

Knowledge, attitude and practices towards prostate cancer screening among men aged 45 to 65 years in Lira regional referral hospital, Lira district. A cross-sectional study.

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Abstract

Background:

Prostate cancer is one of the most common cancers affecting men worldwide and is a major public health concern due to its high morbidity and mortality. This study assessed the knowledge, attitudes, and practices towards prostate cancer screening among men aged 45–65 years at Lira Regional Referral Hospital in Lira District.

Methodology:

A descriptive cross-sectional study design was used. The study was conducted at Lira Regional Referral Hospital among men aged 45–65 years. A sample size of 50 respondents was selected due to financial and time constraints, although the calculated sample size was 220 using the Kish and Leslie formula. Data were collected using structured questionnaires administered through interviews in the local Luo language. Data were edited, coded, and analyzed using SPSS, and results were presented using frequency tables and percentages.

Results:

About 76% of respondents had heard about prostate cancer screening, and 64% knew the importance of screening. However, knowledge about the recommended screening interval was low, with 42% not knowing how often screening should be done. Attitude towards screening was generally poor; 58% did not believe regular screening was important, and 38% were not very interested in knowing their prostate cancer status. Regarding practices, 70% of respondents had never been screened for prostate cancer, and 42% were not aware of any screening facility in Lira. Socio-economic factors such as poverty (64%) and cultural beliefs also influenced screening behavior.

Conclusion:

Despite moderate awareness of prostate cancer screening, attitudes and practices towards screening among men aged 45–65 years were generally poor, resulting in low uptake of screening services.

Recommendations:

The Ministry of Health should increase community sensitization on prostate cancer and establish more screening facilities.

Keywords: Prostate Cancer Screening, Men Aged 45–65 Years, Screening Uptake; Lira Regional Referral Hospital.

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Background.

Prostate cancer, also known as carcinoma of the prostate, is the development of cancer in the prostate, which is a gland in the male reproductive system. The disease burden has taken a substantial amount of time for both researchers and medical practitioners, making it an intensive research subject (Busingye Grace, 2016). According to the study done by the National Cancer Institute of America (NCIA) globally, Prostate cancer is one of the most common cancers in the world and the most commonly diagnosed cancer in the world in over 112 countries, with an overview of 1,414,000 newly diagnosed cases. However, the National Cancer Institute of America (NCIA) further indicates that an American male has 11% risk of being diagnosed with prostate cancer over his lifetime (the incidence increases

with age) and a 2.5% overall risk (1 out of every 41) of complications from it. (NCIA Report, 2022)

According to the study done by Rebbeck et al (2013) in Africa showed that in African countries like Nigeria, Senegal, Gambia, sierra Leon, the Ivory Coast, Ghana, Cameroon, and many other countries whose prostate cancer occurrence and incidence rates appear much slower than those of African Americans. In Africa, the highest rates of 64.1 per 100,000 were in southern Africa, followed by northern Africa with 35.9 per 100,000, western Africa with a record of 31.9 per 100,000, and eastern Africa with 23.9 per 100,000. (Rebbeck et al, 2013). Still in Africa, further studies reveal hospital-based incidence rate of 127 per 100,000 concluding that there could be an equal estimate of cancer occurrence between Nigerians and African

Americans continuous study found out cancer is a serious challenge in African men of African descent and its actual incident being underestimated in the sub-Saharan setting due to, lack of screening, access to healthcare, genetics, lifestyle, and environments factors (NCIA Report, 2022)

In East Africa as a region, the prevalence of prostate cancer in Tanzania was recorded as being 39.84%, with the mean age of its occurrence as being 64.85 years. This was also seen where 52.58% had high-grade prostate cancer (M.Katabalo, 2022). In Uganda, prostate cancer burden puts it at an annual incidence rate of 5.2% occurrence (Fred Okuku, 2016). Furthermore, studies by GLOBOCAN on Ugandan men in Uganda report that prostate cancer is the second most common cancer, with a high incidence rate as being 6.4% in Uganda (2020). This study assessed the knowledge, attitudes, and practices towards prostate cancer screening among men aged 45–65 years at Lira Regional Referral Hospital in Lira District.

Methodology.

Study Design.

The study design was a cross-sectional descriptive study. It was selected because it allowed studying matters under question from a given point in time.

Study Area.

The study was carried out at Lira Regional Referral Hospital, a government-owned facility, located in Lira District in the Northern sub-region of the country. The district is further bordered and surrounded by districts such as Dokolo district, Agago district, Kole district, Apac, and many others. Lira regional referral hospital is a public health centre offering general services that receives an average of 500 per day and has about 250 beds with several other departments such as OPD, inpatient department, ART clinic, and many more others.

Source of data.

The study used primary data, which was first-hand data collected from the field. The data was only obtained using data collection tools, which were identified as the questionnaires.

Study Population

The targeted population for this study was men aged 45–65 years and residents of Lira District. These respondents were selected because they were deemed reliable in providing information that would be necessary for the study, which came up with a true picture of the knowledge, attitude, and practice of men in the selected age bracket towards prostate cancer screening.

