

Creating Awareness on Cervical Cancer via Radio Broadcasting in Ikenne Local Government

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Abstract

The urgent need to combat the menace of cervical cancer cannot be divorced from the depressing estimated statistics of 9,659 annual deaths (an average of 26 deaths per day) among Nigerian women. Radio no doubt is one of the most suitable medium that can be engaged for the purpose of educating them, thereby ultimately eradicating the menace. This study attempted to find out if women with low level education in semi-urban areas are aware of the disease. Engaging the diffusion of innovation theory and the health belief model for intellectual strength, combined with the multi-stage sampling method under the survey method approach, 300 copies of the questionnaire were administered with 285 returned for analysis. Research findings revealed that 94.4 % women of Ikenne local government have heard of cervical cancer although about a third (40.4%) are not aware. A statistics that portends colossal loss of lives in the future among women. The study recommends that a more aggressive and purpose driven radio messaging be done to create real awareness and promote knowledge of the cervical cancer disease among women in order to circumvent it.

Keywords: Radio, Cervical cancer, Awareness, Knowledge.

1. Introduction

Cancer has the capacity to invade and spread through the human body, causing serious pains and eventually leading to death. According to the American cancer society (2015), Cancer cells can also invade (grow into) other tissues, something that normal cells can't do. Growing out of control and invading other tissues are what makes a cell a cancer cell. Cancer cells often travel to other parts of the body, growing and forming new tumours that replace normal body tissues. American Cancer Society (2014), posits that cancer earns its name depending on where the growth started. No matter where a cancer may spread, it is always named (and treated) based on the place it started. Meaning that, breast cancer that has spread to the liver or the bone is still breast cancer, not liver or bone cancer.

Cancer grows at different rates and therefore responds to different treatments, a reason why people with cancer need treatment that is aimed at their particular kind of cancer.

Over the years, despite the scientific discoveries and capabilities, which have led to extended life span of patients, as espoused by Goss, Picard, and Tarab (2012), the number of cancerous ailments has also been on the increase. According to Reuben, Milliken and Paradis (2012),

The past four decades of investment in cancer research have yielded important gains in understanding the complex nature of cancer. These discoveries have in turn led to cancer detection methods and treatment strategies that have enhanced cancer patient survival, most notably among children. Yet cancer remains a fearsome specter for all Americans, and for too many, a harsh and harrowing reality. With an aging population at increasing risk for cancer and the incidence of some cancers rising for unknown reasons, bold steps are required to address the urgent need for more effective and affordable cancer prevention and treatment interventions.

The death toll of cancer related ailments also increase by the day. One of such is the cervical cancer, a deadly disease with high death toll associated with it.

According to Udoudo (2007), Cervical Cancer is the second most commonly diagnosed cancer in the female population especially women under the age of 35 years and simultaneously the leading cause of death among women worldwide.

Cervical cancer affects about 16 per 100,000 women per year and kills about 9 per 100,000 women per year. An estimated 555,100 new cases of cervical cancer was expected in 2007. More than 80% of these cases were to be found in developing countries like Nigeria.

The National Population Census conducted in Nigeria in 2006, reported the population of women to be over 60 million from ages 15 and above.

According to the World Health Organisation (WHO) –

Cervical cancer kills about 270 000 women every year. It has been called “a case study in health equity” because most (85%) of these deaths occur in the developing world. In large part, this inequity is due to the lack of cervical cancer screening programmes in those countries – the same programmes that are taken for granted in Australia, Europe and the United States of America. And since cervical cancer affects relatively young women (mortality rates climb as women enter their forties), it results in many lost years of life – 2.7 million age-weighted years of life were lost to the disease in the year 2000.

Oguntayo (2011) as cited by Nwozor and Oragudosi (2013), reported that cervical cancer was the leading cause of gynecological cancers in Northern Nigeria, accounting for 65.7% of all gynecological cancers in Nigeria. He further added that in 2025, there will be 22,914 new cervical cancer cases and 15,251 cervical cancer deaths in Nigeria.

Abiodun and Fatungase (2013) reported that the National Age standardized incidence rate for cervical cancer in Nigeria is estimated to be 33.0 cases per 100,000 women per year. In Ikenne local government area for example, with a population figure of 119,117 (2006 national population census figure), four (4) cases of cervical cancer were recently recorded at Babcock University Teaching Hospital [BUTH] (Sotunsa 2014).

Nwozor (2013) as cited by Abiodun and Fatungase (2013) argues that the grim picture contrasts sharply with what is obtained in developed countries where the incidence and mortality are about half of the rest of world. The huge disparities in morbidity and mortality between developed and developing countries exist largely because over the last few decades, developed countries have implemented effective programmes for the prevention of cervical cancer, in some countries reducing the incidence and mortality by up to 80%.

