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Prostate Knowledge, Attitudes and Beliefs in Black College Men: A Qualitative Study

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Abstract

This qualitative study explores prostate cancer knowledge and risk in Black college men. Using the Health Belief Model as a guide, focus groups and interviews were conducted with 35 Black males at a historically black college and university. Thematic analysis was conducted and general themes were found. Results indicate that Black college males have very little knowledge and understanding of what their prostate is and what it does. They are also unaware of their risk of developing prostate cancer. Additionally, while many believe prostate cancer is severe, few believe they are susceptible to getting it. These findings suggest more work needs to be done to educate young Black males on not only their prostate and prostate cancer, but on their general health. Efforts should focus on increasing the health knowledge of younger Black males in addition to that of middle-aged and older Black males so that health disparities can decrease.

Keywords

Prostate cancer; Black men; College; Knowledge

Prostate cancer is the leading cause of cancer death in Black males at a death rate more than two times that of White men, 39.1 per 100,000 compared to 18.0 per 100,000, respectively [1]. While the incidence and mortality of prostate cancer has decreased in Black men, the disparity still needs to be addressed [2]. Even though most potential risk factors for prostate cancer, such as diet and obesity, can be changed to decrease one's risk, the risk factors of age and race cannot [3]. Because the incidence of prostate cancer is higher among Black men starting at the age of 35 with rates increasing as they get older, increasing prostate cancer knowledge in younger Black men is critical to decreasing prostate cancer rates among Black men [1].

Even though research has found a lack of knowledge or education on prostate cancer to exist for Black men and women, Black men are open to learning about cancer and other health issues if the information is relevant, accessible, and community focused [4–6]. Additionally, previous research supports male and female college students having some knowledge about the prostate; however, they very little prostate health information available to them at the high school and college level [7].

While prostate cancer research with Black men has tended to focus on middle-aged and older men, it is recommended that interventions target younger Black men on prostate cancer, their risk, screening, and talking to their physician [8–12]. Since Black men with higher education have poorer health outcomes, it is important to understand health knowledge within Black college men as a means to help reduce their risk for different health conditions as they get older [13, 14]. Furthermore, understanding prostate cancer knowledge in this group is an important measure in trying to develop interventions and programs for young Black men to decrease their risk of developing prostate cancer later in life.

The purpose of this study was to understand prostate cancer knowledge among Black college men. Using qualitative methods, Black male students from one Historically Black College and University (HBCU) were sought out to give insight to the area of prostate cancer knowledge. The following research question guided this study: What level of knowledge do Black college men have about prostate cancer?

To understand the level of prostate cancer knowledge in Black college men, the Health Belief Model (HBM) was used to help formulate questions around the different beliefs that might impact prostate cancer knowledge among this group. The HBM suggests that the likelihood of someone engaging in a certain behavior is based on their perceived susceptibility, perceived severity, perceived barriers and benefits, and cues to action [15]. For this study, perceived susceptibility and perceived severity were used to develop questions. Perceived susceptibility assesses one's belief that they are at risk for having a certain health outcome [15]. Perceived severity is one's belief in how severe a health condition would be if they got it [15].

Methods

This study employed a qualitative design consisting of focus groups and in-depth interviews. Black male students from one HBCU in the southern United States were recruited to participate in the study. Inclusion criteria for participants in the study were: (a) currently enrolled in the university being studied, (b) self-identify as African American or Black, and (c) male. Because the male population at this HBCU was a smaller group, they were recruited using their campus email. After receiving IRB approval at the university where participants were recruited from, a list of emails (without student names) for all Black male students enrolled during the fall 2015 term were obtained.

All Black male students received an email informing them that a study looking at health behaviors in Black males needed participants. In this email, participants followed a link that allowed them to select three possible focus group dates. This email was sent out three times

a week starting in October 2015 through November 2015. Participants were then emailed letting them know which date they were selected for. Participants were also sent reminders for their focus group day the day before and the day of their focus group. To obtain additional participants, two focus groups were held in January and February 2016 with participants recruited through a convenience sample.

Procedure

Focus groups were conducted by the second author. The focus groups lasted no more than 1.5 h. Because initial recruitment involved participants selecting potential focus group dates, some focus groups didn't have enough participants show up; thus, some focus groups became in-depth interviews. Focus group questions were guided by the Health Belief Model. Focus group and interview questions are listed in Table 1. Before all focus groups and interviews, informed consent was explained and signatures were obtained. Additionally, all participants completed a brief demographic questionnaire. After all focus groups and interviews were conducted, all participants received a \$50 Wal-Mart gift card. They were unaware of the amount of the gift card or that they all would receive a gift card prior to their participation.