Inclusion criteria.

The study considered all men aged 45–65 years residing in Lira City West.

Sample size calculation.

A sample portion of the population results was generated from the entire population. The researcher selected a sample size of 50 respondents.

This number was derived using Kish and Leslie (1965) for sample size calculation, at 95% level of significance, with a standard error (e) of 5% as indicated below;

$$n = z^2 p (1-p)$$

d² Where n = the number of respondents required (sample size).

P = the proportion of the target population estimated to have prostate cancer, estimated at 17.3% by Uganda Cancer Institute Report (2014).

$$q = 1-p = 1-0.173 = 0.827$$

Z = the standard normal deviation (1.96) at 95% of confidence.

d = degree of accuracy desired in this case is 0.05

$$n = \frac{z^2 p (1-p)}{d^2}$$

$$d^2$$

$$n = \frac{1.96^2 \times 0.173(1-0.173)}{0.05^2}$$

$$0.05^2$$

$$n = \frac{3.8416 \times 0.173 \times 0.827}{0.0025}$$

$$0.0025$$

$$n = 0.54962 = 219.86$$

$$0.0025$$

$$n = 220.$$

The target population was therefore 220 respondents, but due to financial and time constraints, 50 respondents were used.

Sampling Procedures.

After approval of the research proposal, an introductory letter from Kampala School of Health Sciences' research committee to the study area was obtained. When permission was granted, the researcher and two trained research assistants administered the questionnaire to the respondents through an interview in a local language (Luo). The purpose of the study was explained to the participants, and data collection began with the signing of a consent form among the targeted age men at the OPD unit. Data collection processes were done in a way that alphabet letters written on papers were given to the respondents to pick; those who picked letter "A" were interviewed first after consenting, and the process continued until the required sample size of 50 respondents was attained. The respondents were asked questions following the designed questionnaire to avoid being biased. After the interview, each respondent was thanked for participating in the study.

However, only 50 respondents were used by the researcher due to inevitable constraints.

Study variables.

Under the study, the variables studied were knowledge, attitude, and practice of men towards prostate cancer screening.

Data Collection technique/tools.

During the study, the questionnaire was used. The reasons for adopting a questionnaire was majorly because it was cheap and easy to administer, preserved confidentiality, and would easily be completed at the respondent’s convenience. The researcher personally distributed the questionnaires by simple random selection of respondents and ensured the accuracy of information.

Plan for data analysis.

From the field, data were arranged, edited, coded, and computed using SPSS and presented in frequency tables, which made it easy to interpret the results. A Likert scale was used to obtain data from participants, which was then categorized to decide whether the level of knowledge was high or low, the attitude was good or poor, and the practice was good or poor.

Quality control issues.

A pretested semi-structured questionnaire was used in the study. Pretesting of the questionnaire was done in Ujama village, Lira City, West Division, Lira District. Thereafter, adjustments were made and considered before the execution of the study. The researcher then trained the research

assistant, who aided in the field of data collection.

Ethical issues.

The research was purely for academic purposes. Therefore, to build the confidence of the respondents, the researcher obtained an introduction letter from the teaching institution, which was submitted to the management of the area of study to be granted permission to carry out research within the area. The researcher then requested permission, which was granted by the Lira regional referral hospital superintendent, to address potential respondents who were further informed of their voluntary participation, and their consents shall be obtained. The researcher also designed the instruments without providing the option for the name to observe confidentiality. Furthermore, the researcher created different collection points where each of the respondents would drop their responses to avoid suspicion from their colleagues about their participation.

The researcher also ensured that he explained whatever was in the data collection instruments before respondents participated in filling out the questionnaires.

Results.

Demographic data.

Table 1: Baseline Characteristics of Study Respondents according to demographic data (n=50)

Response	Frequency(f)	Percentage (%)
Age		
45-50 years	25	50
51-60years	12	24
61-65years	13	26
Total	50	100
Tribe		
Alangi	36	72
Acholi	09	18
Amadi	05	10
Total	50	100
Marital status		
Single	27	54
Married	17	34
Co-habiting	06	12
Total	50	100
Number of children		
1	12	24
2	08	16
3	10	20
3 and above	20	40

Total	50	100
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Most of the respondents (50%) were within the age bracket of 45-65 years, whereas the least (24%) were within the age bracket of 51-60 years. Regarding the tribes, the majority of the respondents (72%) were Lango, (18%) were Acholi, and then (10%) minority were from the Madi tribe. Further studies reveal that according to marital statuses, (54%) the majority were single men without families, (34%) were married men, and (12%) minority were cohabiting. Studies conducted on the number of children reveal that (40%) the majority of respondents had more than 3 children, and as the most respondents, while (16%) a minority of respondents had 2 children. Based on the study findings, the majority of respondents (58%) were Catholics, (14%)

minority of respondents were Muslims whereas (18%) respondents were Anglicans by religion accordingly. (40%) The majority of the respondents, according to the study, had a higher level of education, as being tertiary (38%) respondents as being primary level of education, (18%) respondents as being secondary (02%) minority of respondents had never gone to school, and thus, the least number of respondents. Most of the respondents were businessmen (34%), followed by (32%) of employed men, (28%) respondents were unemployed, with the remaining respondents (06%) as students, according to the studies conducted.

