

Review Article

Cultural Factors Influencing Prostate Cancer Screening Uptake in Urban Ogun State, Nigeria: A Review of Evidence

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Abstract

This review examined how cultural influences shape prostate cancer screening uptake among men in urban Ogun State, Nigeria, where screening rates remain low despite increasing disease burden and service availability. A scoping review of literature published between 2015 and 2025 was conducted using databases including PubMed, Scopus, Web of Science, African Journals Online, and Google Scholar, with additional relevant seminal studies considered. Eight eligible studies were synthesised thematically to identify recurring patterns in beliefs, attitudes, and practices affecting screening behaviour. The evidence showed that cultural misconceptions often framed prostate cancer as spiritual or incurable, discouraging early detection; masculinity norms portrayed screening as a sign of vulnerability; and reliance on traditional medicine frequently replaced biomedical screening. Cultural influences also intensified structural barriers such as cost, distance, and stigma, though culturally sensitive education and community engagement were noted to improve acceptance. Overall, screening uptake is shaped by interconnected cultural and structural factors. Improving early detection requires culturally responsive interventions that promote awareness, engage community and religious leaders, and strengthen accessible, community-based screening services.

Keywords: Cultural beliefs; Health-seeking behaviour; Masculinity norms; Prostate cancer; Screening uptake; Traditional medicine.

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Introduction

Particularly in nations with low and intermediate incomes, prostate cancer is a critical public health concern that calls for immediate attention. In spite of the fact that it is ranked as the second most often diagnosed cancer among men all over the world by the World Health Organisation (WHO) [1], the burden of the disease is not divided evenly. It has a mortality rate that is disproportionately high in the Sahara South of Africa (SSA), which can primarily be attributed to a lack of early detection and limited access to therapeutic care [2]. There has been an increase in the number of cases of prostate cancer that have been reported in Nigeria, and hospital registries have reported that it is the most common form of cancer detected in men [3].

In Nigeria, the most significant obstacle continues to be the late diagnosis. This shortens the window of opportunity for successful treatment and restricts access to therapies such as surgery, hormone therapy, or radiotherapy [4]. Many men do not seek medical care until they experience severe symptoms after they have already experienced others. Inequitable access based on regional variables, excessive out-of-pocket expenditures, and poor infrastructure are all examples of systemic impediments that unquestionably contribute to these trends. According to the findings, however, the elements that are associated with the health system alone are not sufficient to explain the low uptake of screening. [5] [6] There is a growing amount of literature that highlights the significance of cultural variables in the process of determining health-seeking behaviour for prostate cancer in Nigeria.

These cultural factors work on multiple levels that overlap with one another. Beliefs in fate, divine punishment, or metaphysical causation can all contribute to the development of fatalism on an individual level. When it comes to prostate cancer, the perceived benefit of preventive activity is diminished when it is viewed in terms of spiritual determinism or the inability to be cured [7]. Some men, for instance, have the misconception that prostate cancer is an incurable sickness or a curse, and as a result, they choose to delay or completely avoid getting biological screening. In Yoruba culture, the social part of masculine standards equates strength with stoicism and tenacity. Consequently, men do not have the motivation to undergo preventive inspections, as it can be viewed as a weakness in the Yoruba culture [8]. The screening procedure, especially the digital rectal examination, is perceived to be intrusive, undignified and culturally inappropriate. This is also the perception that leads to a sense of bodily violation and also promotes avoidance [9].

Moreover, traditional healing is a common practice in Nigeria; most of the population consults the services of herbalists, spiritual leaders, or elders. It is one of the trends that can be traced to the history of the nation and the high-priority status of indigenous medicine within the framework of the healthcare system [10]. Besides the fact that the practice slows down early discoveries, it also reflects the old cultural beliefs in health sources that lie outside the biomedicine sphere. Others that bring out complexity are those at the family and community level. Religious beliefs have been established to promote supernatural safeguarding against preventive health and also generate stigma and family silence, which are impediments to the openness of male reproductive health [11]; [12]. Conversely, family encouragement and endorsement by trusted religious leaders can be powerful enablers, demonstrating that cultural influences can hinder and support screening uptake [13]. Collectively, these dynamics emphasise the necessity to study the problem of prostate cancer screening not merely as a biomedical challenge but as an intensely cultural challenge as well. Ogun State in South-Western Nigeria presents an especially applicable case. Yoruba cultural practices remain dominant in the State; despite this, modern health information is being introduced to men in urban healthcare systems as well as workplaces. This crossover of old values and growing biomedical services also means that Ogun State is a key location to consider in the way that cultural beliefs, values and practices affect the choice made by men to screen for prostate cancer.

