KNOWLEDGE, ATTITUDES AND PRACTICE OF PROSTATE CANCER SCREENING AMONG MEN IN EGBA COMMUNITY, UHUNMWONDE LOCAL GOVERNMENT AREA OF EDO STATE

Godson Imowhio ESENE
EDU1904564

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION UNIVERSITY OF BENIN, BENIN CITY

SEPTEMBER, 2025

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UINIVERSITY OF BENIN, BENIN CITY, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE B.S.c (Ed) DEGREE IN HEALTH EDUCATION, UNIVERSITY OF BENIN.

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CERTIFICATION

We, the undersign certify that this project was carried out by **Godson Imowhio ESENE** with matriculation number EDU1904564 in partial fulfillment of the requirement of the award of Bachelor of science (B.Sc. Ed) degree in Health Education University of Benin.

DR. (MRS) O.O. EGBOCHUKU **DATE**
(SUPERVISOR)

MRS B.H. ENABULELE **DATE**
(PROJECT CO-ORDINATOR)

DR. O.H. OBASUYI **DATE**
(Ag. HEAD OF DEPARTMENT)

DEDICATION

This project is dedicated to GOD ALMIGHTY. For his unwavering love, grace and mercy towards the researcher and for enabling him to complete his bachelor's degree program.

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The successful completion of this research goes to numerous persons whom the researcher owes profound gratitude.

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ABSTRACT

This study seeks to investigate the knowledge, attitude and practices of prostate cancer screening among men in Egba Community, Uhunmwonde LGA of Edo State. Four research questions were raised to guide this study and relevant literatures related to prostate cancer were clearly discussed.

The descriptive research design was adopted for this study and random sampling technique was used to select one hundred and five (105) men in Egba community, data were collected from the 105 respondents using a closed ended questionnaire with twenty (22) items. The data collected was analyzed and interpreted using simple frequencies, percentage, mean and standard deviation.

Based on the data collected and analyzed, it was discovered that male staff in Egor local government secretariat have low knowledge of prostate cancer screening, positive attitudes towards prostate cancer screening and do not practice prostate cancer Screening. Also, from the data collected and analyzed, it is observed that factors such as distance to health facility, cultural and religious beliefs, family history of prostate cancer, fear of positive result influence male staff's knowledge, attitude and practice of prostate cancer screening. It was recommended that Intervention programs aimed at improving knowledge and attitudes towards prostate cancer screening among men should be designed to reinforce prostate cancer screening practices across the country. It was recommended that there should be sensitization of health care providers on issues related to prostate cancer screening and encourage them to have conversations with their male patients and provide information to help them decide whether to screen or not.

CHAPTER ONE

INTRODUCTION

Background of study

Prostate cancer is one of the leading causes of cancer deaths worldwide. According to the World Health Organization (WHO), prostate cancer was the third most common diagnosed malignancy in 2020 with 1,414,259 cases (7.3% of the total) and the burden of prostate cancer is further expected to grow to 1.7 million new cases and 499,000 new deaths by year 2030 , While various epidemiological data support the high incidence and mortality of this malignancy amongst the blacks, observations from developed countries such as United States of America, Australia and Canada demonstrate a decrease in prostate cancer incidence due to multi factorial reasons, but believed to be primarily linked to improved screening uptake in these populations. In contrast, there is a rising incidence with increased mortality reported in developing countries were most cancer victims are diagnosed at advanced stage (Sung, Ferlay, Siegel, Laversanne, Soerjomataram, Jemal, Global Cancer Statistics 2020). This highlights the need for increased awareness, better education and increased uptake of screening programs in these populations.

Prevalence rates of prostate cancer within Africa show that Nigeria is ranked among the countries with the highest prevalence of prostate cancer(Jemal, Fedewa, Ma, Siegel, Lin, Brawley, et al, 2015). A published data from south western Nigeria reports a hospital

prevalence rate of 182.5 per 100,000 male admissions in 2010 (Adeloye, David, Aderemi, Iseolorunkanmi, Oyedokun, Iweala, 2016). The true prevalence however in the Nigerian community is unknown.

A careful study of the disease shows that it is gradually taking a prominent position as an emerging epidemic in Nigeria (Ikuerowo, Omisanjo, Bioku, Ajala, Mordi, Esho et al, 2013). It is reportedly now the most commonly diagnosed malignancy among men with an annual age-adjusted incidence and mortality rates estimated at 22.7 and 18.6 per 100,000, respectively (Agalliu, 2015). This accounts for 18.2% and 17.7% of all cancer-related diagnoses and deaths, respectively, in men in Nigeria (Popoola, 2015). More so, given Nigeria's status as the most populous country in Africa with an estimated population of over 200 million in 2022, the rates and percentages above translate to a significant burden in absolute numbers of men affected by prostate cancer (Agalliu et al 2015).

Although the exact cause of prostate cancer is unknown, it is however associated with a number of risk factors (Enemugwem, Eze, Ejike, Asuquo, Tobin 2019). Some established risk factors include advancing age, black race, a family history of prostate cancer and certain genetic polymorphisms (American Cancer Society 2018). Asymptomatic men with prostate cancer however, can be detected via screening for prostate cancer which include measurement of serum prostate specific antigen (PSA) and digital rectal examination (DRE) (Lynch, Kosoko-Lasaki, Leslie, Rendell, Shaw,

Snyder, et al, 2016). Studies estimate that one-third of the cases of prostate cancer can be prevented and another third can be cured if detected early through screening (Nakandi, Kirabo, Semugabo, Kittengo, Kitayimbwa, Kalungi, et al, 2013).

Prostate cancer typically progresses slowly and may not cause noticeable symptoms in its early stages. Prostate cancer is the second most common cancer among men globally, with an estimated 1.4 million cases (American Cancer Society 2020). It represents a significant health concern, emphasizing the need for awareness, early detection, and effective treatment strategies.

Risk factors for prostate cancer include age, family history, and race. The likelihood of developing prostate cancer increases with age, and men with close relatives diagnosed with prostate cancer are at a higher risk. African American men have a higher incidence rate compared to men of other races. screening for prostate cancer commonly involves the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE). While these screenings can detect cancer early, they may also lead to false positives and unnecessary treatments. Balancing the benefits and risks of screening is a subject of ongoing research and medical debate. Understanding knowledge and attitudes towards prostate cancer screening is crucial for improving early detection rates and patient outcomes. By assessing public awareness and perceptions, healthcare professionals can tailor educational initiatives to address misconceptions and encourage informed decision-making (American Cancer Society 2021).

Statement of the problem

Prostate cancer have various consequences and effects on an individual's health and well-being. Advanced prostate cancer may lead to physical limitations and impact a person's ability to carry out daily activities. Prostate cancer, especially in advanced stages, can contribute to significant fatigue and weakness. The physical and emotional challenges associated with prostate cancer can affect overall quality of life. Above all, prostate cancer can lead to death if not treated.

Despite reported increasing awareness of prostate cancer among high risk population in Nigerian communities, Some barriers such as ignorance, poverty, absence of screening programs, lack of health education, inadequate diagnostic facilities and assumption that lower urinary tract symptoms are part of normal ageing process may prevent many men from early screening hence, late presentation with advanced disease . The prevalence of prostate cancer is a significant health concern, there exists a gap in understanding the knowledge, attitudes, and practice of the male population towards prostate cancer screening. It is this gap in research the researcher attempts to fill.

Research Questions.

The following research questions were raised to guide the study:

1. What is the level of knowledge of prostate cancer screening among the male population of Egba community?

2. What is the attitude towards prostate cancer screening among the male population of Egba community?
3. To what extent do the male population of Egba Community practice prostate cancer screening?
4. What are the factors affecting the utilization of prostate cancer screening among the male population of Egba community?