Knowledge of men aged 45-65 years towards prostate cancer screening

Figure 1: Shows the distribution of respondents according to whether they had ever heard about prostate cancer screening (n=50).

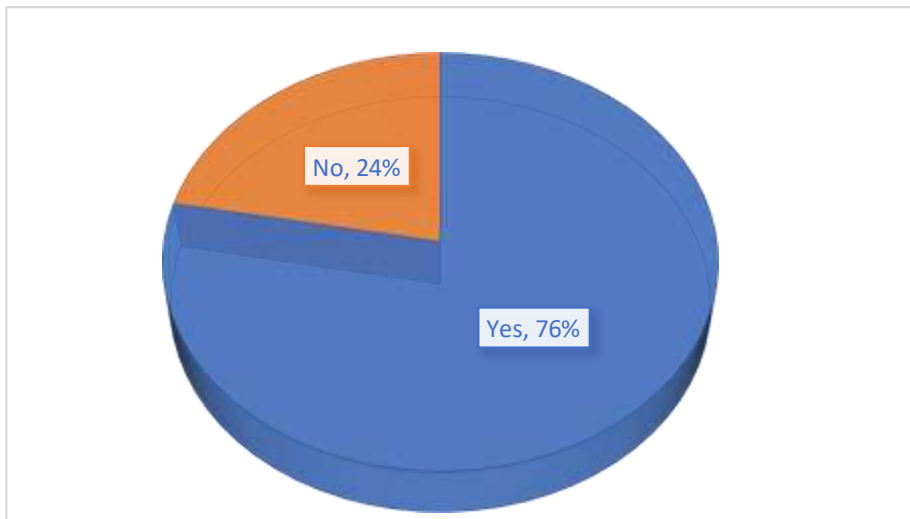
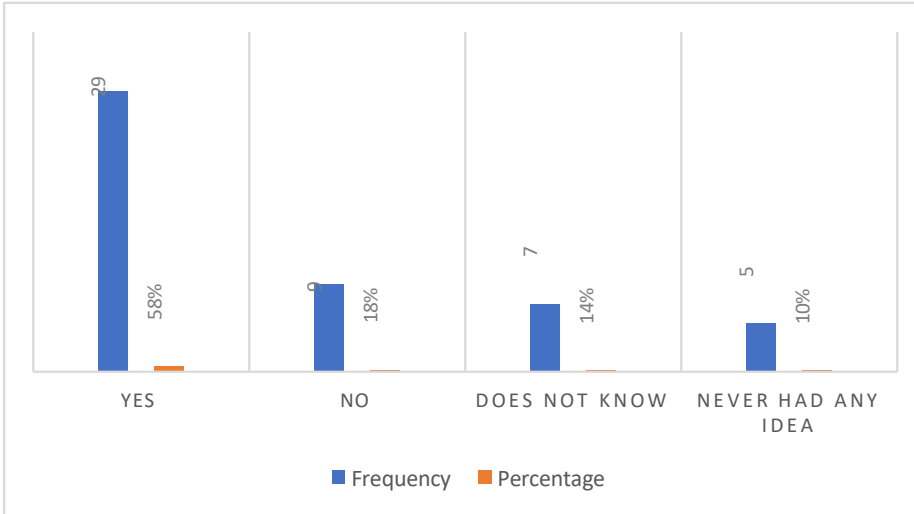


Figure 1, most of the respondents (76%) have ever heard about prostate cancer screening, whereas the least (24%) have never heard about prostate cancer screening.

Figure 2: Shows the distribution of respondents according to whether prostate cancer screening was proper for men (n=50)



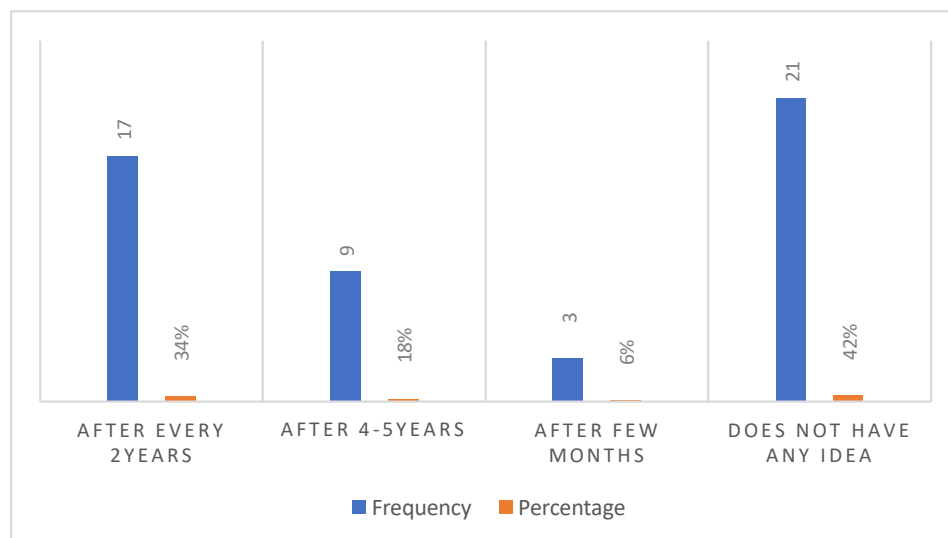
From the table, Figure 2, most of the respondents (58%) knew whether prostate cancer screening was proper, whereas (10%) never had any idea whether prostate cancer screening was proper.

