

**Role and Impact of Media Interventions
on Creating awareness about Cancer
among masses**

ABSTRACT

**of
THESIS**

**SUBMITTED TO
BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY
(A CENTRAL UNIVERSITY)
LUCKNOW**

BABASAHEB
BHIMRAO
AMBEDKAR
UNIVERSITY



प्रज्ञा शील करुणा
ESTABLISHED 1996

FOR THE DEGREE OF

Doctor of Philosophy

IN

MASS COMMUNICATION AND JOURNALISM

Submitted by

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2021

Abstract

“Without health life is not life; it is only a state of languor and suffering, an image of death.”

-Lord Buddha

Introduction of the Research Study

Health is a mixture of three important components physical, mental and emotional well-being: because an individual cannot have a healthy body without healthy mind or healthy emotions and vice versa. The World Health Organisation (wikipedia, 2016) defines health as “ a dynamic condition that is identifiable by a physical and mental state that allows a person to pursue his or her goals, given in a set of accepted circumstances”. Bircher defines health as “a dynamic state of well-being characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture and personal responsibility” (Bircher, 2005). Sarachi defines health as “ a condition of well being free of disease or infirmity and a basic and universal human right” (Sarachi, 1997).

Individual health partially depends on the social structure of a person’s life. Health is the bedrock upon which all of human society exists. Thus, the health status of a populace plays an imperative role in the well being of people within a topology and social space. Health and its care are not only indicators of well being but the health status is also a determinant of human development (Bourne, 2009).

To persuade individuals to adopt healthy behaviours has never been an easy task. And so it is necessary that they have proper information and knowledge to be able to develop healthy practices (SCHIAVO, Health Communication FROM THEORY TO PRACTICE , 2011). Important role of communication is to create a receptive and favourable environment in which communication can be shared, understood, absorbed and discussed by the programs intended audience.

Health communication is a subset of communication that concerns itself with how individuals in a society seek to maintain health and deal with related issues such as how

health related messages are disseminated, accessed and interpreted. Development planners use different mass media vehicles to spread health related messages so they are able to influence the attitude and behaviour of the members of society so as to influence acts towards desired direction. The key characteristic of health communication is to influence individuals and communities regarding health seeking behavior, as health communication aims at improving health outcomes by sharing health related information. Health communication is also concerned with communication among policy makers, health planners, doctors, patients and community in health realm. It is an emerging field in which professional communicators and health providers inform, influence and motivate individual, institutional, governmental and public audiences about important health issues. Social and behavioural scientists have defined health communication as:-

Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health related information with the goal of influencing, engaging and supporting individual, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt or sustain a behaviour, practice or policy that will ultimately improve health outcomes (SCHIAVO, HEALTH COMMUNICATION FROM THEORY TO PRACTISE, 2007).

(Ratzan, 1994) defines Health Communication as the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the community.

Health communication is the use of communication techniques and technologies to (positively) influence individuals, populations, and organizations for the purpose of promoting conditions conducive to human and environmental health; it may include diverse activities such as clinician-patient interactions, classes, self-help groups, mailings, hot lines, mass media campaigns, and events (SCHIAVO, HEALTH COMMUNICATION FROM THEORY TO PRACTISE, 2007).

Effective health communication is the art an technique of informing, influencing and motivating individuals, institutions, and large public audiences about important health

issues based on sound scientific and ethical considerations (SCHIAVO, HEALTH COMMUNICATION FROM THEORY TO PRACTISE, 2007).

Communication means a process of creating understanding as the basis for development. It places emphasis on people interaction. Communication empowers people by providing them with knowledge and understanding about specific health problems and interventions (SCHIAVO, HEALTH COMMUNICATION FROM THEORY TO PRACTISE, 2007).

Health communication leads to exchange of information in a two-way dialogue as it's a process for partnership and participation that is based on a two-way dialogue, where there is an interactive interchange of information, ideas, techniques and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action.

