



ABSTRACT

This paper is a self-affirmative discourse on the use of media tools in the prevention of cervical cancer among women. It particularly focused on a mixed media approach. The study conceptually reviewed print media and prevention of cervical cancer, audio drama and prevention of cervical cancer, and cervical cancer prevention through a mixed media approach: audio drama, posters, and flyers. This study adopts library research method with the aid of secondary data sourced from relevant journal

CERVICAL CANCER PREVENTION: A MIXED MEDIA APPROACH

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Introduction

Cancer is a general name given to diseases in which body cells grow out of control, constituting problem and potential damage to the part it infects. Usually, cancer is named after the body part it affects, even though it may spread to other body parts later. As such cancers include prostate breast, lung, colorectal, prostate, skin, stomach, and cervical cancers. When cancer starts in the cervix, the lower, narrow end of the uterus that forms a canal between the uterus and vagina, it is called *cervical cancer*. While the World Health Organisation lists breast, lung, colorectal, prostate, skin and stomach cancers as the most common cancer types globally, the situation is somewhat different in Africa and Nigeria where the most prevalent cancer types are breast, cervical, prostate, liver and colorectal, with cervical cancer listed as the second most prevalent cancer type trailing breast cancer.

Of all cancers affecting a woman's reproductive organs, cervical cancer is the most common (Lea and Lin, 2012) with the high-risk Human Papilloma Virus (HPV) identified as the major pathogen or cause agent of the disease. Most invasive cervical cancers begin with abnormal growth of the cells of the cervix into cancer cells. The most common symptoms associated with cervical cancer include vaginal bleeding in-between periods, after sex, or after menopause, vaginal discharge with different look and smell, pelvic pain, frequent urination, painful urination, pain during urination. Risk factors have been identified to include Human Papilloma Virus, lower socioeconomic predictors, cigarette smoking, reproductive



articles, textbooks, internet resources to mention few. The study showed that a mixed media approach better helps in preventing cervical cancer than a single media approach. The study therefore concluded that audio drama and print media tools such as posters and flyers can go a long way in encouraging women to prevent cervical cancer. Where audio drama and the print media have been found to be individually effective in preventing cervical cancer, for example, by increasing uptake of screening, the use of mixed media have been found to produce a better result. The study recommends that members of the society should be geared towards keeping abreast of information on cervical cancer prevention and other various health information via the combination these different media tools.

Keywords: *Audio drama, Cervical cancer, Prevention, Mixed media, Print media.*

behaviour, and sexual activity. This puts all women at risk of cervical cancer. Diagnosis of cervical cancer usually follows a physical examination and histologic evaluation of cervical biopsies. Treatment is based on the stage of the cancer before discovery and presentation at the hospital. While early discovery may be effectively treated with either surgery or chemo-radiation, cervical cancer in its advanced stage is primarily treated primarily with chemo-radiation (Lea and Lin, 2012).

The implication of cervical cancer on the health and general wellbeing of women can be devastating in about all aspects of a woman's life. Not only does it account for a high mortality rate in Nigeria and other developing countries, the personal, social, economic as well as its global effects had been stressed. On health, its effects include: pain, unusual loss of blood and body fluids, bowel and bladder problems. Psychosocial/mental concerns like depression, low self-esteem, worry, anxiety, inadequate social support, sexual defect and dysfunction could also occur. Cervical cancer may also impact a woman's economy in a number of ways. Such include increased treatment-related expenses, reduced productivity which may lead to loss of jobs, or falling income for business women, and falling into poverty. According to Arrossi, Matos, Zengarini, Roth, Sankaranayananan, and Parkin (2007) cervical cancer leads to poorer quality of life, work interruption and reduction in time available for work, change of work, loss of family income, reduction in daily food consumption, sale of property/use of savings, indebtedness, education and school interruption among others and this ultimately reduce chances of survival. These implications highlighted affect not only women suffering from cervical cancer, but also everyone connected to them such as spouses, family, neighbours, and work and academic colleagues. It is made worse where the women affected are the bread winner in their families.

Prevention of cervical cancer where achievable becomes the goal for societies that seek best for women as the discomfort and several implications of the disease would be altogether avoided. It refers to measures, sometimes taken in stages to prevent the



occurrence, outbreak, or worsening of cervical cancer. WHO (2015) puts forward that preventing cervical cancer is based on three forms of prevention, namely: primary, secondary and tertiary prevention. While primary prevention of cervical cancer refers to a set of activities aimed at reducing the incidence of the disease; secondary prevention is to detect cervical cancer in its early stages in the case that it could not be averted by primary prevention; and tertiary prevention refers to the set of measures that are implemented to prevent the onset of complications and the recurrence of diseases.

