

Analysis of Case Studies in Public Health Communication Strategies in Nigeria

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ABSTRACT

The importance of the mass media in public health communication cannot be overemphasized. However, the utilization of communication channels remains veritable tools for the effectiveness of public health communication in the society. This article chronicles some case studies on public health communication strategies in Nigeria, to ascertain the efficacy of public health communication as a tool for healthy living among Nigerians. The article analyses various public health communication strategies adopted in Nigeria with the aim of deducing the effectiveness of the strategies deployed to stem down the tide of ever increasing cases of public health epidemics in the country. The article relied primarily on secondary sources to determine the effectiveness of the strategies deployed by health communicators. The article reveals that the efficacy of a public health communication is dependent on the effectiveness of the communication strategy deployed. Further findings indicated that, while the mass media is effective in reaching a larger audience, it has been ineffective in solely enforcing behavioural changes. Also, the article reveals that the television is instrumental in reaching teenagers and adolescents and radio seems to be the most operational broadcast option in reaching out to rural Nigeria. Interpersonal communication either on a platform of a health worker to an individual, teacher to a student or word of mouth from friends and relatives are most positioned to generate and enhance healthy decision making. Community based platforms such as the traditional, political, religious and social institutions in the communities are most suitable in influencing decisions especially on matters that contradicts cultural, traditional or religious values. The study concluded that Public health communication is relatively new in Nigeria and as such, there are limited documented case studies of such in Nigeria. The research hypothesises that various diseases are ravaging and eating deep into the fabrics of the Nigerian society, it is therefore imperative for all and sundry to make consisting efforts at various levels at improving the overall wellbeing and health of the society through communication.

KEYWORDS: *Public Health Communication, Communication Channels, Communication Strategies, Effectiveness of Public Health Communication,*

INTRODUCTION

Globally, public health communication is a relatively young discipline that emerged in the 1950s as a result of the underlining and growing importance of communication in boosting health awareness and consciousness.

Prior to the emergence of modern medicine, public health communication was primarily; informal and interpersonal. Communication has been imperative in sharing information about the ingredients, techniques and lore surrounding the natural materials for the management of disease and injury and as such, effective communication was imperative to the success of the prehistoric human healers as “healers needed to understand the diseases of their patients so as to plan and execute their healing rituals” (Kissane , Bultz, Butow, & Finlay, 2011). Prehistoric human healers shared health tips to their wards, family members and patients via words of mouth. Often times that information were passed on from one generation to another.

Public health communication as a discipline is relatively young. Its origin can be traced to the humanistic psychological movement in the 1950s (Parvanta, Nelson, Parvanta, & Harner, 2011). The humanistic movement led to a convergence in the field of psychology, transpersonal psychology, medical sociology and medicine which metamorphosed into proto health communication. Proto health communication had two distinct paths: healthcare delivery and health promotion. The health promotion route was concerned with the development, implementation and evaluation of persuasive health communication campaigns to prevent major health risks and promote public health (Rice & Atkin, 2014).

Either owing to the growing health concerns and obsession of the Americans after the World War II or to the growth and development of health promotions, public health communication was birthed.

THE CONCEPT OF PUBLIC HEALTH COMMUNICATION

Communication is imperative in today’s world as man has always sought ways to communicate with one another. “Research shows that an average American spends 11.8 hours or 70percent of the time he or she is awake, consuming information” (Lewenson & Truglio-Londrigan, 2015). This is reflected in every sphere of life and business endeavours. “Public health communication encompasses the study and use of communication strategies to inform and influence individuals and community decisions that enhances their health” (Battle, 2009).

Public Health Communication is a field that is gradually yet consistently gaining unprecedented attention in recent times. To illustrate its growing importance, “for the first time, health communication was allocated a chapter in the United States of America (USA)’s Healthy People 2010 objectives” (Rimal & Lapinski, 2009). Public health communication draws from numerous disciplines, including mass and speech communication, health education, marketing, journalism, public relations, psychology, informatics and epidemiology (Bernhardt & Truglio-Londrigan, 2004).

