

Communicating Breast Cancer in Rural Igbo Community of Southeast Nigeria

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This study examined the communication avenues for combating breast cancer in Orba, a rural community of Enugu State, Nigeria. To accomplish this goal, 200 women from the community were sampled. The results revealed that 87% of the respondents were aware of media messages on breast cancer; however, 74.5% and 65% respectively, claimed that they had no knowledge of its early indication and prevention. A major highlight of the study is that radio (69.5%) and religious association meetings (60%) are the preferred channels of communication for breast cancer campaigns. The findings, therefore, suggest that the campaigns against breast should be projected through both channels of African traditional communication and mass media. in the campaign cancer.

Keywords: Breast cancer, campaign, communication, mass media, traditional communication

Over the years, public health has become an issue of major discourse across the globe. To help people adopt desired health practices, governments the world over have often used communication campaigns to influence them. "Public health communication campaigns are communication efforts to improve the lives of individuals and the fabric of our society... very commonly used to reach and inform the 'mass' audience about important social issues..." (Padhy, 2015, p. 95). In Nigeria, health campaigns are regularly publicized in the media by such agencies as National Agency for Food and Drug Administration and Control (NAFDAC), National Agency for the Control of AIDS (NACA), Nutrition Society of Nigeria, National Malaria Control Programme, Breast Cancer Association of Nigeria (BRECAN) and National Tuberculosis and Leprosy Control Programme (NTBLCP). Indeed, the media is seen an indispensable tool for disseminating, monitoring and co-coordinating the activities of various stakeholders on health issues in Nigeria (Mustapha, 2008). This is because the mass media is believed not only to reach a great number of people within a short time, but also influences them to adopt desired health practices. Consequently, public health issues "have become regular features in the messages of Nigerian media..., hardly does a day pass by without at least one form of public health message or the other either on television (TV) or radio broadcasts..." (Mustapha, 2008, p. 14). Such messages take the form of jingles, advertisements, commercials, public service announcements (PSAs) and soap opera.

Scholars (Okorie, 2013; Thackeray et al., 2013; Mvila et al., 2014; Parker, Rychetnik, & Carter 2015, Zamawe, Banda, & Dube, 2015) have demonstrated the very importance of communication media in creating awareness on health issues, particularly breast cancer. They have individually and collectively argued that the media has a wide appeal, is often audience-specific and presents intelligible information to the target group.

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This explains why they set agenda and ultimately influence people to think in a given direction on issues of discourse, including health issues. The information cover among others, the causes of breast cancer, the various symptoms, the risk factors, prevention, possible treatment and campaign channels.

Breast cancer is a malignant cancerous growth that begins in the tissues of the breast. It is the commonest cancer among women globally, including Nigeria (Oluwatosin & Oladepo, 2006). According to Afolayan, Olaoye, Adesina, and Saidu (2012, p. 29), breast cancer is a common non-communicable disease, one-third of which are preventable, another one-third are potentially curable if diagnosed early, while the remaining one-third are incurable... Unfortunately, most of the cases are reported at health facilities during the late stage of the disease in Nigeria. Hence, in spite of the efforts by the National Cancer Prevention Programme (NCP) and other relevant governmental and non-governmental bodies in Nigeria, many hapless rural Nigerian women still fall victim of the disease. The number of casualties from breast cancer among Nigerian women is escalating astronomically (Afolayan, Olaoye, Adesina, & Saidu, 2012, p. 32). As they put it, there is a “steady rise in the incidence of breast cancer” in Nigeria. Similarly, Onyije, Waritimi, and Atoni (2012), who used cross-sectional survey in their study of breast cancer in rural Bayelsa revealed that a significant number of women had poor knowledge of the disease, resulting in increased rise of its incidents.

