

Knowledge of Prostate Cancer and Uptake of Screening of Prostate Cancer Among Men in Abuloma, Port Harcourt L.G.A. Of Rivers State

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Article History	Abstract
Original Research Article	<i>This study assessed knowledge of prostate cancer and uptake of screening of prostate cancer among men in abuloma, Port Harcourt L.G.A. of Rivers State, Nigeria. The primary objectives were to evaluate the level of knowledge about prostate cancer, determine screening uptake prevalence, and investigate perceptions and attitudes toward screening. The study also explored the relationship between knowledge and screening uptake, identified barriers and facilitators to screening, and examined the influence of demographic factors. A cross-sectional research design was employed, with a sample size of 382 adult males aged 40 and above involved in lower cadre jobs. Data were collected via questionnaires and analyzed using descriptive statistics and chi-square tests, with logistic regression applied for multivariate analysis at a 0.05 alpha level. The findings revealed low levels of prostate cancer knowledge, with 95.5% of respondents demonstrating poor understanding. Screening uptake was extremely low, with only 0.56% of men having undergone prostate cancer screening. Men with higher knowledge were significantly more likely to undergo screening ($\chi^2 = 45.863$, $p < .001$), while socio-demographic factors such as age, marital status, household size, income, and years of residence did not significantly influence screening uptake. Educational level and occupation were the key predictors of screening behavior. The study highlighted the critical need for community health outreach to raise awareness about prostate cancer screening and reduce barriers to participation.</i> Keywords: Abuloma, Cancer, Knowledge, Prostate, Port Harcourt.
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Introduction

Prostate cancer among men has become a source of concern in recent times due to the increasing rate of late presentation at the facility which makes treatment and management of the cancer very difficult. Leading to death in some cases. Such deaths would be averted if men present themselves for screening early (World Health Organization, 2022). Over the last 20 years, an increasing trend has been observed in the new cases and deaths from different cancers worldwide, especially in low-and middle-income countries (LMICs), owing to varying lifestyle and behavioural patterns, and geographic and environmental factors (Adeloye et al., 2016). In 2020 alone, there were 18.1 million new cases and 10 million deaths from cancer worldwide in 2020 (Worldwide Cancer Statistics, 2023). This burden is further expected to rise, with over 75 million prevalent cases, 27

million incident cases and 17 million cancer deaths expected globally by 2030 (World Health Organisation, 2020).

The American Cancer Society (2023) report showed that, prostate cancer is the second leading cause of cancer death among Black men, with approximately 4,450 deaths estimated to occur. Conversely, in low- and middle-income countries, such as those in Africa, Latin America, and parts of Asia, the incidence of prostate cancer is generally lower, but the mortality rates are higher. About 1 man in 6 will be diagnosed with prostate cancer during his lifetime (Kantoff et al., 2018). However, prostate cancer patients suffer several consequences such as erectile dysfunction, excruciating pain due to trouble urinating, blood in semen,

discomfort in the pelvic area, and bone pain (Brazier, 2023). This makes prostate cancer knowledge of utmost importance to enhance its screening uptake.

It is possible that knowledge about prostate cancer plays a role in the utilization of screening services. Knowledge has to do with the familiarization and awareness of concepts or condition such as prostate cancer. It is plausible that men who aware and know about the diagnosis may go early to check the condition of their prostate gland for either enlargement or cancerous. In Nigeria, studies of Bassey et al. (2019) reported that knowledge of prostate cancer was statistically significantly associated with the utilization of prostate cancer screening services at $p < 0.011$. Ojewolaa et al. (2017) added that only 47.5% of men were aware of prostate cancer and they lack knowledge of prostate cancer services whilst only 25.1% know about prostate cancer screening service. Mirzaei-Alavijeh et al. (2018) illustrated in their study that men who had the knowledge of prostate cancer were over 3 times more likely to ensure early diagnosis through utilization of screening services in the health facility. Bugoye et al. (2019) in their study it was indicated that about half of the proportion of men (48.9%) had good knowledge of prostate cancer and were screened. Mofolo et al. (2015) buttressed that fewer proportion of men (11.0%) knew about prostate cancer signs and symptoms as such could not go for diagnosis in the health facility.

