ORIGINAL ARTICLE

Awareness, Attitude and Beliefs on the Screening of Prostate Cancer Among Staff of A Tertiary Institution in Maiduguri, Borno State: A Pilot Survey

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ABSTRACT

Background: Prostate cancer (PCa) is currently the leading malignancy among men of Black African ancestry and ranks as the second most common cause of cancer-related mortality in men worldwide. In Nigeria, PCa is the most frequently diagnosed cancer in men; however, organised screening practices remain uncommon. Consequently, late-stage presentation, often with advanced disease, is a hallmark of PCa in Nigerian men, largely attributable to low awareness, poor knowledge, and inadequate screening uptake. **Objectives:** This study aimed to assess the level of awareness, knowledge, and screening practices for (PCa) among staff members of the University of Maiduguri, with the goal of informing a broader community-based study in semi-urban and urban populations. **Methods:** A descriptive cross-sectional study was conducted among male staff aged 35 years and above from three faculties of the University of Maiduguri, Borno State, Nigeria. **Results:** A total of 110 participants were voluntarily recruited and provided informed consent. Data were collected using a structured, self-administered questionnaire and analysed descriptively. The respondents were drawn from the Faculty of Arts (66; 60%), Sciences (29; 26.4%), and Social Sciences (15; 13.6%). The most represented age group was 50–59 years (40; 36.4%). Most participants were married (99; 90.9%), with 13 having two wives and one having three wives. While 66 respondents (60%) reported some knowledge of PCa, 44 (40%) had no awareness. Only 55 participants (50%) recognised PCa as the most common male cancer, and just 18 (16.4%) were aware that the Black race is a risk factor. Furthermore, 47 respondents (42.7%) could not identify any PCa symptoms. Knowledge of screening methods was low: 23 participants (20.9%) were aware of at least one method, including PSA testing (n = 8), digital rectal examination (DRE) (n = 1), or both (n = 14). Previous screening uptake was also poor, with only 11 and 12 respondents having undergone PSA testing or DRE, respectively. Forty-nine participants (44.5%) recognised the benefits of PCa screening, with early diagnosis was cited as the most valuable (n = 24; 49%). Despite this, positive screening attitudes were limited, as only 32 respondents (29.1%) expressed willingness to undergo screening. Barriers to screening included lack of awareness of benefits (major hindrance), uncertainty about screening locations (34; 30.9%), and fear of outcomes (24; 21%). Nevertheless, willingness to undergo both PSA and DRE was high (80; 72.7%). **Conclusion:** Awareness, knowledge, and uptake of PCa screening among male staff of the University of Maiduguri are suboptimal, despite a high expressed willingness to be screened. Comprehensive awareness campaigns, emphasising the benefits and accessibility of screening, are urgently needed within the university community and the surrounding population to promote early detection and improve outcomes.

Key words: Awareness, attitude, belief, screening and prostate cancer.

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Introduction

The fifth cause of death in Africa is cancer, with prostate cancer (PCa) rated second and the most common cancer. Prostate cancer is the sixth leading cause of cancer deaths among men globally. [1,2] There is an increasing trend observed in the new cases and deaths from different cancers worldwide and especially in low-and middle-income countries due to varying factors such as lifestyle, behavioural patterns, geographic and environmental factors.[3,4] Compared to racial and ethnic groups, black men have a higher rate of morbidity and mortality and tend to develop prostate cancer earlier in life than their white counterparts.[5] The American Cancer Society estimated 174,650 new cases of prostate cancer would be diagnosed in 2019 in the United States of America and an estimated death of 31620 would occur in 2019.[6] Africa is not an exception to this global trend of high incidence and mortality of prostate cancer.[7] The causes of prostate cancer are not yet fully understood; however, it is believed that advanced age (above 50 years), positive family history of prostate cancer and an African-American ethnic background are risk factors.[6,8] Most people in developing countries present with prostate cancer at an advanced stage, now the potential benefits of prostate cancer screening may not have reached such individuals or they could have refused the screening. To control prostate cancer, screening is the hallmark and should be encouraged for early detection and prevention of its complications. It is reported that African men suffer disproportionately from PCa compared to men from other parts of the world, although it is difficult to accurately describe the burden of PCa in Africa due to poor cancer registration systems.[9] Thus, evaluating knowledge, attitudes and beliefs towards screening of prostate cancer is the hallmark for early identification and thereby the institution of interventions before the condition leads to complications.