Purpose of the Study

The main purpose of this Study is to investigate the knowledge, attitude, and practice of prostate cancer screening among men in Egba local government area in Edo State. Specifically, the study intends to:

1. Investigate the extent to which men in Egba community practice prostate cancer screening.
2. Identify the factors affecting the utilization of prostate cancer screening among men in Egba community.

Significance of the Study

This study sought to generate useful data on the knowledge, attitude, and practice of prostate cancer screening among men in Egba community, Uhunmwonde local government area in Edo State. Therefore, the findings may be useful in several ways: The ministry of health may use the findings to increase routine prostate cancer screening among men by enlightening them on the dangers of prostate cancer, therefore assessing the knowledge, practice and

uptake of screening for prostate cancer among at-risk men remains pivotal in improving screening practices, early detection and treatment.

This study will be beneficial to the federal ministry of health of Nigeria in a variety of ways which include: Tailoring campaigns to address specific misconceptions and gaps in understanding hence, enhancing prostate cancer screening, inform the creation of educational programs that address identified knowledge gaps and attitudes, fostering positive decision-making regarding prostate cancer screening etc. This study will also be beneficial for further studies as it will inspire researchers from diverse disciplines and provide a platform for later researchers to contribute to the ongoing body of knowledge, refine methodologies, and address emerging questions in this area of public health research.

Scope and delimitation of the Study

The scope of the Study is the knowledge and attitude and practice of prostate cancer screening among men in Egba local government area of Edo state. This study is delimited to men In Egba local government area of Edo state.

Operational definition of terms

Prostate: The prostate is a small walnut-shaped gland in males that produces the seminal fluid that nourishes and transports sperm.

Cancer: A disease caused by an uncontrolled division of abnormal cells in a part of the body.

Prostate cancer: Cancer that occurs in the prostate.

Screening: A method to identify a disease in a population.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter deals with the review of relevant and related literature to the study and discussed under the following sub-headings:

- Concept of prostate cancer.
- Epidemiology of prostate cancer.
- Early detection and screening of prostate cancer
- Knowledge of prostate cancer screening
- Attitude towards prostate cancer screening
- Practice of prostate cancer screening
- Factors influencing knowledge, attitude, and practice of prostate cancer screening
- Benefits of prostate cancer screening
- Barriers to prostate cancer screening participation.
- Summary of reviewed literature.

Concepts of prostate cancer

Prostate cancer is cancer that happens within the prostate. The prostate is a small walnut-fashioned gland in adult males that produces the seminal fluid that nourishes and transports sperm. Prostate cancer is one of the most common forms of cancer. Many prostate cancers develop slowly and are restrained to the prostate gland, in which they will not cause extreme harm. However, even as a few forms of prostate cancer develop

slowly and might need minimum or maybe no treatment, different kinds are aggressive and might unfold quickly (Mayo Clinic, 2018). Prostate cancer that is early detected whilst it is nevertheless restrained to the prostate gland has the highest possibility for successful treatment. Prostate cancer develops within side the prostate, a small walnut-fashioned gland placed under the bladder and in the front of the rectum in men and those assigned male at birth (AMAB). This tiny gland secretes fluid that combines with semen, maintaining sperm healthful for conception and pregnancy. Prostate cancer is a chronic disease. Fortunately, most humans with prostate cancer get identified earlier before it spreads past their prostate gland. Treatment at this degree regularly gets rid of the cancer (American Cancer Society, 2023).

Types of prostate cancer

Prostate cancer can manifest in different types, each with distinct characteristics. Here's an overview of the types of prostate cancer according to Epstein, Egevad, Amin, Delahunt, Srigley, Humphrey, Grading Committee (2014):

1. Acinar Adenocarcinoma: The most common type, accounting for the majority of prostate cancer cases. It originates in the glandular cells of the prostate.
2. Ductal Adenocarcinoma: A rare variant characterized by the proliferation of tall columnar cells in the ductal structures of the prostate. It tends to be more aggressive than acinar adenocarcinoma.

3. Small Cell Carcinoma: An aggressive type of prostate cancer composed of small, round cells. It is less common but tends to grow rapidly.
4. Sarcomatoid Carcinoma: A rare and aggressive subtype characterized by the presence of both epithelial and mesenchymal components. It often has a poorer prognosis.
5. Transitional Cell (Urothelial) Carcinoma: Uncommon in the prostate, this type arises from the urothelial cells lining the bladder. It may involve the prostate secondarily.
6. Cribriform Carcinoma: A histologic pattern characterized by the presence of punched-out holes or glandular spaces. It may be associated with aggressive behavior.
7. Intraductal Carcinoma of the Prostate (IDC-P): A non-invasive precursor lesion found within the ducts of the prostate. It is associated with a higher risk of progression to invasive cancer.
8. Mucinous (Colloid) Carcinoma: Characterized by the presence of pools of mucin-producing cells. It is a rare variant with distinct histological features.
9. Lymphoepithelioma-Like Carcinoma: A rare subtype with prominent lymphocytic infiltration. It has features similar to nasopharyngeal lymphoepithelioma.

Understanding the different types of prostate cancer is crucial for accurate diagnosis, prognosis, and treatment planning.

Risk factors for prostate cancer

According to Centers for Disease Control and Prevention (2023), the most common risk factors for prostate cancer include:

Age

Diseases of the prostate are generally regarded because the illnesses of elderly men. Studies have demonstrated better occurrence among guys at latter stage of life regardless of race. It has been confirmed to have peak occurrence among men between the ages of forty and seventy. However, a few studies account for occurrence underneath 40 years and furthermore beyond 70 years (Hilal, 2015). Age is a famous risk factor for Prostate cancer. Recent US cancer records imply that the chance of Prostate cancer will increase from 1.8% in men 60–69 year to 9.0% in men 70 year and older for a life-time chance of 12.5% (Siegel, 2022). Autopsy research display that 40% of unscreened men older than 60 year harbor prostate cancer; this will increase to 60% in men older than eighty year. Notably, 32% of those cancers have been of International Society of Urological Pathology grade group (Zlotta et al, 2013)

Despite the overall attribution of prostate diseases to old age, a few college of notion have propounded a distinct view to this assertion. They believed that age has no impact at the pathophysiology of prostate disease however as a substitute offer the time-frame needed for factors including life-style and genetic impact to have effect at the prostate (Gyamfi, Osei, & Osabutey, 2014)

Race and ethnicity

Race includes populations that can depend on a aggregate of ancestry, pores and skin color, facial traits, and vicinity of geographic origin. Within any race, there are loads of regions of geographic origin (Wagner, Yu, Ifekwunigwe, Harrell, & Bamshad, 2017). In the US and Europe, race as used nowadays is a complicated sociopolitical construct. Contrary to famous belief, race isn't always a organic categorization associated with inherent organic traits. There is the notion of an elevated danger of prostate cancer amongst men with ancestry from northwestern sub-Saharan Africa, and it could be because of the higher incidence of some certain genetic factors (Mahal, Alshalalfa, Kensler, et al, 2020). It can also be because of environmental affects leading to irritation and next carcinogenesis (Nelson, Brawley, Isaacs, et al, 2022).

Even though Black men are at a higher risk of growing the disease, there are great statistics to reveal that once Black and White men are recognized with comparable grade and degree of prostate cancer and are dealt with similarly in equal-get admission to healthcare systems, they've equal outcomes (McKay, Sarkar, Kumar, et al, 2021). However, Black men are frequently recognized with more aggressive prostate cancer. Using the National Cancer Database, a cancer registry drawing occurrence and mortality statistics from a set of American cancer-authorized facilities, Black men with high-grade, localized prostate cancers dealt with with radical prostatectomy had 50% higher mortality than White men (Luckenbaugh et al, 2021).