Abiodun and Fatungase (2013) citing Vizcaino (2000) affirm the position that, there is limited access to screening services in developing countries and this has increased the number of women affected by this disease.

UNESCO (1965) noted that, in developing countries the greater part of the people are the rural dwellers and are frequently isolated due to illiteracy and lack of transport. Unfortunately, the story remains largely the same till date. Effective communications is about the only means of turning the story round and engage with rural people if they are to participate in developmental programmes.

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, 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.

According to Coll-seck (1999) as cited in Harford and Adam (1999), radio continues to be one of the most popular medium used to transmit information and engage large numbers of people from many parts of the society. In recognition of this, governments, elements of civil society, and the United Nations system have used radio as a powerful tool to achieve a broad range of goals. This has been particularly evident in recent years in situations of national crisis.

Adam and Harford (1999) clearly establish that 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.

This study explored ways of using radio in this regard where cervical cancer is concerned with particular focus on women of Ikenne Local Government area.

1.1. Statement of the Problem

The prevalence of cervical cancer in Nigeria is one that should be treated with caution and utmost priority. In a recent survey conducted in Nigeria, by Professor Ifeoma Okoye the founder of Breast without spot, as cited by Chioma Obinna of Vanguard newspaper Nigeria, a staggering 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. It is safe therefore to assume that cervical cancer is the second most diagnosed cancer in women, which makes it priority to create awareness about it among the women communities especially those at the grass root levels. For this reasons, the study sought to test the awareness level of women in Ikenne Local Government on cervical cancer. It among other things explored if radio in any way has contributed to their awareness level and how radio can be a tool for creating more awareness.

1.2. Research Questions.

- (1) What is the awareness level of Ikenne Local Government women on the threat cervical cancer poses to life?

- (2) How much of cervical cancer messages aired on radio are women of Ikenne Local Government aware of?
- (3) How can radio messages be used to create awareness on the cervical cancer scourge?
- (4) What are the measures taken so far by health facilities and radio stations in Ikenne Local Government to create better awareness among women in the area?

2. Theoretical Framework

The study was hinged on the health belief model and diffusion of innovation theory.

2.1 Health Belief Model

According to Glanz (2002), The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists Hoch Baum, Rosenstock and Kegels working in the U.S. Public Health Services. The HBM has been adapted to explore a variety of long- and short-term health behaviours, including sexual risk behaviours and the transmission of HIV/AIDS.

The core assumptions and assessment of the theory which states that a person will take a health-related action if the individual -

1. Feels that a negative health condition can be avoided,
2. Has a positive expectation that by taking a recommended action, s/he will avoid a negative health condition.
3. Believes that s/he can successfully take a recommended health action.

This addresses four major components for compliance with recommended health action; perceived susceptibility (personalize risk based on a person's features or behaviour), perceived severity (One's opinion of how serious a condition is and its consequences), perceived benefits (One's belief in the effectiveness of the advised action to reduce risk or seriousness of the disease), and perceived barriers (One's opinion of the tangible and psychological costs of the advised action). These concepts were proposed as accounting for people's readiness to act.

An added concept, cues to action, would activate that readiness can stimulate overt behaviour. A recent addition to the HBM is the concept of self-efficacy, or one's confidence in the ability to successfully perform an action.

Rosenstock et al identified that health-related action depends upon the simultaneous occurrence of three factors:

- (a) The existence of sufficient motivation (or health concern) to make health issues relevant.
- (b) The belief that one is vulnerable to a serious health problem or to the sequel of that illness. This is often termed perceived threat.
- (c) The belief that following a particular health recommendation would be useful in reducing the perceived threat, and, at a subjectively-acceptable cost. Cost refers to perceived barriers that must be overcome in order to follow the health recommendation; it includes, but is not restricted to, financial outlays.

Therefore this study using the HBM attempted to probe into whether or not the women of Ikenne Local Government, considered cervical cancer as 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 and of course if they are aware of the disease in the first place to be able to take the recommended health action at all.

2.2 Diffusion of Innovation Theory

According to Glanz (2002) Diffusion of Innovation (DOI) 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. Researchers have found that people who adopt an innovation early have different characteristics than people who adopt such innovation later. 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. There are five established adopter categories, and while the majority of the general population tends to fall in the middle categories, it is still necessary to understand the characteristics of the target population.

According to Glanz (2002), there are different strategies that can be used to appeal to the different adopter categories. There are:

1. Innovators
2. Early Adopters
3. Early Majority
4. Late Majority
5. Laggards.

Innovators - These are people who want to be the first to try the innovation. They are venturesome and interested in new ideas. These people are willing to take risks, and are often the first to develop new ideas. Very little, if anything, needs to be done to appeal to this population.

Early Adopters - These are people who 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. Strategies to appeal to this population include how-to-use manuals and information sheets on implementation. They do not need information to convince them to change.

