

**Awareness Creation on Cervical Cancer Screening: A Study of Living Healthy Programme
on FRCN Kaduna**

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DECLARATION

I declare that the work titled “Awareness Creation on Cervical Cancer Screening: A study of *Living Healthy* Programme on FRCN Kaduna” was written by me and all materials used were acknowledged accordingly. No part of this thesis was previously presented for another degree or diploma at this, or any other institution.

Mary Kasham Auta

Signature

Date

DEDICATION

I dedicate this work to all academicians and to the Almighty God for keeping me alive to execute this project.

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ABSTRACT

The research was conducted to assess the radio programme: *Living Healthy*, and its roles in creating awareness on Cervical Cancer and screening among women in Kaduna State. Though many researchers have researched on different aspects of Health Communication in relation to cervical cancer, there appears to be a paucity of awareness creation on cervical cancer screening. Four specific objectives were raised, which included to establish the number of women who access the FRCN's *Living Healthy* programme on radio; list women's opinion on cervical cancer screening based on the messages from "Living Healthy"; establish the awareness created by the *Living Healthy* programme on Cervical Cancer; and list the opinion of women on the time allotted to the *Living Healthy* programme. The theoretical framework on the Health Believe Model as well as the Diffusion of Innovation Theory were adopted for this study because they focused on behavioural responses of women concerning their health. Quantitative survey method was used to conduct the investigation. Data were collected through the use of questionnaire with three hundred and sixty copies distributed, out of which three hundred and twenty three were returned and found useful. Data were analyzed using Statistical Programme for Social Sciences (SPSS). The findings revealed that women had access to radio and were more conversant with breast cancer as the most common female related cancer. Some of them expressed fear and uncertainty on the procedure of the screening exercise and therefore, the need to educate women on the process of screening. It was also established that the time allotted for the *Living Healthy* programme was not satisfactory. Women agreed that the screening exercise was important and they were willing to submit themselves. The weakness of *Living Healthy* revolves around the circulation and frequency of broadcast. Most of the respondents believe the programme lays more emphasis on breast cancer among the female related cancers. The following recommendations were made from the findings: more jingles, advertisements and dramas should be slotted periodically to serve as a constant reminder on the need for cervical cancer screening; women should engage in routine checkups; FRCN should identify the most appropriate days and time for broadcast; there is the need for government to work with international health organizations to ensure availability and affordability of vaccines and finally, there is also the need for media to collaborate with the rural populace to analyze the content and presentation of information about the disease.

CHAPTER ONE INTRODUCTION

1.1 Background to the Study

The relevance of information to all facets of human endeavour is unquantifiable. This is because possession of information is an added advantage for all human activities especially when organisations, individuals, and other groups need to communicate with one another hence, the axiom “information is power” (Moemeka, 1981). The mass media created opportunities for human communication through exchange of ideas to the most isolated regions of the world, and have played a pivotal role in the fight against diseases such as HIV/AIDS, Malaria, Tuberculosis, Polio, (Global Media AIDS Initiative, 2004). Information, Education, and Communication (IEC) are very important especially when a health issue such as cervical cancer needs to be tackled and awareness created.

The populace were keen on getting every detail especially on issues concerning health because it is believed that “Health is Wealth”, and health is a very crucial aspect of development. People want to be informed, educated and carried along. The only source of getting such information was through the media. However, the media are seen as not living up to their responsibility of information dissemination. Media practitioners are also culprits in this regard as they had also failed to adequately provide the necessary information to the populace in a timely and effective manner (Eze, 2009).

Media practitioners require adequate training especially on modern health campaign strategies on diseases such as HIV/AIDS, malaria, tuberculosis, polio etc. Due to this lacuna, the populace

who needed this information often resorted to other measures such as patronising quacks to get cure for diseases afflicting them. However, it was pertinent to acknowledge the critical role some media, especially the radio, had played in the campaign for creating awareness about diseases such as HIV/AIDS, malaria, tuberculosis and other such scourges (Moemeka, 1981)

The Federal Radio Corporation of Nigeria (FRCN) Kaduna had made efforts in this regard through its programme, “Living Healthy” to alleviate the suffering of the afflicted. Moemeka (1986) and Eze (2009), all agreed that radio is an indispensable tool for fighting diseases and creating awareness for the sceptics and unreachable by other media. The radio programme “Living Healthy” had been in existence since 1962. “Living Healthy” is a weekly magazine programme that runs for 20 minutes (9.20am-9.40am) on Wednesdays, and discusses health issues, nutrition, and environmental health issues. “Living Healthy” is a perfect medium for women to be sensitized on the need for cervical cancer screening.

The whole essence of radio campaign is behaviour change. By combining its ability such as accessibility, affordability and its reach, the radio’s position is unassailable in this regard.

Moemeka (1981) and UNESCO’s (1980) Macbride Report voted radio as the greatest medium of information, education and communication. Moemeka (1981) stated that “the media can accelerate the social transformation required for socio-economic development and therefore can speed and smoothen the arduous task of mobilizing human resources behind the Nations development effort”. Similarly, Development Media Theory advocates that the media could be used to facilitate the process of socio economic development of a country (Baran & Davis, 1995). The theory further holds that by supporting development efforts, the media could be an

aid to society at large. In other words, the media should be used to rally people around ideas that will bring positive perceptions on the infrastructure and institutions in aid of national development in modern societies. It was in this regard that the research set out to evaluate awareness creation on Cervical Cancer screening in Kaduna State.

Numerous studies had shown that many women do not attend screening programs because they were not aware that they are prone to cervical cancer. For example, a study in Nigeria revealed that only 15% had ever heard of cervical cancer and even less knew about the screening (Wellensiek, Moodley and Moodley, 2002). If such information was backed up with skilful and effective provision of services, women are more likely to attend and to recommend screening to their friends and family (World Health Organization, 2006). The extent to which women actually are informed about cancer and about screening can be judged simply by questioning their knowledge (Philips, Avis & Whynes, 2005).

Kreps (2003), argued that “ Communication is pervasive in creating, gathering and sharing health information. It is a central human process that enables individual and collective adaptation to health risks at many different levels”. When communication about health related issues most especially that of cervical cancer is not available to potential victims, it can be a threat to health. Just as Wellensiek, Moodley and Moodley (2002) have observed in their study on “ *Knowledge of cervical cancer and use of cervical cancer screening facilities among Women in Various Socioeconomic Backgrounds in Durban*”, women are not properly enlightened about the scourge. No doubt this can be attributed to low tune of awareness on cervical cancer screening in

the society.

1.2 Statement of the Problem

The prevalence of cervical cancer in Nigeria should be given utmost priority. In a survey conducted in Nigeria by Professor Ifeoma Okoye the founder of “Breast without Spot”, as cited by Chioma Obinna of Vanguard newspaper, stated that 48 million women are at risk of contracting cervical cancer, while over 9,659 women die annually and an average of 26 die on a daily basis in Nigeria Ike & Udenze (2015). It is assumed that cervical cancer is the second most diagnosed cancer in women, it is important therefore to create awareness about it in Kaduna.

In recent times, statistics had shown that in Nigeria, cervical cancer accounted for 15% of female cancer as compared to just about 3.6 percent in the developed countries (Zayyan, 2010). Less than 0.1 percent of Nigerian women had cervical screening in their lifetime and less than 1 percent were aware of the existence of this silent killer. Consequently, cervical cancer killed a woman every hour in the country. Although 100 percent preventable, cervical cancer killed more women aged between 24 to 34 years, and women in developing countries than any other cancer in other parts of the world (Pan American Health Organisation, 2009).

The World Health Organisation (WHO, 2009), projected a 25 percent increase in afflictions over the next decade in developing countries due to the absence of widespread interventions. This is a sharp contrast to what obtained in countries like Britain which had national screening programmes. According to the report, death of women in Britain from cervical cancer reduced by 75 percent and reducing further by another 7 percent annually. Unfortunately, according to WHO estimates, Nigeria had a population of 40.43 million women aged 15 years and older who were at

risk of developing cervical cancer. Cervical cancer had been reduced drastically in the Western world, thanks to universal screening. In the developing world, Nigeria, to be precise, the rate of cancer was 70 percent and rising (National Cancer Institute, 2010). Based on the fact that early cervical cancer generally produced no signs or symptoms, regular screening became important for early detection and intermediation.

Cancer of the cervix is about the only human cancer that is almost entirely preventable. It is also 100 percent curable if picked at a very early stage. Treatment is cheap and simple in early stages requiring minimal man power to achieve the high cure rate. Cancer of the cervix has an established screening method that works. Today, vaccines are available for primary prevention of cervical cancer. These vaccines are already in use in other places and technology for their production is known (The Daily Scan, 2009). Nigeria recorded 10,000 cases of cervical cancer yearly. Women with this ailment die in a painful, miserable and undignified manner. The disease which would have been nipped in the bud by means of knowledge and awareness creation, now poses a threat to women reproductive health (World Cancer Day, 2012).

Radio is a viable medium to reach the majority of people since both urban and rural populace have access to the medium. Radio is one of the cheapest and also fastest communication medium to reach people most especially in a developing society like Nigeria, but when the services of radio is not employed for enlightenment purpose about issues concerning the society, then there is cause for concern. The inability of public health institutions and workers to utilize the media (radio) vigorously as done in the case of HIV/AIDS, Tuberculosis, Polio and malaria

which are as chronic and terminal diseases as Cervical Cancer, had yielded negative result. Though many researchers have studied on different aspects of Health Communication in relation to cervical cancer, there appears to be a paucity of awareness creation on cervical cancer screening. The problem of this study posed as a question is, was any research conducted to ascertain the effectiveness of the programme, “*Living Healthy*” in creating awareness among the women populace on cervical cancer? The study also explored if radio in any way has contributed the awareness level of the women in Kaduna North and Kaduna South Local Government Area, thus the need for this research.

1.3 Research Questions

To fully evaluate Radio and awareness creation on cervical cancer screening among women in Kaduna North and Kaduna South Local Government areas of Kaduna state, the research seeks answers to the following questions:

1. How many women access the FRCN’s *Living Healthy* programme on radio?
2. What do women think about Cervical Cancer screening based on the messages on the *Living Healthy* programme?
3. Does the *Living Healthy* programme create any awareness on cervical cancer and screening?
4. What is the opinion of women on the time allotted for the *Living Healthy* programme?

1.4 Aim and Objectives of the Study

The aim of this study is to examine radio and awareness Creation on Cervical Cancer Screening Among women in Kaduna State with a focus on FRCN's "Living Healthy" Health Programme.

To achieve this, the following objectives have been set out:

1. To examine the number of women who access the FRCN's *Living Healthy* programme on radio;
2. To list women's opinion on cervical cancer screening based on the messages from *Living Healthy*;
3. To examine the awareness created by the *Living Healthy* programme on Cervical Cancer and screening;
4. To find out the opinion of women on the time allotted to the *Living Healthy* programme.

1.5 Significance of the Study

Statistics on the wide spread of cervical cancer among women in Nigeria as stated in the problem of this research, poses the need to create more enlightenment on the dreadful disease by the media (radio). Women (young and old) will benefit from the study as many will become health conscious and see the need to attend screening sessions for early detection. The study will provide more literature on radio and awareness creation among women on cervical cancer. This study will also provide more literature on the contribution of radio broadcasting in health education and will serve as reference material for research on the broadcast media as it relates to health matters. In addition, this study will enable the Federal Radio Corporation of Nigeria to identify some of their weaknesses as it relates to health broadcasting.

1.6 Scope of the Study

Among several media health programmes on diseases and general life style, this study is interested in conducting study on “ Awareness Creation on Cervical Cancer Screening in Kaduna State with a focus on FRCN Kaduna”.The study covered Kaduna State but limited to two (2) local governments areas namely: Kaduna North and Kaduna South. The purpose for this scope was the fact that the area comprised of both the educated and non educated and it is located not far from Ahmadu Bello University Teaching Hospital (ABUTH) Zaria which happened to be the centre for Oncology (cancer) and also the area is under FRCN Frequency Bandwith.

1.7 Limitations of the Study

The study was conducted using population of women from selected Local Governments in Kaduna State, there may be variations if similar study is conducted in other Local Government Areas of the State with larger population. Also the results may not be a true reflection of the entire awareness level of women where the population of a similar study are not only women hence generalization may be affected.

1.8 Definition of key Terms

Cancer:any form of malignant tumour that develops when the cells of a tissue or organ multiply in an uncontrolled manner.

Cervical Cancer: is a malignant disease of that starts in the cervix,the lower part of the uterus (womb) that opens at the top of the vagina.

Cancer Screening: a process women undergo to detect the presence of the human papilloma virus in the cervix.

Health Communication: is a strategy often employed to combat diseases, whether at the epidemic or pandemic levels.

Perception: a process whereby information is received by the senses, is organized and interpreted so that it becomes meaningful.

Living Healthy: is a local radio programme on FRCN that discusses health issues, nutrition and environmental health issues.

CHAPTER TWO LITERATURE REVIEW

2.1 Introduction

This chapter reviews scholarly literature on the role of media on awareness creation campaign on health related issues within the area of study. The thematic approach is hereby adopted.

2.2.1 Conceptual Review

The concept of Health Communication as related to this study, reviews how the media expose their audiences to health related contents, intended to impact health knowledge, attitudes, and behaviour.

2.2.2 Health Communication

This section reviews Concepts of the Research.

