Ebonyi State University Journal of Mass Communication
ISSN: 2449-0369 Vol. 8, Issue 1, pp. 95-106, September 2021

Preference of Select Digital Media in Seeking Information about Cancer amongst Ogba Residents in Benin City

Chioma R. CHIME-NGANYA,

Abstract

This study investigated preference in digital media in seeking information about cancer among Ogba residents in Benin City. The objectives were to determine the level of Ogba residents exposure to cancer related information, to ascertain digital source the residents of Ogba most frequently access cancer messages from and to find out the reasons for their digital media preferences amongst other things. The study employed survey research method. Results showed that most of the respondents are exposed to information about cancer to a moderate level. Majority of Ogba residents' accessed cancer message through digital media. It was found that larger proportion of the respondents preferred electronic books in accessing cancer related messages because of its simultaneous dissemination of information. The study recommends that apart from employment of print and broadcast media in the campaign against cancer, other digital media multiple approaches such as electronic books, electronic bill boards, digital audio (for the blind) web pages, digital images, digital video, digital games, and all other forms of digital communication Avenue should be explored. This will enhance message diffusion.

Key words: Preference, Digital media, Cancer, Information

Introduction

The recent alarm on rising global incidence of cancer by the World Health Organisation (WHO) should worry African countries, including Nigeria, where the disease is most prevalent. The World Health Organization (WHO) said about 24.6 million people live with cancer worldwide while about 12.5 percent of all death is attributable to cancer. It further estimates that over 100,000 Nigerians are diagnosed with cancer yearly, while about 80,000 die from the disease. This brings the consequences of cancer epidemic to 240 Nigerians every day or 10 Nigerians every hour, dying from cancer. It noted that the country's cancer persons is one of the worst in the whole world (Onogu, 2016).

In Nigeria, breast and cervical cancers are commonest among women while prostate cancer is more prevalent in men. 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 tumors 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 Though the disease is confirmed to be found both in male and female patients, yet the incidence is hundred times more in women than in men. (Russel, 2007). It then becomes evident that effective provisions of constant health information to Nigerians, to sensitize, educate and mobilize them on the causes of cancer, the various common symptoms, the risk factors, preventive measures and possible treatments, are in the domain of the media of mass communication since it is in the ability of the media to inhibit or promote a change in a society.

In health communication researches, there have been various qualitative and quantitative studies on cancer. However, there is paucity of research investigations on the sources of cancer information among Ogba residents, preferred sources. This study therefore, investigate preference of select digital media in seeking health information about cancer among Ogba residents in Benin city.

Statement of Problem

Cancer has been noted as a major health problem globally. Research has shown that it is the third leading cause of death in Nigeria. Its spread cuts across men, women and children. This disease has many kinds and each is known by the part of the body it attacks. For instance, we have lungs, leg, eye, anus, and nose cancers. Others may include skin cancer and cancer of the blood etc. In Nigeria, reported cases of cancer keeps increasing annually despite medical interventions deemed to mitigate its spread. Apart from provision of drugs, the government has established so many special cancer care and prevention centres in specialist hospitals across Nigeria.

In addition, about five years ago, the government of Edo State established Clara Oshiomhole cancer foundation to take care of cancer related diseases in the state. However, studies have shown that availability may not imply access. It is possible that diseases keep spreading when people do not have access to the right information about the disease and how to prevent it. What this means is that if people are not exposed to the right channel and information about cancer, there is every likelihood that appropriate steps will not be taken to avoid it. It is in view of this that this study has been set to determine the media choice of residents of Benin in seeking health information about cancer.

Objectives of the Study

The following objectives were drawn to set the base for this research.

1. The determine the level of Ogba residents exposure to cancer related information
2. To ascertain if the the residents of Ogba access cancer messages from digital media
3. To find out the prefered digital media reasons for their digital media preferences
4. To ascertain the constraints associated with exposure to cancer related messages in the media

Research Questions

1. What is the level of Ogba residents' exposure to information about cancer?

2. Does residents of Ogba access cancer messages from digital media?

3. Which is the preferred digital media nd what are the reasons for Ogba residents' media preferences in accessing cancer related messages through them?

