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Men's Perception about Cancer Prostate at Main University Hospital Assiut Governorate

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Abstract

Background: Cancer Prostate has been a major public health issue worldwide. The men are often diagnosed in the late stages of the disease. Increase the level of perceptions among men helps to detect and diagnostic measures early. **Aim of the study:** To assess perception of men's about Cancer Prostate at Main University Hospital - Assiut Governorate. **Design:** Descriptive research design. A convenient sample was used, the sample were included 1500 patients up to forty years who attendance in outpatients clinics, within 6 months. The study included two tools; the first tool was interview sheet to assess (a) demographic data (b) Men's perception about cancer Prostate , and the second tool was Respondents' of prostate screening testing scale . **Results:** More than three-fifths of the participants had low perception of cancer Prostate. **Conclusion:** There was a positive correlation between perceptions, & responding screening to Cancer Prostate. **Recommendations:** Health education programs to increase the knowledge of people regarding cancer Prostate and the importance of periodical examinations of cancer Prostate over age forty for early detections and health promotion in all its aspect.

Keywords: Men's, Perception & Cancer Prostate.

Introduction

Cancer is the leading causes of death at worldwide. Already constitutes a major public health burden globally. Over the last 20 years, an increasing trend has been observed in the incidence and mortality rate from different cancers worldwide, especially in low-and-middle-income countries (Khazaei et al., 2016).

Cancer Prostate epitomizes a great part of the overall cancer incidence which represents 15%, also consider the second most common cancer worldwide and the fifth leading cause of death from cancer in men (6.6% of the total men deaths) (Torre et al., 2015).

Cancer Prostate is a growing concern in Egypt and currently ranks as the 4th most common cancer in the country, also approximately 65% of men with Cancer Prostate in Egypt will face mortality. As much as 9.7% of the Egyptian male population is over the age of 55. (Globocan, 2015).

The incidence and mortality rates of Cancer Prostate in Yemen country in 2012 sorted by age-standardized incidence rates 2.7 & estimated mortality rate 2.3 (Pakzad et al., 2015).

As for many cancers, age, and ethnic origin are the strongest known risk factors in the last decade, the exposure to prostate specific antigen testing, tobacco and alcohol & Body mass index indicators of adiposity are emerging as risk factors, also chronic inflammation and /or infection have been implicated as possible risk factors, but no single infectious agent has been identified (Wilson et al., 2012 & Sawada et al., 2014).

In the first stage of cancer Prostate usually appear without any symptoms while advanced stage cause

problems with urination, Pain in the hips, back, chest, or other areas of bones, Weakness or tingling in the legs or feet, and extended to loss of bladder or bowel control (Mottel et al., 2015)

In cancer Prostate Diagnosis generally includes investigating presenting features from prostate antigen blood testing, (how much a patient's levels increase from year to year), digital rectal examination, blood count and biochemical profile, Magnetic Resonance imaging, and biopsy (Atan & Güzel 2013).

There are several treatment options available for men with cancer Prostate such as; prostate surgery, radiation therapy, or chemotherapy. The therapy or combination of therapies depends on the type of Cancer Prostate a man has and how advanced it (Greena & Kirsten, 2011).

There are three basic types of prevention: primary, secondary, and tertiary. **Primary prevention** can only occur before the person has the disease and not after they have already been diagnosed. It include things reduce the risk of developing the disease, such as eating a healthy diet and eliminating alcohol use (Thun et al., 2010), while **Secondary prevention** aims to detect and treat a disease early. It's consists of "early diagnosis and prompt treatment" to contain the prostatic cancer disease and prevent its metastatic to other organs, and "disability limitation" to prevent potential future complications and disabilities from the disease (Kamangar et al., 2016)

Tertiary prevention can be included as all measures available to reduce or limit impairment and disabilities, minimize suffering caused by existing

departures from good health and to promote the patient's adjustment to irremediable conditions. It occurs when a defect or disability is permanent and irreversible. This level of rehabilitation involves measures aimed at disabled individuals, restoring the health and functions of the individuals affected by prostatic cancer disease (Henderson & Macleod, 2014).

Also The community health nurse's functions include the providing of evidence information to the public around predisposing factors that increasing the exposure to cancer Prostate , the period of prostate diagnosis and the treatment methods. Also the nurse helps the clients at all phases of the recovery stage after treatment which connected to problems of disease (Ream et al., 2013).