Some of the challenges confronting the human population today are the existence of diseases. From time to time, new diseases emerge. New diseases emerge and old ones develop new strains therefore the need to map out strategies to combat them. Health communication is one of the strategies often employed to combat diseases, whether at the epidemic or pandemic levels.

Health Communication is defined by the centres of disease and control as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health (CDC, 2011).

Individuals and communities benefit from health communication with respect to the society wide benefit of health communication, the National Centre for Health Statistics (2012) states that:

“For individuals, effective health Communication can help raise awareness of health risks and solutions, provide motivation and skills needed to reduce these risks, help them find support from other people in similar situations and affect or reinforce attitudes. Health communication can also increase demand from inappropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatment. For the community, health communication can be used to influence the public agenda, advocate for policies and programmes, promote positive changes in the socio-economic and physical environments, improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life”.

The import of the above statement to this by Nnanyelugo et al study, gives a vivid insight of the challenges confronting the human population today in relation to various diseases that affect the populace and in relation to this study, the diseases that affect women like cervical cancer. Health communication can have positive effects on every aspect of disease prevention and control. When women are exposed to Health messages, they tend to adhere to clinical recommendations, are eager to be informed about messages concerning their health, and will be willing to submit themselves for screening.

Health Communication Process

Health Communication is process driven and therefore should be well planned and executed to avoid failure (Obiora, 2015).

Twelve steps have been listed out and proven effective in achieving desired health communication outcome:

1. Define clearly what health behavior you are trying to promote.
2. Decide exactly whom in the population you are trying to influence. This is important as to produce appropriate age and inoffensive messages.
3. Ask whether the new health behavior requires new skills.

4. Learn about the present health knowledge, beliefs, and behaviour of target audience.
5. Enquire whether the health behavior you are trying to promote had been introduced to the community.
6. Investigate the target audience's present source of information about health.
7. Select the communication channels and media, which are most capable of influencing the target audience e.g. Radio and Television, newspaper and magazines.
8. Design health messages, which are:
 - (i) Easily understandable using local language or dialects.
 - (ii) Culturally and socially appropriate.
 - (iii) Practical
 - (iv) Brief
 - (v) Relevant
 - (vi) Technically Correct
 - (vii) Positive
9. Develop and test your educational materials.
10. Synchronize your educational programmes with other health and development services.
In order words hospitals, drugs, doctors, and health care workers must be readily available.
11. Evaluate whether the intended new behavior were being carried out.
12. Repeat and adjust the messages (Okoro, 2015).

The importance of the above listed points in relation to this study has clearly shown that to

encourage women to listen to health messages on cervical cancer and to submit themselves for screening, there is the need to adhere to the points itemized above. However, the writer failed to point out the importance of broadcast time as many women are engaged in their places of work or business and may not be tuned to a particular health programme as at when broadcasted.

The Mass Media and Health Campaigns

The media are important stakeholders in the war against diseases. The media has the ability to reach a wide audience at the lowest cost. In relation to this study, radio was used as the media to create awareness on Cervical Cancer and screening. This makes the media an effective tool for health behaviour change communications.

Robertson and Wortzal (1978), assert that there are two ways in which the media affect knowledge, attitude, and behaviour towards health care.

1. The mass media may deliberately affect knowledge, attitudes, and behaviour through Campaigns specifically designed for such impact.
2. The media may do so in an incidental or unintended sense when medical audiences are exposed to media content that contains health related content though not specifically intended to impact health knowledge, attitude, and behavior.

Communicating health messages to rural dwellers using radio as a medium is more effective as 70% of the Nigerian population live in the rural areas. Moemeka (2000), states that:

“A rural segment is by far the largest in population and land area it is inhabited by the majority of the people. In Nigeria for example, this segment accounts for 80% of the population, in Niger the percentage is as high as 95%. This rural population is usually bound by tradition, very poor and lacks most modern social amenities. There are very few, if any, motorable roads, medical facilities of factories.....”

Moemeka (2000) states that “as far as the rural communities are concerned, the only modern medium of mass communications that has the potential of helping to create the interactive climate in which medical personnel, development communicators and rural inhabitants can learn from and appreciate one another’s cultural values is the radio”. He added that radio messages/programmes include jingles/sport announcement, drama and plays e.t.c.

The characteristics of radio that make it a highly effective accessible includes, portability and affordability. Agbanu (2013) adds that radio apart from being relatively cheaper, its programmes are cheaper and easier to produce, it does not require literacy on the part of the listeners, radio signals penetrate areas where other media could not reach and depend on electricity.

The Role of Health Communication/Rural Health Campaigns in Fighting Diseases.

Epidemic and pandemic diseases are among the national and global treats confronting the human population today Obiora and Udenze (2015). They also asserted that community habits, lifestyles, social norms, and culture could influence the spread of diseases. NICE (2007), posts that “behavior plays an important role in people’s health”.

To combat the threat posed by diseases, national governments, local and international agencies and non-governmental organizations strive to create awareness, adopting lifestyles and behaviors

that promotes health and adopt new preventive and treatment measures (CDC, 2011).

The National Cancer Institute (2001, as Cited in Freimuth and Quin, 2004) submits that:

“Health communication can increase the intended audiences knowledge and awareness of a health issue, problems or solution; influence perceptions, beliefs and attitudes that may change social norms; prompt action, demonstrate or illustrate healthy skills, reinforce knowledge, attitudes of behavior; show the benefit of behavior change; advocate a position on a health issue or policy; increase demand or support for health services, refute myths and misconceptions and strengthen organization relationships”.

Rimal and Lapinski(2009) speak on the above view of the relevance of health communication for virtually every aspect of health and well-being, including disease prevention, health promotion, and quality of life. Health communication emphasizes on the importance of educating the ignorant individuals about positive behaviors that promote health and new better preventive and curable drugs in the market.

Health Communication is very important in tackling health problems in rural areas. Rural dwellers all over the world experience challenges such as difficulties in transportation and communication, shortage of doctors and other health professionals, poor access to and distance from health facilities, disease prevalence, limited economic opportunities, illiteracy and social isolation (Strasser, 2003 National Women’s Health Network, 2005; Adesiji, Dauda and Komolafe, 2012). Health campaigns are very important in “helping rural people to resist disease, prolong life and achieve better mental and physical health’ (National Health Alliance, 2011).

Schiavo (2014) lists the following as the role of health communication in combating diseases:

1. Raise awareness of health issues and their root causes to drive policy or practice changes.

2. Increase understanding of the many socially determined factors that increase health and illness so that they can be adequately addressed at the population and community levels.
3. Influence perceptions, beliefs, and attitudes that may change social norms.
4. Show benefits of and encourage behaviour change.
5. Provoke public discussion to drive disease diagnosis, treatment, or prevention.
6. Suggest and prompt action.
7. Build constituencies to support health and social change across different sectors and communities.
8. Improve patient compliance and outcomes (Schiavo, 2014).

Factors that Influence Attitude to Health Communication

Health communication campaign depends on a number of factors to succeed. Some of these factors include:

Culture

Culture is “a complex concept that refers to common values, beliefs, social practices, rules and assumptions that bind a group of people together” Dommick (2011). Scholars argue that culture has a lot of influence on health campaign outcomes. Culture is associated with health behaviours, decision, acceptance, and adoption of health programmes.

Mclaughlin (1998) submits:

“All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States,

which see diseases because of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces”

Education

Scholars have identified Education as an important factor that influences attitude to health communication. The literacy level of a target audience should be taken into consideration by health communicators because it has the capacity to colour their understanding of what a disease is, causes and cure.

Welch and Fuster (2012) stated that:

“The respondent’s highest year of educational attainment, current age, the distance to the health facility, the respondents wealth category and the type of residence were all found to be significant predictors of household possession of at least one insecticide treated net. As education increased, likelihood of household possession of at least one ITN increased as well.

Socio-Economic Factors

The Socio-Economic condition of health communication audience can influence their acceptance of health interventions. Rural communities around the world share common traits that include high level of illiteracy, poverty, prevalence of diseases, poor infrastructural development, and distance from health facilities. These factors have negative influence on rural people’s access to and acceptance of health interventions (Welch and Foster, 2012).

The Message

The message occupies an important place in health communication whether the objective is to create awareness or to effect behavioural change. The way the message is packaged and delivered has a lot to do with the responses of the audience (Wakefield, Loken and Hank, 2010). For example, if FRCN Kaduna intends to enlighten rural women on the need to attend Cervical Cancer Screening exercises, they have to choose the appropriate language (local language) that the women would understand in order to convince them to attend the screening routines.

When health messages are poorly articulated and designed, ambiguity and confusion may result which in turn might make a campaign fail. Health messages should be pre tested in order to assess their effectiveness. In addition to this, messages should be repeated over a long period since behaviour change takes time.

2.2.3 Effective Health Communication

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health (National Cancer Institute, 1989), (Piotrow, Kincaid and Rimon, 1997).

Health communication can contribute to aspects of disease prevention and health promotion and is relevant in a number of contexts. These include: health professional-patient relations (Jackson, and Duffy, 1998), individuals exposure and search for the use of health information (Eng, and Gustafson, 1999) and individuals adherence to clinical recommendations and regimens

(Northouse and Northouse, 1998). Ray and Donohew (1990), stressed that the dissemination of individual and population health risk information and risk communication is also a very important factor in health prevention communication. More so, the other ways health communication can contribute to disease prevention include images of health in the broadcast media and the culture at large as opined by Freimuth, Stein, and Kean (1989). Also, the education of consumers about how to gain access to health information according to Atkin and Wallack (1990), is very important if a nation want to tackle any health related challenges among its citizens. Backer, Rogers, and Sopory (1992), works on the development of tele-health applications for the broadcast media as a significant component of health communication which they argue that if being utilized, great success can be recorded.

For individuals, effective health communication can help raise awareness of health risks and provide solutions, the motivation and skills needed to reduce these risks and in the process, help them find support from other people in similar situations (National Cancer Institute, 1989). Health communication can also increase demand for appropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatments (National Cancer Institute, 1989). For the community, health communication can be used to influence the public agenda, advocate for policies and programs, promote positive changes in the socio-economic and physical environments, improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life (Piotrow et al ,1997).

2.2.4 Types of Health Communication Campaigns

There have been a number of health communication campaigns going on for some years. For example:

- **HIV and AIDS campaign:** This is a health campaign which is meant to sensitized the general public about the existance of HIV/AIDS in the society, how it is been contacted, it preventive measures and possible treatments. Through these campaign programmes many people have come to know more about the dreadful disease.
- **Polio campaign:** This is a disease that is common among children from ages 0 to 5 years. It is a dreadful disease that has no cure but vaccine is made available free to children. Initially, there was poor response among the people to render their children or wards for immunization. Due to vigourous campaign carried out through various media, the disease is gradually eradicated from our society.
- **Malaria campaign:** Malaria is a tropical disease that is caused by mosquito bite. Efforts where made to sensitise the public on how to take precautive maesures and the traetment available for it.
- **Tuberculosis campaign:** Tuberculosis is caused by an air borne bacteria which is easily contracted if not properly treated in good time.several campaign on television and radio has been done as efforts to eradicate the disease.
- **Breast cancer campaign:**Breast cancer is a common disease among women that is caused by a lump growth in the breast. Self examination for women is commonly advised as early detection sign. Efforts have been made by the media to create awareness on this dreaded disease.

2.2.5 Media Used in Carrying out Campaigns

- Media: The media includes radio, tv, newspapers and magazines, leaflets etc. All these are educational media used to disseminate information, air programmes and sensitize the populace generally on issues concerning them.
- Hospitals can be used as means of campaign against various diseases. Nurses, doctors, midwives and other medical personnel can stand as middlemen to disseminate information to patients during clinic days.
- Traditional rulers and community leaders, are highly respected members of the local community who can disseminate information of needs to their subjects on various health issues.
- Churches and Mosques are religious institutions that could serve as perfect media to reach out to its members to be health conscious.
- Personalities and celebrities are public figures who are recognized world wide and they could serve as channels of sensitization on health matters to the people (Leadership in Strategic Health Communication Workshop, 2009).

2.2.6 Functions and Media Campaign

- Inform: media campaign gives knowledge to the people and inspires them on issues concerning their health.
- Familiarize: the media have a duty of making information well known to the people on health issues.
- Remind: The media serves as a constant reminder to the people especially when messages are aired consistently in form of adverts.

- Reassure/ Retain users: The media restores confidence in minds of the people on health matters with efforts on dissemination on preventive and curative measures for various diseases.
- Personalize companies/ providers : This could be achieved when companies like Mtn, Glo, Airtel and Etisalat print huge logos of pink ribbons, signifying the fact that the service provider is in support of the search for a cure for cancer (LSHC Workshop, 2009).

2.2.7 Types of Communication Media

Individual (1 to 1) Communication: Communication can be achieved on a one on one basis this means that there is a face to face or individual interaction between the communicator and the listener. This is can be achieved through

Home visits ,Office calls, Personal letters, Technical manuals, Tutorials and Self learning

Group (1 to 1000) Communication: Communication can be achieved when a larger group of people of one to one thousand are involved. Their interaction could be through Meetings, Tours, Group discussions, Street Theatre, Slide Presentations, Demonstrations, Flipchart, Blackboards, Wall charts and Dramatic performances

Mass (1000 plus) Communication: This type of communication involves a larger group of people of one thousand and above. Pamphlets, posters, news letters, radio, cinema, stickers, stamp/coins, calendars, newspapers, novelties, banners, billboards, magazines, booklets, television, songs, rallies, dance, video and theatre are used to achieve this. Leadership in Strategic (Health Communication Workshop, 2009).

