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**EXPLORING THE ROLE OF HEALTH COMMUNICATION IN CREATING CERVICAL  
CANCER AWARENESS**

**SUBMITTED BY**

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**A LONG ESSAY SUBMITTED TO THE GHANA INSTITUTE OF  
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**SEPTEMBER, 2020.**

**STUDENT'S DECLARATION**

I do hereby declare that the work presented is the result of my own effort, original research and findings and that no part of it has been presented for another degree or diploma in this University or elsewhere. All references to other people's work have been duly acknowledged. I am therefore to be held responsible for any error that might be detected in this project work.

**(Candidate's signature)**

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**SUPERVISOR’S DECLARATION**

I hereby declare that the preparation of this long essay was supervised in accordance with the guidelines for the supervision of long essays as laid down by the Ghana Institute of Journalism.

**(Supervisor’s signature)**

**DATE**

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....., **SEPTEMBER, 2020**

**DR. RABIU ASANTE**

## **DEDICATION**

I dedicate this study to the Almighty God for His direction and His help throughout my life in this Institution and also for inspiring confidence in me to go through with a positive zeal. I also dedicate this study to my father.

## **ACKNOWLEDGEMENTS**

I thank the All-Powerful God for helping me complete this research successfully. My sincere appreciation also goes to my supervisor, Dr. Rabiw Asante, for all the patience and time he had for me during my work, regardless of his busy schedule. His support and guidance have been very helpful and have contributed greatly to the completion of this research.

## **ABSTRACT**

The development of awareness of cervical cancer through health communication may take various forms to appeal to people or groups to change behaviour towards a particular health issue. Although some work has been done in Ghana on health communication and awareness of cervical cancer, not much has been written about the role of health communication in Ghana as a tool for creating awareness of cervical cancer. This study sought to explore the role of health communication in creating cervical cancer awareness in Ghana. In the study, the diffusion of creativity principle was used. In order to understand how other scholars have gone on the subject under different conditions and concerns, empirical literature was also reviewed. The study of previous literature described health communication as an important tool for increasing awareness and affecting behavioural changes while answering research questions. The study also included reflections as well as recommendations made by the researchers.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 BACKGROUND OF THE STUDY**

Changes in behaviour through health communication can take multiple forms to appeal to people or groups to shift behaviour towards a particular health issue. Scholars have argued that contact networks such as face-to - face conversations, telecommunications networks such as telephone or e-mail, electronic channels such as medical records and mass media channels such as TV , radio, posters, brochures are proliferating (Ngigi and Busolo, 2018). Health communication is defined by the Centres for Disease Control and Prevention (2020) as the research and use of communication methods to educate and influence health-enhancing decisions and actions. For the successful prevention of malaria and treatment habits, Koenker Keating, Alilio, Acosta, Lynch, Nafu-Traore (2014) illustrated the importance of contact in health-related areas.

Health communication is an expansive area that encompasses health education, risk communication, advocacy for health and policy, communication about outbreaks, communication with patients and providers, and literacy in health. Physicians and nurses, community health centres, hospitals and hospital managers, nursing homes, health educators, non-profits, government agencies and others can disseminate knowledge that can have a positive effect on personal health habits and decisions through health communication strategies. The WHO announced in 2009 that many of the global public health risks are rooted in human action (WHO, 2009). For an organized reaction to a public health issue, good communication is a prerequisite. However, by health contact, the variability of health conditions that saddle individuals with distinct demographic brackets hinder behavioural improvement. This situation account for why massive efforts have been made through health communication, individuals and communities at time revert to old behaviours for treatment of diseases.

Cervical cancer according to Waggoner (2003) and Ashford and Collymore (2005) as cited in Dhendup and Tshering (2014) although mostly preventable, female cancer is the second most prevalent globally and a leading cause of cancer deaths among women in developing countries. In 2010, there were 454,000 cases of cervical cancer worldwide, about 50 percent of which led to death (Forouzanfar, Foreman, Delossantos, Lozano, Lopez, Murray and Naghav, 2011). The World Health Organization (2020) reports that in low and middle-income countries, more than 85 percent of global cervical cancer deaths occur, indicating inadequate monitoring and early detection initiatives in these countries. In 2008, as quoted by Dhendup and Tshering (2014), Ferlay, Shin, Bray, Forman, Mathers, Parkin (2008) reported that over 1.1 million people died from cancer in the World Health Organization's South East Asia Region, where Bhutan is a member country. Of these, breast and cervical cancers caused 35% of deaths (Ferlay, Shin, Bray, Forman, Mathers, Parkin, 2008; Dhendup and Tshering, 2014).

