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Address:

Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology,
P. M. B. 4000, Ogbomoso, Nigeria.

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Ibadan, Oyo State

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+2347030298365,

E-mail: durowojuthomas@gmail.com

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 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
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4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, eighteen (18) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: effect of cold compress on the reduction of musculoskeletal pain, swelling and hemarthrosis among orthopaedic patients in Lautech Teaching Hospital, Ogbomoso, Oyo State, Nigeria; Awareness of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria; Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomosho, Oyo State, Nigeria; Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria; Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria; Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria; Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria; Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria; Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria; Nursing In An Age Of Change In Nigeria; Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective; Choice Of Places Of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre; Systematic Review On Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria; Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria And Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria.

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doctoradeyemo@yahoo.com or lautechjournal@gmail.com

LIST OF CONTRIBUTORS

- ABIODUN FUNMILAYO LAYENI** Faculty of Nursing Science,
College of Health Sciences,
Bowen University, Iwo, Osun State
Phone number: 09050000273
Email Address: funmiyeni99@gmail.com
- ABDULLAHIM.** Department of Art and Social Science,
Faculty of Education,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08169825372
Email: ummuhajara2014@gmail.com
- ABIOYE, ABIGAIL ADEBISI** Department of Maternal and Child Health Nursing,
School of Nursing Science,
Obafemi Awolowo University Teaching Hospital
Complex, Ile Ife
Phone No: 08035320808
Email: sundayabioye@gmail.com
- ADAMU-ADEDIPE FOYEKEMIO.** Department of Maternal and Child Health Nursing,
School of Nursing Science,
Crysland University, Ogun State.
Phone No: 08033462616
Email: foyekemiadamuadedipe@gmail.com
- ASADU L. CHINENYE** Nursing Department, University of Benin
Bethel Faith Medical Center,
Erediauwa, Ekenwa Rroad Benin City
Phone No: 07030255496
Email: chinenyeadu385@gmail.com
- AUWALU YUSHA'U** Jigawa State College of Nursing Science,
Birnin-kudu Campus. Nigeria
Phone: 08036825516, 08153365775
Email: auwalyushau1@gmail.com,
- ATTAHIR, I.** Department of Nursing Science,
Kaduna State University, Nigeria
Phone: 0806 913 4559
Email: drhaqqun@gmail.com
- ABDULRAHEEM, AMINA** Department of Nursing Science,
University of Maiduguri,
Borno State, Nigeria.
Phone No. 08065480186
Email: aminaabdulraheem@unimaid.edu.ng
- AFOLABI, ADEBUKUNOLAO.** Obafemi Awolowo University Teaching
Hospitals Complex, Ile-Ife, Osun-State, Nigeria
Phone No: 08034548318
Email: bukieafolabi@yahoo.com

ADAMU DALHATU

Department of Nursing Sciences,
Bayero University Kano, Nigeria
Phone No: 08039503072
Email: adamudalhatu206@gmail.com

ABOSEDE ADEKUNBI FAROTIMI

Department of Nursing Science,
Faculty of Clinical Science, College of Medicine,
University of Lagos.
E-mail: afarotimi@unilag.edu.ng
Phone No: 08025952450

ABDURRAHMAN SALIHU KOMBO

Department of Nursing Sciences,
Ahmadu Bello University, Zaria, Nigeria
Phone No: 08032916542, 08061307902
Email: aksalihu@abu.edu.ng

ABARIBE E. CHIDINMA

Department of Community Health Nursing,
Babcock University, Ogun State
Phone No. 07038991043
Email: abaribech@babcock.edu.ng

AGBEDIA CLARA

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08033814530
Email: oniovo4life@gmail.com

AIKABELI PRISCILLA O.