Preventing cervical cancer does not have to be the exclusive burden of core medical health practices. Since the incidence and prevalence of cervical cancer, via the ripple effect, affects many people in the society directly or indirectly, mass media then becomes a viable tool for bringing the need for, and benefits of prevention to the doorstep of every woman, and everyone who cares about them. Prevention of cervical cancer can be enhanced by the use of mass media when coupled with the efforts of medical personnel in the hospital and community outreaches. In Risi, Bindman, Campbell, Imrie, Everett, Bradley, & Denny (2014), mass media is said to be a veritable means for public education about health interventions in developing countries. More specifically, various media have been used in passing information across to women on cervical cancer. Television, radio, newspaper, posters, flyers, leaflets, internet and social media have been found to be viable means of passing information on cervical cancer to women (Nattembo, 2018). The influence of television, news media had also been stressed in passing information about cervical cancer and HPV (Gerend, Magloire 2008; Lemal and Van den Bulck, 2010). Wright, Kuyinu and Faduyile (2010), in their evaluation of the effect of a health education programme on knowledge of cervical cancer amongst women at risk in Africa found mass media to be an effective channel of promoting the knowledge of and attitude towards cervical cancer among Nigerian women.

Mass media serves the role to entertain, inform, and educate people. Beyond these, is the significant role of shaping people's opinion on life's issues, such as health. Researchers have found that mass media performs an indispensable responsibility of health information and motivating health behaviour changes. Anderson, Mullins, Siahpush, Spittal, and Wakefield (2009) attest that mass media has been extensively used to promote health messages, emphasizing the outcome of many researchers that mass media campaigns can be an effective strategy to improve health-related behaviours including screening behaviours. According to Boyd and Shaw (1995), a basic, and most important role of the media in health promotion is in expanding the reach of health promotion. The mass media helps health workers expand their audience reach, which is crucial, considering the fact that face-to-face channels of communication often require too many human resources and reach only a small number of people in large, underserved rural areas.

Anderson, Mullins, Siahpush, Spittal and Wakefield (2009) are of the opinion that the media has been extensively used to promote health messages, several literature reviews have concluded that mass media campaigns can be effective in improving health-related behaviours which includes screening behaviours. If properly deployed, the media through



the use of various channels can inform and create awareness for women on their susceptibility to cervical cancer, how the disease can be prevented, they can educate women on its early detection as well as its treatment, thereby reducing the mortality and morbidity rate caused by the disease.

Mass media used in health promotion and prevention of diseases include the print media, such as magazines, newspapers, brochures, handbills, flyers; as well as audiovisuals such as radio, television, drama, audio drama, etc. Sodeinde, Adekoya and Ajilore (2019) further explained that the media has an important role in improving knowledge of diseases, and bringing to the fore, provision of health facilities thus helping to improve knowledge, attitude and perceptions. The media can also assist in reaching vast majority of respondents as well as encourage the audience to adopt healthy behaviours. The mass media as a tool for health communication is known to have the capacity to reach a widely dispersed audience, set agenda on health issues and persuade the audience on the promoted health behaviour (Sodeinde et al, 2019).

On the influence of mass media in health information and disease prevention, Noar (2006) notes that mass media campaigns have for a long time been a tool for promoting public health, being widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio, and newspapers. In public health, Schiavo (2007) says that “media can influence people’s perception of disease severity, their views about the potential risk of contracting the disease, or their feelings about the need for prevention or treatment. It can help reduce the stigma associated with many diseases or break the cycle of misinformation and silence about health conditions that are under-diagnosed, undertreated, or underreported” (p.133).

