AN ASSESSMENT OF AUDIENCE PERCEPTION OF THE ROLE OF TELEVISION IN THE CREATION OF AWARENESS AGAINST PROSTATE CANCER

(A Study of Etsako West LGA)

BY

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ICT/2131951794

DEPARTMENT OF MASS COMMUNICATION, AUCHI POLYTECHNIC, AUCHI

FEBRUARY, 2022

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A PROJECT SUBMITTED TO THE DEPARTMENT OF MASS COMMUNICATION, SCHOOL OF INFORMATION AND COMMUNICATION TECHNOLOGY, AUCHI POLYTECHNIC, AUCHI.

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF HIGHER NATIONAL DIPLOMA (HND)
DEPARTMENT OF MASS COMMUNICATION

FEBRUARY, 2022

DECLARATION

I hereby declare that this study entitled "**An Assessment of Audience Perception of the Role of Television in the Creation of Awareness Against Prostrate Cancer (A Study of Etsako West LGA)**" was written by me and that it is the record of my own research. To the best of my knowledge it has not been presented in any previous application for an academic award. All sources of information have been acknowledged using references.

_____ _____

Aigbedion Blessing **Date**

APPROVAL

This research is approved based on the student's declaration and its compliance with the requirements of the Department of Mass Communication, Auchi Polytechnic Auchi, in partial fulfillment of the requirements for the award of the Higher National Diploma (HND) in Mass Communication.

_____ _____

Dr. John Orhewere **Date**
(Project Supervisor)

_____ _____

Mr. Afam Anikwe **Date**

(**Head of Department**)

DEDICATION

This seminar is dedicated to God Almighty for his sufficient grace and mercy on our lives.

ACKNOWLEDGEMENTS

I am most grateful to God almighty for his grace love wisdom and preservation over my lives.

My profound gratitude goes to my supervisor, Mr Godwin iwegbue who guided me throughout my project work. Thank you sir for your encouragement, advice and helpful suggestions. I pray that the lord will richly reward you for all your efforts.

my appreciation also goes to my worthy and able Head of Department, Mr. Afam Anikwe and other lecturers in the department of Mass Communication for their immeasurable impart of knowledge and wisdom in my life.

To my parents, thank you for your financial supports, prayers, encouragement and moral support.

my siblings are the best on planet earth, thank you for standing by me all the time, i am greatful.

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Abstract

This research, using survey method explored the audience perception of television campaign against prostate cancer in rural areas. Research questions were formulated based on the statement of problems. Questionnaire was used to elicit relevant data from a sample of 380 respondents derived from an estimated population of Etsako West Local government. Due to the large population and because the researcher looked for certain characteristics from the sample, the purposive sampling technique was used. The analysis of the data was done using frequency, distribution tables and percentages for bio-data information while frequency, percentages, tabular mean and bar chart were used for thematic analysis. Based on the data generated from the research, the following summarizes the findings made; the respondents are residents of Etsako West Local Government who work, school or engage themselves in public or private occupations and have access to broadcast media. It was discovered that greater percentage of men are not aware of prostate cancer scourge. The study revealed that respondents believe that broadcast media are not committed to campaign against prostate cancer. The study recommended that the needed support and the kind of support to be given should include informational support whereby latest information on prostate cancers provided to the men. Efforts should be made to increase men's confidence in their ability to practice prostate self examination and/or seek medical services to determine their prostate cancer status. Such empowerment involves the removal of constraints and influences that impede perceptions and behaviour towards clinical or self prostate examinations through subtle and indirect means. This requires sensitivity, continued vigilance, responsive and comprehensive communication strategy involving all media and addressed to all levels of society. It has been noted that there has been substantial increase in response to prostate cancer campaigns overtime in several countries, particularly where there is government cum medical support. We also call upon international organizations to draw and intensify action strategies to promoting, protecting and supporting prostate cancer campaigns and victims of prostate cancer.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Cancer is the growth disorder of cells in the body. Clinically, it can be defined as a large number (up to a hundred) of complex diseases that behave differently depending on the cell types from which they originate (William, 2009, p.513). It is a genetic disease which is caused by mutation that has dominated other cells. In 2000, there were 1,220,100 reported cases of new cancers and 552,200 cancer deaths, indicating that roughly half of the people who develop cancer die from it (William, Klug, et.al, 2009, p.513).

Statistics emanating from different health organizations and agencies around the world indicate that there are over 16 million new cases of cancer globally. This figure, according to World Health Organization (WHO) 2011report, is likely to double in 2020 (Chustecka, 2011, p.1). The rapid spread of this disease to a large extent is as a result of unawareness of its early symptoms which can be treated at its early stage when detected. Cells proliferation and metastasis nature of cancer has made it worst, this has resulted to its fast spread (cancer) in human body. Cell proliferation has to do with the division of cells into multiple units which can be said to be characterized by abnormal cell growth. On the other hand, metastasis is a process that allows these cells to spread to other parts of the body. The painful aspect of this disease is 10 the ability to combine both cell proliferation and metastatic, this makes it more dangerous.(Peter & George, 2002, p.367).

The International Agency for Research on Cancer (IARC), in 2008 gave an estimate of over 681,000 and 512,400 new cases of cancer. These figures have increased to 1.4 million cases and 714 thousand deaths in 2010 (IARC Report 2010, p.3). The three most deadly human cancers are cancer of the lung, cancer of the colon and prostate cancer.

However, lung cancer is largely preventable, most of these cases result from smoking cigarettes (American Cancer Society, 2000, p.13).

There are several causes of cancer; notable among them is the genetic factor. John Hill, an English physician in 1761 discovered that some tumors which can develop to cancer are caused by chemicals. PercivalPott, also made a similar discovery, he discovered that heavy snuff users are exposed to cancer. The 1966 Nobel Prize winner in medicine, Peyton, Rous discovered another cause of cancer. He found out that virus can cause cancer in human (Peter & George, 2002, p.368). Peter and George, (2002, p.369), stated that, one out of every three children born will contract cancer at some time during their lives. While one-fourth of the male children and one-third of the female children will someday die of cancer. One begins to wonder what will be the fate of developing nations since the level of knowledge and awareness of this disease is relatively poor in these nations.

The most deadly disease in men is prostate cancer. Prostate cancer is a type of cancer which only affects men. It is the second leading cause of death in men. (World Cancer Report 2011, p.4). It occurs when tumor begins to grow in the prostate gland of male reproductive system. The word “prostate” means “one standing in front”. The prostate is so called because of its position, which is directly at the base of the bladder. It is estimated that 241,740 new cases of prostate cancer were diagnosed in 2012 in America and out of this number, 28,170 patients will die from this disease (America Cancer Society, 2012, p. 23).

This is to show the low level of awareness and attention given to this disease that is gradually sending most men to the grave. Developing nations are seriously at disadvantage when it comes to knowledge and awareness of prostate cancer. Most of the citizens in developing nations have not heard of it talk more of knowing how to detect or treat it at the early stage. However, public campaigns on this have been paramount to governments that have the interest of their citizens at heart.The questions most people seem to ask are what are

the causes of prostate cancer? How can it be detected and how can it be treated? However, nobody is really sure what the specific causes are. Scientists have been able to come up with possible ideas which are likely to cause it, these include, genetics, age, lifestyle, race, and medications.

