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Factors affecting uptake of prostate cancer screening among men at Arua regional referral hospital, Arua city. A cross-sectional study.

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Abstract

Background

Prostate cancer screening is the screening process used to detect undiagnosed prostate cancer in men without signs or symptoms. The study aims to determine the factors affecting the uptake of prostate cancer screening among men at Arua Regional Referral Hospital.

Methodology

A cross-sectional descriptive purposive study which involved a size of 60 respondents selected using purposive sampling method, data was collected using questionnaires. Data was analyzed manually using tally sheets and results were presented in the form of frequency distribution tables and figures.

Results

43 (71.67%) were between the age of 4050 years, and 31 (51.67%) were Madi. The majority 23(38.3%) were Catholics, the Majority 28(46.67%) were civil servants, Majority were married 45(75%), Basing on individual factors, only 16.67% of the respondents had ever been screened for prostate cancer. Most 80% of the respondents had fear of prostate cancer screening with the major reason being fear of stigma with 53.33%. Based on socio-economic factors, the majority 63% of the respondents did not believe in myths about prostate cancer screening, and based on health system-related factors, the majority 46.67% had a distance of 2-4km to the nearest health facility.

Conclusion

Individual factors were the major factors affecting prostate cancer screening which included less knowledge about prostate cancer screening, and fear of prostate cancer screening however also socio-economic factors like low estimated monthly income and health system-related factors like long distance to the nearest health facility which brought about low uptake of prostate cancer screening among men at Arua Regional Referral Hospital.

Recommendation

There should be increased awareness through mass media and from health workers about prostate cancer and its screening which should help maintain the present and improve the level of knowledge and practice of prostate cancer screening.

Keywords: *Factors, Uptake of prostate cancer screening, Men at Arua Regional Referral hospital.*
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Background

Prostate cancer screening is the screening process used to detect undiagnosed prostate cancer in men without signs or symptoms. Possible causes of prostate cancer are unclear although increasing age, race, and previous family history of the disease are known risk factors of the disease. More advanced prostate cancer can sometimes cause other symptoms such as erectile dysfunction, pain in the hips, weakness, weight loss, and fatigue. (American Cancer Society, 2023)

Prostate cancer is the most common cancer among men globally with over 1.2 million cases reported in 2018 (Rawla P, 2019). In 2018, global statistics for prostate cancer incidence and mortality rate were 1,276,106 and 358,989, respectively (Bray F et al.,2018), whereas in 2020, they rose to 1,414,259 incidences and 375,304 mortalities (Sung H et al., 2021). These statistics confirm

that the rate of infection is increasing and tentative measures should be implemented.

Africa has a prostate cancer incidence rate of 26.6 per 100,000 and in Sub-Saharan Africa; about 70,000 cases of prostate cancer are reported annually (Bray F and Parkin DM, 2022). Statistics from Ghana indicate that PCa 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 (B.Yeboah. Asiamah et al.,2017). Numerous studies conducted indicate that high percentages of affected males are in developed countries, followed by developing countries, which can be attributed to inadequate knowledge about PCa (prostate cancer) (Ojewala R.W et al., 2017). In Uganda, prostate cancer is also the most common cancer among men with an age-standardized incidence rate of 41.6 per 100,000 (Asasira J et al., 2022). Prostate cancer screening could assist in detecting cancer at an early stage when it can easily be cured (Ekwan et al, 2023). The objective of the study is to determine the factors influencing the uptake of prostate cancer screening among men at Arua Regional Referral Hospital, Arua City.

Methodology

Study design

The study was a descriptive cross-sectional design using quantitative methods of data collection. This was chosen because it allowed the respondents to collect information within the shortest time possible.

Study area

The study was carried out at Arua Regional Referral Hospital, Arua city, which is located in West Nile, Northern Region approximately 480km northwest of Kampala. Its neighboring districts are Yumbe, Koboko, Adjumani, Maracha, Nebbi, Moyo, and Zombo. Its catchment is 3.5 million people. It has 372 beds. Departments include the Outpatient department, Ear, nose, and throat, the Department of Surgery, and the Department of Obstetrics and Gynecology among others.

Study population

The study targeted men aged 40 years and above at Arua Regional Referral Hospital, and residents of Arua city.