Mass media are generally classified into print and electronic media. The use of a blend of print and electronic media is operationally defined as “mixed media”. The use of mix media in cervical cancer prevention is based on its perceived superior effectiveness to individual use of print or electronic media. Wakefield, Loken and Hornik (2010) expressed that the great benefit of mass media campaigns is hinged on their ability to disseminate well defined behaviourally focused messages to large audiences repeatedly, over time, in an incidental manner, and at a low cost per head. However, because of many communication hurdles such as, language barriers and socio-cultural differences, health communicators and stakeholders sometimes have difficulty in transmitting vital health information to the patients (Owolabi, Ezika, Lewitt, & Cross, 2016). For example, Geremew, Gelagay, and Azale (2018) literacy, among other factors are positively associated with favourable attitude towards cervical cancer screening. Similarly, Unite for Sight (2000-2013) observes that one of the barriers to effective health communication is low literacy level. Since the print media are elitist in culture and content and as such may not make as much impact among the largely illiterate rural dwellers that constitute about 57% of the populations...(Owolabi et al., 2016), it becomes imperative that a combination of media be used as an approach to prevent cervical cancer in women.

Among various possible combinations of mixed media, the use of flyers, posters, and audio drama appear incidental and peculiarly planned to capture all respondents,



irrespective of their educational status and media preference. Havy and Zesiger (2017) have found that words may be experienced in the auditory modality, that is, in its plain acoustic form with no accompanying face, and it may be experienced in the visual modality, that is, seeing a silent talking face. The same may be said of learning and acquisition of facts. Pictures and written materials may improve understanding and retention (Shabiralyani, Shahzad, Hasan, Hamad, and Iqbal, 2015). Persons who assimilate better by reading had flyers and posters to rely upon to convey the information intended by the study to them, and roadside readers particularly have the advantage of posters while who preferred reading at their leisure had flyers handy. Women who were auditory learners, that is, prefer to learn through their ears also had audio drama convey the cervical cancer prevention message.

Objectives of the study

The study aimed to determine the role of mixed media in cervical cancer prevention, particularly the role of flyers, posters, and audio drama in the prevention of cervical cancer among women in Nigeria.

Theoretical Framework

This study is based on Health Belief Model and Social Cognitive Theory. Each is discussed in relation to the study.

Health Belief Model

Health Belief Model (HBM)

Health Belief Model was one of the first that adapted theory from behavioural sciences to health problems, and it remains one of the most widely recognised conceptual frameworks of health behaviour (Travel Medicine, 2008). Social psychologists Irwin Rosenstock, Godfrey Hochbaum, Stephen kegeles and Howard Levanthal developed the Model at the United States Public Health Service in the 1950's (Glanz, Barbara & Viswanath, 2008; and Carpenter, 2010).

HBM is predicated on the assumption that an individual's behavioural change due to a threat is determined by how they perceive the threat. Proponents of the model posit that where the threat perceived is high, the tendency of an individual to follow through and adhere to instructions and recommendations about the threat will also be high. Conversely, where the threat is perceived to be low, an individual's adherence to instructions and recommendations may be low, or the recommendations may be discarded altogether. For instance, if a woman perceive cervical cancer to be a huge threat to life and stable living, she is very likely to adhere to safety rules and practices suggested by health professionals and health communicators.

In the words of Taylor, Bury, Campling, Carter, Garfied, (2007), the key constructs of HBM include perceived threat, perceived susceptibility, perceived severity and perceived benefits. Perceived threat refers to a health problem, risk or disaster; perceived susceptibility refers to one's belief in chances of suffering from a health threat; perceived



severity means a person's view of how serious a health threat and its consequences are; while perceived benefits refer to a person's belief in the efficacy of the advised action/intervention to reduce risk of seriousness of impact. Of all these constructs, a key motivation for behavioural change is perceived susceptibility, because no matter how serious a disease is perceived to be, where an individual does not person themselves to be susceptible, making lifestyle adjustment may not be compelling. Another factor is perceived barriers which may cause an individual to not be able to adhere to the proposed recommendations (Carpenter, 2010; Glanz & Bishop, 2010; Glanz, Rimer & Lewis, 2002). In relation to this study, cervical cancer is a health challenge to every woman. How a woman perceived cervical cancer, how severe she perceives it to be, how she perceives herself to be susceptible, and whether or not she perceives adhering to recommendation as beneficial, will determine whether or not a behavioural change will occur and the extent of the behavioural change. By effectively communicating the seriousness of cervical cancer to women, it may properly inform their perception of the disease and motivate behavioural changes needed to prevent cervical cancer.

