

Barriers and Facilitators to Uptake of Prostate Cancer Screening in a Kenyan Rural Community

Ruth Gathoni Mbugua¹, Simon Karanja², Sherry Oluchina³

¹Mount Kenya University, College of Health Sciences, Community Health Department

²Jomo Kenyatta University of Agriculture & Technology, School of Public Health

³Jomo Kenyatta University of Agriculture & Technology, College of Health sciences, Department of Nursing Education Leadership Management & Research.

Correspondence to: Dr. Ruth Gathoni Mbugua, Mount Kenya University, rmbugua15@gmail.com

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Abstract

Background: Prostate cancer (PC) is curable with early detection, yet it remains a major public health problem globally and a leading cause of mortality among men. The objective of the study was to explore the barriers and facilitators to the uptake of prostate cancer screening among men aged 40–69 years in a rural community in Kenya. **Methods:** We utilized an explorative qualitative design and purposive sampling to select participants. Six focus group discussions (FGDs) and seven in-depth interviews were conducted among 59 men aged 40–69 years and key informants in Kiambu County, Kenya. Data was collected using a semi-structured guide and content analysis was done. **Results:** The facilitators of screening included experience of symptoms, proximity and prominence of cancer, accessibility, and advocacy. The barriers to screening included lack of knowledge, fatalistic beliefs, low risk perception, stigma, and male dominance factors. **Conclusion:** This study provides

vital information for the development of interventions to enhance shared decision-making in regard to PC screening. Capacity building of clinicians, task shifting and provision of well-coordinated affordable culturally sensitive screening services should be explored. The concerted effort among policy makers and all health care workers to overcome the stated barriers to screening is highly recommended.

Keywords: Barriers, facilitators, prostate cancer, screening, men, Kenya

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Introduction

Prostate cancer (PC) is curable with screening and early detection, yet it remains a major public health problem globally as it is among the leading causes of cancer-related mortality among men worldwide. African men suffer disproportionately from PC with higher mortality reported among men in Sub-Saharan Africa (1, 2). In Kenya, PC is ranked as the most prevalent cancer in males with 2864 new cases

(14.9%) in 2018 (3). Generally, low rates of PC screening have been reported among Black men (4, 5).

Globally, prostate specific antigen (PSA) screening remains a much debated issue with varying recommendations across countries. Nevertheless, there is a general agreement on utilization of shared decision-making in-line with the US Preventive