These processes can be recognised theoretically in terms of the Health Belief Model as developed by (Becker) [14], which assumes that perceived susceptibility, severity, and cultural cues-to-action influence preventive behaviour, and Masculinity Theory developed by (Connell) [15], which asserts that gender norms determine health-seeking behaviour. Similarly, both the problem behaviour theory perspective and the cultural determinants of health perspective help to understand how problems of dependency on traditional medicine and family or religious influence entrench individual choices within the wider social systems. This research situates prostate cancer screening uptake within the intersection of cultural discourses, gender identities, and the formation of communities. Through these theoretical lenses, it provides a more informed picture of where barriers and opportunities to intervene exist.

Even though this review is anchored in the urban environment of Ogun State (Abeokuta, Ado-Odo/ Ota), the literature that specifically targets this environment is very limited. As a result, data on other urban centres in Nigeria and, where applicable, rural environments were used as a source of evidence to give comparative and contextual information on the role of cultural beliefs, masculinity norms, and community factors on prostate cancer screening behaviour. Ogun State is not, however, an isolated situation but a focal urban situation within the wider Nigerian sociocultural setting.

Objective of the Study

- To identify cultural beliefs that influence men's willingness to undergo prostate cancer screening in the urban setting of Ogun State.
- To examine cultural values, such as perceptions of masculinity, dignity, and privacy, that shape men's attitudes toward prostate cancer screening.
- To explore cultural practices, including reliance on traditional medicine and alternative health-seeking, which affect decisions about prostate cancer screening.
- To assess the role of family, religion, and community influences in men's acceptance or avoidance of prostate cancer screening in the urban setting of Ogun State.

Research Questions

- What cultural beliefs influence men's willingness to undergo prostate cancer screening in urban Ogun State?
- How do cultural values, such as perceptions of masculinity, dignity, and privacy, affect attitudes toward prostate cancer screening?
- In what ways do cultural practices, including reliance on traditional medicine, impact men's decisions about prostate cancer screening?
- How do family, religion, and community networks influence men's acceptance or avoidance of prostate cancer screening in urban Ogun State

Methodology

Review Design

This research adopted a scoping review design to map and synthesise evidence available on the cultural influences on the uptake of prostate cancer screening by men in urban Ogun State (Abeokuta / Ado-Ota), Nigeria. A scoping review was considered suitable since the research question covers several areas, including cultural beliefs, gender norms, traditional health practices, and community-level influences and aims at investigating the scope instead of the efficacy of existing evidence.

In line with established guidance, scoping reviews are specifically applied to investigate complex and underexplored topics, elucidating the key concepts and identifying knowledge gaps without having to limit the scope of inclusion to narrowly defined study designs. Although the review was conducted using the PRISMA 2020 reporting framework to make the process more transparent and clearer in reporting the selection process of the study, it was not a systematic review, and no meta-analysis was undertaken. This study was not preceded by the registration of a formal review protocol. This decision was informed by the fact that registries like PROSPERO tend to accommodate systematic reviews of intervention effectiveness and do not make it routine to register scoping reviews. This has been recognised as a methodological limitation, although it does not compromise the exploratory objectives of the present review.

Ethical Considerations

Ethical approval was not required for this study because it was based exclusively on the review and synthesis of published literature and did not involve the collection of primary data from human participants.

Search Strategy and Databases

An extensive literature search was performed to find peer-reviewed articles on the topic published within the period of 2015 to 2024. This time period was identified to take into account the new trends, policies and cultural changes that could be influential in defining the health-seeking behavioural patterns of men in modern-day Nigeria. The databases searched included the following: PubMed, Scopus, Web of Science, African Journals Online (AJOL), and Google Scholar. A fully documented search strategy was created in order to improve the transparency and reproducibility. The search query employed in PubMed was as follows: (“prostate cancer” OR “prostatic neoplasms”) AND (“screening” OR early detection) AND (“cultural beliefs/culture/masculinity/health-seeking behaviour) and (Nigeria/Ogun State/urban Nigeria). Other databases were searched using the same search strategy but with subject headings and syntax modified accordingly. The use of Boolean operators (AND, OR) and truncation was done to maximise sensitivity and maintain relevance. All articles included in the reference lists were screened to get more relevant studies.

Inclusion and Exclusion Criteria

To ensure relevance, inclusion and exclusion criteria were defined before the screening process.