Table 2: Shows the distribution of respondents according to whether they knew the importance of prostate cancer screening (n=50).

Response	Frequency(f)	Percentage (%)
Yes	32	64
No	18	36
Total	50	100

From Table 2, most of the respondents (64%) knew about the importance of prostate cancer screening in men, whereas (36%) did not know the importance of prostate cancer screening.

Figure 3: Shows the distribution of respondents according to their knowledge of how long men should go for prostate cancer screening (n=50).



From Figure 3, (42%) of the respondents did not have any idea as to how long men are supposed to go for prostate cancer screening, (34%) knew it was after every 2years, (18%) knew screening was after every 4-5 years, and a few knew prostate cancer screening was done after a few months.

Table 3: Shows the distribution of respondents according to the age at which they knew, as recommended for prostate cancer screening (n=50).

Response	Frequency(f)	Percentage (%)
Below 45years	15	30
Between 45 and 65 years	12	24
Above 65years	23	46
Total	50	100

From Table 3 (30%) of the respondents recommended 45years and below as the best age for prostate cancer screening, (24%) of the respondents recommended the age brackets of between 45-65 years, (46%) of respondents recommended the age of 65years and above to go for prostate cancer screening.

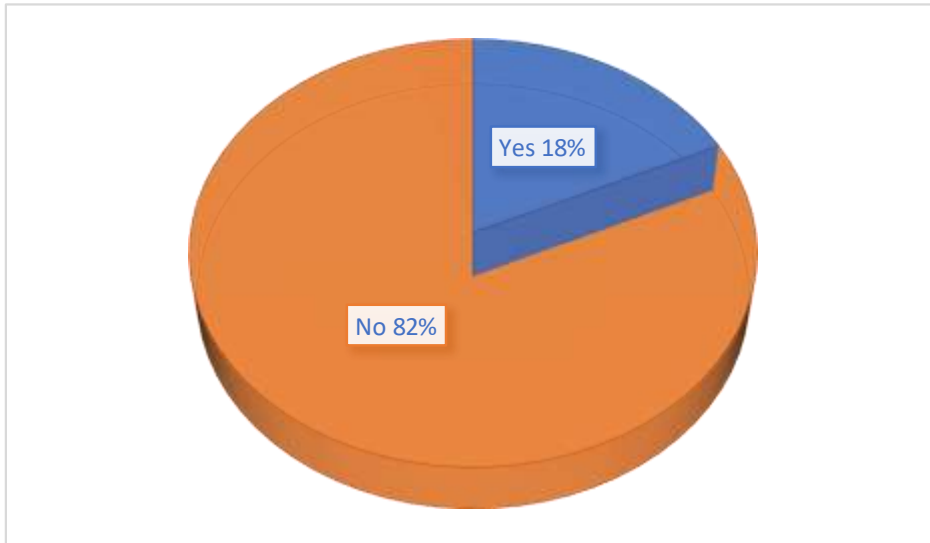
Table 4: Shows the distribution of respondents according to prostate cancer screening examinations encountered (n=50).

Response	Frequency(f)	Percentage (%)
Yes	38	76
No	12	24
Total	50	100

From Table 4, the majority (76%) of the respondents did encounter prostate cancer screening examinations, and (24%) of the minority respondents did not encounter any prostate cancer screening examinations.

Attitude of men aged 45-65years towards prostate cancer screening.

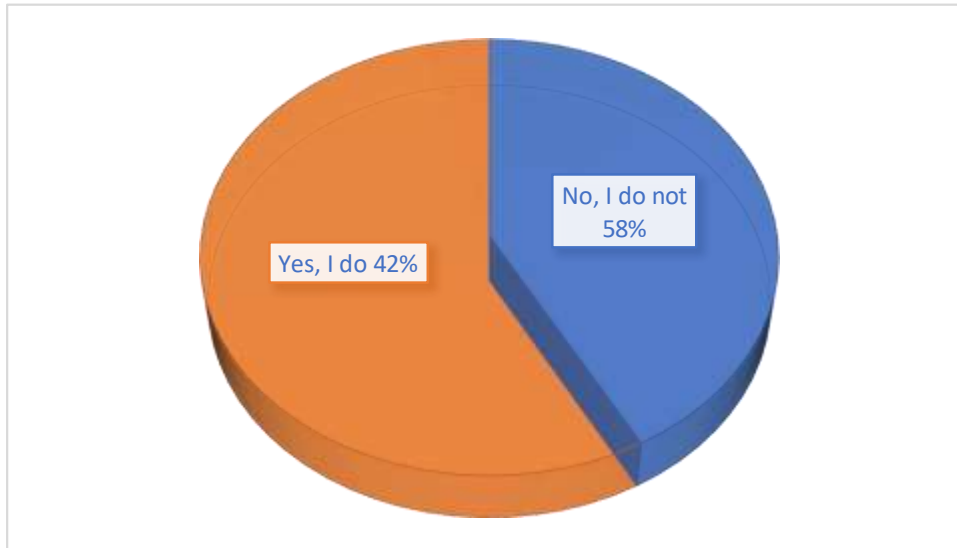
Figure 4: Shows the distribution of respondents according to whether they thought prostate cancer is curable after prostate cancer screening (n=50)