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 07036404241
Email: emikeaikabeli@yahoo.com

ADEKEMISOLA R. JIMOH

Department of Nursing Science,
Faculty of Health Sciences,
National Open University of Nigeria,
Abuja, Nigeria.
Phone No: +2348034125028
Email: jadekemisola@gmail

AKINBOWALE BUSAYO TEMILOLA

Department of Nursing Science,
Osun State University, Osogbo
Busayo.akinbowale@uniosun.edu.ng
+2348034125952

AMINA MUHAMMED ALKALI

College of Nursing Science,
Ahmadu Bello University Teaching Hospital,
Zaria.
Phone No: +2348063729417
Email: ameenamama.83@gmail.com

- BATURE F. U.** Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Allied Health and Pharmaceutical Sciences,
Kaduna State University. Kaduna.
fatimabature143@gmail.com
08063166005
- BALARABE F.** Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: +2348068345117
Email: fatimabalarabe68@gmail.com
- BALARABE R.** Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: 08036436229
Email: hamdanrahma@gmail.com
- BIDMUS, LATEEF IYANDA** Department of Community/Public Health Nursing,
Faculty of Nursing Sciences,
Ladoke Akintola University of Technology,
Ogbomoso, Oyo State.
Phone No: 08063068769
Email: lateefiyandabidmus@gmail.com
- CHINEDUM I. AHAIWE** Department of Nursing Science,
Faculty of Nursing and Allied Health Sciences,
University of Abuja
Phone No: 09030545657
Email: ahaiwe2@aol.com
- DALHAT K. S.** Department of Nursing Science,
Ahmadu Bello University, Zaria
Phone No: 07035385167
Email: dksani@abu.edu.ng
- EDO-OSAGIE CHINENYENWA** Department of Nursing Science,
University of Benin
Phone No: 07030255496
Email: chinenyenwa.edo-osagie@uniben.edu
- ELIZABETH M. JOSEPH-SHEHU** Department of Nursing Science,
Faculty of Health Sciences,
National Open University of Nigeria,
Abuja, Nigeria.
Phone No: +2347034487611
Email: ejoseph-shehu@noun.edu.ng,
- ENUNWAONYE, HOSSANNA C.** Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08033869339
Email: henunwaonye@biu.edu.ng

EZE, UCHECHUKWU ELIAS

Department of Nursing Sciences,
Faculty of Basic Medical Sciences,
College of Medicine,
Enugu State University of Science and Technology
Enugu, Nigeria
Phone No: 08063729836
Email: ezeuche@gmail.com

EZE, UCHENNA AUGUSTINA;

College of Nursing Sciences,
Bishop Shanahan Hospital,
Nsukka. Enugu State Nigeria
Phone No: 07034982423
Email: ucnurse66@gmail.com

FAROOQ M.A.

Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08067271666
Email: farooooq2013@gmail.com

FOLAKEMI ESTHER AYO-IGE

Directorate of Health Services,
Federal Polytechnic, Ado Ekiti,
Ekiti State, Nigeria
Phone No: +2348038171464
Email: ayoigef@gmail.com

GBEMISOLA BOLANLE OGBEYE

Department of Nursing,
Faculty of Basic Health Sciences,
Federal University,
Oye Ekiti, Nigeria
gbemisola.ogbeye@fuoye.edu.ng;
gbemisolaogbeye@gmail.com
+2348033663305, +2348075753175.

ORCID NUMBER: <https://orcid.org/0000-0002-3620-2689>

HADIZAM. S.

Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08037196349
Email: mohammedsanihadiza@gmail.com

HAYATI. M. GOMMAA

Department of Nursing Science,
Ahmadu Bello University, Zaria, Nigeria
Phone No: 08096536406
Email: h_gommaa@yahoo.com

HUSAINI MUHAMMAD AIKAWA

Institute of Continuing Education,
Bayero University Kano, Nigeria
Phone No: 08032878751
Email: hmaikawa.sce@buk.edu.ng

IDRIS ABDULRASHID

Department of Nursing Sciences,
Bayero University Kano, Nigeria
aidris.nur@buk.edu.ng,
Phone:+2348063375818

JOELOJO ALUKO

Department of Nursing,
College of Health Sciences,
University of Ilorin,
Kwara State, Nigeria.
Phone No: 07015055376
Email: joelforfavour@gmail.com

KOMOLAFE O. FOLASADE

Department of Community Health Nursing,
Babcock University, Ogun State, Nigeria.
Phone No: +2348063137818, +2347038991043,
Email: folekomo@gmail.com

MUSA-MALIKA, A. U.