4. What are the constraints associated with Ogba residents' exposure to cancer messages in the media?

Literature Review

Cancer: An Overview

Cancer is a complex genetic disease that is caused primarily by environmental factors. The cancer-causing agents (carcinogens) can be present in food and water, in the air, and in chemicals and sunlight that people are exposed to. Since epithelial cells cover the skin, line the respiratory and alimentary tracts, and metabolize ingested carcinogens, it is not surprising that over 90% of cancers occur in epithelia (Malcolm, 2001). According to Cancer Treatment Centers of America (2014) Cancer is the uncontrolled growth of abnormal cells in the body. Cancer develops when the body's normal control mechanism stops working. Old cells do not die and instead grow out of control, forming new abnormal cells. These extra cells may form a mass of tissue, called a tumor. Some cancers, such as Leukemia, do not form tumors.

This may be because only certain polyunsaturated fatty acids generate damaging free radicals; furthermore, the intake level of antioxidant vitamins that can scavenge these harmful radicals is a confounding factor. Reducing infection, particularly in the poorer countries, will lead to reductions in cancer incidence. Infectious agents associated with increased cancer risk include hepatitis B virus (liver), certain subtypes of human papilloma virus (cervix), the bacterium Helicobacter pylori (stomach) and human immunodeficiency virus (many sites) (Malcolm, 2001).

Classification of Cancer

In terms of behaviour, tumours are either benign'or malignant'. Benign tumours are generally slow-growing expansive masses that compress rather than invade surrounding tissue. As such they generally pose little threat, except when growing in a confined space like the skull, and can usually be readily excised. However, many so-called benign tumours have malignant potential, notably those occurring in the large intestine, and these should be removed before malignancy develops. Malignant tumours are usually rapidly growing, invading surrounding tissue and, most significantly, colonizing distant organs. The ability of tumour cells to detach from the original mass (the primary tumour) and set up a metastasis (secondary tumour) discontinuous with the primary is unequivocal proof of malignancy.

Based on tissue types cancers may be classified into six major categories:

1. Carcinoma

This type of cancer originates from the epithelial layer of cells that form the lining of external parts of the body or the internal linings of organs within the body. Carcinomas, malignancies of epithelial tissue, account for 80 to 90 percent of all cancer cases since epithelial tissues are most abundantly found in the body from being present in the skin to the covering and lining of organs and internal passageways, such as the gastrointestinal tract. Carcinomas usually affect organs or glands capable of secretion including breast, lungs, bladder, colon and prostate.

Carcinomas are of two types – adenocarcinoma and squamous cell carcinoma. Adenocarcinoma develops in an organ or gland and squamous cell carcinoma originates in squamous epithelium. Adenocarcinomas may affect mucus membranes and are first seen as a thickened plaque-like white mucosa. These are rapidly spreading cancers (ICD-O-3, 2001).

2. Sarcoma

These cancers originate in connective and supportive tissues including muscles, bones, cartilage and fat. Bone cancer is one of the sarcomas termed osteosarcoma. It affects the young most commonly. Sarcomas appear like the tissue in which they grow. Other examples include chondrosarcoma (of the cartilage), leiomyosarcoma (smooth muscles), rhabdomyosarcoma (skeletal muscles), Mesothelial sarcoma or mesothelioma (membranous lining of body cavities), Fibrosarcoma (fibrous tissue), Angiosarcoma or hemangioendothelioma (blood vessels), Liposarcoma (adipose or fatty tissue), Glioma or astrocytoma (neurogenic connective tissue found in the brain), Myxosarcoma (primitive embryonic connective tissue) and Mesenchymous or mixed mesodermal tumor (mixed connective tissue types) (ICD-O-3, 2001).

3. Myeloma

These originate in the plasma cells of bone marrow. Plasma cells are capable of producing various antibodies in response to infections. Myeloma is a type of blood cancer (ICD-O-3, 2001).