This is obviously because, majority of rural Nigerian women are reportedly not carried along in the campaign against the scourge, particularly when modern mass media that are most frequently used by government and concerned agencies are not readily accessible to the women. Consequently, they do not have knowledge of both the early indications and prevention of the disease. The implication is that the means employed in the campaigns against breast cancer prior to now, are either not efficacious or there is a missing gap. Therefore, a more widely accepted media should be employed in the campaign process. This would create greater consciousness among women of the menace of breast cancer. A combination of communication channels may prove more effectual in this regard.

A study conducted by Fadl Adam et al. (2015) in Sudan revealed that mass education campaign, using public meetings, markets and schools, was significantly associated with increased awareness. They concluded that mass education campaigns which respect local socio-cultural norms, are effective for improving women’s awareness of ... healthcare services. Similarly, using cross-sectional design and mixed methods in Burkina Faso, Cofie et al. (2013) portrayed the effectiveness of multimedia channels. They concluded that the use of traditional channels promotes understanding of messages and motivate recipients to take action. Ugboajah (1986, p. 11) partly stressed the importance of the two means of communication (the need for appropriate channels of communication) when he asserted that:

For matters of rural development, the cultural diameter must be reached with appropriate communication strategies. Efforts should be made to locate and use the most accessible and proximate channels....

This view was re-echoed by Salem et al. (2008) when they argued that combined communication channels, namely a mix of mass media, interpersonal and community channels, will maximize the effect of health messages.

Given the above background, a number of questions readily come to mind. First, which media are available for breast cancer campaigns in the community? Second, how informed/knowledgeable are the rural women on breast cancer? Third, what media are preferred for communicating breast cancer messages in the study area? This study examined the above issues and suggested the way forward.

Theoretical Framework

The study is hinged on two theoretical platforms viz: the Health Belief Model (HBM) and the Agenda Setting Theory of the media. HBM is “a health behavior change and psychological model that was first developed in the 1950s by Hochbaum, Rosenstock and Kegels working in the US Public Health Services” (Karen Glanz, 2011). The model has been adapted to explore a variety of long and short-term health behaviors, including... risk behaviors and the transmission of deadly ailments. It is generally used to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals.

Health Belief Model has been applied to three broad areas of health behavior, including: (i) Preventive health behaviors, such as health-promoting (e.g. diet, exercise) and health risk (e.g. smoking) behaviors; (ii) Sick-role behaviors, which refer to compliance with recommended medical regimens, and (iii) Clinic use, which includes physician visits for a variety of reasons (Conner and Norman, 1996 cited by Glanz, 2011). It is predicated on the understanding that a person will take a health-related action... if that he/she feels that a negative health condition can be avoided; if he/she has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition... and; if he/she believes that he/she can successfully take a recommended health action (Glanz, 2011). It is on the basis of the above assumptions that this study, among other things, examined how people’s reaction to media messages could help them take essential actions that will alleviate the menace of breast cancer.

On the other hand, Agenda Setting Theory propounded by Maxwell McCombs and Donald Shaw (1972) as cited by Ojobor (2002, p. 21) provides that “audience not only learn about public issues through the media, [but] also learn how much importance to attach to an issue or topic from the emphasis the mass media place upon it.” Some agenda-setting scholars (McCombs, 1992; McCombs, Lopez-Escobar, & Llamas, 2000 in Kwansah-Aidoo & Mapedzahama, 2015, p. 5) have argued that not only do the media provide clues about the salience of certain topics and issues, but they also tell people how to think about these topics and issues. According to them the way the media present an issue influences how the audience views it. The Agenda Setting Theory rests on the powerful influence of the mass media on audience, since they (media) determine and direct public attention to issues considered more important, by the emphasis and prominence given to the issues. In other words, mass media focus audiences’ attention and influence their perceptions on the most important issues of the day. The Agenda-Setting theory of mass media has played a crucial role in determining how the media affects consumers (Ekeanyanwu, 2007); therefore, the media should play a responsible role in the society (Riaz, 2008).