Department of Nursing Science,
Ahmadu Bello University,
Zaria. Kaduna State, Nigeria.
Phone No: +2347038159582
Email: aumusamali@abu.edu.ng

MUNGE MARY

Department of Nursing Science,
Faculty of Allied Health Sciences,
Benson Idahosa University,
Benin City, Edo State, Nigeria.
Phone No: 08068737793
Email: mmunge@biu.edu.ng

NIFEMI TUNRAYO BABALOLA

Department of Nursing,
College of Basic Health Sciences,
Achievers University, Owo,
Ondo State, Nigeria.
Phone No: +2348167705280
Email: nifeturayo@gmail.com

NDIE, ELKENAH CHUBIKE

Department of Nursing Science,
Faculty of Health Science,
National Open University of Nigeria.
University Village, Cadastral Zone,
Nnamdi Azikiwe Expressway, Jabi, Abuja, Nigeria.
Phone No: 09120048771, 07066789961
Email: chubike2005@yahoo.com

NWANNERIA. C.

Department of Nursing Science.
Faculty of Allied Health Sciences,
College of Medicine,
University of Nigeria, Enugu.
Enugu State.
Phone No: +2348064854206
Email: ada.nwaneri.edu.ng

- OKAFOR N. ANTHONIA** Department of Community Health Nursing,
Babcock University, Ogun State
Phone No: 08035273775
- OPARANMA FLORENCE U.** Email: okafor@babcock.edu.ng
Department of Nursing Sciences,
Faculty of Basic Medical Sciences
College of Medical Sciences,
Rivers State University Port Harcourt, Nigeria
Phone No: +2348123563395
Email: uche.florence2015@gmail.com
- OYEWUMI ZACCHEUS OPEYEMI** Department of Community/Public Health Nursing,
Faculty of Nursing Sciences,
Ladoke Akintola University of Technology,
Ogbomoso,
Oyo State, Nigeria.
Phone No: +2348037689685
Email: zooyewumi@lautech.edu.ng
- OYEWUMI LYDIA OMOWUMI** Department of Nursing Science,
Ladoke Akintola University of Technology
Open and Distance Learning Centre, Ogbomoso,
Oyo State, Nigeria.
Phone No: +2347039026486
Email: looyewumi@lautech.edu.ng
- OYANA N. E.** Department of Nursing Science,
University of Benin, Benin City
Phone No: 08066643513
Email: nwakaegooyana@gmail.com
- OWOPETU, CHRISTIANA ADETOUN** Department of Nursing Science,
Lead City University, Ibadan, Oyo-State
Phone No: 08060887574
Email: owopetuc@babcock.edu.ng
- OPATUNJI FLORENCE OMOWUNMI** University teaching hospital,
Clinical Nursing Department Ibadan
Phone No: 08035909007
Email: opatunjiflorence@gmail.com
- RAYMOND T. L.** Department of Nursing Science,
Ahmadu Bello University,
Zaria, Kaduna State, Nigeria.
Phone No: +2348027427378
Email: laurenciaray@yahoo.com
- SANI H. M.** Department of Nursing Science,
Ahmadu Bello University,
Zaria, Kaduna State, Nigeria.
Phone No: 08032824193
Email: saneeshat4life@gmail.com