2.2.8 Effective Communication

Effective communication occurs when a desired effect is a result of an intentional information sharing, which is interpreted between multiple entities and acted on in a desired way. This effect also ensures the message is not distorted during the communication process. Effective communication should generate the desired effect of the message. In the information age, we have to send, receive, and process huge number of messages everyday but, effective communication requires more than just that. Effective communication requires one to understand the emotions behind the information. It can therefore improve relationships at home, work and in social situations by deepening your connections with others. Effective communication combines a set of skills which include non-verbal communication, attentive listening, and the ability to manage stress.

Effective communication is more effective when the communicator delivers spontaneous speeches rather than read ones. Below are some advantages of effective communication:

- Listening is one of the important aspects of effective communication.
- Effective listening makes the speaker feel heard and understood.
- Saves time by helping to clarify information, and to avoid conflicts.

Effective communication can be used to solve cervical cancer issues among women only when the right strategies are used to pass messages across to them.

2.2.9 Concept of Information, Education and Communication

Cervical cancer poses a challenge to public health workers and health institutions. With no cure

when symptoms begin to surface, health workers and health institutions are faced with great challenge on how to assist affected persons on how to cope with the disease. Information, Education and Communication (IEC) is one of the most widespread approaches to behaviour change used in the fight against cervical cancer. The Alliance For Cervical Cancer Prevention projects responded to community information needs by creating information, education and communication strategies for raising awareness about cervical cancer prevention among women and their communities.

In countries like Nigeria, lack of knowledge is a major barrier to seeking screening services. Accurate information provided to women prior to screening can help alleviate fear and anxiety associated with screening and early treatment. Health care providers should have appropriate training and receive information on the best ways to encourage women they serve to seek screening services (ACCP,2012). IEC is used to ensure that people have appropriate health knowledge and change their practices where necessary. Zimbabwe National Family Planning Council(1998) defines IEC as “sharing information and ideas in a way that is culturally sensitive and acceptable to the community using appropriate channels, messages and methods”. It aims to increase awareness, change attitudes and bring about a change in certain behaviours.

Information, Education and Communication Materials

Information, Education and Communication materials cannot be effective without other components to ensure comprehensive campaign. Some of these strategies include face to face education and helping the women know how to go about the screening process as a preventive measure, care and treatment of the disease. Effective IEC materials need to be very clear,

communicate specific messages and should be easily remembered. In addition, for IEC to be successful, a needs assessment should be conducted before the campaign. This will provide important information about the target population and the kind of materials they will respond to for example, when dealing with highly illiterate people, the use of visuals will be ideal to give a clearer picture of the message being communicated (World Bank, 2012). A range of materials, activities and approaches should be used as part of IEC campaign. It is important that individuals have some materials they can reference privately. In addition, social awareness and community change will be promoted if some of these approaches can be used:

- **Printed materials:** to post information in public places, as teaching aids, or to provide information to individuals such as Brochures, posters, wall calendars, playing cards, Billboards, murals, flip charts etc.
- **Mass Media:** it is believed that television, radio and the use of DVDs/VCDs is the best form of educational medium. Mini dramas, docudramas that range from 25 to 60 minutes broadcast on radio or shown on t.v can be very effective.
- **Giveaways :** people love “giveaways”, if there is a strong visual message associated with the items given away such as pens and pencils, T shirts, caps, playing cards, etc and the items are put into use, messages can quickly become integrated into community life.
- **Community Awareness:** venues with a stage for entertainment and room for NGO’s, and others to provide information, and counseling for the importance of screening. Fun days could be organized, voluntary free screening exercise, rallies can be held to create awareness on specific issues for example, the need to screen for cervical cancer for early detection and treatment, musical concerts, theatrical performances and Health fairs could

be organized as a means of awareness creation on cervical cancer.

- **Innovative ideas:** Text messaging/ short message service(SMS) are also IEC methods that can be used to reach target population where members own mobile phones. It is inexpensive, easy to use and a quick form of direct communication to reach people at once (World Bank, 2012).

2.2.10 Broadcast Media and Health Campaign Communication

The broadcast media continue to offer new and exciting opportunities to empower individuals and groups in relation to their health, to significantly enhance the quality of practice of health care and public health professionals and to address inequities in people's access to health information and services. This is done by the broadcast media as they perform their functions or roles in the society as communication is at the heart of health care and health promotion. To buttress this assertion, DeJong and Winstein (1990:30) opined that the broadcast media emerged as a major force in health campaign communication as public health advocates the presentation of factual information through public communication campaigns through which individuals attitudes would change positively thereby leading to more healthy behavior.

On the other hand, Warner (1987:140), asserted that public health professionals have begun to explore the potential of the broadcast media as a tool for health education. In large part, this is attributable to the high cost of acquiring air time. In part, it reflects the novelty of those components of the technology that facilitates use of the medium for health education, primarily the availability of cable and satellite reception, with the resulting proliferation of special-purpose

channels. In part, it stems from the fact that communication via the medium violates basic principles of both effective education and disease prevention. For example, the broadcast media is impersonal and typically involves only one-way communication, and its message can rarely be tailored to the specific needs of individuals. The transient nature of the broadcast media which is supposedly its limitation is its principal attraction. The broadcast media permits immediate access to a mass audience that is comfortable with the medium and may appreciate its anonymity for some types of health education. While its percentage effectiveness in altering behavior may not match that of more personal educational settings, the very size of the audience may make radio and television a highly effective medium in absolute numerical terms. Furthermore, this is reflected in the broadcast media's reach, as Baran (2003:207) and Turow (2009:507), opined that for the process of information and communication to a mass audience, radio and television could be said to be the most cost-effective medium for health education.

Given that most people are driven by factors that influence and affect their lives, it can be assumed that they will, where possible, respond to improved access to health information to make better-informed decisions where the broadcast media engage in more health education. While the potential force of health messages must be vigorously pursued, it is undeniable that the forces of the free enterprise system can transmit health education over the broadcast media with a vast greater frequency, and perhaps effectiveness, than can all public health agencies combined.

The proof of this statement lies in the broadcast media's ability to inform and communicate

effectively health and anti-health education messages; witness the cases of tobacco and alcohol advertising. If the question foremost in our minds is which health messages can be communicated effectively via television, the next question ought to be to whom? One recent experience offers encouraging evidence that TV may represent a particularly effective health education vehicle for reaching groups that traditional health education techniques have not reached successfully. TV Channel 2 in Houston ran a 21-day pilot program showing 10 Houstonians trying to quit smoking. The channel and The Houston Post monitored and publicized their progress. According to a report in the Post, a random telephone survey the following spring concluded that 28,000 people, an estimated 13 per cent of the smokers who saw the program, quit smoking. Especially encouraging were the findings that Blacks and Hispanics recalled the program's message with higher frequency (50 percent) than White viewers (20 percent), and that low-education and low-income individuals exhibited better recall than their higher education and income counterparts (Lim,1986).The strategies for curbing the spread of swine flu and measles through broadcasting follow the time-tested objectives and principles of health promotion strategy. As encapsulated in Georgia Principles for a Health Promotion Strategy (2005), the objectives of a health promotion strategy include:

- Contributing to the health status of the population by increasing the awareness of target groups.
- Assist the process of appropriate behavior change.
- Developing health promotion approaches and materials that are suitable for the chosen target groups, bearing in mind the cultural and religious diversity that exists in the community.

- Improving the skills of government, NGO staff, and community members in the delivery of information on a variety of health issues by means of appropriate training and provision of materials.

2.2.11 Radio as an Effective Campaign Tool on Health Related Issues

The media (radio, television, print, internet, email) play a significant role in spreading information and raising awareness. Radio is an effective campaign tool used to influence public opinion because radio reaches a wider audience than any other medium and is accessible to people who are otherwise isolated by geography, conflict, literacy or poverty (Water Aid, 2003). Radio listenership can be a group activity, which encourages the discussion of educational issues after the broadcast (Burke, 1999). Community radio stations can play a significant role in increasing participation and opinion sharing, improving and diversifying knowledge and skills and catering for health and cultural needs (Water Aid, 2007).

The broadcast media (radio and television) has provided so much information on HIV/AIDS, Tuberculosis, Polio and Malaria awareness. Without the media, it would be impossible for health promoters and stake holders to disseminate any relevant information. The media has the power to provide relevant information capable of bringing about attitudinal change because of its ability to reach many people. Radio has gone a long way in the campaign against HIV/AIDS through various radio adverts and programs in form of playlets. Ufuophu (2008:207), asserts that radio and television have done much in education of the society on HIV/AIDS through jingles, movies, documentaries, talk shows and discussion programmes. Though Ufuophu (2008) asserts that radio

has gone a long way in the campaign against diseases like HIV/AIDS, he failed to emphasize on the need for more sensitization jingles, movies, documentaries etc on killer diseases like cervical cancer.

In developing countries, the greater part of the people who live on the land are frequently isolated by illiteracy and lack of transport. Effective communication with rural people and their active participation in the life of their country is essential for developing society. Radio broadcasting when skillfully used, has proved to be the most effective medium of communication (Moemeka, 1980:34). Moemeka asserts that radio possesses features that make it unique and suitable for fostering community development in Africa. He points out that radio has immediacy and beats literacy barriers meaning that an individual needs not to read or write before listening and learning from radio.

Radio is by far the dominant communication medium in Africa. In most parts of the continent, there are millions of people living in areas with no access to newspapers and television (Alumuku, 2006:63). In developing countries radio and to some extent television are the most effective tools of communication since they cut across literacy boundaries. According to Stauhhaar and La Rose (2000), radio is one broadcast medium that almost all experts agree is the most appropriate for rural and urban emancipation programmes, radio bears distance and this has immediate effect.

Radio and Behavioural Change

Radio has always been a tool and agent of change. when critically examined, the major functions

or purposes of radio broadcasting which are entertainment, educating and informing, are most times centred on bringing about change. Information is power and radio producers in their attempt to empower people or their audiences often use radio. When people are informed, they are naturally endowed with the propensity of change and the attempt to bring about change from wrong attitudinal practices to the right one has to a large extent been tied around communication (Akintayo,2013).

Akintayo (2013), also added that Audience specific programmes should given treatment that most appeals to the target audience, like musical shows or youth forum for the youths. The general public should be afforded the opportunity to participate or make input into phone in programmes and live shows.

2.2.12 Radio and Campaign on Cervical Cancer

The broadcast Media (radio) approaches to health prevention are perceived as valuable for a number of reasons. First, health educators recognize the nearly impossible challenge of ever balancing the number of pro-health messages in relation to the sheer volume of potentially negative, unhealthful messages about violence, sexuality, and substance abuse that so dominate the cultural landscape. Second, health educators emphasize the need for women to “take control” of important decisions in their life by emphasizing communication and problem solving skills, with research documenting that just having knowledge about unhealthful lifestyle choices is not enough to significantly impact behavior (Collins and Cellucci, 1991).

According to Sado (2011), radio has proved to have a great power of influence. The broadcast media are an important medium through which the public especially women get informed about

dreadful diseases. The medium, has,through vigorous programmes and campaigns,been able to enlighten the target audience on the dangers of cervical cancer to reproductive health and the benefits of undertaking early screening and vaccinations to undercut the menace of this societal scourge.

Any issue that is presented by the broadcast media is always accompanied by credibility, objectivity and facts unlike those told by friends and relatives. Therefore, the radio in this regard could be seen as the most credible means to promote and propagate health education and awareness on cervical cancer as well as its resultant dangers and the tendencies for screening and possible treatment to the women.

Radio was no doubt a primary medium in the past as there was no television, and radio was a collection of individual short form programmes. The time dedicated to listening depended on which programme was preferred while people planned their activities around listening to their favorite programme. Today our radio stations are mostly format~on~demand whereby each station provides a virtual steady diet of the same format and programming. Radio has become almost completely redefined as a secondary medium where the listener is engaged in some other primary activity (Warren, 2008).

The Media have been extensively used to promote health messages. Several literature reviews have concluded that media campaigns can be an effective strategy to improve health related behavior. However, the conclusions reached in the reviews differ in relation to whether mass media alone can be effective in influencing behavior change. It has been viewed that mass media works best when combined with other strategies although evidence is lacking as to the exact

combination of strategies that works best. A mass media campaign that was designed to promote regular cervical cancer screening amongst Australian women was conducted. Interviews revealed that most women found the whole process very uncomfortable not minding how much worse the consequences of not having the test could be (Oxford Journal,2001). A television advert was aired acknowledging that the Pap test was uncomfortable, the final scene showed a woman walking into a doctors office to have her test with a desirable behavior. An evaluation was conducted after the campaign was first broadcast in 2004 which portrayed that the advert had been successful at increasing cervical screening rates among women who needed the test.

