



A STUDY TO ASSESS THE KNOWLEDGE REGARDING PROSTATE CANCER AMONG MAN IN SELECTED URBAN AREA OF AHMEDABAD

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ABSTRACT:

BACKGROUND OF THE STUDY:

Prostate cancer is one of the leading causes of cancer related deaths among males globally. The 2018 Global Cancer Project (GLOBOCAN) report estimated 1 276 106 new cases in 2018, representing 7.1% of all cancers worldwide. The report further estimated the number of deaths due to prostate cancer at 358 989, representing 3.8% of all cancers globally. It was thus ranked the second most common cancer and the fifth leading cause of cancer death in men. The American Cancer Society 2019 report showed that an estimated 174,650 new cases of prostate cancer would be diagnosed in the USA during 2019. The report further stated that an estimated 31,620 deaths from prostate cancer would occur in 2019.

OBJECTIVE OF THE STUDY:

- The aim of the study was to assess the knowledge regarding prostate cancer among male population in selected urban area.
- To find out association between levels of knowledge regarding prostate cancer and selected demographic variables among male population in selected urban area.

METHODOLOGY:

A Non-experimental descriptive survey research design was adopted for collecting the data from 60 Samples using a Structured knowledge questionnaire comprising 24 questions.

RESULTS:

According to the findings, the level of Knowledge score of 60 respondents reveals that 31 (51.7%) had good knowledge and 29 (48.3%) had poor knowledge and 0(0%) had excellent knowledge. Whereas that knowledge mean score was 8.61, mode 9.00, median 9.00 while The Standard Deviation (SD) was square value are showing the significant association between the 2.84. Range was 3-16 and mean percentage 35.87%. Findings of the chi knowledge score and their demographic variables such as Age and Education

CONCLUSION:

In present study, the level of knowledge was, poor and good knowledge. There was significant association between level of knowledge and selected demographic variables such as, age and educational status.

INTRODUCTION:

BACKGROUND OF THE STUDY

“Cancer is just a chapter in our lives and not the whole story”

- *Allie Moreno*

Cancer is one of the most important diseases which threaten human health. In the World, prostate cancer is the most commonly seen type of cancer in men. Cancer is ultimately the result of cells that uncontrollably grow & do not die. Normal cells in the body follow an orderly path of growth, division & death. Programmed cell death is

called “**apoptosis**” and when this process breaks down, cancer begins to form. Unlike regular cells, cancer cells do not experience programmatic death & instead continue to grow and divide. This leads to a mass of abnormal cells that grows out of control. **KaraAnd Acikel, (2013).**

The prostate is a small fibromuscular accessory gland of male reproductive system weighing about 20g. It is located posterior to the pubic symphysis, superior to the perineal membrane, inferior to the bladder and anterior to the rectum. It produces and secretes proteolytic enzymes into semen, to facilitate fertilization.

Sakala Gift et.al. African Journal of Urology (2020/20:70).

Prostate cancer is the cancer that form in the tissue of the prostate (a gland in the male reproductive system found below bladder and front of the rectum). Prostate cancer usually occurs in older men. **According to National Cancer Institute.** Prostate cancer is characterized by both physical and psychological symptoms. Early-stage prostate cancer is usually asymptomatic. More advanced disease has similar symptoms with benign prostate conditions such as weak or interrupted urine flow, hesitancy, frequency, nocturia, haematuria or dysuria. Late-stage prostate cancer commonly spreads to bones and cause pain in the hips, spine or ribs. The 2 commonly used screening methods for prostate cancer are digital rectal examination (DRE) and prostate-specific antigen (PSA) test. **Sakala Gift et.al. African Journal of Urology (2020/20:70).**

Prostate Cancer is the most common cancer in American men. It is a slow- growing, potentially lethal disease usually found in men over the age of 50. Although cases of the disease have been reported in all age groups, more than 80 percent of all prostate cancers occur in men over the age of 65.

Age is the most important risk factor for contracting prostate cancer. Others are race, family history and environment. The incidence of prostate cancer is 40 percent higher for African-American men than for white men, and the number who will die is double that of white men. Heredity - currently under intense research at the National Human Genome Research Institute (NHGRI) - also increases risk. Risk for families where a father or brother has had prostate cancer is increased by twofold. Hereditary prostate cancer accounts for about one in every 10 cases of the disease. Environmental factors likely account for the prostate cancers found in men with no family history. Environmental factors also contribute to the incidence of prostate cancer in men with a family history. Environmental factors can include geographic location, a high-fat diet, high caloric intake, and a sedentary.

