion, 2006).

Learning hierarchies suggest that knowledge changes affect attitudes that, in turn, affect behavior (K-A-B). Other possibilities have been suggested with different hierarchies. *Dissonance attribution* is when behavior change affects attitude change, which in turn will change knowledge (B-A-K); people will seek knowledge that will support their new behavior. *Low-involvement hierarchy* is when knowledge change affects behavior, which in turn affects attitudes (K-B-A) (Chaffe & Roser, 1986; Finnegan & Viswanatha, 2002).

Purpose/Objectives: To identify beliefs and attitudes of a Jewish urban population in Israel regarding cancer, in the context of the present medical knowledge among lay populations.

Research Approach: Qualitative analysis of focus groups.

Setting: Israel.

Participants: Men and women aged 50 years and older from the larger Tel-Aviv (Israel) metropolitan area.

Methodologic Approach: Nine focus group discussions were conducted including 41 men and 41 women. A structured discussion guide was developed to ensure that the groups were facilitated consistently. The discussions were transcribed verbatim.

Findings: Medical knowledge expressed in the focus groups was high. Cancer was regarded as many distinct diseases, each one with different chances of early detection and cure. Breast cancer and skin cancer were regarded as diseases from which the chances of recovery were high, compared to colon cancer, which was regarded as fatal. Both traditional fatalistic beliefs and views regarding cancer as a chronic disease were expressed. Genetics was expressed as having a fatalistic role and as prompting early detection. Participants expressed great fear of cancer, particularly fear of treatments and death.

Conclusions: The process of incorporating knowledge and experience into the present belief system of this Jewish, urban, middle-aged population has not eliminated barriers to early detection.

Interpretation: The notion of cancer as a chronic disease should be promoted. Interventions aimed at forming more positive attitudes toward colon cancer are needed to increase adherence to screening recommendations. Healthcare providers and the media should try to decrease fear of cancer treatments in general.

The traditional Israeli press, such as newspapers and magazines, including online versions, disseminated a large amount of information about cancer in the past few years (Koten, Haim, Lev, & Weilmann, 2004; Yarchi, 2004; Weimann & Lev, 2006). Information may change the levels of knowledge that lay populations have regarding