Mass Media Campaigns on Breast Cancer and Message Utilization by Female Civil Servants in Anambra State

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Abstract

Mass media campaigns are central to public-health communication because they can increase awareness, shape perceptions, and encourage preventive action. This study examined exposure to, disposition towards, and utilisation of mass media campaign messages on breast cancer among female civil servants in Anambra State, Nigeria. The study was anchored in the Health Belief Model and Agenda-Setting Theory. A quantitative survey was conducted with 334 female civil servants selected through a multistage procedure, and data were collected using a questionnaire. Findings show that 92% of respondents had encountered breast cancer campaigns in the media, although exposure was mostly occasional. Television was the most frequently reported platform. Most respondents considered the messages clear, but 51.5% expressed indifference towards them, while 62.6% believed only to some extent that the campaigns were effective in raising awareness. Utilisation was considerably lower than exposure: 75% had not undergone breast cancer examination, and 61.7% identified fear as the major constraint. The study concludes that high campaign exposure does not automatically translate into preventive action. It recommends more sustained, benefit-focused, and fear-reducing communication that combines mass media with interpersonal and health-service communication to encourage early detection and screening.

Keywords: mass media; breast cancer; health campaigns; message utilisation; female civil servants

INTRODUCTION

Mass media such as television, radio, newspapers, magazines, billboards, and digital platforms remain important channels for communicating health information to large and diverse audiences. In Nigeria, health campaigns routinely use these channels to provide information about disease risks, prevention, and available interventions. Okeke and Makata describe the mass media as channels capable of penetrating different segments of society and creating awareness and knowledge of health issues such as breast cancer. Television can integrate health messages into news, interviews, documentaries, and public-service announcements, while radio can deliver repeated messages during popular programmes. Print and digital media also extend the reach and persistence of campaign information.

Breast cancer requires sustained communication because awareness is useful only when it supports informed preventive action. Media campaigns can make health problems salient, repeat key information, and motivate audiences to seek screening or adopt recommended behaviours. Wakefield et al. observe that mass media campaigns are widely used to expose large populations to health messages through routine media use, although campaigns do not always produce behavioural change on their own. Their effect may depend on message frequency, clarity, audience beliefs, perceived risk, access to services, and reinforcement through interpersonal or institutional communication. Against this background, the present study focuses on whether female civil servants in Anambra State merely encounter breast cancer campaigns or also use the messages in ways that support early detection.

STATEMENT OF THE PROBLEM

Breast cancer remains a major public-health concern, and the original study notes continuing concern about new cases and deaths among women in Nigeria. It also cites the World Health Organization's emphasis on awareness, early detection, treatment, and palliative care as important components of cancer control. Health organisations and advocacy groups therefore use the mass media extensively to disseminate breast cancer messages because of their capacity for broad and repeated reach. Yet exposure to information cannot be assumed to produce screening or examination behaviour.

The central problem addressed in this study is the apparent gap between awareness campaigns and actual message utilisation. Previous research has shown that women may know about breast cancer and breast self-examination but still fail to practise early-detection behaviours consistently. Campaigns may create awareness while fear, indifference, limited perceived susceptibility, or insufficient message prominence weakens behavioural response. The study therefore asks whether female civil

servants in Anambra State are sufficiently exposed to breast cancer campaign messages, how they perceive those messages, and whether the messages influence them to undertake breast cancer examination.

OBJECTIVES OF THE STUDY

- To investigate the extent to which female civil servants in Anambra State are exposed to breast cancer campaign messages in the media.
- To examine respondents' disposition towards media campaign messages on breast cancer.
- To ascertain the extent to which respondents utilise media campaign messages on breast cancer.

RESEARCH QUESTIONS

1. To what extent are female civil servants in Anambra State exposed to breast cancer campaign messages in the media?
2. What is the disposition of respondents towards media campaign messages on breast cancer?
3. To what extent do female civil servants in Anambra State utilise media campaign messages on breast cancer?