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From Figure 4, most (82%) of the respondents never thought prostate cancer was incurable, whereas (18%) of respondents think prostate cancer is curable.

Figure 5: Shows the distribution of respondents according to whether they thought prostate Cancer screening regularly is important (n=50)



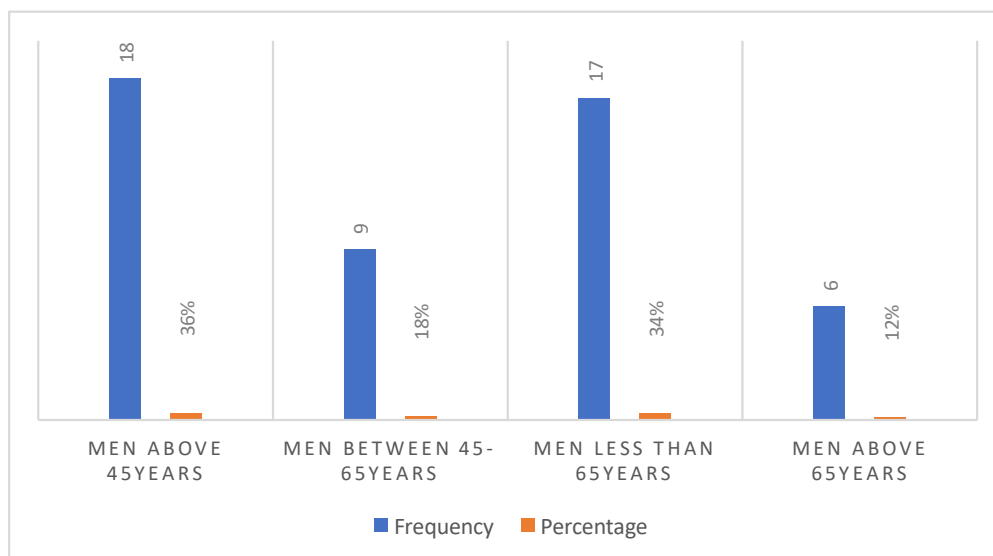
From Figure 5, (42%) of respondents think prostate cancer screening regularly is important, whereas (58%) of respondents do not think prostate cancer screening regularly is important.

Table 5: Shows the distribution of respondents according to whether they thought prostate cancer is a disease of men and thus its screening would help (n=50)

Response	Frequency(f)	Percentage (%)
Yes	39	78
No	11	22
Total	50	100

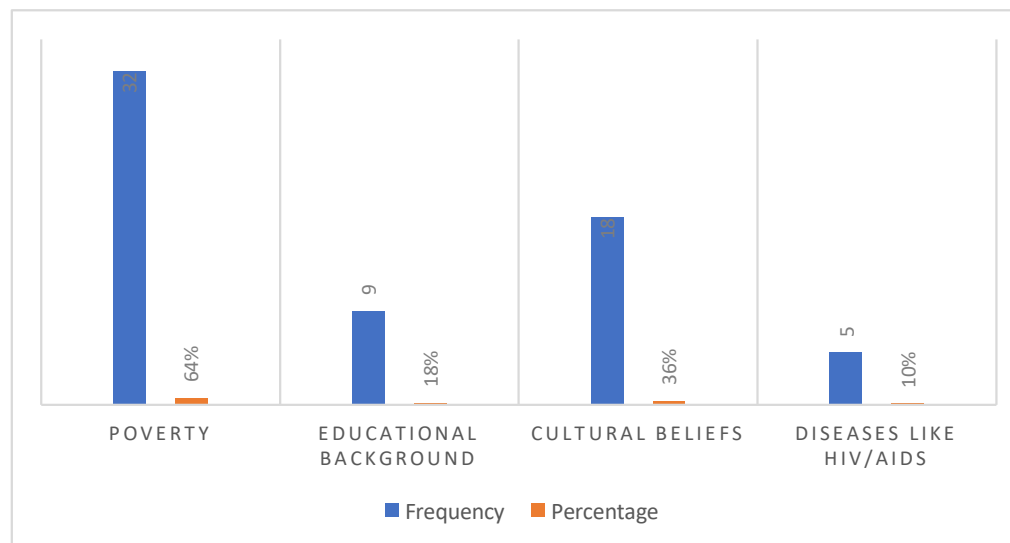
From Table 5, (78%) of respondents think prostate cancer is a disease for men, while (22%) of respondents think prostate cancer is not a disease for men.