Public health communication is aimed at improving the health and overall wellbeing of a community or population through communication. It is any type of communication whose content is concerned with addressing health issues and challenges. Effective public health communication uses an array of strategic communication channels to encourage and promotes healthy behavioural changes. As cited by, (O’Sullivan, Yonkler, Morgan, & Meritt, 2003) they encompass the following:

- a. **Interpersonal Channels:** It focuses on either one to one or one to group communication. One to one includes peer to peer, spouse to spouse or a health clinic worker to a client. An example of one to group maybe a community based outreach worker speaking with members of the women's cooperative society. It involves verbal and non-verbal communication approaches.
- b. **Community Oriented Channels:** This focuses on spreading information through existing social networks in the society such as family, religious, traditional or community based groups. This is often applicable when sensitive health issues which may contradict traditional and religious norms are involved. Example, health implication of female circumcision, child marriage etc.
- c. **Mass Media Channels:** It is very effective at reaching a larger heterogeneous audience at the same time. They are particularly effective at agenda setting. The mass media channels include television, radio, magazine, newspaper, outdoor such as transit boards, internet (social media such as Facebook and Twitter) and direct mails.

Not left out is the small media which includes the usage of posters, brochure, videos and fliers to communicate health oriented information. In the nutshell, health communication campaigns apply either a single or integrated communication strategies to influence the health behaviour of a target audience.

PUBLIC HEALTH COMMUNICATION IN NIGERIA

Before the proliferation of science, most African societies like Nigeria relied upon roots and herbs from traditional doctors to cure illnesses such as malaria, low sperm count, fibroid, pile, skin diseases, gonorrhoea etc and to enhance fertility and appetite.

The modern health care system in Nigeria is evolving as the government owned health care facilities are either understaffed or underequipped and the privately owned health care organizations are rather expensive, for the rich and affluent. In Nigeria, public health communication is yet to gain substantial grasp as the government is passive and somewhat reluctant in spearheading relevant health care initiatives and campaigns.

As stated by Murdock (2012), these have resulted to high infant mortality rate, high death rate and a life expectancy of 47 years. Nevertheless, Anatsui (2014) observed that the practise of public health communication is beginning to contribute to health promotions and disease preventions in several areas in Nigeria. Most probably why in recent times, life expectancy has risen to 55years in Nigeria.

Despite the lackadaisical approach of the Nigerian government towards the provision of health care facilities and health promotion in Nigeria, international organizations such as WHO and UNESCO have been relentless in their efforts at enhancing public health communication in communities and rural areas in Nigeria.

THEORITICAL UNDERPINING

The study is anchored on the Social Judgment Theory (SJT) propounded by Muzafar Sherif and Carl Hovland in (1980). The theory is focused on the perception and evaluation of an idea by comparing it with current attitudes. It states that an individual weighs every new information or idea by comparing it with the individual's point of view to determine where it should be placed on the scale of attitude in an individual's mind. SJT is the sub-conscious sorting out of ideas that occur at the instance of perception. This theory is relevant to the study in that recipients of public health campaign messages attach importance and value to campaign information that they sort out subconsciously to be useful to them.

Diffusion of Innovation Theory

This theory was also considered relevant to the study because of its media and interpersonal communication component which stipulates that information influences public opinion and judgement. The original diffusion research was carried out as early as 1903 by the French sociologist, Gabriel Tarde who plotted the original S-shaped diffusion curve. Tarde's 1903 S-shaped curve is of paramount importance because most innovations have an s-shaped rate of adoption (Rogers, 1995).

The diffusion of innovation theory predicts that media as well as interpersonal contacts provide information and influence opinions and judgment. Looking at how the innovation occurs, E.M. Rogers (1995) who popularized the theory argued that the theory consists of four stages: invention, diffusion, time and consequences and that innovation occurs with information flowing through networks. The nature of networks and the roles opinion leaders play in them determine that likelihood that the innovation will also be adopted.

In the words of Rogers, diffusion is the process by which an innovation is communicated through certain channels over a period of time among the members of a social system.

While an innovation is an idea, practice or object that is perceived to be new by an individual or other unit of adoption, Communication is a process in which participants create and share information with one another to create mutual understanding (Rogers, 1995).