Studies over the years indicate that heredity is definitely a cause of prostate cancer. For instance, a man has the tendency of developing prostate cancer if his biological father or brother has it. Age is also one of the causes. The older a man is, the higher is his risk of having it. However, it is rare among men below the age of 45, but very common among men that are 50 and above. Studies have also shown that some diets such as vegetables can reduce a person's chance of developing prostate cancer. Other studies have indicated that lack of some essential vitamins in the body such as vitamin D, a meal rich with red meat may also raise a person's chances of developing prostate cancer. Research studies have equally shown that there might be a link between the daily use of anti-inflammatory medicines and prostate cancer. Men who have had gonorrhea have a higher chance of developing prostate cancer. Aside these, there are other causes of prostate cancer in men (Peter & George, 2002, p.368).

There are several symptoms of prostate cancer, but at the early stages of prostate cancer, there are usually no symptoms. However, routine medical check-up and blood test can help to show if one has it or not. When symptoms do exist, they are usually one or more of the following:

- Painful ejaculation
- The patient urinates more often
- At times there may be some traces of blood in the urine
- Most often, he may find it hard to start urinating
- Weak erection in most cases.

Treating prostate cancer to a large extent depends on the growth stage of the tumor, age and health condition of the patient are also determinants. However, several types of treatment exist; they include radiation, surgery, hormone therapy or a combination of any of the above mentioned ways (Okomanyi, 2012, p.34). A good number of people might therefore underestimate or overestimate their probability of getting this based on their level of awareness.

1.2 Statement of the Problem

Cancer cells are immortal, until they are uprooted by surgery or the body in which the cell resides dies before one can be said to be free from this disease. Due to the nature of this disease in man, several agencies and organizations such have organized seminars and awareness campaigns on prostate cancer, all in a bid to fight cancer. Yet the current statistical data of mortality resulting from prostate cancer is in the increase. Prostate cancer is the most pernicious disease in man, the second highest cause of death in man (World Cancer Reports 2011, p.4).

In spite of the Campaigns on cancer generally, death continues to be on the increase. In developing nations like Nigeria, death rate as a result of prostate cancer is very high and mostly among men that are 50 years and above. However, this high death rate can be linked to lack of public awareness, knowledge, late detection and diagnosis of the disease and the attitude of men about the disease. All these lead to the premise that prostate cancer is yet to be well understood by men.

However, some people are of the view that any awareness campaign aimed at combating this deadly disease must have all it takes to increase knowledge, create positive attitude and enhance practice of screening methods among the audience. Except there is a significant change in the attitude of those exposed to prostate cancer campaigns, the entire exercise will amount to vanity?

Based on this, this research therefore seeks to find out the extent to which men in rural areas of Nigeria are exposed to prostate cancer campaigns, their attitude and practice towards campaign messages on prevention, early detection and treatment of prostate cancer.

1.3 Objectives of the Study

The general objective of this study is to find out the knowledge, attitude and practice among men in rural areas particularly Etsako West local government.

followings:

1. To find out the extent of awareness of prostate cancer campaign by television among rural men in Etsako West LGA.
2. To assess the extent of response of men in rural area to prostate cancer campaigns by television in Etsako West LGA.
3. To determine the factors that affect awareness campaigns of prostate cancer campaign among rural men in Etsako West LGA.
4. To examine the factors that affects the level of level of response to television campaign on prostate cancer in Etsako West LGA.

1.4 Research Questions

The following questions have been formulated to guide this study:

1. What is the extent of awareness of rural men on prostate cancer campaign by television in Etsako West local Government Area?
2. What is the extent of response of men in rural areas to prostate cancer campaigns on broadcast media?
3. What are the factors that affect awareness campaigns of prostate cancer among rural men in Etsako West local Government Area?
4. What are the factors that affect the level of response to television campaigns on prostate cancer in Etsako West local Government Area?

1.5 Scope of the Study

The scope of this study covers Etsako West local Government Area. So, all emphasis was on Etsako West local Government Area as area of study. Etsako West local Government Area was chosen because it is a relatively remote area and possesses all the characteristics of rural area. This perfectly makes it suitable for this study.

Also, the information gathering will be limited to television awareness campaign on prostate cancer particularly among rural dwellers in Etsako West local government area.

1.6 Significance of the Study

Having noted the nature of problems that prostate cancer pose to our social existence and its escalated threat, it becomes relevant that a study should be carried out in this area, so that efforts could be intensified in the fight against prostate cancer.

Another benefit from this study is that it will help to preserve the economy of our nation if the menace of prostate cancer is curbed as the fund being allocated to importation of drugs can be channeled to some other thing else.

Similarly, this study will help the government to develop policies that will help rural dwellers in the prevention of prostate cancer. This study will also contribute to knowledge as it will add to the literature that is already in existence on this subject matter. With this, it will serve as reference material to future researchers who will want to conduct study on similar subject matter.

1.7 Definition of Terms

Here are some basic terms we might use from time to time as this work Progresses:

Prostate Cancer: A disease condition that affects the prostate gland in men.

Campaigns: These are media programmes that are aimed at fighting against prostate cancer by informing men in rural areas of the dangers and how it can be prevented, detected or treated.

Influence: This refers to how the campaigns change the attitudes, knowledge and behaviour of the men in rural areas in Nigeria.

Knowledge: The level of information by men in the rural areas on prostate cancer campaigns.

Practices: All conscious efforts by the men in rural areas towards combating prostate cancer by early detection, prevention and treatment.

Attitudes: The disposition of men in rural areas on the early detection, prevention and treatment of prostate cancer.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Review of Relevant Literature

This chapter gave an in-depth knowledge into what prostate cancer is all about, the causes of prostate cancer and how to detect prostate cancer. Two theories were used to give the study a strong footing. The Attitude-Change theory and the Health Belief Model were used. The review focused on the followings:

1. Cancer: A Genetic Disease.
2. Prostate Cancer: What it is all about
3. Hormones and Prostate Cancer: An Overview
4. □□□How to Detect Prostate Cancer
5. □□□Treatment and Management of Prostate Cancer
6. Knowledge and Awareness of Prostate Cancer Campaigns.

Cancer: A Genetic Disease

Hundreds of thousand people die as a result of cancerous tumor yearly. Mutations in genes that control cell growth and division are responsible for cancer. However, the causes of cancers are still unclear to scientists and major findings have shown that most atimes cancers are genetic in nature. Cancer is not a single disease, it is a group of diseases, it can originate from many different tissues of the body, while some have aggressive growth, and others have slow growth. While some can be stopped from spreading, others cannot (Peter & Michael, 2010, p. 4). Over the years, researches have shown that lung cancer is the most prevalent type of cancer, this is as a result of the effects of cigarette smoking. Prostate and breast cancers are also common. The death rate as a result of cancer is continuously on the increase, enormous efforts on the part of medical doctors have been on how to reduce it (Peter & Michael, 2010, p.4).

The human body is made up of millions of cells, these cells houses our genetic material. The human cell contains 46 chromosomes (23 pairs), half of these chromosomes are inherited from each of our parents. The chromosomes contain the body's blueprint (genes). However, these genes are responsible for human traits and when altered or mutated, give a higher risk for uncontrolled cell growth. This cell growth can lead to the growth of a tumor. These genes are called different names, but the gene that is responsible for the growth of cancer tumor is referred to as "cancer susceptibility genes"(Walsh & Worthington 2003, p.34).