- SALIHU A. K.,** Department of Nursing Science,
Ahmadu Bello University, Zaria, Nigeria,
Phone No: 08061307902
Email: aksalihu@abu.edu.ng
- SANI M. S.** Nursing Science Programme,
Ahmadu Bello University Distance Learning
Center, Zaria- Nigeria
Phone No. 08032824193
Email: saneeshat4life@gmail.com
- SALISU ALIYU** Department of Computer Science,
Ahmadu Bello University Zaria. Nigeria
Phone No: 08067993631
Email: aliyusalisu@abu.edu.ng
- SOWUNMI, CHRISTIANA
OLANREWAJU** Department of Maternal and Child Health Nursing,
School of Nursing Science,
Babcock University, Ilishan-Remo, Ogun-State
Phone No: 08023500321
Email: lanresowunmi@gmail.com
- TEMITOPE EBUNOLUWA
OSHINYEMI** Department of Nursing Science,
Faculty of Clinical Science,
College of Medicine,
University of Lagos
Phone No: 08127773528
E-mail: tososanya@unilag.edu.ng
- VERA ONYINYECHI TASIE** Department of Nursing Science,
Faculty of Clinical Science,
College of Medicine,
University of Lagos
Phone number: 08092774399
Email: 160709705@live.unilag.edu.ng
- VICTORIA BOLANLE BROWN** School of Nursing,
University College Hospital, Ibadan, Oyo State
Phone number: 08037272857
Email: vicbrown2010@gmail.com
- YUNUSA AHMAD** Department of Nursing Science,
Ahmadu Bello University, Zaria- Nigeria
Phone No: 08065954975
Email: yunusahmad8078@gmail.com
- YUNUSA, U.** Department of Nursing Science,
Bayero University,
Kano State, Nigeria.
Phone No: +2348038199802
Email: yunusa.nur@buk.edu.ng

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AWARENESS OF PROSTATE CANCER SCREENING AMONG MALE CIVIL SERVANTS IN EGOR LOCAL GOVERNMENT AREA OF EDO STATE, NIGERIA

OYANA N. E.; ASADU L. CHINENYE & EDO-OSAGIE CHINENYENWA

ABSTRACT

Prostate cancer is a significant health concern affecting men worldwide, and the lack of awareness and low screening rates among at-risk men, particularly in developing countries, exacerbate the issue. The aim of the study was to determine the awareness of prostate cancer screening among men in Egor L.G.A secretariat, Benin city. The study was descriptive survey. The sample size for this study was 120. The instrument for data collection was a structured questionnaire. Data collected were analysed using descriptive (simple percentage) and inferential statistics (chi-square). Findings revealed that The demographic characteristics in this study shows that majority of the participant age are within the ages of 46-55 years (40%), 11 – 15 years of service (30.8%), married (82.5%) and were Christians (80.8%). Finding for reveals that majority of the participants had tertiary education (62.5%) and junior workers (31.67%). Further findings observed that the participants level of awareness of prostate cancer is low (44.5%) participant's awareness of prostate cancer screening is poor ($X=1.97$) and the health seeking behaviour of respondents is negative (41%) There is need for creation and implementation of specific public health programs aimed at increasing awareness of prostate cancer and the importance of early identification through screening should be given top priority by healthcare authorities and legislators.

Keywords: Awareness; Prostate Cancer Screening; Male Staff

INTRODUCTION

Prostate cancer is a prevalent health issue, particularly among black men, ranking as the 4th most diagnosed cancer among men worldwide. Awareness and knowledge are crucial in preventing its occurrence, yet global awareness of prostate cancer among men remains low (Asare & Ackumey, 2024). A recent study in North-central Nigeria found that very few men were aware of prostate cancer screening (Bello et al., 2019). Screening tests, including digital rectal examination (DRE), Prostate Specific Antigen (PSA) screening test, and Mammography Engrailed-2, are essential for diagnosing prostate cancer in asymptomatic men. However, receiving a cancer diagnosis can trigger severe psychological responses that, if not properly managed, can be fatal. Despite the severity of prostate cancer, awareness programs have been unsuccessful in reaching most men in Africa (Asare & Ackumey, 2024), highlighting the need for effective awareness and prevention strategies.

Capturing this in perspective, Ferlay et al, (2022) stated that cancer regardless of the type is considered a fatal disease in both developed and developing countries of the world, and prostate cancer is generally regarded as one of the most common forms of cancer in men worldwide. According to this same author, prostate cancer (PC) an adenocarcinoma of the male prostate gland is increasingly becoming an important health burden among men in the world. Globally prostate cancer ranks as the second most frequently diagnosed cancer after lung cancer among men with the highest mortality rates being in Africa and Asia (Mbugua et al., 2021).