THE THEORY OF PLANNED BEHAVIOUR

This theory abbreviated as TPB was proposed by Icek Ajzen in 1991 to improve on the predictive power of the theory of reasoned action by including perceived behavioral control. As a theory explaining human behavior, it has been applied to studies of the relations among beliefs, attitudes, behavioral intentions and behavior in various fields such as advertising, public relations and healthcare campaigns. The theory states that attitude towards behavior, subjective norms and perceived behavioural control together shape an individual's behavioral intentions.

The theory was developed from the theory of reasoned action and according to the theory of reasoned action, if people evaluate the suggested behavior as positive and if they think their significant others want them to perform the behavior, this results in a higher intention and they are more likely to do so. A higher correlation of attitudes and subjective norms to behavioral intention and subsequently to behavior has been confirmed in many studies. This theory is relevant to this study because it explains that attitude towards a behaviour shapes individual's intention. So, it could be argued that individual's attitude towards public health communication strategy is capable of shaping the efficacy of such communication strategy.

SOCIAL COGNITIVE THEORY

The theory came to be known through Edwin B. Holt and Harold Champman Brown's 1931 book theorizing that all animal action is based on fulfilling the psychological needs of 'feelings, emotions and desires'. The most noted component of this theory is that it predicted that a person cannot learn to imitate until they are imitated too (Bandura 1987).

Social Cognitive Theory (SCT) used in psychology, education, and communication states that portions of an individual's knowledge acquisition can be directly related to observing others within the context of social interaction and experiences outside media influences.

The theory further states that when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behaviors. In summary, the theory holds that the survival of humanity is dependent on replication of the actions of others. So, it could therefore be said that public health communication strategy becomes effective when recipients of information see others mimics the information being transmitted.

Above all, one common factor among these theories is that they all explain vividly the transmission and acceptance of information. This emphasises the relevance of the theories to the study as they adduce the reasons for the effectiveness of public health strategies or otherwise.

LITERATURE REVIEW

In a view to evaluate the efficacy of the communication channels and strategies used in public health awareness and promotion in Nigeria, a copious review of public health communication case studies will suffice.

This is with special consideration to the effectiveness of the public health communication strategy utilised in the public health campaign and the most active source of public health information because, this study aims to examine which communication channel is most effective in influencing the health behaviour of a target population.

A STUDY DONE ON FEMALE GENITAL MUTILATION (FGM) IN LAGOS STATE:

This study was done by (Isiaka & Yusuff, 2013). The research included 155 women in Lagos state. Knowledge or experience with FGM was a key criterion for the selection of the respondents.

Female genital mutilation is a cultural practice that cuts across religion and tribes in Nigeria except for the Fulanis. There are arguments for this practise as it is believed that women with uncut genitals tend to be promiscuous. However, promiscuity is a thing of the mind influenced by upbringing and social environment.

Women that have gone through the process of genital mutilation are at the risk of health complications and difficulty at reaching orgasm. Findings from the study further showed that the mass media was ineffective in solely fighting against FGM in Lagos state.

Interpersonal communications played a key role via, address or speech from health professions, testimony of individuals with negative FGC experiences at inter community meetings were the most reliable and sustainable communication strategies gathered for the research.

Similarly, a study carried out by Ugboaja in Malaysia on family planning motivation reveals that information about family planning matters were better received from interpersonal sources than through the mass media (Onyemenam, 2016)

POLIO PUBLIC HEALTH COMMUNICATION STRATEGIES IN NORTHERN NIGERIA:

Polio also known as poliomyelitis is a highly contagious disease caused by a virus that attacks the nervous system and could result in permanent paralysis. It is most prevalent in children younger than 5years. Through the platform of WHO, polio vaccines were administered in Nigeria.

In Northern Nigeria, in 2003, the political and religious leaders of Kano, Zamfara and Kaduna states brought the campaign to a halt by telling parents not to allow their children to be immunized as it was believed that the vaccines could be contaminated with anti-fertility substances, HIV and Cancerous agents (Jegede, 2007). The challenge was eventually resolved in July 2004 after an 8 months period through a dialogue with WHO and the Nigerian government with the traditional and religious leaders of the applicable northern states.

The impasses was further dowsed with the religious leaders representatives sent to South Africa, India and Indonesia to observe testing of the vaccines to ensure that it was indeed not contaminated (Jegede, 2007). After the proof that it was not of contaminated, the campaign systematically engaged the traditional rulers (Emirs) and religious leaders (Imams) to promote the acceptance of the polio vaccination program known as the Majidi campaign.