Figure 6: Shows the distribution of respondents according to which age bracket is thought to be the most encountered during prostate cancer screening (n=50)



From Table 6, (36%) respondents are in the age brackets of men above 45 years, which is the most affected by prostate cancer screening, whereas (12%) respondents are from the age bracket of men aged above 65 years.

Figure 7: Shows the distribution of respondents according to some of the socio-economic factors that are thought to have affected the rate of prostate cancer screening (n=50).



From the table 7, (64%) respondents have considered poverty as the socio-economic factor which have favored the increased rate of prostate cancer screening, (18%) of respondents have Educational background as the socio-economic factor which is favoring increased rate of prostate

cancer screening, (36%) respondents also have cultural beliefs as the factor favoring the increased rate of prostate cancer screening meanwhile (10%) of respondents have Diseases as HIV/AIDS as the socio-economic factor favoring increased rate of prostate cancer screening.

Table 6: Shows the distribution of respondents according to whether they are thought to be interested in knowing their prostate cancer status after prostate cancer screening (n=50).

Response	Frequency(f)	Percentage (%)
Yes	5	11
No	12	23
Less interested	14	28
Very little interested	19	38
Total	50	100

From the table 6, the most respondents (38%) were very less interested in knowing their health status in regards to prostate cancer screening, (11%) of respondents were interested in knowing their health status in regards to prostate cancer

while (23%) respondents didn't want to know their health status in regards to prostate cancer whereas (28%) of respondents were also less interested in knowing their health status in regards to prostate cancer.

Practices of men aged 45-65years towards prostate cancer screening.

Table 7: Shows the distribution of respondents according to whether they have ever been screened for prostate cancer (n=50)

Response	Frequency(f)	Percentage (%)
Yes	15	30
No	35	70
Total	50	100

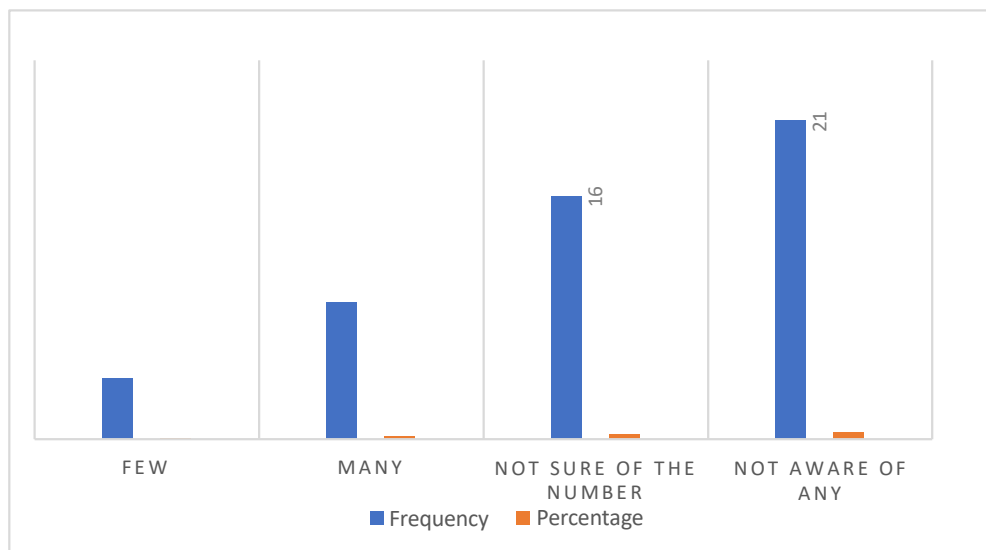
From Table 7, the majority (70%) of respondents have never been screened for prostate cancer, (30%) of the minority have ever been screened for prostate cancer.

Table 8 shows the distribution of respondents according to how often they went for prostate cancer screening. **(n=50)**

Response	Frequency(f)	Percentage (%)
Within every 2-4months	20	40
Does not remember	11	22
Never done it	19	38
Total	50	100

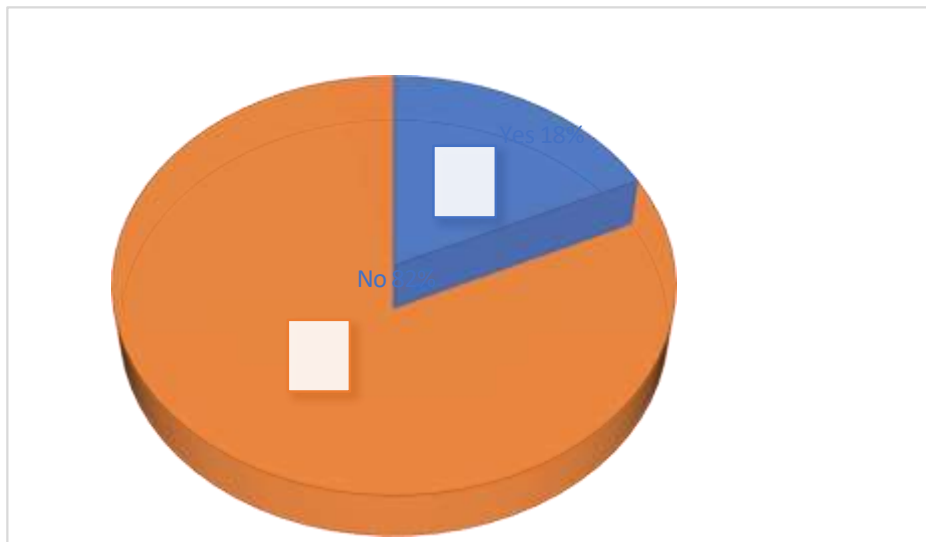
From Table 8, (40%) of the respondents often went for prostate cancer screening, (22%) of the respondents did not remember when they ever went for prostate cancer screening, whereas (38%) of the respondents have never gone for prostate cancer screening.

