



Awareness and Knowledge of Social Media Campaigns of Cervical Cancer Messages among Female Undergraduates: A Review of Literature

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Abstract

Cervical cancer is one of the challenges of public health worldwide and a noticeable cancer among women. If the increasing mortality rate is not curtailed, it poses a burden on the health and wealth of the economy and this could lead to a breakdown of the economy. This disease is very common in the developing countries which include Nigeria because of a high prevalence of Human Papillomavirus (HPV) which is the main cause of cervical cancer and lack of cervical cancer screening. In cases where screening programmes are available, lack of awareness and poor knowledge has led to non-utilization of the programme. Therefore the aim of this study is to appraise relevant literature in order to understand the current knowledge and awareness of women about cervical cancer and to identify gaps that needs to be filled and reduce mortality rate of cervical cancer. The media has been a very useful tool in spreading information about cervical cancer and creating awareness about screening but unfortunately screening uptake is still very low and people still lack vital knowledge about the disease. Since health is very important in the issues of life, more efforts will be put in place to reach more people. Consequently, there is still need to look out for more channels through which awareness and knowledge about cervical could be created and shared and social media is a better option.

Keywords: *Social Media, Cervical Cancer, Awareness, Knowledge, Undergraduates*

Introduction

Currently, cervical cancer mortality and morbidity rates are on high side in the Nigerian society. Cervical cancer is the second most common cancer in women after breast cancer (WHO, 2014; ICO/IARC, 2018). Majorly, cervical cancer is said to result from infection of Human Papilloma Virus (HPV), particularly the serotypes 16 and 18 (WHO, 2017). Inadequate treatment of a person infected with this deadly virus results to uncontrollable abnormalities in the cervix cells and then cervical cancer is presented. (Centre for Disease Control and Prevention, 2013). Cervical cancer disease has become a global public health concern. This concern however, is preventable especially when detected early enough. Generally, majority of victims of the disease are usually women within 15 to 44 years of age. (Bruni, Albero, Serrano, Mena, Collado, Gómez, Muñoz, Bosch, de Sanjosé, 2022). This situation is unacceptable in the society because the target age range is useful to any given society because women of the stipulated age are

usually at the peak of their career, their expected time for meaningfully contribute towards social and economic growth of the society.

Globally, cervical cancer ranks the fourth most recurrent cancer in women with 528,000 cases recorded in 2012, while the number of deaths were estimated to be 266,000 (Nwabichie, Rosliza, Suriani, 2016). No fewer than 570,000 new cases accounting for 6.6% of all female cancers, and 311,000 deaths from the disease were recorded in 2018 (said who?). About 90% of cervical cancer deaths occur in low and middle-income countries including Nigeria, far higher than in advanced countries with lower figures (WHO, 2019; Joint United Nations Programme on HIV/AIDS UNAIDS, 2019). Nigeria ranks 5th among countries when it comes to death count from cervical cancer, after India, China, Brazil and Bangladesh (Cervical Cancer Global Crisis Card, 2013). Current report indicates that yearly, 14, 943 women are diagnosed with cervical cancer and 10,403 die from the disease out of a

population made up of 50.33 million women who are 15 years and above, and are at risk of coming down with cervical cancer (ICO/IARC, 2018; Bray, Ferlay, Soerjomataram, Siegel, Torre Jemal, 2018). Majority of the deaths occur as a result of late presentation and diagnosis at an advanced stage of the disease when the only option for treatment is surgery (Eze, Emeka-Irem, Edegbe, 2013;).The major reason why these deaths occur is lack of awareness and knowledge of cervical cancer and uptake of screening which has been reported to be low among Nigerian women (Emmanuel, 2013; Abiodun, Sotunsa, and Oluwole, 2014). Apparently, cervical cancer can be prevented when detected early, with regular cervical screening, the presence of precancerous or cancerous cervical cells or high-risk HPV associated with cervical cancer can be detected and treated (Smith, Manassaram-Baptiste, Brooks, [Doroshenk](#), [Fedewa](#), [Saslow](#), [Brawley](#), [Wender](#), 2015; Centres for Disease Control and Prevention, 2021).