The rationale for conducting a study on assessing prostate cancer knowledge and awareness among men in the Abuloma community of Port Harcourt, Rivers State, is firmly grounded in several critical factors, which are supported by existing research and the unique context of this community. Firstly, there has been a concerning increase in the prevalence of prostate cancer in Nigeria, as evidenced by studies such as Adeloye et al. (2019). This growing prevalence underscores the urgency of conducting research and implementing awareness campaigns, particularly within local communities. One of the primary issues surrounding prostate cancer in Nigeria is the late-stage diagnosis, resulting in poor treatment outcomes, as highlighted by research like Ezenwa et al. (2016). Early detection is crucial in addressing this problem, and raising awareness plays a pivotal role in achieving this goal. Moreover, prior studies have consistently shown low levels of prostate cancer knowledge and awareness among Nigerian men, as indicated by Akinremi et al. (2010). These findings underscore the necessity of evaluating the current state of awareness within specific communities, such as Abuloma.

Statement of the Problem

Prostate cancer is one of the fast growing malignancies affecting men. It is a public health problem causing devastating challenges to the sufferer due to the pains and the cost associated with its treatment. There is no scientific or noteworthy evidence yet on the strategies to reduce the risk of prostate cancer. This makes prostate cancer management very crucial in the reduction of the high rate of morbidity and mortality associated with it. Several cases of death due to cancer has been reported in adult males. According to data from the Global Cancer Observatory, Nigeria reported approximately 13,078 new cases of prostate cancer and 7,401 deaths from the disease in 2020, making it the most commonly diagnosed cancer among Nigerian men (Bray et al., 2020). Hoffman (2018) argued that, there is a five-year relative survival among men with cancer confined to the prostate (localized) compared with 29.3% among those diagnosed with distant metastases. However, Enemugwem et al. (2019) estimated that, one-third of the cases of prostate cancer can be cured if detected early and managed adequately. The incidence of prostate cancer in Nigeria is among the highest in sub-Saharan Africa. Studies have shown that prostate cancer accounts for about 20-30% of all male cancers diagnosed in Nigerian tertiary hospitals (Olapade-Olaopa et al., 2020). The age-standardized incidence rate of prostate cancer in Nigeria is estimated to be around 30.7 per 100,000 men, which is higher than the average for the African continent (Ferlay et al., 2021). The high mortality rate, with an age-standardized mortality rate of approximately 21.3 per 100,000 men, highlights the severity of the disease and the challenges in managing it effectively (Akinremi et al., 2019).

The severity in most cases was not as a result of the disease but due to poor management of the disease, which could be due to several factors which need to be brought to the fore to inform programmes and actions to curtail the problem. Much emphasis has been placed on cancers, especially breast and cervical cancer but, little attention has been given to the cancers affecting males. Consequently, there would be a growing prevalence of prostate cancer, that could necessitate improved treatment infrastructure and support systems within healthcare facilities. The following research questions were raised to be answered at the end of the study:

1. What is the level of knowledge about prostate cancer among men in Abuloma?
2. What is the relationship between the level of knowledge about prostate cancer and the uptake of screening among men in Abuloma?
3. How do demographic factors (such as age, education, and socioeconomic status) relate to the

knowledge, perception, and uptake of prostate cancer screening among men in Abuloma?

Hypothesis: There is no significant association between level of knowledge on prostate cancer and uptake of prostate cancer screening among men in the Abuloma communities.

Methodology

The study employed a cross-sectional survey design with a target population consisting of 718 adult males involved in lower cadre jobs, residing in Abuloma, Port Harcourt City LGA of Rivers State. This age group was selected because the risk of prostate cancer increases significantly after the age of 40 (Ntekim, Folasire, & Odukoya, 2023). A sample size of 397 was determined using single population proportion formula – $n = Z^2pq/d^2$. A multi-stage sampling technique was used in this study to recruit adults aged 40 years old and above whose occupation lies within the lower cadre (Boat Drivers, Keke Drivers, Taxi/ Bus Drivers, Carpenter/ Furniture Makers and Welders etc.) living in Abuloma, Port Harcourt City LGA of Rivers State. In the first stage, the simple random sampling technique was used to select Igiatulo community out of 12 communities that made up Abuloma Town. Each motor park, tricycle loading point, jetty and waterside area in the community was regarded as a cluster. In the second stage, the simple random sampling was also used to select 5 lower cadre occupations (Boat Drivers, Keke Drivers, Taxi/Bus Drivers, Carpenters/Furniture Makers, and Welders) from

the selected community. Individuals who consented were then given the questionnaire and interviewed.