The American Cancer Society suggests screening for cervical cancer at age 21 with repeat testing every 3 years until the age of 30 and every 5 years thereafter with a combination human papillomavirus (HPV) test until the age of 65 (American Cancer Society, 2020). Dang, Lee and Tran (2010) add that early detection will dramatically improve the likelihood of effective treatment, resulting in a reduction in invasive cancer incidence and mortality of approximately 40 percent. The detection in Bhutan of most cases of cervical cancer at a late stage is an indicator that the screening services that are openly offered are not used or improperly used.

The second prevalent disease, but the leading cause of cancer deaths in Africa in 2018, was cervical cancer (International Agency for Cancer Research, 2019). Denny, Kuhn, Hu, Tsai and Wright (2010) say it is predicted that approximately 78,879 women living in Africa will be diagnosed with cervical cancer annually by 2025, while 61,671 will die of the disease. Research has shown that frequent screening for cervical cancer leads to early detection (Botha, 2009; Binka, Nyarko, Awusabo-Asare and Doku, 2019). Cervical cancer screening should start at age 21, according to Saslow et al. (2012). Thus, women under the age of 21 should not be screened regardless of the age of sexual initiation or other risk factors

associated with behaviour. Education to raise understanding of risk factors and encourage early detection is therefore a must. For these reasons, the researcher seeks to explore the role of health communication in creating cervical cancer awareness.

## **1.1 PROBLEM STATEMENT**

Ghana has no formal national cancer program and is at an undeveloped stage in the establishment of a national cancer registry (Ministry of Health, 2011). Most of the cervical cancer screenings that take place in the country can be identified as opportunistic screening in the absence of a national screening program, where doctors request Pap smears or Visual Inspection with Acetic Acid (VIA) for patients who are seen in clinics for either general medical exams or non-cervical cancer consultations (Adanu, Seffah, Duda, Darko, Hi). However, prevention of cervical cancer is not widely promoted and only a few women scan when not seeking care for infected women (William and Amoateng, 2012).

In 2001, cervical cancer screening and testing was initiated in Ghana by the Ministry of Health (MOH) and the Johns Hopkins Programme for Foreign Education in Gynaecology and Obstetrics (JHPIEGO) (Ministry of Health, 2011). Binka, Nyarko, Awusabo-Asare and Doku (2019) say that the MOH officially introduced cervical cancer screening into its National Guidelines for the Delivery of Reproductive Health Service in 2004. WHO (2014 ) reports that the human papillomavirus (HPV) vaccine and HPV DNA testing have been approved for use in public hospitals as part of this program. The cervical cancer screening methods approved by the Ministry of Health of Ghana (Binka, Nyarko, Awusabo-Asare and Doku, 2019) were the Pap test and visual inspection with acetic acid (VIA). Nonetheless, the International Agency for Cancer Research (2019) suggests that the prevalence and mortality of cervical cancer in Ghana is still high.

Insight gained through prior studies delineate that there is little attention by scholars regarding health communication and cervical cancer awareness. Anecdotal evidence depicts that most women prone to cervical cancer tend to rely on unprofessional herbal medications and other faith-based organisations for

medical care. This therefore warrants this study especially as it puts forth first-hand argument in scholarly discourse from the context a developing country Ghana. Since the essence of good health cannot be underestimated, this study seeks to explore the role of health communication in creating cervical cancer awareness.

## **1.2 OBJECTIVES OF THE STUDY**

The main purpose of this study is to explore the role of health communication in creating cervical cancer awareness. However, the researchers set some specific objectives to help achieve the main objective.

These sub-objectives are:

1. To find out if health communication has an effect on cervical cancer awareness
2. To identify how health communication affects the cervical cancer awareness
3. To identify the appropriate means of creating awareness for cervical cancer

## **1.3 RESEARCH QUESTIONS**

In order to achieve the above stated objectives, the researchers asked the following questions:

1. Does health communication affect cervical cancer awareness?
2. How does/can health communication affect cervical cancer awareness?
3. What is (are) the appropriate mean(s) of creating awareness for cervical cancer?

## **1.4 SIGNIFICANCE OF THE STUDY**

This study has contributed to the existing literature on health communication and awareness for cervical cancer. This study is again significant as it draws on empirical studies mainly for Ghana and elsewhere. This study has again evoked the concept of audience segmentation in health communication. This will help health practitioners to develop health communication programs that will meet the patients within the

various segments. This is because patients are heterogeneous with myriad of health challenges therefore audience segmentation is paramount in this regard.

