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Men's Perception about Cancer Prostate at Main University Hospital Assiut Governorate

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Abstract

Background: Cancer Prostate has been a major public health issue worldwide. The men are often diagnosed in the late stages of the disease. Increase the level of perceptions among men helps to detect and diagnostic measures early.

Aim of the study: To assess perception of men's about Cancer Prostate at Main University Hospital - Assiut Governorate. Design: Descriptive research design. A convenient sample was used, the sample were included 1500 patients up to forty years who attendance in outpatients clinics, within 6 months. The study included two tools: the first tool was interview sheet to assess (a) demographic data (b) Men's perception about cancer Prostate , and the second tool was Respondents' of prostate screening testing scale. Results: More than three-fifths of the participants had low perception of cancer Prostate. Conclusion: There was a positive correlation between perceptions, & responding screening to Cancer Prostate. Recommendations: Health education programs to increase the knowledge of people regarding cancer Prostate and the importance of periodical examinations of cancer Prostate over age forty for early detections and health promotion in all its aspect.

Keywords: Men's, Perception & Cancer Prostate.

Introduction

Cancer is the leading causes of death at worldwide. Already constitutes a major public health burden globally. Over the last 20 years, an increasing trend has been observed in the incidence and mortality rate from different cancers worldwide, especially in low- and-middle-income countries (Khazaei et al., 2016). Cancer Prostate epitomizes a great part of the overall cancer incidence which represents 15%, also consider the second most common cancer worldwide and the fifth leading cause of death from cancer in men (6.6% of the total men deaths) (Torre et al., 2015).

Cancer Prostate is a growing concern in Egypt and currently ranks as the 4th most common cancer in the country, also approximately 65% of men with Cancer Prostate in Egypt will face mortality. As much as 9.7% of the Egyptian male population is over the age of 55. (Globocan, 2015).

The incidence and mortality rates of Cancer Prostate in Yemen country in 2012 sorted by age-standardized incidence rates 2.7 & estimated mortality rate 2.3 (Pakzad et al., 2015).

As for many cancers, age, and ethnic origin are the strongest known risk factors in the last decade, the exposure to prostate specific antigen testing, tobacco and alcohol & Body mass index indicators of adiposity are emerging as risk factors, also chronic inflammation and /or infection have been implicated as possible risk factors, but no single infectious agent has been identified (Wilson et al., 2012 & Sawada et al., 2014).

In the first stage of cancer Prostate usually appear without any symptoms while advanced stage cause problems with urination, Pain in the hips, back, chest, or other areas of bones, Weakness or tingling in the legs or feet, and extended to loss of bladder or bowel control (Mottel et al., 2015).

In cancer Prostate Diagnosis generally includes investigating presenting features from prostate antigen blood testing, (how much a patient’s levels increase from year to year), digital rectal examination, blood count and biochemical profile, Magnetic Resonance imaging, and biopsy (Atan & Güzel 2013).

There are several treatment options available for men with cancer Prostate such as; prostate surgery, radiation therapy, or chemotherapy. The therapy or combination of therapies depends on the type of Cancer Prostate a man has and how advanced it (Greena & Kirsten, 2011).

There are three basic types of prevention: primary, secondary, and tertiary. Primary prevention can only occur before the person has the disease and not after they have already been diagnosed. It include things reduce the risk of developing the disease, such as eating a healthy diet and eliminating alcohol use (Thun et al., 2010), while Secondary prevention aims to detect and treat a disease early. It’s consists of “early diagnosis and prompt treatment” to contain the prostatic cancer disease and prevent its metastatic to other organs, and “disability limitation” to prevent potential future complications and disabilities from the disease (Kamangar et al., 2016).

Tertiary prevention can be included as all measures available to reduce or limit impairment and disabilities, minimize suffering caused by existing
departures from good health and to promote the patient’s adjustment to irremediable conditions. It occurs when a defect or disability is permanent and irreversible. This level of rehabilitation involves measures aimed at disabled individuals, restoring the health and functions of the individuals affected by prostatic cancer disease (Henderson & Macleod, 2014).

Also, the community health nurse’s functions include the providing of evidence information to the public around predisposing factors that increasing the exposure to cancer Prostate, the period of prostate diagnosis and the treatment methods. Also, the nurse helps the clients at all phases of the recovery stage after treatment which connected to problems of disease (Ream et al., 2013).

