

Influence of Radio Niger Health Campaign on Eradication of Breast Cancer among Women in Niger State

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Abstract

This study was carried out to determine the influence of radio campaigns on the eradication of breast cancer on women in Niger State. Survey research design was adopted, while questionnaire was the instrument for data collection. The population of the study constitutes all the women in Minna (841, 423), while the sample size of 260 was drawn, using the Kretcie & Morgan sampling table. The findings showed that most of the women have access to health matters on radio Niger; more than 50% of the respondents agreed that they get information about breast cancer from the station, with limited feedback tools in place. It was recommended that health matters should have more feedback tools in order to encourage participation among the audience.

Keywords: Radio, Campaign, Breast Cancer, Health Communication, Development

Introduction and Motivation for the Study

Radio is a development medium and it has been proven on different situations and in various facets of the society. The need for information keeps increasing daily among media audience and this necessitates the use of radio for communicating development messages aimed at solving societal problems. One of the components of development communication is health communication. This has to do with disseminating health messages to a heterogeneous audience with a view to sensitising them on causes, prevention and treatment of diseases. The place of radio becomes necessary in carrying out health information dissemination because it is the most ubiquitous medium and has the capacity to enlighten the rural dwellers on health issues.

Radio is an important aspect of modernisation, as it contributes to the existing norms, re-enforce and modify such norms. Development and change cannot be achieved if the people's access to information is poor; hence, radio remains a massive channel for promotion of livelihoods. Such areas of life include health, agriculture, infrastructure, human resource development among others. Radio is an important tool for entertaining, informing and educating the society. Electronic media generally provide the public with information. Radio as an electronic medium can be used to play the role of improving and changing social, cultural, political and technological thinking, which will in the long run, have positive results on the process of nation building. Due to the fact that radio can be used to educate, inform and socialise the society, it becomes a medium that can contribute

to attitude change for development (Scott, Lawson & Curtis, 2012). 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. The unique nature of radio is such that, it appears to be one medium of mass communication that most people in developing countries can identify with.

Radio can be a veritable tool for disseminating health information and campaigns about habits, customs and traditions needed for development purposes. Health information can be described as information for staying well, preventing and managing disease and making other decisions related to health and health care. Improving health information; that is, the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions is critical to achieving improved healthy living (Coombes & Devine, 2010). Basic health literacy is fundamental to putting sound public health guidance into practice and helping people follow recommendations. Thus, it becomes pertinent to determine the influence of radio Niger health campaign on eradication of breast cancer on Women in Niger State.

Objectives of the Study

The objectives of the study were to:

1. Examine access to cancer campaign on Radio Niger among women in Minna.
2. Determine the impact of cancer campaign on women in Minna.
3. Examine the challenges in accessing cancer campaign on *Radio Niger*.

Review of Related Literature

Radio can be used as a source of entertainment through arts and cultural festivals, musicals and dramatic performance, by local singing groups, masquerades and other music and drama groups. Radio is a medium of communication through which the individuals understand the world around them and beyond their immediate environment. Radio in a country should influence social and, especially the political fabric. The social objective of using radio to mobilise people in Nigeria entails the area of education, information and entertainment. It is essential to provide through radio a kind of general education for people, irrespective of their educational background. This would be by a combination of formal and informal forms of education.

Electronic media generally, according to Dreibelbis (2013) provide the public with information. Electronic media serve as watchdog and do not abuse power. For education, there is thrill of learning from the source material. Radio as an electronic media, is expected to play the role of improving and changing social, cultural, political and technological thinking, which will, in the long run, have positive results on the process of rural development. This sensitive role expected to be played by radio is not far from the fact that it shows special qualities in disseminating information. Radio is so powerful that it brings political, economic

and social news to any community or group of communities faster than other media forms. Hoque (2013) and Gilman, Marquis & Ventura (2013) in their own contributions on the role of radio, say it has brought stimulus into the house, brings about competitions within families, thereby, grooming people who will contribute positively to the process of development. This fact agrees with the idea of Omotade, Kayode, Adeyemo & Oladepo (2015) because of the emphasis on grassroots development. Ogwezy-Ndisika (2011) notes that radio serves as an opinion leader in its news commentary and editorial; it mirrors the society in programmes like drama that present issues relevant to society in action which creates easy understanding and learning. It informs and educates the listeners in its discussion and documentary programmes. It entertains in its light programmes like musicals, sports, comedy and dances. It also seeks to improve the society in its special occupational programmes geared towards agricultural business and other related areas.