Data Analysis

All focus groups and interviews were recorded and transcribed by the first author and a research assistant. Additionally, analysis was conducted by the first author and four research assistants. All analysis was conducted by hand using a process of chunking and coding text for themes and sub-themes based on methods used by Griffith et al. [16–21]. In the first step, each research assistant was given a transcript of a focus group or interview and asked to pull out chunks of data that related to prostate cancer risk, beliefs, or thoughts. The chunks of data had to stand on their own without the full transcript and had to explain any area mentioned above. Additionally, information such as focus group or interview number and transcript page number were also included. For the second step, data from step one was checked by having another research assistant or first author look over the document to make sure no additional data chunks were missed. The third step involved the first author combining all data chunks from steps 1 and 2 into three documents, one for prostate cancer risk, one for prostate cancer beliefs, and one for prostate cancer thoughts. For the final step, all research assistants were given the three documents with data chunks for prostate cancer risk, beliefs, and thoughts and asked to list themes that showed up. After this step, the first author reviewed all documents to look for similar themes.

Results

There were a total of 35 participants, who included 5 focus groups and 4 interviews. The number of focus group participants consisted of one group of four, three groups of six, and one group of eight. Additionally, one interview included two participants. Participants ranged in age from 18 to 34 years old with 77% between ages 18–21 (Table 2). Participants included freshmen (24%), sophomores (27%), juniors (15%), seniors (27%), and graduate

students (9%). Approximately 15% had a family history of prostate cancer including step-father (1), grandfather (3), and uncle (1).

Prostate Knowledge

Because a disparity exists for Black men and prostate cancer, it's important to understand the general knowledge Black men have about their prostate. This general prostate knowledge gives context for their understanding of prostate cancer. Therefore, participants were asked about their general prostate knowledge before they were asked about their thoughts on prostate cancer and other elements of their general health. When asked to explain what their prostate is, most of the participants were unsure of its function or location.

I know when you have prostate issues, you have an issue with frequent trips to the restroom. So I always associate it with parts of your bladder, putting pressure on your bladder. And um, I know it has to get checked at a certain age. I don't necessarily know the specifics of what the prostate is itself.

I know that it is an organ umm that only man have it, I know it has something to do with your sexual activity and so forth.

So far we haven't learned too much in ... school about the prostate or we learn what things that can happen to the prostate such as prostate cancer, when to get checked for prostate cancer. Like in black men you should get checked probably like 45 or 50 years old.

This lack of general prostate knowledge was similar among all participants including an older graduate student and a student working on a terminal health degree. These findings suggest that Black college men lack knowledge on the function and purpose of their prostate. This lack of knowledge may impact their views on prostate cancer.

Thoughts on Prostate Cancer

Responses to participants' attitudes and beliefs about prostate cancer were separated out into two constructs from the HBM, perceived susceptibility and perceived severity. Overall, perceived susceptibility for prostate cancer was low while perceived severity was high.

Perceived Susceptibility

Participants didn't believe they were at risk for prostate cancer because of their age. Thus, many didn't see prostate cancer as something they should focus on or be concerned about. However, they did feel they were at a greater risk for developing prostate cancer because they were Black men.

um, I don't know any males in my family that have had it so I'm not really thinking about it. I think you said 40 years of age, but I'm a ways from 40 so it's not really on my mind specially cause right now is like when we're in the peak of all the testosterone you know like...

To be kinda realistic about it, I didn't really think about it until like a year ago my stepfather was actually diagnosed with prostate cancer. So um, I've always known

that there are you know diseases and stuff like that that can affect me drastically. But as far as uh prostate cancer circling in on prostate cancer, that's like really hitting close to home. That's a lot more real than you know just hearing about it on tv or something like that.

Yeah it's proven that you know black people get it, black males get it more than white males. But, um I don't think young black males think about it because it's more diagnosed in older males. So I know I don't think about it so like I think about when you get older, that's when you think about it.

Many felt they could control their level of risk for prostate cancer which seemed to make them believe they weren't at risk for prostate cancer.

I feel like, I feel like if I can control getting prostate cancer. Like if it's something that I can take the necessary measures to prevent getting prostate cancer, then that's what I'll do... But I don't think someone contracting prostate cancer is random. You had to have been doing something in order for that to develop in your body. I feel like if I can control it, then you know I probably won't get it.

We're in the process of getting educated and with that education you can take those steps to make sure you don't you know. I won't say you don't get it, but you reduce the, the probability of it occurring.

Perceived Severity

While many of the participants didn't believe they were at risk for prostate cancer, they were all aware of the seriousness of prostate cancer. In fact, most of the participants' thoughts on prostate cancer were negative.

