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Research Article

Knowledge, Demeanor and Screening Behavior of Prostate Cancer Among Subject Seeking Healthcare Services at Rajiv Gandhi Cancer Hospital, Rohini

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ABSTRACT

Background: Prostate tumor screening is not a typical practice in India regardless of prostate cancer being the most ordinarily analyzed cancer in Indian men. Majority of our subjects reaches hospital with the cancer in the last stage.

Goal: To examine components related with uptake of prostate cancer screening among subjects looking for health care services at RGCH, Rohini.

Plan: Descriptive cross-sectional study

Technique: The analyst utilized systematic random sampling to choose One hundred and Ninety (n=190) participants from the subject populace. The participants were 40 years and above. Information was gathered utilizing structured questionnaires, summarized utilizing descriptive statistics and displayed in tables and charts. It was done amongst January and February 2017.Statistical analyses for relationship between knowledge levels, view of self-feebleness to prostate tumor, uptake of prostate cancer screening and socio- demographic characteristics were performed utilizing the chi-square tests followed by Spearman's correlation tests and binary logistic regression modeling.

Outcome: Results of this clinical study demonstrated that around seventy five percent, 136 (72.7%) subjects had never gone to medical checkup and most 113 (60.4%) subjects emphatically concurred that it is critical to get tested to avert sickness. No less than 80% of subjects 154 (82.4%) said that they visited a specialist just when they are debilitated. Binary logistic regression investigations uncovered that great learning of prostate tumor was related with college [OR, 18.741; 95% CI, 6.878- 51.064; P<0.0001]; diploma [OR, 9.332; 95% CI, 3.752-23.213; P<0.0001]; and secondary education [OR, 4.078; 95% CI, 1.650-10.075; P=0.002].

Closing remarks: The findings of this clinical study exhibit that healthcare intervention focusing on data spread; behavioral change on risk discernments; and take-up of early screening halt the burden prostate cancer in this populace.

INTRODUCTION:

Prostate cancer is a gathering of cancerous cells that starts frequently in the external piece of the prostate. Generally, early prostate tumor does not have side effects but if left untreated, may metastasize to nearby lymph nodes, bones, or other organs encountering a throbbing painfulness in the bones, pelvis, hips, ribs, and back. Although the exact reason for prostate cancer is obscure, it has been related with various risk factors. Various clinical investigation has avowed prostate cancer to be the most widely recognized cancer among Indian men constituting 16 % of all male tumor investigated.

One of the central point responsible of the high dreariness and mortality is late demonstration. Most prostate tumor subjects arrive at the clinic with the last stage and the cost of treating last stage prostate tumor is high particularly in the Indian economy with deprived health facilities. It has been archived that investigators reports on the grimness and mortality of prostate cancer worldwide has raised the consciousness of this cancer among Indians.

RESEARCH METHODS

Study design

It was a cross-sectional investigation with both subjective and quantitative segments intended for collecting data from the male subjects 40 years or more looking for healthcare services at RGCH, Rohini. Quantitative methodologies through structured questionnaires were utilized to gather information on demographic, socioeconomic, awareness and knowledge on Prostate Cancer, recognition on self-vulnerability to prostate tumor and take-up of prostate cancer screening.

Inclusion criteria

- Male subjects 40 years and above
- Subjects who were rationally ready and stable
- Those males who agreed to participate in the study.

Exclusion criteria

- Subjects beneath 40 years
- Those who were rationally sick and in pain
- Those who declined to consent.

Sampling frame and sampling methodology.

Systematic sampling method was utilized to get a sample of 190 respondents. This focused on male subjects aged 40 years and above looking for healthcare services amid the time of data collection. The subjects were recruited amid a four-month time frame amongst Jan and April 2017 from the hospital. The first subject was chosen haphazardly. Irregular number was attained in the vicinity of 1 and 5 of the first patient to decide the primary subject to be selected. For this situation, averagely three hundred subjects are seen every month and the researcher had planned three months to gather information. Along these lines, 300 *3 =900/190 =4.736. Each fifth subject was selected to the study until the sample size was accomplished. Subjects who assented to take part in the study were enlisted.

