Predictors To Utilization of Preventive Measures of Prostate Cancer Among Men Attending Health Facilities in Rivers South-East Senatorial District, Rivers State

[1]Goodluck Azuonwu (Prof) & [2]Ebere Choice Lebari
[1]Department of Nursing Science
University of Port Harcourt, Nigeria
(goodator2002@yahoo.com)
[2]Department of Department of Human Kinetics,
Health and Safety Studie,
Ignatius Ajuru University of Education, Rivers State, Nigeria
(lenuchoice@gmail.com)
Correspondent: Ebere Choice Lebari
amaigbanithankgod@yahoo.com

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ABSTRACT

This study investigated the predictors to utilization of preventive measures of prostate cancer among men attending health facilities in Rivers South-East senatorial district, Rivers State. Seven objectives, seven research questions and six hypotheses were stated to guide the study. Literature was reviewed under conceptual framework, theoretical framework and empirical review. A descriptive cross-sectional design was adopted with a population which consisted of 134,311 men from 50 years and above in Rivers South East Senatorial district. A sample size of 500 was selected using the multi-staged sampling procedure. The instrument for data collection was semi structured questionnaire titled 'Questionnaire on Predictors of Utilization of Prostate cancer preventive measures (QPUPCPM)' with a reliability coefficient of 0.82. analysis was done with the aid of the Statistical Product for Service Solution (IBM SPSS 23) using mean, standard deviation and linear regression at 0.05 alpha level. The finding of the study showed that the level of utilization of prostate cancer preventive measures among men attending health facilities in Rivers South East Senatorial District was low (1.86±0.85). The result of the study indicated that the utilization of prostate cancer preventive measures was predicted by the availability of screening facilities ($r = 0.97$, $R^2 = 0.972$, $p<0.05$); affordability of screening services ($r = 0.94$, $R^2 = 0.891$, $p<0.05$); educational attainment ($r = 0.94$, $R^2 = 0.896$, $p<0.05$); knowledge of benefit of early diagnosis ($r = 0.95$, $R^2 = 0.920$, $p<0.05$); religious belief ($r = 0.91$, $R^2 = 0.841$, $p<0.05$); and support from partners ($r = 0.94$, $R^2 = 0.894$, $p<0.05$). It was concluded that, utilization of preventive measures of prostate cancer among men was predicted by several factors as mention above. The Ministry of Health should make effort to promote prostate cancer prevention among men by establishing well-organized prostate cancer screening programme at strategic points in the State.

Keywords: *Cancer, Men, Predictors, Prevention, Prostate, Utilization*

Introduction

Utilization of healthcare service remain the best and global means of disease identification, treatment and control. The expansion of health care system resulted into provision of diagnostic centers such as cancer screening centers for early detection which provide an indication for treatment or management. The prostate is a walnut-sized organ in the male reproductive system. Itis located below the bladder in front of the rectum and surrounds the upper part of the urethra (thetube that empties urine from the bladder); it helps regulate bladder control and produces the seminalfluid that nourishes and transports sperm. Prostate adenocarcinoma (Pa) is the most common type of non-skin melanoma among men globally (Tasian,2012). More than 99% of prostate cancers (Pc)develop in the gland cell that is why it is called adenocarcinoma otherwise it is called sarcoma (Siegel et al., 2018). Prostate adenocarcinoma is a condition in which the ability to regulate cell growth or death is lost, as a result, cells grow out of control around the prostate gland to form a concentrate of abnormal cells known as tumours (Kolade, 2017). Most prostate cancers are slow growing, although some grow relatively fast (Stewart & Wild 2014; National Cancer Institute 2015).