Significance of the study
Cancer Prostate is a common health problem that in the majority of cases starts to develop at the age of 40-50 years and reaching its peak at 60-70 years of age (Elabbady et al., 2014). Egyptian men who are diagnosed with Cancer Prostate are 7.2 times more likely to die from the disease as compared with the USA. The 7% of the Egyptian male population are within the age group at risk for cancer Prostate while that was not sufficiently studied in Egypt (Cancer Prostate in Egypt, 2017).

A good level of men’s perception, awareness, and knowledge about Cancer Prostate is likely to lead to the early detection of cases with results in reductions the overall morbidity and mortality rate (Adibe et al., 2017).

The study aimed at
Assessment of men’s perception about Cancer Prostate at Main University Hospital - Assiut Governorate.

Research questions
- Are the men’s having perception regarding cancer Prostate?
- Are there a relationship between the demographic characteristic of men’s, and their perception regarding cancer Prostate?

Subject & methods
Research design
Descriptive research design used in this study.

Setting of the study
The study was carried out in outpatient clinics at the Main University Hospital - Assiut Governorate. It was including medical, surgical, and oncology clinics; there are the main largest clinics for receives cases of patients from Assiut urban and rural area which are near to Assiut Governorate.

Sampling:
A convenient sampling was used; the sample was including all patients not diagnostic Cancer Prostate their age up to 40 years and attending in the previous setting (medical, surgical, and oncology clinic) within 6 months, the total number of the study samples were 1500 patients they were divided as follow (Medical clinics 812 patients, surgical clinics 616 patients, Oncological clinics 72 patients)

Inclusion criteria
- Patients not diagnostic with cancer Prostate.
- 2- Men aged up to 40 years.

Tools of data collection
The study included two tools
Structured interview sheet was prepared by the researcher for collection of data. It was based on review of pertinent literature to elicit information from men.

Tool (I): divided into two parts:
a) Demographic data it was included; age, level of education, occupation, residence, and marital status.
b) Men’s perception about Cancer Prostate, it consisted of five concepts (Perceived susceptibility, Seriousness, Motivation, Benefits) it was developed by (Capik & Gozum, 2012) The researcher done some modification for this tool to consistent with the culture of participants.

The total sub-items of each of these concepts are (41) items with 5 Likert Scale ranged from ; Strongly Disagree(1), Disagree(2), Neither Agree nor disagree(3), Agree(4), And Strongly Agree(5). The total scoring system of perception about Cancer Prostate scale was 205 points & had three levels: (Low, Intermediate, and Good).

- < 105 points considered low perception
- ≥ 103 ≥ 134 points, considered intermediate perception.
- More than 134 points considered good perception.

Tool (II): Respondents’ of prostate screening testing scale. This scale adapted from (Zare, et al., 2016); it was consisted of 10 items with (4) (Likert scale) ranged from strongly Agree (1), Agree (2), strongly disagree (3), & Disagree (4). The researcher was done some modification for this tool to consistent with the culture of participants. The total scoring system of Respondents’ of prostate screening testing were 40 points: Low Score 50% < 20, Intermediate 60% ≥ 20 – 25 & Good more than > 25.

Validity & Reliability of the tools
- Validity of tools: To evaluate the content validity of the tools. It was reviewed by three academic experts in nursing science to measure validity.
- Reliability of tools: To evaluate the tool reliability was analyzed by Cronbach’s alpha to measure reliability about 0.83.
Administrative design
An official approval letter was received from the Dean of the Faculty of Nursing at Assiut University to the director of Assiut University hospital; this letter was containing brief explanations of the purpose of study and content to apply the study.

The pilot study
A pilot study was applied before beginning of data gathering on (10%) of the participants which excluded from the study sample. The purpose of the pilot study was to ensure the clarity of items and their comprehension applicability and relevance of the tools, in addition to identify obstacles and problems that may be occurring during data collection. Also to test wording questions and estimate the time that required to collections of study sample.

Field work
Data was gathered from the previously mentioned setting from the period of beginning April /2016 to the end of Septembers /2016. The researcher met with men and introducing his self, described the objectives of the study, and asked for participation then started a face to face individual interview, the average time taken for completing the questionnaire was around 20-30 minutes or more depending on the personnel responding to a question. Every day about 10-15 sheet was finished (five days/week) according to the schedule of outpatient clinics about 250 sheets every month.