Inclusion Criteria:

- Studies published between 2015 and 2025.
- Peer-reviewed journal articles.
- Studies focused on prostate cancer screening uptake in Nigeria, with evidence specific to Ogun State or southwestern Nigeria where applicable.
- Articles addressing cultural beliefs, values, and practices influencing screening behaviours.
- Studies published in English.

Exclusion Criteria:

- Articles published before 2015.
- Studies not related to prostate cancer or not focused on screening uptake.
- Papers outside the Nigerian context.
- Opinion pieces, commentaries, and editorials without empirical evidence.

Study Selection

The PRISMA 2020 guidelines for reporting reviews were followed throughout the process of selecting the studies to be included [16]. After doing a preliminary search throughout PubMed, Scopus, Web of Science, African Journals Online (AJOL), and Google Scholar, a total of 132 entries were discovered. After removing 34 duplicates, 98 records remained for screening.

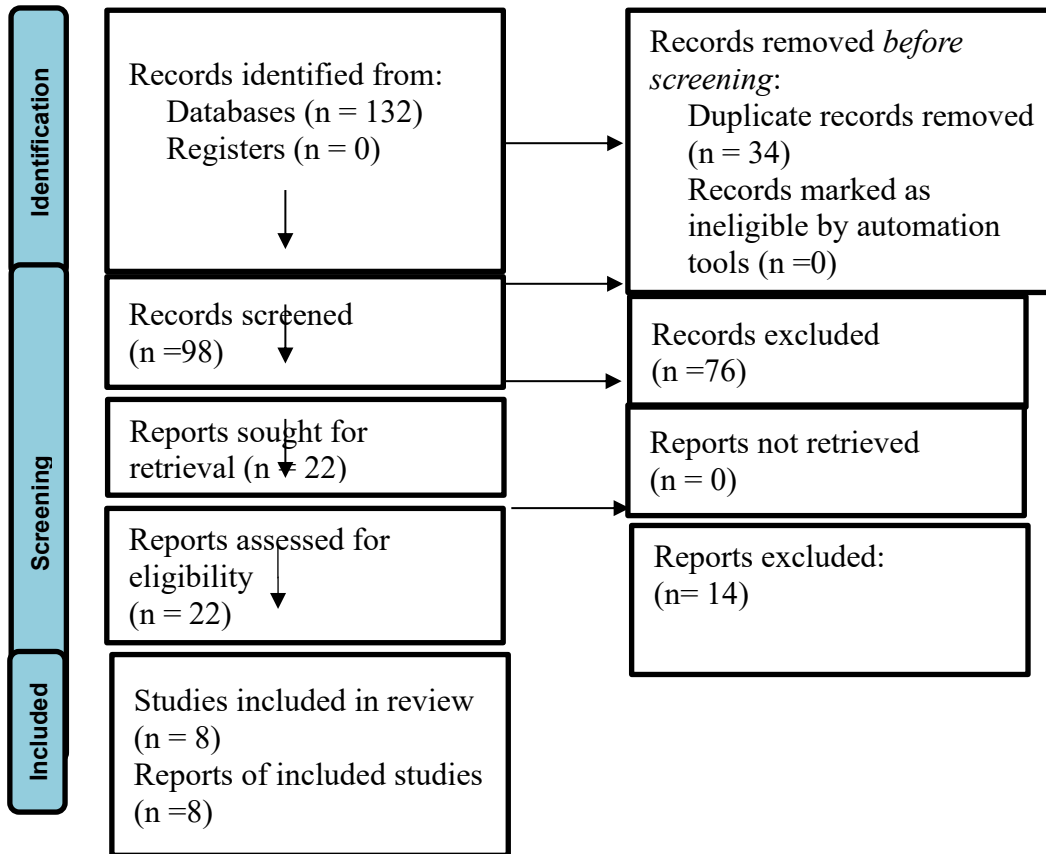
In the first-level screening of titles and abstracts, 76 studies were excluded because they were either unrelated to prostate cancer, focused on other malignancies, or did not address cultural influences on screening behaviour. This left 22 articles for full-text review.

Of the 22 articles for full-text review, 14 studies were further excluded; six (6) focused on general cancer awareness without emphasis on prostate cancer, four (4) were conducted outside Nigeria, and four (4) examined only biomedical aspects without addressing cultural influences.