Questionnaires

A semi structured questionnaire was utilized to gather data from the subjects. The questionnaire confined both open and close ended questions which were utilized to assemble data on demographic, economic, cultural, institutional, knowledge, demeanor variables identified with Prostate Cancer in male subjects over 40 years. Questionnaires were self-administered under direction from the investigator. Every questionnaire was assessed for completeness after the respondents had completed the process of filling in the ripostes.

Data Analysis

The discernment towards self- vulnerability was characterized in view of the mean (34.1) of the total Likert scores as follows: great observation was characterized by values ≥mean and poor recognition depended on values underneath the mean. Age was abridged as medians (range) and compared between groups (i.e., good vs. poor knowledge; good vs. poor perception, etc) utilizing the Mann Whitney tests. Categorical variables, for example, socio-demographics components were abridged as proportions and compared between groups utilizing the Pearson's chi-square tests. Relationship between levels of knowledge (i.e., cumulative likert scores for every person from the 8 questions) and dint of self-vulnerability (cumulative Likert scores for every person from the 10 statements) on prostate tumor was analyzed utilizing the Pearson's correlation test.

Keeping in mind the end goal to recognize independently related (indicators) with the dependent factors (i.e., good and poor knowledge of prostate cancer, and dint of self-vulnerability to prostate cancer and take-up of prostate tumor screening), all factors significant in the univariate analyses (i.e., Mann Whitney tests, chi-square and Pearson's correlation analysis) at $P<0.100$ were

entered into binary logistic regression modeling and controlled for the confounding impact of age. Age was controlled in light of the fact that age at risk of Prostate Cancer has been described as forty years followed by increased grimness and mortality as men progress towards seventy years, and given the fact that awareness, knowledge and observation to Prostate Cancer spreads with age. All tests were two-tailed and an alpha-value of 5% utilized for statistical surmising.

RESULTS

Demographic characteristics

The mean age of the male was 52.8 yrs (SD ± 9.9) and a range between 40 yrs and 93 years. Table:1 demonstrates the age distribution of the participants and shows that the model age group was 45-49 yrs with 48 (25.3%) subjects. Most 109 (57.9%) participants were Muslims trailed by Hindus who represented 42.3% of the participants. 163 (87.6%) participants were married and the rest of the participants detailed that they were separated, widowed or single and had never married.

Table 1: Demographic characteristics of participants

	Frequency (n)	Percent (%)
Age		
40-44 years	39	20.5
45-49 years	48	25.3
50-54 years	33	17.4
55-59 years	20	10.5
60-64 years	22	11.6
65 years and above	28	14.7
Religion		
Hindu	81	42.3
Muslim	109	57.9
Marital		
Married	163	87.6
Single	7	3.8
Widowed	9	4.8
Separated	7	3.8

Socio-economic characteristics of participants

The two driving occupations detailed by the participants were business 72 (40.2%) and office work 58 (32.4%) as appeared in Table:2. Thirty-two (17.9%) participants were occupied with cultivating and the rest of the 17 (9.5%) were workers. There were 66 (35.3%) participants who have secondary education. Forty-five (24.1%) subjects had primary education and 37 (19.8%) had accomplished diploma qualifications whereas twenty-five (13.45) have attained degree.

Table 2: Socio-economic characteristics of participants

	Frequency (n)	Percent (%)
Occupation		
Office work	58	32.4
Business	72	40.2
Casual work	17	9.5
Farmer	32	17.9
Level of		
None	14	7.5
Primary	45	24.1
Secondary	66	35.3
Diploma	37	19.8
University	25	13.4

Table:3 Presents the healthcare seeking behavior of adult males attending RGCH amid the study. Smoking and liquor consumption were accounted by 84 (44.9%) and 110 (59.1%) participants separately. Among these smokers and participants who revealed taking liquor, 68 (35.8%) participants demonstrated that they smoked and took liquor, 42 (22.1%) took liquor yet did not smoke and 16 (8.4%) smokers did not consume liquor.