The study will as well help policy makers and health organizations to strategize and devise communication tools that will help women, especially in a better doctor-patient communication. Also, the study by extension will help educate the public on general health literacy and policies in place for the wellbeing of women.

### **1.6 SCOPE OF THE STUDY**

The study set a scope to explore the role of health communication in creating cervical cancer awareness. Also, the study will be restricted to the use of secondary data. Again, this study was essentially centred on some variables in relation to health communication which include communication tools, communication channels and types of communication.

### **1.7 ORGANIZATION OF THE STUDY**

The study is segmented into four chapters where the first chapter was the introductory part. It focused on the background of the study, problem statement and research objectives among others. Chapter Two also discusses the theoretical grounding of the study was given. This is comprised of an empirical review theoretical and conceptual framework. The third Chapter discusses the research methodology while the fourth part provides details the summary of findings conclusions and recommendations of the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 REVIEW OF EMPIRICAL LITERATURE

There has been diverse works done on the concepts of health communication and cervical cancer awareness as a whole. This study will thus, lean on some of these studies which are in line or significant to this study which focuses on exploring the role of health communication in creating cervical cancer awareness. This review will be done looking at several works which the researcher thought would come in handy with the focus study in mind. These works include that of Binka, Nyarko, Awusabo-Asare and Doku (2019), Ngigi and Busslo (2018), Ebu, Mupepi, Siakwa and Sampelle (2015), William, Kuffour, Ekuadzi, Yeboah, ElDuah and Tuffour (2013) and that of Williams and Amoateng (2012).

In the North-Tongu district of Ghana, Binka, Nyarko, Awusabo-Asare and Doku (2019) sought to examine the obstacles to the adoption of cervical cancer screening and care. The research conducted twenty-five in-depth interviews with respondents with three focus group discussions. Using a thematic analytical method (Binka, Nyarko, Awusabo-Asare and Doku, 2019), the data was analyzed with the R package for qualitative data analysis. Binka, Nyarko, Awusabo-Asare and Doku (2019) found that the obstacles at the individual level were low levels of awareness about the disease and screening facilities, personal or psychological convictions and expenses of screening and care combined with a low level of income.

The obstacles at the institutional level were the perceived mindset of health workers, perceived lack of privacy and misdiagnosis, while the community's sociocultural belief system regarding the etiology of the disease was the obstacle at the community level (Binka, Nyarko, Awusabo-Asare and Doku, 2019). Inadequate disease education, lack of resources and access to screening facilities have also limited policy-level screening and care (Binka, Nyarko, Awusabo-Asare and Doku, 2019). Binka, Nyarko, Awusabo-Asare and Doku (2019) concluded that in rural Ghana, cervical cancer screening and care are limited at

various levels. The study highlighted the need to simultaneously resolve the low uptake of cervical cancer screening and care at individual, group, institutional and policy levels.

Ngigi and Busslo (2018) argued that communication about behavior change can take multiple forms to appeal to individuals or groups to change behavior towards a particular health issue. Their research therefore focused on how contact could be used to prevent and monitor the spread of diseases and diseases as a effective tool for encouraging positive health behaviour among populations. The study also established communication models that could be used to direct the creation of strategies that facilitate safety, minimize risky behaviors, and enable positive behaviors to be implemented and sustained.

Ngigi and Busslo (2018) endorsed the view that there were a wide range of different contact networks, from simple face-to - face conversations, telecommunications networks such as telephone or e-mail, computer channels such as medical records and mass media channels such as TV , radio, posters , brochures, etc. They suggested that understanding which networks could reach specific target populations most effectively was important. By manipulating what people understood and believed about their actions, or manipulating actual or perceived social standards, or by modifying specific skills and trust in skills, campaigns aim to influence the acceptance of suggested behaviors. The study concluded that all stakeholders should be active in the effort to bring about meaningful behavioral change in the community (Ngigi and Busslo, 2018).

Ebu, Mupepi, Siakwa and Sampelle (2015) tried to investigate Elmina's awareness, practice and obstacles to cervical cancer screening. This was tackled by setting objectives to determine the extent of women's awareness of Pap smear tests, to identify women's practices for Pap smear tests, and to identify obstacles to Pap smear tests in Elmina, Ghana. To perform interviews with 392 respondents, Ebu et al. (2015) used a cross-sectional approach. These respondents were sexually active females aged between 10-74 years. The University of Cape Coast Institutional Review Board issued ethical approval for the research and participants received informed consent (Ebu et al., 2015). With SPSS software (v19.0), data was analyzed using frequencies, chi-square checking, and exploratory factor analysis.