Early Majority - These people are rarely leaders, but they do adopt new ideas before the average person. That said, 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 innovation's effectiveness.

Late Majority - These people 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 - These people are bound by tradition and very conservative. They are very sceptical to change and are the hardest group to bring on board. Strategies to appeal to this population include statistics, fear appeals, and pressure from people in the other adopter groups.

The stages, by which a person adopts an innovation, and whereby diffusion is accomplished, include awareness of the need for an innovation, decision to adopt (or reject) the innovation, initial use of the innovation to test it, and continued use of the innovation.

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 level of hospicare and facilities, cervical cancer may be perceived as a new idea or innovation. There would definitely be the 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 Ikenne Local Government are aware of cervical cancer and whether they understand its severity enough to get as many as possible on board to stand against the disease.

3. Literature Review

3.1 Cervical Cancer

Like many other medical scholars and practitioners, Olshanksy (2000) posits that cervical cancer is highly curable because it grows slowly and is detectable through pap smears. Very few symptoms accompany the development of cervical cancer, which is why it is so important to have regular screening examination (pap smear and pelvis examination).

According to Sterling and Tyring (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.

Sterling and Tyring (2001) further affirms that Human Papilloma Virus (HPV) commonly known as genital warts has been found in the majority of invasive cervical cancers. According to them, studies of women in countries in South America, Europe, North Africa and South East Asia showed that an average of 91% of cancers were HPV positive. Their study revealed that there was a slight variation of positivity rates from 75% in Columbia to 98% in Paraguay. Some feel that as many as 100% of cervical cancers harbour HPV genomes, and that sensitive methods of detections will reveal almost no HPV negative lesions. The majority (60-70%) of HPV positive cervical cancer harbour HPV type 16, whilst HPV 18 is the second and highest common type in this disease (10 -20%). From longer term studies, it appears that the presence of high risk HPVs in cervical cancer gives an increased risk of the future development of cervical cancer.

Meaning that genital warts has been found in the majority of invasive cancer and 100% of cervical cancers harbour a family of HPV genes (that is genomes). Women who are HIV positive and have cervical cancer contract more advanced diseases than women who don't. They have higher recurrence rates and mortality than negative women. Because of these findings, cervical cancer has been touted an Aids defining condition in the USA and Europe as far back as 1993.

Professor Sun Kuie Tay, Senior Consultant at Singapore General Hospital stated that Non-sexual transmission of the virus is possible. An infected mother can pass the HPV virus to her baby during delivery. The virus can remain dormant in her skin for years, but may be introduced to the cervix via sexual intercourse in later

years, He added. Eluf Neto (1994) as cited in Pernoll and Becherny (2005), states that Human Papilloma Virus (HPV) also known as warts is the sexually transmitted agent strongly linked with cervical cancer.

Sterling and Tying (2001) affirms that, cancer of the cervix is more common among women of lower socio economic status, many of whom are Hispanic and Black women, but all women are at high risk of developing it. He also stated that gynaecological cancers are linked to habits such as smoking, obesity, sexually transmitted disease and early age of sexual intercourse.

Rettner (2012) states that Human Papilloma Virus can be transmitted sexually through skin to genital contact without necessarily engaging in intercourse. Therefore, women who have never had sex can still acquire HPV which would put them at risk for developing cervical cancer.

There is no doubt that cervical cancer is real and may have infected many women in Nigeria. The major task is how many women are aware, or are doing anything about screening to check their status and taking action to avert the terrible consequences that attend the scourge of cervical cancer.

3.2 Radio as a Communication Tool among Rural Community Dwellers

To take necessary action against any scourge, the infected individual must be aware of his/her medical condition. To be aware is much more than the traditional oral historical teachings, it requires a wide spread and heavy bombardment of information dispensed from the source to the receiver. Radio no doubt is a veritable medium that can largely drive messages home to its audience and will engender required reaction from the audience in spite of who they (audiences) are. Oyekanmi (2006) as cited by Alliu (2012) asserts that radio is an electronic device that uses electromagnetic waves for the transmission of messages, information, communication and it possesses some attributes which places it upon the television broadcasting.

Broadcast experts largely are of the opinion that radio is one medium that is most appropriate for rural and urban emancipation programmes. Its capacity to beat distance and have immediate effect is a major strength. Asemah, Anum and Edegoh (2013) corroborate this position stating that radio communication educates citizens on new issues inherent in the society. Issues such as politics, business, and current affairs and so on, are aired to create awareness. Radio therefore serves as an agent of social mobilisation as people are moved to delivering certain goals, based on their awareness of their rights.

Osunkunle (1998) in his discussion of relevance and place of radio in the realm of development of rural communities argues that radio should also be acceptable to the people in a community and the station should cater for everybody in that community. It should be sensitive to the needs of the community, and respect the languages, traditions, beliefs and cultures of that community and be accountable by being answerable to the community it serves.