The significance of Agenda Setting Theory to this study becomes very obvious so long as media men use appropriate media to play up the awareness of the breast cancer scourge, and on time, to their audience. It behooves media practitioners to re-examine their former strategies in breast cancer campaign and fathom how to frame effective media messages that would be understood by the women.

Methods

The study was conducted in Orba, a rural Igbo community in Udenu Local Government Area (LGA) of Enugu State, South East Nigeria. Udenu LGA is in Nsukka cultural zone of the state. They are Igbo by ethnic origin. Using a projection rate of 2.6% as indicated by World Population Review (2018), Orba has an estimated female population of 24,659 with fairly

developed social infrastructure such as primary and secondary schools, health facilities, filling stations, banks and have irregular supply of electricity typical of rural areas in Nigeria. It hosts one of the most popular markets in the zone, called *Oye Orba*.

The people of Orba derive information through different channels of traditional communication and mass media. Traditional channels of communication are informal channels of communication which are viable in many rural communities in Nigeria, including Orba. This is because they are not only available, accessible and intelligible, but are also owned and controlled by the people themselves. These channels include: family, town crier/gong man, friends, church or religious gatherings, market, festivals, meetings of various kinds. The mass media include radio, television, newspaper and magazine. Hence, any effort to communicate health-oriented messages including cancer, within the community, must take cognizance of these realities so as to ensure that the desired messages not only reach the target audience, but also influence information utilization.

Study Population: All women, 25 years and above, who have lived in Orba for at least five years, were eligible to be selected for the study. Orba people are predominantly Christians. Majority of the women are petty traders and farmers, but there are pockets of public servants and artisans, that reside in the community as well.

Study Design and Participants: A cross-sectional descriptive study using interviewer-administered questionnaire was employed. Cross-sectional design is useful in investigating ... health information research (Nwagwu, 2007 in Obasola and Agunbiade, 2016). The researcher and her four research assistants visited the respondents in their houses and work places, as the case may be and secured their consent and voluntary participation through verbal communication. We had 100% return rate since the research instrument was administered face-to-face. A total of 200 women were studied. The field work lasted for four weeks.

Data Collection Instrument: A semi-structured questionnaire was used in collecting information from the respondents. The survey instrument used in eliciting information from the women was anonymous, and it included questions about respondents' demographic characteristics, knowledge-base, media use, influence of traditional modes of communication and the preferred media for receiving breast cancer messages in the study area.

Data Analysis: Data was analyzed using Statistical Packages for Social Sciences (SPSS Version 21). Descriptive statistics, such as frequency counts and percentages were used to analyze the responses. For the bivariate analysis, Chi-square test statistics was used to test for association.

Results

An examination of the bio-data of the 200 respondents, whose questionnaire were duly completed, revealed that a great majority of the respondents (45%) were between 45 and 54 years old. These were distantly followed by respondents (24%) between the ages of 35 and 44. Respondents (12%) that fall between the ages of 55 and above constitute the least, while the remaining 19% of the respondents were between the ages of 25 and 34. With respect to education, the study showed that 29% of the respondents were uneducated, 36.5% had first school leaving certificate (FSLC), 18% had senior secondary school certificate, while 16.5% had their diploma/degree certificates. Furthermore, the data on

occupational distribution indicated that the respondents were predominantly traders (47%) followed by civil servants (15.5%), farmers (10.5%), students (10%) and Artisans (5.5%). The remaining 12% were unemployed. Eighty-eight per cent of the respondents were married (see Table 1).

Table 1. Demographic characteristics of respondents (N=200)

Variable	Frequency	%
<i>Age (years)</i>		
25-34	38	19
35-44	48	24
45-54	90	45
Above 55	24	12
<i>Educational attainment</i>		
No formal education	58	29
Primary	73	36.5
Secondary	36	18
Tertiary	33	16.5
<i>Occupation</i>		
Civil Servant	31	15.5
Trader	94	47
Farmer	21	10.5
Artisan	11	5.5
Student	19	9.5
Unemployed	24	12
<i>Marital Status</i>		
Single	20	10
Married	176	88
Others	4	2

RQ1: Which media are available for breast cancer awareness messages?