Family history of prostate cancer

Family records of prostate cancer is a nicely established risk factor for prostate cancer occurrence and can additionally increase the chance of deadly types of prostate cancer. However, figuring out the affiliation between stated family records and prostate cancer risk can be challenging, given family status, recall bias, and level of screening. The risk of prostate cancer is determined by the number of stricken relatives, nearness of the relative ie, first level vs 2nd level (Clements, Vertosick, Guerrios-Rivera, et al, 2022), the relative's age at diagnosis and age at dying from prostate cancer, high-grade disease, and other cancers (eg, breast or ovarian).

Brothers and sons of men with prostate cancer have about a 2.5-fold extended hazard of being recognized with prostate cancer, and there's proof that a prostate cancer own circle of relatives records will increase the hazard of deadly sickness. A family history of high-grade or metastatic disease will increase the risk of a comparable extreme prostate cancer more than a family history of low-grade, nonmetastatic disease (Bratt, Drevin, Akre, Garmo, Stattin et al, 2016). A current systematic evaluation and meta-analysis confirmed that having a first-degree relative with breast cancer is related to a 1.2-fold extended risk of prostate cancer (Ren, Cao, Zhang, et al, 2019). Recent information from the United Kingdom Genetic Prostate Cancer Study confirmed that a more potent family history was inversely related to prostate cancer mortality, resulting from more awareness of screening and prostate cancer amongst people with a familial risk (Brook, Raghallaigh,

Govindasami, et al 2023). Other research have advised the opposite, and so the context of family history and what it portrays need to be taken into account.

Genetics.

research display that prostate cancer is more genetically heritable than other cancers, with an estimate of heritability of 58% (Mucci, Hjelmborg, Harris, et al, 2016).In a research of over 21 000 men from the United Kingdom Biobank, 1.4% carried a unprecedented pathogenic mutation in at least one of the following 3 genes: BRCA2, HOXB13, and CHEK2 (Shi, Platz, Wei, et al, 2021). While uncommon in the overall population and amongst sufferers with low-threat prostate cancer, the occurrence of germline genetic mutations in DNA restore pathways is 10–20% in sufferers with advanced prostate cancer (Shi et al, 2021).

A large percentage of the underlying heritability in prostate cancer may be defined via genetic single nucleotide polymorphisms (SNPs) (Klein, Vertosick, Sjoberg, et al, 2022). In multiethnic populations, genome-wide affiliation research in massive worldwide consortia have now proven 269 person SNPs, every of that's related to a prostate cancer danger (Siltari, Lonnerbro, Pang, et al 2023). While every SNP contributes little to a man's danger of developing prostate cancer, the additive consequences of more than one alleles are tremendous when weighted and summed into polygenic risk scores (PRSs) (Siltari et al, 2023). Indeed, a higher PRS is related to a considerably multiplied danger of incident prostate cancer of any grade (Plym, Penney, Kalia, et al, 2022).

Preventive measures for prostate cancer

Prevention and control strategies for prostate cancer involve a combination of lifestyle modifications, early detection through screening, and, in some cases, medications. According to Gilligan, Wang, Levin, Kantoff, Avorn (2004), the following are the prevention and control measures of prostate cancer:

Healthy Lifestyle:

Adopting a healthy lifestyle, including a balanced diet rich in fruits and vegetables, regular exercise, and maintaining a healthy weight, may contribute to overall prostate health. Maintaining a healthy lifestyle can contribute to reducing the risk of developing prostate cancer The lifestyle factors that are associated with a lower risk of prostate cancer include dietary choices like eating balanced diet and including antioxidants found in fruits and vegetables in meals, Engage in regular physical activity, such as brisk walking, jogging, or other forms of aerobic exercise, maintaining a healthy weight and Choosing sources of healthy fats, such as those found in nuts, seeds, and olive oil, and limit saturated fats. It's important to note that while these lifestyle factors may contribute to a healthier overall well-being and potentially lower the risk of prostate cancer, individual risk varies, and other factors such as genetics also play a role.

Risk Factor Awareness

Understanding and addressing specific risk factors, such as family history, age, and race, can help individuals and healthcare professionals tailor preventive strategies. Risk factor

awareness plays a crucial role in preventing prostate cancer by empowering individuals to make informed decisions about their lifestyle and healthcare.

However, Public Health Initiatives is another tool that can be used to increase risk factor awareness. Awareness campaigns, educational programs, and outreach efforts can disseminate information about prostate cancer risk factors to the general public, promoting proactive health behaviors.

Chemo prevention

Chemoprevention refers to the use of specific drugs, vitamins, or other agents to intervene in the process of prostate cancer development and reduce the risk of cancer. While there is ongoing research in this area, it's important to note that not all chemopreventive strategies are universally recommended, and their effectiveness can vary. Drugs such as finasteride and dutasteride are 5-ARI drugs that are used to treat benign prostatic hyperplasia (BPH) but have also shown promise in reducing the risk of prostate cancer.

However, Chemo prevention, or the use of drugs to prevent cancer, is not a common approach for prostate cancer. Instead, strategies often focus on lifestyle changes, regular screenings, and medications like finasteride or dutasteride. Consult with a healthcare professional to discuss personalized options and potential risks and benefits based on individual health factors

Shared Decision-Making:

Shared decision making involves open communication between healthcare providers and patients to collaboratively make informed choices about healthcare options. While shared decision making itself may not directly prevent prostate cancer, it can impact preventive strategies and screening decisions. Engaging in shared decision-making with healthcare providers involves discussions about the benefits and risks of screening and treatment options, allowing individuals to make informed choices.

Furthermore, Shared decision making allows individuals to understand the potential benefits and risks of prostate cancer screening, such as the PSA test. Patients can discuss their preferences, values, and concerns with healthcare providers to make an informed decision on whether to undergo screening.

Additionally, Healthcare providers can engage in discussions with patients about their individual risk factors for prostate cancer. Understanding personal risk factors enables individuals to participate in decisions regarding the frequency and type of screenings they may need.

However, Shared decision making includes conversations about lifestyle factors that may influence prostate cancer risk. Patients can actively discuss and receive guidance on dietary habits, exercise, and other lifestyle choices that could contribute to overall health and potentially reduce cancer risk.

Lastly, Shared decision making involves planning for long-term follow-up and monitoring, taking into account individual preferences and concerns. This collaborative approach ensures that individuals are actively involved in their healthcare decisions throughout the prevention and management process.

Clinical Trials Participation

Participation in clinical trials contributes to ongoing research aimed at developing better prevention and treatment strategies for prostate cancer. Participation in clinical trials for prostate cancer does not directly prevent the disease, but it contributes significantly to advancing scientific knowledge, improving treatments, and potentially identifying more effective preventive strategies. While participation in clinical trials is crucial for advancing medical knowledge, individuals considering involvement should thoroughly discuss the potential risks and benefits with their healthcare providers. It's essential to ensure that participation aligns with individual health goals and values. Additionally, clinical trials typically have specific eligibility criteria, so not everyone may be eligible to participate.

Signs and symptoms of prostate cancer

Prostate cancer often develops without causing noticeable symptoms in its early stages. However, as the cancer progresses, certain signs and symptoms may become apparent. According to American Cancer society (2023), the following are the signs and symptoms of prostate cancer:

1. Urinary Changes:

- Difficulty starting or stopping the urine flow.
- Weak or interrupted urine flow.
- Frequent urination, especially at night.
- Urgency to urinate.