Social Cognitive Theory

Social Cognitive Theory (SCT) posits that humans learn in a social context with dynamic and reciprocal interaction of person, environment, and behaviour. In the 1960's, Albert Bandura developed Social Cognitive Theory from Social Learning Theory (SLT) which was earlier formulated by Miller and Dollard in 1941. Social Cognitive Theory is unique in that it emphasises the influence of social influence on internal and external reinforcements. Social Cognitive Theory (SCT) explains that parts of individual's knowledge acquisition (especially behaviour) can be directly related to observing others within the context of social interactions, experiences, and media influences. In simpler term, the theory is based on the idea that people learn and acquire knowledge, behaviour and attitude by observing others in their environment society (Bandura, 1986; Bandura, 2008; Anaeto, Onabajo & Osifeso, 2012), and this is called "observational learning". Observational learning occurs when a person watches the actions of another individual, called the model, the reinforcements received by the model as a result of the action performed (Bandura, 1997). In relation to cervical cancer prevention in women, Social Cognitive Theory could explain the motivation to engage in risky behaviours which may worsen the incidence of cervical cancer in the country, as well as use the theory as the basis for modifying the environment and motivating models to be more visible in the society so that other women may learn by observation and take cervical cancer prevention more serious. As smoking, early sexual debut, multiple sex partners have been fingered as factors which predispose women to cervical cancer, models (celebrities, older women, teachers, religious leaders, and other persons of influence) who can influence lifestyle changes in other women that could help them prevent cervical cancer, could be given more visibility. For example, celebrities



going for cervical cancer tests may be given much publicity as it may motivate other women to do the same.

Methodology

This study was based on qualitative method, with reliance on secondary data such as journal articles, internet resources, electronic and print media.

Review of Literature

Print Media and prevention of cervical cancer, Audio drama and prevention of cervical cancer, and Cervical cancer prevention through a mixed media approach: audio drama, posters, and flyers.

Print Media and Prevention of Cervical Cancer

Newspapers, magazines, posters, professional periodicals, handbills, flyers, and such other materials have been found to be the primary source of health information for both clinical specialists and the public (Gholami, Hosseini, Ashoorkhani, & Majdzadeh, 2011; and Lai & Lane, 2009). According to Wroblewski (2019), the print media stand tall among others as consumers have viewed its messages as more credible, believable and trustworthy than radio, TV and the internet. Its ability to present messages with “staying power” and “double dipping” or the “pass-along effect” – the propensity of readers to pass along a media piece to others, sets it above others.

The use of posters and flyers can play a significant role in preventing cervical cancer among women who are not already infected. Fernandez et al (2014) found in their study of cervical cancer control for Hispanic women in Texas, that the use of printed media materials such as flyers, letters, brochures, and newsletters to motivate people to be screened are effective in delivering Pap test screening and HPV vaccination messages and in linking women to services. Tapera et.al. (2017) also found that after exposing respondents to print media such as posters, flyers, brochures, overall pap smear screening rate increased by 27.5% among the respondents. Also, the study reported very high likelihood for respondents who perceived themselves to be at risk of contracting cervical cancer (60.6%) to go for Pap smear. In a similar vein, Anderson et.al. (2009) in their study on the effectiveness of media intervention (print media) on cervical cancer screening among Australian women also found impact of the print media intervention to be effective across their respondents.

While their study corroborates the ability of print media such as posters and flyers to prevent cervical cancer in women, Nessa, Hussain, Rashid, Akhter, Roy, and Afroz (2013), in their study found print media as less effective among other mass media channels. McAvoy and Raza (1994) also found that the use of booklets in providing health education did not improve attitude of women to increase uptake of cervical cancer screening due to the fact that about half of the population of study could not read.



Audio Drama and Prevention of Cervical Cancer

Audio drama is a dramatised, purely acoustic performance with no visual component. It basically depends on dialogue, music and sound effects to help the listener imagine the characters and story. It is auditory in the physical dimension but equally powerful as a visual force in the psychological dimension (Crook, 1999). Audiodrama includes: docudrama, dramatised works of fiction, as well as plays originally written for the theatre, including musical theatre, and opera. Health promotion messages in audio form of entertainment...can help produce a healthy life style (Sofowora, 2008) such as preventing cervical cancer in women.

Prevention, they say is better than cure. Primary prevention of cervical cancer is focused on lifestyle adjustment to ensure that women do not contract the disease at all, and do not have any need for treatment. This is heavily dependent on the attitude of women towards the disease and their willingness to go for test, and be open to communication strategies which may help them prevent the disease. Abiodun, Olu-Abiodun, Sotunsa and Oluwole (2014) have found that a poor or negative attitude to cervical cancer increases the prevalence of the disease among the populace.