The emergence of this killer disease brings to the fore the need to communicate the dangers to the world and the immediate environment especially to the young ones who are the future of this country so that as informed citizens, they would be able to make decisions necessary to safeguard their health. Communication can be used to reduce the incidence of this disease by creating awareness through the use of social media. The mass media through their correlation, surveillance, transmission of social heritage, entertainment and mobilisation functions have been very helpful in communicating health messages to its audience. This according to Oyama and Okpara (2017) is the primary and moral duty of the media. They are in the forefront of bringing helpful information and creating awareness about cervical cancer to the people. Social media are a fast growing 21st century innovation. Millions of people, both young and old, across the globe use the social media on a regular basis. It has become an important feature of the contemporary society. A lot of information are disseminated and distributed faster than before. Young people, being very inquisitive and adventurous, use this platform regularly to satisfy different needs. Social media platforms offer a promising opportunity for public health promotion, giving users easy access to preventive medicine and fostering interaction with health care providers (Korda, 2013). Social media is a potential avenue for interventions to reach various audiences who may not be reached through the traditional approaches. Approximately 88% of young adults aged 18 to 29 and

78% of adults aged 30 to 49 reported using at least one social media site in 2018 (Smith and Anderson, 2018).

The health of the nation should be paramount to every individual because any untimely mis-management may result to negative implications. This may include decline in the production capacity, impoverishment of the nation and breakdown in the economy. So this calls for the need for proper health communication through the media which is known widely for creating awareness to large heterogeneous audience (oyama & Okpara 2017). Several studies have been carried out on cervical cancer with the focus ranging from finding out why screening for cervical cancer is low, to their knowledge and attitude towards screening. Hence this paper presents a review of some empirical studies to show the prevailing knowledge in the field of study.

Awareness of Cervical Cancer

Since the beginning of the previous decade (2010 – 2019), scientific researches had proved that awareness was perhaps the biggest challenge faced by public health and medical professionals in the battle against cervical cancer worldwide. In Nigeria, research undertaken within this time period also revealed that this challenge traversed and pervaded various regions and zones of the Country. For instance, Eze, *et al.*, (2012) discovered in one south-eastern Nigerian State (Ebonyi) that less than 38% of a sample of 360 women with a mean age of 36.2 years were aware of cervical cancer. Only 31.9% were aware that it is preventable, 25% and 20.8% indicated awareness of cervical screening and screening centres, respectively, but only 0.6% had taken up screening. In another North-Central Nigerian State (Jos), the story was not much different, as Hyacinth *et al.* (2012) discovered amongst a sample of 388 Federal civil servants aged 18–65 years, a cervical cancer awareness rate of 50.9%. Only 38.6% were aware of the Pap smear screening test, while only 10.2% has undergone one.

These findings agree with that of Balogun, *et al.*, (2012), which discovered an awareness rate of 4.2% in a survey of 240 female dwellers (with a mean age of 31.1 ± 11.6 years) of two urban slums in Lagos, south-western Nigeria. Whereas, none of those who were unaware believed that they were in any way at risk of the disease. Abiodun, *et al.*, (2013) corroborated these findings from another south-western Nigerian State (Ogun), where 2000 women aged 20 to 64 years were surveyed. Only 6.5% were aware of the disease; 4.8% were aware

of screening for cervical cancer, and 4.1% identified that it provides a reliable path to prevention of the disease; while only 1.4% had ever undergone screening.

But then, even up till the end of the decade, it was yet seen that this challenge of low awareness of cervical cancer had continued to persist, despite multiple ongoing interventions. As Oluwole et al. (2017) later surveyed 400 rural women in Lagos, Nigeria, aged 38.9 ± 9.51 years on the average, to discover an awareness rate of 15%, while only 13.3% of this figure had ever undergone screening for the disease (none of which had been done within the prior three years). This was in tandem with the findings of Abiodun, *et al.*, (2017), in surveying 318 women in another south-western Nigerian State (Oyo), wherein was discovered that only 22.6% were aware of cervical cancer. 17.9% were aware of screening tests as a preventive measure for the disease, while only 1.6% had ever undergone screening tests; even though 5.7% believed that they may be at risk of cervical cancer.