Roughly seventy five percent, 136 (72.7%) participants had never gone to checkup, and 26 (13.9%) revealed that it had been 1 year since they went to the last checkup. Most 113 (60.4%) subjects firmly concurred that it is critical to get tested to anticipate infection. No less than 80% of participants 154 (82.4%) said that they went to a specialist just when they are sick. Among participants, 79 (42.5%) presented urinary tract torments or gripes of lower stomach distresses.

Table 3: Health related behavior among participants

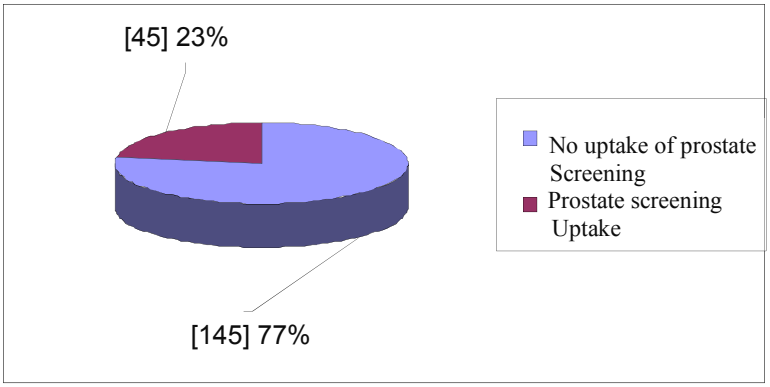
	Frequency (n)	Percent (%)
Smoking		
Yes	84	44.9
No	103	55.1
liquor		
Yes	110	59.1
No	76	40.9
Last medical		
Never	136	72.7

3 months ago	9	4.8
6 months ago	9	4.8
1 year ago	26	13.9
2 years ago	7	3.7
It is important to get tested to prevent cancer		
Strongly agree	113	60.4
Agree	59	31.6
Disagree	15	8
Frequency of visits to doctor		
Only when I am sick	154	82.4
once every 6 months whether sick or not	26	13.9
Once a year whether sick or not	7	3.7
Currently suffering from any urinary		
Yes	79	42.5
No	107	57.5

Prostate screening take-up among participants

Participants were asked whether they had ever been screened for prostate cancer. Figure:1 demonstrates that 45 (23.7%) of participants had reported for prostate cancer screening. Of these 45 subjects who had been screened, 32 detailed that they had a PSA test done while 6 had a direct rectal examination (DRE) and 7 had a biopsy performed.

Figure:1 Prostate cancer screening among participants



Demographic factors influence on screening take-up

The possibility of prostate cancer screening expands with age from 10.3% in 40-44 yrs age group to 57.1% in the participants aged 65 yrs or more. The participants in the age group 60-64 yrs and 65 yrs or more were six times OR = 6.06 (95 % CI 1.59-23.11) and 11 times OR = 11.67(95% CI 3.25-41.83) more prone to screen for prostate cancer contrasted with 40-44 yrs old.

Table 4: Association amongst age and prostate cancer screening

	Prostate screening			
	Yes	No	OR(95 % CI)	P value
40-44 years	4(10.3)	35(89.7)	1	
45-49 years	5(10.4)	43(89.6)	1.02(0.25-	0.981
50-54 years	6(18.2)	27(81.8)	1.94(0.50-	0.338
55-59 years	5(25.0)	15(75.0)	2.92(0.69-	0.147
60-64 years	9(40.9)	13(59.1)	6.06(1.59-	0.008
65 years and	16(57.1)	12(42.9)	11.67(3.25-	<0.001

Among the participants tangled in farming occupation 37.5% had screened for prostate tumor contrasted with 15.5% of those occupied with office work, OR = 3.27 (95% CI 1.19-8.96) p =0.021, Table 5. A fourth of businessmen (25%) and 23.5% of workers had likewise screened and the extent were not altogether different in relation to the office workers who screened for prostate cancer. Subjects with secondary education (12.1%) were less inclined to screen for prostate tumor contrasted with no education(half), OR = 0.14(0.04-0.50) p = 0.002. The rates of screening in primary (24.4%), diploma (29.7%) and college (32%) graduates were not altogether different from uneducated participants (50%).