SIGNIFICANCE OF THE STUDY

The study has theoretical and practical significance. Theoretically, it contributes to understanding how media exposure, audience perception, and perceived health risk interact in the utilisation of breast cancer campaign messages. Practically, the findings may assist government agencies, non-governmental organisations, health communicators, and media campaign planners in designing messages that do more than raise awareness. By identifying indifference and fear as important barriers, the study highlights the need for messages that make preventive benefits clearer, reduce anxiety, and connect audiences with credible screening information and services.

LITERATURE REVIEW

Mass Media Campaigns and Health Communication

Mass media campaigns are organised communication efforts directed at defined populations over a specified period. Their health-communication role includes increasing knowledge, influencing attitudes, and supporting the adoption of healthier behaviour. Television combines sound and visuals and can communicate breast cancer information through news, interviews, documentaries, and dramatic content. Radio is comparatively accessible and can repeat short messages frequently. Newspapers, magazines, brochures, posters, and billboards provide information that can be revisited, although print communication depends more heavily on literacy. Digital media have further expanded access by allowing users to encounter broadcast and print content through internet-enabled devices.

The value of campaigns lies partly in their ability to deliver clear and behaviourally focused messages repeatedly. Wakefield et al. argue that repeated exposure through existing

media can reach large populations, but they also caution that campaigns are generally more effective when supported by other interventions. In breast cancer communication, the challenge is therefore not simply to make audiences aware of the disease but to connect awareness to specific actions such as seeking professional advice, learning appropriate self-awareness practices, and attending recommended screening. Campaign effectiveness may also be shaped by education, economic conditions, culture, beliefs, and other audience characteristics. Amannah and Ugwu similarly report that breast cancer broadcast campaigns may remain inadequate when women do not translate awareness into early-detection behaviour.

Empirical Review

Ezugwu and Nzekwe examined the influence of breast cancer broadcast media campaigns on the health behaviour of women in South-East Nigeria. Their findings linked awareness and knowledge of breast cancer risk factors, prevention, treatment, and screening with women's attitudes towards broadcast campaigns. The study supports the view that awareness and knowledge are related to campaign response, although awareness alone does not guarantee action.

Jegede et al. studied media campaign strategies, breast cancer awareness, and breast self-examination among rural women in Adamawa State. Awareness of breast cancer and breast self-examination was reported as high, yet regular practice was much lower. This pattern is important because it demonstrates an awareness-behaviour gap: audiences may recognise campaign information without consistently acting on it. Okeke and Makata's review also stresses the need to broaden campaign planning and reinforce communication through social relationships and other channels. Collectively, these studies justify examining not only exposure but also disposition and utilisation among female civil servants in Anambra State.

THEORETICAL FRAMEWORK

Health Belief Model

The Health Belief Model (HBM) explains health behaviour through individuals' perceptions of risk and the expected consequences of action. Burke notes that the model considers perceived susceptibility, perceived severity, perceived benefits, and perceived barriers when explaining whether a person is likely to adopt a recommended health behaviour. Applied to breast cancer campaigns, a woman who recognises her susceptibility to the disease and understands its seriousness may be more willing to take preventive action if she believes that screening or early detection is beneficial and if barriers such as fear are manageable. The HBM is therefore relevant to this study because message utilisation may depend not only on

exposure but also on whether campaign content changes perceived threat, benefits, and barriers.

Agenda-Setting Theory

Agenda-Setting Theory, associated with McCombs and Shaw and discussed by Wanta and Alkazemi, proposes that the prominence and frequency given to issues in the media influence the issues audiences regard as important. The theory is relevant because sustained media attention to breast cancer can increase its public salience. If campaign messages appear only occasionally, breast cancer may compete unsuccessfully with other issues for audience attention. In the context of this study, repeated and prominent coverage is expected to strengthen awareness and keep early-detection behaviour visible as a public-health priority. Agenda setting complements the HBM by explaining how media prominence can create cues to action, while the HBM explains why individuals may or may not act on those cues.