Ahamuefuna (2007) says that a local broadcast media like radio, if well managed, fully operated, will provide a continuous flow of educational information on all aspects that affect the lives of rural communities and also arouse their awareness with a view to changing what is detrimental to their lives. Thus, radio can be effectively used to promote health-related issues. Radio educates, informs and enlightens the public of which the rural populace are included. Agba (2006, p. 23-24) while writing on development communication says:

The key role assigned to radio is to inform, educate, enlighten and entertain. The rural mobilisation and development process therefore, demands from the media the responsibility of making attainable enlightenment and aspiration of the rural populace. Towards this end, the mass media support service, should therefore promote dialogue between the designers of rural development process and programmes. They will mirror to each group in a relentless manner, the programmes that have been implemented, how it has been accepted, its short coming, areas of improvement and the reactions of the beneficiaries.

Radio can be employed to pass vital information about the right attitude, behaviour, knowledge, techniques and skills, which are expected from the members of the public. Radio has been found to be one of the most effective media of transforming a hither-to, under-developed society to a developed polity. Curtis, Cairncross & Yonli (2012) concur when they said that with few years of its emergence, radio has metamorphosed from being an object of private concern, to a political and development instrument in the hands of governments and NGOs. The information dispersing and the enlightenment role of radio is the commonest of its functions. This dissemination function according to Freeman (2014) covers information to peoples' alertness to health, agriculture, education, economy, politics, etc. In this case, lectures, news, entertainment, drama, discussions, etc, can be used. Radio stations in Nigeria often relay special programmes that promote rural development.

Health communication activities are increasingly being used to support the prevention and control of communicable diseases; however, the extent and nature of the use of these activities for communicable diseases across the EU and EEA countries were not previously known (Curtis & Cairncross, 2013). Without such knowledge and without clarity as to the strengths and weaknesses inherent in current practice, health communication's contribution to the promotion of the public's health is restricted. An examination of the strengths and weaknesses of health communication activities in the context of national, European and international evidence provides a useful basis from which to generate knowledge to inform capacity development in this key area of public health.

Radio is a massive medium (Caramlau & Goodwin, 2012). By this, radio could be said to be the single most accessible medium across Africa that is relevant to health development, despite the current increase in technology. Radio could be used to foster sanitation and hygiene through good programming and sensitisation (Signorelli, Pasquarella, Limina, Colzani, Fanti & Cielo, 2006). In addition, radio helps in the promotion of sanitation through the particularisation of health messages. This becomes necessary in order to increase the rate of awareness among the rural people.

Theoretical Framework

This study is anchored on health belief model. The health belief model 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, Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services (Becker, 2004). The model was developed in response to the failure of a free tuberculosis (TB) health screening programme. Since then, 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 HBM includes four factors that need to take place for a behaviour change to occur: the person needs to have an 'incentive' to change their behaviour; the person must feel there is a 'risk' of continuing the current behaviour; the person must believe change will have 'benefits' and these need to outweigh the 'barriers' and the person must have the 'confidence' (self-efficacy) to make the change to their behaviour.

The relevance of this theory to this study lies in its abilities to explain the cancer habits to women in Minna as a major way of prevention and control. One of the tenets of the model suggests the use of effective medium to propagate health issues; hence, in Minna metropolis, peoples' access to the campaign on Radio Niger goes a long way in enlightening residents to cultivate positive habits by regularly checking themselves.