Significance of the study

Cancer Prostate is a common health problem that in the majority of cases starts to develop at the age of 40- 50 years and reaching its peak at 60–70 years of age (Elabbady et al, 2014). Egyptian men who are diagnosed with Cancer Prostate are 7.2 times more likely to die from the disease as compared with the USA. The 7% of the Egyptian male population are within the age group at risk for cancer Prostate while that was not sufficiently studied in Egypt (Cancer Prostate in Egypt, 2017).

A good level of men's perception, awareness, and knowledge about Cancer Prostate is likely to lead to the early detection of cases with results in reductions the overall morbidity and mortality rate (Adibe et al., 2017).

The study aimed at

Assessment of men's perception about Cancer Prostate at Main University Hospital - Assiut Governorate.

Research questions

- Are the men's having perception regarding cancer Prostate?
- Are there a relationship between the demographic characteristic of men's, and their perception regarding cancer Prostate?

Subject & methods

Research design

Descriptive research design used in this study.

Setting of the study

The study was carried out in outpatient clinics at the Main University Hospital - Assiut Governorate , It was including medical, surgical, and oncology clinics; there are the main largest clinics for receives cases of patients from Assiut urban and rural area which are near to Assuit Governorate .

Sampling:

A convenient sampling was used; the sample was including all patients not diagnostic Cancer Prostate

their age up to 40 years and attending in the previous setting (medical , surgical, and oncology clinic) within 6 months, the total number of the study samples were 1500 patients they were divided as follow (Medical clinics 812 patients, surgical clinics 616 patients, Oncological clinics 72 patients)

Inclusion criteria

- Patients not diagnostic with cancer Prostate.
- 2- Men aged up to 40 years.

Tools of data collection

The study included two tools

Structured interview sheet was prepared by the researcher for collection of data. It was based on review of pertinent literature to elicit information from men.

Tool (I): divided into two parts:

- a) Demographic data it was included; age, level of education, occupation, residence, and marital status.
- b) Men's perception about Cancer Prostate ; it consisted of five concepts (Perceived susceptibility, Seriousness, Motivation ,Barriers, and Benefits) it was developed by (Capik & Gozum, 2012) The researcher done some modification for this tool to consistent with the culture of participants.

The total sub-items of each of these concepts are (41) items with 5 Likert Scale ranged from ; Strongly Disagree(1), Disagree(2), Neither Agree nor disagree(3), Agree(4), And Strongly Agree(5). The total scoring system of perception about Cancer Prostate scale was 205 points & had three levels: (Low, Intermediate, and Good).

- < 105 points considered low perception
- $\geq 103 \geq 134$ points, considered intermediate perception.
- More than 134 points considered good perception.

Tool (II): Respondents' of prostate screening testing scale. This scale adapted from (Zare, et al., 2016); it was consisted of 10 items with (4) (Likert scale) ranged from strongly Agree (1), Agree (2), strongly disagree (3), & Disagree (4). The researcher was done some modification for this tool to consistent with the culture of participants. The total scoring system of Respondents' of prostate screening testing were 40 points: Low Score 50% < 20, Intermediate 60% $\geq 20 - 25$ & Good more than > 25.

Validity & Reliability of the tools

- Validity of tools: To evaluate the content validity of the tools .It was reviewed by three academic experts in nursing science to measure validity.
- Reliability of tools: To evaluate the tool reliability was analyzed by Cronbach's alpha to measure reliability about 0.83.

Administrative design

An official approval letter was received from the Dean of the Faculty of Nursing at Assiut University to the director of Assiut University hospital; this letter was containing brief explanations of the purpose of study and content to apply the study.

The pilot study

A pilot study was applied before beginning of data gathering on (10%) of the participants which excluded from the study sample. The purpose of the pilot study was to ensure the clarity of items and their comprehension applicability and relevance of the tools, in addition to identify obstacles and problems that may be occurring during data collection. Also to test wording questions and estimate the time that required to collections of study sample.

Field work

Data was gathered from the previously mentioned setting from the period of beginning April /2016 to the end of Septembers /2016. The researcher met with men and introducing his self, described the objectives of the study, and asked for participation then started a face to face individual interview, the average time taken for completing the questionnaire was around 20-30 minutes or more depending on the personnel responding to a question. Every day about

10-15 sheet was finished (five days/week) according to the schedule of outpatient clinics about 250 sheets every month.