The existing cases of prostate cancer is high among black or African men than more than American (WHO, 2021). In 2020, WHO (2021) reported that the Cancer is a leading cause of death worldwide,accounting for nearly 10 million deaths in 2020, or nearly one in six deaths of which prostate cancerwas 1.41million cases included. Prostate cancer is the second most frequent malignancy (after lung cancer) in men worldwide, counting 1,276,106 new cases and causing 358,989 deaths (3.8% of alldeaths caused by cancer in men) in 2018 (Bray et al., 2018; Ferlay et al., 2019). Rates of prostate cancer differ over 50-fold among various international populations. Ascertainment biases constitute an important, but incomplete, explanation for the observed international variations in prostate cancer incidence. Countries that do not utilize prostate-specific antigen (PSA) testing typically havea much lower rate of prostate cancer compared with those that do. Of the several known prostate cancer risk factors, the most important are age, ethnicity, genetic factors, and possibly dietary factors (Moris, 2016). The incidence and mortality of prostate cancer worldwide correlate with increasing age with the average age at the time of diagnosis being 66 years. Of note, for African- American men, the incidence rates are higher when compared to the White men, with 158.3 new cases diagnosed per 100,000 men and their mortality is approximately twice as White men (Panigrahi et al., 2019). Reasons for this disparity have been hypothesized to differences in social,environmental and genetic factors. Although 2,293,818 new cases are estimated until 2040, a smallvariation in mortality will be observed (an increase of 1.05%) (Ferlay et al., 2019). Diet and physical activity play an important role in prostate cancer development and progression. Dietary factors are mainly associated with the observed worldwide and ethnic differences in the incidence rates of prostate cancer (Rawla, 2019). Equally, it is predicted that by 2025, the incidence of cancerraises 45% in developing countries (Pakzad et al., 2016). High body mass indexes, obesity, physicalinactivity, dietary factors, smoking are strongly associated with increased risk of prostate cancer (Peisch et al., 2017). It has also been shown that the risk level varies with the level of familial relationship and the age of the disease manifestation (Albright *et al.*, 2017).

Report by World Health Organization (WHO) shows that within a period of four years, deaths from

PCa in Nigeria increased by almost 100 percent, killing 26 men daily, up from 14 men every day (Raphael, 2016). In order to improve PCa survivorship, it is important for every man to know his risk of having the disease as well as the associated signs and symptoms (Olarewaju et al., 2020). InNigeria, prostate cancer is the leading cause of cancer-related deaths in men 40 years and above. Itis common in Rivers State with a incidence of 114/100,000, evidence from hospital in port Harcourt (Eke et al. cited in Raphael & Abhulimen, 2022).

The knowledge about the possibility of developing prostate malignancy as a type of cancer begins with the identification of prostate as one of the organs in the human body that can be diseased. While awareness of cancer is generally on the increase in Nigeria malignancy of the breast, cervix, head and neck are the most commonly known types. As prostate cancer develops, many men do notexperience striking symptoms at its early stages. Besides, many men who are in their 40s and mayrequire screening could have the notion that prostate cancer is only a health challenge for the very elderly, the significant role played by the organ in the reproductive process. Besides, morbidity in the prostate and any of the surrounding anatomical structures could arise from the management of a diseased prostate gland and subsequently bring about mortality (Olarewaju et al., 2020).

It is estimated that one-third of the cases of prostate cancer can be prevented and another third can be cured if detected early through screening (Enemugwem et al., 2019). There is also evidence that the recent decline in cancer mortality in several countries was as a result of screening and early detection. This fact was proven through two large international trials to determine the benefit of screening and early detection of prostate cancer. Hence, there is a need to assess men's intentions to undergo prostate cancer screening in this study. That said, the recommended screeningtests for prostate cancer are the measurement of serum prostate-specific antigen (PSA) (Moyer, 2012). Other screening tests such as digital rectal examination and ultrasonography are also essential in the diagnosis of prostate cancer. Furthermore, prostate-Specific Antigen (PSA) testing for prostate cancer has been reported to avert one prostate cancer death per 27 additional cases detected during 13 years (Mamawala et al., 2017). Several characteristics of these methods such aseasy to use, low price and availability, and extraordinary results in reducing the incidence of cancerand reducing the severity of cancer during the diagnosis phase show the importance of these examinations (Shafi et al., 2013). These facts clarify the necessity of intervention for the risk groupto improve prostate cancer preventive measures; on the other hand, health planning programs needsto identify the effective and predictive determinants of behavior (Steinmetz et al., 2016; Jalilian et al., 2016). The prevalence of prostate cancer can be low if the men are aware of early diagnosis, affordability of service, and availability.