Prostate cancer is fraught with both physical and psychological symptomatology. Depression, anxiety, stress, fatigue, pain and psychosocial factors all affects the patient with prostate cancer. Impotence, erectile dysfunction, sexual issues and incontinence in these patients complicate matters further. Depression has been strongly correlated to fatigue and pain as symptoms in prostate cancer. **Int. Journal Cancer & Clinical Research (Research Article: 2378-3419/2014).**

Treatment depends on the point of diagnosis and the severity of the disease. Small clusters of early stage, prostate cancer can be found in millions of men in an apparently harmless, latent form. It's not unusual for physicians to take a "wait and watch approach" to these early cancers, and monitor the progression of the disease with regular PSA levels and physical examinations. Often the disease can be managed this way for years, as long as progression remains slow. Surgery may be another treatment choice if the tumor is contained and the patient is healthy enough to tolerate the operation. If the prostate is enlarged and there is a palpable mass, surgery may be indicated to remove as much of the prostate, tumor and surrounding lymph tissue as possible to check for metastasis (spread of the cancer cells). Although surgery can cause nerve damage that impairs sexual function, improved surgical techniques have reduced

that risk and surgeons are now better able to preserve sexual function. Radiation therapy is sometimes used after surgery or instead of surgery, and is targeted directly at the tumor to destroy cancer cells. It also is used in later stages of the disease to relieve pain. In more advanced forms of the disease, hormonal therapy, with either surgical or other medical intervention, suppresses the activity of male hormones (androgens) that fuel tumor growth. It can be effective for many years, holding the disease at bay, but eventually that effectiveness may subside. Side effects from hormonal therapy can be significant, and include impotence, decreased sexual desire, reduced muscle mass, and tenderness or enlargement of breast tissue. Chemotherapy has become a more common treatment with the recent development of sophisticated oral medications that are free of the side effects associated with previous chemotherapy regimes such as vomiting, hair

loss and fatigue. **National Human Genome Research Institute (2002).**

The doctors diagnosed 198,100 new cases of prostate cancer in 2001, and about 31,500 men died from the disease. That means about 19 out of every 100 men born today will be diagnosed with prostate cancer, and four of every 100 men will die from the disease, or about one death every 16 minutes. **According to the National Cancer Institute.**

Prostate cancer is one of the leading causes of cancer related deaths among males globally. The 2018 Global Cancer Project (GLOBOCAN) report estimated 1 276 106 new cases in 2018, representing 7.1% of all cancers worldwide. The report further estimated the number of deaths due to prostate cancer at 358 989, representing 3.8% of all cancers globally. It was thus ranked the second most common cancer and the fifth leading cause of cancer death in men. The American Cancer Society 2019 report showed that an estimated 174,650 new cases of prostate cancer would be diagnosed in the USA during 2019. The report further stated that an estimated 31,620 deaths from prostate cancer would occur in 2019. It further put the incidence of prostate cancer to about 60% higher in blacks than in whites suggesting a genetic predilection to the cancer. **Global Cancer Project (GLOBOCAN) report (2018).**

OBJECTIVES:

To assess the knowledge regarding prostate cancer among male population In selected urban area.

To find out association between levels of knowledge regarding prostate cancer and selected demographic variables among male population in selected urban area.

CONCEPTUAL FRAMWORK

The conceptual model is a general amalgam of all the related concepts in the problem area and provides certain frame of reference for the researcher. The conceptual frame work represents a less formal attempt at organizing a phenomenon conceptual models deal with concepts that are used as building blocks and provide a conceptual perspective regarding interrelated phenomena which are closely structured.

Polite D.F. & Beck C.T., (2010)

The conceptual frame work of the study was based on revised health belief model which was one of the first, and remains one of the best-known social cognition models.

Health beliefs are person's attitude and idea about health and illness. They may be based on factual information or wrong information. The assumption in this model is that the perception will always have a personal implication their by taking an action for particular phenomena. So, the investigator felt that **ROSENSTOCH (2003) REVISED HEALTH BELIEF MODEL** was suitable as conceptual framework for this study, "a study to assess the knowledge regarding prostate cancer among men in selected urban health centre of Ahmedabad, Gujarat."