Ethical consideration

The research proposal was approved by Ethical Committee of the Faculty of Nursing at Assiut University. There was no risk for study subject during application of the research, the study followed common ethical principles in research, oral consent was received from men's above 40 age that accept to participate in the study after explaining the nature and aim of the study, Confidentiality and anonymity was assured, Study subject has the right to refuse the participation and or withdraw without any rational any time.

Statistical design

Collected data were reviewed, prepared for computer entry, coded categorized, analyzed and tabulated. Descriptive statistics as mean, standard deviation, number and percentage, were done by using SPSS version 21.0. Statistically significant was considered at p-value was less than 0.05. T-test was used to decide significance for the numeric variable. Chi-square test was used to determine significance for the non-parametric variable; also correlation by Pearson Correlation.

Results

Table (1): Distribution of participants as regards to their demographic characteristics in outpatient clinics at Main University Hospital- Assiut Governorate: No =1500.

Demographic characteristics	No.	%
Age groups		
40-	563	37.5
50-	432	28.8
60-	349	23.3
70- & more.	156	10.4
Mean \pmSD	58.7\pm10.1	
Level of Education		
Illiterate	395	26.3
Read and write	405	27.0
Basic education	310	20.7
Secondary & University	390	26.0
Occupation		
Government employee	696	46.4
Private work	642	42.8
Do not work	162	10.8
Residence		
Rural	793	52.9
Urban	707	47.1
Marital status		
Married	1094	72.9
Widowed	285	19.0
Divorced	121	8.1

According to research questions number (1): Are the men's having perception regarding Cancer Prostate?
Table (2): Distribution of the mean score perception levels for participants toward Cancer Prostate in outpatient clinics at Main University Hospital -Assiut Governorate: No =1500.

Perception	Mean \pm SD	Levels of perception					
		Low		Intermediate		Good	
		No.	%	No.	%	No	%
Perceived Susceptibility	12.86 \pm 2.83	801	53.4	643	42.9	56	3.7
perceived Seriousness	12.11 \pm 2.94	760	50.7	344	22.9	396	26.4
Perceived Motivation	27.94 \pm 3.4	1044	69.7	289	19.2	167	11.1
Perceived Barriers	43.68 \pm 5.48	1168	77.9	270	18.0	62	4.1
Perceived Benefits	22.03 \pm 4.08	810	54.0	246	16.4	444	29.6

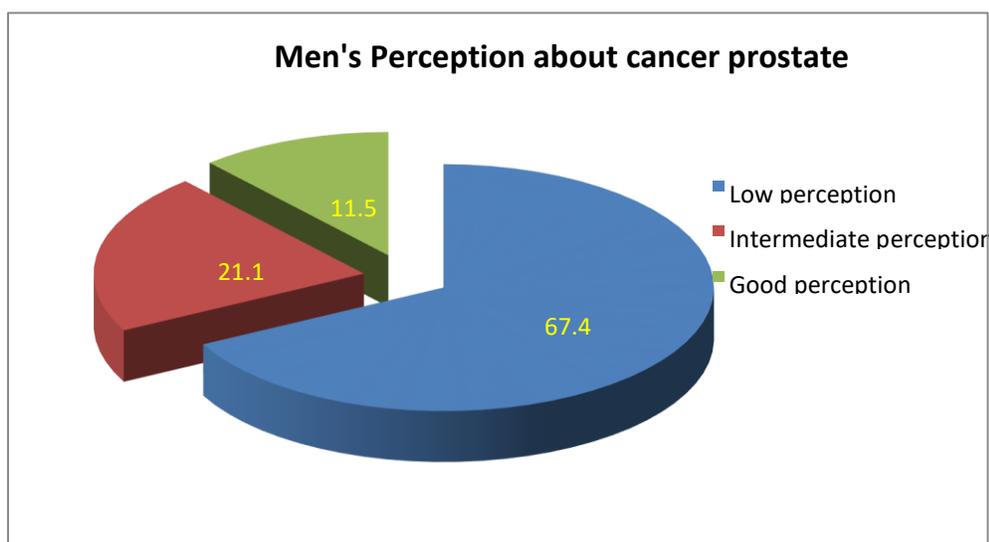


Figure (1): Total score of participant's perception levels toward cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate: No =1500.