Ebu et al. (2015) found that 68.4 percent of the respondents had never heard of cervical cancer, 93.6 percent had no knowledge of risk factors, nine (2.3 percent) identified multiple sexual partners as risk factors and were sexually involved, and 92 percent did not know about cervical cancer prevention and care. The majority had never heard of the Pap smear test (97.7 percent).

Out of 392, only three (0.8 percent) women had a Pap smear exam. According to Ebu et al. (2015), reasons for getting a Pap smear test included referral, fear of cervical cancer and radio campaigns. A significant correlation between institutional and personal obstacles and getting a Pap smear test has been identified. Ebu et al. (2015) concluded that comprehensive education on screening for cervical cancer and elimination of access barriers is crucial for reducing disease-related risk and improving the health of women.

In Ghana, West Africa, cervical cancer was the leading cause of cancer death among women, William, Kuffour, Ekuadzi, Yeboah, ElDuah and Tuffour (2013) stated. According to William et al. (2013), the cervical cancer mortality rate in Ghana is more than three times the global mortality rate for cervical cancer. Pap tests and visual inspection with acetic acid wash are commonly available in Ghana, but at regular intervals, less than 3% of Ghanaian women receive cervical cancer screening.

The research by William et al. (2013) aimed to identify psychological obstacles to cervical cancer screening using a mixed approach among Ghanaian women with and without cancer. The use of semi-structured interviews with 49 Ghanaian women with cancer and 171 Ghanaian women who did not have cancer was used by William et al. (2013). William et al. (2013) found that the findings of the quantitative study showed that patients with cancer were not more likely than women without cancer to have greater awareness of cancer signs and symptoms.

Qualitative data analysis uncovered many psychological obstacles to screening for cervical cancer, including common myths about cervical cancer, stereotypes about screening for cervical cancer, lack of spousal screening assistance, cultural taboos about the gender of health care providers, and the stigmatization of women with cervical cancer. William et al. (2013) concluded that the findings of this

study can be used to inform the development of culturally appropriate interventions in cervical cancer education aimed at overcoming the psychological obstacles perceived by Ghanaian women to cervical cancer screening.

The research by Williams and Amoateng (2012) sought to evaluate the awareness and beliefs among men in Kumasi regarding cervical cancer screening. In Ghana, West Africa, the age-standardized mortality rate for cervical cancer is more than three times the mortality rate for global cervical cancer (Williams and Amoateng, 2012). At public and private hospitals in Ghana, the Pap test and visual inspection with acetic acid are available. Around 2.7 percent of Ghanaian women regularly undergo cervical cancer screenings (Williams and Amoateng, 2012). In the prevention of cervical cancer, men in middle-income countries play a key role. Screening rates in Ghana can be improved by increasing spousal support for cervical cancer screening (Williams and Amoateng, 2012).

In order to test their breast cancer and cervical cancer screening awareness and values, Williams and Amoateng (2012) conducted five focus groups with Ghanaian citizens. By indexed coding, the qualitative data was analyzed. Williams and Amoateng (2012) suggest that the priorities for educational initiatives, including inaccurate awareness of cervical cancer and stigmatizing attitudes regarding risk factors for cervical cancer, have been established. As another consideration, Williams and Amoateng (2012) established cultural taboos about women's health care behaviors.

Several participants suggested that if they understood more about the disease and the screening procedures, they would be able to provide spousal support for cervical cancer screening. Williams and Amoateng (2012) concluded that some Ghanaian women's health habits have played an important role in men. Williams and Amoateng (2012) say that in order to address myths and increase spousal support for cervical cancer, cervical cancer education initiatives targeting Ghanaian males were appropriate.

## **2.1 THEORETICAL UNDERPINNINGS AND REVIEW**

The effectiveness of health communication program directed at behaviour change must be predicated on theory (Milgrom, 2015). Theories are developed to explain, predict and interpret phenomena and, in many cases, within the constraints of essential bounding assumptions, to question and broaden existing knowledge. The theoretical structure must reflect an understanding of theories and principles that are applicable to the subject of your research paper and that contribute to the wider fields of knowledge that are being considered. The choice of a theory should depend on its appropriateness, ease of use and explanatory capacity (University of Southern California Libraries [USCL], 2020).