In a similar study, Abiodun, Fatungase, Olu-Abiodun, Idowu-Ajiboye, and Awosile (2013) discovered an awareness rate of 6.5% in a survey of 2000 women aged 20 and 64 in Ogun State. The study revealed that on awareness of cervical cancer and screening, the figures were very low 6.5% and 4.8% respectively. Most of the women in the study area did not have an idea of the disease. This could be attributed to their educational profile which is low. This aspect of the report is similar to Ebu, Mupepi, Siakwa, and Sampelle (2014) which reported that 68.4% and 93.6% of their respondents had not heard about cervical cancer and had no knowledge on the risk factor respectively. On barriers to cervical cancer screening, lack of awareness was found as the major reason why they have not been screened. This result corroborates the study of (Hyacinth et al., 2012; Ndikom & Ofi, 2012; Bisi-Onyemaechi, 2018) in the aspect of lack of awareness as a main reason for not partaking in cervical cancer screening. Abiodun, *et al.*, (2013) recommends that awareness should be created so that women's knowledge can be enhanced on cervical cancer.

However, some studies have reported that in their area of study, awareness of cervical cancer, screening and HPV vaccines were high. For example, Biobaku, Fatusi, and Afolabi, (2015) studied 210 sexually active nurses in Southwest Nigeria and revealed that the awareness level of cervical cancer is high (97%). The study further revealed that among the 210 respondents of the study group Most of the nurses correctly identified HPV as a primary cause of cervical

cancer (77%). This might be attributed to the fact that they are in the health line, they should be knowledgeable about health related issues of this kind. The study observed that information source through the internet was low. The result of this study corroborates the study of (Okunowo et al 2018; Shafei *et al.*, 2013) in the area of awareness level of cervical cancer, but contrast the study of (Karaimu and Kimotho, 2016; Hyacinth, *et al.*, 2012; Ndikom and Ofi 2012; Bisi-Onyemaechi, 2018) as they reported a very low level of awareness of cervical cancer. In a similar study, Awodele, Adeyomoye, Awodele, Kwashi, Awodele, and Dolapo (2011) sampled 200 nurses in Lagos University Teaching Hospital (LUTH) and recorded that most of the respondents had positive attitudes towards Pap smear screening even though they had not been screened before. Results showed that nearly all the respondents knew of cervical cancer and the causative organism which is human papilloma virus. This aspect of the study conforms with (Awodele, *et al.*, 2011; Shafei *et al.*, 2013; Biobaku, *et al.*, 2015) but differs from (Karaimu and Kimotho, 2016; Hyacinth, *et al.*, 2012; Ndikom and Ofi 2012,; Bisi-Onyemaechi, 2018) as they did not experience high level of awareness of cervical cancer.

Socio-Demographic Peculiarities of Awareness of Cervical Cancer

Furthermore, the indication from these researches that many of those who happened to show some level of awareness for cervical cancer had gotten such information from public (electronic) media sources (e.g., Oluwole, *et al.*, 2017; Oboro & Athanasius, 2020; etc.), was also suggestive of the roles that socio-demographic factors such as level of education, peer education, as well as economic / financial in capabilities had to play in the disparities across levels of awareness, and in the diffusion of awareness campaigns regarding the disease – such as Ndikom and Ofi (2012) had hinted. Because, besides the urban dwellers showing a slightly higher level of awareness compared to the rural population, the same reality also manifested across different heights in the level of education. For example: Aniebue and Aniebue (2010), in surveying 394 female undergraduate Nigerian students, discovered that 23.1% were aware of the screening test for the disease, while 5.2% had ever been screened. These figures correspond with those reported by Wright et al. (2017), which surveyed 317: 62.1% of which were female, 46.7% aged 30–49, and 70.3% having high-school level education and above. Herein, an awareness of 37.2% was reported, 5.1%

had undergone the Pap smear screening, and 4.1% had been vaccinated against HPV.

Similarly, Owoeye and Ibrahim (2013) surveyed 384 female members of a tertiary institution in the Niger Delta (aged 16-65) to discover an awareness rate of 72%; wherein 50.6% were aware of the cervical cancer screening tests, including the Pap smear (41.2%). In the same vein, Abiodun, *et al.*, (2013) also revealed a low rate of 6.5% and 4.8% awareness of cervical cancer and screening respectively as a result of respondents' level of education. In terms of highest level of education only, 42.4% of the women completed secondary school while 27.8% completed primary school, 14.4% of the women had never completed any level of schooling.