Table 5: Screening uptake and participant's demographic characteristics

	Screening uptake			
	Yes	**No**	**OR (95% CI)**	**P value**
Formal Education				
None	7(50.0)	7(50.0)	1	
Primary	11(24.4)	34(75.6)	0.32(0.09-	0.077
Secondary	8(12.1)	58(87.9)	0.14(0.04-	0.002
Diploma	11(29.7)	26(70.3)	0.42(0.12-	0.182
University	8(32.0)	17(68.0)	0.47(0.12-	0.271
Marital status				
Married	39(23.9)	124(76.1)	1	
Single	0(0.0)	7(100.0)	NA	NA
Widowed	3(33.3)	6(66.7)	1.59(0.38-	0.526
Separated	3(42.9)	4(57.1)	2.38(0.51-11.12)	0.269
Occupation				
Office work	9(15.5)	49(84.5)	1	
Business	18(25.0)	54(75.0)	1.81(0.75-	0.189
Casual work	4(23.5)	13(76.5)	1.68(0.44-	0.446
Farmer	12(37.5)	20(62.5)	3.27(1.19-	0.021

General health status and family history of cancer among participants

There was a noteworthy relationship between subject grumbles of urinary tract torments or uneasiness and take-up of prostate tumor screening. (Table:6) Thirty four percent of participants who whined of agonies and uneasiness experienced screening contrasted with 15.9% of those without such gripes (OR = 0.36, 95%CI 0.18-0.73). Frequent medical examinations were likewise connected with higher odds of prostate cancer screening OR = 4.61(1.16-18.28). Liquor utilization (p =0.831) and smoking propensities (p = 0.447) were not related with screening take-up, nor was self-revealed evaluation of health status (p > 0.05), nor recurrence of visits to a specialist (p > 0.05). Physician announced both outside and inside signs that provoked participants to look for prostate cancer screening. The outside signals that were related with take-up of screening administrations were family history of prostate cancer, and health education and sharpening about prostate cancer. The explanations behind looking for screening services that were considered to result because of inner procedures normally included the presence of signs and indications of prostate cancer including urinary tract infections and its intricacies, sexual dysfunctions, urine retention and agonizing micturition.

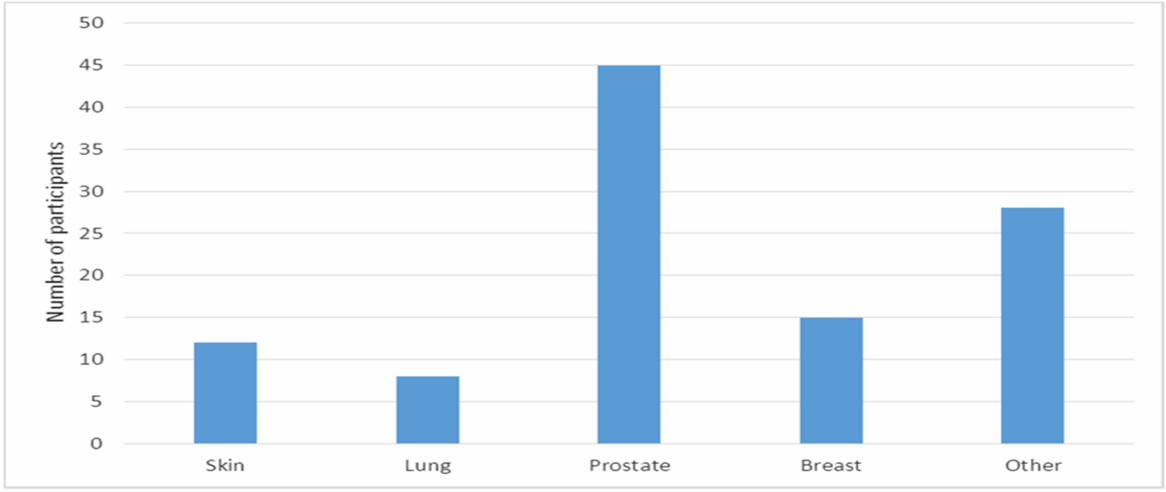
Table 6: Health status perception and uptake of cancer screening