Ethical consideration
The research proposal was approved by Ethical Committee of the Faculty of Nursing at Assiut University. There was no risk for study subject during application of the research, the study followed common ethical principles in research, oral consent was received from men's above 40 age that accept to participate in the study after explaining the nature and aim of the study, Confidentiality and anonymity was assured, Study subject has the right to refuse the participation and or withdraw without any rational any time.

Statistical design
Collected data were reviewed, prepared for computer entry, coded categorized, analyzed and tabulated. Descriptive statistics as mean, standard deviation, number and percentage, were done by using SPSS version 21.0. Statistically significant was considered at p-value was less than 0.05. T-test was used to decide significance for the numeric variable. Chi-square test was used to determine significance for the non-parametric variable; also correlation by Pearson Correlation.

Results
Table (1): Distribution of participants as regards to their demographic characteristics in outpatient clinics at Main University Hospital- Assiut Governorate: No =1500.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-</td>
<td>563</td>
<td>37.5</td>
</tr>
<tr>
<td>50-</td>
<td>432</td>
<td>28.8</td>
</tr>
<tr>
<td>60-</td>
<td>349</td>
<td>23.3</td>
</tr>
<tr>
<td>70- &amp; more.</td>
<td>156</td>
<td>10.4</td>
</tr>
<tr>
<td><strong>Mean ±SD</strong></td>
<td>58.7±10.1</td>
<td></td>
</tr>
<tr>
<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>395</td>
<td>26.3</td>
</tr>
<tr>
<td>Read and write</td>
<td>405</td>
<td>27.0</td>
</tr>
<tr>
<td>Basic education</td>
<td>310</td>
<td>20.7</td>
</tr>
<tr>
<td>Secondary &amp; University</td>
<td>390</td>
<td>26.0</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government employee</td>
<td>696</td>
<td>46.4</td>
</tr>
<tr>
<td>Private work</td>
<td>642</td>
<td>42.8</td>
</tr>
<tr>
<td>Do not work</td>
<td>162</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>793</td>
<td>52.9</td>
</tr>
<tr>
<td>Urban</td>
<td>707</td>
<td>47.1</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1094</td>
<td>72.9</td>
</tr>
<tr>
<td>Widowed</td>
<td>285</td>
<td>19.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>121</td>
<td>8.1</td>
</tr>
</tbody>
</table>
According to research questions number (1): Are the men's having perception regarding Cancer Prostate?

Table (2): Distribution of the mean score perception levels for participants toward Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate: No =1500.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Mean ±SD</th>
<th>Low No.</th>
<th>Low %</th>
<th>Intermediate No.</th>
<th>Intermediate %</th>
<th>Good No.</th>
<th>Good %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>12.86±2.83</td>
<td>801</td>
<td>53.4</td>
<td>643</td>
<td>42.9</td>
<td>56</td>
<td>3.7</td>
</tr>
<tr>
<td>Perceived Seriousness</td>
<td>12.11±2.94</td>
<td>760</td>
<td>50.7</td>
<td>344</td>
<td>22.9</td>
<td>396</td>
<td>26.4</td>
</tr>
<tr>
<td>Perceived Motivation</td>
<td>27.94±3.4</td>
<td>1044</td>
<td>69.7</td>
<td>289</td>
<td>19.2</td>
<td>167</td>
<td>11.1</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>43.68±5.48</td>
<td>1168</td>
<td>77.9</td>
<td>270</td>
<td>18.0</td>
<td>62</td>
<td>4.1</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>22.03±4.08</td>
<td>810</td>
<td>54.0</td>
<td>246</td>
<td>16.4</td>
<td>444</td>
<td>29.6</td>
</tr>
</tbody>
</table>

Figure (1): Total score of participant's perception levels toward Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate: No =1500.

Table (3): Distribution of participants responding about screening of Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate: No=1500.