2. Blood in the Urine or Semen: Presence of blood in the urine or semen may be a sign of prostate-related issues, including prostate cancer.
3. Pelvic Discomfort: Discomfort or pain in the pelvic area, lower back, hips, or thighs may occur, especially if the cancer has spread beyond the prostate.
4. Erectile Dysfunction: Difficulty achieving or maintaining an erection may be associated with advanced prostate cancer.
5. Weight Loss as health conditions, including advanced prostate cancer.
6. Bone Pain: Advanced prostate cancer that has spread to the bones may cause bone pain, especially in the hips, spine, and pelvis.
7. Neurological Symptoms: In rare cases where the cancer has spread to the spinal cord, individuals may experience weakness or numbness in the legs and feet.

Epidemiology of prostrate cancer

Based on GLOBOCAN 2018 estimates, we have evaluated worldwide prostate cancer incidence and mortality rates, as well as analyzed incidence and mortality, temporal trends and survival rates.

Incidence

The incidence rate of prostate cancer varies throughout the areas and populations (Ferlay, Lam, Colombet, Mery, Pineros, Znaor, Soerjomataram, 2019). In 2018, 1,276,106 new cases of prostate cancer had been registered worldwide, representing 7.1% of all cancers in men (Bray, Ferlay, Soerjomataram, Siegel, Torre, Jemal. Global most cancers statistics, 2018). Prostate cancer incidence rates are noticeably variable worldwide. The age-standardized rate (ASR) was highest in Oceania (79.1 per 100,000 people) and North America (73.7), accompanied by Europe (62.1). Conversely, Africa and Asia have incidence rates which are lower than the ones from advanced countries (26.6 and 11.5, respectively), (Ferlay et al, 2019). Differences in incidence rates were 190-fold among the populations at higher rates (France, Guadeloupe, 189.1), and the populations with the lowest rate. Prostate cancer occurrence will increase with age.. Although only 1 in 350 men below the age of fifty years can be identified with prostate cancer (Perdana, Mochtar, Umbas, Hamid, 2016), the incidence rate increases up to one in each fifty two men for ages 50 to 59 years. The incidence rate is almost 60% in men over the age of sixty five years (SEER Cancer Statistics Review, 2019). In Europe, prostate cancer is the most often identified cancer amongst men, accounting for 24% of all new cancers in 2018, with about 450,000 new prostate cancer cases predicted in 2018 (European Commission, 2015). While in the USA, prostate cancer is the second most common cancer accounting for 9.5% of all new cancer cases (164,690 new cases of prostate cancer) recorded in 2018

(SEER, 2018). According to recently performed studies, about 20-40% of the prostate cancer cases in USA and Europe ciuld be because of overdiagnosis via lengthy PSA testing (Draisma, Etzioni, Tsodikov, Mariotto, Wever, Gulati, Feuer , de Koning, 2009).

Research has proven that African-American men have the highest occurrence of prostate cancer globally and much more likely to develop the disease earlier in existence when in comparison to different racial and ethnic groups (Kheirandish, Chinegwundoh, 2011). This is mirrored in data not only for African-American men, but likewise for Caribbeans, and Black men in Europe, suggesting that they own a similar genetic history extra susceptible to the development of the cancer. Of note, (Chu, Ritchey, Devesa, Quraishi, Zhang, Hsing , 2011) mentioned that incidence rates of prostate cancer had been as plenty as forty times higher amongst African-American men than the ones in Africa. These variations recommend that environmental factors additionally play an crucial role in the etiology of the prostate cancer and differences in incidence may be because of under-diagnosis, variations in the screening techniques and disparities in healthcare access.

Mortality

International mortality rates for prostate cancer vary drastically worldwide (Ferlay et al 2019) . In 2018, the highest mortality rates were recorded in Central America (10.7 per 100,000 people), accompanied by Australia and New Zealand (10.2) and Western Europe

(10.1) (Lam et al, 2019). The lowest rate was recorded in the nations of Asia (South-Central, 3.3; Eastern, 4.7 and South-Eastern, 5.4) and Northern Africa (5.8). One-third of the deaths for prostate cancer came about in Asia (33.0%, 118,427 of deaths), followed by Europe (29.9%, 107,315 of deaths). The mortality rate of prostate cancer increases with age, and nearly 55% of all deaths occur after sixty five years of age (Colombet et al 2019).

US Preventive Task Force (USPSTF, 2018) has stated that there's a potential gain of lowering deaths from prostate cancer in men aged 55-69 years with PSA screening (Force USPST, Grossman, Curry, Owens, Bibbins-Domingo, Caughey, Davidson, 2018). However, for men above 70 years of age for all races, the data are much less convincing (Negoita, Feuer, Mariotto, Cronin, Petkov, Hussey, & Benard 2018).

Early detection and screening of prostate cancer

Recent research have proven that lower rates of prostate cancer incidence and mortality in numerous developed nations due to enormous use of Prostate Specific Antigen (PSA) testing to detect prostate cancer (WHO, 2021).However, overdiagnosis and overtreatment continue to be a problem that needs to be addressed. A extra careful patient selection for prostate cancer screening is needed to enhance the gain to damage ratio (Rawla, 2019). PSA testing is the most dependable biomarker for early detection, staging, and treatment tracking of prostate cancer. (Van Poppel, 2020).

According to American Cancer Society 2021, PSA testing is usually recommended to average risk men aged more than 50 years. Several research have pronounced low rates of prostate cancer screening in Jordan because of lack of awareness about screening and early disease detection (American Cancer Society 2021). Although governmental help for enforcing a country wide strategy for cancer control became one of the Ministry of Health strategic objectives for control of non-communicable diseases together with cancer, Jordan does not have a country wide cancer control plan (Abuadas et al, 2015).

Although all healthcare experts could contribute to prostate cancers awareness, physicians have an crucial position in enhancing prostate cancer understanding and screening desires amongst their patients (Abdel-Razeq, Attiga, Mansour, 2015).

Knowledge of prostate cancer screening

In a study carried out by Enemugwem, Eze, Ejike, et al (2019) in Obio Akpor LGA, Rivers State, Nigeria it was discovered that the knowledge of prostate cancer and prostate cancer screening was poor among men in Obio Akpor Local Government Area, Rivers State. In another study carried out by Adewoye, Aremu, Adegbiji, & Achebe, (2023) in Ido-Ekiti, Ekiti State, Nigeria it was discovered that Despite the high level of awareness of prostate cancer disease among the respondents, the majority have poor knowledge of the disease and the screening test.

Another study carried out by Fidelis et al, (2019) in Dar Es Salaam, Tanzania showed that the level of knowledge about prostate cancer and screening services is alarmingly

low among men in Dar es Salaam. A study carried out by Mariam et al (2023) in southwest Tanzania discovered that while most men in the study area had a basic understanding of prostate cancer, only a small percentage had a favourable knowledge of prostate cancer screening. A study carried out by Gift, Nancy & Victor in (2020) on the knowledge, practice and attitude towards prostate cancer screening among male patients aged 40 years and above at Kitwe Teaching Hospital, Zambia revealed that there was low Knowledge of prostate cancer screening among male patients

A study carried out by Mirone, et al, (2017) on Knowledge, attitudes, and practices towards prostate cancer screening amongst men living in the southern Italian peninsula showed that the respondents had high knowledge of prostate cancer screening. Furthermore, a study carried out by Morlando et al, (2017) revealed that 72.7% of respondents had heard about the PSA-test and 51.1% of those had heard about it through their physicians. This knowledge was higher: in men with older age, in those that had a higher level of education, in those who had a relative with prostrate problems or prostate cancer and in those with prostate problems.