	Screening uptake			
	Yes	**No**	**OR (95% CI)**	**P value**
General health				
Excellent	1(50.0)	1(50.0)	1	
Good	8(16.3)	41(83.7)	0.20(0.01-	0.265
Fair	26(24.3)	81(75.7)	0.32(0.02-	0.427
Poor	10(34.5)	19(65.5)	0.53(0.03-	0.662
Frequency of medical				

Never	29(21.3)	107(78.7)	1	
3 months ago	5(55.6)	4(44.4)	4.61(1.16-	0.03
6 months ago	1(11.1)	8(88.9)	0.46(0.06-	0.474
1 year ago	8(30.8)	18(69.2)	1.64(0.65-	0.296
2 years ago	2(28.6)	5(71.4)	1.48(0.27-	0.652
It is important to get tested to prevent cancer				
Strongly agree	29(25.7)	84(74.3)	1	
Agree	15(25.4)	44(74.6)	0.99(0.48-	0.973
Disagree	1(6.7)	14(93.3)	0.21(0.03-	0.136
Urinary tract pains/ discomfort				
Yes	27(34.2)	52(65.8)	1	
No	17(15.9)	90(84.1)	0.36(0.18-	0.004
Frequency of visits to doctor				
Only when I am sick	36(23.4)	118(76.6)	1	
Once every 6 months whether sick or not	6(23.1)	20(76.9)	0.98(0.37-2.63)	0.973
Once a year whether sick or not	3(42.9)	4(57.1)	2.46(0.53-11.50)	0.253
Liquor				
Yes	26(23.6)	84(76.4)	1	
No	19(25.0)	57(75.0)	1.08(0.55-	0.831
Smoking				
Yes	18(21.4)	66(78.6)	1	
No	27(26.2)	76(73.8)	1.30(0.66-	0.447

An aggregate of 104 (55.6%) out of the 190 participants announced that they had a relative who had been determined to have tumor. The sorts of cancers detailed among family members of participants are exhibited in figure 3. The most widely recognized sorts of tumors were prostate cancer announced in 45 (41.7%) cases, breast 15 (13.9%), and skin 12 (11.1%). Different sorts of cancer malignancies were accounted for by 25.9% of participants.

Figure:3 Types of cancer malignancies among family members of participants reporting positive family history



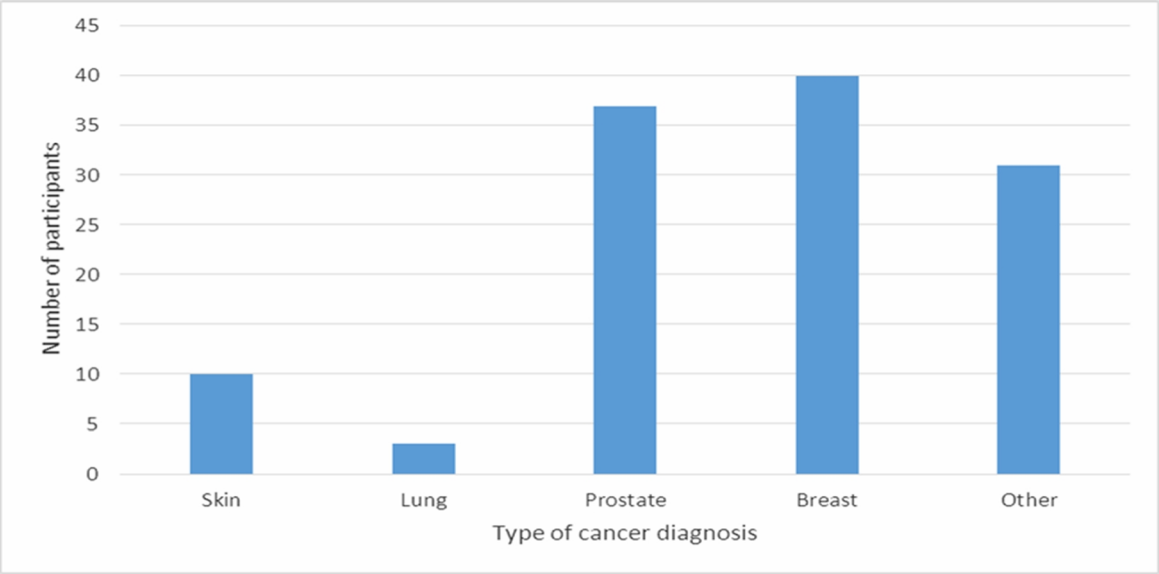
The participants most commonly reported that the relative with tumor diagnosis was a parent 50 (46.7%). As appeared in Table:7, just 3 (2.8%) of the cancer cases included the offspring of a participants. Out of the cancer malignancy analyze that were reported in family 77 (65.3%) had resulted in family member death and 43.2% of these were deaths including guardians of participants.