Sample size determination

The sample size was obtained using the Burton's formula (1965)

Sample size n=QR/O.

Where;

Q=Total number of days taken for data collection

R=Maximum number of respondents interviewed per day

Maximum time that was taken on each respondent per day

Values: Q=10 days,

R=6 Respondents

O=1 hour Therefore; n=QR/O n= (10x6)/1=60 respondents; Therefore, 60 respondents were used in this study

Sampling technique

A purposive sampling method was used to select men aged 40 years and above. Each individual aged 40 years and above was included in the study. This made it easier to obtain data from the available individuals.

Sampling procedure

A purposive sampling technique was used to get respondents during the study process. The researcher defined the research objective and specific criteria for selecting participants. She used her judgment to identify 6 individuals each day for 10 days for those who met the criteria and collected data from the chosen participants.

Data collection method

Data was collected using self-administered questionnaires and also an interpreter was used for those respondents who could not read and write in English.

Data collection tools

The researcher used a semi-structured questionnaire with closed-ended questions which was written in English, where the respondents were required to tick or circle because it provided a quick way to get results, was practical, was inexpensive, allowed the researcher to get information from large respondents, and also allowed easy analysis of results.

Data collection procedure

The researcher obtained an introductory letter from the research committee of Kampala Institute of Health Professionals which was taken to Arua Regional Referral Hospital after which permission was granted, the researcher was introduced to the hospital staff who introduced her to the respondents. Respondents were assured of maximum privacy and confidentiality of all information given and then asked for their permission to participate in the study. An informed consent was obtained from each respondent before administering questionnaires and each respondent took 15-30 minutes to be interviewed.

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Study variables

Dependent variables

Uptake of prostate cancer screening among men aged 40 years and above at Arua Regional Referral Hospital, Arua City.

Independent variables

The independent variables included individual, social, economic, and health system-related factors.

Selection Criteria

Inclusion criteria

The study included all men aged 40 years and above at Arua Regional Referral Hospital, Arua city who had come for services and consented because they were believed to give appropriate results for the researcher.

Exclusion criteria

The study excluded mentally ill individuals because they did not provide relevant information on the study to the researcher and those who did not consent.

Quality control

Pretesting of the research tool

To ensure the validity and reliability of data, the questionnaires were pretested at Arua Police Health Center III and several adjustments were made. The data was checked for completeness, and consistency and corrected each day to avoid errors. The trained research assistant was supervised while carrying out the interview to ensure that there was no discrepancy in the data collection.

Piloting of the study

The researcher first visited the hospital before the study, sought permission from the responsible people, and checked around to see if they were relevant to the research study. The study area qualified for the research and the researcher later continued and carried out the research in the area.

Training of research assistants

The research assistants were trained on the use of questionnaires and on what to explain to the respondents on how to answer the questions.

- Ample time for data collection
- The data was collected over two weeks to enable ample time and also for the comfort of the respondents.
- Adherence to standard operating procedures (SOPs)

The researcher and research assistants had to adhere to the standard operating procedures to avoid the transmission of infections such as washing hands and wearing face masks.

Data analysis and presentation

The data to be collected was checked manually for completion, and then the data was edited, coded, cleaned, stored for consistency, and entered into the Microsoft Excel Program. Descriptive statistics were used to organize and summarize background variables, such as age, sex, and others, clearly and concisely.

Ethical consideration

The researcher obtained an introductory letter from the Research and Ethics Committee of

Kampala Institute of Health Professionals which was used to obtain permission from Arua Regional Referral Hospital, Arua City, before data collection. Respondents were assured of maximum privacy and confidentiality and only numbers instead of names were used to identify the respondents. The study only commenced after the objectives of the study had been well explained to participants and had consented to participate or not in the study.

Results

Demographic factors of the respondents

From the table 1, majority 43 (71.67%) of the respondents were between the age of 4050 years, 02 (3.33%) were

between 30-40 years, 12 (20%) were between 50-60 years and 03 (5%) were between 60-70 years.

Lugbara were the majority tribe with 31 (51.67%), Madi were 16 (26.67%) and Kakwa 13(21.67%)

Catholics were the biggest portion of the population with 23(38.3%), Anglicans were 12(20%), 20(33.3%) were Muslims and 05(8.33%) were Born Agains.