Nasiru, et al. (2012) observed that, other groups included the traditional healers, birth attendants, town criers and local surgeons. Film shows on the consequences of polio rejection were also featured.

Having the community leaders in attendance and support boosted the people's morale and encouraged their active participation.

FAMILY PLANNING MATTERS IN RURAL NIGERIA: THE EBELLE SCENARIO:

Nigeria battles with a case of the second highest infant mortality rate after India. Approximately, 2 percent of the world's population resides in Nigeria, yet 10 percent of the global maternal death rate takes place in Nigeria. For instance, a majority of Nigerian women lacks access to maternal care. Merely 60 percent of pregnant women in Nigeria have access to medical care and family planning especially in rural areas.

Below is a case of the Ebelle Community in Igueben Local Government Area of Edo state by (Omoera, 2010). The study examined the effectiveness of the broadcast media, specifically radio and television in creating and disseminating family planning information in rural Nigeria.

The study included 100 married respondents, both male and female of child bearing ages from the five major quarters of Ebelle (Eguare, Idumowu, Okuta, Ologhe and Okpujie). Findings from the study revealed that 88 percent of the population owned or had access to radio in comparison to 54 percent that either owned or had access to television set. 89 percent of the respondents listened or watched family planning programs on either radio, television or both. Hence it increased the consciousness and awareness of simple family planning concepts of 84 percent of the population. Painfully, only about 57 percent of the respondents adopted family planning methodologies. 43 percent of the respondents which is rather a large number were yet to.

THE EFFECTIVENESS OF SOURCES OF HIV/AIDS AWARENESS IN A RURAL COMMUNITY IN IMO STATE, NIGERIA:

Nigeria is the second largest country with HIV/AIDS cases in the world. According to AVERT (2016), approximately 210,000 people died from Aids related illness in Nigeria in 2013 which is 14% of the global total and since 2005, there has been no reduction in the number annual deaths. However, the statement above is contrary to Nwagwu (2008) as he opined that, a significant reduction in the prevalence of HIV/AIDS was recorded from 5.8 in 2005 to 4.8 in 2006.

Nevertheless, it is believed that the laidback attitude of the government at spreading and creating public awareness about the disease in its earliest stage in 1984 when the first victim was diagnosed is rudimentary to the prevalence of the disease in Nigeria. To that effect, the government, international organizations and other corporate bodies are consistently deploying communication strategies aimed at fostering and enhancing HIV/Aids awareness in Nigeria.

In a bid to assess the effectiveness of HIV/Aids communication strategies in Nigeria, 14 sources of information available to women and adolescents in rural communities in Imo state was surveyed by Nwagwu (2008). The study included 734 in school and out of school adolescents and 434 women.

Findings from the research revealed that, thirty five percent of the women reported to have heard about HIV/Aids from radio, 24.1% from television and 17.8% from friends and relatives. On the other hand, 55% of girls got awareness on HIV/Aids from television, 44.2% from radio and 23% from friends and family.

From the sources of information on HIV/Aids awareness analysed, television independently contributed 18%, followed by friends and relatives 16.6% and radio 4.2% while for the girls, television autonomously contributed 21%, seconded by friends and relatives contributing 19.1% with school teachers accounting for 3.1%.

Table 2.1: The Effectiveness of sources of AIDS awareness in a rural community in Nigeria, 1998–2000

Information source	Persons aware of HIV/AIDS (%)		Measure of effectiveness (%)		Measure of independence (%)		Average number of sources	
	Women	Girls	Women	Girls	Women	Girls	Women	Girls
Radio	34.9	44.2	11.4	14.4	4.2	1.8	1.3	2.3
Television	24.3	54.5	19.7	28.4	18.2	20.1	1.0	2.6
Newspaper	0.02	12.3	1.7	1.9	0.0	0.2	1.2	2.7
Pamphlets/magazine	1.2	15.5	1.8	3.1	0.0	0.9	2.7	2.6
Clinical health worker	12.1	9.1	9.8	6.1	2.8	2.0	2.2	2.8
Place of worship	2.1	5.8	7.9	6.0	2.3	1.9	2.5	4.3
School teacher	0.9	21.1	0.1	4.1	0.3	3.1	2.9	3.1
Community meeting	8.8	1.9	26.2	12.9	0.8	1.1	3.8	2.7
Friends/relatives	17.8	23.2	33.1	16.6	16.2	19.1	3.6	2.0