Table (3): Distribution of participants responding about screening of Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate: No=1500.

Responding about the screening of cancer Prostate.	Strongly Agree		Agree		Disagree		Strongly Disagree	
	No.	%	No.	%	No.	%	No.	%
High risk of Cancer Prostate.	141	9.4	444	29.6	784	52.3	131	8.7
Exposed to Cancer Prostate in the future.	330	22.0	443	29.5	640	42.7	87	5.8
There are nothings that can do to prevent Cancer Prostate.	46	3.1	431	28.7	623	41.5	400	26.7
Kind of food reduce or not cancer prostate.	84	5.6	293	19.5	919	61.3	204	13.6
Doing Cancer Prostate screening/test is Embarrassing.	46	3.1	615	41.0	666	44.4	173	11.5
If developed Cancer Prostate don't live more than 5 years.	133	8.9	473	31.5	666	44.4	228	15.2
If someone has Cancer Prostate, I think it is already too late for treatment.	125	8.3	538	35.9	626	41.7	211	14.1
Cancer Prostate is deadly regardless	223	14.9	390	26.0	817	54.5	70	4.6

Responding about the screening of cancer Prostate.	Strongly Agree		Agree		Disagree		Strongly Disagree	
	No.	%	No.	%	No.	%	No.	%
of when discover and how to treat it.								
Cancer Prostate makes people afraid of having cancer Prostate.	188	12.5	216	14.4	796	53.1	300	20.0
People do not want to know that they have a cancer Prostate because they may die from it.	123	8.2	380	25.3	864	57.6	133	8.9

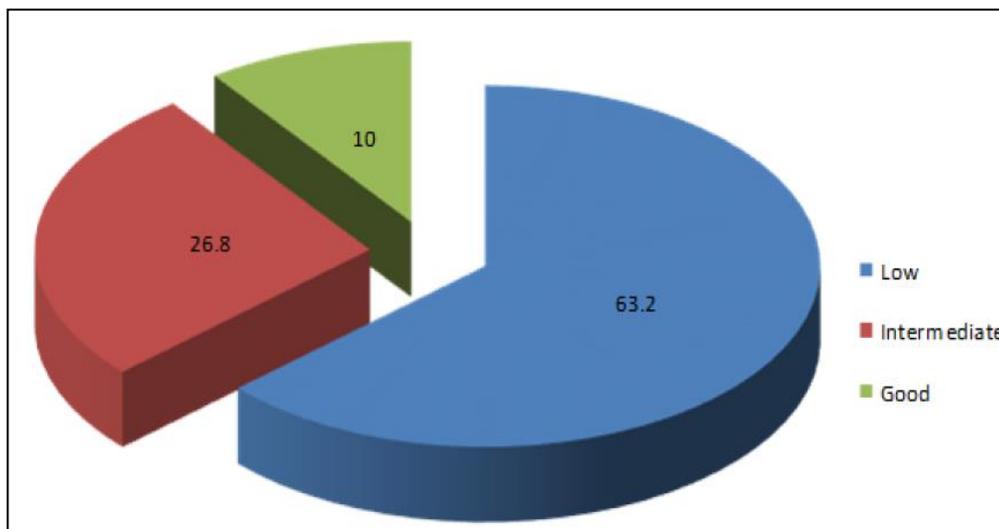


Figure (2): score of responding level for participants about screening of Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate :No =1500.

According to research questions number (2): Are there relationships between demographic characteristic of men's, and their perception regarding cancer Prostate ? Table (4): Relation between Perception of participants about Cancer Prostate and their demographic characteristics in outpatient clinics at Main University Hospital - Assiut governorate : No =1500.

Demographic characteristics	Perceptions of men's about cancer Prostate						X2	P. value
	Low		Intermediate		Good			
	No	%	No	%	No	%		
Age groups								
40 -	295	31.5	167	42.6	101	58.7	104.9	<0.001**
51-	346	37.0	71	18.1	15	8.7		
61-	197	21.0	105	26.8	47	27.3		
71- & more.	98	10.5	49	12.5	9	5.2		
Educational Level								
Illiterate	45	34.6	324	25.3	26	28.6	27.89	<0.001**
Read and write	32	24.6	335	26.2	38	41.8		
Primary education	34	26.2	263	20.6	13	14.3		
Secondary & University education and above	19	14.7	357	27.9	14	15.4		