The determinants of Health Belief Model are associated factors, cues to action health focus and likelihood of taking action.

Associated factors:

It includes demographic factors such as, age, marital status, educational status, occupation, do you know about prostate cancer, if yes source of information regarding prostate cancer, any personal or family history of prostate cancer.

Cues to action health focus:

It includes development of tool to assess level of knowledge by Structured knowledge questionnaire. After development of tool, validity and reliability is checked. Conduction of pilot study, administration of tool in final data collection.

Likelihood of taking action:

This includes that male population may have Poor, good and excellent knowledge.

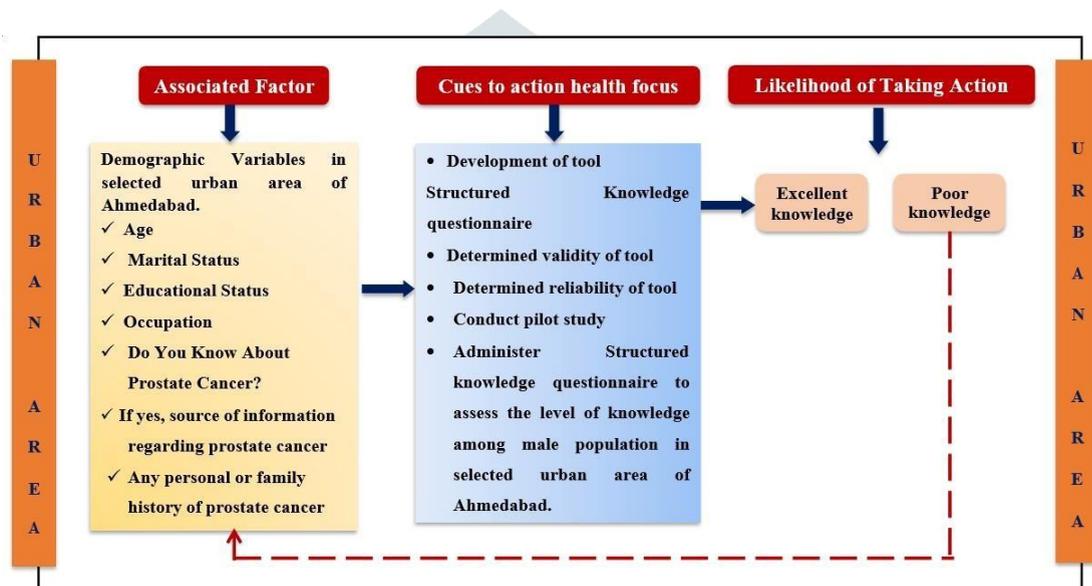


Figure 1.1: Conceptual Framework based on revised Health Belief Model of Rosenstock (2003).

Table 4.2.1 Frequency and Percentage Wise Distribution of Samples Based on Demographic Data

[N=60]

PERSONAL DATA		FREQUENCY (F)	PERCENTAGE (%)
Age	20-29 years	12	20
	30-39 years	18	30
	40-49 years	20	33.3
	50-59 years	08	13.3
	Above 60 years	02	3.3
Marital status	Single	17	28.3
	Married	39	65
	Divorced	03	05
	Widowed	01	1.7
Educational status	Illiterate	07	11.7
	School education	23	38.3
	Under graduation	26	43.3
	Post-graduation	04	6.7
Occupation	Unemployed	12	20.0
	Laborers/farming	19	31.7
	Government employee	07	11.7
	Non-Government employee	12	20.0
	Self-employee	10	16.7
Do you know about prostate cancer	Yes	29	48.3
	No	31	51.7
If yes, source of information regarding prostate cancer	Health worker	09	31.0
	Mass media	11	37.9
	Family/Friend	08	27.6
	News paper	01	3.4
Any personal or family history of prostate cancer?	Yes	06	10
	No	54	90