<table>
<thead>
<tr>
<th>Responding about the screening of Cancer Prostate.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>High risk of Cancer Prostate.</td>
<td>141</td>
<td>9.4</td>
<td>444</td>
<td>29.6</td>
</tr>
<tr>
<td>Exposed to Cancer Prostate in the future.</td>
<td>330</td>
<td>22.0</td>
<td>443</td>
<td>29.5</td>
</tr>
<tr>
<td>There are nothings that can do to prevent Cancer Prostate.</td>
<td>46</td>
<td>3.1</td>
<td>431</td>
<td>28.7</td>
</tr>
<tr>
<td>Kind of food reduce or not cancer prostate.</td>
<td>84</td>
<td>5.6</td>
<td>293</td>
<td>19.5</td>
</tr>
<tr>
<td>Doing Cancer Prostate screening/test is Embarrassing.</td>
<td>46</td>
<td>3.1</td>
<td>615</td>
<td>41.0</td>
</tr>
<tr>
<td>If developed Cancer Prostate don’t live more than 5 years.</td>
<td>133</td>
<td>8.9</td>
<td>473</td>
<td>31.5</td>
</tr>
<tr>
<td>If someone has Cancer Prostate, I think it is already too late for treatment.</td>
<td>125</td>
<td>8.3</td>
<td>538</td>
<td>35.9</td>
</tr>
<tr>
<td>Cancer Prostate is deadly regardless</td>
<td>223</td>
<td>14.9</td>
<td>390</td>
<td>26.0</td>
</tr>
</tbody>
</table>
Responding about the screening of cancer Prostate.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>of when discover and how to treat it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Prostate makes people afraid of having cancer Prostate.</td>
<td>188</td>
<td>12.5</td>
<td>216</td>
</tr>
<tr>
<td>People do not want to know that they have a cancer Prostate because they may die from it.</td>
<td>123</td>
<td>8.2</td>
<td>380</td>
</tr>
</tbody>
</table>

Figure (2): Total score of responding level for participants about screening of Cancer Prostate in outpatient clinics at Main University Hospital - Assiut Governorate :No =1500.

According to research questions number (2): Are there relationships between demographic characteristic of men's, and their perception regarding cancer Prostate ? Table (4): Relation between Perception of participants about Cancer Prostate and their demographic characteristics in outpatient clinics at Main University Hospital - Assiut governonate : No =1500.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Perceptions of men's about cancer Prostate</th>
<th>X2</th>
<th>P. value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Intermediate</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Age groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 -</td>
<td>295</td>
<td>31.5</td>
<td>167</td>
</tr>
<tr>
<td>51-</td>
<td>346</td>
<td>37.0</td>
<td>71</td>
</tr>
<tr>
<td>61-</td>
<td>197</td>
<td>21.0</td>
<td>105</td>
</tr>
<tr>
<td>71- &amp; more.</td>
<td>98</td>
<td>10.5</td>
<td>49</td>
</tr>
<tr>
<td>Educational Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>45</td>
<td>34.6</td>
<td>324</td>
</tr>
<tr>
<td>Read and write</td>
<td>32</td>
<td>24.6</td>
<td>335</td>
</tr>
<tr>
<td>Primary education</td>
<td>34</td>
<td>26.2</td>
<td>263</td>
</tr>
<tr>
<td>Secondary &amp; University education and above</td>
<td>19</td>
<td>14.7</td>
<td>357</td>
</tr>
</tbody>
</table>
### Table (5): Relation between participants responding about screening of Cancer Prostate and their demographic characteristics in outpatient clinics at Main University Hospital-Assiut governorate: No = 1500.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Responding about screening of Cancer Prostate</th>
<th>X²</th>
<th>P. value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perceptions of men’s about cancer Prostate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>Intermediate</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government employee</td>
<td>71</td>
<td>54.6</td>
<td>596</td>
</tr>
<tr>
<td>Private work</td>
<td>32</td>
<td>24.6</td>
<td>560</td>
</tr>
<tr>
<td>Do not work</td>
<td>27</td>
<td>20.8</td>
<td>123</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>75</td>
<td>57.7</td>
<td>669</td>
</tr>
<tr>
<td>Urban</td>
<td>55</td>
<td>42.3</td>
<td>610</td>
</tr>
<tr>
<td><strong>Marital state</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>85</td>
<td>65.4</td>
<td>939</td>
</tr>
<tr>
<td>Widowed</td>
<td>22</td>
<td>16.9</td>
<td>252</td>
</tr>
<tr>
<td>Divorced</td>
<td>23</td>
<td>17.7</td>
<td>88</td>
</tr>
</tbody>
</table>

*Statistically significant difference (p < 0.05) **statistically significant difference (p < 0.01)
Figure (3): Correlation between perception of participants and their responding about screening of cancer prostatic in outpatient clinics at Main Assiut University Hospital - Assiut governorate.