Furthermore he added, Radio is easily accessible and affordable, easily understood and accepted. It does not demand any complexity in broadcasting or listening. It can be used or listened to anytime and anywhere. According to Kuewumi (2009), radio is cheap, simple, and trusted. It does not discriminate between the learned and uneducated. With simple operating controls, people can listen to radio even if they can neither read nor write

Onabajo (2000) affirms that radio is widespread than television and written press, both of which are located in the urban areas. The rare attempt at setting up private, or commercial radio stations, has not succeeded in penetrating a radio market, traditionally dominated by the public sector. More than half its population is illiterate and this makes the educational function of the media, vital. Not only can it contribute to the emergence of a democratic culture, but it can also help prevent the decline, in the standard of living and combat poverty with its various accessories, such as malnutrition, disease and illiteracy.

Coll-seck (1999) as cited by Adam and Harford (1999) explains that when radio programming is relevant, entertaining and informative, listeners tend to remember ideas and facts, and discuss them with their friends and family. This can be the beginning of a complex process involving increased awareness and behaviour change which enables individuals and families to cope better with the essential challenges in their lives.

It is safe to assume that radio is one of the most powerful tools of attitude change, especially where it is perceived to be a trusted source of accurate, trusted information and where it already holds the attention of target groups in the society. Akintayo (2013) affirms this stance stating that radio programmes and messages when properly thought through (produced intentionally) and directed at the right and specific audiences with the appropriate language and time of broadcast over a long period of time can bring about desired change in listeners. This endears the listeners to the station which ultimately drives honest, truthful research and presentation of ideas on the part of the producer/presenter. Listeners over time come to trust the station or presenter as their source of education and information the more easily adopt attitudinal and behavioural changes suggested by the presenter on radio.

Radio stations therefore can make cervical cancer programming a key part of their output and indeed, their corporate strategy. This can be done in a number of ways, including the following:

1. Giving the epidemic prominent news coverage
2. Dedicating airtime to cancer with public service messages

3. Supporting the broadcasting of cervical cancer special programming

Continuous highlights of issues in cancer as a major health hazard amongst women has the capacity of inculcating in the masses the knowledge of what cervical cancer entails.

Masi (2011) in her assessment of the impact of radio transmission in fostering behavioural and attitudinal change among listeners of South Sudan corroborates this position. Masi opined that communities directly attributed to their local station, important social changes, such as radio programs being used to encourage parents to educate their girl children. Radio she contended has contributed to the debate on the need to end harmful traditional practices, giving women a voice and celebrating local culture and language. Internews radio for example she argued had such impact that its programming or teaching led the people to act, attesting that there is a direct correlation between information people heard on the radio and action they took as a result of this information.

3.3 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 to change. Attempt to bring about change from wrong attitudinal practices to the right one has always, to a large extent been tied around communication (Interpersonal, Mass Media and Traditional) of the right practice. Radio is very germane when the process of reaching audiences with the mass media is considered. The AIDS Control and Prevention (AIDSCAP) (2001) publication, 'Behaviour Change Through Mass Communication: Using Mass Media for AIDS Prevention' suggests how to effectively engage radio for the purpose of achieving behavioural change. The watch word according to AIDSCAP is taking into consideration the strength and weaknesses of the media chosen, in this case radio.

AIDSCAP made the following suggestions in the handbook regarding how radio could be best used to enhance behavioural change towards HIV/AIDS. Radio is the best medium to reach people in the community or country. Newscasts can be used to promote new data or make public evaluation reports. Health programmes afford the opportunity to inform and educate the populace. Drama (Soap Operas) can be used to demonstrate positive messages and example of behaviour change.

Audience-specific programmes should be 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.

According to Akintayo (2013), for these suggestions to be effective, the scripts must be written by the initiator of the idea and this affords him the opportunity to direct the message to the audience specifically through words that are directly and purposively chosen. Messages must suit the medium – radio and also the audience that is targeted.

The government of Sierra Leon, under the administration of Dr. Ernest Bai Koroma, put in place a programme 'Sierra Leone Poverty Reduction Strategy 2008 – 2012', dubbed, 'Our Agenda Change'. This programme among other things was to change key aspects of the Sierra Leonean national life like - greater compliance with traffic regulations from podapoda/ taxi/ okada riders; increased care in the use of government property; greater respect for state symbols and state authority; larger numbers of law-abiding citizens and greater punctuality at work amongst others.

Activities such as Seminars, Workshops, Conferences with targeted groups and stakeholders; Community sensitization campaign with selected groups of youths, women and elders; Establishment of college/school clubs to promote the ideas of Attitudinal Change; Mount special annual celebrations, special days or weeks designated as Attitudinal Change events, were all blended with media – 'radio and television' to drive the desired change in attitude and subsequently behaviour.