4. Leukemia

This is a group of cancers that are grouped within blood cancers. These cancers affect the bone marrow which is the site for blood cell production. When cancerous, the bone marrow begins to produce excessive immature white blood cells that fail to perform their usual actions and the patient is often prone to infection.

Types of leukemia include:

i. Acute myelocytic leukemia (AML) – these are malignancy of the myeloid and granulocytic white blood cell series seen in childhood.
ii. Chronic myelocytic leukemia (CML) – this is seen in adulthood.
iii. Acute Lymphatic, lymphocytic, or lymphoblastic leukemia (ALL) – these are malignancy of the lymphoid and lymphocytic blood cell series seen in childhood and young adults.
iv. Chronic Lymphatic, lymphocytic, or lymphoblastic leukemia (CLL) – this is seen in the elderly.
v. Polycythemia vera or erythremia – this is cancer of various blood cell products with a predominance of red blood cells.

5. Lymphoma

These are cancers of the lymphatic system. Unlike the leukemias, which affect the blood and are called ―liquid cancers‖, lymphomas are ―solid cancers‖. These may affect lymph nodes at specific sites like stomach, brain, intestines etc. These lymphomas are referred to as extranodal lymphomas. Lymphomas may be of two types – Hodgkin‘s lymphoma and Non-Hodgkin‘s lymphomas. In Hodgkin lymphoma there is characteristic presence of Reed-Sternberg cells in the tissue samples which are not present in Non-Hodgkin lymphoma (ICD-O-3, 2001).

6. Mixed types

These have two or more components of the cancer. Some of the examples include mixed mesodermal tumor, carcinosarcoma, adenosquamous carcinoma and teratocarcinoma. Blastomas are another type that involves embryonic tissues (ICD-O-3, 2001).

Causes of Cancer

The major cause of cancer is DNA damage. DNA damage may be inherited from parents or may be a spontaneous problem that occurs during the lifetime of a person. This is called a mutation. DNA damage may also be triggered by exposure to certain environmental toxins such as those present in cigarette smoke. There are, however, multiple factors that may cause cancer and it is difficult to pin point an exact cause.

i) Mutations

Mutations may be:

a) Those in the error-correcting machinery of a cell. This may cause accumulation of errors rapidly in the cell and its progeny.

b) Those in signaling (endocrine) machinery of the cell. This leads transmission of the error signals to nearby healthy cells as well.

c) Those that allow the cells to migrate and disrupt more healthy cells away from the primary site of origin.

d) Those that make the cell immortal so that the abnormal cell refuses to die.

ii) Risk factors for cancer

According to World Health Organization (WHO, 2008), common risk factors for cancer include:

1) Tobacco use

2) Alcohol use

3) Overweight and obesity

4) Dietary factors, including insufficient fruit and vegetable intake

5) Physical inactivity

6) Chronic infections from helicobacter pylori, hepatitis B virus (HBV), hepatitis C virus (HCV) and some types of human papilloma virus (HPV)

7) Environmental and occupational risks including ionizing and non-ionizing radiation

iii) Cancer-causing agents

Agents that may cause cancer include:

Chemical carcinogens: Several chemicals and environmental toxins are responsible for changes in normal cellular DNA. Substances that cause DNA mutations are known as mutagens, and mutagens that cause cancers are known as carcinogens (Ananya, 2012).

Particular substances have been linked to specific types of cancer. Tobacco smoking is associated with many forms of cancer, and causes 90% of lung cancer. Similarly, prolonged exposure to asbestos fibers is associated with mesothelioma.

Tobacco is also related to other cancers such as lung, larynx, head, neck, stomach, bladder, kidney, oesophagus and pancreas as it contains other known carcinogens, including nitrosamines and polycyclic aromatic hydrocarbons (Ananya, 2012).

iv) Ionizing radiations

Radiations due to radon gas and prolonged exposure to ultraviolet radiation from the sun can lead to melanoma and other skin malignancies. Radiation therapy given for one type of cancer may also cause another type of cancer. For example, those who receive chest radiation therapy for lymphomas may later develop breast cancer (Ananya, 2012)

v) Viral and bacterial infections

Some cancers can be caused by infections with pathogens. Notable among these include liver cancers due to Hepatitic B and C infections; cervical cancer due to infections with Human Papilloma virus (HPV);

Epstein Barr virus causing Burkitt's lymphoma and gastric or stomach cancer due to Helicobacter pylori infection (Ananya, 2012).