A total of eight (**8**) **studies** met the inclusion criteria and were retained for the thematic synthesis. These studies were all conducted in Nigeria, with two based explicitly in Ogun State and others representing different Nigerian regions that offered relevant insights into cultural influences on prostate cancer screening. Collectively, they provided evidence across the four study objectives: cultural beliefs, masculinity and values, reliance on traditional medicine, and the role of family, religion, and community.

This selection process is summarised in Figure 1, in accordance with the PRISMA 2020 reporting guideline.

Figure 1. PRISMA 2020 flow diagram of study selection



Data Extraction

A structured data extraction form was developed to capture relevant information systematically and efficiently. Extracted data included: author (s), year of publication, study setting, study design and methodology, population characteristics, and key findings on cultural beliefs, values, and practices affecting screening uptake. This is seen in the table below:

Authors & Year	Study Setting	Study Design & Methodology	Population Characteristics	Key Findings on Cultural Beliefs, Values, and Practices Affecting Screening Uptake
Objective 1: Cultural beliefs influencing willingness to undergo screening				

Authors & Year	Study Setting	Study Design & Methodology	Population Characteristics	Key Findings on Cultural Beliefs, Values, and Practices Affecting Screening Uptake
Shola Blessing Olorunniyi & Chidiebere Ndukwe Ogo, 2025	Abeokuta South (Urban LGA, Federal Medical Centre, Ogun State)	Quantitative study guided by the Health Belief Model	Urban men of African ancestry attending FMC, middle-aged to elderly	Beliefs: Low perceived susceptibility; fatalism; fear of DRE as taboo/embarrassing. Values: Masculinity norms discouraged discussion. Practices: Reliance on symptomatic presentation; weak cues-to-action from family/community.
Ugochukwu et al., 2019	Lagos (urban)	Mixed-method cross-sectional survey	Adult men	Awareness did not translate to uptake; beliefs in shame and fear discouraged screening. Misconceptions about prostate cancer are common.
Objective 2: Cultural values (masculinity, dignity, privacy) shaping attitudes				
Sodeinde et al., 2024	Ado-Odo/Ota Axis, Ogun State (urban university)	Cross-sectional descriptive survey	211 male university employees, ages 30–65	Beliefs: Moderate misconceptions. Values: Masculinity and dignity influenced decisions. Practices: Screening is neglected due to prioritising work. Community: Peer/workplace influences are stronger than family.
Esiaka, 2022	Multi-region Nigeria	Quantitative cross-sectional	Adult men, mixed ages	Masculinity norms discouraged preventive health-seeking; screening was perceived as a sign of weakness and a loss of dignity.

Authors & Year	Study Setting	Study Design & Methodology	Population Characteristics	Key Findings on Cultural Beliefs, Values, and Practices Affecting Screening Uptake
Objective 3: Cultural practices (reliance on traditional medicine & alternatives)				
Adedeji et al., 2021	Rural Nigeria	Qualitative stakeholder interviews	Community leaders & traditional healers	Reliance on herbal and spiritual practices delayed biomedical screening. Fatalistic views reinforced.
Enemugwem et al., 2019	Obio Akpor, Rivers State	Cross-sectional survey	Adult men in rural communities	Many preferred traditional explanations/treatments—low intention to screen despite awareness campaigns.
Objective 4: Family, religion, and community influences				
Ojewola et al., 2024	Nigeria (multi-site FGDs)	Focus Group Discussions	Patients & caregivers of prostate cancer patients	Religious institutions and family networks play a central role in health decisions; churches/mosques could promote screening if mobilised.
Adedeji et al., 2021	Rural Ogun (stakeholder interviews)	Qualitative	Community stakeholders	Family and friends provided cues-to-action, but a lack of male role models limited uptake. Community leaders had influence but were underused.

HBM = Health Belief Model; DRE = Digital Rectal Examination.

Data Analysis

The included studies were synthesised using thematic analysis to obtain the data. The method chosen was the thematic analysis since it is flexible in the identification and interpretation of recurrent patterns of diverse types of evidence. In line with the objectives of a scoping review, no critical risk-of-bias or methodological quality evaluation of the included studies was carried out. Instead, all eligible studies were

considered as sources of evidence to map the key concepts, patterns and themes concerning cultural impacts on prostate cancer screening uptake. In synthesis, results were viewed with a sceptical eye, taking into consideration the context of the study, design and environment without giving dissimilar importance based on methodological hierarchy.

Findings

The findings presented below synthesise evidence from studies conducted in urban Ogun State as well as other urban and selected rural Nigerian settings, which are used comparatively to illuminate shared and context-specific cultural influences on prostate cancer screening uptake among men.