Majority 28(46.67%) of the respondents were civil servants, 15(25%) were business dealers, 12(20%) were peasants and 05(8.33%) were none of the above listed.

Majority of the respondents were married 45(75%), 07(11.67%) were single, 08(13.33%) were divorced and none was widowed.

Table 1: Respondents by socio-demographic data. **(n =60)**

Variables	**Categories**	**Frequency (f)**	**Percentage (%)**
Age	30-40	02	3.33
	40-50	43	71.67
	50-60	12	20
	60-70	03	05
Total		**60**	**100**
Tribe	Lugbara	31	51.67
	Madi	16	26.67
	Kakwa	13	21.67
Total		**60**	**100**
Religion	Catholic	23	38.3
	Anglican	12	20
	Muslim	20	33.3
	Born Again	05	8.33
Total		**60**	**100**
Occupation	Civil servant	28	46.67
	Business dealer	15	25
	Peasant	12	20
	None	05	8.33
Total		**60**	**100**
Marital status	Married	45	75
	Single	7	11.67
	Divorced	8	13.33
	Widowed	0	0
Total		**60**	**100**

Individual factors affecting uptake of prostate cancer screening

From the figure 1, majority 44(73.3%) of the respondents were aware about prostate cancer screening whereas the least 16(26.67%) of the respondents were not aware about prostate cancer screening.

Table 2, Regarding knowledge about prostate cancer screening, majority 51(85%) of the respondents had no knowledge about the screening tests for prostate cancer, 8(13.33%) of the respondents had knowledge about Prostate-Specific Antigen, whereas the least 1(1.67%) of the respondents had knowledge about Digital Rectal Exam.

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The figure 2, shows that more than half, 52(86.67%) of the respondents did not know the signs and symptoms of prostate cancer, 3(5%) knew about blood in urine, 3(5%) knew about weight loss and the least 2(3.33%) knew about difficulty passing urine.

Figure 1: Shows Respondents by awareness of prostate cancer screening (n =60)

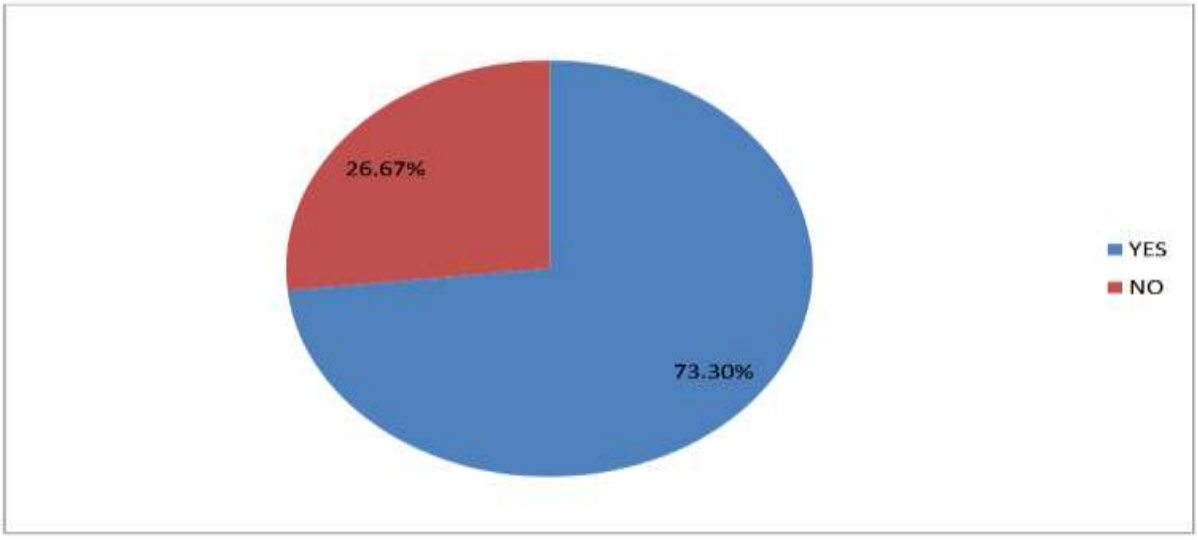

Table 2: Shows Respondents knowledge about prostate cancer screening (n =60)