In an attempt to know the media through which breast cancer messages are communicated, we put forward the above question. The result revealed that radio is the most readily available medium (60.5%). Others distantly followed in descending order- television (6.5%), magazine (8.5%) and newspaper (5.5%). The import of this result is that radio is readily available in the rural area and therefore, a veritable means for health information dissemination (see Table 2).

RQ2: How informed are the respondents on breast cancer and its early detection?

We sought to know if the respondents have heard about breast cancer; if they know its early indications; and if they are aware that the disease can be prevented if diagnosed early. The results revealed that many people (87%) have heard about breast cancer in Orba. Nevertheless, only an infinitesimal (25.5%) knew the early signs and symptoms of the disease; a great majority of them (74.5%) affirmed that they do not know its early indications. Consequently, they do not do breast self-examination. Many of them (65%) were also not aware that breast cancer could be prevented (see Table 2).

Table 2: Available media, knowledge of breast cancer and its early detection (N=200)

Variable	Frequency	Percentage
Available mass media for breast cancer campaigns		
Radio	121	60.5
Television	13	6.5
Newspaper	11	5.5
Magazine	17	8.5
No response	38	19.0
Aware of media messages on breast cancer		
Yes	174	87
No	26	13
Knowledge of early indication of breast cancer		
Yes	51	25.5
No	149	74.5
Knowledge of breast cancer prevention		
Yes	70	35
No	130	65

A follow-up question to determine the influence of traditional communication in combating breast cancer and how the respondents receive messages presented in their local language, was posed to respondents. The essence was to establish the effectiveness or otherwise of traditional communication campaigns. Almost all the respondents affirmed that they enjoy health information presented in their local dialect.

RQ3: What channels are preferred for breast cancer communication in your area?

In an attempt to determine the more reliable media for delivering breast cancer information, two questions were posed to respondents. Options were given on traditional as well as modern mass media. The aim was to identify from insiders' perspective, the preferred avenues for breast cancer information.

The results for option one revealed that women religious association meetings (60%) were the preferred traditional communication avenues. These were distantly followed by town women meetings (16%), town crier (9%), market (8.5%) and friends (6.5%). The implication is that religious gatherings are the most suitable traditional communication channel for breast cancer campaign in Orba (see Table 3).

Table 3: Preferred traditional communication and mass media channels. (N=200)

Variable	Frequency	Percentage
Trado-communication channels		
Friends	13	6.5
Market	17	8.5
Religious association meetings	120	60
Town crier	18	9
Town union meetings	32	16
Mass media		
Radio	120	60
Television	15	7.5
Newspaper/magazine	9	4.5
No response	56	28

Table 3 also showed that radio (69.5%) is the most preferred modern mass medium in Orba. This were distantly followed by television (7.5%) and newspaper and magazine (4.5%). Impliedly, radio is not only the most effective mass medium for communicating breast cancer messages in the community, it is also the most commonly available. This is understandable when considered against the weak financial background of these women.

The results of the bivariate and Chi-square analyses revealed that awareness of media messages on breast cancer and knowledge of its prevention were significantly associated with available media ($p= 0.001$ and $p= 0.000$). Nevertheless, knowledge of early indication of breast cancer was minimally associated with available mass media for breast cancer campaigns (see Table 4).