Demographic characteristics	Perceptions of men's about cancer Prostate						X2	P. value
	Low		Intermediate		Good			
	No	%	No	%	No	%		
Occupation								
Government employee	71	54.6	596	46.6	29	31.9	33.6	<0.001**
Private work	32	24.6	560	43.8	50	54.9		
Do not work	27	20.8	123	9.6	12	13.2		
Residence								
Rural	75	57.7	669	52.3	49	53.8	1.4	0.494
Urban	55	42.3	610	47.7	42	46.2		
Marital state								
Married	85	65.4	939	73.4	70	76.9	22.3	<0.001**
Widowed	22	16.9	252	19.7	11	12.1		
Divorced	23	17.7	88	6.9	10	11.0		

*Statistically significant difference ($p < 0.05$) **statistically significant difference ($p < 0.01$)

Table (5): Relation between participants responding about screening of Cancer Prostate and their demographic characteristics in outpatient clinics at Main University Hospital-Assiut governorate: No =1500.

Demographic characteristics	Responding about screening of cancer Prostate						X2	P. value
	Low		Intermediate		Good			
	No.	%	No.	%	No.	%		
Age groups								
40-	298	31.4	177	44.0	88	58.7	103.5	<0.001**
50-	346	36.5	76	18.9	10	6.7		
61-	206	21.7	97	24.1	46	30.7		
71- & more.	98	10.3	52	12.9	6	4.0		
Educational Level								
Illiterate	120	23.2	262	28.0	13	28.3	53.55	<0.001**
Read and write	177	34.2	202	21.6	26	56.5		
Basic education	91	17.6	215	23.0	4	8.7		
Secondary & University.	130	25.1	257	27.4	3	6.5		
Occupation								
Government employee	307	59.3	351	37.5	38	82.6	89.5	<0.001**
Private work	165	31.9	469	50.1	8	17.4		
Do not work	46	8.9	116	12.4	0	0.0		
Residence								
Rural	244	47.1	527	56.3	22	47.8	11.8	0.003**
Urban	274	52.9	409	43.7	24	52.2		
Marital state								
Married	402	77.6	648	69.2	44	95.7	59.6	<0.001**
Widowed	107	20.7	176	18.8	2	4.3		
Divorced	9	1.7	112	12.0	0	0.0		

*Statistically significant difference ($p < 0.05$)

**statistically significant difference ($p < 0.01$)

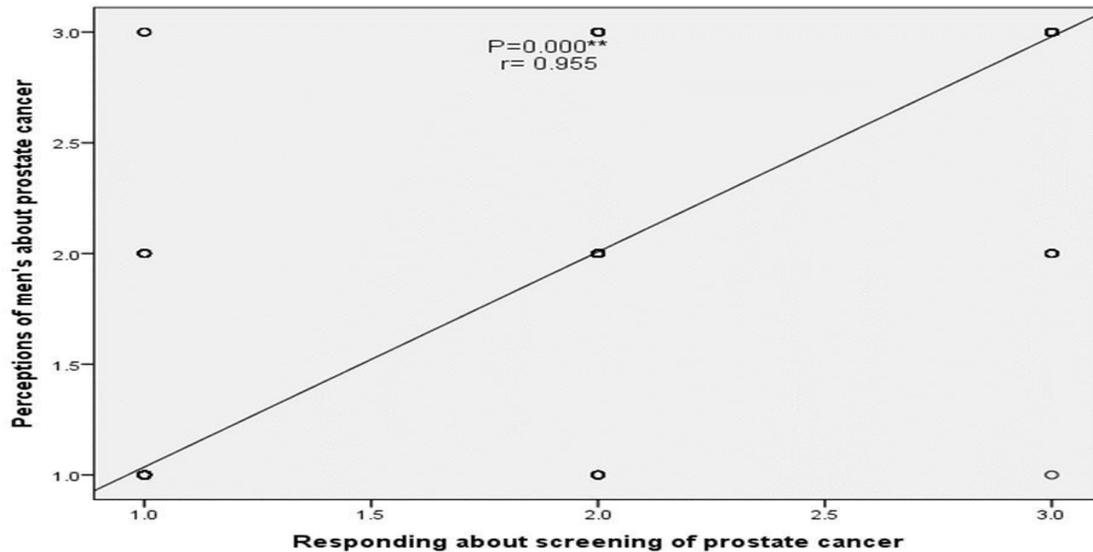


Figure (3): Correlation between perception of participants and their responding about screening of cancer prostatic in outpatient clinics at Main Assiut University Hospital - Assiut governorate.