Theme 1: Cultural Beliefs about Illness and Screening

Cultural beliefs remain a significant determinant of men's willingness to undergo prostate cancer screening in Nigeria, including in urban Ogun State. At the Federal Medical Centre in Abeokuta, Olorunniyi and Ogo [17] found that many men held a low perceived susceptibility to prostate cancer, believing that the disease was unlikely to affect them personally. These kinds of beliefs created the feeling of invincibility and led to the late diagnosis since people grossly underestimated the dangers of the disease. Fear and apprehension about screening, specifically the digital rectal examination (DRE), were found to be a significant deterrent in the same study. Such a procedure has been characterised as intrusive, humiliating, and culturally unacceptable and was incompatible with masculine concepts of body wholeness.

The power of these beliefs is further demonstrated with pieces of evidence in Lagos. In their cross-sectional study, Ugochukwu et al. [18] noted that despite the awareness of prostate cancer and the concern of its severity among many men, the screening behaviour was still suppressed by misconceptions and fear due to cultural beliefs. One consistent perception was that people should not take medical checks seriously until they saw the symptoms were severe, which represents a reactive approach and not a preventive attitude towards health. The myths that prostate cancer is related to fate, spiritual causes, and the process of natural ageing also played a weak role in encouraging early diagnosis.

Collectively, these studies indicate that cultural beliefs, in either form as perceived invulnerability or fear of biomedical procedures or dependence on symptomatic cues, are the direct impediments to screening uptake in Nigerian men. They also emphasise that awareness or knowledge is not enough to alter behaviour in cases where background cultural narratives are not addressed. Thus, it is necessary to address these perceptions by culturally sensitive health promotion in order to enhance early detection in urban areas of Ogun State and beyond.

Theme 2: Masculinity Norms and Cultural Perceptions of Manhood

The masculinity norms and the cultural understanding of manhood have a significant influence on the attitude of men towards the screening of prostate cancer in Nigeria, including the urban Ogun State. In a cross-sectional study of male university workers based in Ado-Odo/Ota, Sodeinde et al. [19] found that despite the relative awareness and relatively favourable perceptions towards prostate cancer, most respondents still associated health-seeking with the severity of illness and not prevention. Such cultural scripting, where endurance and resilience are hallmarks of masculinity, led to the dismissal of preventive screening as a needless procedure until overt symptoms arise. This mindset accepts work and productivity over preventive health, and further hesitates to take regular check-ups.

Nigerian men tend to strongly comply with masculinity norms, which impact their health-seeking behaviour, such as screening for prostate cancer. Esiaka [20] revealed that the levels of education, traditional masculinity ideals, and fears associated with attachment had a strong influence on the attitudes of men regarding the practice of early cancer detection, and invasive procedures, including the digital rectal examination, were generally viewed as an infringement on their dignity and the fear of losing their masculinity in a multi-regional study. The virtue of preventive care was synonymous with weakness, whereas stoicism and silence in the event of a possible disease were defined as male virtues. Such results are in tandem with the cultural norms that men are not expected to talk about intimate health issues, and those related to reproductive organs in particular, therefore, encouraging a culture of silence on PCa.

Collectively, the two studies point towards the role of masculinity-related values as long-lasting obstacles to screening uptake. They demonstrate that cultural values of power, privacy, and bodily integrity prevail over the information on the advantages of early detection, even in the educated and working male population. To overcome such obstacles, it is necessary to rebrand prostate cancer screening as a duty and power and not a weakness and situate it within cultural constructs of manhood that place family security and leadership at the forefront.

Theme 3: Traditional Medicine and Alternative Health-Seeking Practices

The decision of men to screen for prostate cancer in Nigeria is still inhibited by reliance on traditional medicine and alternative health-seeking practices. Adedeji et al. [21] conducted a qualitative study of community stakeholders in rural Ogun and identified that most men postponed biomedical screening in favour of herbal treatment and spiritual healing. Disease was often metaphysically explained, and the prostate issues were often interpreted as punishment or as destiny. Such explanatory models promoted a late presentation, as biomedical tests would only be taken when the symptoms became serious. The traditional healers who enjoyed a lot of credibility in their communities were usually consulted, and this further created delays in the formal screening.

Equally, a cross-sectional survey conducted in Rivers state by Enemugwem et al. [22] showed that the preference to traditional explanations and remedies was strong even in the urban setting. A great number of the participants acknowledged the lack of intent to screen for prostate cancer, referring to the belief in herbs and alternative health consultation as an alternative to biomedical prevention. Such practices were not merely medical decisions, but they also portrayed cultural trust networks where the elders of the family and cultural healers were perceived to be the initial source of advice.