Methods

Study Area and Population: This pilot study was conducted at the University of Maiduguri, located in Maiduguri, Borno State, Northeastern Nigeria. The university is one of the largest tertiary institutions in the region, with staff and students drawn from diverse socio-cultural backgrounds. The target population comprised male staff members aged 35 years and above from three faculties of Sciences, Arts, and Social Sciences. The College of Medical Sciences was excluded from the study because its staff were assumed to have higher baseline knowledge of prostate cancer and screening, which could potentially bias the findings. A descriptive cross-sectional design was employed between July and September 2022. The aim was to generate preliminary data on awareness, knowledge, and screening practices for prostate cancer within the university community, as a preliminary step toward a larger community-based study in semi-urban and urban populations. Purposive sampling was used to recruit participants. This approach was chosen to specifically target staff within the eligible faculties and age group who were available and willing to participate. A total of 110 staff members who met the inclusion criteria were voluntarily recruited. The study objectives were explained to each participant, and only those who provided informed consent were enrolled. Data were collected using a well-structured, self-administered questionnaire divided into four sections: demographic information such as age, marital status, faculty, knowledge assessment focusing on risk factors, symptoms, and general awareness of prostate cancer, attitude assessment exploring willingness to undergo screening and perceptions about prostate cancer and beliefs and barriers relating to screening, including reasons for refusal or delay. Completed questionnaires were checked for completeness, coded, and entered into Statistical Package for Social Sciences (SPSS) version 26 for analysis. Descriptive statistics (frequency tables, percentages, and graphs) were used to summarise variables.

Results

A total of 110 participants were enrolled for this research; majority of the participants were from the Faculty of Arts 66 (60%). The age group of 50-59 years had the highest participants 40 (36.4%) followed by the age group 40-49 years 34(30.9%). Of the total 110 participants enrolled, 66 (60%) had heard about prostate cancer, while 44 (40%) had never heard about it. Fifty five (50%) knew that prostate cancer is the commonest cancer in men while 46 (41.8%) didn't have any idea. Also, 38 (34.5%) agreed that prostate cancer can be cured and 62 (56.4) are not aware (Table 2). It is noted that 37 (33.6%) have the knowledge of difficulty in passing urine as a symptom of prostate cancer, while 47 (42.7%) have no idea of any symptom (Table 3). A total of 56 (50.9%) participants have knowledge of prostate cancer screening whereas 54 (49.1%) do not know. The majority, 25 (44.6%), of the

participants who had heard of prostate cancer screening pointed to electronic media while 12 (21.4%) stated that they got the information from doctors (Table 4a). Only 23(20.9%) participants know about the method for prostate cancer screening while 87 (79.1%) have no idea of any method of screening. Of the 23 participants, 8(34.8%) knew PSA, 1(4.3%) knew DRE while 14(60.9%) knew both methods (Table 4a). Fourteen (12.7%) believe that prostate cancer screening should be done once a year. While 78 (70.9%) don't know how many times prostate cancer screening should be done. 28 (25.5%) believe that the screening should be performed in the age group 40-49 years and 38 (34.5%) believe the screening should be done on ≥ 70 years (Table 4b). 65 (59.1%) believe that prostate cancer is a major problem in men yet their attitude towards prostate cancer screening was poor. Only 32 (29.1%) agreed to screening while 78 (70.9%) did not. About a third (34,30.9%) do not know where to go for the screening; moreover, 95 (86.5%) never had digital rectal examination and PSA tests. Although 80 (72.7%) are willing to undergo both digital rectal examination and PSA test if available (Table 5). Out of the total number of 110 participants, only 12 and 11 of them underwent digital rectal examination and PSA test, respectively (Table 6).