Role of Media in Health Promotion

Media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviors. But before the media can take on that role, it needs to understand the virus, the issues surrounding it, policy and practices, and finally, recommended correct behaviour" (USAID, 2009).

The local and international media play a vital role as the link between health workers and the larger public. Health authorities educate and entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels. For instance, in order to disseminate information about the avian influenza to the wider public, the U.S. Government tasked the Academy for Educational Development with the responsibility of developing a training program to help the local media understand the complexity of this disease so that they would be able to report about it effectively. 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. The mass media provides an important link between the rural residents and vital health information (USAID, 2006).

According to Boyd and Williams (2009) the mass media, in the form of the radio, television and newspapers are an effective way to persuade target audiences to adopt new behaviors, or to remind them of critical information. Besides informing the public about new diseases and where to seek help, they can also keep the public updated about immunization campaigns. The mass media can "empower rural populations to fight major causes of infant mortality such as diarrheal dehydration and diseases which can be prevented through vaccination, inform large numbers of people of seasonal or daily variations for such activities as an immunization campaign or availability of a new product or service, teach new health skills such as how to mix oral rehydration solution, promote new health behaviors such as taking ivermectin once a year, motivate ad hoc or organized listening groups, and increase community acceptance of health workers."

Review of Related Empirical Studies

Anatsui (2014) did a study on communicating health information at grassroots in Nigeria. The paper focuses on the roles communication can play in promoting health information, especially on the medicinal plant and other materials relating to health in Africa and Nigeria in particular. It also recognizes the importance and popularity of television and Internet. The survey research methods of quantitative and qualitative data analysis was employed. The study employed purposive random sampling technique and structured interview guide as an instrument. The paper concludes that emphasis should be devoted to preventive rather than curative measures, and recommends that use of appropriate language and communication style should be used to fit in with the cultural context of the recipients. Pielle (2005) in his work titled: '2005 Public Service Breast Cancer Awareness. Campaign Pakistan' found low women exposure to breast cancer awareness where only very little information on breast cancer were made available with its late presentation, before the launching and establishment of nationwide breast Cancer awareness campaign. But with the launching of media campaigns on breast cancer in the form of press releases, interviews, investigative news stories , through the print and electronic media, including internet, has succeeded in causing general acceptance of the disease by the public as part of a national agenda for women (no longer as a taboo subject). Whereas in Nigeria, the breast cancer campaigns and the awareness level of women, vary from community to community and from State to State. In a survey of knowledge, attitude, and practice of BSE among female secondary school teachers in Ilorin, Nigeria. Kayode, Akande and Osagbemi, (2005) found that, out of the 406 female teachers in Ilorin West L.G.A. of Kwara State, 95.6% of the women were aware of BSE, having majority of them being informed about the disease through television. However least source of information were the health workers, while

others heard from friends and from multiple sources. It was also discovered that the attitude of the teachers to health information on BSE was positive but it was accompanied by a low practice by 4.8% of them.

However, none of the reviewed works examined preference of select broadcast media channels in seeking health information about cancer among Ogba residents in Benin city, this a gap this study attempted to fill.