A 2020 study in the United Kingdom revealed that prostate cancer is the second leading cause of cancer deaths in men, accounting for approximately 14% of all cancer deaths in men. The study found that around 12,000 men in the UK die from prostate cancer every year, which translates to about 32 deaths per day (Kubtan, 2020). This highlights the significant impact of prostate cancer on men's health, not only in the UK but also in both developed and developing countries. In Africa, disparities in prostate cancer mortality exist, with black men experiencing higher mortality rates than other races (Oluchina, 2021). Late diagnosis is a major contributor to the increasing mortality rates, and the asymptomatic nature of prostate cancer in its early stages often leads to diagnosis only after the disease has progressed to an advanced stage, resulting in poor prognosis (Mbagua et al., 2021).

According to Oladimeji et al. (2022), developing countries face a significant challenge in the late presentation of prostate cancer patients at health facilities. In most African countries, a staggering 80% of patients are diagnosed with advanced disease and aggressive tumors, leading to poor clinical outcomes (Mbagua et al., 2021). This late diagnosis means that very little can be done to improve patient survival, highlighting the need for increased awareness and early detection initiatives to tackle this critical healthcare issue.

The key to addressing the challenges posed by prostate cancer lies in early screening, a practice widely adopted in many parts of the world. However, health facilities in developing countries often lack the necessary resources and equipment, unlike those in developed countries. Globally, prostate cancer screening remains a contentious issue, with varying opinions on its uptake. Screening methods include digital rectal examination (DRE) to palpate the prostate, measuring prostate-specific antigen (PSA) levels in the blood (with a level of 4ng/ml or above indicating a potential prostate issue), and biopsy, which involves examining a sample of prostate tissue. This

study aims to determine the level of awareness about prostate cancer among men working in Egor L.G.A Secretariat, Benin City.

Objectives of the study

1. To assess the level of awareness of prostate cancer among men working at the Egor L.G.A Secretariat in Benin City.
2. To evaluate the level of awareness of prostate cancer screening among men working at the Egor L.G.A Secretariat in Benin City.
3. To determine the health-seeking behavior of participants concerning prostate cancer screening.

METHODOLOGY

Design: This is a descriptive research design.

Setting: The study was conducted at Egor Local Government Secretariat, located in Uselu, behind Uselu market, along Miller Motel Road, Benin City, Edo State, Nigeria. The secretariat is situated at Latitude 6.3737°N and Longitude 5.5755°E. The target population for this research comprised male staff working at Egor L.G.A secretariat, Benin City, Edo State.

Population: The participants comprised of men aged 26 years and above. The total population of workers in Egor L.G.A. secretariat is 511 while the population of men that works there is about 193 and it accounts for 38% of the total population.

Sample Size Determination: Taro Yamane formula was used to determine the sample size of this study and yielded a sample of N=130.

Sampling Technique: Simple random sampling technique was used to select 130 participants from the total population.

Instrument: A structured questionnaire was used to collect data from the respondents, covering various aspects including demographic data, awareness level of prostate cancer, awareness of prostate cancer screening services, and health-seeking behavior of

participants regarding prostate cancer screening. This questionnaire provided a clear and structured framework for gathering comprehensive information from the respondents. The reliability of the instrument was statistically determined using 10 percent of the total sample for pilot study. Ten copies of the instruments were administered. The result was collected and analysed giving a coefficient of 0.81.

Data Collection: A total of 130 questionnaires were administered, however, only 120 was retrieved and analyzed resulting in retrieval rate of 93%.

Method of Data Collection: A letter of introduction was collected from the Faculty of Nursing Science, Ladoke Akintola University of Technology and same was given to hospital authority and consent was granted by the hospital authority and respondent patients.

Ethical approval: Ethical approval for the study was sought for and obtained from Edo State Ministry of Health. Before data collection commenced, careful explanation of

the purpose, content and implication were made known to the respondent. The respondent were given assurance that the information given was going to be confidential, by so doing; there was no disclosure of information such as names to the other respondent as the information obtained were personal and private.