Attitude towards prostate cancer screening

In a study carried by Uzoamaka Valerie Ugochukwu et al (2019) in an urban area in Lagos State, Nigeria, it was discovered that although the knowledge of prostate cancer screening among the men were poor, they expressed positive attitudes towards screening,

Their willingness to go through with the screening was however subject to certain conditions like subsidized costs and a preference for examinations by male physicians.

In another study carried out by Ernest (2017) in Bamenda, Cameroon, it was found out that Despite the low levels of awareness of the two main screening methods for prostate cancer a majority of participants expressed a favorable attitude towards screening. Significant factors influencing screening among men in Bamenda were age, income, and awareness of the PSA tests.

Another study carried out by Onyeodi (2022) in an Urban Community in Lagos, Nigeria revealed that Although knowledge of prostate cancer was poor, attitude to prostate cancer screening was majorly positive. Additionally, A study carried out by Gift et al, (2020) on the Assessment of knowledge, practice and attitude towards prostate cancer screening among male patients aged 40 years and above at Kitwe Teaching Hospital, Zambia, the respondents had positive attitude towards prostate cancer screening.

Practice of prostate cancer screening

In a study carried out by Mariam et al (2023) in southwest Tanzania it was discovered tha although there was low positive perception of prostate cancer screening among men in the study area, majority expressed willingness to be screened in the future. The study carried out by Nakanda et al (2013) in Uganda revealed poor knowledge about prostate cancer and a low uptake of prostate cancer screening among Ugandan men.

A study carried out by Anderson, Wallace, Aung, & Jolly, (2016) in western Jamaica revealed that a substantial majority of men 40 years and older had never been screened for prostate cancer. A study carried out by Gift et al, (2020) on the Assessment of knowledge, practice and attitude towards prostate cancer screening among male patients aged 40 years and above at Kitwe Teaching Hospital, Zambia, the respondents had low prostate cancer screening practice.

Additionally, a Systematic Review and Meta-Analysis carried out by Rao, Dkhar, Sharath, Kadavigere , & Pradhan in 2023 revealed that there is a high level of knowledge and awareness about prostatic cancer according to the study. However, participants showed low screening practices in prostate cancer prevention, as well as a low ability to identify the risk factors and determine when prostate cancer is more likely to occur. In addition, all socio-demographic factors were strongly related to cancer screening practices.

Factors influencing knowledge, attitude and practice of prostate cancer screening

Several factors influence knowledge and attitudes towards prostate cancer screening. These factors encompass individual, socio-demographic, and healthcare-related aspects. Based in a study carried out by Sarma, Barmon, Kharlukhi, Bhuyan (2019) on the Knowledge, attitude, and practices regarding prostate cancer screening. The factors influencing knowledge, attitude and practice of prostate cancer screening are:

Education Level

Higher levels of education are associated with better knowledge and more positive attitudes towards prostate cancer screening. Higher educational levels are often associated with increased health literacy. Individuals with more education tend to have better access to information and resources, leading to greater awareness of health issues, including prostate cancer. Educated individuals may be more likely to seek and understand information about prostate cancer screening (Loeb, Sengupta, Butaney, Macaluso, & Byrne, 2019).

Health Literacy

Health literacy involves the ability to comprehend health information. Individuals with higher health literacy are better equipped to understand the purpose, benefits, and potential risks of prostate cancer screening. Individuals with higher health literacy levels tend to have better understanding and more positive attitudes towards preventive health measures, including cancer screening. Health-literate individuals are more likely to seek out reliable information from different sources. They can critically evaluate the credibility of health information, making informed decisions about whether or not to undergo prostate cancer screening (Abdel-Rahman, Cheung, Lee, Al-Obeed, Saad, Su, & Tang, 2021)

Age

Tran and McPherson (2021) conducted a systematic review to examine the knowledge, attitudes, and practices of prostate cancer screening among older men. The study synthesizes recent literature to explore how age influences individuals' understanding of prostate cancer, their perceptions towards screening, and their engagement in screening practices.The findings of this systematic review indicate that older men often possess varying levels of knowledge about prostate cancer screening, with younger older adults demonstrating higher levels of awareness compared to older age groups. Attitudes towards screening also tend to vary among different age cohorts, with some older men expressing reluctance or skepticism towards screening due to perceived risks or discomfort associated with screening procedures. In terms of practice, the review suggests that older age may be associated with decreased participation in prostate cancer screening programs, particularly among individuals with comorbidities or advanced age-related concerns.

Healthcare Access

Access to healthcare services and information influences knowledge and attitudes. Lack of access may result in lower awareness and less positive attitudes towards screening.Access to healthcare facilities provides individuals with the opportunity to receive information about preventive screenings, including prostate cancer screening. Knowledge is often disseminated during routine check-ups or through healthcare

professionals. Limited healthcare access due to financial constraints can hinder knowledge and attitudes towards prostate cancer screening. Individuals facing economic challenges may be less aware of screening options or less likely to prioritize preventive healthcare.

Efforts to improve healthcare access, reduce financial barriers, and enhance outreach programs can contribute to increased knowledge and positive attitudes towards prostate cancer screening. Comprehensive healthcare policies and community initiatives play a vital role in ensuring that individuals have equitable access to information and services for preventive healthcare measures (Wheeler, Reeder-Hayes, & Carey, 2021)

Personal and Family History

Individuals with a family history of prostate cancer or personal experiences with cancer may have different attitudes and knowledge compared to those without such histories. Individuals with a personal history of health issues, especially those related to the prostate, may be more attuned to the importance of preventive measures like screenings. Past health experiences can influence attitudes toward proactive health management. Individuals with a family history of prostate cancer, particularly among close relatives like mothers or brothers, may be more aware of their increased risk. This heightened awareness can positively influence attitudes towards regular screenings for early detection. Understanding one's personal and family health history is crucial for making informed decisions about preventive measures like prostate cancer screening. Healthcare

providers can play a key role in guiding individuals based on their unique risk factors and addressing concerns or misconceptions related to personal and family history (O'Neill, Herlihy, & Balanda, 2021).

Fear and Stigma:

Fear of the screening procedure or fear of a potential cancer diagnosis, as well as stigma associated with discussing prostate health, can impact attitudes. Fear of the unknown, including uncertainty about the screening process, potential results, or the consequences of a prostate cancer diagnosis, can discourage individuals from seeking information or undergoing screenings. Concerns about pain or discomfort during prostate cancer screenings, such as the digital rectal exam (DRE) or prostate-specific antigen (PSA) blood test, can create anxiety and lead to avoidance of screenings.

Stigma surrounding discussions of intimate health issues, like those related to the prostate, can discourage individuals from seeking information or oooopenly discussing screening. Cultural or societal norms may contribute to feelings of embarrassment or shame (Scales & Odisho, 2020)

Benefits of prostate cancer screening

Prostate cancer screening, which often involves a prostate-specific antigen (PSA) blood test and a digital rectal exam (DRE), aims to detect prostate cancer at an early, potentially more treatable stage. However, the benefits of screening are a subject of ongoing debate due to concerns about overdiagnosis and overtreatment.

U.S. Preventive Services Task Force (USPSTF) (2018) gave the benefits of prostate cancer screening which include:

Early Detection of Aggressive Cancers

Screening may identify aggressive prostate cancers at an early stage, allowing for timely intervention and potentially improving treatment outcomes. Early detection allows for timely intervention and treatment. Identifying aggressive prostate cancer in its early stages provides an opportunity for prompt medical attention and appropriate therapeutic strategies.