The aforementioned studies and reports according to Akintayo (2013) are classical examples of how radio helps to shape attitude. It also depicts how radio as change agents can be used to influence and change a group of people or society from certain behavioural practice and tilt them gently and surely to the desired or expected behavioural positions in this case cervical cancer.

4. Methodology

4.1. Research Design

To accomplish the purpose of this study, the descriptive survey research technique method was employed. Furthermore, Mixed-method approach was adopted in the study in order to take advantage of the intrinsic strength of both the quantitative and qualitative approaches to expand the possible insight the entire research effort would provide.

Copies of questionnaire, interviews and focus group discussion were used to gather useful information

from 300 women among the 58,510 women population (Population Census 2006 figures) which is presented thus:

4.2. Data Presentation and Analysis

Research Question 1:

What is the awareness level of Ikenne Local Government women on the threat cervical cancer poses to life?

Table 4.1: Distribution of respondents knowledge of Cervical Cancer

		Frequency	Percent
Valid	Yes	269	94.4
	No	16	5.6
	Total	285	100.0

Table 4.2: Distribution of respondents' knowledge source on cervical cancer

		Frequency	Percent
Valid	Through Radio	45	15.8
	Through Television	20	7.0
	Through Newspapers	50	17.5
	Through Friends	104	36.5
	Through Health Workers	50	17.5
	No response	16	5.7
	Total	285	100.0

Table 4.3: Distribution of respondents on their capacity to identify symptoms of cervical cancer.

		Frequency	Percent
Valid	Swollen feet	170	59.6
	Malaria	81	28.4
	Toilet Infection	18	6.3
	No response	16	5.7
	Total	285	100.0

Table 4.4: Distribution of respondents' awareness on whether cervical cancer can be diagnosed through medical check-up

		Frequency	Percent
Valid	True	285	100.0

Analyzing research question one, on whether or not women of Ikenne Local Government are aware of the cervical cancer disease and their level of awareness on the threat it poses to life; respondents' answers as shown in tables 4.1- 4.6 revealed, majority of the respondents know about cervical cancer (table 4.1) as 94.4% claimed to have knowledge of the disease. The highest number of respondents had heard about the disease through friends as represented by 36.5%, (table 4.2) among other sources of knowing like radio, television, health professionals. To test the authenticity of respondents' knowledge of cervical cancer, the researchers had deliberately cited swollen feet, back pain, bleeding and vaginal discharge as the symptoms of the disease, as against Sterling and Tyring's (2001) position that, abnormal bleeding is the most common sign of cervical cancer. The bleeding at first may be a thin, watery, blood tinged vaginal discharge, which progresses to frank bleeding. They further contended that other symptoms may include prolonged menstrual periods, bleeding after intercourse and anaemia caused by chronic blood loss. Advanced disease they argued is marked by odour, pain in the lower back, leg and groin. Interestingly, 94.3% respondents chose the deliberately situated wrong options by the researchers as symptoms marking the presence of cervical cancer in women. The objective of the researchers to truly test respondents' answer of table 4.1, as to whether they had knowledge of cervical cancer was fulfilled. A clear distinction was made between actual knowledge and mere hearing about cervical cancer. It proved that respondents had only heard of the symptoms but lacked true knowledge of what cervical cancer was, although 100% respondents agree that visiting the hospital for medical check-up can help diagnose cervical cancer disease as indicated in table 4.4.

Therefore, the researchers submit that women of Ikenne Local Government though aware (having heard) of the threat cervical cancer poses to life as represented by 94.4% responses; lack real and adequate knowledge about the symptoms, which implies that respondents are not informed in-depth.

Findings from Tables 4.1.3- 4.1.6 corroborate partly the submission of Abiodun and Fatungase (2013) that, the level of awareness in Ogun State amongst 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 study's submission that women heard about it the most through friends. Consequently, cervical cancer may be perceived as a new

idea or innovation and so there would definitely be the need to adopt ideas or behaviours associated with the prevention of cervical cancer. Majority of the respondents are merely aware of cervical cancer as indicated by 94.4% (table 1) responses, however they have no knowledge of cervical cancer.

The above results also revealed that, radio was not a primary source of information on cervical cancer as only 15.8% of the respondents were informed via radio.

Research Question 2:

How much of cervical cancer messages aired on radio are women of Ikenne Local Government aware of?

Table 4.5: Distribution of respondents on radio listenership

		Frequency	Percent
Valid	Yes	271	95.1
	No	14	4.9
	Total	285	100.0

Table 4.6: Distribution of respondents on regularity of radio listenership

		Frequency	Percent
Valid	Once in a while	156	54.7
	Twice in a week	84	29.5
	Everyday	31	10.9
	No response	14	4.9
	Total	285	100.0

Table 4.7: Distribution of respondents according to radio stations most preferred.