In Victoria Australia, a mass media campaign was developed in 2004 and broadcast in 2004 and 2005, the key target group for the campaign were women aged 40-69 yrs whose pap test was over due, the images of the advert were to portray women of a range of ages. The voice over of the advert concluded by saying “if you have not had a pap test in the last two years, stop putting it off. Make an appointment with your doctor or community health centre”. The campaign consisted of 30 television adverts, 30 radio adverts and print versions suitable for newspapers and posters. The outcome data used in this study came from records of the Victorian Cervical Cytology Registry (VCCR), which maintains that within 52 weeks of study 528,473 pap test had been conducted. A general mass media campaign has shown to have an effect at promoting Cervical Cancer screening across various age groups (Oxford Journal, 2011).

2.2.13 Media and Health Reporting in Nigeria

An online report filed in by Oyebanji on the 7th of November 2012, observes that the health condition in Nigeria is highly deplorable. Among the most common diseases in Nigeria are

Malaria, Pneumonia, Breast cancer, Guinea worm, Tuberculosis, Chicken pox, and more recently AIDS. Whereas reported cases from noticeable diseases were about 1.78 million in 1991, the figure rose to 2.06 million in 1995. The foregoing only demonstrates part of the deplorable condition of the health sector in Nigeria. For a population of about 89 million in 1991, Nigeria had only 20,210 doctors which gives a ratio of one doctor to about 4,400 people. As a result, both crude death rate and infant mortality rates are still very high at 17 deaths per 1000 live births. The federal and state governments are the major providers of basic health facilities and services in Nigeria. They often reportedly provide substantial sums of money for various aspects of the health sector in the country. Oyebanji also added that in spite of huge spending by the government on the sector, the condition remains deplorable which raises huge concerns about the management generally. He also added that, appropriate acknowledgment should be accorded to international organizations like World Health Organization, UNICEF, UNDP, whose contribution towards the control and eradication of deadly diseases, have been very significant.

A) Role of Mass Media In Health Education

The mass media is an indispensable means for achieving effective communication for development particularly in a developing nation like Nigeria. Emphasizing the relevance of the media in achieving developmental goals, Pate (2006), asserts that “ the media is not only essential but central in the implementation process, monitoring the progress and evaluating the success of the millenium Development goals at the local, state and national levels”. Similarly, Moemeka stated that “ the media can accelerate the social transformation required for socio economic development and therefore can speed and smoothen the arduous task of mobilizing

human resources behind the nation development efforts (Moemeka, 1981)".

The media and non governmental organizations are important bodies in prevention and managing diseases like Cancer, HIV/AIDS, malaria, polio, tuberculosis etc. The media should provide information on the diseases, prevalent rate, mode of transmission and methods of prevention.

The mass media serves as a mirror and reflector of the society, the mass media crusades against social ills and monitors activities in the public and private sectors. The mass media has the people as an audience and this fact makes their social and strategic importance apparent in the country.

B)Mass Media and Health Communication In Rural Nigeria

The mass media have been called upon to play a major role in promoting health for all. The success of mass media in the commercial sphere is often thought to be directly applicable to influencing health behavior. Communication strategies often make a leap of faith by assuming smooth casual relationship between messages, consumer attitudes, and knowledge of improved health practices. When the mass media view their potential as a powerful substitute for other communication and educational strategies, danger arises. It may be easy to get some health messages across the public and accepted, but new behaviors will not come into play and be sustained without the addition of interpersonal communication strategies (Oxford Journal 2011)

Cervical Cancer

Cervical cancer is cancer that starts in the cervix, the lower part of the uterus (womb) that opens at the top of the vagina. Cervical cancers start in the cells on the surface of the cervix. There are two types of cells on the cervix's surface: squamous and columnar. Most cervical cancers are

from squamous cells. Cervical cancer usually develops very slowly. It starts as a precancerous condition called dysplasia. This precancerous condition can be detected by a Pap smear and is 100% treatable. It can take years for precancerous changes to turn into cervical cancer. Most women who are diagnosed with cervical cancer today have not had regular Pap smears or they have not followed up on abnormal Pap smear results.

Types of Cervical Cancers

Almost all cervical cancers are caused by HPV (human papilloma virus). HPV is a common virus that is spread through sexual intercourse. There are many different types of HPV. Some strains lead to cervical cancer. (Other strains may cause genital warts, while others do not cause any problem at all.) A woman's sexual habits and patterns can increase her risk for cervical cancer. Risky sexual practices include having sex at an early age, having multiple sexual partners, and having multiple partners or partners who participate in high-risk sexual activities.

Causes and Symptoms of Cervical Cancer

The following are some probable and most likely causes of cervical cancer in a woman.

1. The greater a woman's number of sexual partners and the greater the partner's number of sexual partners, the greater her chance of acquiring the virus which is called the Human PapillomaVirus (HPV).
2. Early sexual activity before age 18 increases a woman's chances of acquiring the virus.
3. Similarly, having other Sexual Transmitted Diseases (STDs) like chlamydia, gonorrhea, syphilis or HIV / AIDS – the greater a woman's chances of also having the Human Papilloma Virus.

4. Cigarette smoking. The exact mechanism that links cigarette smoking to cervical cancer isn't known, but tobacco use increases the risk of precancerous changes as well as cancer of the cervix. Smoking and HPV infection may work together to cause cervical cancer.

Other risk factors for cervical cancer include:

5. Not getting the HPV vaccine
6. Weakened immune system

Symptoms

Most of the time, early cervical cancer in women has no symptoms. Likely symptoms that may occur and point towards cervical cancer include:

- Abnormal vaginal bleeding between periods, after intercourse, or after menopause
- Continuous vaginal discharge, which may be pale, watery, pink, brown, bloody, or foul-smelling
- Periods become heavier and last longer than usual

Other symptoms of advanced cervical cancer include:

- Back pain
- Bone pain or fractures
- Fatigue
- Leaking of urine or faeces from the vagina
- Leg pain
- Loss of appetite
- Pelvic pain

- Single swollen leg.
- Weight loss

2.3.1 Accessibility of Radio to Women

Radio is one of the most suitable medium that can be engaged for the purpose of educating women, thereby ultimately eradicating the menace. According to Onabanjo (1999),

Radio is one of the several means of getting messages to a large number of people at the same time, because it transcends the boundary of space and time, and also leaps across illiteracy barriers that characterise the areas where rural settlers live. It is a powerful instrument in the area of public enlightenment on health issues.

In a related study conducted by Adam and Harford(1999),

Radio is not a medium that the government and health educators can afford to ignore or regard as marginal. It is to be used as a vital resource which can bring about attitude change. Radio can be a powerful advocate in the spectrum of development.

Radio is easily accessible and affordable,easily understood and accepted. It does not demand any complexity in broadcasting or listening (Osunkunle,1998).

2.3.2 Perception of Women on Cervical Cancer /Screening

According to Sterling and Tying (2001), cancer causes more health problems and the incidence appears to vary geographically. Approximately 500,000 new cases of cervical cancer are diagnosed each year and of these, about 80% are in developing countries where facilities for screening, early diagnosis and possibilities for treatment may be considerably less than in the developed nations.

In an interview conducted by Dr. Sotunsa as head of clinical services at Babcock University

Teaching Hospital, on the attitude of women to cervical cancer/screening, confirmed that some women have little or no knowledge on the disease and are usually scared of the process of screening even though women are finding it difficult due to the funds involved with the screening. Dr. Sotunsa asserted that 94.4% of the respondents he interviewed were not educated about the disease due to lack of adequate programming, fear and the issue of funds.

2.3.3 Awareness of Women on Cervical Cancer

Cervical cancer is a malignant disease of the cervix usually occurring at a mean age of 54yrs.

The disease has a pre malignant stage which usually occurs in younger women under the age of 40.

Abiodun and Fatungase (2013) submitted that the level of awareness amongst women in Ogun State is low. They however argued that the women that had knowledge of the disease got it either from health workers or through the media however, they also asserted that cervical cancer may be perceived as a new idea thus the need to adopt ideas or behaviours associated with the prevention of cervical cancer.

2.3.4 Radio Programming and Timing

One of the criteria for determining public acceptance of radio is programming that is, the determination of what programme to put on air at what point in the programme schedule. Programme ideas may originate from the availability of something entertaining, informing, educating or series of subjects that can be used to educate the public, (Onabanjo, 2001).

Onabanjo (2001), also asserted that, every aspect of the programme should be given careful consideration and every decision that has to do with the proposed programme should be

evaluated in time with the expectations of the intended audience. He added that timing is a very crucial aspect of programming. A programme should be broadcast at the right time to the audience and time required must be evaluated realistically even if it is eliminating some segments of the production.

2.4.1 Empirical Review

The incidence rate of cervical cancer in Nigeria is 25/100,000 while the reported prevalence rates for HPV in the general population and HPV in women with cervical cancer are 26.3% and 24.8% respectively. High risk HPV types 16, 31, 35, 56 were found with infections involving more than one HPV type and high prevalence of HPV in all age groups⁴⁻⁵. There is a high burden of cervical cancer with mean age of patients of 52.4 years within the Federal Capital Territory, (FCT). Knowledge about cervical cancer and Pap smear tests was very poor from studies conducted across the country (Ezem, 2007). This is reflective of the situation in most of Africa where low level of awareness about cancer among policy makers and the general public, high illiteracy rate among the general population, the HIV/AIDS epidemic with its virus-associated cancers, and dwindling health allocation to non- HIV diseases have been cited as part of the problems encountered in cancer control, (Thomas, Herrero, and Omigbogun, 2004). Cancer control describes the totality of activities and interventions that are intended to reduce the burden of cancer in a population either by reducing cancer incidence or mortality or by alleviating the suffering of people with cancer. Prevention, early detection, diagnosis, treatment, psychosocial support, and palliative care are components of cancer control that can reduce the cancer burden, (Sloan and Gelband, 2007).

Nigeria's Cancer Control Plan 2008-2013 is aimed at providing information and education through outreach services nationwide. Cervical cancer is one of the greatest threats to women's lives. In 2005, 260,000 women died from it globally, nearly 95% of them in developing countries. The primary cause of cervical cancer is infection with one or more types of high risk human papilloma virus (HPV) which is transmitted by sexual contact. Although most new HPV infections resolve spontaneously, persistent infection can lead to the development of pre-cancer and subsequent cancer over many years.

Experience from developed countries has shown that well planned and organized screening programs with high coverage of the "at risk" group could significantly reduce the number of new cases with cervical cancer and the mortality rate associated with it. This is also achievable in developing countries as exemplified by a recent report where a single round of HPV testing was associated with a significant reduction in the numbers of advanced cervical cancers and deaths from cervical cancer in rural India (Sankaranarayanan and Nene, 2008).In general, awareness about cervical cancer, availability of effective screening programmes and improvement of existing health services could reduce its burden among women. One of the main reasons for the huge difference in its incidence and mortality between developed and developing countries is this lack of awareness among the population, health care providers, and policy makers in the latter (Adewole, 2007). Thus, the transmission of information and acquisition of knowledge on the etiology and how the disease can be prevented could reduce exposure to known risk factors.

Although cervical cancer had not received as much attention as it deserves from the health authorities, there is a present move to increase, educate, and disseminate cancer information through outreach services nationwide as reflected in the 2008-2013 National Cancer Control Plan of Nigeria. This is more so now with the availability in 2006 of a prophylactic vaccine that protects against four major HPV types as high level of awareness is essential for the success of any large scale prevention program. Cervical cancer is yet to be recognized as an important public health problem in sub-Saharan Africa. Several studies have shown poor knowledge of the disease in Africa, which even cuts across different literacy levels (Buga, 1998; Ajayi and Adewole, 1998; Wellensiek, Moodley and Moodley, 2002). Among 500 attendees of a maternal and child health clinic in Lagos-Nigeria only 4.3% were found to be aware of cervical cancer (Anorlu et al, 2000). In 2004, also in Lagos, 81.7% of 139 patients with advanced cervical cancer had never heard of cervical cancer before, and 20%, 30% and 10% respectively thought the symptoms they had were due to resumption of menses, lower genital infection and irregular menses (unpublished report, University of Lagos).

Almost all the women (98%) believed that their advanced disease was curable, 12% thought it was not a serious disease and only 9% understood that it was cancer and therefore serious. Similar studies in Kenya and Tanzania also reported very poor knowledge of the disease in patients (Gichangi, et al, 2003; and Kidanto, et al, 2002). Poor knowledge is not limited to patients alone, however; health care workers who are supposed to be better informed do not have good knowledge of the disease either (Kidanto et al , 2002; Tarwireyi, Chirenji, and Rusakaniko, 2003; Ayinde and Omigbodun, 2003; Anya, Oshi and Nwosu, 2005). In Lagos, delay by primary health care providers in referring cases of cervical cancer was found to be an important cause of

women presenting with late-stage disease.

Considerable amount of all women who die of cervical cancer lives in just five countries namely: Brazil, Bangladesh, India, China and Nigeria. Professor Shima Gyoh, chairman board of Trustees, SFH, explained that although cervical cancer is transmitted through sexual intercourse, it usually manifest in women between 40 years and above. He also noted that it spreads uncontrolled into the vagina. In the outcome of a survey conducted by three professors of health in Ahmadu Bello University Zaria, they noted that of the total 260 women administered with questionnaires, the results showed that the respondents displayed fair knowledge of cervical cancer. 43.5 percent of them also showed they knew about screening while their knowledge of risk factors was low. About 80.4 percent of them also exhibited a generally good attitude to cervical cancer screening. Sadly, their level of practice was 15.4 percent poor. It is also reported that over fifty percent of cervical cancer diagnosis occur in women from ages 35-54, with a fragment of about 20 percent in women over 65 years of age. The average age of diagnosis is also said to be 48 years even as about 15 percent of women develop cervical cancer between the ages of 20 and 30. It is reportedly very rare in women below age 20. However, many young women with early abnormal changes who do not have regular examinations are at high risk for localised cancer at age 40, and for invasive cancer by age 50. (The Nation Newspaper, June 15, 2014).