Reduced Mortality from Prostate Cancer

Some studies suggest that PSA screening is associated with a reduction in prostate cancer mortality, particularly for men at higher risk. Population-wide prostate cancer screening has the potential to contribute to long-term reductions in prostate cancer mortality rates. As more individuals are screened and receive timely treatment, the overall impact on mortality trends can be substantial.

Individualized Decision-Making

Prostate cancer screening provides information that allows for individualized decision-making regarding further diagnostic tests and treatment options. Individualized decision-making helps mitigate the risk of overtreatment by considering the unique characteristics of each case. This approach avoids unnecessary interventions for slow-growing or low-risk prostate cancers.

Active Surveillance for Low-Risk Cases

Early detection may lead to active surveillance rather than immediate aggressive treatment for low-risk prostate cancers, reducing the risk of overtreatment. Active surveillance involves monitoring low-risk prostate cancers without immediate aggressive treatment. This approach helps avoid unnecessary interventions, such as surgery or radiation, which may carry risks of side effects.

Shared Decision-Making

Screening facilitates shared decision-making between patients and healthcare providers, allowing for discussions about the potential benefits and risks of further evaluation and treatment. Shared decision-making provides a platform for individuals to express their concerns, fears, or misconceptions related to prostate cancer screening. Healthcare providers can address these concerns and provide reassurance or additional information.

Increased Treatment Options

Detecting prostate cancer early may offer a wider range of treatment options, potentially minimizing the need for more aggressive interventions. Detecting aggressive prostate cancer early often presents a wider range of treatment options. These may include surgery, radiation therapy, hormone therapy, or a combination of approaches. Early intervention improves the likelihood of successful treatment outcomes.

Barriers to prostate cancer screening participation

Prostate cancer screening participation can be influenced by various factors which include cultural, individual and healthcare-related factors. According to Rendle, Weiss, Dror, Linos, Kamenova, Covinsky (2019), the barriers to prostate cancer screening participation are:

Lack of Knowledge:

Limited awareness and knowledge about prostate cancer and the importance of screening may hinder participation. Individuals with limited knowledge about risk factors for prostate cancer may not recognize their own susceptibility to the disease. This lack of awareness can lead to a false sense of low risk and a reduced motivation to undergo screenings.

Cultural Beliefs and Stigma:

Cultural beliefs, misconceptions, and stigma surrounding cancer screening can influence participation rates. Cultural taboos surrounding discussions about intimate health issues, including those related to the prostate, may lead to silence and avoidance. People may feel uncomfortable seeking information or discussing screening openly.

Stigma associated with health issues, particularly cancer, can create fear of judgment from family, peers, or the community. Individuals may hesitate to engage in screenings due to concerns about being perceived negatively or facing social isolation.

Access to Healthcare

Limited access to healthcare services, including financial barriers, and transportation issues, can impede screening participation. Unaffordable healthcare costs, including out-of-pocket expenses for screenings, can deter individuals from seeking preventive services. Lack of health insurance or high deductibles may limit access to screenings.

Limited access to reliable transportation can hinder individuals from reaching healthcare facilities for screenings. This barrier is particularly significant for those who live in areas with inadequate public transportation.

Provider Communication

Poor communication between healthcare providers and patients, including a lack of clear information about screening benefits and risks, can impact participation. Ineffective communication by healthcare providers that fails to provide clear and understandable information about prostate cancer and the screening process can discourage individuals from participating.

Providers who do not adequately explain the benefits and potential risks of prostate cancer screening may leave individuals feeling uncertain or anxious. Lack of information about the purpose and implications of screenings can be a deterrent.

Health Literacy

Low health literacy levels may hinder understanding of screening information and the ability to make informed decisions. Individuals with low health literacy may struggle to understand information about prostate cancer, including the purpose of screenings,

potential risks, and the importance of early detection. This lack of understanding can lead to reluctance to participate.

Addressing health literacy barriers involves implementing targeted health education programs that use plain language, visual aids, and culturally appropriate materials. Healthcare providers can play a crucial role in simplifying complex information, encouraging open communication, and ensuring that individuals with varying levels of health literacy can make informed decisions about their health, including participation in prostate cancer screenings.

Socioeconomic Status

Individuals with lower socioeconomic status may face additional barriers related to healthcare access and competing priorities.Individuals with lower socioeconomic status may face financial challenges, including limited access to health insurance or high costs. The cost of prostate cancer screenings can act as a significant barrier for those with financial constraints.

Addressing socioeconomic barriers involves implementing policies and interventions that promote health equity. This includes expanding access to affordable healthcare, reducing financial barriers, improving transportation options, and implementing community-based outreach programs.

Summary of reviewed literature

In this section, the researcher reviewed literature and brought to light some of the concepts related to prostate cancer. This ranges from the types of prostate cancer, risks factors for prostate cancer, preventive measures for prostate cancer, and the signs and symptoms of prostate cancer. Prostate cancer screening play a major role in curbing prostate cancer mortality as it makes early detection of prostate cancer possible therefore preventing it from worsening.

The potential benefits of prostate cancer screening which includes early detection of aggressive cancers, reduced mortality from prostate cancer, individualized decision making among other benefits (U.S. Preventive Services Task Force USPSTF, 2018) should be considered alongside the risks, including false-positive results, over-diagnosis, and the potential for unnecessary treatments with associated side effects. This decision to undergo this screening should be based on discussion between the individual and the health care providers taking into consideration the risk factors, preferences and the health status of the individual.

Despite the advancement of world medicine, there are some factors influencing knowledge and attitude towards prostate cancer screening that are affecting majority of the population at risk which are cultural beliefs and values, personal and family history, health care access, educational level, healthcare access among others (Sarma et al 2019). There are some countries where citizens have access to health care services, the citizens

of such countries would have a higher participation rate of prostate cancer screening unlike other countries, especially in developing and underdeveloped countries where citizens have little or no access to health care services. Educational level also plays a crucial role in influencing the knowledge and attitude towards prostate cancer screening.

CHAPTER THREE

METHODOLOGY

This chapter describes the method and procedure used by the researcher in conducting the study. It is presented under the following subheadings:

- Design of the Study
- Population of the Study
- Sample/Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability ofthe Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

The Descriptive Survey research design was adopted for this study: according to Omoroguiwa (2006), Descriptive survey research design is one in which a group of people or term is studied by collecting data from only a few people or item considered to be representative of the entire group. The descriptive survey research design is interested in

the accurate assessment of the characteristic of the entire population through the study of a sample considered to be representatives of the population.

Population of Study

The population of the study is one thousand and fifty (1050). Which comprises of men in Egba Community (Uhunmwonde LGA, 2024).

Sample and Sampling Technique

The sample size for this study is one hundred and five (105) men representing 10% of the study population. The simple random sampling technique was used to select respondents for this study.

Research Instrument

The Instrument for this study is the questionnaire of 22 items used to elicit information from respondents. The questionnaire was divided into two sections. Section A and B. Section A covered demographic data of the respondents while section B consisted of items related to the research questions. A four point scoring scale drawn along the modified Likert summated rating scale for measurement and multiple choice items was adopted.

Validity of the Instrument

The content validity of the instrument was established by the Supervisor and two experts from the Department of Health, Safety and Environmental Education, university of Benin. Their inputs and correcting in terms of clarity and appropriateness of language was used to develop the final draft.

Reliability of the Instrument

To determine the reliability of the instrument, the test-retest method of establishing the reliability of an instrument was used. Consequently, the constructed instrument was administered on a group of twenty (20) male staffs within an interval of two weeks. The correlation of the response was determined using the Pearson's Product Moment Correlation.

