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**DETERMINANTS OF PROSTATE CANCER SCREENING UPTAKE
AMONG MEN AGED 40 YEARS AND ABOVE IN KIAMBU COUNTY,
KENYA**

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Q139/CE/28089/2015

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF A MASTER DEGREE OF PUBLIC
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DECLARATION


I, Margaret Mureithi declare that this research thesis is my original work and has not been presented for an award of a degree in any other university or any other award.

Signature  Date 23/01/2023

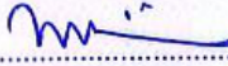
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ABSTRACT

Prostate cancer is a disease common to elderly men, with more than 75% of cancers being diagnosed in men globally. Occurrence and death rates of cancer continue to increase globally, with an estimated incidence of 18.1 million fresh cases and 9.6 million mortalities in 2018. While an increase of new cases by about 70% is expected over the next two decades, it is in third and second world countries where majority of cancers occur. In Kenya, despite prostate cancer being ranked third among commonly diagnosed cancers, only 3% of men aged above 40 years have ever had a prostate cancer (PC) screening. This signifies that prostate cancer screening is still uncommon among Kenyan men. Therefore, this study aimed at assessing the determinants of prostate cancer screening uptake among men aged 40 and above in Ruiru sub-County. Descriptive cross-sectional study design was used. Fishers' formula was utilized to select the study sample and a proportionate sampling was used to allocate the sample. Quantitative data was collected among a study sample of 384 respondents using a semi-structured questionnaire. In addition, the data was analyzed using SPSS version 24. The data was carefully coded, entered into Microsoft excel, and then transferred for analysis. Consequently, to analyze and describe quantitative data in terms of frequencies and percentages, chi-square test (χ^2) for equal proportion technique was used. Descriptive statistics were presented by the use of mean, percentages and proportions. The results were presented in form of table's, graphs and pie charts. This study depicted a high knowledge & information (87%) on prostate cancer screening. Similarly, having the knowledge & information was significantly associated with prostate cancer screening ($\chi^2 = 8.019$, $p = 0.005$). There was a significant association between marital status ($\chi^2 = 15.331$, $p = 0.007$), occupation ($\chi^2 = 5.480$, $p = 0.019$), level of education ($\chi^2 = 13.135$, $p = 0.011$) and uptake of prostate cancer screening. Likewise, fear, embarrassment, recommendation to get screened significantly influenced prostate cancer screening among the respondents at ($p = 0.005$, $p = 0.047$ and $p = 0.034$) respectively. Unlike popular belief, having a family member or friend affected by prostate cancer did not significantly influence the screening ($p = 0.146$). This study provides an understanding that there are still rooted barriers to the uptake of prostate cancer screening. Importantly, there is a gap between having knowledge & information and practice that needs intervention. Therefore, the study recommends a multi-sector and multi-stakeholder involvement by the healthcare system, ministry of health, family and friends for sustainable prostate cancer screening. More efforts are required to encourage adult males who are at risk to go for voluntary screening as early cancer detection has been shown to improve the prognosis.