As earlier mentioned, strong evidences have shown that the major underlying causes of cancers are genetic. First, when cancer cells are grown in culture, their descendants are all cancerous. This means that, the cancerous condition is transmitted from each cell to its daughters at the time of division. This phenomenon clearly indicates that cancer has a genetic basis. Secondly, some type of viruses can induce the formation of tumors in experimental animals. The induction of cancer by viruses implies that the proteins encoded by viral genes are involved in the production of the cancerous state. Thirdly, cancer can be induced by agents capable of causing mutations. Fourthly, certain type of cancer tends to run in families, finally, certain types of white blood cell cancers (leukemia and lymphomas) are associated with particular chromosomal aberrations. In a nutshell, these diverse observations strongly suggested that cancer is caused by genetic malfunctions (Michael, 2010, p.662).

In the 1980s when molecular genetics techniques were first used to study cancer cells, researchers discovered that cancerous state is indeed traceable to specific genetic malfunctions (defects). However, several of such defects are required for a normal working cell to be converted to a cancerous cell. The researchers discovered that two broad classes of genes can contribute to the formation of cancerous cell, they are the oncogene and tumor suppressor gene (Michael, 2010, p.663).

Prostate Cancer: What it is all about.

Approximately 5 to 1 percent of all prostate cancers are known to be attributed to an inherited DNA change, such as the cancer susceptibility gene. Recent researches have pointed out that, there is a set of common DNA variations that lead to a higher risk of inherited prostate cancer in African American men (Peter & Michael, 2010, p.13). The panic of having prostate cancer can be overwhelming to most men.

Prostate cancer is the most common cancer among men. But the good news is that it can be treated when detected early enough. In 2008, the American Cancer Society pointed out that: About, Ninety-one percent of all prostate cancers are discovered while they are either localized (confined to the prostate) or regional (nearby). The society also noted that, the five-year survival rate for men diagnosed with prostate tumors discovered at these stages is 99 percent, and in the past 20 years, the five-year survival rate for all stages combined has increased from 67 percent to 99 percent (American Cancer Society, 2008).

In the same year, American Cancer Society (ACS) recorded about 186,320 new cases of prostate cancer in the US. Also, about 28,660 deaths occurring from prostate cancer in the US alone, making it the second leading cause of cancer death in men (American Cancer Society, 2008).

The prostate is a sex gland found in men. It is small in size, about the size of a walnut, and surrounds the neck of the bladder and urethra. The urethra is a tube like organ that carries urine from the bladder and out through the penis. It is muscular, with ducts opening into the prostatic portion of the urethra. It is made up of three lobes: a center lobe with one lobe on each side. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm (Walsh & Worthington, 1995, p. 23).

In a study carried out by Ifere and Ananaba, in 2012 on the emergent trends in the reported incidence of prostate cancer in Nigeria, observed that there is a high incidence rates for prostate cancer among patients aged 60–69 years and 70– 79 years, and lower incidence rate for patients aged younger than 50 years.

In another study done by Obiora, and Nwosu, (2011, p.14) on carcinoma of the prostate in Port Harcourt, Nigeria, observed that Carcinoma was diagnosed in 198 specimens representing 37.4% of the 529 cases reviewed. Of these, 164 (82.8%) were clinical carcinoma (having been found in clinically suspected carcinoma cases for which tricot biopsies were undertaken), while 34 (17.2%) were incidental carcinoma cases (being found in prostatectomy biopsy cases of patients clinically diagnosed with nodular hyperplasia).

Prostate cancer is not only restricted to old age. If prostate cancer is detected early, men can be cured of it and have a normal life. The prostate which is muscular and wall nut in shape, about an inch and a half long and it is directly under the bladder with a major function of manufacturing fluid that makes up semen. However, during orgasm, the prostate muscles contract and force this fluid produced in the prostate into the urethra. The prostate changes with age, when a man is in his mid 40s, the wall-nut shape tends to enlarge. Records have it that every three minutes, a new case of prostate cancer is diagnosed in the United States and every fifteen minutes, a man dies from it. A boy born today has a 13 percent chance of developing prostate cancer and a 3 percent chance of dying from it. Except for skin cancer, prostate cancer is the most common cancer in men (Thomas, 2011, p.56).

More than 80 percent of men diagnosed of prostate cancer are over 65 years old. Due to lack of awareness, it has been reported that medically, most men found out they had prostate cancer when it has advanced and they died few years later. The incidence of prostate cancer increases with age more rapidly than the incidence of any other form of cancer. Epidemiologic studies show a forty-fold rise in the prevalence of prostate cancer from ages 50 to 85. However, with better medicine, diet and exercise, and less smoking, the incidence can be reduced (Thomas, 2011, p.22).

There seems to be a close link between a family history of prostate cancer and a man’s risk of developing it. In a recent research carried out by some scientists at Johns

Hopkins, showed the undeniable link between a family history of prostate cancer and man's probability of developing the disease. The study showed that if your father or brother has prostate cancer, your risk is two times greater than the average American man's which is about 13 percent. It increases depending on the number of affected relatives you have and the age at which they developed prostate cancer for instance:

Number of Affected Relatives Risk

Father and/or brothers

One 2-fold

Two 5- fold

Father/brother or grandfather/uncle

One 1.5 fold

Two 2.3 fold

The risk of developing prostate cancer starts at about 13 percent and goes up from there depending on your number of affected relatives (Hilary, 2009, p. 71). Having as father or brother with prostate cancer increases the probability of having it. The risk becomes very high for men with several affected relatives, particularly if the relatives were young at the time of diagnosis. Geneticists have succeeded in dividing families into three groups, based on the number of men with prostate cancer and their ages were put into consideration, these include the followings:

Hereditary - Prostate cancer is grouped under this if more than three relatives are affected within a nuclear family. Researchers have shown that five to 10 percent of prostate cancer cases are considered hereditary.

Sporadic - The word sporadic means to occur by chance, a family with prostate cancer present in one man, at a typical age of onset is grouped under this class.

Familial - This has to do with having more than one person in a family with prostate cancer, but with no definitive pattern of inheritance. If your family history suggest to you that there is hereditary prostate cancer (HPC) which can also be inherited from either your father or your mother, it becomes important to find out from your parents about the history of prostate cancer in their family if there was any. Men in a family with prostate cancer have 50 percent chance of having it. Men are advice to carry out a test yearly to check for prostate cancer (Hilary, 2009, p. 71). As it was earlier mentioned that scientists don't know precisely what causes prostate cancer, but it's clear that a number of factors are involved such as age, race, hormones, diet, environment etc. In general, all men are at risk of having prostate cancer. However, there are specific risk factors that increase the likelihood that certain men will develop the disease, these include the followings but not limited to these:

1. **Age**: It is one of the risk factor for prostate cancer, most men that are above 50 years are likely to be affected. More than 70 percent of all prostate cancers are diagnosed in men over the age of 65.
2. **Race**: About 60 percent of African-Americans are likely to be affected with prostate cancer while Japanese and Chinese men have the lowest rates of prostate cancer.
3. **Diet**: This is another risk factor, epidemiological data suggests that the diet consumed in most industrialized Western nations can also be one of the most important contributory factors for developing prostate cancer. Some diets have higher risk for prostate cancer, diets such as: Fat: Research works have shown that men who consume high-fat diet expose themselves to a greater chance of developing prostate cancer.
4. **Fiber:** High intake of dietary fiber can also influence the circulating levels of testosterone, and which in turn, may decrease the progression of prostate cancer. Soy protein: Soy contains isoflavone which in several studies have been found to inhibit the growth of prostate cancer.