International Perspective

On the International scene, research perspectives have also been broadly aligned with the same context of findings regarding awareness of cervical cancer. For example: Saha, *et al.*, (2011) surveyed 630 female college students between ages 17 to 24 in Kolkata, India; and discovered that only 20% correctly identified cervical cancer as the most prevalent female cancer in the Country, with 24% being aware of the age factors applicable to the disease. Only 11% were aware of the Pap smear screening test, and 15% knew about the disease-causing virus (HPV). An awareness of 29%, 3%, 4%, 13%, and 15% were discovered for the respective risk factors of 'smoking', 'having multiple sex partners', 'cervical infections', 'early onset of sexual intercourse', and 'multiple parity'.

These findings also measured up to that of Singh, *et al.*, (2012), which involved 205 staff nurses of a rural medical research institution in India. 18% of these were aware of the HPV vaccine, while 74% were aware of the Pap smear test for detecting cervical cancer. Thus, comparing the research and findings of Singh, *et al.*, (2012) with that of Saha, *et al.*, (2011), is also indicative of the rural-urban demographic disparities in awareness regarding cervical cancer.

Similarly, in Karachi, Pakistan, Ali, *et al.*, (2010) surveyed 400 healthcare professionals in three tertiary healthcare centres in Karachi. It was discovered that 23.3% were aware that cervical cancer was the most prevalent of gynaecological cancer; 1.8% were unaware that it was a disease. Whilst 62% were aware that the disease is caused by a virus, 61% knew the HPV causative virus. 26% of those surveyed showed awareness of one or more of the risk

factors, 37% were aware of the Pap smear screening test, and 9.3% were aware of the HPV vaccine. This result contrast the study of Ebu, *et al.*, (2014) as they reported that 68.4% of respondents had never heard about cervical cancer, 93.6% had no knowledge on the risk factors, and 92% did not know about the prevention and treatment of cervical cancer. The majority (97.7%) had never heard of the Pap smear test. Only 0.8% had had a Pap smear test.

Knowledge of Women on Cervical Cancer

Empirical studies within the previous decade (2010-2019) have evidences that knowledge on cervical cancer is a big challenge as it concerns the battle against cervical cancer. studies conducted in and outside of Nigeria reveal that knowledge on cervical cancer which includes but not limited to its risk factors, symptoms and preventive measures, just to mention a few is low. Existing literature shows that most women lack knowledge of cervical cancer which has translated into poor attitude and negative attitudes towards preventive measures. For example Ogbonna (2017) revealed that only (10.8%) reported that they have knowledge of cervical cancer and 42.5% of students were not able to recognize the danger factors of cervical cancer, while others were in some measure confident in making out the risk factors of cervical cancer. This level of low knowledge of cervical cancer exhibited by the students confirms the study of Abiodun, *et al.*, 2013; Isa, *et al.*, 2016; and Khan, *et al.*, 2016. Ogbonna (2017) also revealed that cervical cancer risk factors knowledge affected student's decision to participate in screening services. Because the students have poor knowledge on the disease, they do not know that they are vulnerable to getting it, thereby going for screening outcome was very low. However, 43.5% of the respondents indicated interest to participate in screening programme. This, according to Ogbonna (2017), calls for the need for more awareness to be created on cervical cancer within the school environment so that students can be informed and take proper action concerning their health. Similarly, Ebu, Mupepi, Siakwa, Sampselle, (2014), with a structured interview questionnaire got data from 392 sexually active females aged 10-74, who were randomly selected. Results from the study according to Ebu, *et al.*, (2014) revealed that a greater proportion of the respondents 68.4% and 93.6% had certainly not heard about cervical cancer, and had no knowledge on the risk factors respectively. This result differs from (Onsuz, *et al.*, 2014; Awodele, *et al.*, 2011; and Ubajaka, *et al.*, 2015) which reported high knowledge of cervical cancer by respondents

but corroborates (Abiodun, *et al.*, 2013; Isa, *et al.*, 2016; & Khan, *et al.*, 2016) which reported low levels of knowledge of cervical cancer by respondents. Their report revealed low awareness of Pap smear test, preventing and treating among respondents before the intervention, 97.7% and 92% respectively. As a result of the outcome of the study which showed knowledge about cervical cancer to be very low, Ebu, *et al.*, (2014) recommended strongly that Community leaders and all involved should develop policies that will facilitate cervical screening.