Screening test	Frequency	Percentage (%)
Digital Rectal Exam	01	1.67
Prostate-Specific Antigen	08	13.33
None	51	85
Total	**60**	**100**

Figure 2: Shows responses on the signs and symptoms of prostate cancer (n =60)

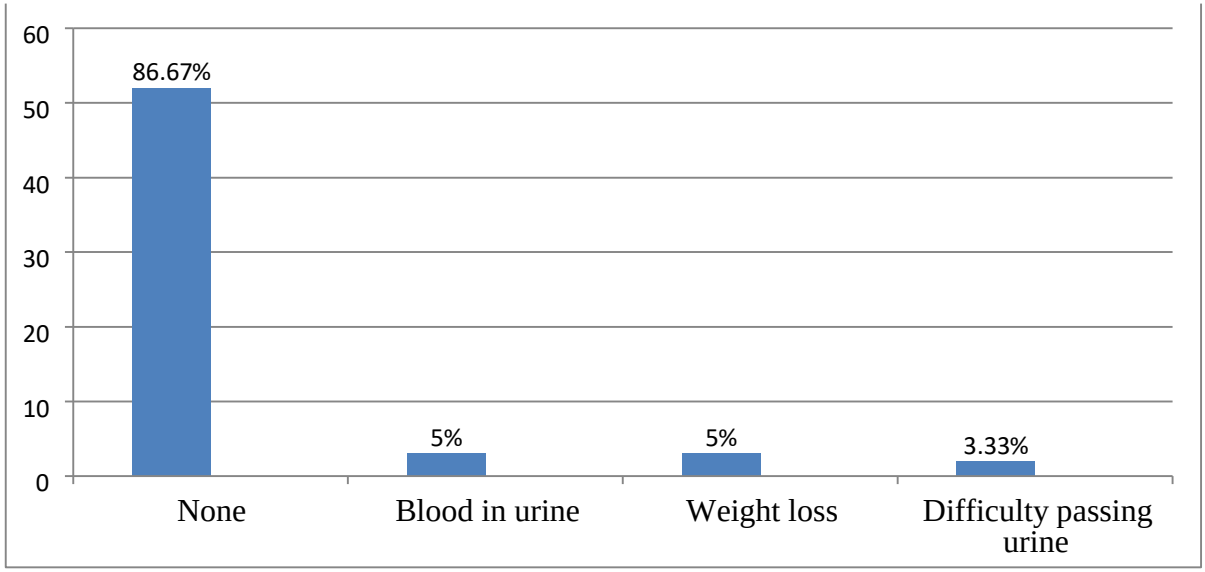

Table 3: Responses on undergoing prostate cancer screening (n =60)

Variable	Response	Frequency	Percentage (%)
Ever undergone prostate cancer screening	Yes	10	16.67
	No	50	83.33
Total		**60**	**100**
Number of times	Once	10	16.67
	Twice	0	0
	None	50	83.33
Total		**60**	**100**
Fear for prostate cancer screening	Yes	48	80
	No	12	20
Total		**60**	**100**
Reason for fear of going for prostate cancer screening	Fear of stigma	32	53.33
	Fear of unavailability of access to treatment	16	26.67
	Others	12	20
Total		**60**	**100**

The table 3 shows that, half 50(83.33%) of the respondents had never undergone prostate cancer screening whereas only 10(16.67%) of the respondents had ever undergone prostate cancer screening.

Regarding number of times, majority 50(83.33%) of the respondents had never undergone prostate cancer screening, while 10(16.67%) of the respondents had undergone prostate cancer screening once and none of the respondents had undergone prostate cancer screening twice.

Regarding fear for prostate cancer screening, majority 48(80%) of the respondents had fear for prostate cancer screening and the minority 12(20%) of the respondents had no fear for prostate cancer screening.

Regarding reason for fear of going for prostate cancer screening, majority 32(53.33%) of the respondents had fear of stigma, 16(26.67%) of the respondents had fear of unavailability of access to treatment and 12(20%) of the respondents had other unspecified reasons.