Table 7: Family history of tumor among participants

	Frequency (n)	Percent (%)
Relationship between participant and family		
Child	3	2.8
Parent	50	46.7
Spouse	19	17.8
Other	35	32.7
Cancer death reported in participant's family		
Yes	77	65.3
No	41	34.7
Relationship between participant and family member who died from cancer		
Child	2	2.5
Parent	35	43.2
Spouse	8	9.9
Other	36	44.4

One hundred and seventeen (71.8%) of the male participants detailed that they knew a companion who had kicked the bucket of cancer malignancy. Figure: 4 demonstrates that the main sources of cancer death among the companions of the participants were tumors of the breast 40 (33.1%) and prostate 37 (30.6%).

Figure :4 Types of cancer among companions of participants reporting knowing friends with cancer diagnosis



Cancer screening take-up was related with cancer death among companions known to the participants. As appeared in Table: 8, screening take-up was significantly higher among participants who knew a friend who had died of cancer malignancy (30.8%) contrasted with the individuals who did not (15.2%). The take-up of prostate cancer screening was additionally higher with positive family history of tumor (26.9%) contrasted with negative history (20.5%) however this difference was not measurably critical (p = 0.307) nor was the difference in screening take-up in instances of a cancer demise in the family (29.9 versus 19.5%). This was augmented by doctor who referred that men effectively searched out screening as a result of dread of cancer because of a family history of prostate cancer or at the suggestion of their spouses or other family members.

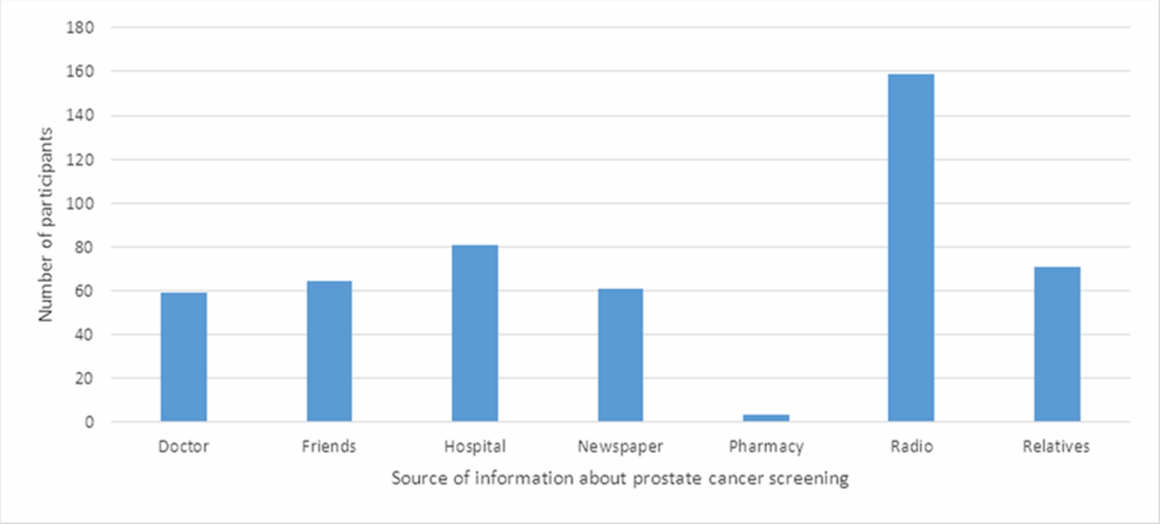
Table :8 Cancer diagnosis in family and friends and impact on cancer screening