		Frequency	Percent
Valid	OGBC	51	17.9
	HOPE 89.1 FM	100	35.1
	EKO FM	110	38.6
	RAINBOW FM	10	3.5
	No response	14	4.9
	Total	285	100.0

Table 4.8: Distribution of respondents on radio programmes most preferred.

		Frequency	Percent
Valid	NEWS	116	40.7
	MUSIC	75	26.3
	DRAMA	30	10.5
	DISCUSSION	50	17.5
	No response	14	4.9
	Total	285	100.0

Research question two was designed to find out if women of Ikenne Local Government are aware of cervical cancer messages aired on radio; respondents' answers as reported in tables 4.5 - 4.8 revealed that women of Ikenne Local Government are not ardent listeners of radio. About 84.2% either listens to radio once in a while on the average of twice a week. They listen to radio once in a while mostly to EKO FM and HOPE 89.1 FM. When they listen, respondents' major use of radio is for NEWS.

Consequently, it would not be out of point to presume that women of Ikenne Local Government do not listen to radio very much and therefore may not be very aware or 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.

Research Question 3:

How can radio messages be used to create awareness on the cervical cancer scourge?

Table 4.9: Distribution showing respondents' capacity to identify ways in which radio messages can be used to create awareness on cervical cancer

S/N	Questions	SA	A	U	D	SD	No response	Total
10	Cervical cancer messages on radio are difficult to understand	44 (15.4)	35 (12.3)	37 (13.0)	100 (35.1)	55 (19.3)	14 (4.9)	285 (100.0)
11	Cervical cancer messages on radio are very educative	105 (36.8)	55 (19.3)	86 (30.2)	25 (8.8)	0 (0.0)	14 (4.9)	285 (100.0)
12	Constant listening to cervical cancer radio messages create awareness	100 (35.1)	105 (36.8)	16 (5.6)	45 (15.8)	5 (1.8)	14 (4.9)	285 (100.0)
13	Cervical cancer messages will be easy to follow if made in local language	100 (35.1)	130 (45.6)	35 (12.3)	6 (2.1)	0 (0.0)	14 (4.9)	285 (100.0)
14	Cervical cancer messages will be better understood if made in drama form	105 (36.8)	55 (19.3)	86 (30.2)	25 (8.8)	0 (0.0)	14 (4.9)	285 (100.0)
15	Cervical cancer messages will be better understood if made in songs	105 (36.8)	38 (13.3)	98 (34.4)	30 (10.5)	0 (0.0)	14 (4.9)	285 (100.0)
16	Cervical cancer messages will be better understood if inserted in daily news broadcast	100 (35.1)	130 (45.6)	35 (12.3)	6 (2.1)	0 (0.0)	14 (4.9)	285 (100.0)

This research question was designed to test respondents' opinion of the cervical cancer messages they had listened to on radio. It was intended to measure if they understood or not and whether they would prefer it as it is or would rather have it differently. Answers as shown in table 4.9 revealed, respondents' claim that cervical cancer messages on radio are very educative as indicated by 56.1% responses and are not difficult to understand as reported by 54.4%. However they are of the opinion the messages will be easy to follow if made in local language and better understood if made in drama form, songs. 80.7% of respondents are of the opinion that if cervical cancer messages were inserted in daily and regular news broadcasts, it will be better understood and beneficial. This position affirms the earlier position taken by respondents that they use radio mainly for news.

Findings in table 4.9 affirm the argument of Osunkunle (1998) that radio should be acceptable to the people in a community and the station should cater for everybody in that community. It should be sensitive to the needs of the community, and respect the languages, traditions, beliefs and cultures of that community and be accountable by being answerable to the community it serves. This therefore explains why a large average of number of women in Ikenne Local government agreed that cervical cancer messages will be better understood if made in the local language of the people, in drama because ordinarily they expect radio stations around the area to cater for them in the community.

The researchers agree with the assertion of Onabanjo (1999) which says 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 also 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 definitely need to use radio in the midst of communities like Ikenne Local Government where radio is about the most effective and reliable means of reaching the populace if they must be propelled to take action against the disease

There is no doubt that radio messages can be used to depict cultural heritage and make use of oral/musical heritage to broadcast messages on cervical cancer.

According to 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 and use the medium to reach women on the issue of cervical cancer.

ii. Research Question 4:

What are the measures being taken in informing women on cervical cancer?