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Table 4: Shows respondents by marital status, monthly income, residence and Education level

(n =60)

Variables	Categories	Frequency	Percentages (%)
Marital status	Single	07	11.67
	Married	45	75
	Divorced	08	13.33
Total		**60**	**100**
Estimated monthly income	50,000-200,000	42	70
	201,000-500,000	17	28.33
	None	01	1.67
Total		**60**	**100**
Place of residence	Village	21	35
	Town	39	65
Total		**60**	**100**
Education level	Primary level	04	6.67
	Secondary level	20	33.33
	Tertiary level	31	51.67
	No formal education	05	8.33
Total		**60**	**100**

From the table 4, majority 45(75%) of the respondents were married, 8(13.33%) of the respondents were divorced and 7(11.67%) of the respondents were single.

Regarding estimated monthly income, majority 42(70%) of the respondents had estimated monthly income between 50,000 and 200,000, 17(28.33%) of the respondents had estimated monthly income between 201,000 and 500,000 and one 1(1.67%) respondent's estimated monthly income was not among the above.

Regarding place of residence, majority 39(65%) of the respondents had the town as their place of residence and 21(35%) of the respondents had the village as their place of residence.

Regarding Education level, majority 31(51.67%) of the respondents had tertiary institution as their education level, 20(33.33%) had secondary level as their education level, 4(6.67%) had primary level as their education level, 5(8.33%) had no formal education.

Figure 3, Majority 38(63%) of the respondents did not believe in myths about prostate cancer while the least 22(37%) believed in myths about prostate cancer, as the above figure illustrates.

Figure 3: Shows respondents by myths about prostate cancer (n=60)

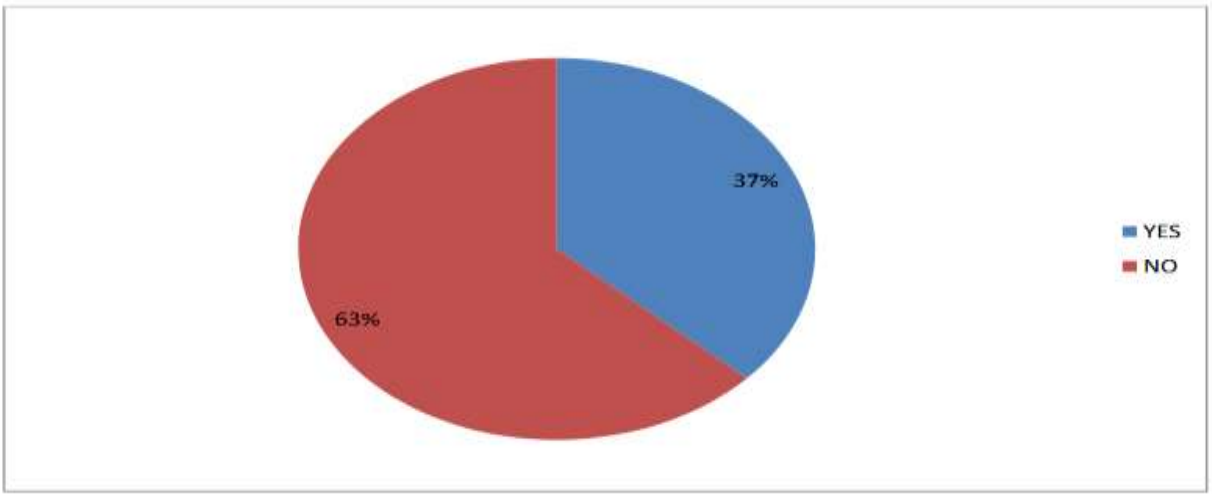

Table 5: Respondents by distance to the nearest health facility, access to information and source of information (n =60)

Variables	Categories	Frequency	Percentages (%)
Distance to the nearest health facility	Less than 1km	16	26.67
	2-4km	28	46.67
	5km and above	15	25
	None	01	1.67
Total		**60**	**100**
Access to information	Yes	20	33.33
	No	40	66.67
Total		**60**	**100**
Source of information	Health workers	7	11.67
	Media	10	16.67
	Peers	3	5
	None	40	66.67
Total		**60**	**100**

Health system related factors affecting prostate cancer screening

From the table 5, majority 28(46.67%) of the respondents had a distance of 2-4km to the nearest health facility while the minority 15(25%) of the respondents had a distance of 5km and above to the nearest health facility.