Methodology

Survey research design was used for this study. The population of the women in Minna as retrieved from the internet is 841, 423. A sample size of 260 was drawn using the Kretzie & Morgan (1970) model. Stratified sampling technique was

adopted; Minna city was divided into four zones; namely: North, East, West and South; hence, $260/4 = 65$. A total of 65 respondents were sampled from each zone, bringing the study sample to 260. Structured questionnaire was administered to the respondents, bothering on the objectives of the study and the subject matter. The simple random sampling technique was used to select the 65 respondents from each of the zones.

Data Presentation and Analysis

A total of 260 copies of questionnaire were administered to respondents. Out of this, 28 copies were wrongly filled and/or not returned, bringing the total retrieved copies of questionnaire to 232. The presentation and analysis of data were done based on this figure. In terms of the demography of the respondents, more than half of the respondents (62%) were male, while their age brackets ranged from 18 to 60 and above. The occupation sprang across farming, trading, civil service and others. The data related to the objectives are presented in tables as follows:

Variable	Frequency	Percentage
Awareness of handwashing Campaign by UNICEF		
Yes	232	100
No	0	00
Total	232	100
Change of attitude through awareness towards handwashing		
Yes	132	56.9
No	100	43.1
Total	232	100
Attitudes learnt for handwashing campaign		
Before and after Cooking	22	9.5
Before and after using rest room	24	10.3
Before and after bathing babies	21	9.1
Before and after eating	22	9.5
All of the above	143	61.6
Total	232	100

The above table shows awareness rate of breast cancer campaign among residents of the city. The table is divided into awareness, change of attitudes towards breast cancer, and the key attitudes learnt from the breast cancer campaign. All the respondents are aware of the breast cancer campaign as indicated in the table. In addition, 56.9% of the respondents agreed that the breast cancer campaign brought a lot of attitudinal change, while 43% declined as it could be as a result of personal habits apart from campaign. The attitudes learnt from the breast cancer

campaign include; washing of hands before and after eating (9.5%), bathing babies (9.1%), using the restroom (10.3%) and cooking (9.5%), while majority of the respondents (62%), chose the all of the above option.

Variable	Frequency	Percentage
Listenership to radio		
Yes	232	100
No	0	00
Total	232	100
How often they listen to radio campaign		
Every edition	78	33.6
Twice a month	109	47.0
Three times a month	30	12.9
Once in a while	15	6.5
Total	232	100
Calling in to radio programme		
Yes	111	47.8
No	121	52.2
Total	232	100
How often they call in to radio programme		
Every edition	61	26.3
twice a month	21	9.0
three times a month	70	30.2
Once in a while	80	34.5
Total	232	100

The analysis in table 2 shows that all the respondents listen to radio programme on breast cancer campaign. They frequently listen to the programme twice a month (47%), every edition (33.6%), thrice a month (12.9%) and a few of the respondents (6.5%) listen to the programme once in a while. The implication of this analysis is that most of the respondents have regular access to radio breast cancer campaign, meaning that their access to it can be as a result of the fact that radio stations are located in Minna, the same place where the breast cancer campaign was carried out among the residents. Over 50% of the respondents do not call in to the radio programme, even when there is a regular phone number available for the audience to call in and express their views, only about 48% participate regularly in such programmes through calling in during live broadcast. In addition, out of those that call in to the radio programmes on the campaign, only 34.5% do so once in a while, compared to 30.2% that call in three times in a month and 26.3% that do so in every edition. This indicates that most of the respondents do not call in regularly, since a few of them do so in every edition of the campaign.

Discussion of Findings

Table 1 shows that the people are all aware of the breast cancer campaign, while focusing on radio as a means of information dissemination about breast cancer, knowing full well the place of radio as a veritable mass medium in achieving health information dissemination. Also, the information available to the respondents through radio could be grouped into attitudes such as washing of hands before and after eating, before and after cooking, before and after using the toilet, before and after bathing babies, among others. The respondents had this information from radio, based on their awareness about breast cancer campaign. This finding is akin to the tenets of health belief model which hold that the media can create awareness if exposure to media messages about health meets the audience at the expected information need. It leads to change and adoption of attitudes meant to defeat spread of diseases and leading healthy lifestyle.