Information source	Persons aware of HIV/AIDS (%)		Measure of effectiveness (%)		Measure of independence (%)		Average number of sources	
	Women	Girls	Women	Girls	Women	Girls	Women	Girls
Workplace	2.9	0.1	16.4	0.8	3.5	0.0	1.9	3.0
Cinema	0.00	0.2	0.0	0.8	0.0	0.1	2.7	2.8
Exhibition	0.02	3.9	1.1	2.1	0.1	1.6	0.8	3.1
Adult education programme	0.03	0.3	1.8	7.7	0.1	0.0	0.1	1.7
Political leaders	0.01	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Source: (Nwagwu, 2008)

With respect to the effectiveness of the sources of information on HIV/Aids, friends and family was the most effective source of information for 29% of the women, followed by community meetings (26%) and television (20%). For the girls, the most potent source of awareness was television (28%), the second and third are friends and relatives (17%) and radio (14.4%).

AWARENESS AND UPTAKE OF CERVICAL CANCER SCREENING AMONG WOMEN IN ONITSHA, SOUTH-EAST, NIGERIA:

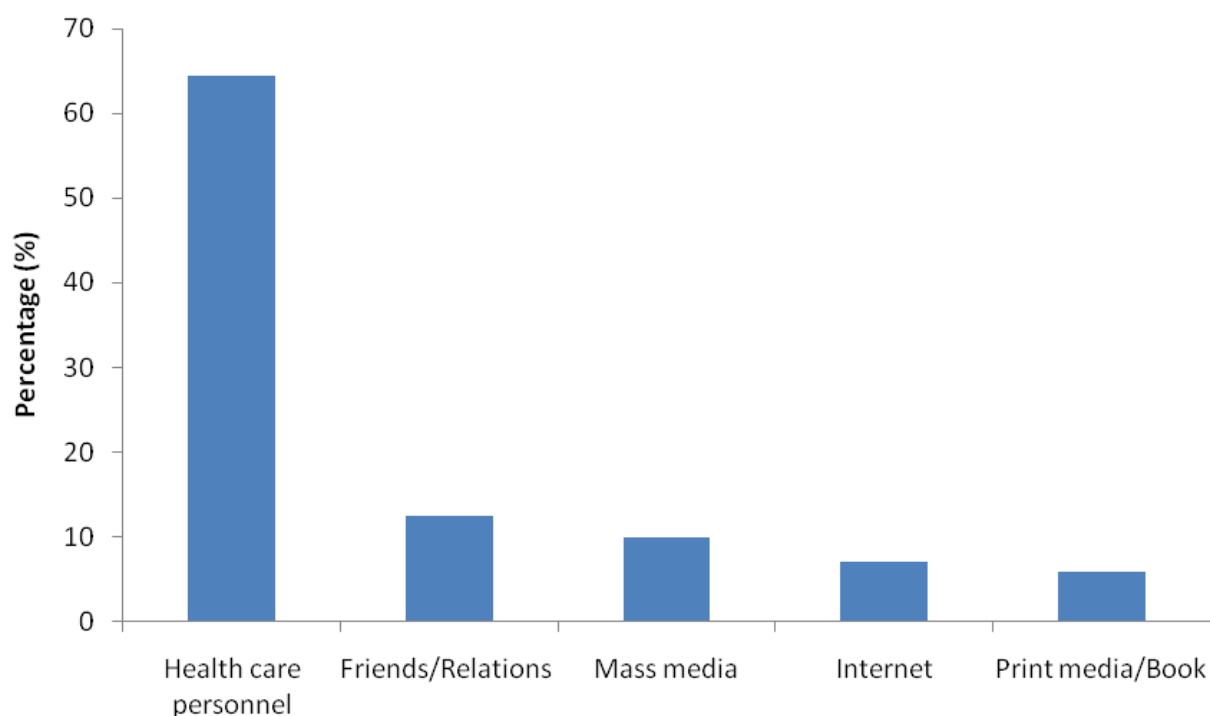
Cervical cancer kills more women worldwide than HIV/Aids, tuberculosis and malaria. Cervical cancer is the second commonest female malignancy in the world. It is the leading cause of gynaecological cancers in developing countries (Nwazor & Orugudosi, 2013). This was further iterated by Ifeoma Okoye, a radiologist, according to her, forty eight million women are at risk, 17,550 women are diagnosed yearly, 9,659 women die annually and 26 women die on a daily basis in Nigeria (Premium Times, 2014).