In a similar study, Abiodun, Fatungase, Olu-Abiodun, Idowu-Ajiboye, and Awosile (2013) looked at women's awareness and knowledge about cervical cancer and screening and the barriers to cervical screening in Ogun State, Nigeria. In the survey, 2000 women aged 20 to 64 were assessed. The study revealed that on awareness of cervical cancer and screening, the figures were very low. Most of the women in the study area did not have an idea of the disease. This could be attributed to their educational profile which is low. 6.5% and 4.8% respectively. The knowledge level of Ogun women is reported to be very low as Abiodun, *et al.*, (2013) reported that bulk of the women over 95% do not know what causes cervical and could not name any risk factor. This aspect of the report is similar to Ebu, *et al.*, 2014 which reported that 68.4% and 93.6% of their respondents had not heard about cervical cancer and had no knowledge on the risk factor respectively. On barriers to cervical cancer screening, lack of awareness was found as the major reason why they have not been screened. This result corroborates the study of (Hyacinth, *et al* 2012; Ndikom & Ofi 2012; Bisi-Onyemaechi, 2018) in the aspect of lack of awareness as a main reason for not partaking in cervical cancer screening. Abiodun, *et al.*, (2013) recommends that awareness should be created for women's knowledge enhancement towards cervical cancer.

Buttressing the above reported findings is Adekoya and Chinanu-Akpoh's video drama health communication intervention on knowledge of early detection and prevention practices of breast cancer among Aboh-Mbaise rural women of Imo State. Their study revealed that, adoption of appropriate communication tool(s) for awareness creation towards any given health education will not just create awareness among participants, but usher in positive changes in attitudinal and behavioural dispositions toward the disease. Their quasi-experimental indicated that the majority of study participants were not aware of about breast cancer ($= 3.24$), but became knowledgeable after the

intervention on breast cancer (= 4.62). That at pre-test, the participants had low understanding of causes of breast cancer (= 4.54), they became fully aware at post-test (= 4.72). That breast cancer could be treated or prevented through adjustment in lifestyle and orthodox medicine (= 4.70). This study's findings affirmed that frequent exposure to health based video drama is effective means of enlightening the rural women of Aboh-Mbaise on breast cancer, its early detection methods, and for boosting their intention to practice the early detection methods which can help them avoid the menaces of the disease. Although these authors focussed on breast cancer, replicating this kind of study even in the case of cervical cancer will be contributory to the point of improving women's awareness level, prevention practices and behavioural dispositions towards the disease.

On the other hand, some scholars reported high knowledge of cervical cancer, screening and HPV vaccines in their study area. For instance, Ubajaka, Ukegbu, Ilikannu, Ibeh, Onyeonoro, and Ezeanyim (2015) studied some secondary school teachers in Nnewi and reported a high knowledge on cervical cancer as 74.6% which constitute the greatest percentage of participants said they had knowledge about cervical cancer, while 44 (41.5%) had knowledge about pap smear as screening for cervical cancer, only 20.5% had been screened for cervical cancer as against 22.9% recorded in the study of Okunowo, *et al.*, (2018). Respondents' reasons for not participating in the test were; not considering the test necessary, not having knowledge on where the test could be done and feeling of not being susceptible of developing cervical cancer (Ubajaka, 2015). The investigators concluded that despite the fact that awareness level of cervical cancer was high; the level of screening uptake was still very low. They recommended that campaign on Pap smear on a national level should be increased to change the negative perception towards Pap smear test. This report in the area of good knowledge of cervical cancer is similar to that of Neji, *et al.*, (2019) which also reported good knowledge of cervical cancer. This high knowledge could be attributed to the fact that the study was conducted in an academic environment, so it could be assumed that information about cervical could be easily accessed.