The first interview session was conducted with Dr. Sotunsa of Babcock University Teaching Hospital. Dr. Sotunsa as head of Clinical Services at Babcock University Teaching Hospital [BUTH] has over 15 years gynaecological experience. His answers on efforts to reach the public on the subject of cervical cancer are summarized as follows:

- Awareness on cervical cancer is created through radio, television, women association, through leaflets and hospitals. In addition to this, Babcock University Teaching Hospital (BUTH) is doing a lot of programs with Hope 89.1 FM and a productive health series during which cervical cancer was mentioned just ended. A cancer series would be commencing very soon where cancer topics will be treated generally although not cervical cancer only. There are no specific programs detailed to cater

mainly for cervical, however there are programs where cervical cancer have been discussed. For example “DokitaWa” is a health program on Hope 89.1 FM; it has been going on for over three years. It is usually aired twice a week for about 30 minutes and has discussed the subject of cervical cancer severally. There is also the program lets talk cancer, which has focused mainly on cancer in general and at different times on cervical cancer. Doctors of the BUTH have been helping to drive and sensitize the audience on this important subject.

- The clinic involving women especially the ante natal and the gynecology clinic are given the opportunity to have cervical cancer screening and sometimes immediately after delivery when they come for post natal care.
- On attitude to cervical cancer - “some people do not know about it and others are a little bit scared. Presently it is not a new thing everyone subscribes to it even though people are still finding it difficult because of fund. But the willingness has increased”. This shows that short of the funds required for carrying out the screening exercise, a lot of the women of the area who patronize the BUTH have a more favorable disposition to cervical cancer screening.
- Cervical cancer messages are communicated through the hospital clinic, through the radio and television. The languages used are both Yoruba and English. More of Yoruba language is done and its complimented with English language. ‘DokitaWa’ on Hope 89.1 FM for example comes in to break the language barrier so that no one is left behind.

Judging from the response, it can be depicted that most of the women truly may have heard about cervical cancer as represented by 94.4% of the respondents and it may be safe to say that the only thing that prevents them from being educated about the disease is lack of adequate programming, fear and the issue of funds.

The next interview session was conducted with the Station Manager of Hope 89.1 FM, Mrs Omolayo Jegede. This station was selected because majority of the respondents listen to the station as represented by 35.1% responses. It is also the most popular station and the only one based in and around Ikenne Local Government Area. Her response is also summarised as follows

- Hope 89.1 FM has health programs that can inform women of reproductive age not only on cervical cancer but other issues affecting women, childbirth and the reproductive system. The station has a program on women and gynecological health generally called “DokitaWa” in Yoruba Language.
- Interview format is used to pass the message across to the audience of the station.
- On the rate of awareness level among women of Ikenne Local Government on cervical cancer, her answer - “ I do not know because the program that talks about cancer is produced in English language and it is not easy to predict how many women will be able to understand because of language barrier. ‘DokitaWa’ for example is in Yoruba language and it does not focus specifically on cervical cancer but have dwelt on it before severally. It definitely makes a lot of impact on the listeners that are deemed fairly educated but are well served by the Yoruba program. Yoruba language definitely is the best language that will carry cervical cancer messages across to the audience. One sure way this can be proven are the responses gotten during and after the programs. The audiences are very active because they call in and send messages to the station.
- Hope 89.1 FM will hopefully be airing cervical cancer messages specifically in the nearest future.

Dr. Sotunsa’s response corroborates that of Mrs. Jegede, stating that radio is used to create awareness on health in general and at some points on cervical cancer. These findings therefore affirms the urgent need to use radio to create real awareness and deepen knowledge among women on cervical cancer disease and at the same time rally both health workers and women of Ikenne Local Government to rise in response to this disease.

For instance, it can be stipulated that most of the women know about cervical cancer as represented by 94.4% of the respondents, meaning they are aware there is something called cervical cancer and the only thing that prevents them from acting is lack of in depth knowledge. Inadequate knowledge naturally forestalls rising or kicking against the disease. Rising meaning taking steps to inquire and kicking meaning acting to prevent the disease.

The interview session provides insight into why majority of the respondents as represented by 54.3% responses disagree that cervical cancer messages are run regularly on radio. The fact that majority of the respondents listen to radio once in a while as revealed by 54.7% responses, and that there are no specific programmes that discuss cervical cancer on radio regularly despite its capacity to deplete the women population, will reduce capacity to adequately understand why cervical cancer needs to be combated. This could also explain why radio is not the major source of knowledge on cervical cancer as represented by 15.8% compared to the good number of women who have heard about the disease as revealed by 94.4% responses yet cannot identify symptoms of cervical cancer.