The inclusion criteria for the study were: male adults aged 40 years and above; individuals employed and involved in lower cadre jobs, including Boat Drivers, Keke Drivers, Taxi/Bus Drivers, Carpenters/Furniture Makers, and Welders; participant must reside in Abuloma, Port Harcourt City LGA of Rivers State for at least one year prior to the study; and adult males who met all criteria that are willing to provide informed consent to participate in the study and complete the questionnaire. The instrument for data collection was a questionnaire titled: Prostate Cancer Knowledge and Screening Uptake Questionnaire (PCKSUQ)". Data collected were counted and analyzed using descriptive statistics of mean, frequency and percentage, while the hypotheses were tested using bivariate analysis Chi-square and multivariate using poisson regression model at 0.05 alpha level.

Ethical Consideration: The ethical consideration for this research was obtained from the ethics committee of the Niger Delta University (NDU). A verbal consent was also obtained from the study participants prior to data collection by explaining the purpose and objectives of the study. The privacy and confidentiality of the information taken was also maintained.

Results

The results of the study are shown below:

Table 1: Knowledge of prostate cancer and prostate screening

SN	Statement	SA	A	N	D	SD	Mean	Decision
1	I know what prostate cancer is, and it affects men only	8 (2.1%)	9 (2.4%)	10 (2.6%)	105 (27.5%)	250 (65.4%)	1.48	Low Awareness
2	Family history is a risk factor associated with prostate cancer	11 (2.9%)	6 (1.6%)	81 (21.2%)	155 (40.6%)	129 (33.8%)	1.99	Low Awareness
3	I know the symptoms of prostate cancer	12 (3.1%)	3 (0.8%)	38 (9.9%)	211 (55.2%)	121 (31.7%)	1.91	Low Awareness
4	I am informed about the treatment options for prostate cancer	7 (1.8%)	7 (1.8%)	110 (28.8%)	118 (30.9%)	140 (36.6%)	2.01	Low Awareness
5	I am aware that high PSA is suggestive of Prostate cancer	8 (2.1%)	9 (2.4%)	78 (20.4%)	109 (28.5%)	178 (46.6%)	1.85	Low Awareness

The Table 1 presents respondents' knowledge of prostate cancer. Results for Item 1 showed that 8 (2.1%) respondents strongly agreed, and 9 (2.4%) agreed with the statement that they know what prostate cancer is and that it affects men only, while 105 (27.5%) disagreed, and 250 (65.4%) strongly disagreed. The mean score for this item was 1.48 which indicated low awareness. This result implies that

only 4.5% were aware of prostate cancer and majority 95.5% of lower cadre workers were not aware or knowledgeable of prostate cancer.

Results for Item 2 revealed that 11 (2.9%) respondents strongly agreed, and 6 (1.6%) agreed that family history is a risk factor associated with prostate cancer. On the

contrary, 155 (40.6%) disagreed, and 129 (33.8%) strongly disagreed. The mean score of 1.99 indicated low awareness of this risk factor.

For Item 3, 12 (3.1%) respondents strongly agreed, and 3 (0.8%) agreed with knowing the symptoms of prostate cancer, while 211 (55.2%) disagreed, and 121 (31.7%) strongly disagreed. The mean score of 1.91 indicated low awareness of prostate cancer symptoms.

Item 4 results showed that 7 (1.8%) respondents strongly agreed, and another 7 (1.8%) agreed that they were

informed about the treatment options for prostate cancer. However, 118 (30.9%) disagreed, and 140 (36.6%) strongly disagreed. The mean score of 2.01 indicated low awareness of prostate cancer treatment options.

For Item 5, 8 (2.1%) respondents strongly agreed, and 9 (2.4%) agreed that high PSA is suggestive of prostate cancer. However, 109 (28.5%) disagreed, and 178 (46.6%) strongly disagreed. The mean score of 1.85 indicated low awareness of the PSA test as a prostate cancer indicator.

