

ABSTRACT

Despite the reported high incidence rates of prostate cancer among Jamaican males and the apparent low levels of screening practice, screening behaviour for prostate cancer has not been investigated. This case control study was conducted to determine factors associated with males' decision for screening for prostate cancer.

A sample of two hundred males ages between forty and seventy-five, one hundred cases and one hundred controls were selected from attendees at the Kingston Public hospital clinics, the Jamaica Cancer Society and the Heart Foundation of Jamaica. "Case ness" was determined by awareness of having had a digital rectal examination (DRE) and or a prostate specific antigen (PSA) test within the last two years. Controls were unaware of having these tests for prostate cancer screening. On consent a questionnaire was administered to both cases and controls to elicit knowledge of prostate cancer risk factors, the screening methods used and their attitudes and belief of screening as a personal benefit. Environmental events, such as physicians' recommendations, compliance to family requests, media influence and urological symptoms were examined as factors. The constructs of the Health Belief Model (HBM) were used to assess perceptions of susceptibility and severity. Cost, pain and embarrassment to DRE were examined as barriers.

A focus group discussion with eight screeners provided qualitative data.

The mean age of cases was 62.5 years (sd=9.1) compared to controls 53.5 years (sd=9.3); ($p<0.0005$). Screeners had higher education levels, were more usually married, had better knowledge of prostate cancer and screening ($p<0.05$). Non -screeners had low perceptions of susceptibility to prostate cancer. Physician's recommendation was most strongly associated with men's decision. Unadjusted OR was 44, [95% CI: 17.9 -108]. Urinary symptoms though associated with screening, the decision was more likely after receiving a physician recommendation. Concerns for PSA costs and DRE embarrassment did not appear to negate screening decision especially where a physician recommended screening tests.

Any approach for encouraging screening practice should consider educating men for acceptance of vulnerability and provide knowledge specific to screening access.

Keywords: Prostate cancer, screening, males decisions.