RESULTS

Table 1: The demographic characteristics of the respondents showed a diverse distribution. The majority (40%) were between 46-55 years old, followed by those between 36-45 years (39.2%). The respondents' years of service varied, with the largest group (30.8%) having worked for 11-15 years. Most respondents were married (82.5%), Christian (80.8%), and had completed tertiary education (62.5%). The majority (31.67%) held junior staff positions. Other characteristics included a range of ages, years of service, marital statuses, religions, education levels, and occupations, indicating a heterogeneous sample.

Table 1: Demographic characteristics

	Demographic characteristics	Frequency	Percent
Age	26-35	14	11.7
	36-45	47	39.2
	46-55	48	40
	56-60	11	9.2
	1-5	26	21.8
Years of service	6-10	23	19.2
	11-15	37	30.8
	16-20	20	16.7
	21-25	11	9.1
	26-30	3	2.4
Marital status	Single	7	5.8
	Married	99	82.5
	Divorced	9	7.5
Religion	Widowed	5	4.2
	Christianity	97	80.8
	Muslim	20	16.7
Level of education	Traditional	3	2.5
	Primary	1	0.8
	Secondary	44	36.7
	Tertiary	75	62.5
	Accountant	3	2.50

Position	Admin staff	3	2.50
	cashier	1	0.83
	Environmental officer	2	1.67
	Personnel officer	1	0.83
	Pharmacist	2	1.67
	Clerk	6	5.00
	corper	1	0.83
	electrical officer	1	0.83
	engineer	2	1.67
	Gardener	1	0.83
	health officer	7	5.83
	HOD Education dept	1	0.83
	HPM	1	0.83
	Junior staff	38	31.67
	Office Assistant	1	0.83
	revenue officer	4	3.33
	Security	1	0.83
	HOD Education dept	1	0.83
	HPM	1	0.83
	Junior staff	38	31.67
	Office Assistant	1	0.83
	revenue officer	4	3.33
	Security	1	0.83
	Social worker	1	0.83
	Senior staff	34	28.33
	Staff member	2	1.67
	treasurer	2	1.67
	works dept. staff	5	4.17

Table 2: The participants' responses revealed varying levels of awareness regarding prostate cancer. A significant majority (63.3%) had heard of prostate cancer, with 28.3% strongly agreeing. Friends and family, as well as social media, played important roles in raising awareness, with 19.2% strongly agreeing and 37.5% agreeing, respectively, that they had learned about prostate cancer from these sources. Health professionals also contributed to the participants' knowledge, with 25.8% agreeing and 7.5% strongly agreeing that they

had heard about prostate cancer from medical professionals. However, the participants' knowledge of symptoms was more mixed, with varying levels of agreement regarding symptoms such as painful urination, blood in urine, bone discomfort, painful sex, loss of sexual desire, and infertility. Overall, the results suggest that while some participants had a good understanding of prostate cancer, others had significant knowledge gaps, with 44.5% demonstrating a low level of awareness regarding the condition.

Table 2: Participants awareness of prostate

	Strongly disagree (%)	Disagree (%)	Agree (%)	Strongly agree (%)
I have heard of prostate cancer	3(2.5)	5(4.2)	76(63.3)	34(28.3)
I heard of prostate cancer from friends/relatives.	7(5.8)	45(37.5)	34(28.3)	23(19.2)
I heard of prostate cancer from social media.	6(5)	40(33.3)	45(37.5)	17(14.2)
I heard of prostate cancer from health workers.	13(10.8)	57(47.5)	31(25.8)	9(7.5)
The following are symptoms of prostate cancer				
Difficult urination	32(26.7)	22(18.3)	25(20.8)	40(33.3)
Blood in urine.	31(25.8)	26(21.7)	28(23.3)	35(29.2)
Bone pain	34(28.3)	44(36.7)	13(10.8)	29(24.2)
Painful sex.	39(32.5)	49(40.8)	10(8.3)	22(18.3)
Loss of sex drive.	43(35.8)	43(35.8)	9(7.5)	25(20.8)
Infertility.	43(35.8)	42(35)	10(8.3)	25(20.8)
All men are at risk of developing prostate cancer.	32(26.7)	43(35.8)	27(22.5)	18(15)