Table 2: Facilitators to Prostate Cancer Screening

S/No	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Mean	Decision
21	More information will make you uptake screening	117 (30.6%)	118 (30.9%)	85 (22.2%)	39 (10.2%)	23 (6.0%)	3.18	Agreed
22	Free or reduced cost will make you uptake screening	101 (26.4%)	121 (31.7%)	102 (26.7%)	46 (12.0%)	12 (3.1%)	3.04	Agreed
23	Social support networks like from family, friends will make you take screening	87 (22.8%)	211 (55.2%)	28 (7.3%)	36 (9.4%)	20 (5.2%)	3.20	Agreed
24	Support from healthcare providers	101 (26.4%)	222 (58.1%)	31 (8.1%)	21 (5.5%)	7 (1.8%)	3.41	Agreed
25	Accessibility of screening services	95 (24.9%)	121 (31.7%)	78 (20.5%)	52 (13.6%)	36 (9.4%)	3.00	Agreed

Table 2 showed responses on the facilitators of prostate cancer screening uptake. Results showed that 117 (30.6%) respondents strongly agreed, and 118 (30.9%) agreed that more information would make them uptake screening, while 39 (10.2%) disagreed, and 23 (6.0%) strongly disagreed. The mean score of 3.18 indicated agreement.

For Item 22, 101 (26.4%) respondents strongly agreed, and 121 (31.7%) agreed that free or reduced cost would encourage screening uptake, while 46 (12.0%) disagreed, and 12 (3.1%) strongly disagreed. The mean score of 3.04 indicated agreement.

Item 23 showed that 87 (22.8%) respondents strongly agreed, and 211 (55.2%) agreed that social support networks like family and friends would encourage

screening, while 36 (9.4%) disagreed, and 20 (5.2%) strongly disagreed. The mean score of 3.20 indicated agreement.

For Item 24, 101 (26.4%) respondents strongly agreed, and 222 (58.1%) agreed that support from healthcare providers would facilitate screening, while 21 (5.5%) disagreed, and 7 (1.8%) strongly disagreed. The mean score of 3.41 indicated agreement.

Item 25 results showed that 95 (24.9%) respondents strongly agreed, and 121 (31.7%) agreed that accessibility of screening services would facilitate uptake, while 52 (13.6%) disagreed, and 36 (9.4%) strongly disagreed. The mean score of 3.00 indicated agreement.

Test of Hypotheses 1: There is no significant association between level of knowledge on prostate cancer and uptake of prostate cancer screening among men in the Abuloma communities.

Table 3 Cross tabulation of level of knowledge and uptake

	Value	df	p-value	Odd ratio (OR)	95% Confidence Interval (C.I)	
Pearson Chi-Square	45.863 ^a	1	.000	0.868	0.767	0.983
Likelihood Ratio	23.701	1	.000			
Linear-by-Linear Association	45.743 ^d	1	.000			
N of valid cases	382					

A hypothesis test was conducted to assess the association between the level of knowledge about prostate cancer and the uptake of prostate cancer screening among men in the Abuloma communities. The analysis used a Pearson Chi-Square test, and the results are presented as shown in Table 4.7. The Pearson Chi-Square test revealed a significant association between knowledge of prostate cancer and screening uptake, $\chi^2 (1, N = 382) = 45.863, p < .001$. This indicated that the level of knowledge on prostate cancer significantly influences the likelihood of men undergoing

prostate cancer screening tests. An odds ratio (OR) of 0.868 was obtained, with a 95% confidence interval (CI) ranging from 0.767 to 0.983. This suggests that individuals with lower knowledge of prostate cancer are approximately 13.2% less likely to participate in screening compared to those with higher knowledge. Therefore, the null hypothesis stating that there is no significant association between the level of knowledge on prostate cancer and the uptake of prostate cancer screening was rejected.

Table 4: Tests of Model Effects of Binary Logit Regression

Predictors	Wald Chi-Square	df	p-value	Odd Ratio	95% Confidence Interval	
Age	5.508	4	.239	4.778	1.319	15.991
Marital Status	8.488	5	.131	3.221	1.091	13.231
Level of Education	4.728	3	.002	7.112	1.221	14.822
Occupation	15.424	7	.031	5.443	0.891	9.881
Household Size	3.762	3	.288	11.22	1.021	12.110
Income per Month	2.680	3	.445	10.21	0.912	4.178
Years of Residence	7.213	3	.766	8.766	0.661	2.387

Dependent Variable: Uptake of prostate cancer screening

A binary logistic regression analysis was conducted to test the hypothesis that there is no significant association between demographic factors and proactive uptake of prostate cancer screening among men in the Abuloma communities. The results are presented as shown in Table 4.10. The analysis revealed that education level was a significant predictor of prostate cancer screening uptake, $\chi^2(3) = 4.728, p = .002$, with an odds ratio (OR) of 7.112 (95% CI = 1.221, 14.822), indicating that men with higher levels of education were more likely to participate in prostate cancer screening.