Such studies illustrate that such alternative and traditional practices have not yet been entirely displaced by urbanisation and awareness campaigns. Instead, there is more trust in herbal and spiritual care than in biomedical screening. This is a reminder that traditional and community leaders should be invited to partner in health promotion, and that cultural trust can be established and enhanced through biomedical methods of early detection.

Theme 4: Family, Religion, and Community Influence

Family, religious beliefs and community norms are significant in influencing the decision of men to screen for prostate cancer in Nigeria. Community stakeholders, such as traditional leaders and healers in a rural Ogun State qualitative study, had some limited scientific knowledge of prostate cancer, and their screening behaviours were limited by cultural norms of maleness and the absence of systems of health communication [21]. Nevertheless, among communities in which prostate cancer was linked to stigma, fatalism, or silence on male reproductive health, family and peer influence was a barrier and not a facilitator. This was further

enhanced by the lack of male role models who had been screened, and thus, men lacked good examples to follow.

To supplement these results, Ojewola et al. [23] examined the ways in which religious and community institutions can both inhibit and facilitate screening behaviour. Conversations with patients and caregivers in focus groups revealed that churches and mosques were considered the most trustworthy places where health messages can take root. However, in other instances, the religious stories emphasised the role of God in terms of protection rather than prevention. Notably, the study illustrated the potential that is not yet exploited by religious leaders in influencing positive attitudes, as shown where religious leaders accepted prostate health checks, the men were open to the concept of early detection.

The combined results of these studies demonstrate that the choices that men make regarding screening are seldom personal but are rooted in their social surroundings. There is a combination of family expectation, peer attitudes, and religious teaching on the importance of screening for prostate cancer as necessitated or as something to avoid. By mobilising family, community, and faith leaders through harnessing such networks, there is a culturally based avenue to enhancing screening uptake.

Discussion

This review examined the influence that culture has on the adoption of prostate cancer screening in urban Ogun State by men. An overview of eight Nigerian studies suggests that cultural issues, beliefs, masculinity norms, traditional practices, and social networks are not background factors, but instead forces that determine whether one makes a decision to seek or avoid early detection.

Cultural beliefs were found to be a constant hindrance. Most men believe prostate cancer is spiritually predetermined or incurable, which reduces perceived vulnerability and postpones preventive behaviour patterns also found in Nigerian focus-group data and a regional survey where fatalism and false beliefs were found as key preventive factors [5]; [24]; [17]. However, other work shows that biomedical framing and culturally sensitive education can lead to a shift in perceptions [25]; [19]. A plausible explanation is that when men interpret illness through spiritual or fatalistic lenses, biomedical screening is viewed as irrelevant. However, targeted education provides alternative narratives that challenge and replace these cultural framings.

Masculinity norms also influenced health choices, with preventive care often viewed as a sign of weakness or a loss of dignity. This reflects the broader pattern of stoicism and endurance as cultural markers of manhood, traits linked to hegemonic masculinity that often discourage preventive health-seeking [26]; [27]. However, other studies indicate that reframing screening as a responsibility for family well-being can reposition it as an act of strength [28]; [5]. A plausible explanation is that prostate cancer screening threatens traditional ideals of male control over the body. However, when presented as a way to safeguard dependents, the same masculine values can be mobilised positively.

Reliance on traditional medicine often displaced biomedical screening, reflecting trust in herbal and spiritual remedies [2]; [21]. Nevertheless, integration with traditional leaders and healers has been shown to increase trust in biomedical services [29]; [13]. A plausible explanation is that men's reliance on traditional practices reflects deep-rooted trust in community-based authority and longstanding healing systems. When biomedical services collaborate with these networks rather than dismiss them, the trust gap narrows, encouraging uptake.

Family, religion, and community networks further shaped screening decisions, both positively and negatively. Family stigma and religious fatalism discouraged preventive care [21]; [23], while endorsement from leaders and affordability of services improved uptake [30]; [5]. A plausible explanation is that men's health choices are deeply relational, and when social networks reinforce silence or stigma, avoidance is normalised. Conversely, when those same networks endorse preventive care and lower the cost of access, they create powerful cues-to-action that legitimise screening.