Table 1: Socio-demographic variables of the respondents in University of Maiduguri

Variable	Frequency (N)	Percentage (%)
Faculty		
Sciences	29	26.4
Arts	66	60.0
Social Sciences	15	13.6
Total	**110**	**100**
Age Range (Years)		
30-39	24	21.8
40-49	34	30.9
50-59	40	36.4
60-69	12	10.9
Total	**110**	**100**
Marriage Status		
Married	99	90.0
Single	10	9.1
Widowed	1	0.9
Total	**110**	**100**
Number of Wives		
One	85	85.9
Two	13	13.1
Three	1	1.0
Total	**99**	**100**

Table 2: Assessment of Knowledge of prostate cancer and risk factors among the respondents

Variables	Frequency (N)	Percentage (%)
Do you know about prostate cancer in men?		
Yes	66	60.0
No	44	40.0
Total	**110**	**100**
Cancer of the prostate is the commonest cancer in men?		
Yes	55	50.0
No	9	8.2
I don't know	46	41.8
Total	**110**	**100**
Can prostate cancer be cured?		
Yes	38	34.5
No	10	9.1
I don't know	62	56.4
Total	**110**	**100**
Do you consider a positive family history as a risk factor?		
Yes	26	23.6
No	17	15.5
I don't know	67	60.9
Total	**110**	**100**
Do you consider the black race as a risk factor?		
Yes	18	16.4
No	32	29.1
I don't know	60	54.5
Total	**110**	**100**
Do you consider advancing age as a risk factor?		
Yes	62	56.4
No	10	9.1
I don't know	38	34.5
Total	**110**	**100**

Table 3: Assessment of knowledge of prostate cancer signs and symptoms

Variables	Frequency (N)	Percentage (%)
Prostate cancer in the early stage may be asymptomatic?		
Yes	36	32.7
No	5	4.5
I don't know	69	62.7
Total	**110**	**100**
Which symptoms of prostate cancer do you know?		
Difficulty in passing urine	37	33.6
Low back pain	2	1.8
Impotence	8	7.3
Blood in the urine	8	7.3
Difficulty in passing urine and Low back pain	2	1.8
Difficulty in passing urine, Low back pain and Impotence	1	0.9
Others	5	4.5
I don't know	47	42.7
Total	**110**	**100**

Table 4a: Assessment of knowledge on prostate cancer screening

Variables	Frequency (N)	Percentage (%)
Have you ever heard of prostate cancer screening?		
Yes	56	50.9
No	54	49.1
Total	**110**	**100**
Where did you hear about the prostate cancer screening?		
Electronic media	25	44.6
Newspaper	2	3.6
Doctor	12	21.4
Nurse	2	3.6
Family and friends	7	12.5
Electronic media and Family and friends	2	3.6
Electronic media and Newspaper	1	1.8
Doctor and Family and friends	1	1.8
Electronic media and Nurse	2	3.6
Electronic media, Newspaper and Doctor	1	1.8
Electronic media, Newspaper and Nurse	1	1.8
Total	**56**	**100**
Do you know any prostate cancer screening method?		
Yes	23	20.9
No	87	79.1
Total	**110**	**100**
If yes, which one do you know?		
Blood test (PSA)	8	34.8
Digital rectal examination	1	4.3
Both Blood test (PSA) and Digital rectal examination	14	60.9
Total	**23**	**100**

Table 4b: Assessment of knowledge on prostate cancer screening

Variables	Frequency (N)	Percentage (%)
How frequently is prostate cancer screening recommended?		
Once a year	14	12.7
Twice a year	8	7.3
After every two years	8	7.3
After every five years	2	1.8
I don't know	78	70.9
Total	**110**	**100**
Do you know any benefits of prostate cancer screening?		
Yes	49	44.5
No	51	55.5
Total	**110**	**100**
If yes, what are the benefits?		
Early diagnosis	24	49.0
Reduction in morbidity and mortality	9	18.4
Both Early diagnosis and Reduction in morbidity and mortality	15	30.6
Others	1	2.0
Total	**49**	**100**