Figure 8: Shows the distribution of respondents according to whether they attended any functional prostate cancer screening facilities in Lira. (n=50)



From the figure 8, (42%) respondents were not aware of any functional prostate cancer screening facility in Lira, while (08%) a few respondents were aware of the functional prostate cancer screening facilities in Lira.

Figure 9: Shows the distribution of respondents according to cultural norms that could have any influence on prostate cancer screening (n=50)



From Figure 9, the greatest number of respondents (82%) never had any cultural norms that influenced them on prostate cancer screening, whereas the least number of respondents (18%) had cultural influences that influenced prostate cancer screening.

Discussions.

Knowledge level on prostate cancer screening amongst men aged 40-65years.

Findings from the study conducted on 50 respondents indicated that there was a high knowledge level about Prostate Cancer and its screening as 76% majority of the respondents knew it was a disease for men majorly because they had been hearing over the medias like radio, sensitizations by Village Health Teams as compared to studies by Rufus wale Ojewola et al, (2017) a study from south west Nigeria whereby there was generally poor knowledge about prostate cancer with 53.1% having poor knowledge than the remaining respondents.

There was increased awareness about the disease since 58% of respondents knew it was proper for men to screen for the disease. This was emphasized by the Village Health Team members in reference to the side effects of late screening and its out comes as well as compared to studies by Pillar Carrasco-Garrido et al, (2014) which was conducted in Spain showed lack of awareness among the respondents 54.72% minority of respondents did PSA as prostate cancer screening as other cancer screenings had higher record than cancer of the prostate.

Although majority of respondents were well educated since 40% majority of respondents were of tertiary education since

they seemed more knowledgeable about the disease and its screening as a way to detect it and the rest of respondents were of secondary education, majority had been screened for prostate cancer as also equated seen in Maxwell Ogochukwu Adibe et al, (2017) study done from University of Nigeria showed that high education level is a determinant of knowledge on prostate cancer screening in that tertiary degree holders had a good percentage of 94.9% of the majority and the remainder having a lower percentage. Though knowledge on prostate cancer screening was high among men in the study, most of them did not know it was important to screen so that they could know their status on prostate cancer as well. The knowledge was perceived only with the name of prostate cancer screening, but never considered other factors related to prostate cancer.

Attitude of men towards prostate cancer screening amongst men aged 45-65years.

The study found out that men think that prostate cancer is a disease for men aged 45 years and above as it was 36% higher than in other age brackets because the majority said they experienced this by seeing their relatives become screened positive for the disease antibodies at that age as compared to as equated to studies by Mohammed H Abuadas et al, (2015) a study in Jordan Asian Pacific region whereby 13% of older men above 40years did go for prostate cancer screening.

During the studies majority 82% of the respondents thought prostate cancer as a disease has no cure even on screening and it was greatly associated to verbal influence and ignorance merged with a little insight about the screening of

the disease as compared to studies by Nakandi et al, (2013) in Uganda 45.9% of men thought that prostate cancer is not curable and it is not important to screen when they have no pain or any other symptom, it is costly to screen and a painful procedure, all which are misconceptions because prostate cancer is asymptomatic in its early stages.

During the study, the attitude was generally Poor about the prostate cancer screening as 58% of respondents did not know the importance of the screening as they considered it to be time wasting and mostly for the whites (Europeans) as compared to a study conducted by Sakala Gift et al, (2020) in Zambia whereby 98.5% of the respondents had positive attitude towards prostate cancer screening. Also, another study carried out by Maxwell Ogohchukwu Adibe et al (2017) from the University of Nigeria 94.7% of the respondents were tertiary education holders who had a good attitude and constantly went for subsequent screening on prostate cancer, and their academic staff also had a good attitude about the disease.

During the study, it was found that fear of positive diagnosis also created a negative attitude towards prostate cancer screening since 70% of the majority did not screen since they feared stigma as the end result of a positive test, also feared being cleared to be having the disease after the results appeared to be positive since many assume the disease is incurable as it was also matched and seen in a study by Maxwell Ogohchukwu Adibe et al, (2017) from University of Nigeria whereby the poor attitude was associated with many factors including fear and anxiety.