Theoretical Framework

Uses and Gratification Theory

This study is anchored on the uses and gratification theory. Weimer (2011, cited in Chukwuma, 2016) asserts that the uses and gratification theory was advanced by Elihu Katz, Jay Blumler and Michael Gurevitch in 1974. The theory is categorized as one of the limited or indirect effects theories. It helps to provides explanation on media use and the gratification derived from such usage. The theory is of the assumption that the audience consciously utilize the media to satisfy their needs. Providing insight into the tenets of this theory, Folarin (2002, p.72) asserts that the scenario plays out as follows:

1. An individual has some needs related to communication

2. He/she selects the media that appear likely to satisfy those needs

3. He/she selectively consumes the content

4. An effect may or may not occur.

This theory is relevant to this study because it provides explanation as to why people turn to or prefer broadcast media to access relevant information on cancer which may herald better understanding and practice of good health behavior. The broadcast media make it possible for those seeking for cancer messages to easily gratify such need at the comfort of their homes at any given time so far they have access to the broadcast media.

Methodology

This study adopted a survey research design. Survey design finds, describes, explains or reports events in their natural setting as they are without any manipulation of what caused the event or what is being observed (Ali, 2006). The population of the study consisted of all residents of Ogba. According to National Population Commission (NPC) of Nigeria, the projected population of Ogba residents in Benin City in 2017 is 8,332.

Sample Size and Sampling Technique

The sample size was determined using Taro Yammane formular.

The estimation procedure is as follows:

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

Where:

n = sample size to be determined

N = the entire population of interest

E = error margin (0.05)

I = constant

$$N = \frac{8{,}332}{1 + 8{,}332\ (0.05)^2}$$

$$N = \frac{8{,}332}{1 + 8332x\ (0.0025)}$$

$$N = \frac{8{,}332}{1 + 20.83} \qquad N = \frac{8{,}332}{21.83} = 381.6 = 382$$

Having known the sample size of the study, the sampling technique that was used for this research work was convenience sampling technique. This method allows the researcher to involve every person in his sample (Ohaja, 2003). Here every member of Ogba residents that was available during the time of distribution of the questionnaires was included.

Data Presentations and Analysis

Out of 384 copies of the questionnaire administered, 366 were returned, representing 95%. Therefore, responses derived from these 366 respondents formed the basis upon which data were analysed.

Table1: Demographic characteristics of the respondents

Gender	**Frequency**	**Percentage**
Male	164	45
Female	202	55
Total	**366**	**100**
Age Range		
18-28	159	43
29-39	135	37
40 and above	20	20
Total	**366**	**100**
Marital Status		

Married	134	37
Single	204	56
Widow/Widower	28	7
Separated	-	-
Total	**366**	**100**
Occupation		
Civil Servant		
Traders	135	37
Students	81	22
Unemployed	93	25
Others	38	10
Total	19	5
Educational Qualification	**366**	**100**
FLSC		
SSCE	17	5
OND/NCE	92	25
HND/B.Sc/BA	86	23
Postgraduate Degree	130	36
	41	11
Total	**366**	**100**

Source: Field Survey, 2018

Data in the table 1 indicates that 45% (n-164) are male while 55% (n-202) of the respondents are female. 43% (n-159) were between 18 and 28 years of age. Most of the respondents were single, about 56% (n-204) of them. The occupational distribution of the respondents indicates most of them 37% (n-135) are civil servants, While 36% (n-130) had their HND/B.sc/BA.

Answer to Research Question One

What is the level of Ogba residents' exposure to information about cancer?

Table 2: Level of Ogba residents' exposure to information about cancer

Variables	**Frequency**	**Percentage**

Very High Level	31	8
High Level	105	29
Moderate level	116	32
Low level	72	20
Not at all	31	8
Total	**366**	**100**

Source: Field Survey, 2018

Data in table 2 indicates that most of the respondents are exposed to information about cancer to a moderate level.

Answer to Research Question Two

What is the Channel the residents of Ogba most frequently access cancer message from?

Table 3: Showing channel the residents of Ogba most frequently access cancer message

Variable	**Frequency**	**Percentage**
Print Media	101	28
Broadcast Media	135	37
Digital media	40	11
Traditional media	28	7
Outdoor Media	62	17
Total	**366**	**100**

Source: Field Survey, 2018

The data in table 3 reveals that 101 (28%) of the respondents accessed cancer message through print media channel, 135 (37%) said it is through broadcast media, 40 (11%) said it is through the digital media, 28 (7%) said traditional media while 62 (17%) respondents said it is through the outdoor media. This means that majority of Ogba residents' access cancer message through broadcast media channel.