More than half, 40(66.67%) of the respondents had no access to information regarding prostate cancer screening while the least 20(33.33%) of the respondents had access to information regarding prostate cancer screening.

Majority 40(66.67%) of the respondents had no source of information, 10(16.67%) of the respondent's source of information was the media, 7(11.67%) of the respondent's source of information was from the health workers and 3(5%) of the respondent's source of information was from peers.

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Figure 4: Respondents by long waiting hours stopping prostate cancer screening (n =60)

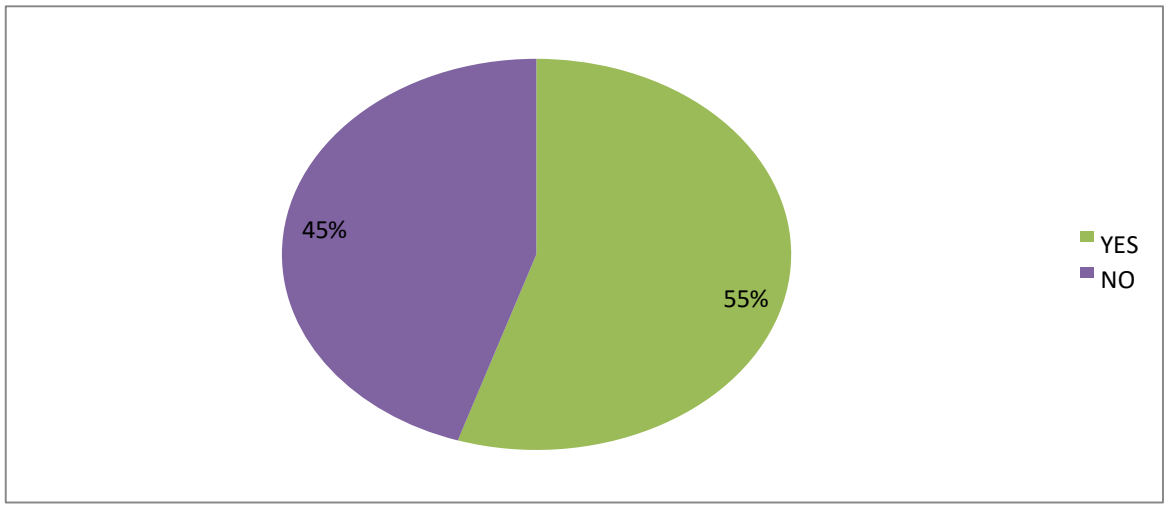
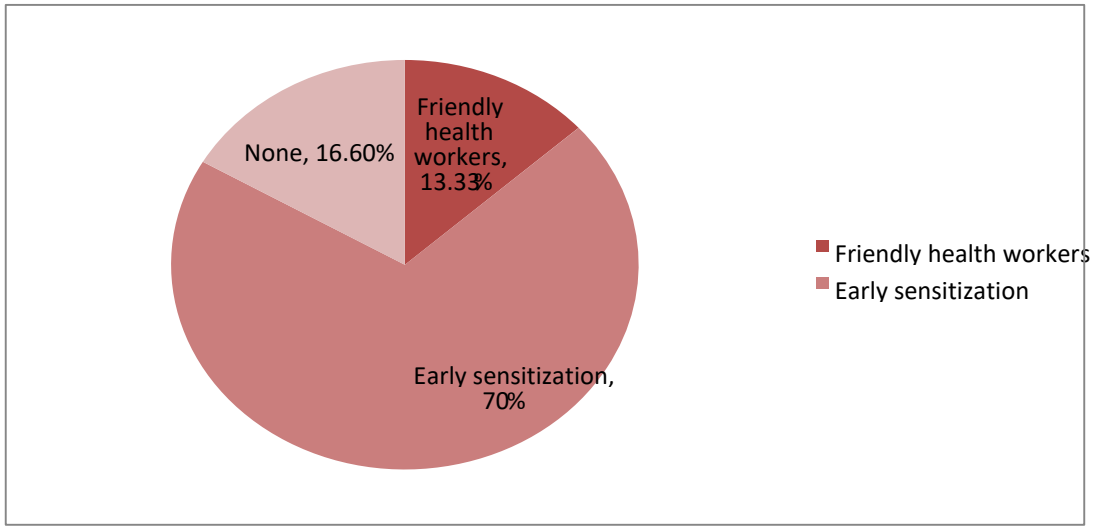


Figure 5: Respondents by what makes them utilize prostate cancer screening (n =60)



From the figure 4, majority 33(55%) of the respondents agreed that long waiting hours always stop them from undergoing prostate cancer screening while the least 27(45%) of the respondents did not agree that long waiting hours always stop them from undergoing prostate cancer screening.