Because health communication is an integral aspect of social marketing and a communication aimed at changing the behaviours of individuals and communities about a certain habit, idea or disease, the media is very important because it provides the platform through which health messages and campaigns are promoted. Health communication is more about prevention; it is, therefore, the moral obligation and responsibility of media practitioners and experienced communicators to ensure that health messages and campaigns are successfully executed and must reach the target audience. It is one thing to know what to say, it is another thing to know how to say it. Health communication needs communicators who can interpret a piece of information and figure out how well to effectively deliver it across. In fact, Agba (2007) advises that the media should trace its way back to the concept of journalism in public interest in order to discharge their role properly, especially in critical times. Lasswell highlighted three main functions of the media to include surveillance of the environment, correlation of different responses to the environment and transmission of cultural heritage.

Participation and feedback mechanisms are inevitable means of holding the attention of the audience for any development agenda on radio (Mboho, 2005). In other words, for a health information about breast cancer campaign to be acceptable by the women in Minna, the place of participation among the people cannot be swept under carpet. In this case, such participations will lead to more identification and understanding with the breast cancer campaigns, meant to alleviate the information gap in health. This finding goes with one of the assumptions of the health belief model which states that the audience accept and process information about health challenges; imbibe the benefits from such messages and practices them in order to remain healthy (Folarin, 1998). There are several methods in which health communication can be practised or deployed. These methods include media literacy, media advocacy, public relations, advertising, education entertainment, individual and group instruction, as well as, partnership development (Aghamelu, 2013). These methods are avenues and strategies by which health campaigns can be deployed for behavioural change, disease prevention and health education and can be achieved with the right health campaign and a complete execution of the health communication process. This

health communication process is a cyclical process that involves planning and strategy development, developing and pretesting concepts, messages and materials, implementing the programmes and assessing effectiveness and making refinements. Each stage and step is very integral to the execution and implementation of the health communication campaign. Since it is a cyclical process, it is continuously revolving and the success of the next stage is dependent on the completion of the previous stage.

The findings are in line with the tenets of health belief model which posit that audience exposure to a particular health message can be inhibited by other external factors which are out of control by the audience and the medium through which the message was passed. The purpose of health communication is to change the behaviours of individuals and communities about issues pertaining to their health, healthcare delivery and policies. Aghamelu (2013) believes health communication is a social marketing strategy that aims to change the behaviour of people and promote acceptability of a health campaign. This is why Guttman & Salmon (2014) agree that health communication helps in raising awareness of risk from chronic diseases and new infections and helps with the promotion of recommended treatments. This finding is in line with the findings of the study conducted by Kreps (2015) where he described health communication as a resource that allows health messages, which may be risk prevention awareness to be used in the education and avoidance of ill health. For health communication to be effective, it has to provide people with adequate information that is needed to help raise awareness about health hazards and panaceas, provide the inspiration that is required to lessen these hazards, provide them with support, especially for those in related predicaments, and also emphasise a habit, a behavioural change or a reorientation.

Conclusion and Recommendations

Based on the findings, it could be deduced that most of the respondents had access to the programme and the campaign has positive effect on them. In line with the findings, the following recommendations were made:

1. Breast cancer campaign should be carried out, using other means in conjunction with media houses. This can be done through meeting the local people in Minna town and getting them into development ideologies for breast cancer campaign and the dangers of not washing hands regularly.
2. Government should provide good health information units meant to carry out such campaigns every year through rallies, organised to hold on the 5th of October, the day set aside as International Cancer Day.
3. Radio audience should be allowed to get involved in planning for the content of the breast cancer campaign. This will lead to more participation among the people and will make such development initiative achieve the desired objective.

4. In addition to radio, breast cancer campaign can be done through other media channels such as television, newspapers and social media. This can be achieved through unified planning for the contents of the messages passed across in the campaign.

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