Table (1) Shows the demographic characteristics of participants; it was illustrated that the mean \pm SD of participants age were 58.7 ± 10.1 . Also 27.0 % of them were read & write, and 26.0 % had Secondary & University education. According to their occupation 46.4% of the participants were government workers, and 52.9% of them were from rural area while 72.9% were married.

Table (2): Presents distribution of mean score perception levels for participants of cancer Prostate ; it was indicated that (53.4% ,50.7%, & 54.0%) of participants had low perception related to perceived susceptibility , seriousness & benefits respectively , while (69.7% & 77.9 %) had low perception related to perceived motivation , and barriers respectively.

Figure (1): Clears total score of participants' perception levels toward cancer Prostate: it was noticed that 67.4% of the participants had low perception while 21.1 % had intermediate perception & only 11.5% had good perception.

Table (3): Reveals distribution of participants responding about screening of cancer Prostate ; it was found that 52.3% of participants disagreed about their high risk of cancer Prostate & also 42.7% of them were disagree about their exposed to cancer Prostate in the future while 28.7% of participants were agreed about there are things that can do to prevent cancer or not. And 19.5 % of them agree about kind of food reduce or not cancer Prostate, (44.4%,44.4% & 41.7%) of participants disagree about doing cancer Prostate screening is embarrassing, If they developed cancer Prostate don't live more than 5 years & If someone has cancer Prostate , you think it is already too late for

treatment respectively .Also (54.4%.53.1% & 57.6%) of them disagree about cancer Prostate is deadly regardless of when discovering and how to treat it, cancer Prostate makes people afraid of having cancer Prostate and people do not want to know that they have a cancer Prostate because they may die from it respectively.

Figure (2): Shows total score of responding level for participants about screening of cancer Prostate, it was observed that 63.2% of participants had low level and only 10.0% had good level of responding about screening of cancer Prostate.

Table (4): Clears relation between perception of participants about cancer Prostate and their demographic characteristics; it was illustrated that, there was statistically significant difference between participants' perceptions' and their age, educational level ,occupation and marital status respectively while there wasn't statistical significant differences with their residence .

Table (5): Clears relation between participants responding about screening of cancer Prostate and their demographic characteristics'; it cleared that, there was statistically significant difference between participants' responding about screening of cancer Prostate and their age, educational level ,occupation ,residence ,and marital status

Figure (3): Correlation between perception of participants and their responding about screening of cancer prostatic; it observed that high positive correlation between perception of the participants and their responding level about screening of cancer prostatic

Discussion

Cancer Prostate is the second most common cancer and the sixth leading cause of cancer death among men worldwide, with an estimated recorded amount of 1.1 million cases and 307,000 deaths in 2012 in more developed regions. Approximately, 42% of cases occur in men over the ages of 50 years old and the majority of them are often seen after 60 years old (Sadeghi et al., 2017). There is a lack of knowledge and awareness of the disease in Egypt, and thus, men are often diagnosed in the late stages of the disease. This is particularly frustrating as prostate cancer has a high potential for a complete cure if it is diagnosed early (Arafa et al., 2017).

The results of the current study showed that mean age of participants were 58.7±10.1 and more than one third of applicant their age' extended between 40 > 50 years. These findings are inconsistent with a study about an assessment of knowledge of and attitudes towards Cancer Prostate screening in Nigerian Men which conducted by Makado et al., (2015), Who found that more than three fifths of participants their age' ranged from 40- 51 years. Also, disagree with the study reported by Akbarizadeh et al., (2016) in Iran about A Survey of Knowledge About and Perceived Barriers to Cancer Prostate Screening who showed that mean age of the studied sample was 49.0±6.9 and 74% of participant age' ranged from 40-49 years.

According to their level of education, the findings of the present study illustrated that slightly more than one-fifth had basic education. These findings disagree with a study about knowledge of Cancer Prostate among males which conducted by Mofolo et al., (2015) in South Africa who found that more than a third of participants had basic education, Also disagree with the findings of a study conducted by Makado et al., (2015), who found that only 4.0% had a basic education .