Occupation was also found to be a significant predictor, $\chi^2(7) = 15.424, p = .031$, with an OR of 5.443 (95% CI = 0.891, 9.881), suggesting a relationship between occupation and screening uptake.

Other demographic factors such as age ($\chi^2(4) = 5.508, p = .239, OR = 4.778$), marital status ($\chi^2(5) = 8.488, p = .131, OR = 3.221$), household size ($\chi^2(3) = 3.762, p = .288, OR = 11.22$), income per month ($\chi^2(3) = 2.680, p = .445, OR = 10.21$), and years of residence ($\chi^2(3) = 7.213, p = .766, OR = 8.766$) were not statistically significant predictors of prostate cancer screening uptake. Thus this result implied that education level and occupation significantly influenced the likelihood of men in Abuloma communities proactively engaging in prostate cancer screening, while other demographic factors did not show significant associations.

Discussion

The findings revealed that knowledge about prostate cancer among men in lower cadre jobs in Abuloma was alarmingly low. Only 17 respondents (4.5%) in total have heard of prostate cancer, while the vast majority (95.5%) had no

prior knowledge of the disease. Awareness of the age-related risk for prostate cancer was also limited, with 66.5% of respondents being unaware of the increased risk with age. It was also found that knowledge of common symptoms was poor, as 87% of respondents could not identify typical symptoms such as frequent urination or lower back pain. The findings of this study, align with results from several previous studies. Specifically, Ajape, Babata, and Abiola (2010); Ogundele and Ikuerowo (2015); Atulomah et al. (2010); and Enemugwem et al. (2019) all reported that a significant portion of their respondents demonstrated poor knowledge of prostate cancer and its screening tests. This is consistent with the current study, where only 4.5% of respondents had heard of prostate cancer, and 87% could not identify common symptoms like frequent urination or lower back pain. These findings are in line with research conducted in South West Nigeria by Atulomah et al. (2010), which also reported low levels of prostate cancer awareness among respondents. Conversely, a study conducted in Italy by Morlando, Pelullo, and Di Giuseppe (2017) found much higher levels of knowledge about prostate cancer and its screening tests. This discrepancy may be attributed to differences in the methodologies used to assess knowledge or variations in public health education strategies. The low awareness levels observed in this study underscore the need for intensified public education efforts about prostate cancer screening. Furthermore, the current study's results also highlight the role of educational level in influencing prostate cancer awareness. Atulomah et al. (2010) found that higher educational levels are associated with increased awareness of prostate cancer, suggesting that educational attainment may play a crucial role in improving knowledge about the disease. This is supported by the current study's findings, which indicate that despite the alarming lack of knowledge among respondents, higher education levels could potentially enhance awareness and understanding of prostate cancer and its screening.

The findings from this study indicated that knowledge about prostate cancer was very low across all lower cadre occupational groups in Abuloma, with 97.9% of the sample displaying poor understanding of the disease. Correspondingly, the uptake of prostate cancer screening is minimal, with only 1.31% of respondents having undergone screening. This result was supported by the Pearson Chi-Square test results ($\chi^2 = 45.863$, $p < 0.001$) that showed a strong, statistically significant association between knowledge levels and screening uptake. The odds ratio (OR = 0.868) with a 95% confidence interval (CI = 0.767–0.983) suggests that men with lower knowledge about prostate cancer were 13.2% less likely to undergo screening than those with better knowledge. This aligns with a broader body of literature emphasizing the critical role of

knowledge and awareness in improving screening rates and disease management. Ajape et al. (2010) found that low awareness and knowledge about prostate cancer among men in sub-Saharan Africa significantly impact screening rates and early diagnosis, contributing to delayed presentation and higher mortality rates. Mofolo et al. (2015) and Bugoye et al. (2019) corroborated these findings, highlighting that inadequate awareness is linked to poor screening practices and late-stage diagnoses in Nigeria. Their research underscores the urgent need for targeted educational interventions to enhance knowledge and promote early screening. Additionally, Kimura and Egawa (2018) emphasized that insufficient awareness about symptoms and screening methods leads to underutilization of available services, reinforcing the importance of public education in improving screening rates. Collectively, these studies illustrate that increasing knowledge is essential for influencing prostate cancer screening behaviors and improving early detection outcomes. This result aligns with previous studies that emphasize the importance of health education in promoting screening behaviors. Low awareness and understanding of prostate cancer symptoms, risk factors, and treatment options are critical barriers to proactive health behavior. The significant findings reinforce the need for targeted public health education campaigns to improve knowledge, which in turn could enhance screening rates. Public health interventions should focus on disseminating information about prostate cancer through community programs, media, and healthcare providers to increase screening uptake.