Answer to Research Question Three

What are the reasons for Ogba residents' digital e-media preferences in accessing cancer related messages?

Table 4: Showing reasons for Ogba residents digital media preferences in accessing cancer related messages.

Variable	**Frequency**	**Percentage**
Simultaneous dissemination of information	128	35
Audio-visual presence	101	28
It is accessible and available	92	25
It is Flexible	45	12
Total	**366**	**100**

Source: Field Survey, 2018

The data in table 4 shows that larger proportion of the respondents preferred digital media in accessing cancer related messages because of its simultaneous dissemination of information.

Answer to Research Question Four

What are the constraints associated with Ogba residents' exposure to cancer message in the media?

Table 5: Indicating constraints associated with Ogba residents' exposure to cancer message in the digital media.

Variable	**Frequency**	**Percentage**
High cost of data	133	36
Poor communication network in some areas	97	27
The receiving sets is not easily affordable	85	23
	51	14
Total	**366**	**100**

Source: Field Survey, 2018

Data in table 5 suggest that majority of Ogba residents are hampered by high cost of data to access and expose to cancer message in the media.

Discussion of findings

The first research question was designed to determine the level of Ogba residents' exposure to information about cancer. Data presented in table 2 were helpful in this regard. The table indicates that 31 (8%) respondents are exposed to information about cancer at a very high level, 105 (29%) said high level, 116 (32%) agreed that they are exposed to information on cancer at a moderate level, 72 (20%) said at a low while 31(8%) respondents said not all. The implication here is most of the respondents are exposed to information about cancer at a moderate level and aware of cancer campaign. DeJong (2010) argues that media awareness campaigns are also known as information campaigns, which are used to raise awareness of health Problems, usually with the intent of motivating people to avoid the problems.

The researcher also tried to ascertain the channel the residents of Ogba most frequently accessed cancer message from. Data in table 3 provided information on this. According to the data in the table, majority of the respondents (135) representing 37% indicated that they most frequently accessed cancer message from broadcast media. Electronic media plays a key role to module the mindset of the people. Broadcasting provides varieties of information to society, covering areas like sports, entertainment, agriculture, advertisement, education, etc.

The electronic broadcast media are viable avenues of informing, educating and entertaining members of the society, including the transmission of socio-cultural heritage. Not everybody can afford a copy of a newspaper or magazine daily in a country like Nigeria, where the poverty index level is high, unemployment rate is on the increase and literacy level is low (http://country-facts.findthebest.com/l/167/Nigeria). Broadcast media is unique both in technology and the message it presents. In agreement with this Uyo (1987, p.48) posits that "broadcasting is the only medium that can reproduce all the five dimensions of mass media. These dimensions... (are)...verbal symbols, picture symbols, colour, sound and motion." Also, this findings supports the application of Uses and gratifications theory in the study. This is because it provides explanation as to why people to or preferred broadcast media mostly. Heads (1985), cited in Akpan (2006, pp.9-10), lists the strengths of broadcasting to include: ubiquity, immediacy, voracity, flexibility, voluntary interference and potential for social control. The data in table 4 showed respondents reasons for media preferences in accessing cancer related messages. Data showed that majority of the respondents (35%) considered broadcast media simultaneity in dissemination of information as the main reason. According to Flores, Weber, Kilker, Dang, P. & Lindsey (2007) Television can also be effective to reach people with limited literacy skills as relying on written materials on health information can be overwhelming . Similarly, Ghanta **(**2012) adds that for the welfare of the people the Radio has been adopted a policy to broadcast the message for their audiences. Health messages can be delivered by radio in different forms. News items about health events can form a part of regular news broadcasts. This is the major and important aspect to touch the audience. It was also found that cancer messages will be better understood if inserted in daily news broadcast. The findings indicated that the messages will be better understood if it is made in drama form.