Implications

Theoretical: The findings reinforce the Health Belief Model, which links perceived susceptibility and cultural cues-to-action to preventive behaviour, and Masculinity Theory, which shows how gender identity mediates health-seeking. They also challenge deterministic views of culture by demonstrating that, under the proper framing, cultural narratives can facilitate the uptake of biomedical interventions.

Policy:

- **Cultural beliefs** → Fund culturally sensitive education campaigns to dispel myths and fatalism.
- **Masculinity norms** → Reframe screening as family protection and responsible leadership.
- **Traditional practices** → Partner with traditional healers and community leaders as gatekeepers of trust.
- **Family/religion** → Mobilise faith leaders and embed programmes in trusted spaces (churches, mosques, town meetings).

Practice:

- **Cultural beliefs** → Train health workers to validate men's fears before correcting misconceptions.
- **Masculinity norms** → Use peer educators to model screening as a strength and responsibility.
- **Traditional practices** → Involve traditional practitioners in early referrals and awareness campaigns.
- **Family/religion** → Deliver community-based and confidential services that engage family networks.

Conclusion

The review has shown that the uptake of prostate cancer screening among urban Ogun State men, when placed in the context of wider Nigerian culture, is shaped by an interplay of cultural beliefs, masculinity beliefs, reliance on traditional practices, and family or community influences. Although these factors usually deter preventive action, evidence indicates that they may also be used as levers for change when reformulated. Culture intensifies the impacts of structural barriers such as cost, distance, and stigma; that is, interventions should extend beyond biomedical messages. The approach is to include screening programs into cultural reality, along with education to disprove fatalistic attitudes, redefine masculinity as protection, involve traditional and religious leaders, and expand community-based services that are made available at low prices. On the basis of this method that takes into account cultural norms, Nigeria has the potential to decrease the number of late presentations and move closer to its objective of achieving early detection and improved survival rates for men who are at risk of prostate cancer.

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Conflicts of Interest Disclosure

No potential conflict of interest was reported by the author(s).

References

- [1] World Health Organisation. **Global cancer observatory: cancer today**. Lyon: International Agency for Research on Cancer; 2020.
- [2] Al-Ghazawi M, Salameh H, Amo-Afful S, Khasawneh S, Ghanem R. An in-depth look into the epidemiological and etiological aspects of prostate cancer: a literature review. *Cureus*. 2023 Nov 4;15(11):e48252.
- [3] Iheanacho CO, Enechukwu OH. Epidemiology of prostate cancer in Nigeria: a mixed methods systematic review. *Cancer Causes & Control*. 2025 Jan;36(1):1-2.
- [4] Adebisi AA, Onobun DE, Orji C, Ononye R. Barriers to the Completion of Radiation Therapy in Cervical Cancer Treatment in Nigeria: A Review of Socioeconomic, Geographical, and Psychosocial Factors. *Cureus*. 2024 Oct 3;16(10).
- [5] Tolani MA, Agbo CA, Paciorek A, Umar SS, Ojewola RW, Mohammed F, Kaninjing E, Ahmed M, DeBoer R. Detection and management of localized prostate cancer in Nigeria: barriers and facilitators according to patients, caregivers and healthcare providers. *BMC Health Services Research*. 2024 Aug 12;24(1):918.
- [6] Nwankwo FC, Nwankwo IU. Sociocultural Factors Affecting Knowledge and Responses of Men towards Prostate Cancer In Nigeria: A Review Of Literature. *Global South Social Sciences Digest*. 2025 Jul 6;1(1).
- [7] Arinze N. *Beliefs, Spontaneous (naive) explanation of accidents, risk perception, perception of preventive actions and safety behavior among health care workers in Nigerian hospitals* (Doctoral dissertation, Université Grenoble Alpes [2020-....]).
- [8] Ayodabo SJ. *The Construction of Masculinity in Selected Nigerian Children's Literature* (Doctoral dissertation).
- [10] Akunna, G. G., Lucyann, C. A., & Saalu, L. C. (2023). Rooted in tradition, thriving in the present: The future and sustainability of herbal medicine in Nigeria's healthcare landscape. *Journal of Innovations in Medical Research*, 2(11), 28-40.
- [11] Bashir NM. *Beyond the Health Care Setting: Exploring the Intersections of Gender, Culture and Religion and Their Influence on Utilization of Family Planning Services in Northern Nigeria*. Lancaster University (United Kingdom); 2022.
- [12] James N. *Religion & Sexuality in Nigeria*. Nahna James; 2024 Jul 31.
- [13] Odubia JS, Ayodele VD, Oyedepo RO, Ugwuani NI, Ogungbenjo TJ, Abe OE. Bridging the divide: Exploring why Nigerian men struggle with prostate cancer awareness and screening uptake. *IPS Journal of Public Health*. 2025 Sep 2;5(3):310-27.
- [14] Becker MH. The health belief model and sick role behavior. *Health education monographs*. 1974 Dec;2(4):409-19.
- [15] Connell RW. Studying men and masculinity. *Resources for feminist research*. 2001 Sep 22:43-57.
- [16] Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, Chou R. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *bmj*. 2021 Mar 29;372.