From Figure 5, the majority 42(70%) of the respondents agreed to early sensitization as the reason for prostate

cancer screening and the least 8(13.33%) of the respondents agreed to friendly health workers as the reason for prostate cancer screening.

Discussion

The objective of the study was to assess the factors affecting the uptake of prostate cancer screening among men at Arua Regional Referral Hospital. Findings showed that 73.3% were aware of prostate cancer screening showing increased awareness and knowledge about prostate cancer screening among men. This may have been due use of media as the major source of information at 16.67%. This revelation disagrees finings in Ethiopia with a study that was carried out by (Ayano et al., 2022) on Prostate Cancer screening practice and associated factors among men.

Regarding fear of prostate cancer screening, the majority (80%) of the respondents had a fear of prostate cancer screening. This shows that there is less practice of prostate cancer screening with only (16.67%) of the respondents practicing prostate cancer screening. This could be due to fear of stigma evidenced by (53.33%) who provided a reason for fear of stigma while (26.67%) gave a reason for fear of unavailability of access to treatment. These results are in line with a study conducted by (Muliira et al., 2017) on determinants of behavioral intentions to screen for prostate cancer in Omani men, Oman, feared negative outcomes of screening while others said it was embarrassing.

Regarding knowledge about prostate cancer screening, only one (1.67%) respondent knew Digital Rectal Exam, and (13.33%) of the respondents knew Prostate-Specific Antigen as a screening test. This revealed that there is less knowledge about prostate cancer screening tests. This was one of the reasons for the late diagnosis of metastatic-stage cancer. These disagree with study outcomes in Ethiopia by (Ayano et al., 2022) where 43.1% of the respondents had never heard about Digital rectal examination.

Socio-economic factors affecting uptake of prostate cancer screening

Regarding estimated monthly income, the majority (70%) of the respondents had an estimated monthly income between 50,000 and 200,000. This revealed that prostate cancer screening was less practiced because it was hard for the income levels to support prostate cancer screening. These results agree with a study conducted by (Mwebembezi et al., 2023) on factors influencing the uptake of prostate cancer screening among men aged 40 years and above in Kazo Town council, Kazo district, Uganda, where 69.3% of the respondents reported income less than 30,000 and less than or equal to 200,000 per month, making it hard to support prostate cancer screening.

Many respondents had no belief in myths. This shows that cultural beliefs had a minimum influence on the uptake of prostate cancer screening. This was due to increased awareness about prostate cancer and its screening. These findings agree with another study carried out by (Kaninjing et al., 2017) on prostate cancer screening knowledge, attitudes, and beliefs among men in Bamenda, Cameroon where 67.8% had weak cultural beliefs regarding prostate cancer screening.

Based on marital status, the majority (75%) of the respondents were married. This shows that being married contributed to prostate cancer screening in that the married men were more easily pushed into seeking medical attention by their wives than the single and divorced men who would only go when they wished to. Findings are similar to those in Kenya by (Gachoki H and Okeyo I, 2023) concerning predictors of prostate cancer screening uptake where 87% of the respondents were married.

Health system-related factors affecting prostate cancer screening

Regarding distance to the nearest health facility, the majority (46.67%) of the respondents had a distance of 2-4km to the nearest health facility. This shows that respondents travelled long distances to the nearest health facility making it hard to access services on time hence most of them ended up presenting with stage 3 and stage 4 cancers. These findings are in line with a study carried out by (Mwebembezi et al., 2023) in Kazo district, Uganda, where respondents reported long distances to the health facility, 0.7% reported a distance of 4-5km to the health facility, 2.3% reported a distance of more than 5km to the health facility which affected prostate cancer screening.