When I hear the word cancer, I just know that's that's it extreme, you know, it's extreme so that's what comes to mind when I hear it.

Death cause usually by the time it's caught like it's like well progressed...And like that generally falls among like the minority groups who don't necessarily make frequent trips to the hospital. Then when they eventually do when every things going wrong late stage prostate cancer, you got so and so months to live so I automatically associate it with like death.

I associate it with like a fear factor. Like there certain words that you know men fear among the whole men's vocabulary. Whether it come from, you know, your woman or your doctor that's like the one phrase that you don't want to hear.

Discussion

This study examined prostate cancer knowledge, attitudes, and beliefs in Black college men. This study also examined general prostate knowledge. While research has reported that over half of male and female college students have knowledge on where the prostate is located and screening tests for prostate cancer, findings from this study suggest Black college men lack general prostate knowledge [7]. This mirrors previous research where Blacks report a lack of general prostate and prostate cancer knowledge [5, 6, 22].

In addition to a lack of prostate knowledge, this study also reported that Black college men have a low perceived susceptibility or risk of getting prostate cancer. This finding is similar to other research findings that middle and older-aged Black men report being at low risk for developing prostate cancer [10, 22, 23]. Because a lack of prostate cancer risk exists among Black men of all ages, health programs should be developed that educate Black men across the life course on prostate cancer and their risk for developing prostate cancer [8–12]. As laid out in the HBM, if Black men don't believe they are at risk to develop prostate cancer, then they are less likely to modify their behavior to prevent prostate cancer or engage in screening for prostate cancer. Likewise, finding that young Black men have a lower perception of risk creates the likelihood of them having a continued decreased perception of risk as they get older. This assessment was found to be true in research stating that Black men with high values of the HBM constructs of susceptibility, severity, attitude, behavioral control, acculturation, knowledge, and cues to action had better prostate cancer detection behavior than Black men with low scores in these areas [12].

Although participants didn't believe they were at risk for prostate cancer, they did believe that prostate cancer was a serious disease that could lead to death. This fear of prostate cancer is similar to findings in other research about Black men [22]. Because there are similarities across age groups of Black men about the seriousness of prostate cancer, it can be assumed that Black men of all ages are aware of prostate cancer. However, the low perception of being at risk for prostate cancer reflects a need for programs about prostate cancer to emphasize the greater risk Black men have of developing prostate cancer.

While findings from this study are similar to research looking at prostate cancer in middle and older age Black men, limitations to the study must be noted. Because all participants came from one HBCU, the findings may not be reflective of Black men on other HBCU campuses or those at Predominately White Institutions. Black men at larger campuses may have more access to health resources and information which may increase their knowledge on different health issues and concerns facing Black men, including prostate cancer. An additional limitation of the study was the low number of participants. While the campus used for this study has a Black male enrollment of approximately 17%, this study only had participation from 7% of Black males [24]. Because the participant numbers are low, the findings may not be representative of all Black males at the campus used. Despite these limitations, this study adds to the current literature because it studied prostate cancer knowledge, attitudes, and beliefs in Black college men who are understudied in this area and it looked at general prostate knowledge.

Based on findings from this study, future research should examine why Black men under the age of 50 don't believe they are at risk for developing prostate cancer. Additionally, research should look into what messaging about prostate cancer and prostate cancer risk connect with Black men across the life course so they have a better understanding of their risk. Findings from this study can be used to develop health messaging for younger Black men (high school and college, college-age) around prostate cancer. Because this research reported that Black college men don't believe they are at risk for developing prostate cancer, Black men need to be educated before and during college about their health risk. If health professionals don't educate Black men on their risk for prostate cancer until they are in their 40s and 50s,

Black men won't be able to make changes to their lifestyle that may reduce their risk of developing prostate cancer or help them catch prostate cancer earlier. Universities should focus their health efforts around educating all college students on their potential health risk so that they can work toward making life changes at an earlier age.

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Table 1

Focus group and interview questions

Explain what your prostate is
What do you think about when you hear the phrase ‘prostate cancer’?
What do you think is your level of risk to get prostate cancer?
Do you think you’re going to get prostate cancer?

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Table 2

Demographics and characteristics of participants

Demographics and characteristics	Total (n = 34) ^a n (%)
Age	
18–21	26 (76.5)
22–34	8 (23.5)
Class rank	
Freshman	8 (23.5)
Sophomore	9 (26.5)
Junior	5 (14.7)
Senior	9 (26.5)
Graduate	3 (8.8)
Family history of prostate cancer	
Yes	5 (14.7)
No	25 (73.5)
No response	4 (11.8)

^aThere were a total of 35 participants, but demographic information was only collected for 34