Method of Data Collection

The researcher personally administered the instrument to the respondents. The questionnaire was completed by the respondents and personally retrieved by the researcher.

Method of Data Analysis

The method employed in the analysis of the data collected for the study was the frequency and simple percentage. Tables were also used for easy calculation and interpretation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

This chapters deals with the presentation, analysis and interpretation of findings based on the data collected from respondents in relation to the research questions guiding the study.

Four research questions were raised to guide the study. Out of these research questions, twenty-two items were generated and presented in a questionnaire form and it was administered to 105 men for their response. The results of the respondents are carefully analyzed and presented in the following tables below.

Question 1: What is the level of Knowledge of prostate cancer screening among men in Egba Community of Uhunmwonde LGA of Edo State?

Table 1: The level of knowledge of prostate cancer screening among men in Egba community

S/N	Level of knowledge	Frequency & Percentage	Total
1.	0-3 (Low knowledge)	66 (62.9%)	100%
2.	4-7 (High Knowledge)	39 (37.1%)	100%

From table 1 above 62.9% of the total respondents possess low knowledge of prostate cancer screening while 37.1% of the total respondents possess high knowledge of prostate cancer screening.

Based on the table above, it was therefore found out that majority of respondents possess low knowledge of prostate cancer screening.

Question 2: What are the attitudes towards prostate cancer screening among Egba community of Uhunmwonde LGA of Edo State?

Table 2: Attitudes towards prostate cancer screening among in Egba Community

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	MEAN	DECISION
1	I believe that prostate cancer screening is important for detection and early treatment	72 68.6 %	33 31.4 %	0 0%	0 0%	3.69	ACCEPTED
2	I feel anxious or nervous about the idea of undergoing prostate cancer screening (e.g.,PSA test or digital rectal exam).	17 16.2 %	46 43.8 %	40 38.1 %	2 1.9%	2.74	ACCEPTED
3	I trust my healthcare provider's recommendations regarding prostate cancer screening	37 35.2 %	65 61.9 %	03 2.9%	0 0%	3.32	ACCEPTED
4	I am concerned about the potential side effects or risks associated with prostate cancer screening tests	33 31.4 %	63 60%	09 8.6%	0 0%	3.23	ACCEPTED
5	I believe that prostate cancer screening can help save lives	85 81%	20 19%	0 0%	0 0%	3.81	ACCEPTED
	CLUSTER MEAN					**3.36**	

Table 2 above revealed that the cluster mean is 3.36.

On the statement, if prostate cancer screening can help save lives, respondents accepted that prostate cancer screening can help save lives with a mean of 3.81. On the statement, if they feel anxious or nervous about the idea of undergoing prostate cancer screening, respondents accepted that they feel anxious or nervous about the idea of undergoing prostate cancer screening.

Question 3: To what extent do men in Egba Community practice prostate cancer screening?

Table 3: Extent to which men in Egba community practice prostate cancer screening

S/N	ITEMS	SOMETIMES (%)	ALWAYS (%)	NEVER (%)	TOTAL (%)
1	I undergo prostate cancer screening tests as recommended by my healthcare provider	39 (37.1%)	17 (16.2%)	49 (46.7%)	105 (100%)
2	I discuss prostate cancer screening with my healthcare provider during routine check-ups	36 (34.3%)	17 (16.2%)	52 (49.5%)	105 (100%)
3	I have participated in prostate cancer screening programs or initiatives offered by healthcare organizations or community clinics	16 (15.3%)	12 (11.4%)	77 (73.3%)	105 (100%)
4	I have actively sought information about prostate cancer screening from reliable sources	64 (60.9%)	11 (10.5%)	30 (28.6%)	105 (100%)
5	I actively monitor my own health and seek out opportunities for prostate cancer screening	55 (52.4%)	15 (14.3%)	35 (33.3%)	105 (100%)

Data on Table 3 on the extent to which men in Egba community practice prostate cancer screening showed that, majority of the respondents 49(46.7%) have never undergone prostate cancer screening test as recommended by their healthcare providers. majority of the respondents 52 (49.5%) have never discussed prostate cancer screening with their healthcare providers during routine check-ups. majority of respondents 77(73.3%) have never participated in prostate cancer screening programs or initiatives offered by healthcare providers or community clinics. majority of the respondents 64(60%) agree that they actively seek information about prostate cancer screening from reliable sources sometimes. majority of the respondents 55(52.4%) agree that they actively monitor their own health and seek out opportunities for prostate cancer screening.

Question 4: What are the factors affecting the utilization of prostate cancer screening among men in Egba community, Uhunmwonde LGA of Edo State?

Table 4: Factors affecting the utilization of prostate cancer screening

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	MEAN	DECISION
1.	Lack of awareness about prostate cancer and its screening methods affect utilization of prostate cancer screening.	51 48.6 %	53 50.5%	1 0.9 %	0 0%	3.48	ACCEPTED
2	Perceived stigma or embarrassment associated with prostate cancer screening influence utilization of prostate cancer screening	40 38.1 %	57 54.3 %	7 6.7 %	1 0.9%	3.30	ACCEPTED

3.	Age of individuals affects utilization of prostate cancer screening.	49 46.7 %	41 39.0 %	14 13%	1 1%	3.31	ACCEPTED
4.	Socioeconomic factors such as income and access to healthcare services influence the utilization of prostate cancer screening	43 41%	57 54.2 %	5 4.8 %	0 0%	3.36	ACCEPTED
5.	Influence of family members or friends who have undergone prostate cancer Screening affects utilization of prostate cancer screening.	56 53.3 %	40 38.1 %	9 8.6 %	0 0%	3.45	ACCEPTED
	CLUSTER MEAN					**3.38**	

Table 4 above revealed that the cluster mean is 3.38.

On the statement, if lack of awareness about prostate cancer and it's screening methods affect utilization of prostate cancer Screening, respondents accepted that lack of awareness about prostate cancer and it's screening methods affect utilization of prostate cancer screening with a mean of 3.48. On the statement, if perceived stigma or embarrassment associated with prostate cancer screening influence utilization of prostate cancer screening, respondents accepted that perceived stigma or embarrassment associated with prostate cancer screening influence their utilization of prostate cancer screening.

Discussion of Findings

On the level of knowledge of prostate cancer screening, majority of the respondents had low knowledge of prostate cancer screening. This study was corroborated by Adewoye, Aremu, Adegbiji, and Achebe, (2023) which revealed that Despite the high level of

awareness of prostate cancer disease among the respondents, the majority have poor knowledge of the disease and the screening test. The findings show that while the majority of men had heard of prostate cancer, only a small number had knowledge of prostate cancer screening. On another study carried out by Enemugwem, Eze, Ejike, et al, (2019) it was discovered that the knowledge of prostate cancer and prostate cancer screening was poor. These studies were contrasted by Morlando et al, (2017) whose study revealed that respondents had high knowledge of prostate cancer screening.

On the attitude towards prostate cancer screening, majority of the respondents showed positive attitude towards prostate cancer screening. This study was supported by Ernest (2017) it was found out that Despite the low levels of awareness of the two main screening methods for prostate cancer a majority of participants expressed a favorable attitude towards screening. Another study which corroborated this study was carried out by Onyeodi, (2022) revealed that Although knowledge of prostate cancer was poor, attitude to prostate cancer screening was majorly positive. Lastly, a study carried by Uzoamaka et al, (2019) was discovered that although the knowledge of prostate cancer screening among the men were poor, they expressed positive attitudes towards screening,

On the extent to which the respondents practice prostate cancer screening, only a minority of them practiced prostate cancer screening. This study was corroborated by Nakanda et al, (2013) which revealed that the respondents had poor knowledge about prostate cancer and a low uptake of prostate cancer screening. Another study which corroborated this study

was carried out by Rao et al, (2023) revealed that although there was a high level of knowledge and awareness about prostatic cancer However, respondents showed low screening practices in prostate cancer prevention, as well as a low ability to identify the risk factors and determine when prostate cancer is more likely to occur.