5. **Vitamin E and selenium:** Vitamin E, an antioxidant, combined with selenium, has been shown to inhibit tumor growth in laboratory animals. Carotenoids: Carotenoids containing lycopenes have also been shown to inhibit the growth of human prostate cancer cells in tissue cultures (cells grown in the laboratory). The primary source of lycopenes is processed tomatoes in tomato juice and tomato paste.

Herbal preparations: some herbal preparations have been reported to have side effects such as venous thrombosis, breast tenderness, and loss of libido.

6. **Obesity**: Researches have shown that obesity does not only contribute to diabetes and high cholesterol, but has also been associated with some common cancers, including hormone-dependent tumors such as prostate, breast, and ovarian cancer.
7. **Environmental Exposures**: Few studies have shown that there are high chances for men who are into welding or electroplating and farming to have prostate cancer. However, additional studies into this are encouraged.
8. **Having a record of STD (sexually transmitted disease)**: There are still researches going on to check whether men who have been exposed to a sexually transmitted disease are at increased risk for prostate cancer. Some studies suggest a link, while others do not support these claims (Walsh & Worthington, 1995, p. 40).

Hormones and Prostate Cancer: An Overview

Doctors have long known that hormones play a major role in the life of the prostate. In 1786, an English surgeon named John Hunter became the first to demonstrate in animals that a radical operation, castration caused the sex accessory tissues, including the prostate to shrink. A further research was conducted at University of Chicago, the investigators discovered that removing the testes shut down production of testosterone and when shots of testosterone were injected back into castrated animals, these tissues were restored to normal

size and function. This means that the castration could also shrink prostate cancer (Walsh & Worthington, 1995, p.43).

When cancer spreads beyond the prostate, it cannot be cured but it can be controlled. Walsh & Worthington, (1995, p.43) noted that, "there are several kinds of hormone therapy; each one gets a different link in the hormonal chain of events that affected the prostate". He stated further that:

> Prostate growth is tightly controlled by a major hormone, testosterone, which is made by the testicles. This testosterone circulates in the blood and enters the prostate, where it's soon transformed into another powerful hormone that is active within the prostate. The brain monitors the amount of testosterone that circulates in the blood and this is where the hormone chain begins (Walsh & Worthington, 1995, p.43).

The major goal of hormone therapy is to reduce testosterone; testosterone is responsible for stimulating the prostate tumor. "The cheapest and easiest way to control testosterone is by a simple surgical procedure known as castration". (Walsh & Worthington, 1995, p.44).

Statistics emanating from different health organizations and agencies around the world indicate that there are over 16 million new cases of cancer globally. This figure, according to World Health Organization (WHO) 2011report, is likely to double in 2020 (Chustecka, 2011, p.1). The rapid spread of this disease to a large extent is as a result of unawareness of its early symptoms which can be treated at its early stage when detected. Cells proliferation and metastasis nature of cancer has made it worst, this has resulted to its fast spread (cancer) in human body. Cell proliferation has to do with the division of cells into multiple units which can be said to be characterized by abnormal cell growth. On the other hand, metastasis is a process that allows these cells to spread to other parts of the body. The painful aspect of this disease is 10 the ability to combine both cell proliferation and metastatic, this makes it more dangerous (Peter & George, 2002, p.367).

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when it comes to knowledge and awareness of prostate cancer. Most of the citizens in developing nations have not heard of it talk more of knowing how to detect or treat it at the early stage. However, public campaigns on this have been paramount to governments that have the interest of their citizens at heart.The questions most people seem to ask are what are the causes of prostate cancer? How can it be detected and how can it be treated? However, nobody is really sure what the specific causes are. Scientists have been able to come up with possible ideas which are likely to cause it, these include, genetics, age, lifestyle, race, and medications.

Studies over the years indicate that heredity is definitely a cause of prostate cancer. For instance, a man has the tendency of developing prostate cancer if his biological father or brother has it. Age is also one of the causes. The older a man is, the higher is his risk of having it. However, it is rare among men below the age of 45, but very common among men that are 50 and above. Studies have also shown that some diets such as vegetables can reduce a person's chance of developing prostate cancer. Other studies have indicated that lack of some essential vitamins in the body such as vitamin D, a meal rich with red meat may also raise a person's chances of developing prostate cancer. Research studies have equally shown that there might be a link between the daily use of anti-inflammatory medicines and prostate cancer. Men who have had gonorrhea have a higher chance of developing prostate cancer. Aside these, there are other causes of prostate cancer in men (Peter & George, 2002, p.368).

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Treating prostate cancer to a large extent depends on the growth stage of the tumor, age and health condition of the patient are also determinants. However, several types of treatment exist; they include radiation, surgery, hormone therapy or a combination of any of the above mentioned ways (Okomanyi, 2012, p.34). A good number of people might therefore underestimate or overestimate their probability of getting this based on their level of awareness.

How to Detect Prostate Cancer

On how to detect prostate cancer, Leonard (2008, p.23), pointed that, "it has no early symptom and by the time one gets to know, it becomes too late to cure it". Unfortunately, when prostate cancer is in its earliest and most curable stages (i.e. before it spread beyond the wall of the prostate) it shows no symptoms. Most efforts are now put on screening and early diagnosis to know. Also, Thomas (2011) added that, there is no cure for advanced prostate cancer, and as such, men are advised to go for frequent test to check for this. One reason, so many cases of prostate cancer are not known immediately is that many men don't get regular physicals that include a Digital Rectal Examination (DRE). Leonard (2008, p.24) stated that, the first step is for the doctor to feel for a knot, lump or anything abnormal that might be a tumor. Even those who do get checked on yearly bases, the Digital Rectal Exam (DRE) is not a guarantee that cancer will be found in time, for as many as 40 percent of the cases on prostate cancer starts their growth at a point where a doctor's finger cannot reach during the examination for prostate cancer. This makes much patience to have advanced symptoms of prostate cancer by the time it is diagnosed with a DRE (Leonard 2008, p.23).

The disease generally begins its growth pretty far from the urethra, most prostate cancer is fairy advanced before it leads to symptoms that men noticed or worry about. There is no clear cut symptom of prostate cancer as most of the symptoms are also common with other diseases, Leonard (2008, p.25) pointed the following symptoms:

- Decrease in the amount of fluid ejaculated
- Ejaculation may be painful (less common)
- Less rigid erections or impotence
- Severe pain in the back, pelvis, or thighs.
- Blood in the urine or ejaculation.
- The patient urinates more often.
- The patient gets up at night more often to urinate.
- He may find it hard to start urinating.
- He may find it hard to keep urinating once he has started.
- Urination might be painful.
- There may be blood in the urine.
- Leg weakness (if cancer has spread to the spine and compressed the spinal cord).
- Fecal incontinence (if cancer has spread to the spine and compressed the spinal cord).
- The proximal part of the femur can be painful, etc.

Treatment and Management of Prostate Cancer

Recently in a study led by Mayo Clinic doctors in 2007, they determined age-specific ranges for prostate cancer. For men less than 30 years, prostate cancer is lower by 4 percent while for older men, prostate cancer is higher than 4 percent. The doctors recommended a cut off of 2.5 for men aged 40-49, a cutoff of 3.5 for men aged 50-59, a cut off of 4.5 for men aged 60-69 and 6.5 for men aged 70-79 (Leonard, 2008, p.12).

Ejike (2011) study on, Towards the Prevention and Management of Prostatic Diseases in Nigeria: A Framework, the study shows that in manydeveloping countries that have long battled with largely communicable diseasesare now also facing higher occurrence of chronic diseases. In Nigeria, theprevalence of prostate cancer, BPH, and prostatitis are as high as figures reportedin some industrialized nations. As much as 11% of all cancers in Nigeria are reported to be of the prostate (Ogunbiyi and Shittu, 1999).