Research question four was designed to determine the constraints associated with Ogba residents' exposure to cancer message in the media. The data in table 5 indicated that majority (133 or 36%) of the respondents identified lack of constant power as a problem preventing them from exposing to cancer messages in the media.

Conclusion

There is no doubt that broadcast media is a good source of information and rallying the citizenry together to pursue a course or developmental ideals and goals. The study concludes that respondents are exposed to media campaign on cancer to a moderate level and they preferred broadcast media channel in accessing the messages due to it simultaneity in message dissemination. Although they are hampered by lack of constant power supply.

Recommendations

Based on the above findings, the study recommends that broadcast stations should develop more targeted programming, better attuned to the needs and interests of the community it aims to serve. Apart from employment of broadcast media in the campaign of cancer, other media multiple approaches and channels of communication avenue should be explored such as the use of posters, billboards, leaflets, magazines and newspapers. This will enhance message diffusion and also appeal to the literate and elite class in the society and overcome the issue of transient issue in broadcast media. Due to large viewership and listenership, the health related information or messages should be aired more during the prime time on radio and television. Most importantly, supportive programmes in the case of mixed communication strategy should be employed in carrying out extensive, massive and organized community campaigns throughout the length and breathe of Ogba in Edo state. That is, the use of face-to-face (interpersonal) campaign and that of the media campaign.

References

Akpan, C. S. (2006). *The pillars of broadcasting* Nsukka: Communication Forum.

Ananya, M.D (2012) Cancer Classification. News-Medical *(http://www.news-medical.net/health/Cancer-Classification.aspx)*; pp. 1-3

Anatsui, T. C. (2014). Communicating Health Information at Grassroots in Nigeria Trans campus journals, 12 (1), 58-65.

Ali, A. (2000). *Fundamentals of research in education*. Awka: Umeks publishers.

America Cancer Society (2007) *Breast Cancer Facts and Figures.* Atlanta: ACS, Inc.

Bello, S., Adejola, A., & Adebimpe, S. (2013). Media literacy and audience choice of television stations among viewers in Ogun State, Nigeria. *Journal of Communication and Media Research,* 5(2), 115-137.

Boyd, B., L., & William D., S. (2009). Unlocking health worker potential: Some creative strategies from the field. Retrieved 27/2/2018 http://www.globalhealthcommunication.org.

Brown, J. A. (1998). Media literacy perspectives. Journal of Communication, 48(1), 44-57.

Cancer Treatment Centers of America (2014). What is Cancer? Retrieved on February 27, 2018 from https://www.cancercenter.com.

Chukwuma, O. (2016). Influence of Social Media on the Knowledge, Attitude and Practice of Religion among Residents of South-East Nigeria. *Novena Journal of Communication*, 1, 52-67.\

Centres for Diseases Control and Prevention. (2009). Updated recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding routine polio¬virus vaccination (Vol. 58, pp. 829–830).

DeJong, N. (2010). Social Norms Marketing Campaigns to reduce campus alcohol Problems. *Health Communication*, 7, 615-620.

Osuala, E.C (2004). *Introduction to research methodology*. Enugu: Cheston Agency Limited.

Onogu, S. (2016). The Burden of Cancer in Nigeria. Retrieved on February 28, 2018 from https://www.vanguardngr.com.

Okobia, M.N., Bunker C.H., and Osime, U. (2006) Knowledge, attitude and practice of Nigeria women towards breast cancer, a cross sectional study. Retrieved fromhttp://creativecommons.org/licenses/by/120.

Pielle, (2005). *Public Service: breast cancer awareness campaigns – Pakistan.* Retrieved 26 Feb., 2011.

Prensky, M. (2001). Digital Native, Digital Immigrants: Part I. On the Horizon 9 (5

Russell, M. (2007).*UnderstandingDiseases*http://EzineArticle.com/?expert=micheal http://www.answers.com/topic/massmedia.

Uyo, A. (1987). *Mass communication media: Classification and characteristics*. NewYork City: Civiletis International.
United States. USAID. (2006). Avian Influenza: Media Orientation Training Notes. Web.