Socio-Demographic Peculiarities on Knowledge of cervical cancer

Socio-demographics like education, place of residence (rural or urban) economic empowerment etc. appears to enable women to have a better

understanding about cervical cancer and the screening facilities available. Educated women may also be in a better position to assess their level of risk concerning the disease. The level of educational attainment could make possible decisions in accessing health services including cervical screening. Several studies have affirmed education as an important predictor of intention to screen and cervical cancer screening behaviour. For instance: Ebu (2018) reported that 21.7% were not formally educated, 62.1% had low level of education and only 16.2% had high level of education. In addition, 54.2% were working while 45.8% were not working. More than half of the respondents, 55.3% viewed the cost of screening as not affordable while 44.7% perceived it as affordable. In connection with the intention of the respondents, 82.0% of HIV-positive women had intention to obtain cervical cancer screening while 18.0% did not have any intention. In summary, Respondents with a low level of education were 2 times more likely to have intention to screen while those with tertiary or a high level of education were approximately 3 times more likely to have intention to screen for cervical cancer. This study corroborates the study of Kahesa, *et al.*, 2012; Simou, *et al.*, 2010 as they also reported that level of education had a positive effect on decision to screen for cervical cancer.

On area of residence, Woldetsadik, *et al.*, (2020) recorded that among the 425 participants of their study only 12.2% of women have been screened within the past 3 years. 8% were screened at the age of 18–29 was 8% which was lower than women aged 30–39 (11.9%) and 40–49 (36.1%). Result further revealed that geographically, women who live in rural area were less likely to be screened [OR = 0.30, 95% CI: (0.11–0.85)] than women who live in urban area. This aspect of the study is in tandem with Ranabhat, *et al.*, 2014; McDonald et al 2017 as they also reported that women who live in rural area were less likely to be screened than women who live in urban area. Gyamfua, *et al.*, (2019) also confirmed in their study that significant association between the occupation ($p < 0.003$), educational background ($p > 0.000$) and knowledge level of the respondents on cervical cancer. Respondents with low to medium level of education scored below 40% and almost all the tertiary students (65.4%) scoring above 65% showing a high knowledge level. This result was also the experience of Moshi, *et al.*, 2018; Mitiku, *et al.*, 2016; Kokane, *et al.*, 2015; also revealed that all demographic variables except age and marital status appear to be significant in terms of potential psycho-social factors that could influence the uptake of HPV vaccination and cervical cancer screening.

From the above, it could be said that social demographics like education, area of residence and income appears to have a significant association to women's knowledge of cervical cancer as individuals with tertiary education seem to have sufficient knowledge about cervical cancer and are more likely to go for screening.

Theoretical Perspective

The health belief model (HBM) and uses and gratification theory underpins this study. Existing literature available in health communication shows that the health belief model supports many studies aimed at audience knowledge and attitude. The health belief model was developed as a result of people's unwillingness to participate in a free tuberculosis health screening (LaMorte (2019)).The health belief model has six major tenets which are perceived *susceptibility*, perceived *severity*, perceived threat and net benefits, perceived *barriers*, *cue to action* and *self-efficacy*. The first four constructs were developed as the original tenets of the HBM while the last two were added as a result of research about the HBM (LaMorte, 2019).

This model which begins with perceived susceptibility says that before there can be any change in behaviour, the individual has to believe or perceive that he/she is at risk of contracting the disease talked about. This is followed by another construct of perceived severity which is a person's view of how harsh or serious the illness is if they were to contract it. However, the detection of perceived barriers which is a person's understanding of the difficulties he would come across in taking the proposed actions, which includes both physical and psychological barriers, will be evaluated by the individual. But the interest of the audience or individual to perform the advised health action will now be dependent on the perceived benefits which is the confidence he has in how successful the advised action will be in taking care of the problems of the condition considered in Severity. Nonetheless motivating factors called cues to action which could be internal like having chest pain or external like advice from family members, of jingles on radio, lectures, campaigns and drama on television, could prompt the audience to take recommended actions. The last construct which is self- efficacy refers to a person's confidence in his or her ability to perform behaviour successfully for example arranging for Pap smear test or HPV immunization.

The Uses and gratification theory (UGT) is entrenched in the history of communication theories and research. Jay Blumler and Denis McQuail in 1969 laid the foundation of the uses and gratification theory with their classification of what motivated audience for watching political programs during the election of 1964 election in the United Kingdom (Blumler & Katz, 1974).