There are also arguments about whether treatment for prostate cancer has any effect on long-term survival. Critics have stated loudly that "there is no evidence that definite treatment of localized prostate cancer increases survival".

However, there has been no large, well-designed study to evaluate the effectiveness of early prostate cancer treatment in prolonging lives. The issue has never been properly investigated (Leonard, 2008, p.12).

To throw more light into prostate cancer treatment, an attempt was made by the National PIVOT study, this study was led by a Minnesota internist and a Seattle urologist. The Department of Veterans Affairs and the National Cancer Institute funded the study. The research aimed at finding out which method works better for clinically localized prostate cancer-the radical prostatectomy with early intervention in case the cancer comes back, or watchful waiting, with treatment for symptoms if the cancer spreads. The PIVOT study which has a three-year enrollment period and a twelve year follow-up made use of men that have prostate cancer, these men were grouped into two; the first group was made to undergo a radical prostatectomy while the second group was followed closely with watchful treatment for any symptom. Men in the study were examined at least every three months for the first year and every 6 months afterward. The doctors checked for any evidence that prostate cancer has progressed (Leonard, 2008, p.12).

American Cancer Society (ACS) recommends that after age 50, men should undergo a yearly digital rectal exam and take a yearly Prostate Specific Antigen (PSA) test, a blood test that measures levels of PSA, (a key enzyme made by the prostate). However, men who have high risk (i.e. men with family history of prostate cancer) should begin this test at age 40 (World Cancer Society, 2008). That you have a high PSA does not necessarily mean you have prostate cancer, it just means that you have some sort of prostate trouble may be prostate infection, etc. you are advised to see an urologist to find out what kind of problem you have. The goal of PSA test is to identify curable cancers in men who are probably going to live long enough to need to be cured. PSA test may be repeated often or an ultrasound and other procedures may be used. Ajape and Babatunde (2009, p.24) noted some of the tools a biopsy may, these include:

Magnetic Resonance Imaging (MRI) – This diagnostic procedure make use of a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. Here the physician uses beams with variable intensity are used. Advanced form of conformal radiotherapy usually delivered by a computer-controlled linear accelerator. Treatment recommendations really depend on individual cases.

Watchful Waiting – As the name implies, here not immediate treatment is carried out. PSA blood levels are regularly monitored.

Trans Rectal Ultrasound (TRUS) – This form of test make use of sound wave echoes to create an image of the prostate gland, this enable the physician to visually inspect for abnormal conditions such as increase in the size of gland, penetration of tumor, nodules etc.

Radical Prostatectomy – This method involves the surgically removal of the prostate.

Brach Therapy - Radioactive seeds are implanted into the prostate.

Conformal Radiotherapy – This method has to do with the shaping of the radiation beams, this is done to minimize the exposure of the tissue.

Lymph node and/or prostate biopsy - In this process, tissue samples are removed (with a needle or during surgery) from the body for examination under a microscope; to determine if cancer or other abnormal cells are present.

Computed Tomography Scan (Also known as CT or CAT scan) – This is a diagnostic imaging procedure that uses a combination of x-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than general x-rays.

Radionuclide Bone Scan – This method helps to show whether the cancer has spread from the prostate gland to the bones. The procedure involves an injection of radioactive material that helps to locate diseased bone cells throughout the entire body, suggesting possible metastatic cancer (Medical News Today, 2009, p.10).

The stage of your cancer and your age and overall health have a huge bearing in the treatment of prostate cancer, it grows relatively slow. It can stay localized, or confined to the prostate, indefinitely a man can die with prostate cancer and not of it. But once it escapes the prostate, cancer's growth becomes relentless. It can no longer be cured at this stage. And once it has spread to bone, a man's average life expectancy is about three years (Medical News Today, 2009, p.12).

The external-beam radiation therapy is an excellent treatment option for many men with prostate cancer; first and foremost, it requires no surgery and as such it becomes a key advantage for older men as well as for men with other health problems that might preclude major surgery. There are two standard approaches to radiation treatment for prostate cancer-sending radiation into the tumor from the outside, with external beam radiation therapy and

implanting radioactive seeds directly into the tumor, this is called interstitial branchy therapy. The “gold standard” for radiation is sophisticated it can cure localized cancer, not just relieve the symptom of advanced disease (Medical News Today, 2009, p.12).

However, if is a more advanced prostate cancer, that is to say the cancer is aggressive, and the patient may require a combination of two or more methods such as radiotherapy and hormone therapy. Radiotherapy, this method involves the treatment on an everyday basis for up to about eight weeks. When it becomes complex, radical surgery is also an option - the prostate is removed completed. The surgery can be done traditionally; this requires the patient staying in the hospital for some days for the surgery to be done and for quick recovery and monitoring of the patience. On the other hand, robotic keyhole surgery can also be used, here the patient stay in the hospital for few days. Also, hormone therapy is very helpful in slowing down, and even stopping the growth of cancer cells and their proliferation to other parts of the body (Medical News Today, 2009, p.15).

Knowledge and Awareness of Prostate Cancer Campaigns

The death rate as a result of prostate cancer is still high. However, the major causes of this cancer have not been wholly ascertained. Although, medical report has linked the causes to genetic factors, diet, old age and environment. But the good news is that it can be prevented:

> Know that cancer can be prevented and your actions play a vital role in making lower cancer risk a reality to you and your family . . . there are things you can do today to reduce your risk of cancer. Not quick but basic lifestyle and dietary changes that will mean a lower cancer risk for life. (Medical News Today, 2009, p. 16)

It becomes clear that when people know that the causes of prostate cancer can be control, all they need to know is what should be done at a given time and what should not be done. For instance, since some food items have been identified to increase one’s chances of having it, it is advisable for one to avoid such food items. With such knowledge, the men

become aware of this and what they consume is checked. To a large extent, this awareness will be determined by the individual's vulnerability to the disease. Stretcher & Rosenstock, (1997, p.34) noted that, perceived susceptibility to the threat of cancer, perceived severity, coupled with modifying factors like age, knowledge, ethnicity, sex, personality and socioeconomic factors will determine the likely hood of actions based on perceived benefits minus perceived barriers.

In a research work carried out by Kelvin, in 1999 on prostate cancer, he elaborates more on the attitudes of men towards the disease. Survey method was used to conduct the research and the study shows that most of the men examined lack in-depth information of this disease and to a large extent poor communication strategies was the major factor to this.

Oranusi, and Nwofor, (2012, p.27), carried out a study on prostate cancer awareness and screening among male public servants in Anambra State, Nigeria, observed that 74.1% of the respondents were aware of the existence of prostate cancer, while 76.1% were able to identify one or more symptoms of the disease. Difficulty in passing urine was identified as the most common presenting symptom by 45.3% of the respondents, whereas, only 56.7% were aware of PSA screening. Ajape, and Abiola, (2009) study on Knowledge of prostate cancer screening among native African urban population in Nigeria**,** concluded that "there is remarkable lack of awareness of prostate cancer among the Nigerian urban populace. Prostate cancer screening and serum PSA test for screening is globally unknown among them". Though knowledge and risk perception of prostate cancer were low. Asuzu, and Omeremma, (2010) study on knowledge, attitude and screening behaviour of secondary school male teachers in Ibadan North Local Government Area towards cancer of the prostate, observed that 79.0% have heard about prostate cancer, 7 1.0% know about prostate cancer screening, 56.6% of the respondents reported that they do not know where to go for prostate cancer screening; 35.5 % have had any sort prostate cancer screening and among the 18.3%

that had the specific marker antigen screening only 7.6% went back to collect the result. Of those, 91.4% did not go back to collect result because of fear of the diagnosis. Similarly, Atulomah, and Adedeji (2010) study on the level of awareness, perception and screening behavior regarding prostate cancer among men in a rural community of Ikenne Local Government Area, of Ogun State, observed that 156 (39.2%) of the respondents reported having heard about prostate cancer while 377 (94.7%) had heard of breast cancer as a condition affecting women. The findings suggest that level of awareness about prostate cancer among men was low. Since, knowledge influences attitude and positive attitude culminates into practice, it is therefore very important that campaigns should be tailored to inform adequately, paying particular attention to barriers that hinder the adoption of the desired behaviour.