When media intervention such as the use of audio drama to sensitise women about cervical cancer is carried out effectively, more women have been found to plan to make lifestyle changes could help to prevent the disease. Thahirabanuibrahim and Logaraj (2021) on the adoption of cervical cancer preventive measures among their respondents found improved adoption among their participants after exposure to intervention through drama by dramatizing and depicting the signs and symptoms, preventive measures, and the significance of getting screened at regular intervals for cervical cancer through the use of respondents' local language. The study found a 31.1% increase in screening rate after exposing the respondents to audio drama intervention. One factor which seems to always corroborate media campaign to prevent cervical cancer among women is a good knowledge of the disease (Ifediora and Azuike, 2018; Amu. et. al, 2019) as those who are aware are more open to taking preventive measures such as going for tests (Ibekwe, 2011). Audio drama can be used to create awareness and improve the knowledge of women who previously knew nothing or little about the disease.

Cervical cancer prevention through a mixed media approach: audio drama, posters, and flyers.

Mixed media approach is the use of more than a single medium to encourage lifestyle change in women as well as going for testing, in a bid to prevent cervical cancer. A mixed media approach could be the joint use of audio drama, posters, and flyers. Wogu, Chukwu, Nwafor, Ugwuoke, and Ugwulor-Onyinyechi (2019), arguing for the use of mixed media in cervical cancer prevention, note that the effectiveness of media campaigns in achieving its health promotion goals depends on message precision and clarity, the media environment, use of appropriate language, media mix, and the audience's ability to implement behaviour change. In reaching people of different age groups and media exposures, there is the need to adjust the media mix so that no one is left behind. The mix



of media to reach a youth audience is likely to be very different from the mix aimed at older people, for example, there is likely to be greater use of music channels, digital media and social networking sites in the youth population, while tabloids and periodicals could better reach the older population (Maryon-davis, 2015). More so, print media may not be an effective medium where many people in the population are not literates.

It can be said that combination of measures in health education and intervention have greater impacts than the use of single measures. For example, Jekins et. al (1999) in their study of effect of a media-led education campaign on breast and cervical cancer screening among Vietnamese-American women found that the multifaceted, media-led intervention they adopted which included printed materials such as posters, billboards, video messages, and audio messages, was effective in promoting breast and cervical cancer screening, as a significantly larger number of women became willing to undertake screening. Oyeduntan, Ngene and Olorode (2020) found that exposure to the combination of audio drama and print media predisposed respondents to exhibiting favourable and positive attitude towards cervical cancer, and especially in the willingness to go for cervical cancer screening. Also, Nagamma et.al (2020) in their study on the effect of the use of audio drama and print materials (pamphlets) on women's intention to go cervical cancer screening in India found the two media intervention to be very effective in influencing women's intention, especially after the intervention. More specifically, respondents believed that going for cervical cancer screening early enough will help prevent and mitigate the occurrence and adverse effect of cancer in the future, while they also held the belief that early detection and treatment will lead to better outcomes. This reinstates the importance of delivering health communication through a combination of different communication and media approaches. While the individual use of two different communication tools was effective, mixed use of these communication tools, audio drama and print media, had greater effects on knowledge, attitude and adoption towards cervical cancer prevention.

Conclusion

Preventing cervical cancer does not have to be the burden of the health system alone. Other sectors, such as the media may as well lend a hand towards preventing the disease in women and cutting back its prevalence in the population. Realizing this requires an all-out approach through the use of media tools to sensitise women about the disease, publicise how much of a threat to health it can be, and show them the way forward to prevent contracting the disease. Audio drama and print media tools such as posters and flyers can go a long way in encouraging women to prevent cervical cancer. While researchers have found audio drama and the print media to be individually effective in preventing cervical cancer, for example, by increasing uptake of screening, the use of mixed media have been found to produce a better result.

Recommendation

From the study, it was observed that a mixed-use of media tools (audio drama, flyers and posters) if used adequately to communicate cervical cancer prevention messages, can



help in preventing this disease among women. It is therefore recommended members of the society should be geared towards keeping abreast of information on cervical cancer prevention and other various health information via the combination these different media tools. Also, it is recommended that when designing these media materials on any health issue, the severity, susceptibility to the disease and actions that can be taken to prevent or eradicate the disease should be properly explained in the media tools. This is to help the women who these messages are targeted at to take the necessary precaution in order to prevent themselves from contracting the disease.

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