Utilization of health care service could the ability of the population to access the health facility for the purpose of diagnosis, treatment, management, palliative care and even counselling service. men who perceived that they are risk of prostate cancer may likely decide a means of identifying the problem and prevent it from occurring. Ekwan et al. (2023) reported that more thanhalf of the population of men (70.7%) utilizes the health care service for the purpose of screening and rescreening after the initial information about prostate cancer. It is pertinent note that early identification of this deadly condition may reduce the chances of the condition from getting worse. Kim et al. (2022) indicated that in their study utilization of prostate cancer screening gradually

increases from year to year ranging from 29.4% in 2016 to 41.9% in 2018 respectively. Additionally, Bassey et al. (2019) reported in Nigeria that the utilization of health care service for prostate cancer screening was based on those who have develop clinical indications of the health problem. Bugoye et al. (2019) reported that the men above 60% were 21 times more likely to utilizeprostate cancer screening services as compared with young men. Knowledge has to do with the familiarization and awareness of concepts or condition suchas 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, studiesof Bassey et al. (2019) reported that knowledge of prostate cancer was statistically significantly associated with the utilization of prostate cancer screening services at $p<0.011$. Ojewola 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 cancerwere over 3 times more likely to ensure early diagnosis through utilization of screening services inthe 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. It is possible that knowledge about prostate cancer plays a role in the utilization of screening services.

Affordability of health care service depicts that the cost service that taking by the patient. Itis expected that health care service at different level should at cost that every individual, family and community can afford. Cost effectiveness of prostate cancer screening service may deter the extent of utilization. Kizub et al. (2022) reported that the cost health care and cancer medicine is low in government owned health facility as compared with health care services in the private facility were most drugs are not affordable. Recently, Petricca et al. (2023) indicated that the increase in cost ofhealth services affected the availability and utilization of prostate cancer screening service. health financing constitutes a major factor that determine the rate of utilization of health care service especially the stage of diagnosis. Ooms et al. (2020) reported that the low level of utilization of prostate cancer was as a result of poor income status of patient and vulnerable group. Bizimana et al.. (2020) in their study it was found that the good percentage of men were unable to use the prostatescreening service reason been that it is expensive and they cannot afford. The availability of prostatecancer screening service is more likely to be in the private settings than in government owned facility.

Educational attainment is the level of education that an individual had received over the period in time which include primary, secondary and tertiary levels of education. Educated men may havegood understanding and get familiar with their health condition and would develop at means to managing and improving their health status. It is pertinent to note that educated men be able to utilize health care service such as prostate cancer screening as compared with less or uneducated ones. Ekwan et al. (2023) in their study, it was reported that educational status of men was significantly associated with the utilization of prostate cancer screening services ($p<0.05$). studies of Morlando et al. (2017) affirmed that men with higher level of education were more likely to predict the utilization of prostate cancer screening service. Mofolo et al. (2015) added that the Levelof school education, race and language were statistically significantly associated

with level of knowledge of prostate cancer screening service.

Cancer of the prostate is amenable to screening, and this may reduce mortality from the disease almost by half. Factors associated with poor preventive practices include ignorance of the disease, inadequate diagnostic facilities even in urban areas and poverty, all leading to late presentations in the clinics. More so, most communities in Nigeria are characterized by low formaleducation, poor health services, health literacy, and health promotion activities mostly built aroundmaternal-child health and infectious diseases. The reduced access to knowledge hypothetically heightens pessimistic risk perception. Despite the pathological trend associated with prostate cancer incidence, Nigerian men are ignorantof the risk factors for the disease despite rising prevalence and despite the country's movement toward a demographically aging population. Studies conducted in Nigeria revealed that there was often little awareness of prostate cancer among the risk group. Furthermore, there is a dearth of information regarding men's knowledge of prostate cancer in Rivers State.