This research will draw on the diffusion of creativity theory and social cognitive theory, in line with USCL's (2020) notion of how to choose a theory. Any of the drawbacks associated with inadequate communication can be reduced if health communication is based on a theoretical model. They also allow practitioners to foresee why, no matter how much assistance or motivation is available, the audience does not participate in actions.

### **2.1.1 Health Belief Model**

The Health Belief Model (HBM) was founded by social scientists in the United States in the early 1950s. In order to recognize people 's inability to follow disease prevention methods or screening methods for early detection of disease, the Public Health Service. The HBM was later used for the reaction of patients to symptoms and medical care enforcement. The model suggests that the belief of a person in a personal danger of a disease or illness together with the belief of a person in the efficacy of the prescribed health behavior or action will predict the probability that the person will follow the behavior (Boston University School of Public Health [BUSPH], 2019).

The BUSPH (2019) notes that the psychological and behavioral theory was coined from the model. Two components of health-related actions have formed the basis for this model. The first is that if you are still sick, you want to stop disease or, conversely, get better. The second held that it was assumed that a particular health intervention would prevent, or cure, disease. Eventually, the course of action of a person also relied on the perceptions of the individual of the benefits and obstacles related to health conduct. The model from which the first four constructs were formed as the initial tenets of the model is composed of six constructs. As research about the model progressed, the last two were added. There are susceptibility perceived, intensity perceived, advantages perceived, challenges perceived, cue to action and self-efficacy (BUSPH, 2019).

Perceived susceptibility refers to the subjective perception by a person of the danger of having an infection or injury. There are broad variations in the feelings of personal vulnerability of a person to an disease or illness. Perceived seriousness refers to the thoughts of a person about the magnitude of contracting an illness or illness (or leaving the illness or illness untreated) (BUSPH, 2019). There is considerable variance in the feelings of seriousness of a person, and when deciding the severity, a person also considers the medical implications (e.g., death, disability) and social implications (e.g., family life, social relationships).

Perceived advantages have to do with the understanding of a person of the efficacy of different available acts to minimize the danger of illness or illness (or to treat illness or illness). A person's course of action in preventing (or curing) illness or disease relies on the consideration and assessment of both perceived susceptibility and perceived profit, so that if it was perceived as beneficial, the person will support the recommended health action (LaMorte, 2019).

LaMorte (2019) suggests that a person 's thoughts about the obstacles to undertaking a suggested health action are the perceived barriers. In a person's feelings of obstacles or impediments, there is broad variance that contributes to a cost / benefit analysis. The individual balances the efficacy of behavior

against the expectations that they might be costly, harmful (e.g., side effects), unpleasant (e.g., painful), time-consuming, or uncomfortable.

Cue to action claims that the motivation required to cause the decision-making process to consider a suggested health action is important. Such symptoms can be internal ( e.g., chest pain, wheezing, etc.) or external (e.g., guidance from others, family member 's disease, newspaper article, etc.). Self-efficacy often looks at the extent of confidence of a person in his or her ability to carry out a conduct successfully. This structure was most recently introduced to the model in the mid-1980s. In several behavioral theories, self-efficacy is a construct as it directly relates to whether an individual practices the desired behaviour (LaMorte, 2019).

#### **2.1.1.1 Limitations of Health Belief Model**

Limitations of this model that restrict its public health usefulness include the assertion that it does not take into account the behaviors, values, or other particular determinants of a person that determine the acceptance of a health action by a person. It also does not take habitual habits into account and can therefore advise the decision-making process of accepting a prescribed action (e.g., smoking) (BUSPH, 2019). The model does not take into account habits such as social acceptability that are carried out for non-health-related purposes.

Environmental or economic factors which may preclude or encourage the recommended action are not taken into account in the model. The model assumes that everyone has access to equivalent quantities of illness or illness data and also implies that signs of action are generally used to motivate people to act and that the primary objective in the decision-making process is 'health' acts (LaMorte, 2019).

This model is said to be more descriptive than informative, according to LaMorte (2019), and does not propose a method for improving health-related behavior. Early research found that perceived susceptibility, advantages, and obstacles were frequently associated with the desired health behavior in

preventive health behaviors; perceived intensity was associated less often with the desired health behavior. While the individual constructs are useful, they should be combined with other models that account for the environmental context and propose solutions for improvement, based on the health outcome of concern, the most efficient use of the model.

## **2.3 CONCEPTUAL UNDERPINNINGS**

### **2.3.1 Overview of Health Communication**

Health communication in public health is significant, according to the World Health Organization (WHO), since it insists that many of the risks to global public health through diseases and environmental disasters are embedded in human actions. For an orchestrated response to a public health crisis, good communication is therefore crucial (Haiders, 2015).