2.1 Theoretical Framework

The information innovation diffusion theory formed the theoretical base of this research. The information innovation diffusion theory was developed by Rogers and Shoemaker in 1971 (Baran and Davis, 2004, p.209).

Nwodu (2006, p.102) defines diffusion of innovation as a strategic exposure of the audience members to new idea, object or practice in such a manner that they will pay attention to, understood, internalize and adopt the novel idea, object or practice for their own benefit.

Speaking of the concept of innovation, Rogers and Shoemaker (1971, p.19) aver that an idea, practice or object is perceived as new by an individual. The newness here, the scholars argued, does not presuppose that such “idea, practice or object” is entirely novel to members of a social group. Nwodu (2006, p.101) opines, it (innovation diffusion) rather means that though members of the target group may not have taken any particular disposition towards the idea, practice or object prior to the launching of the campaign for a social

change. Katz (1963, p.77) on the other hand, sees diffusion as the process of spreading of a given new idea or practice over time via specifiable media through social structure such as neighbourhood, a factory or a tribe.

To McQuail (2005, p.553), diffusion of innovation is the process of spreading any kind of new technical device, idea or useful information. Nwodu (2006, p.102) believes it involves conscious exposure to, adoption, and performance of new idea, practice or object and sharing such knowledge and information to others by the adopter. This applies to the on-going campaign on breast cancer. So many Nigerians are ignorant of what it is all about, but the fact remains that the rate at which women die of breast cancer is alarming and pathetic. Due to the nature of society we live in, it becomes very necessary to educate our women through the media on what they must not fail to do in order to help curb this scourge among humanity.

In the same vein, since the issue of breast cancer has become a serious threat to the entire globe, it is necessary that the media should focus maximum attention to such issues by educating and calling attention to it as well as proffering solution through provision of information to the concerned publics, telling them what to do to avert the consequence it would bring to the society if nothing is done. The issue is not as though they have not heard about cancer or breast cancer, but the fact remains that they have not taken any position on that concept. The media need to understand that their duty in this regard is to educate the poor masses who are ignorant of the happenstance in the society. On daily basis, according WHO report 2008 – 2010, women die of breast cancer in most developing nations. Amongst the victims are mainly poor people in the hinter lands who lack the basic needs of life, and as such, the media should not let them die or continue to die out of ignorance. They should be educated; they should be informed and at the same time be kept abreast of every development in the society health-wise. This theory is suitable for this study in the sense that

its aim is for an adoption of a specific attitude as may be prescribed by the media of mass communication, since people look unto them for their daily information.

It is the duty of the media just like a watchman or dog placed or appointed over a city to guide it and to notify the people when there is danger or enemy attack. The information innovation diffusion theory formed the theoretical base of this research.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This design of the study has to do with the framework adopted in preferring solution to an identified research problem. In of this, the researcher adopted survey methodology for this study.

Over time, survey has been proved to be the most effective in tackling problems in the social and behavioral sciences. Nwodu (2006, p.67) buttressing the relevance and importance of the survey research design is of the view that survey method focuses on a representative sample derived from the entire population of study. Baran (2004, p.358) maintains this method works on the premise that a given population is too large for any researcher to realistically observed all the elements in the population under scrutiny. Asika (1991, p.29–30) submits that a researcher using this method goes into the field and selects all relevant elements out of the entire population. The above form the reason for utilizing survey research in this study.

3.2 Population of the Study

The population of study of this research was adult men (between ages of nineteen years and above) in Etsako West Local Government Area. According to the final result of 2006 Population Census of Nigeria as published by the National population Commission, men in the area were 100,986 including immigrants that formed more than thirty percent (30%) of the total population.

3.3 Sampling Techniques

Many a time, an entire population would not study due to time and resource constraints. The usual approach in this situation would therefore entail taking sample. Considering the fact that the population of the area would be too bogus, sample size of 400

respondents were selected for this research work. The researcher based view on the guidelines given by Nwana (1981, p.72) cited in Nze (2005, p.33-34) was followed in deciding on the sample size of this study. According to him: “At least 40% for a population of few hundred, 20% for a population for many hundreds, 10% for a population of few thousands, At most 5% for a population of several thousands.

In view of this, 5% of 100,986 was used in selecting 400 respondents as a representative of the estimated population of the area.

3.4 Sample Size

Many a time, an entire population would not be easy to study due to time and resource constraints. The usual approach in this situation would therefore entail taking sample. Considering the fact that the population of the area would be too bogus, sample size of 400 respondents were selected for this research population. A sample of 400 was drawn from the population using the Taro Yamane Sample calculating formula. The formular is:

Where:

$$n = \frac{N}{1+N(0.05)^2}$$

Where

n = Sample

N = Population

0.5 = allowable error

$$= \frac{100,986}{1 + 100,986x(0.05)^2}$$

$$n = \frac{100,986}{100,987x\ 0.0025}$$

$$n = \frac{100,986}{252.468}$$

$$n = 400$$

3.5 Validity of the Instrument

According to Okoro (2001, p.12) “validity refers to the accuracy of an instrument i.e. how well it measures what it is supposed to measure.” In order to establish validity of the instruments the researcher used the expertise of some Mass Communication professionals who reviewed and made very useful imputes that helped to achieve high level of validity for the questionnaire. The project supervisor also did a thorough scrutiny of the instrument to ensure that it captures all relevant information before final administration.

3.6 Reliability of the Instrument

Ogbazi and Okpala (1994, p.25) posits that “reliability of an instrument or test is the degree to which an instrument is consistent in measuring whatever it purports to measure”. In establishing the reliability of the instrument, the researcher applied the Pre-test technique. The Pre-test technique is a process whereby the researcher administered the constructed questionnaire to the same sample group more than once with a view of discovering how consistent each element of the group is in the scoring of the instrument at such different times.

The researcher administered the questionnaires to twelve elements of the sample group to ascertain the reliability of the instrument, but was not used in the final analysis of the work.

3.7 Method of Data Collection

The research instrument used for data collection was questionnaire. A questionnaire consists of questions relating to the aims of the study and the research questions to be verified (Nwanna 1990 p.121). The questionnaire for this study contains two sections demographic and psychographic sections. The demographic contained the personal data of the respondents while the psychographic questions examines the logical and carefully

selected questions aimed at sourcing reasonable and accurate answers from the respondents such that can help solve the research problem.

Also it is made up of closed-ended and open ended questions with the former forming a greater percentage since the researcher intends to elicit a higher degree of measurable data.