The results presented in Table 3 reveal a mixed picture of respondents' awareness of prostate cancer screening. On the one hand, a significant proportion of respondents (23.3% agreeing and 21.7% strongly agreeing) were aware that a screening test for prostate cancer exists. However, when it comes to specific screening procedures, knowledge was limited. For instance, only a small percentage of men (10.8%) were aware of prostate-specific antigen (PSA) testing, while a sizable number (57.5%) were unaware of digital rectal examination (DRE). Interestingly, many

respondents (28.3%) believed that mammography was a screening method for prostate cancer, which is incorrect. Furthermore, awareness of Engrailed-2, a potential biomarker for prostate cancer, was also low, with 56.7% strongly disagreeing that people should be informed of this screening approach. Overall, the study found that participants' awareness of prostate cancer screening was poor, with a mean response of 1.97, indicating a need for education and awareness-raising efforts.

Table 3 Participant's awareness of prostate cancer screening.

Respondent's awareness of prostate cancer screening	SD (%)	D (%)	A (%)	SA (%)	Mean
There is a screening test for prostate cancer.	47(39.2)	17(14.2)	28(23.3)	26(21.7)	2.28
The following are prostate cancer screening tests					
Prostate Specific Antigen (PSA).	61(50.8)	33(27.5)	13(10.8)	12(10)	1.8
Digital Rectal Examination (DRE).	69(57.5)	31(25.8)	8(6.7)	11(9.2)	1.67
Mammography	31(25.8)	27(22.5)	34(28.3)	27(22.5)	2.48
Engrailed -2	68(56.7)	35(29.2)	9(7.5)	7(5.8)	1.62

The findings in Table 4 reveal insights into the health-seeking behaviors and attitudes of the respondents. Only a small percentage (10%) strongly agreed that they take self-medication, while 25.8% agreed, and 47.5% disagreed. A significant proportion (23.3%) strongly agreed that they engage in activities that prevent illness, while 14.2% agreed, and 39.2% disagreed. The use of non-conventional medical treatments was low, with only 2.5% strongly agreeing, and 63.3% disagreeing.

Traditional home remedies were used by 14.2% of respondents, while 23.3% agreed, and 39.2% disagreed. The findings also show that 6.7% of respondents strongly agreed that they take medication without a prescription, while 25.8% agreed, and 57.5% disagreed. Seeking healthcare from doctor or health personnel was agreed upon by 25.8% of respondents, while 28.3% strongly

disagreed. Changing behavior through attitude, knowledge, or norms was agreed upon by 37.5% of respondents, while 28.3% disagreed.

Following cultural practices was agreed upon by 33.3% of respondents, while 37.5% disagreed. Attending the nearest health facility was agreed upon by 21.7% of respondents, while 39.2% strongly disagreed. Depending on financial capability for screening was agreed upon by 37.5% of respondents, while 28.3% disagreed. Being too busy to get screened for prostate cancer was agreed upon by 33.3% of respondents, while 37.5% disagreed. Lack of knowledge about prostate cancer was a significant issue, with 47.5% of respondents agreeing, and 25.8% disagreeing. Overall, the study found that the health-seeking behavior of respondents was negative (41%).

Table 4 Health-seeking behaviour of participants as regards prostate cancer screening

ITEMS	SA	A	S	SD
1 Participants take self medication	13(10.8)	31(25.8)	57(47.5)	9(7.5)
2 Participants engage in activities that prevent illness	28(23.3)	17(14.2)	47(39.2)	26(21.7)
3 Use of non conventional medical treatment	3(2.5)	5(4.2)	76(63.3)	34(28.3)
4 Use of traditional home remedies	17(14.2)	28(23.3)	47(39.2)	26(21.7)
5 Taking of medication without prescription	8(6.7)	31(25.8)	69(57.5)	11(9.2)
6 Seeking health care from a doctor or health practional	31(25.8)	27(22.5)	34(28.3)	27(22.5)
7 Change of behavior through attitude, knowledge or norms	7(5.8)	45(37.5)	34(28.3)	23(19.2)
8 Following culture	6(5)	40(33.3)	45(37.5)	17(14.2)
9 Attending nearest health facility	26(21.7)	17(14.2)	28(23.3)	47(39.2)
10 Depends on financial capability for screening	7(5.8)	45(37.5)	34(28.3)	23(19.2)
11 I have not been screened for prostrate cancer because I am very busy	6(5)	40(33.3)	45(37.5)	17(14.2)
12 I don't know much about prostate cancer	13(10.8)	57(47.5)	31(25.8)	9(7.5)
13 Prostate cancer screening is vital.	9(7.5)	13(10.8)	57(47.5)	31(25.8)
TOTAL	16%	25%	39%	24%