Table 4. Bivariate and Chi-square analyses of available media, knowledge of breast cancer and its early detection

Media	<i>p</i> -value	Yes (%)	No (%)	χ^2
Mass media and awareness messages				
Radio	.001	111 (91.7)	10 (8.3)	18.735
TV		10 (76.9)	3 (23.1)	
Newspaper		6 (54.5)	5 (45.5)	
Magazine		12 (70.6)	5 (29.4)	
No response		35 (92.1)	3 (7.9)	
Mass media and early indications				
Radio	.032	35 (28.9)	86 (71.1)	10.523
TV		6 (46.2)	7 (53.8)	
Newspaper		4 (36.4)	7 (63.6)	
Magazine		2 (11.8)	15 (88.2)	
No response		4 (10.5)	34 (89.5)	
Mass media and breast cancer prevention				
Radio	.000	43 (35.5)	78 (64.5)	21.480
TV		8 (61.5)	5 (38.5)	
Newspaper		9 (81.8)	2 (18.2)	
Magazine		3 (17.6)	14 (82.4)	
No response		7 (18.4)	31 (81.6)	

Discussions

It must be stated from the onset that there is a relationship between awareness/knowledge of the various ramifications of a disease and the desire to seek care. This statement is also exemplified in the Health Belief Model (HBM). Indeed, knowing about a disease in detail will help in reducing the mortality rate of the disease.

The study found that greater number of respondents receive their information through the radio. This buttresses the position of Rodman (2006) that radio broadcasting represents the medium of mass communication with the widest mass appeal and reach. Even then, this medium of communication has its challenges in these parts, including incessant power outage and high cost of procuring battery to power the radio in the face of rural poverty prevalent in the community. As shown earlier, a sizeable number of the respondents

also receive health information through informal communication channels, particularly religious gatherings.

Furthermore, the study found that majority of the respondents are aware of the existence of breast cancer but, only a few are knowledgeable about its early indications and the fact that it can be prevented if diagnosed early. This observation confirms the findings of Onyije, Waritimi, and Atoni (2012) in their study on breast cancer in a rural community in Bayelsa State, which showed that 60% of their respondents had poor knowledge of the disease. It also corroborates the report of Oluwatosin and Oladepo (2006, p. 6), which revealed that "73.7% of the respondents... did not know about early warning signs of breast cancer." Furthermore, the result of a study conducted in India by Gupta, Shridhar and Dhillon (2015) revealed that low levels of awareness on breast cancer account for the ...high mortality rate among women.... Two main reasons explain the significant association between available media and awareness of breast cancer in the study area. The first is the relatively high level of educational attainment by the respondents, particularly when considered against the fact that 71% had at least formal education. The implication of educational attainment on the understanding of media messages is so obvious to warrant further attention here. Secondly, there are many communication channels through which information on breast cancer, and indeed health intervention messages, can be disseminated within the community. Impliedly, opportunities for access to such mediated messages are wide.

Research findings also suggest that respondents believe in the use of their local language for media programmes. They affirm that they not only enjoy messages that are aired in their dialect, they also understand and trust such messages. This is in tandem with the opinion of development communication scholars (Bhatia, 2000; Cofie et al., 2013; Mundy & Compton, 1993) who argue that for rural setting, effective campaign should be grounded in people's culture, language and philosophy and rely on indigenous channels such as folk media and village organizations to diffuse innovations and development messages.

This study also found that religious organizations such as church meetings are the most popular African traditional mode of communication. As argued by Okpoko (2011, p. 193), religious gatherings of women have:

proved very useful in building strong ties and social cohesion while promoting development... Apart from their normal religious activities, [religious gatherings] help to educate members on social programmes of all sorts, including health. This body operates both in rural and urban areas. During such meetings, seminars, workshops, talk shows, etc are used to enlighten members.

Other available channels include town union meetings, market rallies, friends and town crier. Along with the mass media, which is currently in vogue, community-based channels of communication will be a vital way of creating awareness for a great number of women. This approach would engender effective breast cancer campaign among the rural women. Olowokere et al. (2012, p. 243) suggest the need to provide "regular information to women on breast cancer ...through the ...community awareness and sensitization programmes."