A BRIEF ORIENTATION TO HEALTH COMMUNICATION

The year was 1975. The location, Chicago, Illinois. Communication scholars from around the world were convening for the 28th annual convention of the International Communication Association (ICA). Large professional organizations like ICA usually have divisions to facilitate scholarly interaction among members with similar research interests. A small group of scholars had been getting together at ICA since 1972, calling themselves the "Therapeutic Communication" interest group. At the 1975 meeting, these folks decided to change their group's name to "Health Communication" to reflect a broader scope of interest in health. And thus our field was born. (HARRINGTON, 2015).

Health communication officially became a sub discipline of communication in 1975 at the annual convention of the International Communication Association. (HARRINGTON, 2015).

The key characteristics of health communication are: Audience-centered, Research-based, Multidisciplinary, Strategic, Process oriented, Cost-effective, Creative in support of strategy, Audience and media specific, Relationship building and it is

Aimed at behavioural or social change (SCHIAVO, HEALTH COMMUNICATION FROM THEORY TO PRACTISE, 2007).

The word 'Cancer' comes from the Latin word 'Carcinoma' which means Crab. It is a dreaded disease and refers to all malignant tumors caused by the abnormal growth of a body cell or a group of cells. Cancer is a complex disease that is the end result of a disturbed metabolism (body chemistry). It is an insidious disease that involves the entire body; the nervous system, digestive tract, pancreas, lungs, excretory organs, endocrine system and the entire defence mechanisms. Currently, cancer is the third most deadly disease in developing nations like India. Cancer, also called Malignancy, is an abnormal growth of cells. There are more than 200 types of Cancer, it is a common household word, with at least one near and dear one, a family member, a friend, a neighbour, or a colleague diagnosed with Cancer.

The 2014 study of World Health Organisation (WHO) revealed that deaths from cancer cases in India are projected to rise to 13.1 million by the year 2030. The burden of cancer is expected to further increase due to an increase in life expectancy, demographic transitions and the effects of tobacco and other risk factors (World Health Organisation-Cancer, 2015). In 2015, 8.8 million people worldwide died from cancer. That is nearly 1 in 6 of all global deaths (World Health Organisation, Global Health Observatory (GHO) data, n.d.). Cancer has emerged as a major public health concern in India. 12.5 lakh new cases are diagnosed every year and around 28 lakh cases of cancers are prevalent at any given point of time. It also claims lives of about 6.8 lakh patients per year (Ferlay, et al., p. 2013). As per latest data of India from GLOBOCAN 2012, the top three variations of Cancer in women are breast, cervix uteri and colo-rectum and in men are oral cavity, lung and stomach. Most Cancer cases in India are associated with tobacco use, infections, and other avoidable causes. Social factors, especially inequalities, are major determinants of India's cancer burden, with poor people more likely to die from cancer before the age of 70 years than those who are more affluent (Mallath, et al., 2014). If we look up at the cancer patient scenario and compare India with other countries of the world, the facts than suggest that, "every 13th cancer patient in the world is an Indian, out of which most of them are women; out of 12.5 lakhs cancer patient each year around seven lakhs are women" (Correspondent, 2016).

Every 13th new cancer patient in the world is an Indian, most of them women, and out of 12.5 lakh (1.25 million) new cancer patients each year in India, over seven lakh are women. The International Agency for Research on Cancer in its GLOBOCAN 2012 report stated that in India 1.1 million new cancer cases were estimated, indicating India as a single country (of the 184 countries) contributing to 7.8% of global cancer burden with mortality figures of 682830, contributing to 8.33% of global cancer deaths; and the five year prevalence was 1.8 million individuals with cancer corresponding to 5.52% of global prevalence (GLOBOCAN-Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012, 2012). Therefore, it is extremely important to not overlook this phenomenon.