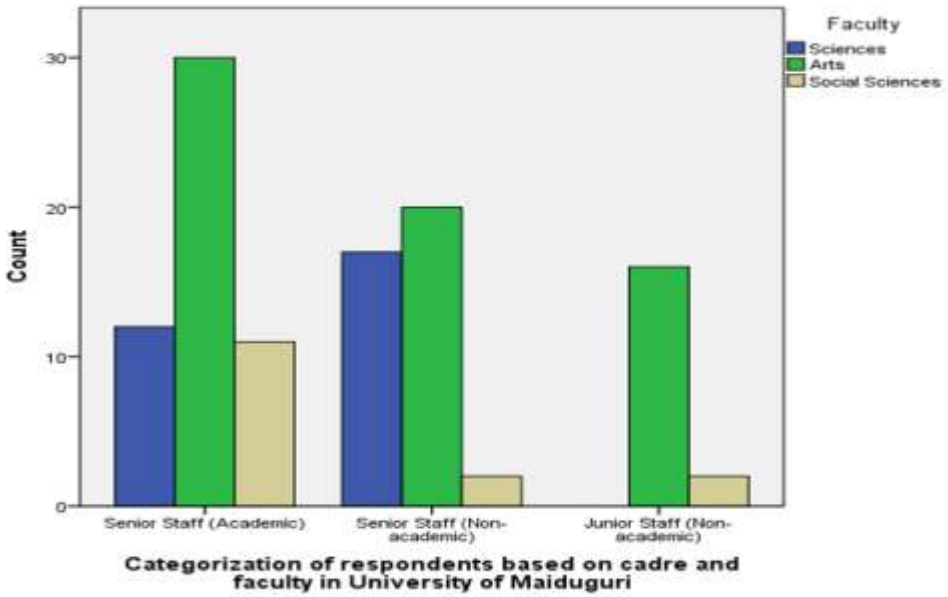
At what age are you expected to start screening for prostate cancer?		
30-39	19	17.3
40-49	28	25.5
50-59	10	9.1
60-69	5	4.5
≥70	38	34.5
I don't know	10	9.1
Total	**110**	**100**

Table 5: Assessment of attitude towards prostate cancer screening

Variables	Frequency (N)	Percentage (%)
Do you consider prostate cancer as a major problem in men?		
Yes	65	59.1
No	11	10.0
I don't know	34	30.9
Total	**110**	**100**
Have you ever considered going for prostate cancer screening?		
Yes	32	29.1
No	78	70.9
Total	**110**	**100**
Do you think only men with urinary symptoms should be screened?		
Yes	17	15.5
No	50	45.5
I don't know	43	39.1
Total	**110**	**100**
What will prevent you from doing prostate cancer screening?		
Cost	18	16.4
Fear of the outcome	24	21.8
Distance	1	0.9
Do not know where to go	34	30.9
Other reasons	8	7.3
No reasons	25	22.7
Total	**110**	**100**
Would you allow for PSA and digital rectal examination to be carried on you?		
Yes	80	72.7
No	30	27.3
Total	**110**	**100**

Table 6: Assessment of beliefs of prostate cancer screening

Variables	Frequency (N)	Percentage (%)
Have you ever been advised to undergo screening for prostate cancer?		
Yes	12	10.9
No	98	89.1
Total	**110**	**100**
Have you ever had your prostate examined by digital rectal examination?		
Yes	12	10.9
No	95	86.4
I can't remember	3	2.7
Total	**110**	**100**
If yes, what was the reason for the screening?		
Presented with symptoms	4	33.3
History of prostate cancer in the family	2	16.7
My doctor recommended	5	41.7
Presented with symptoms and My doctor recommended	1	8.3
Total	**12**	**100**
When did you do the examination?		
<1 year	2	16.7
1-2 years	3	25.0
3-5 years	2	16.7
>5 years	5	41.6
Total	**12**	**100**
Have you ever undergone PSA test?		
Yes	11	10.0
No	95	86.4
I don't remember	4	3.6
Total	**110**	**100**
When did you do the PSA test?		
<1 year	5	45.4
1-2 years	1	9.1
3-5 years	4	36.4
>5 years	1	9.1
Total	**11**	**100**



Categorization of respondents based on cadre and faculty in University of Maiduguri