Adler and Rodman (2003) characterize communication as a process of human beings reacting to other people's symbolic actions. In their description, they highlighted three major components: communication is individual, communication is a mechanism and communication is symbolic. Communication plays an instrumental role in the acquisition of knowledge and the fulfillment of a ritualistic purpose that represents human beings as members of a social group (WHO, 2009). In this case, health communication seeks to induce the affected population to partake in such behavior by accessing knowledge that includes the elderly. Intervention steps to modify the actions of elderly people must be an area of concern and must be actively endorsed by government and non-governmental organizations.

Health communication exists in a very dynamic setting, according to (Schiavo, 2013), in which it is never easy to motivate and help people to adopt and maintain healthier habits or to implement new policies and procedures by politicians and practitioners or healthcare professionals to provide appropriate and culturally competent treatment. In this complexity, to be able to work efficiently to bring about the

desired behavioral change in society, health practitioners need to implement effective communication techniques.

Consumerism has also provided an opportunity for health practitioners to provide a holistic healthcare delivery with high patient satisfaction that goes beyond medications, even though the clinical aspects of patient care have always been a key concern in medicine; from an economic and organizational productivity viewpoint, the consumerism movement emphasized the importance of patient attention. Consumerism led to the start of increased attempts to listen to and better understand "the voice of the consumer," and with that, contact exposure as both a problem and a potential remedy (Bertakis, 1977; Omachonu, 1990; Parrott, 2004; Pascoe, 1983; Waitzkin 1984, 1986; Ware and Davies, 1983).

Communication offers the ability for health practitioners to understand patients' situations and take the appropriate steps to help resolve their concerns. Health Communication is often said to be the scientific creation, strategic dissemination and critical evaluation of applicable, reliable, available and comprehensible health knowledge conveyed to and from intended audiences to advance. Most health communication researchers insist on initiatives for behavior change that seek to increase awareness, encourage dialogue, facilitate improvement in behaviors, minimize stigma, and develop skills among others.

### **2.3.2 Channels of Communication**

As stated in Asah-Asante (2015), Lipset et al. (1995) assume that the means used to transmit messages are communication channels. In communication, messages are transmitted to a receiver from a source. Television, radio, newspapers and interpersonal contact are part of the networks. In this research, the different communication media by which health communication messages are conveyed to the public are communication networks. Radio, television, newspapers and other environmental media are among them, such as pamphlets, posters, among others.

### **2.3.3 Types of Communication**

Lumen Learning (2020) indicates that verbal communication, non-verbal communication, and written communication are three essential forms of communication. The former is the type of communication that includes listening to a person to understand their meaning, whereas non-verbal communication has to do with the sort of observation and meaning inferred by a person. On the other side, written correspondence allows one to decipher its own meaning. Each of these styles has its own benefits and drawbacks.

According to Trizanga (2020), verbal communication comes in two forms: formal communication and informal communication. In workplaces and social gatherings, formal communication is widely used whereas informal communication is used in casual discussions, such as a chat with family or friends. In general, non-verbal communication is demonstrated by signs and signals and can go without verbal communication (Trizanga, 2020). Prabavathi and Nagasubramani (2018) indicate that written communication is any mode of communication known as written communication that is written and recorded from the sender to the recipient. This can be in the form of, among others, emails, memos, research papers, studies. It is worth remembering, for the purposes of this analysis, that all the listed forms of contact take place in the delivery of health care.

### **2.3.4 Communication tools used in Health Communication**

HealthManagement (2020) indicates that touch plays an essential role in human interaction. Good contact between care providers and with their patients is a must in healthcare. This is because poor communication can affect patient care adversely or even cause medical mistakes. The emergence of multi-use mobile devices and smartphones, including mobile apps and websites, has created a simple and quick way for doctors and medical staff to interact with each other and connect with patients. Choosing the right communication tool and maximizing its use for better patient care is essential for healthcare organizations (HealthManagement, 2020).

These tools include advertising, sales promotion, Public Relations, personal selling, and direct marketing as indicated by the communication mix (Todorova, 2015). However in the health communication, advertising and Public Relations tend to be the most common. This claim is evidenced by the usage of these tools especially in the outbreak of the Covid-19 Pandemic.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 INTRODUCTION**

The methodology of analysis refers to the manner in which data is gathered during a study (Hennink and Hutter, 2020). This section focuses on the methods and nature of the analysis that was used in the report. It addresses the rationale of the research methodology used, which is motivated by the aims of the report. The research goals are outlined, accompanied by the design of the research.