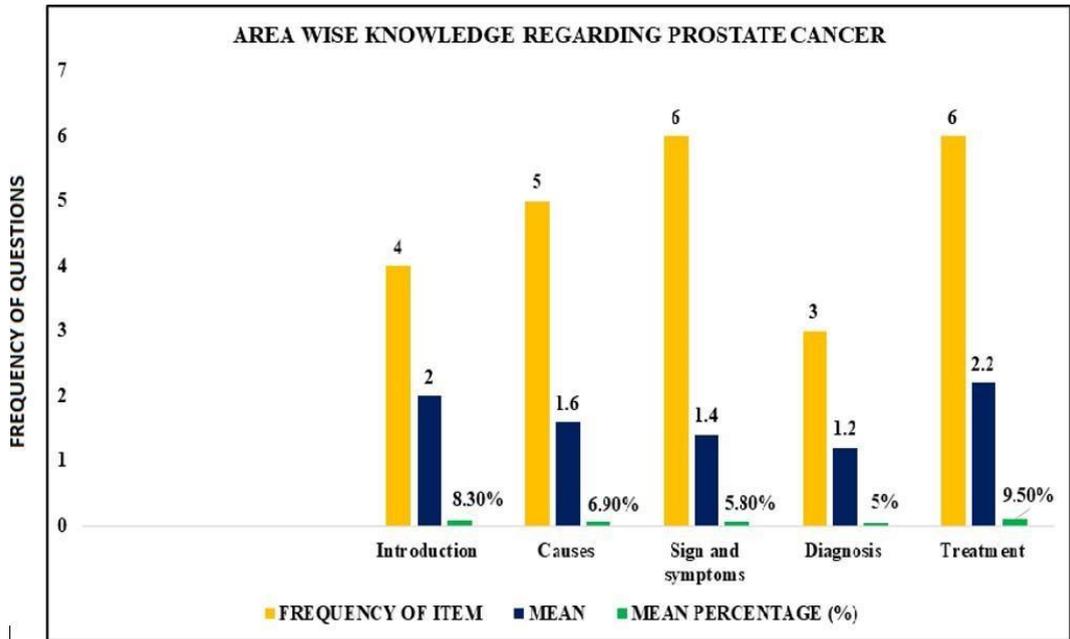


Figure: 4.9 Bar Graph Showing frequency, mean and mean percentage distribution of questions.

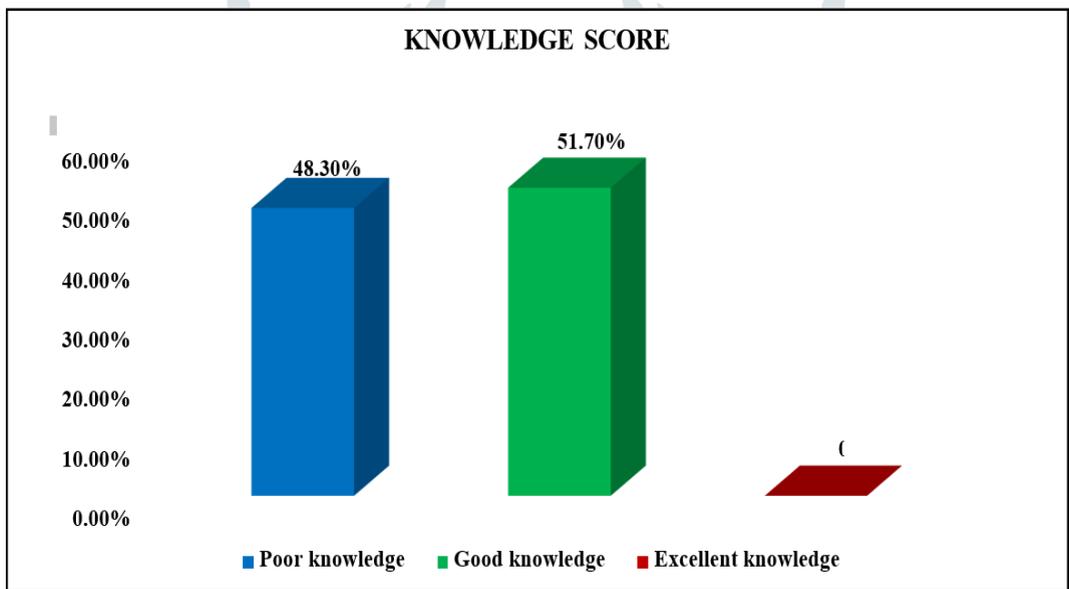


Figure: 4.8 Bar Graph Showing Percentage Wise Distribution of Samples According to level of Knowledge Score.

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