Discussion

Prostate cancer remains a major public health challenge in developing countries such as Nigeria, where most men present at an advanced stage of the disease, contributing to the high mortality rates. The late presentation is largely due to the asymptomatic nature of prostate cancer in its early stages and the absence of widespread screening programmes. International guidelines, such as those of the American Urological Association (AUA) and the American Cancer Society (ACS), recommend prostate cancer screening for men aged ≥50 years and from 40–45 years in high-risk individuals, including those of African ancestry and those with a positive family history.[10,11] In this pilot study, 40% of participants had never heard about prostate cancer, and only half (55) knew it to be the most common cancer in men. Additionally, more than half (56.4%) were unaware of its potential curability. These findings indicate suboptimal awareness, although they are higher than reports from Gombe State, Nigeria, where 88.5% of participants had no knowledge of prostate cancer and Rivers State, where only 14.9% demonstrated any awareness.[12,13] Conversely, higher levels of awareness have been documented in Ogun State (39.2%) and among University of Nsukka staff, where 79.7% exhibited good perceptions of prostate cancer.[14,15] The knowledge of symptoms was poor; with only one-third (33.6%) sdifficulty in passing urine as a symptom, while 42.7% could not identify any symptom. This is comparable to a Ugandan study where only 10.3% knew any prostate cancer symptom and to a study in Abuja, Nigeria, where 75% of participants could not identify any symptoms despite 66.7% being aware of the disease.[16,17] The gap between general awareness and symptom knowledge suggests that even when men have heard of prostate cancer, their understanding is often superficial. Regarding screening awareness, 50.9% of our participants had heard of prostate cancer screening, with electronic media being the most common source (44.6%), followed by doctors (21.4%). This is similar to findings in Italy, where 79.2% of respondents learned about prevention programmes via social media, but contrasts with Zambia, where 55.4% received information from healthcare workers.[18,19] The reliance on media rather than healthcare professionals in our setting may partly explain the limited depth of knowledge. Only 20.9% of participants knew any screening method, with PSA testing being the most recognised (34.8%), followed by both PSA and DRE (60.9%), and only 4.3% knew DRE alone. This is worrying given that screening knowledge is a prerequisite for informed uptake. Although 44.5% recognised screening as beneficial—primarily for early diagnosis—34.5% believed screening should only be done in men ≥70 years, which is inconsistent with global recommendations advocating earlier screening for high-risk groups.[10,11] The attitude towards screening was generally poor, with only 29.1% expressing willingness to be screened, and 30.9% unaware of any screening centres. Alarmingly, 89.1% reported never being advised by anyone to undergo screening. Nevertheless, the high proportion (72.7%) expressing willingness to have PSA and DRE if available indicates a latent readiness that could be harnessed through targeted awareness campaigns. Similar willingness rates have been reported in Ogun State (68.8%) and Zambia (98.5%).[14,19] Screening uptake was very low in our study, with only 10.9% and 10.0% having ever undergone DRE and PSA testing, respectively. This is consistent with previous Nigerian studies that reported poor screening utilisation despite moderate to high willingness among participants.[13,14,17] The major barriers identified were lack of awareness, uncertainty about screening locations, and fear of results mirror those reported in other African studies.[16,19]

Conclusion

Accurately determining the burden of prostate cancer (PCa) in Africa remains challenging due to weak cancer registration systems and inadequate surveillance. Nonetheless, available evidence consistently shows that most African men present at advanced stages of the disease, when curative options are limited and prognosis is poor. Findings from this pilot study, conducted among university staff, a relatively educated segment of the population, revealed alarmingly low awareness and knowledge of PCa and its screening methods. This underscores that even within educated communities, significant gaps in awareness persist. Early detection through timely screening remains the cornerstone of effective PCa control, enabling curative treatment and reducing mortality. In resource-limited settings such as Nigeria, targeted, large-scale public health campaigns are urgently needed to promote prostate health awareness, educate men on risk factors and symptoms, dispel misconceptions, and increase access

to and uptake of screening services. Strengthening these efforts will be crucial in shifting the trend from late-stage diagnosis to earlier detection, thereby improving survival outcomes and quality of life for men at risk of prostate cancer.

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