2.4.2 Gap in Literature

Though numerous studies have been done on the need to sensitize women on the dangers of cervical cancer, such as Onabanjo (1999), Akintayo (2013), Abiodun and Fatungase (2013) and

Obiora and Udeze (2015), there seems to be a paucity in the area of emphasizing the need to undergo routine pap smear checks at an early age. In addition, emphasis on the need for serious involvement of some communication channels such as the religious and traditional leaders need to be considered, this is where this study will fill in the gap.

2.5 Synopsis of *Living Healthy*

Living Healthy radio programme is a weekly magazine programme that has been in existence since 1962 and focuses on all health issues, nutrition, and provides solutions using experts/professionals. There are health news segments, interviews, testimonials, eye witness accounts, drama etc to drive the intended messages across. The programme runs for 20 minutes on Wednesdays.

2.5.1 Theoretical Framework

The study was hinged on the Health Belief model and Diffusion of Innovation Theory

2.5.2 Health Belief Model

The Health Belief Model is probably the best known theoretical model highlighting the function of beliefs in decision making. This model, originally proposed by Rosenstock (1966) and modified by Becker (1974), has been used to predict protective health behaviour such as screening, VCT uptake and compliance with medical advice. Assumptions of the theory include:

- An individual's assessment of his or her chances of getting a disease (Personal Susceptibility).
- An individual's conclusion as to whether the new behaviour is better than what he or she is doing (Perceived Benefits).

- An individual's opinion as to what will stop him or her from adopting new behaviour (Perceived Barriers).
- An individual's judgment on the severity of the disease (Perceived Seriousness).

Most people do not believe that they are at risk of contracting a disease and can be connected with the following factors: Personal experience, ability to control the situation, and a kind of general feeling that the illness or danger is thoroughly severe and able to kill easily (British Medical Association, 1987). To support the Health Belief Model, Diffusion of Innovation Theory was adopted. According to Glanz (2002), **Diffusion of Innovation Theory** was developed by E.M. Rogers in 1962, it is one of the oldest social science theories. It originated in communication to explain how over time, an idea or product gains momentum and diffuses (or spreads) through a specific population or social system. The end result of this diffusion is that people, as part of a social system, adopt a new idea, behaviour, or product. Adoption means that a person does something differently than what they had previously (purchase or use a new product, acquire and perform a new behaviour). The key to adoption is that the person must perceive the behaviour or product and in the case of this study the idea as new or innovative.

Adoption of a new idea, behaviour, or product does not happen simultaneously in a social system; rather it is a process whereby some people are more apt to adopt the innovation than others. When promoting an innovation to a target population, it is important to understand the characteristics of the target population that will help or hinder adoption of the innovation. Glanz (2002), stated that there are different strategies that can be used to appeal to the different adopter categories. They are: Innovators, Early adopters, Early majority, Late majority and the Laggards.

- Innovators are the people who want to be the first to try an innovation, they are interested in new ideas and are willing to take risk. Very little needs to be done to appeal to this population.
- Early Adopters represent opinion leaders, they enjoy leadership roles and embrace change opportunities. They are already aware of the need to change and so are very comfortable adopting new ideas.
- Early majority are rarely leaders but they do adopt new ideas before the average person, they typically need to see evidence that the innovation works before they are willing to adopt it. Strategies to appeal to this population include success stories and evidence of the innovations effectiveness.
- Late Majority are sceptical of change and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully.
- Laggards are bound by tradition and are very conservative. They are very sceptical to change and are the hardest group to bring on board. Strategies to appeal to this group include statistics fear appeals, and pressure from people in the other adopter groups.

2.5.3 Applicability of the Theory to the Study

Therefore this study using the Health Belief Model, attempted to probe into whether or not the women of Kaduna North and South Local Government, considered cervical cancer a negative health condition and would try to avoid it, or that if they take the recommended action on cervical cancer, they can avoid the disease. It also focused on behavioural responses of women concerning their health. Women have to believe the existence of cervical cancer and the danger it

poses to their health before accepting to undergo the screening exercise.

The media has a vital role to play in ensuring that messages passed across to the women are strong enough and able to convince them on the importance of cervical cancer screening (Glanz, Lewis and Rimer 2002).

Diffusion of Innovation Theory suits this research considering the high level of under development in Nigeria especially in the rural areas which constitute a large chunk of the population added to the low hospicare and facilities, cervical cancer may be perceived as a new idea or innovation. There would be a need to adopt ideas or behaviours associated with the prevention of cervical cancer, which is only possible if the awareness and consciousness about cervical cancer is established. This study therefore tried to establish whether or not women of Kaduna North and Kaduna South Local Government Area are aware of cervical cancer/screening and whether they understand its severity enough to get as many as possible on board to stand against the disease via the *Living Healthy* radio programme.

2.5.4 Critique of the Theory

Glanz (2002), asserts that the Health Belief Model (HBM) is a psychological model that tends to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. Some of the strenghts of the theory indicates that an individual:

- Feels that a negative health condition can be avoided.
- Has a positive expectation that by taking a recommended action, she/he will avoid a negetive health condition.
- Can successfully take a recommended action.

- Can provide guidelines for the program development allowing planners to understand and address reasons for non compliance.

In 1998, self efficacy was added to the assumptions of the HBM. Self efficacy is the belief in ones own ability to do something; however, people do not try to do something new unless they think they can do it. If someone believes a new behaviour is useful (perceived benefit) but doesnot think he or she is capable of doing it (perceived barrier) chances are that it would not be tried. This is considered as a weaknss of the Model although such weakness gives an individual a cue to action which contributes towards moving people to change their behaviour.

CHAPTER THREE RESEARCH METHODOLOGY

3.1 Introduction

This chapter described the ways and procedures used in conducting this study and it has been organized according to the following sub headings: Research design; Location of the study, Population, Sampling technique and Sampling Size, Study Variables, Method for data collection, Validity and Reliability of Instrument; Procedure for data collection and Method for data analysis.

3.2.1 Research Design

The search for truth may be considered as another term for research. Adopting an appropriate research design is critical in arriving at this truth. Descriptive survey was used for this study. Survey is a useful concept adopted when handling a large population especially on issues that involve systematic collection of data through the use of questionnaire (Bello and Ajayi, 2000). Afolabi (1993), attested to it as being a useful tool and a means of obtaining baseline data on prevailing traits and perceptions among segments of population and generalizing the findings obtained to the population. A survey method of research is concerned with generalized statistics when data is obtained from large number of cases. The researcher used questionnaire for the collection of data to evaluate radio and awareness creation on cervical cancer screening among women in Kaduna State.

3.2.2 Location of Study

Kaduna North Local Government

Kaduna North Local Government is made up of eleven (11) wards they are: Kabala, Gabasawa, Anguwar Sarki, Badarawa-Malali, Anguwar Dosa, Kawo, Hayin Banki-Anguwar Kanawa, Anguwar Shanu- Agbakpa, Mai Birji, Anguwar Rimi and Shabba/Gayi with a population of 364,575(Ministry of Local Governments, 2013).

Kaduna South Local Government

Kaduna South Local Government is made up of 13 wards(13) they are: Makera north, Barnawa, Kakuri Hausa, Tudun Wada South, Tudunwada West, Tudun Nupawa North, Badiko, Kakuri Gwari, Television, Tudunwada North 'A', Sabon Gari South 'B', Sabon Gari North 1 and Anguwar Sanusi East with a population of 462,731(Ministry of Local Governments,2013)

3.3 Population

The study was carried out in the two major Local Government Areas of Kaduna State, Kaduna North and Kaduna South Local Government. Kaduna North and South Local Government Areas are both local and cosmopolitan in nature because each comprises of educated and non-educated, civil servants and business class, students as well as various artisans. Thus, the women of these areas could be expected to be exposed to media campaigns and make informed decisions to undertake such screening for the sake of their health. The study will adopt the women in Kaduna North and Kaduna South Local Government Areas as its population.

Prior to the research, a pre-test was conducted and the result revealed that 1,285 women from Kaduna South and 1,006 from Kaduna North, opined that they access the FRCN station.

3.4 Sampling Technique and Sample Size

The type of sampling employed was the random sampling procedure, however, when the population of the study is very large, the random sampling procedure is usually employed to ease the work of the research but the sampling made in such a way that it would be a representation of the population. The random sampling procedure was particularly relevant to this study because, all women who have access to radio and were within the coverage of FRCN Kaduna in the two Local Government Areas of this study were equally represented for the purpose of the study. The researcher decided to use this method because she was not able to sample all the women in the two local governments, but still needed to select women that will represent the whole population. So, random sampling procedure was used to pick women who have access to the radio station and who were also residents of the local Government Areas. Thus, according to Patton (1990), the random sampling adds credibility when the purposive sample is larger than one can handle and reduces judgment within a purposive category of the universe. A convenient number from the population was purposively taken to represent the areas.

Wimmer and Dominick (2000: 93), opined that no single sample size, formula or method is available for every research method or statistical procedure. For this reason, sample size are drawn based on one or more of the following seven factors; project type, project purpose, project complexity, amount of error tolerated, time constraints, financial constraints and previous research in the area, (Wimmer and Dominick, 2006). Saunders, Lewis & Thornhill (2003), also asserted that the correct use of sampling technique can mean that the validity of the research will lead to higher overall accuracy. Hence, due to time and financial constraints, a sample size of

360 women within the two local governments were selected. The sample size of 360 women respondents were further broken down to 165 for Kaduna North and 195 for Kaduna South Local Government Area. The difference in the selection from the two areas was based on the fact that Kaduna South is more populated than Kaduna North. A total of 15 samples will be picked from each of the 24 wards of the two Local Governments. This was done to ensure that each ward was equally represented in the sample size. A total simple random sampling population size for this study is three hundred and sixty (360). The sample size for this study was obtained using the Yamane (1967) formula for determining sample size.

The sample size for this population,

$$n = \frac{N}{1 + N(e)^2}$$

Where

n = Sample size

N = Population

I = Constant

e = margin of error (at 0.05 level of significance)

Therefore the minimum required sample size for the women is:

$$n = \frac{2291}{1 + 2291(0.0025)}$$

$$n = \frac{2291}{7}$$

$$= 328$$

However, ten percent of the sample size was added to the sample as suggested by Saunders, Lewis and Thornhill (2003), thereby making the sample size for the study 360 women.

3.5 Study Variables

In general terms, variables are certain characteristics of objects which are amenable to change and can take on different values at any given time depending on the prevailing conditions imposed on the characteristics under consideration.

Independent Variables

An independent variable, otherwise described as a stimulus variable (Razaq & Bello,2008), is that characteristic of an object in a study that may be selected, manipulated or measured by the investigator in order to determine the relationship established with an observed variable called the dependent variable. In relation to this study, awareness had been identified as the independent variable and the radio programme *Living Healthy* as the intervening variable, effective communication is about the only means of changing behaviour of women who are the dependent variable in this study.

Dependent Variables

The dependent variable also known as the response variable, is an object that is observed and measured in order to determine the effect of the manipulated variable. In relation to this study, the women who are dependent may or may not be quick to understand messages broadcasted on the radio because some were educated and others were not. The women depend largely on the messages they get to be enlightened and sensitized on issues concerning their health.

3.6 Method of Data Collection

For the purpose of this study, closed and open ended questionnaire formed the researcher's

instrument for data collection. The questionnaire is a data collection method. It is in a form that is designed and structured in such a way that the respondents were expected to fill directly (that is by themselves) or indirectly by the researcher after getting respondent's answers orally due to their literacy limitations. Wimmer and Domnick (2011: 187), opined that the open-ended questionnaire presents the respondents freedom in answering questions and an opportunity to provide in-depth response. To them, "It allows for answers that won't be foreseen in designing the questionnaire and useful for protesting or pilot testing of a questionnaire. This aspect of the questionnaire will enable one to know what type of responses to expect from respondents thereby increasing the validity of the method even though it is time consuming to standardize response and analyse". This is because carefully constructed standardized questionnaires provide data in the same form from all the respondents. The questionnaire administered was designed to obtain biographical details of respondents as well as their opinions on a variety of issues relating to the awareness created by the *Living Healthy* FRCN programme.

3.7 Validity and Reliability

Instruments were validated by supervisors and a pilot study conducted. Questions were understood by the respondents and found effective and useful for conducting the research however, some of the items on the questionnaires were not found valid hence the need to remove them.

3.8 Method of Data Analysis

This study employed the quantitative method in analysing the data collected through the research instrument. The analysed data was subsequently presented using statistical instruments

like frequency, simple percentages and charts. Data collected was critically arranged and analyzed in a descriptive form in order to draw logical deductions. The results of the analysis were used to bring out inferences.

CHAPTER FOUR DATA PRESENTATION, INTERPRETATION, AND ANALYSIS

4.1 Introduction

This chapter presents analyses of the data received from fieldwork. This was collected using questionnaire administered to women in Kaduna north and south local Governments. The questionnaire contained thirty-seven items (open and close-ended questions). 360 copies of the questionnaires were distributed; out of which 323 were received and considered valid.