In Rivers South East senatorial district, people are not fully aware of the existing cases of prostate due to lack of information across the environment such as they see no reason for the visitingthe health service. Over the recent times the cost of health care services has been increasing both diagnosis and treatment to the extent that most people including men are not willing to obtain the health care service. Hence, it is against this background that this study sees the need to assess the predictors of prostate cancer and their influence on utilization of preventive measures among men in Rivers South-East senatorial district, Rivers State. The study provided answers to the following research questions:

1. To what extent does availability of screening facilities predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers state?
2. To what extent does affordability of screening services predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers state?
3. To what extent does religious belief predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers state?
4. To what extent does support from partner predict utilization of prostate cancer preventive measures among men

Hypotheses

The following hypotheses guided the study and were testing at 0.05 alpha level:

1. Availability of screening facilities will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State.
2. Affordability of screening services will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State.
3. Religious belief will not significantly predict the utilization of prostatecancer preventive

measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State.

4. Support from partner will not significantly predict the utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State.

Methodology

The study used a descriptive cross-sectional design with a study population which comprised of four thousand, seven hundred and eighty-three (4,783) men who attended healthcare facilities from January to June, 2023 in Rivers South East Senatorial District. The sample size for this study was 525 men from age 50 years and above. A multi-stage sampling procedure was adopted for the study which was presented in three stages in order to select the sample for the study. Stage one involved the use of simple random sampling technique to select Khana, Andoni, Eleme, Tai and Gokana Local Government Areas of Rivers State out of seven L.G.As in Rivers South East Senatorial district by balloting without replacement. Stage two involved the use of stratified sampling technique to select men in the age group of 50 years and above to form strata of the population for the study. The researcher was limited to men within the selected age range which were more vulnerable to prostate cancer. At stage three, the non-stratified proportionate random sampling technique was employed to select only 105 men each from the healthcare facilities in the five selected Local Government areas used for the study to enable the researcher gather data from the sample.

The instrument for data collection was a semi-structured questionnaire titled Questionnaire on Predictors of Utilization of Prostate cancer preventive measures (QPUPCPM) with reliability coefficient was 0.82. The questionnaires were administered to the respondents after explaining the purpose of the study and obtaining their verbal consent to participate. The respondents were assured of their anonymity and the confidentiality of the information collected from them. Completed questionnaires were immediately retrieved from respondents. The data obtained from the retrieved questionnaires were analyzed using Statistical Product for Service Solution (IBM SPSS 23). Results were presented using mean, standard deviation and regression analysis for research questions, also, the null hypothesis was tested using linear regression at 0.05 level of significance.

Results

The results of the stud are shown below:

Table 1: Regression analysis showing extent to which availability of screening facilities predict utilization of prostate cancer preventive measures among men

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	0.97	0.95	0.95	0.42	Very High relationship

Table 1 revealed the regression analysis of extent to which availability of screening facilities predict utilization of prostate cancer preventive measures among men. The result of the study indicated that 95.2% of utilization of prostate cancer preventive measures was predicted by the availability of screening facilities (R^2 = 0.972); with a very high positive relationship between availability and utilization (r = 0.97). Therefore, the extent to which availability of screening facilities predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was very high.

Table 2: Regression analysis showing extent to which affordability of screening services predict utilization of prostate cancer preventive measures among men

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	0.94	0.89	0.89	0.64	Very High relationship

Table 2 revealed the regression analysis of extent to which affordability of screening services predict utilization of prostate cancer preventive measures among men. The result of the study indicated that 89.1% of utilization of prostate cancer preventive measures was predicted by affordability of screening services (R^2 = 0.891); with a very high positive relationship between affordability and utilization (r = 0.94). Therefore, the extent to which affordability of screening services predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was very high.

Table 3: Regression analysis showing extent to which religious belief **predict utilization of prostate cancer preventive measures among men**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	0.91	0.841	0.84	0.77	Very High relationship

Table 3 revealed the regression analysis of extent to which religious belief utilization of prostate cancer preventive measures among men. The result of the study indicated that 84.1% of utilization of prostate cancer preventive measures was predicted by religious belief ($R^2 = 0.841$); with a very high positive relationship between religious and utilization (r = 0.91). Therefore, the extent to which religious belief predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was very high.

Table 4: Regression analysis showing extent to which support from partner predict utilization of prostate cancer preventive measures among men

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	0.94	0.89	0.89	0.63	Very High relationship

Table 4 revealed the regression analysis of extent to which support from partner utilization of prostate cancer preventive measures among men. The result of the study indicated that 89.4% of utilization of prostate cancer preventive measures was predicted by support from partners ($R^2 = 0.894$); with a very high positive relationship between support from partner and utilization (r = 0.94). Therefore, the extent to which support from partner predict utilization of prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was very high.