DISCUSSIONS

This study assesses the awareness of prostate cancer screening among male staff in the Egor L.G.A Secretariat. The demographic characteristics of the participants revealed that the majority were aged between 46-55 years, had 11-15 years of service, were married, and were Christians. Most participants had tertiary education and were junior workers.

The study indicates that the participants' level of awareness of prostate cancer is low. This finding aligns with Asare and Ackumey (2024), who revealed that very few male teachers in the Sunyani Municipality, Ghana, were aware of prostate cancer screening. They discussed that this low level of awareness might result in missed opportunities for early detection and intervention, which are essential for improving cancer prognosis. Furthermore, the authors suggested that the widespread low levels of awareness could indicate broader challenges in educating the study population about cancer screening and healthcare facilities.

This study observed that the participant's awareness of prostate cancer screening is poor. This study supports Farazi et al. (2020) and Bello et al (2019) where it was revealed that of the 107(58.5%) of the respondents who had tertiary education, only 16.7% had knowledge of prostate cancer screening. However, a study by Sakala et al. (2020) had a contrary view because it held to the claim that increase in the uptake of prostate cancer screening in Zambia. This study contrasts with Sahu et al., (2020) where their respondents reported increased awareness of prostate cancer screening.

This study observed that the health-seeking behavior of the respondents is negative. This result aligns with Akhigbe and Omuemu (2022) and Ferreira et al. (2021), whose research indicates low rates of cancer screening participation. The authors explain that the negative behavior may be caused by various obstacles, such as a lack of knowledge, financial limitations, and psychological issues. However, this study contrasts with Ahmad and Stewart (2020), where respondents exhibited positive health-seeking behavior.

CONCLUSION

The main objective of this study was to evaluate the participants' awareness of prostate cancer screening, their health-seeking behaviours, and any potential relationships between these variables and their demographic profiles. Prostate cancer awareness was demonstrated by a sizeable percentage of respondents, which they mostly attributed to friends, family, social media, and healthcare professionals. However, differing degrees of awareness of prostate cancer symptoms suggested possible knowledge gaps. The majority of men, according to the study, tend to have poor levels of awareness about prostate cancer screening procedures, underscoring the need for focused educational efforts to close this gap.

RECOMMENDATIONS

Healthcare organizations should aim to make prostate cancer screening services more easily accessible and more reasonably priced. Establishing specialized screening facilities, setting up mobile clinics, and working with both public and private healthcare practitioners can help with this. By lowering financial obstacles through subsidized or free screening programs, more men may be encouraged to seek out and undertake screening, resulting in a rise in the rate of early detection.

A key component of educating and counselling men about prostate cancer and screening choices should be provided by healthcare professionals, especially nurses. Nurses can convey specialized information, answer concerns, and offer counsel on the advantages of early diagnosis by utilizing their expertise in patient education and health promotion. The effectiveness of educational activities can be further increased through collaboration between healthcare experts and community leaders (Adibe et al., 2022).

Additionally, by incorporating health education into their organizational culture, organizations and workplaces can help spread awareness. Employers may engage their workforce and arm them with the knowledge they need to make wise health decisions by establishing workplace wellness programs that include information about prostate cancer and screening.

The long-term effects of awareness campaigns and interventions on men's attitudes, habits, and uptake of prostate cancer screening should also be evaluated by researchers and healthcare stakeholders through longitudinal studies. This could give important information about the viability of awareness campaigns and help to shape subsequent interventions (Ebuehi & Otumu, 2021).

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