4.2 Socio-Demographic Characteristics of Respondents

The section comprises of personal data of the respondents, ranging from Age, Educational qualification, location, marital status and duration of marriage.

Table 1: Age of the Respondents

Age	Frequency	Percentage
15-25 Years	56	17.3
25-35Years	123	38.1
35-50 Years	92	28.5
50 Years and Above	52	16.1
Total	323	100.0

Source: Field Survey 2013.

Table 1 indicated that 38% of the respondents were between the ages of 25- 35 years; this age range is sexually active and prone to Cervical Cancer. However, 29% of women within the ages of 35-50 were able to respond to some of the questions asked this indicated that there was a keen interest knowing about the disease with 17% and 16.1% of the women between the ages of 15-

50 years of age who are also sexually active and prone to cervical cancer.

According to the Nation Newspaper of June 2014, over percent of cervical cancer diagnosis occur in women from ages 35-54 with a fragment of about 20% in women over 65 years of age.

It is not surprising to see a high percentage of these groups in the findings,

Table 2: Educational Qualification of the Respondents.

Educational Qualification	Frequency	Percentage
Primary	42	13.0
Secondary	87	26.9
Degree	105	32.5
NCE/ND	34	10.5
Post Graduate	31	9.6
Qur'anic School	3	.9
Adult Education	4	1.2
Illiterate	17	5.3
Total	323	100.0

Source: Field Survey 2013.

Table 2 indicated that most of the respondents have obtained degrees with (33%).However; the table also indicates that the other groups of respondents ranging from Primary, Secondary, NCE/ND, Postgraduate, Quranic School, and Adult Education, that almost all the respondents have attained some level of education. This makes it easy for respondents to understand the need or importance for Cervical Cancer Screening.

This affirmed an earlier study on awareness and application of diffusion of innovation theory

(Glanz 2002) where over time an idea or product gains momentum and diffuses or spreads through a specific population or system. In this case, most of the respondents were educated and were expected to adopt new ideas on cervical cancer. Welch and Foster (2012) also affirmed that education is a significant predictor of health.

Table 3: Location of the Respondents

Location	Frequency	Percentage
Kaduna North	133	41.2
Kaduna South	190	58.8
Total	323	100.0

Source: Field Survey 2013.

Table 3 showed that 59% of the respondents reside in Kaduna South, which represents a larger fraction of the entire population while 41% resides in Kaduna North. Strasser (2003), stressed on the fact that health education is very important as rural dwellers experience challenges all over the world such as transportation and communication. However, findings in this study revealed that most respondents reside in the urban locality and were expected to take advantage of information they receive on their health.

Table 4: Locality of the Respondents

Locality	Frequency	Percentage
Kigo New Extension, Malali, Kawo, AngwanRimi, Mashi Road, K/Mashi, Poly Quarters and Others	127	39.3
Barnawa, Gonin Gora, Television, Kakuri, Narayi, Nassarawa, T/Nupawa, and Others	196	60.7
Total	323	100.0

Source: Field Survey 2013.

The Table above showed that 61% of the respondents reside in Kaduna South with the lower percentage 39% residing in Kaduna North. Residents in Kaduna South showed keen interest in knowing about the disease and availed themselves to sharing information about what they knew about the *Living Healthy* and Cervical cancer. Welch and Foster (2012), asserted that rural communities around the world share common traits that include high level of illiteracy, poverty, prevalence of diseases, poor infrastructural development, and distance from health facilities.

Table 5: Marital Status of the Respondents

Marital Status	Frequency	Percentage
Single	99	30.7
Married	180	55.7
Divorced	16	5
Separated	24	7.4
No Response	4	1.2
Total	323	100.0

Source: Field Survey 2013.

Table 5 indicated that 58% of the respondents were married. However, research had shown that women who are sexually active are prone to contracting Cervical Cancer.31% were unmarried as virtually all the respondents answered the questions with only 1% who did not respond.

According to Sloan and Gelband (2007), the primary cause of cervical cancer is infection with one or more types of high-risk human papilloma virus (HPV) which is transmitted sexually. This explains why married women are at high risk of contracting the disease.

Table 6: Respondents Duration of Marriage

Duration	Frequency	Percentage
1-3 Years	58	18.0
3-6 Years	48	14.9
6-10 Years	59	18.3
No Response	108	33.4
Total	323	100.0

Source: Field Survey 2013.

Table 6 indicated that 33% of the respondents did not respond to the question we could deduce that most of the women were not comfortable disclosing the duration of their marriages. The table also indicates that 18% of the respondents had been married for 6-10 years while 15% and 18% of them were within the ages of 3- 10 years in their marriages. Sexually active women are at more risk of contracting cervical cancer as the duration of marriage could be an indicator of sexual activities (Gelband and Sloan, 2007).

4.3 Awareness of Cervical Cancer

This section presents respondents answers to questions relating to their awareness of Cervical Cancer. Such as source of awareness on Cervical, Cancer, Knowledge of the Screening process, willingness of respondents to submit themselves for screening, respondent's knowledge on other women related Cancers, exposure to the *Living Healthy* programme. Frequency of listenership, satisfaction on time allotted for the programme, awareness on preventive measures against Cervical Cancer, Popularity rating of health programme aired on FRCN, and so on.

Table 7: Respondents Awareness of Cervical Cancer

Awareness	Frequency	Percentage
Yes	143	44.3
No	176	54.5
No Response	4	1.2
Total	323	100.0

Source: Field Survey 2013.

Table 7 indicated that 55% of the women were not aware of Cervical Cancer, while 44% of the respondents are aware of the disease. We can conclude that the awareness level of the respondents was low. This was further strengthened by the assertions of the National Cancer Control Plan of Nigeria (2008-2013) to make moves to increase, educate and disseminate cancer information through outreach services nationwide as they believed cervical cancer had not received as much attention as it should.

Table 8: Respondents Source of Awareness on Cervical Cancer

Source of Awareness	Frequency	Percentage
Radio	55	17.0
T.V.	66	20.4
Medical Personnel	30	9.3
Friends and Relatives	71	22.0
All of the Above	6	1.9
No Response	95	29.4
Total	323	100.0

Source: Field Survey 2013.

Table 8 indicated that 22% of the respondents, who have heard of Cervical Cancer, got their knowledge mostly from friends and relatives, while 20% from T.V and 17.0% from radio. This indicates that the radio is the main source of information on Cervical Cancer. Friends and relatives also share information on health matters. As observed by Akintayo (2013), the media has always been an agent of behavior change. When people are informed, they have the propensity to change.

Table 9: Respondents Knowledge of the Screening Process

Knowledge	Frequency	Percentage
Yes	139	43.0
No	172	53.3
No Response	12	3.7
Total	323	100.0

Source: Field Survey 2013.

The Table indicated that 53% of the respondents did not know about the Cervical Cancer screening process, while 43% knew about it hence, the need for more enlightenment on the screening process. However, 4% of the women did not respond. Most factors that may hinder knowledge of the screening process according to Adewole (2007) are lack of awareness among the population, healthcare providers, and policy makers in the latter.

Table 10: Respondents' Knowledge of How They Knew About the Screening Process

Knowledge	Frequency	Percentage
Media	64	19.8
Friends and Relatives	56	17.3
Medical Personnel	64	19.8
All of the Above	6	1.9
No Response	133	41.2
Total	323	100.0

Source: Field Survey 2013.

20% of the respondents who knew about the screening process got their information from medical personnel and the media. This indicates that the media played an important role in the dissemination of information however, 17% of them knew about the disease through relatives and friends with 41% of them not responding. Abiodun and Fatungase (2013), affirm the position that there is limited access to screening services in developing countries and this has increased the number of women affected by the disease.

Table 11: Respondents who had undergone the Screening Exercise

Undergone Screening	Frequency	Percentage
Yes	56	17.3
No	253	78.3
No Response	14	4.3
Total	323	100.0

Source: Field Survey 2013.

Table 11 indicated that a large percentage of the respondents (78.3%) have never been screened for Cervical Cancer. This shows that there is a need for more sensitization and awareness on the need for cervical cancer screening. The PAN American Health Organisation (2009) affirmed that less than 0.1% of Nigerian women had cervical cancer screening in their lifetime and less than 1% were aware of the existence of the silent killer.

Table 12: Respondents Length of Screening

Duration	Frequency	Percentage
1 Month	10	3.1
2-3 Months	47	14.6
6 Months -1 Year	8	2.5
More than a Year Ago	12	3.7
No Response	246	76.2
Total	323	100.0

Source: Field Survey 2013.

Table 12 showed that 15% of the respondents had undergone the screening exercise within the previous three months. This also indicates that respondent's regular checkups and submission for screening needs to be encouraged as most respondents did not attempt answering the question, we could conclude that majority of those who ignored the question did not understand what was asked, or they may not have regarded the question as important. According to the National Cancer Institute (2010), early cervical cancer generally produced no signs or symptoms; regular screening became important for early detection and intermediation.

Table 13: Willingness of Respondents to submit themselves for Screening

Willingness	Frequency	Percentage
Yes	241	74.6
No	56	17.3
No Response	26	8.0
Total	323	100.0

Source: Field Survey 2013.

Table 13 indicated that a high percentage 75% of the respondents were willing to be screened. Results on this table indicated that most respondents were interested in knowing about their health status, this means that the media was left with the challenge of ensuring more women are enlightened and encouraged to attend screening exercises. Only 8% of the women did not respond and this shows that majority were interested in the exercise. In a study conducted at the Ahmadu Bello University, indicated that 80.4% out of 260 women administered with questionnaires, exhibited a generally good attitude to cervical cancer screening.

Table 14: Reluctance of Respondents to submit themselves for Screening

Reluctance	Frequency	Percentage
Fear of Procedure	61	18.9
No Need for Screening	26	8.0
No Response	236	73.1
Total	323	100.0

Source: Field Survey 2013.

Table 14 indicated that the reason why some of the respondents 19% were not willing to submit themselves was uncertainty of the complete screening process. Seventy-three percent did not respond meaning that they had no idea of what to expect during the screening procedure. A low percentage of eight saw no need to undergo the screening; we can deduce that it was because of ignorance or fear. Murray and Millan (1993) reported that the reason for reluctance towards cancer screening exercises include ignorance, fear of outcome of screening, unwillingness to expose very private parts of the body for examination.

Table 15: Knowledge of Respondents on Women-related Cancers

Knowledge	Frequency	Percentage
Breast Cancer	217	67.2
Cervical Cancer	24	7.4
Ovarian Cancer	33	10.2
All of the Above	25	7.7
No Response	24	7.4
Total	323	100.0

Source: Field Survey 2013.

Table 15 showed that 62% of the respondents were more conversant with Breast Cancer as compared with Cervical Cancer, 7% and ovarian cancer 10%. This clearly indicated that not much enlightenment had been done on Cervical Cancer, hence the need for more awareness on this killer disease that is most times ignored. According to an online report by Oyebanji in 2012, the most common diseases in Nigeria are malaria, pneumonia, breast cancer, guinea worm, tuberculosis, and AIDS.

Table 16: Respondents Accessibility to Various Media

Accessibility	Frequency	Percentage
Radio	98	30.3
T.V.	18	5.6
Radio and T.V.	182	56.3
None	9	2.8
No Response	16	5.0
Total	323	100.0

Source: Field Survey 2013.

Table 16 indicated that most of the women have access to radio 30% and TV 56%. This means that radio and television are perfect mediums by which health information should be disseminated to women. However, advantage of accessibility of the radio should be taken into consideration to create more awareness on the disease. Only 3% indicated that they do not have any of the mediums mentioned however only 5% did not respond. The researcher agreed with the assertion of Onabanjo (1999) which said that radio broadcasting is one of the several means of getting messages to a large number of people at the same time because, it transcends the boundry of space and time and also leaps across literacy barriers.

Table 17: Respondents Exposure to *Living Healthy* Programme

Exposure	Frequency	Percentage
Yes	169	52.3
No	127	39.3
No Response	27	8.4
Total	323	100.0

Source: Field Survey 2013.

Table 17 indicated that 52% listen to *Living Healthy* radio programme while 39% do not. This implies that the programme had wide listenership in Kaduna State and should be utilized to broadcast more health issues that concern not only the women, but men and children as well. Nine percent were indifferent on responding to the question. To support the findings, Sado (2011), asserted that radio is seen as the most credible means to promote and propagate health education and awareness on cervical cancer.

Table 18: Time used in listening to the Programme

Time	Frequency	Percentage
1-6 Months	158	48.9
6 Months to 1 Year	34	10.5
1 and Above	3	.9
No Response	128	39.6
Total	323	100.0

Source: Field Survey 2013.

Table 18 indicated that 49% of the respondents have been listeners to the programme 1-6 months. Eleven percent has listened to the programme for about 6 months to 1 year, and only .9%

listens to the programme yearly. This implies that most of the sampled population listens to the programme frequently. Onabanjo (2011) added that one of the criteria for determining public acceptance of radio is programming.

Table 19: Frequency of Listenership

Frequency	Frequency	Percentage
Weekly	94	29.1
Monthly	87	26.9
No Response	142	44.0
Total	323	100.0

Source: Field Survey 2013.