Test of Hypotheses

Table 5: Linear Regression analysis on availability of screening facilities and utilization of prostate cancer preventive measures among men

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	1751.422	1	1751.42	9664.24	0.00*	Rejected
	Residual	88.439	488	0.18			
	Total	1839.86	489				

***Significant. p< 0.05**

Table 5 revealed the regression analysis between availability of screening facilities and utilization of prostate cancer preventive measures among men. The findings of the study revealed that availability of screening facilities significantly predicted the utilization of prostate cancer preventive measures among men [$f(1,488) = 9664.24$, $p<0.05$]. Therefore, the null hypothesis which stated that availability of screening facilities will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was rejected.

Table 6: Linear Regression analysis on affordability of screening services and utilization of prostate cancer preventive measures among men

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	1639.37	1	1639.37	3990.47	0.00*	Rejected
	Residual	200.48	488	.41			
	Total	1839.86	489				

***Significant. p< 0.05**

Table 6 revealed the regression analysis between affordability of screening services and utilization of prostate cancer preventive measures among men. The findings of the study revealed that affordability of screening services significantly predicted the utilization of prostate cancer preventive measures among men [f(1,488) = 3990.47, p<0.05]. Therefore, the null hypothesis which stated that affordability of screening services will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was rejected.

Table 7: Linear Regression analysis on religious belief and utilization of prostate cancer preventive measures among men

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	1547.06	1	1547.06	2578.46	0.00*	Rejected
	Residual	292.79	488	.60			
	Total	1839.86	489				

***Significant. p< 0.05**

Table 7 revealed the regression analysis between religious belief and utilization of prostate cancer preventive measures among men. The findings of the study revealed that religious belief significantly predicted the utilizationof prostate cancer preventive measures among men [f(1,488) = 2578.46, p<0.05]. Therefore, the null hypothesis which stated that religious belief will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was rejected.

Table 8: Linear Regression analysis on support from partner and utilization of prostate cancer preventive measures among men

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	1645.58	1	1645.58	4133.56	0.00*	Rejected
	Residual	194.27	488	.39			
	Total	1839.86	489				

***Significant. p< 0.05**

Table 8 revealed the regression analysis between support from partner and utilization of prostate cancer preventive measures among men. The findings of the study revealed that support from

partner significantly predicted the utilizationof prostate cancer preventive measures among men [f(1,488) = 2578.46, p<0.05]. Therefore, the null hypothesis which stated that support from partner will not significantly predict the utilizationof prostate cancer preventive measures among men attending health facilities in Rivers South-East Senatorial District, Rivers State was rejected.

Discussion of findings

The findings of the study were discussed below:

The finding of the study showed that the level of utilization of prostate cancer preventive measures among men attending health facilities in Rivers South East Senatorial District was low (1.86±0.85). This finding may not be surprising possibly because the health facilities where the respondents were drawn from was not focused on cancer cases. The finding of this study is in line with that of Ekwan et al. (2023) whose study on the uptake of prostate cancer screening and associated factors among men aged 50 years and above in Lira city, Uganda showed poor level of prostate cancer prevention among men. The finding of this study is in consonance with that of Ogunsanya et al. (2017) whose study on prostate cancer screening among young multiethnic black men in Austin, Texas which showed that low level of prostate cancer prevention measures. The finding of the study is similar to that of Ebuehi and Otumu (2011) whose study on **p**rostate screening practices among male staff of the University of Lagos, Lagos, Nigeria showed that the practice of prostate cancer screening was low (28.4%). This poor prevention which involves screening could be accounted for the late presentation reported in several studies. Lower mortality is reported in developed countries due to early detection, while in developing countries, most cancer victims are diagnosed with late stage, incurable tumors, pointing to the need for education schemes and better detection programs (Nakandi et al., 2013). However, the finding of this study is not in line with that of Morrison et al. (2017) whose study among screening behaviors in Jamaican men revealed a moderate level of prostate cancer prevention measures. This variation found could be due to the difference in study area and sample size in the two different studies.