- [17] Olorunniyi SB, Ogo CN. Predictors of late diagnosis of prostate cancer among men of African ancestry receiving care at urology clinic, Federal Medical Centre, Abeokuta. *ecancermedicalscience*. 2025 May 29;19:1917.
- [18] Ugochukwu UV, Odukoya OO, Ajogwu A, Ojewola RW. Prostate cancer screening: what do men know, think and do about their risk? exploring the opinions of men in an urban area in Lagos State, Nigeria: a mixed methods survey. *Pan African Medical Journal*. 2019 Nov 29;34(1).
- [19] Sodeinde K, Eya I, Ezeokoye C, Ezebiora P, Fabunmi I, Fashina A, Sodeinde G. KNOWLEDGE AND PERCEPTION OF PROSTATE CANCER SCREENING AMONG MALE EMPLOYEES OF A PRIVATE UNIVERSITY IN OGUN STATE, NIGERIA.
- [20] Esiaka D, Nwakasi C, Brodie K, Philip A, Ogba K. Dying to be men: masculinity and early Cancer detection among Nigerian men. *Community Health Equity Research & Policy*. 2022 Jul;42(4):351-9.
- [21] Adedeji IA, Lawal SA, Aluko-Arowolo S. Prostate cancer knowledge gaps among community stakeholders in rural Nigeria: implications for seeking screening. *Cancer Causes & Control*. 2021 Aug;32(8):895-901.
- [22] Enemugwem RA, Eze BA, Ejike U, Asuquo EO, Tobin A. Prostate cancer screening: assessment of knowledge and willingness to screen among men in Obio Akpor LGA, Rivers State, Nigeria. *African Journal of Urology*. 2019 Dec;25(1):11.
- [23] Ojewola RW, Oridota ES, Balogun OS, Ogundare EO, Alabi TO, Banjo OO, Laoye A, Adetunmbi B, Adebayo BO, Oluyombo R. Knowledge, attitudes and screening practices regarding prostatic diseases among men older than 40 years: a population-based study in Southwest Nigeria. *The pan African medical journal*. 2017 Jun 30;27:151.
- [24] Ofori B, Fosu K, Aikins AR, Sarpong KA. The intersection of culture and prostate cancer care in Sub-Saharan Africa: a systematic review. *African Journal of Urology*. 2025 Jul 2;31(1):41.
- [25] Okoro ON, Nelson CS, Witherspoon SP, Witherspoon SF, Simmons Jr GE. Culturally responsive health promotion to address health disparities in African American men: a program impact evaluation. *American Journal of Men's Health*. 2020 Aug;14(4):1557988320951321.
- [26] Olanrewaju FO, Ajayi LA, Loromeke E, Olanrewaju A, Allo T, Nwannebuife O. Masculinity and men's health-seeking behaviour in Nigerian academia. *Cogent Social Sciences*. 2019 Jan 1;5(1):1682111.
- [27] Folorunsho S, Suleman B, Esiaka D, Olayinka T, Ajayi V. Masculinity and memory loss: a qualitative study of the social stigma of dementia among Nigerian men. *Aging & Mental Health*. 2025 Nov 2;29(11):2006-15.
- [28] Okafor IP, Kukoyi FO, Kanma-Okafor OJ, Izuka MO. Male involvement in female partners' screening for breast and cervical cancers in Southwest Nigeria. *PLoS One*. 2023 May 10;18(5):e0284141.
- [29] Asuzu CC, Akin-Odanye EO, Asuzu MC, Holland J. A socio-cultural study of traditional healers role in African health care. *Infectious Agents and Cancer*. 2019 Jun 20;14(1):15.
- [30] Umeh BI, Ogbonna BO, Nduka SO, Nduka JI, Ejie LI, Mosanya UA, Ekwunife IO. Willingness-to-pay for a population-based-prostate-specific antigen screening for prostate cancer in Anambra State, Southeast, Nigeria: a contingent valuation study. *African Health Sciences*. 2022 Dec 21;22(4):46-55.