Table 19 indicated that 29% of the respondents listen to the programme weekly while about 27% listen to the programme monthly. This implies that most of the sampled population listens to the programme frequently however, 44% did not respond. Findings on this table corroborate partly the submission of Adam and Harford (1999) that said radio is not a medium that government and health educators can afford to ignore and could be used as a vital resource that can bring about attitude change.

Table 20: Other Health Programmes Aired on Radio

Health Programmes	Frequency	Percentage
Health Talk	56	17.3
H.I.V. Talk	113	35.0
No Response	154	47.7
Total	323	100.0

Source: Field Survey 2013.

Table 20 showed that 35% of the respondents listened to H.I.V. related programmes while 17% listened to various issues discussed on Health Talk programmes. This clearly showed that there had been limited programmes on Cervical Cancer as compared to other diseases like HIV/ AIDS. However, 48% of the women who did not respond may not have heard other health programmes broadcasted. As observed by Robertson and Wortzal (1978), the mass media may deliberately affect knowledge, attitudes, and behavior through campaigns specifically designed to impact knowledge.

Table 21: Radio Stations Respondents Listen to

Radio Stations	Frequency	Percentage
FRCN	83	25.7
KSMC	86	26.6
Alheri Radio	2	.6
Nagarta Radio	12	3.7
Others	14	4.3
No Response	126	39.0
Total	323	100.0

Source: Field Survey 2013.

Table 21 indicated that 26% of the respondents listened to FRCN. This implies that FRCN's listenership is higher than other radio stations. FRCN should therefore take advantage of its wide listenership to enlighten their listeners on different health issues that pose a threat to the general public especially women related diseases like Cervical Cancer. The rural listeners would benefit

from this wide coverage and get enlightened this means that, programmes be replicated in other languages for the rural dwellers to benefit. Listeners of KSMC Radio (27%) could also get enlightened if health programmes on women’s health is aired more often. However, Alheri Radio and Nagarta Radio broadcast their programmes in Hausa Language (.6% and 4% of listeners respectively) this could be a good medium for Hausa speaking women to get enlightened and informed on cervical cancer and other diseases that afflict women. The media are important stakeholders in the war against diseases; this makes the media an effective tool for health behavior change.

Table 22: Appropriateness of Time for the Programme

Appropriateness	Frequency	Percentage
Very Appropriate	79	24.5
Disapprove	146	45.2
Not Appropriate	24	7.4
Undecided	4	1.2
No Response	70	21.7
Total	323	100.0

Source: Field Survey 2013.

Table 22 indicated that most of the respondents who disapproved the time allotted for the programme were 45% and, 25% who agreed, and 7% strongly disagreed. 20 minutes allotted for the programme *Living Healthy* was not adequate for the listeners to catch up on issues discussed as most of them were disposed at their various places of work, school, or businesses. One percent was undecided as to the time allotted with 22% of the women not attempting to answer the

question. Onabanjo (2011) affirmed that one of the criteria for determining public acceptance of radio is the determination of what programme to put on air and at what point in the programme schedule.

Table 23: Adequacy of Time Allotted for the Programme

Adequacy of Time	Frequency	Percentage
Very Adequate	41	12.7
Adequate	92	28.5
Not Adequate	83	25.7
Undecided	15	4.6
No Response	92	28.5
Total	323	100.0

Source: Field Survey 2013.

Table 23 indicated that 13% of the respondents were of the opinion that the time allotted for the programme was very adequate, this means that whatever message needs to pass to the women, could be done in 20 minutes. However, 29% of the respondents were satisfied with the time allotted for the programme. while 26% were of the opinion that the time be increased, reasons being that when health issues are discussed, most times phone in programmes are organized and callers given opportunities to ask questions and receive answers but due to inadequacy of time allotted, not all questions are answered leaving the callers dissatisfied and not properly enlightened. Onabanjo (2011) justified the findings in the table by asserting that; a programme should broadcast at the right time to the audience and time required be evaluated realistically even if it is eliminating some segments of production.

Table 24: Reasons for Disagreement

Reasons for Disagreement	Frequency	Percentage
Timing is Wrong	33	10.2
1-2 Hours be Given	53	16.4
Programme be Broadcast Daily	33	10.2
No Response	204	63.2
Total	323	100.0

Source: Field Survey 2013.

Majority of the respondents did not respond, however, 16% of them were of the opinion that the duration of the programme increase from 20 minutes to 1 -2 hours on a daily basis. This would give ample time for listeners who had missed previous episodes to catch up on any issue they may have missed previously and have the opportunity to listen to programmes after work.

Table 25: Opinion on Age Group Mostly Affected by Cervical Cancer

Age	Frequency	Percentage
Young	55	17.0
Old	125	38.7
Young and Old	98	30.3
No Idea	28	8.7
No Response	17	5.3
Total	323	100.0

Source: Field Survey 2013.

Table 25 indicated that 39% of the respondents believed that the old would contract cervical cancer; however, 30% of them believed that the young and old would contract the disease. It is important to note that Cervical Cancer affects both the young and the old as long as one is sexually active, she is prone to contracting the disease; 17% believed that only the young would contract the disease, 9% had no idea. However, it is important for the media to inform and educate the women on the possibility of any age being affected by the disease, both the young and old could be infected hence the need for proper enlightenment. The findings further affirmed the study conducted at the Ahmadu Bello University in June 2014 and reported that women between the ages of 35-54 contracted cervical cancer with a fragment of about 20% of women over 65years of age.

Table26: Respondents Awareness on Preventive Measures against Cervical Cancer

Awareness	Frequency	Percentage
Yes	113	35.0
No	205	63.5
No Response	5	1.5
Total	323	100.0

Source: Field Survey 2013.

Table 26 indicated that 64% of the respondents were not aware of any preventive measures against the disease while 35% had some knowledge on preventive measures. It is very pertinent to note that when women are aware of preventive measures on Cervical Cancer, it would go a long way in curbing spread of the disease and the number of infected persons. The findings on the table however revealed that majority of the respondents were not aware of preventive

measures on cervical cancer. The disease, would have been nipped in the bud by means of knowledge and awareness creation, poses a threat to women reproductive health (world Cancer Day, 2012).

Table 27: Awareness on Availability of Vaccine for Cervical Cancer

Awareness	Frequency	Percentage
Yes	120	37.2
No	202	62.5
No Response	1	.3
Total	323	100.0

Source: Field Survey 2013.

Table 27 has shown that 53% of the sampled population was not aware of the fact that there is a vaccine for Cervical Cancer while 46% were aware of the vaccine. Most of the respondents were not aware that vaccines for Cervical Cancer were available however it is still the responsibility of the media through its health programmes to enlighten listeners on such important facts on where and how much to purchase the vaccines. Sado (2011) further emphasized the need for vigorous programmes and campaigns to enlighten the target audience on dangers of cervical cancer and benefits of undertaking screening and vaccinations.

Table 28: Opinion on availability of Vaccines

Availability	Frequency	Percentage
Strongly Agree	174	53.9
Agree	135	41.8
Disagree	9	2.8
Undecided	3	.9
No Response	2	.6
Total	323	100.0

Source: Field Survey 2013.

Table 28 has shown that 54% of the sampled population strongly agreed that availability of the vaccine would go a long way in reducing the spread of the disease. Those that agreed had a percentage of 42, however, lesser percentage of the respondents did not agree. Besides making the vaccines available, it should also be affordable. Studies had shown that Cervical Cancer vaccines are expensive; this means the less privileged ones cannot afford it. However; Non-Governmental Organizations and Government Organizations should put in efforts to ensure availability to those who cannot afford it;3% disagreed on the need for vaccines though they may have no idea on the importance of vaccinating against the disease due to religious beliefs hence the need for religious leaders to serve as mediators for their people.

Table 29: Respondents Knowledge on World Cancer Day

Knowledge	Frequency	Percentage
Yes	165	51
No	152	47.1
No Response	6	1.9
Total	323	100.0

Source: Field Survey 2013.

Table 29 indicates that a large number of the respondents were aware of the World Cancer Day during which information on various types of cancers is supplied. However, 47% of the respondents were not aware of the World Cancer Day this means that information they got was not sufficient. However, 51% were aware and we could deduce that many of the women may have heard of other cancers, their causes, and prevention on the World Cancer Day.

Table 30: Popularity Rating of Health Programme Aired on FRCN

Popularity	Frequency	Percentage
Yes	126	39.0
No	193	59.8
No Response	4	1.2
Total	323	100.0

Source: Field Survey 2013.

Table 30 indicates that 60% of the population sampled had never heard any issue on cervical cancer and the screening discussed on World Cancer Day on FRCN, while 39% had heard

something on the issue of screening. This implies that there is a need for more sensitization on the issue of cervical cancer and screening. The way the message is packaged and delivered has a lot to do with the responses of the audience (Wakefield, Loken and Hank, 2010).

Table 31: Rating of Effort Put to Fight Against Cervical Cancer

Rating	Frequency	Percentage
Yes	120	37.2
No	201	62.2
No Response	2	6.6
Total	323	100.0

Source: Field Survey 2013.

Table 31 indicates that 62% of the sampled population did not believe that enough effort was put in the fight against cervical cancer; however, 37% agreed that some effort had been put in. This implies that a lot needed to be done by the media, other organizations, and individuals in the fight against the disease. The media had the power to provide relevant information capable of bringing about attitudinal change because of its ability to reach many people (Ufuophu, 2008).

Table 32: Opinion on the Best Medium to Use in the Fight Against Cervical Cancer

Preferred Medium	Frequency	Percentage
Radio	180	55.8
T.V. and Print	78	24.1
Inter-personal Communication	43	13.3
No Idea	21	6.5
No Response	1	.3
Total	323	100.0

Source: Field Survey 2013.

Table 32 shows that 56% agreed that radio is the best medium for awareness, T.V and print 24%, interpersonal 10%, those that had no idea 7%. This implies that the media has a major role to play in awareness creation on the disease and screening. According to Onabanjo (1999), radio broadcasting is one of the several means of getting messages to a large number of people at a time; and leaps across illiteracy barriers that characterize the areas where rural settlers live. It is a powerful instrument in the area of public enlightenment on health issues.

Table 33: Other Means of Communication on the Disease

Alternative Means	Frequency	Percentage
Churches/Mosques	207	64.1
Traditional Leaders	25	7.7
Youth Forums	42	13.0
All of the Above	49	15.2
Total	323	100.0

Source: Field Survey 2013.

Table 33 indicates that 64% of respondents opined that churches and mosques have a very big role in bridging the information gap on cervical cancer 64%; Traditional leaders 8%, youth forums 13%, and those that think all three groups have a responsibility in the fight against the disease constitute 15%. At a workshop conducted by the Leadership in Strategic Health Communication (LSHC, 2009). Churches, mosques, and traditional leaders were identified as powerful means of reaching to the people in terms of health messages.

4.4 Discussion of Findings

This section discusses data gathered from the questionnaire in relation to the research questions.

Women's attitude towards cervical cancer screening, and their perception on whether radio creates awareness or not, may be either favourable or unfavourable. Radio broadcasting according to Onabanjo (1999) is one of the several means of getting messages to a large number of people at the same time and it is a powerful instrument in the area of public enlightenment on health issues. As shown in tables 7 and 8 of this study, there is a strong indication that 55% of women were not aware of cervical cancer or screening however, a large number of the women owned radio sets as means of getting information. This finding has further cemented assertions of other quantitative research in this area.

Findings from tables 9, 10, 11 corroborate partly the submission of Abiodun and Fatungase (2013) that, the level of awareness among Women in Kaduna State is low. The women that had knowledge about the disease and the screening process got it either from health workers or through their friends. Women's attitude to cervical cancer as asserted by Dr. Sotunsa of the Babcock University Teaching Hospital states that, "some women do not know about the disease

and others are a little bit scared even though women still find it difficult to undergo the screening exercise because of the funds. Cervical cancer messages were communicated through the hospital, clinics, through radio and television however, the languages used were usually English. Findings on table 2 indicated that some of the women were illiterates this means that some of them may not have understood messages disseminated in English language. Judging from the response given by the respondents, it was depicted that most of the women would have been enlightened on cervical cancer if adequate programming and timing had been ensured.

In table 22, 23, and 24, there was an indication of dissatisfaction of the time and duration allotted to the programme. Majority of the women indicated that the time for broadcast of the *Living Healthy* programme was not sufficient as many of them were either at their places of work or businesses. They however indicated that, the broadcast time be re-scheduled and frequency of broadcast increased. Onabanjo (1999) asserted, “One criterion for determining public acceptance of radio is programming that is, the determination of what programme to broadcast and at what point in the programme schedule”. He also added that a programme should broadcast at the right time to the audience and time requirement be evaluated realistically even if it entails eliminating some segments of the production.

Although cervical cancer had not received as much attention as it deserves from health authorities, there is the need to increase, educate and disseminate cancer information through outreach services nationwide as reflected in the 2008~2013 National Cancer Control Plan of Nigeria. Findings in this study indicated that most of the respondents were of the opinion that vaccines need to be made available and affordable in order to curb the disease.