3.8 Method of Data Analysis

Quantitative data generated in the study were analyzed in frequencies, percentages and presented in tables. In analyzing the data of the study two major steps were taken include:- Description based on the characteristics of the study sample and description based on thematic analysis:

Step I: Description based on characteristics of the study sample which involves background information of the sample under study is usually the first stage in data analysis. Such variables include sex, age, educational qualification and occupation of the residents. Frequency distribution table and percentage were used in describing the variables.

Step II: Description based on thematic Analysis is the second stage of data analysis involved the description of the perception of the extent of broadcast media commitment to the campaign against prostate cancer and Awareness level of men in Etsako West Local Government Area on prostate cancer was done using frequency distribution, tables and charts. And the number of respondents who indicated similar answers was coded using simple percentages.

$$\frac{\text{Actual Response}}{\text{Total Sample Size}} \times \frac{100}{1}$$

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Preamble

The major thrust of this study is on the effect of television campaign against Prostate canceramong rural men. The survey method of research was adopted to generate data for the study. This chapter deals with the presentation, discussion of findings, analysis of relevant data extracted from the questionnaire administered by the researcher each question was analyzed using simple percentages, frequency, and distribution table.

4.2 Analysis of Respondents' Bio-Data

Table1: Questionnaire Distribution and Collection

Number Distributed	State Edo	Number Received	Number Lost	Percentage Return
400	Edo	380	20	95

Table 1 above shows that the number of questionnaire distributed were 400 while 380 were returned. The high percentage of return was because the researcher personally distributed by hand and collected them.

Table2: Age of Respondents

Age	Frequency	Percentage (%)
16-20	60	15.8
21-25	80	21.1
26-30	40	10.5
31-35	80	21.1
36 and above	120	31.6
Total	**380**	**100**

Table 2 shows the frequency and percentage of age of respondents sixty respondents accounting for 15.8% belonged to 16-20 age group. Eighty respondents accounting for 21.1% belonged to 21-25 age groups. Forty respondents representing 10.5% belonged to 26-30 age group. Eighty representing 21.1% belonged to 31-35 age group, while One hundred and twenty representing 31.6% be to the age group 36 years and above.

Table 3: Respondents Marital Status

Marital Status	Frequency	Percentage
Single	156	41.1
Married	224	58.9
Total	**380**	**100**

Table 3 shows the frequency and percentage of the age distribution of the respondents. Two hundred and Fifty six respondents accounting for 41.1 % were single. Three hundred and twenty four respondents accounting for 58.9% were married.

Table 4: Educational Qualification of Respondents

Educational Level	Frequency	Percentage
Primary Education	135	35.5
Secondary Education	100	26.3
Higher Degree and above	145	38.2
Total	**380**	**100**

Table 4 shows the frequency and percentage distribution of respondents educational qualifications, One hundred and Thirty five accounting for 35.5% had Primary education Two hundred respondents accounting for 26.3% had Senior Secondary education while 227 respondents representing 38.2% fell under Higher Degree and above.

Table 5 Respondents Occupation

Occupation	Frequency	Percentages %
Farmers	12	3.2
Traders	28	7.4
Students	100	26.3
Civil Servants	100	26.3
Unemployed	140	36.8
Total	**380**	**100**

Table 5 shows the frequency and percentage distribution of respondents occupation. Twelve respondents, representing 3.2% were farmers. Twenty eight respondents, representing 7.4% were traders. One hundred and fifty respondents representing 26.3% were civil servants One hundred and ninety respondents representing 36.8% respondents were unemployed.

4.3 Presentation And Analysis Of Psychographic Data Collected

This section of the questionnaire is concerned with the presentation of results from data collected and analyzed as indicated in chapter three. It deals with information collected from respondents and analyzed in consonant with the research questions.

Table 6: Distribution of Opinion on awareness level of Etsako West men on Prostate cancer

Variables	Single	Married	Total	%
Yes	50	100	150	39.5
No	100	130	230	60.5
Total	**150**	**230**	**580**	**100**

From the data presented on the table a shows that awareness level of men on prostate cancer shows that a whopping majority were not aware of prostate cancer. The interpretation reflected in section 4.3.1 and Bar charts showed that 60.5% indicated that majority of the men in Etsako West were not aware of prostate cancer while 39.5% were aware. Based on the fact above, it is very clear that the awareness level of men on prostate cancer fell short of expectation.

Table 7: Distribution of response on information or knowledge on prostate cancer

Variables	Single	Married	Total	%
Comprehensive Knowledge	20	30	50	13.2
Little Knowledge	80	20	100	26.3
No knowledge	100	130	230	60.5
Total	**200**	**280**	**380**	**100**

The Table above shows that three hundred and sixty respondents representing 60.5% do not have information on prostate cancer. One hundred and twenty respondents representing 26.3% have little information on prostate cancerwhile one hundred respondents representing 13.2% have comprehensive knowledge on prostate cancer. From the data presented above it is very clear that majority of the respondents do not have knowledge or information on prostate cancer.

Research Question 2: What is the extent of response of men in rural areas to prostate cancer campaign on television? In answering research question two respondents opinion was sampled using the following questions: Are you aware of the broadcast media campaign on prostate cancer? What is your level of response to television campaign on prostate cancer?

Table 6: Distribution of opinion on Awareness of broadcast media campaign on Prostate cancer

Variables	Single	Married	Total	%
Yes	50	30	80	21.1
No	100	200	300	78.9
Total	**150**	**230**	**380**	**100**

The table shows that One hundred and Thirty respondents, representing 21.1% said that they are aware of television campaign on prostate cancer. Four hundred and fifty respondents representing 78.9% indicated that they are not aware of television campaign on prostate cancer. So majority of the respondents said that they are not aware of broadcast media campaign on prostate cancer.

Table 7: Distribution of Opinion of Respondents on what extent they respond to campaign against prostate cancer

Variable	Frequency	Percentage
Serious response	80	21.1
Loose response	100	26.3
No response	200	52.6
Total	**380**	**100**

Distribution of response on extent broadcast media has been committed to the campaign against prostate cancer.

The table shows the analysis of an open-ended questionnaire raised on item number nine in the question which was; what is your level of response to television campaign on prostate cancer? Eighty, accounting for 21.1% posit that they seriously respond to the campaign against prostate cancer. One hundred respondents accounting for 26.3% agreed that they loosely respond to the campaign against prostate cancer. Two hundred or 52.6% agreed that they do not respond at all to the campaign against prostate cancer. Based on the

data and diagram above, majority of the respondents agreed that they do not respond to the campaign against prostate cancer.

Table 8: Distribution of Opinion on Awareness of broadcast media campaign on prostate Cancer.

Variables	Single	Married	Total	%
Yes	90	40	130	22.41
No	100	270	450	77.59
Total	**270**	**310**	**580**	**100**

The table above shows that one hundred and thirty respondents, representing 22.41% said that they are aware of broadcast media campaign on prostate cancer. Four hundred and fifty respondents representing 77.59% indicated that they are not aware of broadcast media campaign on prostate cancer. So the researcher used the respondents that said that they are aware of broadcast media campaign against Prostate cancer to work on how men in Etsako West Local Government respond to broadcast media campaign against prostate cancer.

Research Question 3: What are the factors affect the level of response to television campaign on prostate cancer in Etsako West Local Government of Edo State?

Table 9: Distribution of Response on whether there are factors affecting television campaign on prostate cancer

Variables	Single	Married	Total	%
Yes	40	200	240	63.2
No	100	40	140	36.8
Total	**140**	**240**	**380**	**100**

Out of 380 respondents 240 accounting for 63.2% said there are factors affecting awareness campaign on prostate cancer. While one hundred and forty accounting 36.8% said that there are factors that affect campaign against Prostate cancer in rural areas.