It is instructive to note that the result of this research underscores the need to integrate traditional channels of communication and mass media when carrying out campaigns among rural dwellers in Nigeria. This approach would not only appeal to the rural populace, but will undoubtedly mobilize them to buy the idea being canvassed and

help in championing it. A number of scholars (Cofie et al., 2013; Fadi Adam et al., 2015; Ugboaja, 1986; Umeano-Enemuoh et al., 2015; Zamawe, Banda, & Dube, 2016) have variously advocated the use of integrated communication channels, namely the mass media and indigenous communication channels such as church, meetings, markets or public gathering of all sorts while designing campaign messages for health and development. Ouyang and Hu (2014), also asserted that community-based interventions, and in this study, community-based channels should be used to enlighten women about breast cancer care.

It must be noted here that no conscious effort was made by government and concerned agencies to use traditional modes of communication for breast cancer campaign in the study area. Even the modern mass media used did not target Orba women specifically, but women generally both in Enugu State and sometimes across Nigeria. Moreover, the languages used are usually English and central Igbo which are not readily intelligible to some of them given their low level of exposure. The information communicated at meetings, which constitute the preferred traditional channels, come from their educated and better exposed folks. The implication is that both modern and traditional methods of communication are invaluable in the war against this killer disease. It is our view, therefore, that conscious effort should be made by government and other agencies charged with the responsibility to control cancer to include traditional channels of communication in the campaign. This would aid audience understanding of the messages and ultimately encourage them to take necessary actions to avoid exposure to any of the possible ways of contracting breast cancer. The people will also be made to know that breast cancer can be prevented at an early stage of its occurrence.

Recommendations

Based on the above findings, the following recommendations are made:

- (i) The bodies concerned with breast cancer campaigns should endeavor to integrate modern and traditional communication when planning campaign messages for rural dwellers.
- (ii) The concerned governmental and non-governmental agencies should intensify efforts in creating more awareness about the breast cancer disease.
- (iii) Effort should be made to target rural women specifically in the campaigns. This approach entails that:
 - The agencies or government should use the language that is appropriate and intelligible to the target group.
 - The message should be timed appropriately in order to ensure that they reach the target audiences. This is because inappropriately timed messages may not reach the desired audience. For instance, rural women's economic activities and family chores take place between 6am and 7pm, so that any message targeted at them within this time may be missing the mark particularly on weekdays and/or local market days.
- (iv) Community and religious leaders as well as health workers should be encouraged to join hands with government and other concerned bodies in creating awareness on this deadly but preventable disease.
- (v) Health campaigns against breast cancer using above the line media should use more of the radio because it breaks barriers.
- (vi) Regular seminars and workshops should be organized on the subject matter to educate, re-educate and sensitize the women.

Conclusion

This study is predicated on the premise that the mass media set agenda, and that women would seek care on this ailment if they know all that it entails, and if they believe that it can be prevented if diagnosed early. These explain why the study was anchored on HBM and agenda setting theories. Research results showed that mass media campaigns against the disease in rural communities are grossly inadequate. It also provided explanation for the inadequacy of mass media campaigns on health, especially against breast cancer. Furthermore, the study revealed that the inefficiency of mass media campaigns against breast cancer in rural communities is as a result of poor planning and execution of the campaigns. The messages meant for the rural dwellers are planned and executed without considering the peculiarities and sensitivities that encourage message assimilation and believability. As Nwuneli (1986, p. 206) aptly puts it, "any information or social action programme, no matter how beneficial stands a risk of being rejected if it fails to conform to the social realities of the target population in terms of their aspirations and perceptions in life." We therefore posit that health programmes especially breast cancer campaigns in the rural areas should be packaged using appropriate media as well as the language of the recipients. A message becomes relevant if the intended receivers get it, if they understand it and, if they act positively on its contents. It is only when this takes place that the desired results can be achieved. In essence, good results can be achieved if we combine African traditional modes and modern mass media in the campaign against breast cancer.

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