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Original article

Perceptions and knowledge about prostate cancer and attitudes towards prostate cancer screening among male teachers in the Sunyani Municipality, Ghana

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KEYWORDS
Prostate cancer;
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Abstract

Introduction: Poor perceptions and attitudes about prostate cancer screening are some reasons for late reporting for PC screening and treatment. Understanding perceptions of PC and how it translates to screening and treatment is important for physicians and public health practitioners as this information clarifies existing knowledge and provides valuable information for the design of public health programmes to reduce the disease burden of PC.

Objective: This study examined perceptions and knowledge about PC and attitudes towards screening among male teachers in the Sunyani Municipality.

Subjects and methods: This is a cross-sectional study involving 160 teachers aged 45–60 years randomly sampled from primary, junior and senior high schools in the municipality. A structured questionnaire on background characteristics of respondents, perceptions about PC and attitudes towards early screening was used to elicit responses. Preliminary analysis summarised data on socio-demographic characteristics of respondents, perceptions and attitudes about PC screening. The Pearson's chi square ($\chi 2$) and Fisher's exact tests, and logistic regression analysis were later used to examine the association between socio-demographic variables, knowledge, perceptions and attitudes about PC screening.

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Results: The mean age of respondents was 49.52 (SD = ±3.95). PC was not considered to be transmitted sexually (58.8%) and caused by radiations from mobile phones, (40.6%). Majority of respondents agreed that PC screening is beneficial (95.0%) and disagreed with the assertion that going through PC screening is embarrassing (72%) and painful (49.3%), although the majority had never been screened (90%). There was no association between demographic variables and perceptions about PC. However, knowledge about PC was found to be significantly associated with perceptions about PC ($p < 0.001$). There was a significant association between knowledge of PC ($p < 0.0001$) and attitudes towards PC screening.

Conclusion: Considering the public health significance of PC, public health programmes should go beyond awareness creation to organise educational campaigns for all socio-economic groups. These programmes should provide clarity on healthy lifestyles to prevent cancer, the health benefits of early screening, detection and treatment, screening and treatment options and the peculiarities of each to inform health-seeking choices.

Introduction

Prostate cancer (PC) is a disease of public health importance worldwide. It is the second most common cancer in men with 70% of the cases occurring in more developed countries and regions of Australia, New Zealand and America [1,2]. In Africa, PC is the leading cancer in both occurrence and the number of deaths [3]. The incidence of PC is relatively high in South Africa [4]. Statistics from Ghana indicate that PC is the second most common cancer among men next to liver cancer with an incidence of more than 200 cases per 100,000 of the population per year [5].

Possible causes of PC are unclear although increasing age, race and previous family history of the disease are known risk factors [6,7]. Various perceptions of PC have been documented in the literature and this may influence screening and treatment for PC in both developed and developing countries, besides the disparities in the availability of tests for PC. A study revealed that African-American men perceived a diagnosis of cancer as a death sentence and avoided treatment [8]. In another study among African-American men, embarrassment and the fear of a positive diagnosis were barriers to screening [9]. Finnish participants in a randomised population-based screening trial stated previous screening, forgetfulness and not wanting to think about PC as reasons for not being screened [10]. A study in Uganda reports that many participants failed to undergo PC screening because they did not consider PC as serious as HIV; HIV testing was considered more important than PC screening [11].

There are conflicting findings on the benefits of early PC screening to reduce mortality: one study conducted in Europe reported a 20% reduction in PC-related mortality. However, a US study failed to show any reduction in PC-related deaths [12,13]. Nevertheless, the benefits of early screening to ascertain cancer status to initiate early treatment and reduce PC-related deaths cannot be overemphasised.

Despite the high morbidity of PC in Ghana, about 75% of PC cases are reported late at health centres in advanced stages [5,14,15]. It is argued that poor perceptions and knowledge about PC and the availability of alternative therapies are the reasons for late reporting for PC screening and treatment [16]. However, the fact still remains that there is very little research that examines perceptions and attitudes towards prostate cancer screening in West Africa and Ghana for that matter. Understanding perceptions of PC and how it translates to screening and treatment is important for physicians and public health practitioners as this information clarifies existing knowledge and provides valuable information for the design of public health programmes to reduce the disease burden of PC. In this study, we examined perceptions about PC and attitudes towards screening among male teachers in the Sunyani Municipality.

Subjects and methods

Study design and sampling

This is a cross-sectional study involving 160 teachers aged 45–60 years. The total number of teachers in the Sunyani Municipality is 1276; 625 are male teachers. Of the 625 male teachers, 256 are aged 45 years and above. A sample size of 156 was calculated and later approximated to 160, using the Krejcie and Morgan table, 1970. The sample of 160 male teachers was randomly sampled from primary, junior and senior high schools in the municipality. Data were collected from May to July 2015. Details of the sampling procedure are reported elsewhere [17].

Data collection tool

A structured questionnaire which was centred on background characteristics of respondents, knowledge, perceptions and attitudes towards early screening was used to elicit responses. Perceptions about PC were assessed using 14 questions on causes, risk susceptibility factors, severity and treatment. The questions were scored on a 3 point Likert scale of "agree", "don't know" and "don't agree". The scale was scored as "agree" 1, "don't know" 0 and "don't agree" 0 for the positive questions, and "don't agree" 1, "don't know" 0 and "agree" 0 for the negative statements. Scores were totalled per respondent; the maximum score was

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