During the study, it was discovered that most of the socio-economic factors had influence on the attitude of the respondents especially poverty with 64% as the most influential factor towards the poor attitude because some examinations required monetary interventions which could not be acquired by the majority as also seen furtherly in studies by Richard Ekwun et al, (2023) from Lira city whereby socio-economic factors greatly affected and influenced prostate cancer screening attitude amongst the respondents. During continuous studies, the respondents' attitude was also low as most of the respondents were very little interested, with 38%, less interested, to be 28%, 23% of respondents did not want to know their health statuses regarding prostate cancer, with 11% least respondents will to know their statuses regarding prostate cancer. This therefore showed a very low attitude towards prostate cancer screening.

Practice of men towards prostate cancer screening amongst men aged 45-65years.

Findings of the study showed that there was very low uptake of screening services towards prostate cancer among men, as 70% have never screened for the disease, with 26% of respondents having been screened, and 04% never ever being screened for prostate cancer. This showed low levels of awareness as 42% of the respondents were not aware of prostate cancer screening, as the majority were not aware,

thus making it the major cause of the low screening practices of prostate cancer. It was also found out that the majority below 65 years of age, 42% were not aware of the number or even the existence of functional prostate cancer screening facilities in Lira as they hailed from areas which were less sensitized about the disease screening thus creating low awareness as compared to the case of Fidelis Charles Bugoye et al, (2019) where a factor of age was of greater influence on facility utilization as 60% of respondents above 60 years of age did fluctuate screening facilities mostly and utilized the available services than the lesser aged respondents. It was also found out that during the study, cultural norms and beliefs affected greatly the practices of many men that is 67% of the majority towards prostate cancer screening since their cultural norms influenced them about the prevailing disease as being majorly for the white men and the rich in particular, in that matter, it was also considered to be inappropriate in relation to sodomy especially digital rectal examinations since they feared it would enlarge the patient's rectal canal. This was compared to a study done by Nakandi et al (2013) in Nakawa, Uganda, where as many respondents as 51.1% were affected by cultural factors too.

Conclusion.

In view of the findings obtained from 50 respondents, the following conclusions were made: This study indicated a lack of knowledge about prostate cancer screening, in view of the fact that 76% of the respondents knew about prostate cancer screening. However, 58% respondents also knew prostate cancer screening was proper for men, as 34% of the respondents knew the importance of prostate cancer screening as the second greatest population in that category, and also 34% of the respondents knew that prostate cancer screening was done after every subsequent 2 years, which was the second greatest number according to that category. The study revealed that the attitude towards prostate cancer screening amongst the respondents was generally poor as 82% of the majority knew that prostate cancer was incurable, 58% of the respondents also did not know the importance of regular prostate cancer screening, 64% of respondents think poverty is the most influential socio-economic factor which has greatly made their attitude poor towards prostate cancer screening, 38% majority of the respondents also were very less interested in knowing their health status in regards to prostate cancer screening. This therefore shows that the respondents have a poor attitude towards prostate cancer screening.

The researcher noticed that the study participants possessed among the respondents, 70% majority of respondents have never screened for prostate cancer indicating a poor prostate cancer screening practice, 38% of the greater majority do not often go for prostate cancer screening as a practice, 42% of the majority of respondents were never aware of any functional prostate cancer screening facility in the district and lastly 82% of respondents never had any cultural norms

or practices that influences them not to go for regular prostate cancer screening. Thus, the practices of the respondents towards prostate cancer were generally poor.

Limitations of the study.

The poor attitude of the respondents towards the research posed a challenge because some respondents refused to participate, saying they don't benefit from anything.

The study was conducted only in one hospital and in an urban setting. Hence, it limited the larger field of data collection during the research study.

Recommendation.

The Ministry of Health (MoH) should make sure many more prostate cancer screening facilities are built in order to ensure that a greater number of men can go for the available screening regularly to aid detection and also fight prostate cancer as well.

To the Ministry of Health, through the Lira district regional referral hospital, management should carry out regular advertisements to enhance knowledge outreach to the greater community, which will ensure that the information regarding prostate cancer is perceived accordingly by the age brackets, so that they are seen to be going for the prostate cancer screening.

Lira regional referral hospital administrators must further engage in the hospital further engage as to the extension of the facility to ensure a more sumptuous space is created, as it also encourages people to go and attain required services due to available resources.

Health workers in Lira Regional Referral hospital should continuously sensitize and encourage men above the age of 45years to continuously go for screening practices to help rule out the existence of prostate cancer in their particular individual lives, and also teach them more about the screening methods, as most of them have negative attitudes because of the methods of screening used.

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List of abbreviations.

DRE – Digital Rectal Examination
KAP – Knowledge, Attitudes and Practices
LRRH – Lira Regional Referral Hospital
MOH – Ministry of Health
PSA – Prostate Specific Antigen
SPSS – Statistical Package for Social Sciences
WHO – World Health Organization.

Source of funding.

The study was not funded.

Conflict of interest.

There is no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Authors contribution.

MO designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript.
AK supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Author's biography.

Martin Okello is a student of a diploma in Clinical Medicine and Community Health at Kampala School of Health Sciences.

Alex Katwe is a research supervisor at Kampala School of Health Sciences.

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