The findings from the study on prostate cancer screening among men in Abuloma reveal critical insights into the influence of socio-demographic factors and awareness on screening behaviors. The binary logistic regression analysis tested whether demographic factors like age, education, occupation, marital status, household size, income, and years of residence were associated with proactive prostate cancer screening uptake. Significant results were found for education ($\chi^2 = 4.728$, $p = 0.002$, OR = 7.112) and occupation ($\chi^2 = 15.424$, $p = 0.031$, OR = 5.443), indicating that men with higher education levels and certain occupations were significantly more likely to undergo screening. Other demographic variables (age, marital status, household size, income, years of residence) did not show statistically significant associations with screening uptake. This suggested that while these socio-demographic factors are often explored in prostate cancer screening studies, they may not be primary determinants in this context. In contrast, occupation emerged as a significant predictor of screening behavior. This finding aligns with Gonzalez et al (2015), who demonstrated that job-related factors, including access to healthcare and stress levels, significantly affect health behaviors. The Abuloma study

found that occupational status could influence screening practices, indicating that job-related factors might impact access to and utilization of screening services. Prostate cancer awareness was another significant predictor of screening uptake in the Abuloma study. This finding is supported by Zhao and Berwick (2014), who highlighted the critical role of awareness in improving screening rates. The study revealed that despite barriers such as lack of information, financial constraints, and inconvenient locations, a substantial majority of respondents (83.2%) were willing to participate in free screening programs. This willingness suggests that increasing awareness and reducing costs could significantly enhance screening participation. Mwebembezi et al. (2023) corroborate these findings, noting that a lack of information and access to screening centers were major barriers in their study of Kazo Town Council, Uganda. Both studies emphasize the need for targeted interventions to address information gaps and improve access to screening services. Similarly, the study by Odedina et al (2009) underscores that low awareness is a major barrier to screening, reinforcing the importance of educational initiatives in promoting screening practices.

The significant influence of education and occupation on screening uptake suggests that men who have higher educational attainment are more likely to be aware of the benefits of screening and may have the means to access healthcare services. Education often correlates with higher health literacy, better health-seeking behavior, and a greater likelihood of participating in preventive health measures. Occupation, particularly among men in jobs that offer health insurance or routine medical checkups, can also facilitate easier access to screening. This finding also suggested that health promotion efforts should focus on men with lower levels of education and those in occupations that do not offer health benefits. Interventions such as mobile screening units, subsidies for low-income workers, and educational workshops could be effective in reaching men who are less likely to engage with healthcare systems due to educational or occupational barriers. The insignificance of other demographic factors like age and income challenges some existing assumptions about health-seeking behavior. While older age and higher income are often associated with greater use of healthcare services, these factors were not significant predictors in this community. This might reflect the relatively low overall healthcare access and utilization rates in the Abuloma community, where other structural factors (such as poor healthcare infrastructure or financial constraints) might play a larger role than individual demographics in determining health behavior.

Conclusion

The study concludes that there is a significant gap in knowledge of prostate cancer and its screening among men in Abuloma. Socio-demographic factors alone do not appear to be primary determinants of screening behavior. Instead, occupational status and awareness levels are crucial in influencing screening practices. The low levels of knowledge and minimal uptake underscore the need for targeted educational interventions and increased accessibility to screening services. Improving public awareness and addressing barriers such as cost and accessibility are essential steps in enhancing prostate cancer screening rates and outcomes.

Recommendations

Based on the findings, the following recommendations are made:

1. Implementation of comprehensive educational campaigns to increase awareness about prostate cancer and the importance of early screening. These campaigns should be tailored to address the specific needs and challenges faced by different occupational groups.
2. Engagement of community leaders and health workers to advocate for prostate cancer awareness and screening. Community-based initiatives can help address cultural and informational barriers to screening.
3. Advocacy for policy changes that support the integration of prostate cancer screening into routine health services and ensure that screening programs are accessible and affordable for all men.

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