The result of the study indicated that 95.2% of utilization of prostate cancer preventive measures was predicted by the availability of screening facilities (R^2 = 0.972); with a very high positive relationship between availability and utilization (r = 0.97). This finding is anticipated because for any healthcare service to be used it must be made available. The finding of this study is in keeping with that of Bassey et al. (2019) whose study on the level of utilization of prostate cancer screeningservices among oncology social workers in the Niger Delta Region of Nigeria revealed that availability predicted the utilization of prostate cancer prevention services. The finding of this study is in line with that of Mekuria et al. (2021) whose study on the prevalence of cervical cancer and associated factors among patients who attended cancer screening center at Gahandi Memorial Hospital, Ethiopia has good preventive behaviour of screening when the screening services are available. This similarity between the previous and present study could be due to the homogeneity of the study respondents and the concept under study.

The result of the study indicated that 89.1% of utilization of prostate cancer preventive measures was predicted by affordability of screening services (R^2 = 0.891); with a very high positive relationship between affordability and utilization (r = 0.94). The finding of this study may not be argued against because the affordability of any healthcare services determines its use, people may find it difficult to access any health service they cannot afford to utilize. The finding of this study is in keeping with that of Bassey et al. (2019) whose study on the level of utilization of prostate

cancer screeningservices among oncology social workers in the Niger Delta Region of Nigeria revealed that affordability predicted the utilization of prostate cancer prevention services. This similarity between the previous and present study could be due to the homogeneity of the study respondents and the concept under study.

The result of the study indicated that 84.1% of utilization of prostate cancer preventive measures was predicted by religious belief (R^2 = 0.841); with a very high positive relationship between religious and utilization (r = 0.91). The finding of this study corroborates that of Young et al. (2018) whose study on factors influencing the decision to attend screening for cancer in the UK showed that religious affiliation predicted utilization of prostate cancer preventive measures. The finding of this study is expected thus not surprising because religion has a strong force in determining several health behaviours in a large context across the globe. Some men may have low awareness, negative attitude and poor practices towards cervical cancer because of their religious affiliation as they may not belief that they can have such illness as prostate cancer hence, needless screening for it or adhering to its prevention. Some may even associate practicing prostate cancer screening as faithlessness in their God and doubting His ability to keep such illness far from then. Thus, the religion of men may have a strong influence on cervical cancer screening among them. The finding of this study corroborates that of Jayasekera et al. (2019) whose study examined the effects of individual-level andarea-level characteristics on advanced prostate cancer diagnosis among Medicare which showed that religious affiliation predicted prostate cancer preventive measures. The similarities found between the present study and previous ones might be due to the homogeneity of the study population as both studies were carried out among men.

The result of the study indicated that 89.4% of utilization of prostate cancer preventive measures was predicted by support from partners (R^2 = 0.894); with a very high positive relationship between support from partner and utilization (r = 0.94). The finding of this study corroborates that of Young et al. (2018) whose study on factors influencing the decision to attend screening for cancer in the UK showed that support from partners predicted utilization of prostate cancer preventive measures. The finding of this study corroborates that of Jayasekera et al. (2019) whose study examined the effects of individual-level andarea-level characteristics on advanced prostate cancer diagnosis among Medicare which showed that support from partner predicted prostate cancer preventive measures. The similarities found between the present study and previous ones might be due to the homogeneity of the study population as both studies were carried out among men.

Conclusion

Based on the findings of the study it was concluded that, the predictors utilization of preventive measures of prostate cancer among men attending health facilities in Rivers South-East Senatorial District are: availability of screening facilities, affordability of screening services, religious belief and support from partners.

Recommendations

The following recommendations were made based on the findings of the study:

1. The Ministry of Health should make effort to promote prostate cancer prevention among men by establishing well-organized prostate cancer screening programme at strategic points in the State.

2. Non-governmental health agencies should also do more in terms of improving the awareness of prostate cancer by continuous campaign, seminars and workshops for men.
3. The primary healthcare board should also make the screening easily available and affordable for men, by creating a cancer screening section in every primary healthcare facility.
4. The ministry of health should adapt prostate cancer screening package by integrating it with other healthcare services at all the levels of healthcare.

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