Table (1): Shows the demographic characteristics of participants; it was illustrated that the mean ± SD of participants age were 58.7±10.1. Also 27.0 % of them were read & write, and 26.0 % had Secondary &University education. According to their occupation 46.4% of the participants were government workers, and 52.9% of them were from rural area while 72.9% were married.

Table (2): Presents distribution of mean score perception levels for participants of cancer Prostate ; it was indicated that ( 53.4% ,50.7% , & 54.0%) of participants had low perception related to perceived susceptibility , seriousness & benefits respectively , while (69.7% & 77.9 %) had low perception related to perceived motivation , and barriers respectively.

Figure (1): Clears total score of participants' perception levels toward cancer Prostate: it was noticed that 67.4% of the participants had low perception while 21.1 % had intermediate perception & only 11.5% had good perception.

Table (3): Reveals distribution of participants responding about screening of cancer Prostate ; it was found that 52.3% of participants disagreed about their high risk of cancer Prostate& also 42.7% of them were disagree about their exposed to cancer Prostate in the future while 28.7% of participants were agreed about there are things that can do to prevent cancer or not. And 19.5 % of them agree about kind of food reduce or not cancer Prostate, (44.4%,44.4% &41.7%) of participants disagree about doing cancer Prostate screening is embarrassing. If they developed cancer Prostate don't live more than 5 years & If someone has cancer Prostate , you think it is already too late for treatment respectively .Also( 54.4%,53.1% & 57.6% ) of them disagree about cancer Prostate is deadly regardless of when discovering and how to treat it, cancer Prostate makes people afraid of having cancer Prostate and people do not want to know that they have a cancer Prostate because they may die from it respectively.

Figure (2): Shows total score of responding level for participants about screening of cancer Prostate, it was observed that 63.2% of participants had low level and only 10.0% had good level of responding about screening of cancer Prostate.

Table (4): Clears relation between perception of participants about cancer Prostate and their demographic characteristics; it was illustrated that, there was statistically significant difference between participants perceptions' and their age, educational level,occupation and marital status respectively while there wasn't statistical significant differences with their residence .

Table (5): Clears relation between participants responding about screening of cancer Prostate and their demographic characteristics'; it cleared that, there was statistically significant difference between participants' responding about screening of cancer Prostate and their age, educational level,occupation, residence ,and marital status.

Figure (3): Correlation between perception of participants and their responding about screening of cancer prostatic; it observed that high positive correlation between perception of the participants and their responding level about screening of cancer prostatic.
Discussion
Cancer Prostate is the second most common cancer and the sixth leading cause of cancer death among men worldwide, with an estimated recorded amount of 1.1 million cases and 307,000 deaths in 2012 in more developed regions. Approximately, 42% of cases occur in men over the ages of 50 years old and the majority of them are often seen after 60 years old (Sadeghi et al., 2017). There is a lack of knowledge and awareness of the disease in Egypt, and thus, men are often diagnosed in the late stages of the disease. This is particularly frustrating as prostate cancer has a high potential for a complete cure if it is diagnosed early (Arafa et al., 2017).

The results of the current study showed that mean age of participants were 58.7±10.1 and more than one third of applicant their age' extended between 40 > 50 years. These findings are inconsistent with a study about an assessment of knowledge of and attitudes towards Cancer Prostate screening in Nigerian Men which conducted by Makado et al., (2015). Who found that more than three fifths of participants their age' ranged from 40- 51 years. Also, disagree with the study reported by Akbarizadeh et al., (2016) in Iran about A Survey of Knowledge About and Perceived Barriers to Cancer Prostate Screening who showed that mean age of the studied sample was 49.0±6.9 and 74% of participant age' ranged from 40-49 years.

According to their level of education, the findings of the present study illustrated that slightly more than one-fifth had basic education. These findings disagree with a study about knowledge of Cancer Prostate among males which conducted by Mofolo et al., (2015) in South Africa who found that more than a third of participants had basic education. Also disagree with the findings of a study conducted by Makado et al., (2015), who found that only 4.0% had a basic education.

Regarding to their occupation; the results of the present study cleared that more than two fifths of the participants were government employees & only 10.8% were unemployed. These findings are congruence with Akbarizadeh et al., (2016) who found that more than two fifths of the men's were government employees. Otherwise, the findings of the current study inconsistent with Mofolo, et al., (2015) who reported that less than one third of the participants were unemployed.