The challenge of addressing the socio-cultural taboos, misconceptions and beliefs about cancer is further compounded by the low knowledge level, understanding and awareness of cancer. In the year 1975, Government of India launched the 'National Cancer Control Programme (NCCP) with emphasis on awareness related to primary prevention and early detection of cancer. Today, the NCCP has supported 85 oncology wings in the medical colleges including 27 tertiary cancer centres across the country (Welfare, 2005). Therefore, there is a great demand and need for accurate and relevant communication strategy by proper media interventions on cancer patients for proper advocacy, behaviour change and social mobilizations to approach in this combating issue. Cancer prevention occurs by arresting, slowing down or reversing the carcinogenic process before invasion into surrounding tissue or by avoiding or blocking causative exposure. Preventive interventions range from avoiding known carcinogens (e.g., tobacco or asbestos) to intervening with anti-carcinogenic strategies (behavioural modifications, such as diet and exercise, medications, nutritional agents and vaccination against causative agents. We need to focus on active intervention with measures involving pharmaceutical and immunological agents. Cancer is a large family of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. Doctors, experts and evidences states that around 50% of deaths due to cancer can be prevented by avoiding carcinogenic agents, following cancer based preventive measures and by avoiding key risk factors. Avoiding tobacco products, reducing alcohol consumption, maintaining a healthy body weight, exercising regularly and addressing infection-related risk factors (WHO-Cancer Prevention, n.d.).

In the Indian society cancer is usually considered as curse, and substantial lacuna in the knowledge, information and awareness about cancer generate a negative attitude towards this disease. In the words of Cohen “The Media may not be successful in telling their readers what to think, but are stunningly successful in telling their readers what to think about” (Cohen-1963, n.d.). There has been intensive discourse and debate as regards impact of Media in creating awareness about Cancer and Cancer prevention and also for effecting attitudinal and behavioural changes in masses towards People Living with Cancer (PLWC)/Cancer Patients. This study is an attempt to investigate this phenomenon in India. As a developing country, India has been struggling to overcome its socio-economic backwardness due to low literacy rate, low standards of living, low per capita income and lack of health and sanitation facilities, etc.

In this context communication can integrate knowledge, information and awareness, which motivates people to thrive in order to lead a better life. Communication can also make development initiatives by employing different communication strategies and techniques that address fruitful changes for local, regional, national and international levels of people’s action (Bank, 2007). Therefore, there is a great demand for accurate and relevant communication strategies, which have been credited with advocacy, behaviour changes and social mobilisations to combat these issues. In order to remove obstacles from health promotion programme, Mass Media can play a very prominent role in the field of healthcare and development.

Media Interventions are defined as activities or projects that secure, challenge or acquire media power for tactical and strategic action.

Media can disseminate information with regards to different health issues and a effect on human behaviour as well. Documentaries assert through their informative function to influence beliefs, attitudes and values which influence people to do away with outmoded perceptions or cognitive dissonance so that they can adopt modern and scientific technologies, ideas etc. In the process of health promotion, the access and availability of means of communication are important for betterment of socio-economic status, health education and also for participation of masses in the process of development. A documentary, due to its entertaining feature has tremendous impact on the public sphere and it may impact health behaviour of the target group in a significant way.

Thus, this study is an attempt to examine the effectiveness level of strategic communication interventions and its efficacy to encompass good Cancer related information, knowledge which influences individual or community decisions that will enhance, motivate and mobilise them towards the use of good health practices and responds to care interferences.

Health Behaviour and Process of Attitude Change

Attitude can be defined as an action performed by the targeted audience in a certain context at a specific period of time. Behaviour is a person's reflection, and for bringing out change regarding health seeking behavior requires creating a new behaviour. Prior to applying effort for health behaviour change, the investigator must identify the beliefs and existing behaviour. (Yzer, 2009) studied methods for identification of beliefs. He was of the opinion that investigator should use open ended questions to elicit beliefs. In his study, the participants were asked to list all advantages and disadvantages of performing a particular behaviour. For identification of normative beliefs, investigators asked the participants to list the people who would approve and who would disapprove their performing behaviour and also to describe whether they think about doing or not doing these behaviours themselves. For identification of self-efficacy beliefs, participants were asked to list the factors that would favour or impede their performing behaviour.