METHODOLOGY

The study adopted a quantitative survey design. The population comprised 5,103 female civil servants in the Anambra State civil service, as obtained from the State Ministry of Civil Service. A sample of 334 respondents was used, corresponding to a 95% confidence level and a ±5% margin of error as stated in the original study. A multistage sampling procedure was applied. The 21 ministries were first grouped into administrative, economic, and social sectors. Two ministries were randomly selected from each sector: Ministry of Agriculture and Ministry of Lands from the economic sector; Office of the Head of Service and Ministry of Justice from the administrative sector; and Ministry of Youths and Ministry of Education from the social sector. Proportional allocation produced samples of 52, 54, 58, 55, 31, and 84 respondents respectively, totalling 334.

At the final stage, questionnaires were administered by convenience to available and willing respondents in the selected ministries. The instrument contained 14 open- and closed-ended questions. A pre-test involving 25 respondents was conducted to assess whether the items were understandable and suited to the measurable variables; ambiguities identified during the exercise were addressed before the main data collection. Data from the 334 completed questionnaires were analysed with SPSS 19 and presented using frequencies and percentages. The analysis was organised around the three research questions: exposure to breast cancer campaigns, disposition towards campaign messages, and utilisation of the messages.

RESULTS

Respondents were predominantly between 28 and 43 years of age: 31.4% were aged 28–35 and 37.4% were aged 36–43. Educational attainment was generally high, with 55% reporting

B.Sc./BA/HND qualifications and 16% holding master's or related professional qualifications. Grade levels were distributed across levels 1–5 (33%), 6–10 (36%), and 11 and above (31%).

Table 1. Respondents' Exposure to Breast Cancer Campaigns in the Media

Variable	Response	Frequency	Percentage (%)
Exposure	Yes	308	92.0
Exposure	No	26	8.0
Platform	Television	109	32.6
Platform	Radio	89	26.6
Platform	Newspaper	32	9.6
Platform	Magazines	27	8.1
Platform	Billboards	4	1.2
Platform	Social media	73	21.9
Frequency	Regularly	87	26.0
Frequency	Occasionally	127	38.0
Frequency	Rarely	94	28.0
Frequency	Never	26	8.0

Source: Field survey, 2024.

Table 1 shows very high campaign exposure: 308 respondents (92%) had encountered breast cancer campaigns. Television was the most frequently reported platform (32.6%), followed by radio (26.6%) and social media (21.9%). However, 38% reported only occasional exposure, suggesting that reach was broad but not consistently frequent.

Table 2. Respondents' Disposition towards Breast Cancer Campaign Messages

Variable	Response	Frequency	Percentage (%)
Comprehension/clarity	To a large extent	207	62.0
Comprehension/clarity	To some extent	76	23.0
Comprehension/clarity	To a small extent	51	15.0
Feeling towards messages	Concerned	106	31.7
Feeling towards messages	Indifferent	172	51.5
Feeling towards messages	Cannot say	56	16.8
Belief in effectiveness	To a large extent	82	24.6
Belief in effectiveness	To some extent	209	62.6
Belief in effectiveness	To a small extent	43	12.8

Source: Field survey, 2024.

Most respondents (62%) reported that the campaign messages were clear to a large extent. Nevertheless, 51.5% felt indifferent towards the messages, and 62.6% believed only to some extent that the campaigns were effective in raising awareness. The findings therefore show that message clarity coexisted with a relatively weak affective response.

Table 3. Respondents' Utilisation of Breast Cancer Campaign Messages

Variable	Response	Frequency	Percentage (%)
Undergone examination	Yes	85	25.0
Undergone examination	No	249	75.0
Prompt for examination	Media campaign messages	75	22.4
Prompt for examination	Personal resolve	11	3.3
Prompt for examination	Nothing	248	74.3
Major constraint	Inadequate awareness	82	24.6
Major constraint	Fear	206	61.7
Major constraint	Personal belief	46	13.7

Source: Field survey, 2024.