#### **3.1 RESEARCH DESIGN**

In order to achieve the set target and targets, Burns, Bush and Sinha (2010) describe a research design as a comprehensive description of the procedures followed in a research effort. It relates to established research methods that have been followed in data collection and analysis. Saunders, Lewis and Thornhill (2012) propose that either quantitative or qualitative in nature can be the research method and this differentiates both data collection and data analysis procedures. The approach of quantitative analysis is an attempt to isolate particular elements and also uses numbers and numerical correlations to quantify and analyze the casual relationships between variables within a value-free context (Denzin, 2012). One of the key merits of the quantitative analysis approach is that the effect is simple to calculate and objective evidence will clearly illustrate the findings. The researcher is also capable of economically gathering and supplying data (Denzin, 2012). To this, the study will adopt the quantitative research approach.

### **3.2 Study Population**

In general, a sample population is a well-defined group of people or artifacts with common features that are the main subject of a scientific investigation (Fraenkel and Wallen, 2011). However, because of the large population sizes, researchers do not evaluate every individual in the population because it is costly and time-consuming. Researchers are therefore using sampling methods to select population samples (Aina, 2004). Pokuase in the Ga West Municipal District would therefore be the population for the analysis. Due to its increasing population, which offers a significant cosmopolitan mix, this region was chosen.

### **3.3 Sample and Sampling Technique**

Burns and Grove (2010) claim that sampling is simply the collection of a portion or sub-set of the entire study population so that the entire population can be represented by the selected component. Therefore, a study sample is a subset of the population from which it was taken and it must be of a decent size in order to justify statistical analysis to draw population-related conclusions (Burns and Grove, 2010). Because of the large sample sizes, researchers are also unable to evaluate every individual in the population because it is too costly and time-consuming. Researchers are therefore using sampling methods to select population samples (Aina, 2004).

#### **3.3.1 Sampling technique**

Sampling happens when a part or sample of a broader community of prospective participants is tested by researchers and the findings are used to make claims that refer to this wider group or population (Salkind, 2010). The type of sampling technique used by a researcher will affect their ability to generalize the study population's sample results and the type of statistical tests you can apply to the data (Kumar, 2019). According to Salkind (2010), the method of choosing a sample is an integral part of sound testing design.

Frey (2018) indicates that two types of sampling design are non-probability sampling designs and probability sampling designs while performing a sample.

Given (2015) describes that in qualitative research, non-probability sampling is a standard technique where researchers use their decision to pick a sample while probability sampling provides the same likelihood of being chosen for each participant. In addition, Provided (2015) holds that simple random sampling is the most fundamental type of probability sampling. Frey (2018) also observes that it is frequently not possible and actually not feasible to include each member of a population in a sample. Thus, to represent the population, sub-sets of the population (samples) must be selected (Frey, 2018). If samples are correctly obtained, from relatively small samples, reliable claims can be made about a population, with a reasonably high degree of confidence. Therefore, Frey (2018) notes that simple random sampling is a probability technique for selecting a subset or sample from a larger population in such a way that each element is selected. The basic random sampling method will be used for this purpose in this analysis. This technique will be used to select five hundred (500) research respondents.

### **3.3.2 Data Collections Procedure**

The research will use the use of both primary and secondary data as mentioned above, with the aim of the analysis in mind. Questionnaires will be used to obtain primary data from study participants, while secondary data will be gathered from books, journal papers, online / internet content, and other community relations and brand reputation publications in general. Using Microsoft Excel and the Statistical Package for Social Sciences (SPSS), the data obtained will then be analysed. Using frequency distribution tables, graphs and maps, the analyzed data will be displayed. Descriptions and further explanations will also be given in order to help the process of understanding.

### **3.3 ETHICAL CONSIDERATION**

This section covers considerations regarding the appropriateness of the researcher's behavior towards the research participants. In this regard, participants/respondents will be extensively briefed on what the research is about, how it will affect them, the risks and benefits of participation and the fact that they have the right to decline to participate if they choose to do so. Also, another significant ethical issue that will be considered in this research process is the confidentiality of respondents. To secure the consent of the selected participants, the researcher will relay all important details of the study. In ensuring this, there will be no disclosing of names or personal information in the research. Only relevant details that will help in answering the research questions will be included.