	Screening uptake			
	Yes	**No**	**OR (95% CI)**	**P value**
Family history of cancer				
Yes	28(26.9)	76(73.1)	1	
No	17(20.5)	66(79.5)	0.70(0.35-	0.307
Cancer death in participant's				
Yes	23(29.9)	54(70.1)	1	
No	8(19.5)	33(80.5)	0.57(0.23-	0.227
Knows friend who died from cancer				
Yes	36(30.8)	81(69.2)	1	
No	7(15.2)	39(84.8)	0.40(0.16-	0.047

Knowledge on prostate cancer screening among the participants

The most well-known information source on prostate cancer screening was radio 159 (83.7%), hospital 81 (42.6%), relatives 71 (37.4%) and friends 64 (33.7%). As appeared in Figure: 5, doctors and daily papers were likewise imperative source of information on prostate cancer screening.

Figure :5 Sources of cancer screening information among participant



Twenty four percent of participants who had ever caught wind of prostate cancer reported that they had been screened while none of the subjects who were uninformed about prostate cancer screening revealed being screened (Table 9). Participants who revealed that they knew any individual who had ever experienced prostate screening were additionally more prone to experience screening

(42.9%) contrasted with the individuals who did not know a man who had been screened (13.6%), p < 0.001. lower perceived risk of prostate cancer was related with lower screening take-up rates. Participants who disagreed or strongly disagreed that they were at a higher risk of getting prostate cancer than other men reported that they experienced screening 17.6% (p = 0.024) and 13.2% (p = 0.012) of the circumstances contrasted with 41.4% for participants who unequivocally concurred with this statement. The shame related with prostate screening did not fundamentally effect on screening take-up, neither did the inclination that participants could do nothing to anticipate prostate cancer.

Table 9: Participants knowledge on cancer and its influence on prostate cancer screening

	Screening uptake			
	Yes	**No**	**OR (95% CI)**	**P value**
I believe that there is nothing I can do to prevent me from getting prostate cancer				
Strongly agree	10(33.3)	20(66.7)	1	
Agree	15(22.4)	52(77.6)	0.58(0.22-	0.257
Disagree	12(19.7)	49(80.3)	0.49(0.18-	0.156
Strongly disagree	8(28.6)	20(71.4)	0.80(0.26-	0.695
Doing prostate cancer screening/test is embarrassing for me				
Strongly agree	3(27.3)	8(72.7)	1	
Agree	8(20.5)	31(79.5)	0.69(0.15-	0.634
Disagree	25(26.3)	70(73.7)	0.95(0.23-	0.946
Strongly disagree	9(22.0)	32(78.0)	0.75(0.16-	0.711
Ever heard of prostate cancer screening				
Yes	43(24.9)	130(75.1)	NA	
No	0(0.0)	10(100.0)	NA	NA
I believe that I am at a higher risk of getting prostate cancer than other men				
I strongly agree	12(41.4)	17(58.6)	1	
I agree	19(27.1)	51(72.9)	0.53(0.21-	0.168
I disagree	9(17.6)	42(82.4)	0.30(0.11-	0.024
I strongly disagree	5(13.2)	33(86.8)	0.21(0.06-	0.012
Know anyone who has taken a Prostate Cancer Screening test				
Yes	36(42.9)	48(57.1)	1	
No	8(13.6)	51(86.4)	0.21(0.09-	<0.001

Physician meet reported low levels of information among most men about prostate tumor, risk components, and screening and treatment alternatives. Moreover, what information they have regarding prostate cancer treatment conjuring dread and uneasiness.

Reported Self-vulnerability to prostate cancer among participants

Most 108 (57.8%) participants did not know whether a man could have prostate cancer without showing the signs and manifestations of the illness (Table 10). Thirty six percent of participants differ that on the off chance that somebody has prostate

cancer, it is already too late to get treated for it while 57 (33.1%) concurred with the statement. Eighty-nine (48.4%) participants couldn't help contradicting the statement that prostate tumor will slaughter you regardless of when it is found and how it is dealt with. physicians proposed specific endeavors to target singular behavior including raising awareness regarding prostate tumor and screening, given low levels of knowledge. Specifically, they were excited about promoting the PSA, given the normal repugnance for the DRE. Participants likewise upheld tending to DRE disgrace by promoting the significance of having a steady primary care provider.