Based on the utilization of prostate cancer screening, the majority (70%) of the respondents agreed that early sensitization makes them utilize prostate cancer screening services, and (13.33%) agreed that friendly health workers make them utilize prostate cancer screening services. This shows that early sensitization about prostate cancer screening increases awareness and knowledge among men making it easy to practice prostate cancer screening. These findings agree with a study conducted by (Mwebembezi et al., 2023) in Kazo district, Uganda, where 97% of the respondents reported the attitude of health workers. A good number of respondents received information from the media. This shows that the media was the most likely place to obtain information than the hospital making it hard for some respondents to have access to information on prostate cancer screening. These results correlate with a study carried out by (Mwebembezi et al., 2023) in Kazo district, Uganda, where (75%) heard of prostate cancer screening. Regarding long waiting hours, the majority (55%) of the

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respondents agreed that long waiting hours stopped them from undergoing prostate cancer screening. This shows that health facility hours interfere with people's other programs for the day making it difficult for them to wait and undergo prostate cancer screening. These results are in line with a study conducted by (Muliira *et al*., 2017) on Determinants of behavioral intentions to screen for prostate cancer in Omani men, where 45.7% of the respondents reported that clinic or health center hours are not convenient.

Conclusions

This study sought to assess the factors affecting the uptake of prostate cancer screening among men at Arua Regional Referral Hospital, Arua City.

Individual factors revealed that 44 (73.3%) of the respondents were aware of prostate cancer screening. 1 (1.67%) respondent knew the Digital rectal exam. Based on the signs and symptoms,52 (86.67%) did not know the signs and symptoms of prostate cancer. Given these findings, respondents had limited knowledge about prostate cancer screening. 10 (16.67%) of the respondents had ever undergone prostate cancer screening and 50 (83.33%) had not practiced any prostate cancer screening indicating low uptake of prostate cancer screening with one of the reasons being fear of stigma (53.33%).

Socio-economic factors revealed that 21 (35%) of the respondents believed in myths about prostate cancer and 36 (60%) of the respondents did not believe in any myths about prostate cancer. These findings indicate that the uptake of prostate cancer screening was not greatly affected by cultural beliefs and myths.

Health system-related factors revealed that 16 (26.67%) of the respondents traveled distances of less than 1km to the nearest health facility, 28 (46.67%) had between 2-4km, and 15 (25%) had 5km and above. This indicates that respondents had a long distance to the health facility hence low uptake of screening services. 40 (66.67%) of the respondents had no access to information regarding prostate cancer screening and 20 (33.33%) had access to information regarding prostate cancer screening with the greatest source of information being the media. This indicates that there was limited knowledge about prostate cancer screening.

Recommendations

Respondents should be willing to undergo and practice prostate cancer screening to know and improve their health. This can be achieved through continuous health education. Constant and repeated health education about prostate cancer and its screening by the health team in the health facilities to increase knowledge among men. The healthcare system should put in place fair prices for prostate cancer screening that can be affordable to the majority of people.

Acknowledgment

I thank the almighty God for the protection, love, and guidance who has always been with me from the beginning of the course till now. My sincere appreciation goes to the administration of Kampala Institute of Health Professionals for their constant encouragement and to my supervisor Mrs. Nanjego Victoria for her supervision and guidance in this research project.

May the Almighty God reward you accordingly.

List of Abbreviations

DRE: Digital Rectal Exam

PCa: Prostate Cancer

PSA: Prostate -Specific Antigen

Source of funding

The study was not funded

Conflict of interest

The author did not declare any conflict of interest

Data availability

Data is available upon request

Author contributions

Sharon Immaculate Ayikoru collected data and drafted the manuscript of the study.

Victoria Nanjego supervised the study

Ethical approval

The researcher obtained an introductory letter from the Research and Ethics Committee of Kampala Institute of Health Professionals which was used to obtain permission from Arua Regional Referral Hospital, Arua city, before data collection.

Informed consent

The study only commenced after the objectives of the study had been well explained to participants and had consented to participate or not in the study.

Author Biography

Sharon Immaculate Ayikoru is a student of diploma in clinical medicine and community medicine and community health at Kampala Institute of Health Professionals.

Victoria Nanjego is a tutor at the Kampala Institute of Health Professionals.

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