Utilisation was substantially lower than exposure. Only 25% reported having undergone breast cancer examination, whereas 75% had not. Media campaign messages were reported as the prompt by 22.4%, while 74.3% indicated that nothing had prompted them. Fear was the leading constraint (61.7%), followed by inadequate awareness (24.6%) and personal belief (13.7%).

DISCUSSION OF FINDINGS

The first finding is that mass media exposure was high but not sufficiently frequent. The 92% exposure rate confirms that breast cancer messages reached most respondents, with television playing the leading role. This supports Okorie's view that television can educate audiences about the nature of breast cancer and the importance of early detection. However, the predominance of occasional rather than regular exposure raises an agenda-setting concern. Agenda-Setting Theory suggests that sustained prominence helps keep an issue visible in public consciousness. The finding therefore aligns with Amannah and Ugwu's observation that breast cancer broadcast campaigns may remain inadequate when women have not adopted early-detection measures.

The second finding shows a gap between comprehension and disposition. Although 62% regarded the messages as clear to a large extent, more than half of the respondents felt indifferent

towards them. Clarity, therefore, was not enough to generate strong concern or commitment. From the HBM perspective, a campaign must do more than provide understandable information; it must also make susceptibility, severity, benefits, and barriers personally meaningful. Occasional exposure may also weaken the repeated cues to action needed to keep breast cancer risk and prevention salient. The result suggests that campaign planners should consider message relevance, emotional response, and perceived personal risk alongside simple message comprehension.

The third finding is the clearest evidence of an exposure-utilisation gap. Three-quarters of respondents had not undergone breast cancer examination despite widespread media exposure, and fear was identified by 61.7% as the principal constraint. This finding is consistent with the HBM, which recognises perceived barriers as a major influence on preventive behaviour. Aschwandan associates anxiety and fear with concerns surrounding detection and medical procedures; whether or not every respondent held the same concern, the present data show that fear was a dominant self-reported barrier. The implication is that campaigns that emphasise danger without adequately explaining benefits, procedures, support, and available services may increase awareness without producing the desired action.

Taken together, the findings indicate that mass media campaigns in Anambra State were successful at reaching respondents but less successful at converting exposure into preventive behaviour. This pattern resembles the awareness-practice gap reported by Jegede et al., where awareness of breast cancer and breast self-examination was high but regular practice was much lower. Effective communication should therefore combine repeated mass media messages with interpersonal communication, credible health professionals, and practical information on where and how to seek appropriate screening or assessment. Such reinforcement can help move audiences from awareness to informed action while addressing fear and uncertainty.

CONCLUSION

The study concludes that female civil servants in Anambra State are widely exposed to mass media campaigns on breast cancer, but exposure is mostly occasional and does not translate proportionately into preventive action. Television is the dominant source of campaign information, and respondents generally understand the messages. Nevertheless, indifference remains common, belief in campaign effectiveness is moderate, and breast cancer examination is low. Fear is the most frequently reported barrier to utilisation. These results demonstrate that campaign reach and message clarity are necessary but insufficient

indicators of effectiveness. Campaigns should be judged by their capacity to strengthen perceived relevance, reduce barriers, and support appropriate early-detection behaviour.

RECOMMENDATIONS

1. Mass media organisations and health campaign planners should give breast cancer communication more regular and sustained prominence across television, radio, social media, print, and complementary interpersonal channels.
2. Campaign messages should emphasise the benefits of early detection and screening, provide clear practical guidance, and address fear and anxiety in a reassuring, evidence-based manner.
3. Breast cancer communication should connect awareness with accessible health services and credible professionals so that audiences know where to obtain further information, assessment, and screening.
4. Campaign planners should develop audience-sensitive messages that consider beliefs, lifestyle factors, perceived susceptibility, and other barriers that may prevent women from acting on health information.

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