Table 10: Distribution of Response on factors affecting the level of response to television campaign on prostate cancer in Etsako West Local Government

Response	Frequency	Percentage
Illiteracy	93	24.5
High cost	110	28.9
Epileptic power	0	0

All of the above	170	44.7
None of the above	7	1.8
Total	**380**	**100**

From the table ninety-three respondents accounting for 24.5% were of the view that print illiteracy affects television campaign on prostate cancer. Two hundred and ten respondents accounting for 28.9% high cost of television affect television campaign against prostate cancer. Two hundred and seventy respondents indicated that all of the above factors affect prostrate cancerawareness campaign to reach target audience while seven respondents indicated that none of the above. So, high percentage of the respondents 44.7% indicated that all of the above affect prostate cancer awareness campaign in rural areas.

4.4 Discussion of Findings: Answers to Research Questions

Research question one: was aimed at ascertaining the extent of awareness of prostate cancer among men in Etsako West Local Government area. Items three and four in the questionnaire were used to elicit responses to the question.

Greater percentage (67.24%) of the respondents posits that they are not aware of prostate cancer. Fewer percentage (32.7%) indicates that they are aware of prostate cancer while (62.07%) of the respondents still indicates that they have no knowledge on prostate cancer. Data on how much knowledge men have on prostate cancer show that a whopping majority of (62.07%) of the respondents do not have information or knowledge on prostate cancer as only (17.2%) say they have knowledge or information on prostate cancer. This gives credence to the assertion that most men in rural areas are not aware of prostate Cancer.

Based on the fact above, it is very clear that the awareness level of men on prostate cancer in rural areas fell short of expectation.

The result agrees with knowledge gap theory which states that there can be appreciable differences in learning as a result of exposure to media information. In contrast,

individual with lower education and less prior information tend to learn less, thus representing an increase in knowledge gap.

Items 7 and 9 in the questionnaire were used to answer research question two which seeks to find out the extent to which broadcast media are committed to the campaign against prostate cancer.

Research question two was aimed at ascertaining the extent of response of rural men to prostate cancer awareness campaign. Findings show that One hundred and eleven respondents, accounting for 19.14% posit that they seriously respond to the campaign against prostate cancer. One hundred and forty respondents accounting for 24.14% agreed that they loosely respond to the campaign against prostate cancer. Three hundred and Twenty nine accounting for 56.72% agreed that they do not respond at all to the campaign against prostate cancer. Based on the data, majority of the respondents agreed that they do not respond to the campaign against prostate cancer.

Research question three was aimed at ascertaining the factors that affect the level of response to prostrate cancer awareness campaign in the rural areas. From the findings, ninety-three respondents accounting for 16.03% were of the view that illiteracy affects television campaign on prostate cancer. Two hundred and ten respondents accounting for 36.21% high cost of television affect television campaign against prostate cancer. Two hundred and seventy respondents indicated that all of the above factors affect prostrate cancerawareness campaign to reach target audience while seven respondents indicated that none of the above. So, high percentage of the respondents 46.61% indicated that all of the above affect prostrate cancerawareness campaign in rural areas. This further re-establish the belief that television is a sophisticated medium, though powerful but not suitable for the mobilization of rural dwellers. The obvious reasons outlined by this study places television at a disadvantaged position in the quest to create awareness on prostrate cancerin rural areas.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This research, using survey method explored the audience perception of television campaign against prostate cancerin rural areas.

Research questions were formulated based on the statement of problems. Questionnaire was used to elicit relevant data from a sample of 580 respondents derived from an estimated population of Etsako West Local government. Due to the large population and because the researcher looked for certain characteristics from the sample, the purposive sampling technique was used. The analysis of the data was done using frequency, distribution tables and percentages for bio-data information while frequency, percentages, tabular mean and bar chart were used for thematic analysis.

Based on thedata generated from the research, the following summarizes the findings made; The respondents are residents of Etsako West Local Government who work, school or engage themselves in public or private occupations and have access to broadcast media. It was discovered that greater percentage of men are not aware of prostate cancerscourge. The study revealed that respondents believe that broadcast media are not committed to campaign against prostate cancer. The respondents who have listened to broadcast media campaign on prostate cancerwent for medical screening on prostate cancer media campaign have had significant effect in getting men's attention towards the pandemic of prostate cancer. The respondents believe that all media of Mass Communication should be engaged to enhance the effectiveness campaign against prostate Cancer.

5.2 Conclusion

The broadcast media has been proved as a veritable means of disseminating information and has always served as a vehicle for social and behavioral change. This is

because of its ability to reach everybody even in the remotest villages where opinion leaders, town criers and community Newspapers are used to further disperse information to the target public.

It has been noticed that the broadcast media programme contents have great influence on the people as it changed the feeding behaviour of men all over the world.

5.3 Recommendations

As a result of the findings in the study, the following recommendations were made:

1. The media should improve its level of credibility to enhance believability by its audience. As a global goal for a prostate cancer free world, all men should be adequately educated and empowered with all relevant information needed to wipe away prostate cancer from the society.
2. Efforts should be made to increase men's confidence in their ability to practice prostate self examination and/or seek medical services to determine their prostate cancer status. Such empowerment involves the removal of constraints and influences that impede perceptions and behaviour towards self prostate examinations through subtle and indirect means.
3. Education appears to be, going by the result of this study, the major determinant of the level of knowledge and health behaviour among men both at the rural and urban areas.
4. Men between the ages of 40 and 49 should undergo a Clinical prostate Examination (CPE) every year or two years; men older than 50 years should have annual clinical prostate examinations.

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Appendix I

Department of Mass Communication,
Auchi Polytechnic, Auchi

Dear Respondent

I am a final year student of the above named department, conducting research into the topic: **"An Assessment of Audience perception of the role of television in creation of awareness against prostate cancer (A study of Estako West Local Government Area)"** as part of the requirement for the award of HND in mass communication.

In the light of the above, I humbly write to request that you fill the attached questionnaire by providing me with details to aid this study. I assure you that every detail provided will be used strictly for academic purpose and will be treated with high sense of confidence.

Yours Faithfully,

Aigbedion Blessing

QUESTIONNAIRE

Instruction: Please tick { } the appropriate box.

Please do not tick more than a box as a response to a question.

1. Age of Respondents: 16 – 20 ( ) 21 – 25 ( ) 26 – 30 ( ) 31 – 35 ( ) 36 and above ( )

2. What is your Marital Status: Single ( ) Married ( )

3. What is your Educational Qualification: Primary Education ( ) Secondary education ( ) Higher Degree and above ( )

4. What is your Occupation: Farmer ( ) Trader ( ) Student ( ) Civil Servant ( ) Unemployed ( )

5. Are you aware of prostate cancer campaign? Yes ( ) No ( )

6. What is your extent of awareness of prostate cancer campaign? Comprehensive knowledge ( ) Little knowledge ( ) No knowledge ( )

7. Are you aware of prostate cancer campaign? Yes ( ) No ( )

8 what is the extent of your response to prostate cancer awareness campaign? Serious response ( ) Loose Response ( ) No Response ( )

9. Are there factors affecting response to awareness campaign on prostate cancer? Yes ( ) No ( )

10. What are the factors affecting response to prostate cancer awareness campaign in the rural areas? Illiteracy ( ) High cost ( ) Epileptic power supply ( ) All of the above ( )