The good news remains the fact that the most germane way to prevent the disease is through early screening, detection and treatment. Unvaryingly, at the early stage, the illness is treatable and curable.

As stated by Kawonga (2003), cervical cancer is therefore a preventable disease because cervical cancer has a latent period and starts with a pre-invasive stage that is curable, it is possible to detect the disease early and take necessary steps to prevent progression to life threatening advanced stage of the disease.

Thus, this has called for a deliberate proactive effort in creating awareness about cervical cancer and enhancing the chances of women to uptake the cervical cancer screening. Consequently, a study was undertaken by Nwazor & Orugudosi (2013) to explore the awareness of cervical cancer screening and uptake among women in Onitsha south-east, Nigeria.

Figure 2.1: Sources of Information on Cervical Cancer Screening



Source: (Nwazor & Orugudosi, 2013)

The study showed that health care personnels (Doctors, Nurses, Laboratory Scientists, Pharmacists and Radiologists) are most effective in creating awareness on cervical cancer, followed by friends and relatives then the mass media, internet and lastly, books.

METHODOLOGY

In examining the effectiveness of Public Health Communication Strategies (an analysis of case studies in Nigeria), the secondary data analysis was used because the study aims at ascertaining the potency, gap and deficiencies in the communication strategies of implemented public health communication efforts in Nigeria and as such, it involves evaluating the works of others.

SUMMARY OF FINDINGS

The efficacy of a public health communication is dependent on the effectiveness of the communication strategy used.

Findings from the study indicated that, while the mass media is effective in reaching a larger audience, it has been ineffective in solely enforcing behavioural changes. This is because, “the media does not exist independently from the cultural, political and economic systems in which they are embedded” (Duck & McMahan, 2012). The media has limited effects on its consumers because, “family, social circles, friends and education are most important for generating attitudinal changes” (Wulbers, 2011). However, further findings revealed that the television is instrumental in reaching teenagers and adolescents and radio seems to be the most operational broadcast option in reaching out to rural Nigeria. Consequently, the role of the mass media in the society cannot be underestimated or related to the background.

Interpersonal communication either on a platform of a health worker to an individual, teacher to a student or word of mouth from friends and relatives are most positioned to generate and enhance healthy decision making.

Community based platforms such as the traditional, political, religious and social institutions in the communities are most suitable in influencing decisions especially on matters that contradicts cultural, traditional or religious values.

RECOMMENDATION

The role of the mass media in the society cannot be overemphasized; however, the utilization of other communication channels in collaboration with the mass media will be most effective in community based public health communication.

It will be rather most useful to incorporate other communication channels, especially interpersonal communication and community based platforms as the chances for success in health communication increases with the use of multiple strategies while putting in perspective the unique circumstances of each target audience as it bothers on their age, gender, social, cultural and religious beliefs.

These can be achieved by first researching on the target population because, each community is unique. It is therefore vital to conduct a prior research on each community or the target population, to design a community strategy, customised to meet the unique needs and demands of the target audience.

CONCLUSION

Public health communication is relatively new in Nigeria and as such, there are limited documented case studies of such in Nigeria. Nevertheless, due credence is given to international organizations such as WHO and UNESCO for their efforts thus far in reaching out with public health communication strategies and initiatives in health challenges communities in Nigeria.

Various diseases are ravaging and eating deep into the fabrics of the Nigerian society, it is thereby imperative for all and sundry to make consisting efforts at various levels at improving the overall wellbeing and health of the society through communication. It is also fundamental to understand that communication is not limited to the mass media and simple words of mouth through interpersonal communications has proven to be pivotal at enhancing the overall health of individuals.

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