In referrals to residence, it was observed that more than half of the participants were from rural area. This may be due to the availability of all medical services and the low cost it located in Assuit University hospital. These findings are inconstant with a study carried by Kobeissi et al., 2013 about Cancer Prostate risk factors and urinary tract in Egypt, who indicated that less than two third of the participants were from rural area. Otherwise, these findings were compatible with a study about Cancer Prostate Screening: Knowledge, Attitudes, and Practices by Nakandi et al., (2013) in Italy who mentioned that more than half of the participants were from the rural area.

As regards to marital status, the findings of the current study revealed that nearly about three quarters of participants were married. These findings are similar with previous study conducted by Makado et al., (2015) who showed that more than two third of studied sample were married. Whereas, a study of the relationship between prevention, risk, and barriers related to Cancer Prostate by Megriff, (2010) in Georgia who agrees with the current study, who indicated that, more than two thirds of the studied sample were married while inconsistent with the study about male University students’ knowledge, beliefs and attitude towards screening for Cancer Prostate by Egbera, (2015) in Benin City, Nigeria, who showed that majority of studied sample 91.0% were unmarried.

Also the findings of the current study indicated that slightly more than two thirds of the participants had low perception while only 11.5% had good perception. These findings are consistent with the study about African Americans’ perceptions of prostate-specific antigen Cancer Prostate screening by Hunter et al., (2015) in North Carolina, who showed that about two-thirds of participants had low perception and less than one fifths had good perception. Otherwise, These findings are disagreement with the study about cancer Prostate Awareness, Knowledge, Perception on Self-Vulnerability and Uptake of screening by Pual, in Kenya, who reported that less than one third of the participants had poor perception, While one fifth of them had good perception.

According to total score level of participants responding regarding to screening of Cancer Prostate, it was observed that more than three fifths of them had a low level, on the other hand more than one quarter had intermediate level and only less than one fifths had a good level of responding regarding to screening of cancer Prostate. These findings are similar with Egbera, (2015) who found that more than three fifths of participants had low level of responding. Whereas, these findings are in disagreement with Makado et al., (2015) who showed that more than two-thirds of the studied sample had poor level and more than one third of them had good level of responding regarding to screening of Cancer Prostate.

In referrals to the relationship between perception of the participants about Cancer Prostate and their
demographic characteristics, the results revealed that, there was the statistically significant difference between perceptions of the participants and their age, educational level, occupation and marital status. these findings are consistent with study about knowledge, Health Beliefs and Screening Status of Cancer Prostate among Middle-Aged and Elderly Men by Lee et al., (2016) in Korea, who noticed that there was a statistically significant relation between perceptions of men's about cancer prostate with age groups, educational level, and marital state. Otherwise, these findings are disagreement with Puaal, (2013) who showed that there wasn't a statistically significant relation between perceptions of men's about cancer prostate with age groups, educational level, and marital state.

In a studies conducted by (Oliver & Simon 2008) and Puaal, (2013) who found that there was a high correlation between responding, and perceptions of the sample regarding Cancer Prostate. These results agree with the current study which observed that there was a high correlation between, responding, and perceptions of participants regarding cancer prostate. Otherwise, these findings are disagreement with another study performed by Yeboah et al., (2017) about responding, Perceptions, towards cancer Prostate screening among male teachers in Ghana, who showed that there was no correlation between responding and perception of the studied sample.

Conclusion
The study and research questions concluded that more than two-thirds of participants had low perceptions regarding Cancer Prostate; also there was statistically significant difference between participants' perception & their age, education, occupation & marital status. In addition the present study cleared that there was positive correlation between participants' perceptions & their responding regarding screening of Cancer Prostate.

Recommendations
• Health educational programs to increase the knowledge skills & attitude of people regarding cancer Prostate.
• Increase awareness about the importance of periodic examinations especially over age forty years for early detections of cancer prostate.
• Community awareness about prevention of cancer prostate through community leaders and the use of posters in public places such as health centers, shopping places and pamphlet in outpatient clinics.
• Further researches about perceptions of men's toward cancer prostate.

References


19. Makado, E., Makado, K., & Rusere, T., (2015): An assessment of knowledge of and attitudes towards cancer Prostate screening among men aged 40 to 60 years at Chitungwiza Central Hospital in Zimbabwe. of Urology, V 19(4), Pp 165-170


the Prostate Cancer through Worldwide and Iran.