Table 10: Perception of self-vulnerability towards prostate cancer among participants.

	Frequency(n)	Percent (%)
A man can have prostate cancer without having any pain or symptoms		
True	33	17.6
False	46	24.6
I do not know	108	57.8
If someone has prostate cancer, I think it is already too late to get treated for it		
Strongly agree	15	8.7
Agree	57	33.1
Disagree	62	36
Strongly disagree	38	22.1
Prostate cancer will kill you no matter when it is found and how it is treated		
Strongly agree	10	5.4
Agree	54	29.3
Disagree	89	48.4
Strongly disagree	31	16.8
I think getting checked for prostate cancer makes people scared that they may really have prostate cancer		
Strongly agree	17	9.1
Agree	51	27.3
Disagree	94	50.3
Strongly disagree	25	13.4
I think some people do not want to know if they have prostate cancer		
Strongly agree	15	8.5
Agree	34	19.3
Disagree	88	50
Strongly disagree	39	22.2
I follow a planned exercise program		
Sometimes	46	24.7
Often	50	26.9
Routinely	90	48.4

DISCUSSION

The ramifications of the findings in this study is that, there is an awesome impact of information and screening towards prostate cancer. This implies the more learning a subject has on the cancer, indicates less chances of spreading prostate cancer to advance stage. The interaction of knowledge, demeanor and screening conduct to the impact of vulnerability to prostate cancer was factually huge even though attitude was not critical, their interaction impact was huge. Regression results of this investigation uncovers the importance of screening and updated knowledge of prostate cancer. From this study, knowledge contributed 76.1%, attitude 1.8%, while screening contributed 10.8% towards vulnerability to prostate cancer.

Bolster for this finding can be followed to Asuzu and Obeke, (2012) whose study proposed the need to organize illumination programs that will urge men to go for screening. The study likewise uncovers that knowledge has a part to play in prostate tumor related information. Atulomah et al. (2010), additionally affirms that the level of awareness about prostate cancer among men is low while the level of perception is just about normal and screening conduct is low; representing the high pervasiveness rate of prostate cancer. The mentality of men towards the sickness must not be over underlined. The findings in this study infer that learning, disposition and the screening conduct of men towards prostate cancer could impact the illness either decidedly or adversely as in, one would have negligible odds of building up the malady and contrarily as in, there would be maximal odds of building up the sickness.

The outcome from this study can be summed up among individuals who have not accomplished the at-risk age for prostate cancer. Although the majority part of respondents had never screened for prostate cancer, most mean to be routinely screened for the cancer later for determining their health status. This could be ascribed to expanding media covers prostate cancer dreariness and mortality proposing that worldwide media covers the morbidity and mortality of prostate cancer may have contributed to expanded familiarity with this infection particularly among the educated people. It ought to likewise be noted from this study a vast extent of respondents with good information were eager to screen for the infection. Therefore, updated learning of prostate cancer is a solid component for expanded screening for the illness which could be accomplished through formal and casual education and fortified through health education.

CONCLUSIONS

- This study has demonstrated that the level of take-up of prostate cancer screening among adult subjects is low; although, a large portion of the men will embrace prostate cancer screening and know more about the illness.
- The most basic source of information about the illness among participants is the media; our healthcare specialists need to accomplish more in spreading information about the early take-up of PC screening.
- More endeavors are expected to support male who are at risk to go for deliberate screening as early identification have been appeared to rally the cancer result.

Be that as it may, the rate of prostate cancer screening practices is twice in the respondents with updated knowledge than in those with poor information. The extent of respondents who revealed age as a risk perception seemed to increment with expanding level of education. Level of knowledge was not identified with screening hones. Despite the level of poor knowledge, larger part of the respondents communicated their readiness to screen for prostate cancer. Considering these finding, more prominent prostate cancer health education and arrangement of routine screening for prostate tumor for older men are essential.

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