This theory is based on social communication, it is audience focused. It seeks to know why people look out for media and what it is used for rather than what the media do to them. Uses and gratification theory (UGT) posits that individuals have power over how they use the media, rather than placing individuals as inactive consumers of media, it positions them as very active. This theory is relevant to this study as one of its assumptions says ‘People use the media to their benefit more frequently than the media use them’. This means that the receiver decides what is going to be taken in and does not allow the media to influence them otherwise. It also means that the listener perceives the media to be able to solve his problem, that is why he exposes himself to the media and pays attention to the messages he feels are congruent to his beliefs and attitudes then he can recall those messages whenever the need arises. They do not just allow the messages received to influence them, they process the messages, make meaning out of them, that is they have their own perception of that message then they decide how to react to it (attitudes) either favourably or unfavourably.

Social Media: An Effective Tool for Cervical Cancer Awareness Creation in the 21st Century

The surveillance, correlation, mobilisation, entertainment and transmission of social heritage role of the media cannot be overemphasized. Mass media campaigns have been used over the years to spread health messages to a large populace with the aim of changing health behaviours. Some of the media used are Radio, Television, Billboards, Posters, and Newspapers, and responses to these campaigns are usually inactive as a result of the accompanying effects of using traditional media (Shah, 2020). But today, the focus of health practitioners have changed and some campaigns are done via new technologies like the internet, and social media. Here, there is a kind of involvement as recipients are expected to seek for the information they desire by clicking on a link. Health practitioners are turning to social media for support in promoting and spreading

health information in order to better the health of individuals and that of the nation at large by encouraging behavioural changes.

The period of the last decade (2010-2019) saw a gradual upscale in the adoption of social media as a means of personal information dissemination and discovery (Tankovska, 2021). In fact, this figure has increased from 13.6 million in 2015 (Kemp, 2015), to roughly 28 million in the third quarter of 2020 (Varrella, 2021), and 33 million as at January 2021 (Kemp, 2021). Today social media has become an important part of our lives and the society in general, it has transformed the way people communicate and socialize. People are able to share their ideas on different issues including health; people do shopping, and a whole lot of things on social media. The growth in the use of social media today is amazing; it has impacted both positively and negatively on several fields like education, business and health. But then, Tayo, *et al.*, (2019) surveyed social media usage and influence amongst 850 undergraduate students of a public university in south-western Nigeria (Obafemi Awolowo University, Ile-Ife), to discover that 97% use WhatsApp, 85% Facebook, 65% Instagram, 62% YouTube, 25% Twitter, 21% LinkedIn, 15% Google Plus, 10% Snapchat, and 7% Skype; for an average of 2-3 hours daily, and for purposes like “socialisation (83%), information (74%), academic (73%), business (68%), and entertainment (61%)”.

These findings agree with that reported by Wickramanayake and Jika (2018), which surveyed social media usage amongst 234 undergraduate students of education across three academic institutions in a northern Nigerian State (Gombe) – the Federal College of Education, the Federal University of Kashare, and Gombe State University. The research discovered that 89.3% use Facebook, 32.9% YouTube, 37.1% Twitter, 1.2% LinkedIn, 3.8% Google+, and 44.4% Yahoo Messenger, among other Social Networks, for the purposes of education, entertainment and communication.

With the wide use of the social media, and its ability to connect a lot of people, spreading the messages on cervical cancer and creating awareness through this tool will create an amazing effect.

Conclusion and Recommendations

Recently, major challenges facing health communicators are: low understanding of the disease prognosis, inadequate awareness and access to the right and useful communication strategy for reaching the community. Resolving

this concern will ultimately improve lives which is pivotal to public health and health communication agents. Studies found that the disease is prevented and curable if detected early, but the gross lack of awareness and knowledge about this disease contribute to the poor health-seeking behaviour of women which affects not only them but the economy at large. Many of the studies carried out on the awareness and knowledge of cervical cancer reported that participants got to know about the disease through the media. With the advent of the social media, it provides a channel to increase and promote health communication plans and effective information dissemination, in ways that allow users to not only apply but also create and share relevant health information. Furthermore, the use of social media for advocacy and communications in health promotion recommends exciting prospects for broader reach, greater efficiency, and lowered costs of communication and advocacy campaigns. There is therefore a need to create more awareness on cervical cancer through the use of social media.

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