

**“Enhancing Interprofessional
Collaboration and Learning for
Strengthening Primary Health Care”**

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TUFH 2021 ABSTRACTS

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| Title | FACTORS ASSOCIATED WITH UPTAKE OF PROSTATE CANCER SCREENING AMONG MEN AGED 40 YEARS AND ABOVE WITHIN KAZO TOWN COUNCIL, KAZO DISTRICT UGANDA |
| Type | Oral Presentation <i>What can we learn from your Primary Health Care Practice and Experiences?</i> |
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| Abstract N ^o | TUFH761 |
| Content | <p>Background: Prostate cancer (PC) contributes to nearly 59,500 new cases per year. Early screening remains a challenge in developing countries. In Uganda, screening is low among at-risk groups; and there is paucity of data on PC screening in newly created districts. The purpose of this study was to determine factors associated with uptake of PC screening among men aged >40 residing in Kazo Town Council, a newly created district. Methods: We used a cross-sectional quantitative and qualitative design to assess demographic factors (Age, Education level, Religion, Marital Status, Occupation, Income level and Cultural beliefs); health system (Health workers' attitudes, Privacy Issues, Perceived affordability, and Access to cancer information) associated with uptake of PC screening. Participants were recruited using simple random sampling between November 2020-Jnauary 2021. Data were subjected to inferential and Chi square statistics. Logistic regression was used to determine associations. 10 Key Informants were interviewed. Results: Only 10 of the respondents (3.33%) had ever screened for PC. Lack of privacy ($p < 0.033$), access to PC information ($p < 0.014$) and distance to health facility ($p < 0.001$) were significantly associated with PC screening uptake. Marital status (OR=7.93; 95%CI=1.85-33.99; $p=0.005$), positive health worker attitudes (OR=0.002; 95%CI: 0.000-0.023, $p < 0.001$), and perceived affordability (OR=0.001; 95%CI=0.000-0.011, $p < 0.001$) were independently associated with uptake of PC screening. Conclusion: Uptake of PC screening was low among this cohort. Education and sensitization interventions are highly recommended. Policymakers need to explore integration of key identified drivers when designing PC-promotion activities to bolster screening.</p> |