4.5 Discussion on Research Questions

1. How many Women access the FRCN's *Living Healthy* Programme on radio?

Analyzing research question one, on how many women access the FRCN's *Living Healthy* programme on radio; answers as shown in table 7~11 revealed majority of the respondents do not know about cervical cancer (table 7) as 55% claimed to have no knowledge of the disease. The highest number of respondents had heard about the disease through friends and relatives as represented by 22% (table 8) among other sources of knowing like radio, television, health professionals. To test the authenticity of the respondent's access to the *Living healthy* programme on radio, table 16 revealed that 56.3% had access to radio and television in their homes. 30.3% own only radio with 52.3% of the respondents who listen to the *Living Healthy* Programme as supported by Osunkunle (1998) who asserted that radio is easily accessible and affordable, easily understood and accepted and does not demand any complexity in broadcasting or listening. The objective of the researcher to ascertain whether the women in Kaduna North and South had access to radio was fulfilled. A clear relationship was established between accessibility of radio and listening to the programme.

2. What do Women think on Cervical Cancer screening based on the messages from *LivingHealthy*?

Research question two was designed to find out if women are aware of Cervical Cancer messages on radio; respondents answers as reported in tables 17~21 reveals that the women in Kaduna North and South are not ardent listeners of the programme. 49% listen to radio

occasionally between 1-6 months on an average of once a week to HIV/AIDS talks on radio.

60% of the respondents who listen to *Living Healthy* had observed that they have not heard discussions on Cervical Cancer and screening during their programme and especially on world cancer day though various health issues are discussed. 67% of the Women had revealed that they had knowledge on breast cancer as the most common female related cancer with only 7% being aware of Cervical Cancer. The researcher agrees with the assertion of Onabanjo (1999) which states that radio broadcasting is one of the several means of getting messages to a large number of people at the same time, because it transcends the boundary of space and time, and leaps across illiteracy barriers. It is a powerful instrument in the area of public enlightenment on health issues. If the Cervical Cancer scourge is to be adequately stemmed and eradicated, there is the need to use radio in the midst of communities like Kaduna North and South.

According to the producer of the programme, several episodes on Cervical Cancer had been aired with Doctors invited to throw more light on issues of the disease. In addition, sensitization exercises that held at *Amina Hospital* located at the Southern part of Kaduna; The Society for Family Health (SFH) sponsored free cervical screening for women. It is presumed therefore that women may not be familiar with cervical cancer messages on radio if any, especially if the days they listen do not coincide with times when such messages are on.

3. Does the *Living Healthy* Programme create Awareness on Cervical Cancer Screening?

Findings from Tables 26~30 corroborate partly with the submission of Abiodun and Fatungase (2013) that the level of awareness of Cancer among women is low. They however argue that the only people that had knowledge about it got it either from health workers or through the media as

against the studies submission that women heard about it the most through friends. Consequently, cervical cancer may be known as a new idea or innovation and so there would definitely be a need to adopt ideas or behaviours associated with the prevention of cervical cancer. Results also show that majority of the respondents are aware of the *Living Healthy* Programme as indicated by 52% (table 17). However, as indicated by 55% (table7) majority of the respondents are not aware of cervical cancer this means that enough sensitization on the disease via the programme is lacking, therefore more effort needs to be made in this regard considering the fact that the programme has wide listenership. Due to the fact that quite a number of women listen to the programme, FRCN should put more efforts in sensitizing their listeners by creating jingles, adverts and short dramas. This could be slotted periodically not necessarily during the programme hour alone will serve as a constant reminder on the need for cervical screening and the awareness level would be increased.

4. What is the Opinion of Women on the Time Allotted for the Programme?

One of the criteria for determining public acceptance of radio is programming that is, the determination of what programme to put on air at what point in the programme schedule. Programme ideas may originate from the availability of something entertaining, informing, educating or series of subjects that can be used to educate the public, Onabanjo (2001).

Onabanjo (2001) also asserted that, every aspect of the programme should be given careful consideration and every decision that has to do with the proposed programme should be evaluated in time with the expectations of the intended audience. He added that timing is a very

crucial aspect of programming. A programme should be broadcast at the right time to the audience and time required must be evaluated realistically even if it is eliminating some segments of the production.

Findings represented by 45% (table 22) indicate that the respondents disagree with the time allotted for the programme. Majority of the respondents were not satisfied with 10.12 am as most of them are either at their places of work, school, or their various businesses. In addition, listeners opine that 20minutes is not enough to critically discuss health issues. They suggest that a minimum of 1hour be allotted to the programme.

CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of the findings based on the data collected. Also presented are conclusion based on the findings as well as recommendations.

5.2 Summary

The research was designed to assess radio and how it has been able to create awareness on Cervical Cancer; which is a female related disease. This was accomplished by evaluating the perception of the programme “*Living Healthy*” among women in Kaduna state.

The Nigerian broadcast media have the responsibility of broadcasting campaigns to disseminate adequate information and enlightenment on Cervical Cancer. This can be achieved through programmes like *Living Healthy*, *Healthy Living* and *Health Watch* among other health initiatives. Messages from such stations serve as Vaccine against various diseases that threaten the lives of citizens. The task now is how to sustain sponsorship in order to encourage healthy lifestyles and how to bring about sustainable behaviour change in the population.

Living Healthy is a weekly magazine programme that has been in existence since 1962; with the aim of raising health consciousness among people of all ages.

In chapter one, the background of the study was provided. Rationale on conducting the study was spelt out. From the problem stated, the research questions and objectives were drawn.

Chapter 2 reviewed the works of authorities in the field of Development Communication and Radio Broadcasting. The literature review gave statistics of increase in afflictions over the next

decade in developing countries, due to the absence of widespread interventions. The role of the mass media predicated upon advocacy campaigns, cannot be overemphasized. The importance of Information, Education, and Communication in attaining developmental goals and various types of health communication campaigns be channeled through the mass media. The theoretical framework upon which the study rest on, was also discussed.

In chapter three, the methodology employed by the researcher was considered. The data were collected through questionnaire, which was analyzed in the fourth chapter using statistical tools.

5.3 Conclusion

Based on the findings, the following conclusions were reached.

Analysis culminating from the study shows that the programme duration and frequency of dissemination did not satisfy the listeners of the programme *Living Healthy*. This means that if producers and presenters do not make adjustments, the listeners can lose interest in the programme. The programme is one of the oldest existing health initiatives on FRCN Kaduna. Since the programme is recognized and popular, it must effect corrections, modifications, and suggestions to maintain its audience. Hanes (2000) states that the audience is not a blank sheet of paper on which media messages can be written.

The weakness of *Living Healthy* revolves around the circulation and frequency of broadcast. Most of the respondents believe the programme lays more emphasis on breast cancer among the female related cancers. In addition, more jingles are required on cervical cancer and screening just as in the case of Malaria, HIV/AIDS, and Tuberculosis- among others. Since most women

have access to radio, producers need to ensure that their programme packages are more listener-friendly. It should be made more exciting to keep the listeners tuned in and in a more lively and enthusiastic mood.

Based on the weaknesses identified by the respondents, the programme can be improved upon by devoting more days and time to air: at least twice a week and an hour instead of 20 minutes per slot.

5.4 Recommendations

From the findings, the following recommendations were drawn.

- The weakness of the programme “*Living Healthy*,” as interpreted by the listeners, have been identified, producers and presenters should take measures at meeting the needs of such listeners. This will go a long way to enhance patronage and listenership.
- Women should learn to engage in routine check-ups and screening exercises for early detection of the disease. It is sad to note that when symptoms begin to surface, it means Cervical Cancer has reached an advanced stage: hence the need for early detection.
- FRCN should identify the most appropriate period of the day to broadcast the programme as most listeners are either at work, in school or at their businesses. Broadcast days should be increased to at least twice a week.
- Since *Living Healthy* has quite a number of listeners, the programme should be replicated in other languages for the benefit of those who do not understand English.
- Health care givers need to educate women on the screening procedure for cervical cancer. They need to understand that the screening exercise is painless and very brief in order for

more women to avail themselves; hence, enlightenment programme can be organized.

- The government needs to work hand in hand with international health organizations to ensure availability and affordability of vaccines. Insurance policies should be introduced to cover some of the terminal diseases, like Cervical Cancer, in order to cover the high cost of vaccine and medication.
- A huge responsibility is posed to traditional leaders/religious leaders to reach out to women at inter-personal levels; to educate them on the need for Cervical Cancer Screening. In addition, religious institutions and various youth forums also have major roles to play as part of creating awareness on the disease.
- There is a need for the media to collaborate with the rural populace to analyze the content and presentation of information about the disease through which dissemination methods become more effective in mobilizing opinions on issues such as women health.
- Health care givers should ensure that every woman who attends the post-natal clinic, after birth, should undergo the screening exercise as part of the routine.

5.5 Contribution to Knowledge

By virtue of the findings, this research has contributed to knowledge because Mass Communication Graduates had been made to understand the potentiality of the media (Radio) especially on issues that concern health. It has also influenced reducing the high rate of cervical cancer among women in Kaduna State and Nigeria at large, and the importance of the screening exercise for early detection.

5.6 Suggestion for Further Studies

Future research should be conducted in other local government areas of the state or any local government area in Nigeria to explore the extent of understanding Nigerian women have of cervical cancer. The research could be on a number of issues related to curbing the cervical cancer scourge. One, establish that beyond understanding what cervical cancer is and the threat it poses to the Nigerian society, what other impediments could the average Nigerian woman have concerning the disease. Two, in what specific way is inadequate or non-availability of equipment for screening women contributing to the spread of cervical cancer. Three, how can the media (radio, television, print and social media) play a major role in ensuring women in the remote areas get to know about cervical cancer and the threat it poses to their lives. Lastly, how has the cost of carrying out the test hindered women from screening themselves and what implication does this hold for the spread of cervical cancer.

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APPENDIX
QUESTIONNAIRE

This is a higher study on “Radio and its Effectiveness on awareness creation”. The researcher will be grateful if you could kindly, subjectively and fairly respond to these questions.

This is purely an academic exercise. Be rest assured of confidentiality of your response. (Please tick and provide answers where appropriate).

Socio-Demographic Data

1. Age:
(a) 15 – 25 years (b) 25 – 35 years (c) 35 – 50 years (d) 50 & above

2. Educational Qualification:
(a) Primary [] (b) Secondary [] (c) Degree [] (d) NCE/ND []
(e) Post Graduate [] (f) Qur’anic School [] (g) Adult Education []
(h) Illiterate []

3. L.G.A where you live:
(a) Kaduna North [] (b) Kaduna South []

4. L.G.A of Locality/Anguwa

5. Marital Status:
(a) Single [] (b) Married [] (c) Divorced [] (d) Widowed []

6. If married, for how long?
(a) 1-3 years [] (b) 3-6 years [] (c) 6-10 years [] (d) 10 years and above []

Awareness on Cervical Cancer:

7. Have you heard of Cervical Cancer?
(a) Yes [] (b) No []

8. If yes, through which medium?
(a) Radio [] (b) T.V [] (c) Medical Personnel []
(d) Friends or relatives []

9. Have you heard of Cervical Cancer Screening?
(a) Yes [] (b) No []

10. If yes, how did you know about it?
(a) Media [] (b) Friends or Relatives [] (c) Medical Personnel []

11. Have you ever been screened?
 (a) Yes [] (b) No []
12. If yes, how long ago?
 (a) I month [] (b) 2-3 month [] (c) 6 month-1 year [] (d) More than a year ago []
13. If no, are you willing to submit yourself for screening?
 (a) Yes [] (b) No []
14. If you are not willing to submit yourself for screening, why?

15. Which medium do you have access to?
 (a) Radio [] (b) T.V [] (c) Radio & T.V [] (d) None []
16. Have you listened to “Living Healthy” radio programme on FRCN?
 (a) Yes [] (b) No []
17. For how long have you listened to it?

18. How often do you listen to it?
 (a) Weekly [] (b) Monthly [] (c) Yearly []
19. Which other health related programme have you listened to?

20. On which station?
 (a) FRCN [] (b) KSMC [] (c) Alheri Radio [] (d) Nagarta Radio []
21. “Living Healthy” is aired in the morning at 10:12am and the timing is appropriate.
 (a) Agree [] (b) Disagree [] (c) Strong Disagree []
 (d) Undecided []
22. If you disagree, why.....
23. Living Health runs for 20 minutes. The time allotted for the programme is appropriate.
 (a) Strongly Agree [] (b) Agree [] (c) Disagree []
 (d) Strongly Disagree [] (e) Undecided []
24. If you disagree, why.....

25. What do you think about the age affected by Cervical Cancer? Do you think it affects the young or old?
 (a) Young [] (b) Old [] (c) Young & Old
 (d) No idea []
26. Are you aware of preventive measures against Cervical Cancer?
 (a) Yes [] (b) No []
27. Are you aware that there is a Vaccine for Cervical Cancer?
 (a) Yes [] (b) No []
28. Availability of vaccines will go a long way reducing the number of affected persons.
 (a) Strongly Agree [] (b) Agree [] (c) Disagree []
 (d) Strongly Disagree [] (e) Undecided []
29. Are you aware of the World Cancer Day?
 (a) Yes [] (b) No []
30. Have you heard of any Health issue discussed on FRCN?
 (a) Yes [] (b) No []
31. Do you think enough effort has been put in by the media on the fight against Cervical Cancer?
 (a) Yes [] (b) No []
32. In your opinion, what is the best medium to use in the fight against Cervical Cancer?
 (a) Radio [] (b) T.V and Print [] (c). Interpersonal Communication
 (d) No idea []
33. What alternative means do you think can assist in curbing the disease?
 (a) Churches/Mosques [] (b) Traditional Leaders [] (c) Youth Forums []
 (d) All of the above []