4.3 Focus Group Discussion Finding

The result of the focus group discussion affirms that the women of Ikenne Local Government are not truly aware (knowledgeable) of cervical cancer. The discovery corroborates the findings obtained from the questionnaire that shows about a third of the respondents as represented by 40.4% responses are not truly aware of cervical cancer. In addition, discussions affirmed that, the women agree, that radio messages can help create awareness and educate other women on cervical cancer. Women in Ikenne Local Government also believe that visiting the hospital can help diagnose cervical cancer, this statement affirms the information gotten from the questionnaire where respondents, as indicated by 100% responses, agree that visiting the hospital for medical check-up can help diagnose the disease. Furthermore, the women agree that inserting cervical cancer messages in daily news broadcast and transmitting messages in English and Yoruba Language most especially in Yoruba can increase the level of awareness on cervical cancer. All of these shows clearly that the situation of the women of Ikenne local government area confirms UNESCO's 1965 position that a lot of people in the rural areas of developing countries are cut off or isolated from information and developmental ideas and programmes.

The introduction of new ideas in a social system especially a cultural one may seem difficult to push let alone be adopted. However, it becomes important to study the characteristics of the audience members first, design specific programmes tailored to fit findings of characteristic most preferably in their indigenous language and then go on to find out if in any way, the new ideas were actually diffused or hindered amongst the audience.

5. Conclusion

The result of this study revealed that majority of the women in Ikenne Local Government Area have heard about cervical cancer but close to half of them are not really aware in the sense that they have heard about it but are unable to identify the symptoms. However women are of the opinion that cervical cancer messages on radio are very educative and if made in the indigenous language of the people, could create richer awareness. The respondents disagree that cervical messages on radio are difficult to understand though they are not run regularly on radio. However, the interview session with Dr. Sotunsa and Mrs Jegede gives further clarification stating that there are no specific radio programmes on cervical cancer on Hope 89.1 FM. Their position affirms why the major source of knowledge on cervical cancer among women of Ikenne local government is not radio. However both Dr Sotunsa and Mrs Jegede are of the opinion that there is a lot of work yet to be done to drive the message on awareness and prevention of the disease. They opine that messages on cervical cancer over the radio are very important and hope that it would be aired regularly in the nearest future.

There is no doubt that, while radio is a good source of information and rallying the citizenry together to pursue a course or developmental ideals and goals, it is still not adequately used or taken advantage of in Nigeria to push ideas and growth sustenance among the people.

6. Recommendations

According to Adekoya (2013), radio has been used in various ways to diffuse innovation that has been known to contribute positively to the growth of the human race in every facet of life. As a result, if all attributes of radio are properly harnessed it can be an indispensable tool to create awareness and promote attitudinal change.

Based on the encounters that the researchers experienced in the field, the following recommendations which are mainly directed at radio stations, health workers and the government become highly beneficial.

One of the major discoveries of this study is the fact that cervical cancer messages are not run regularly on radio. Thus, beyond producing health programmes that talk on cancer generally, radio stations especially Hope 89.1 FM should produce programs that discuss cervical cancer specifically so listeners can obtain more information about the disease. Radio stations should try as much as possible to input and increase the number of programs dedicated to informing these women on cervical cancer. The programs should not just present miserly pieces of information about the disease but well detailed ones. To enable the idea diffuse properly into the social system, women of Ikenne local government should be well informed and taught concerning the disease to the extent that the knowledge of it is diffused among the citizenry and then it will trigger action to fight against it as suggested by the Health Belief Model (HBM).

Secondly, programmes produced should be disseminated in the local language of the people consistently. Media operators should also try to insert cervical cancer messages during the daily news broadcast. Perhaps other avenues like jingles, drama, discussions and advertisements spots should be explored. This would ultimately increase listeners' level of awareness and commitment to cervical cancer screening. Broadcast messages on cervical cancer can be repeated daily and shows can be aired at least once a week. The level of attention given to these broadcast messages shows how prominent the messages are, not only as a means of creating awareness but also promoting change.

Therefore, radio stations most especially Hope 89.1 FM and Eko FM should give prominence to cervical cancer messages by way of news placement so that cervical cancer messages can be regarded as an important phenomenon and drive the required attitude change since majority of the respondents believe it is very

educative as represented by 56.1% responses.

Thirdly there is no doubt that the government of Nigeria has a lot yet to do in stemming the cervical cancer disease. There is the need to put policies in place for the purpose of creating widespread awareness on cervical cancer. Though primary health care centres have been established in certain communities, government should endeavour to create more awareness on cervical cancer by way of public service announcements, establishment of more health facilities and the use of both below and above the line media all around the country to better mobilize women to rise in response to this disease.

Finally, health workers should try as much as possible to give out information on cervical cancer diffusing to the public details of what needs to be done teaching that Nigeria has a high potential of helping to eradicate the disease both internally and along the West African coast due to its influence in the sub region.

Recommendation for Further Studies

Future research should be conducted in Ikenne local government area or any local government 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 diseases. Two, in what specific way is the inadequate or non-availability of equipment for screening women contributing to the spread of cervical cancer. Lastly, how has the cost of carrying out the test hindered women from screening themselves and what implications does this hold for the spread of cervical cancer.

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