On the factors affecting the utilization of prostate cancer screening majority of the respondents agreed that lack of awareness about prostate cancer screening and it's screening methods affect utilization of prostate cancer screening which was corroboratedby a study carried out by Loeb et al, (2019) and Abdel-Rahman, (2021). Majority of the respondents agreed that perceived stigma or embarrassment associated with prostate cancer screening influence utilization of prostate cancer screening which was corroborated by Scales & Odisho, (2020) which revealed that Stigma surrounding discussions of intimate health issues, like those related to the prostate, can discourage individuals from seeking information or oooopenly discussing screening. Majority of the respondents strongly agreed that age of individuals affect utilization of prostate cancer screening which was supported by a study carried out by Tran and McPherson, (2021). which suggested that older age maybe related to decreased participation in prostate cancer screening programs, especially among individuals with advanced age-related concerns. Majority of the respondents also agreed that Socioeconomic factors influence utilization of prostate cancer screening which was corroborated by Wheeler, (2021) whose study revealed that access to information and services for preventive healthcare measures influence utilization of prostate cancer screening.

Majority of the respondents strongly agreed that family members or friends who had undergone prostate cancer screening influence utilization of prostate cancer screening which was supported by O'Neill et al, (2021) whose revealed that Understanding one's personal and family health history is crucial for making informed decisions about preventive measures like prostate cancer screening.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter has to do with the summary, conclusion and recommendations based on the findings.

Summary

This study was conducted to measure the Knowledge, Attitudes and Practices of prostate cancer screening among men in Egba Community, uhunmwonde LGA of Edo state. To achieve the purpose of the study, four (4) research questions were raised and there was a review of literatures related to the study. The descriptive research design was used for this study and the population consisted one thousand and fifty (1050) men in Egba community (aged 25 above). A total of one hundred and five (105) men were selected as tge study sample. The instrument used for data collection was a well-structured questionnaire. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The test-retest reliability method was used to establish the reliability of the questionnaire. A total of one hundred and five (105) questionnaires were administered to the sample respondents and data collected was analyzed using frequency count and percentage.

Findings

The findings of the study revealed that:

1. Respondents have a low level of knowledge about prostate cancer screening.
2. Respondents have positive attitude towards prostate cancer screening
3. Respondents do not practice prostate cancer screening.
4. Respondents believe that there are factors (age, socioeconomic status, fear and stigma, family history and lack of awareness) can influence utilization of prostate cancer screening.

Conclusion

In line with the findings, respondents have low knowledge of prostate cancer screening, positive attitude towards prostate cancer screening, they do not practice prostate cancer screening and believe that there are some factors that influence utilization of prostate cancer screening.

Recommendations

Based on the findings of the study, the following recommendations were made:

- A clear message should be sent that all men ≥ 40 years are at risk for prostate cancer and that the risk increases with age so that men ≥ 70 years understand that they are also at high risk

- There should be sensitization of health care providers on issues related to prostate cancer screening and encourage them to have conversations with their male patients and provide information to help them decide whether to screen or not.
- interventions need to be developed to make prostate cancer screening readily available (especially in rural areas) and to promote active participation of all men in these programs including those that are poor.

Suggestion for Further Studies

1. Impact of health literacy on adherence to prostate cancer screening guidelines.
2. Awareness, knowledge and factors that influences the uptake of screening tests for prostate cancer.
3. Barriers to prostate cancer screening among men in a low-income community.

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APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

FACULTY OF EDUCATION, UNIVERSITY OF BENIN,

BENIN CITY, EDO STATE.

STUDENTS QUESTIONNAIRE

Dear Respondents,

The Researcher is a student of the above named institution, conducting a research on "knowledge, attitude and practices of prostate cancer screening among men in Egba community, Uhunmwonde LGA, Edo State

You are kindly requested to fill the questionnaire. All information gathered shall be used purely for research purposes and shall be treated with utmost confidentiality.

SECTION A (Demographic Data)

Age: 25-29 [ ] 30-35 [ ] 36 years and above [ ]

Marital Status: Single [ ] Married [ ] Divorced [ ]

Religion: Christian [ ] Muslim [ ] others [ ]

SECTION B

Please tick as appropriate (✓)

NOTE:

SA= Strongly

Agree A= Agree

D= Disagree

SD= Strongly Disagree

Question 1: What is the level of knowledge of prostate cancer screening among male staffs?

1. What age group is typically recommended to start prostate cancer screening? (a) 30-40 years old (b) 40-50 years old (c) 50-60 years old (d) 60-70 years old
2. Which of the following screening tests is commonly used for prostate cancer detection? (a) PSA test (b) Pap smear (c) Mammogram (d) Colonoscopy
3. What does PSA stand for in prostate cancer screening? (a) Prostate-Specific Antigen (b) Prostate-Serum Antigen (c) Prostate-Secreted Antibody (d) Prostate-Specific Antibody
4. What is the purpose of a digital rectal examination (DRE) in prostate cancer screening? (a) To measure the size of the prostate gland (b) To assess urinary flow rate (c) To feel for abnormalities in the prostate gland (d) To evaluate kidney function
5. What is the main goal of prostate cancer screening? (a) To prevent prostate cancer (b) To detect prostate cancer early (c) To treat advanced prostate cancer (d) To alleviate symptoms of prostate cancer
6. Which of the following factors can influence PSA levels other than prostate cancer? (a) Age (b) Medications (c) Recent sexual activity (d) All of the above
7. What are some potential risks or drawbacks of prostate cancer screening? (a) False-positive results(b) Overdiagnosis and overtreatment (c) Anxiety or distress (d) All of the above

Question 2: What is the attitude towards prostate cancer screening among male staffs?

S/N	ITEMS	SA	A	D	SD
8	I believe that prostate cancer screening is important for early detection and treatment				
9	I feel anxious or nervous about the idea of undergoing prostate cancer screening (e.g., PSA test or digital rectal exam)				
10	Itrust my healthcare provider's recommendations regarding prostate cancer screening				

11	I am concerned about the potential side effects or risks associated with prostate cancer screening tests				
12	I believe that prostate cancer screening can help save lives				

Question 3: To what extent do male staffs practice prostate cancer screening?

S/N	ITEMS	SOMETIMES	ALWAYS	NEVER
13	I undergo prostate cancer screening tests as recommended by my healthcare provider			
14	I discuss prostate cancer screening with my healthcare provider during routine check- ups			
15	I have participated in prostate cancer screening programs or initiatives offered by healthcare organizations or community clinics			
16	I have actively sought information about prostate cancer screening from reliable sources			
17	I actively monitor my own health and seek out opportunities for prostate cancer screening			

Question 4: What are the factors affecting the utilization of prostate cancer screening among male staffs?

S/N	ITEMS	SA	A	D	SD
18	Lack of awareness about prostate cancer and its screening methods affect utilization of prostate cancer screening.				
19	Perceived stigma or embarrassment associated with prostate cancer screening influence utilization of prostate cancer screening.				
20	Age of individuals affects utilization of prostate cancer screening.				
21	Socioeconomic factors such as income and access to healthcare services influence the utilization of prostate cancer screening.				
22	Influence of family members or friends who have undergone prostate cancer Screening affects utilization of prostate cancer screening.				