Regarding to their occupation; the results of the present study cleared that more than two fifths of the participants were government employees & only 10.8% were unemployed. These findings are congruence with Akbarizadeh et al., (2016) who found that more than two fifths of the men's were government employees. Otherwise, the findings of the current study inconsistent with Mofolo, et al., (2015) who reported that less than one third of the participants were unemployed.

In referrals to residence, it was observed that more than half of the participants were from rural area. This may be due to the availability of all medical services and the low cost it located in Assiut University hospital. These findings are inconstant with a study carried by Kobeissi et al., 2013 about Cancer Prostate risk factors and urinary tract in

Egypt, who indicated that less than two third of the participants were from rural area. Otherwise, these findings were compatible with a study about Cancer Prostate Screening: Knowledge, Attitudes, and Practices by Nakandi et al., (2013) in Italy who mentioned that more than half of the participants were from the rural area.

As regards to marital status, the findings of the current study revealed that nearly about three quarters of participants were married. These findings are similar with previous study conducted by Makado et al., (2015) who showed that more than two third of studied sample were married. Whereas, a study of the relationship between prevention, risk, and barriers related to Cancer Prostate by McGriff, (2010) in Georgia who agrees with the current study, who indicated that, more than two thirds of the studied sample were married while inconsistent with the study about male University students' knowledge, beliefs and attitude towards screening for Cancer Prostate by Egbera, (2015) in Benin City, Nigeria, who showed that majority of studied sample 91.0% were unmarried.

Also the findings of the current study indicated that slightly more than two thirds of the participants had low perception while only 11.5% had good perception. These findings are consistent with the study about African Americans' perceptions of prostate-specific antigen Cancer Prostate screening by Hunter et al., (2015) in North Carolina, who showed that about two-thirds of participants had low perception and less than one fifths had good perception. Otherwise, These findings are disagreement with the study about cancer Prostate Awareness, Knowledge, Perception on Self-Vulnerability and Uptake of screening by Pual, in Kenya , who reported that less than one third of the participants had poor perception , While one fifth of them had good perception.

According to total score level of participants responding regarding to screening of Cancer Prostate , it was observed that more than three fifths of them had a low level, on the other hand more than one quarter had intermediate level and only less than one fifths had a good level of responding regarding to screening of cancer Prostate . These findings are similar with Egbera, (2015) who found that more than three fifths of participants had low level of responding. Whereas, these findings are in disagreement with Makado et al., (2015) who showed that more than two-thirds of the studied sample had poor level and more than one third of them had good level of responding regarding to screening of Cancer Prostate .

In referrals to the relationship between perception of the participants about Cancer Prostate and their

demographic characteristics, the results revealed that, there was the statistically significant difference between perceptions of the participants and their age, educational level, occupation and marital status. these findings are consistent with study about knowledge, Health Beliefs and Screening Status of Cancer Prostate among Middle-Aged and Elderly Men by **Lee et al., (2016)** in Korea ,who noticed that there was a statistically significant relation between perceptions of men's about cancer Prostate with age groups, educational level, and marital state. Otherwise, these findings are disagreement with **Pual, (2013)** who showed that there wasn't a statistically significant relation between perceptions of men's about cancer Prostate with age groups, educational level, and marital state.

In a studies conducted by **(Oliver & Simon 2008)** and **Pual, (2013)** who found that there was a high correlation between responding, and perceptions of the sample regarding Cancer Prostate . These results agree with the current study which observed that there was a high correlation between, responding, and perceptions of participants regarding cancer prostate. Otherwise, these findings are disagreement with another study performed by **Yeboah et al., (2017)** about responding, Perceptions, towards cancer Prostate screening among male teachers in Ghana, who showed that there was no correlation between responding and perception of the studied sample.

Conclusion

The study and research questions concluded that more than two-thirds of participants had low perceptions regarding Cancer Prostate; also there was statistically significant difference between participants' perception & their age, education, occupation & marital status. In addition the present study cleared that there was positive correlation between participants' perceptions & their responding regarding screening of Cancer Prostate.

Recommendations

- Health educational programs to increase the knowledge skills & attitude of people regarding cancer Prostate.
- Increase awareness about the importance of periodic examinations especially over age forty years for early detections of cancer prostate.
- Community awareness about prevention of cancer Prostate through community leaders and the use of posters in public places such as health centers, shopping places and pamphlet in outpatient clinics.
- Further researches about perceptions of men's toward cancer prostate.

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