### **3.4 CHAPTER SUMMARY**

The research methodology this paper adopted was discussed in this chapter. A quantitative methodology was introduced in the paper. The next chapter addresses the study's conclusions and describes the report as well as, among other topics pointing out limitations of the study.

## **CHAPTER FOUR**

### **SUMMARY**

#### **4.0 INTRODUCTION**

This section provides a discussion of the study's final chapter. The discussion will take place along the lines of answering the research questions posed by the study as well as the study's weaknesses and proposals for future studies will also be addressed.

#### **4.1 SUMMARY**

This study sought to explore the role of health communication in creating cervical cancer awareness. Prilutski (2010) primarily supports the view that in Ghana, techniques incorporated into a culture, centered on personal interaction and transmitted through culturally relevant media, are efficient communication tools. For this purpose, it is possible to claim that health communication can be used to improve behavior in the context of generating understanding of cervical cancer in this case. In this sense, it can be said that one way of raising awareness of cervical cancer is to implement successful health communication strategies.

The study found that contact with health had a vital impact on knowledge of cervical cancer. The study found that the development of knowledge of a disease by means of successful health communication was established as a prerequisite for behavioural improvement in its prevention. This study also showed that they would take care to reduce health risks if health communication was geared at the youth. This plan would assist young people to practice constructive and safe behaviour. In short, if the right communication networks are used to connect to the target audience, health communications will be successful. While social media has been recognized as an important communication tool, the form of

communication that can better reach their targeted audiences should be identified by health professionals and communicators.

Abiodun, Olu-Abiodun, Sotunsa and Oluwole (2014) note that multiple film-based media health education is effective in increasing awareness of and enhancing the understanding and perception of adult women about cervical cancer and screening while exploring how health communication impacts cervical cancer awareness. It also increases the use of screening for cervical cancer. For the effectiveness of a cervical cancer prevention program, the development of awareness is very important (Abiodun, Olu-Abiodun, Sotunsa and Oluwole, 2014).

The creation, adoption and implementation of a wide range of modern eHealth technologies, according to Kreps and Neuhauser (2010), holds a tremendous promise to increase the access of patients and providers to relevant health information, improve the quality of care, minimize health care errors, increase collaboration and promote healthier conduct. It is therefore imperative that the effective means of raising awareness of cervical cancer be established. For example, Bannor, Asare and Bawole (2017) could not use information technology to use social media as an approach. There is a common belief in the health communication community that recent developments in internet technology, particularly social media, have changed the pattern of communication, including health-related communications.

The number of internet users in Ghana, for instance, has risen from 0.11% in 1999 to around 19.6% in 2015 (Internet World Statistics, 2015). In addition, on social media, 72 percent of all internet users are now participating (Bullas, 2014). They conducted in-depth interviews with four (4) professionals at the health promotion unit of the Ghana Health Service in Bannor, Asare and Bawole's (2017) research to discover the efficacy of social media for transmitting health messages in Ghana. The researcher saw social media as a fresh and productive platform for publicly sending health-related messages and is better combined with conventional media to reach the broadest population.

Health communicators may also employ narrative communication in addition. Hinyard and Kreuter (2014) suggest that, since it is the basic form of human interaction, narrative communication would appear promising for use in health-behavior apps. Hinyard and Kreuter (2014) claim in our everyday lives that contact with each other is achieved through narration and storytelling. The primary medium by which different powerful social and political institutions exchange knowledge with the public is narrative. In journalism, it is the foundation of news reporting and hence how we think about the world around us (Woodstock, 2002).

#### **4.2 LIMITATIONS OF THE STUDY**

Due to complications arising from COVID-19, the study resort to being a desk study even though the study set out to be a thesis. As the primary data source, the researcher had to resort to secondary data. Also, coming up with relevant literature was not an easy task therefore the researcher had to rely on more western literature. This also means that the results and conclusions of the research are conceptual and not new information to any degree. Aside this mishap, the scope of the study was limited to only Ghana. Future studies should be conducted across multiple countries to examine the conclusions developed in this paper and the possibility of multiple perspectives regarding how the role of health communication in creating cervical cancer awareness to the youth as well as other interesting topics concerning the variable.

#### **4.3 RECOMMENDATION**

The study recommends that a round table discussion be held by the Ministry of Health, Ghana Health Service, Academia and other major stakeholders to find lasting solutions to this gap identified. The Also, public relations and ads could be employed to alter perceptions and behavior through, the internet, social media and theatrics (Akan drama) among others. For future studies, other researchers should endeavor to

collect primary data so that asserts bothering suggestions and recommendations could have some level of empirical backing.

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