To achieve new health behaviour, mass media must dispel existing beliefs. Mass media can dispel these beliefs by offering messages so that the target group can perceive the susceptibility and seriousness of the consequences attached to risky health behaviour. This implies that a person through communication exercise should be put in a situation where he/she performs a cost-benefits analysis before engaging in any health behaviour.

Advocacy of Mass Media for adopting a Desirable Behavior:

Audio-Visual Media is one of the most powerful media tools of mass communication. It is an important tool for cultivating scientific ideas and shaping up modern Indian society. After identification of existing beliefs and behaviour, the next task for the audio-visual media is to dispel existing beliefs and advocate adoption of desirable behaviour, because each behaviour has a unique set of underlying beliefs. In order to

affect desired attitudinal and behavioural changes, the audio-visual media messages must make people aware of the advantages and disadvantages of different behaviour patterns. (Yzer, 2009) suggested that mass media message does not directly affect beliefs, attitudes, perception, perceived norm and self-efficacy of masses. Although mass media directly affects specific beliefs that people hold about performing particular health behaviour. The success of mass media messages will be enhanced if people's beliefs are under these two categories- 1: Those beliefs that most strongly correlate with the intention to perform recommended behavior, changes in beliefs produce great change in intention. 2: Those beliefs that do not correlate with intention, but already are favourable towards recommended behaviour. The health message that successfully changes these two types of beliefs should have a strong impact on intention thereby influencing individuals to ultimately adopt recommended behaviour.

Statement of Problem

Cancer, the most dreaded disease needs awareness, because large majorities remain ignorant about it and perish; Media can play a positive role in making the public aware of cancer and its impact on the lives of the masses. "Role and Impact of Media Interventions on creating awareness about Cancer among masses" is an attempt to highlight efficacy of documentary based Media Interventions on Cancer patients and awareness among masses.

New Communication Technologies

New communication technologies have opened an extraordinary range of avenues for influencing health behaviour. "E-health" is the use of emerging information and communication technology, especially the internet, to improve or enable health and health care. The term refers to an emerging field in the intersection of medical informatics, public health, and business (Eysenbach, 2001). It bridges clinical and non-clinical sectors, and includes both individual and population health-oriented tools.

Interactive games offer another vehicle for intervention. (Lieberman, 2001). designed a series of Nintendo video games to improve children's and adolescents' prevention and self care behaviours for asthma, diabetes, smoking prevention, and other health topics. The games were based on well-established theories of learning and behaviour

change, such as Social Cognitive Theory. The result of the study was that video game based intervention reduced players' urgent care and emergency medical visits by as much as 77%, which demonstrated the effectiveness of new communication technologies.

Stigma and Discrimination

Stigma is a quality that significantly discredits an individual in the eyes of others (Goffman, 1963). From the moment scientists identified Cancer, the social responses of fear, denial, stigma and discrimination have accompanied the epidemic. Discrimination has spread rapidly, fuelling anxiety and prejudice against groups most affected as well as those living with Cancer. This stigma and discrimination associated with HIV/AIDS may be examined within the broader social, cultural, political and economic framework rather than at a narrow individual level (Joint United Nations Program on HIV/AIDS, 2003). Due to the association of HIV / AIDS with commercial sex, drugs and men having sex with men (MSM), the disease has acquired a stigma that is difficult to overcome in any society. Those infected and affected by HIV/AIDS have faced discrimination and alienation. Thus, it goes without saying that HIV/AIDS is as much about social phenomena as it is about biological and medical concerns.

Individual level stigma affects an individual's decision to take the Cancer test because he fears that stigma and discrimination may lead to identity crisis, isolation and loneliness. Due to fear of identity expose individual access the health care services withhold information about their status from family members and friends. The fear of stigma and discrimination limits the efficacy of Cancer prevention programme and it also prevents individual from taking Cancer test.

Cancer Awareness

In order to enhance awareness level among masses in urban as well rural areas, Government of India has decided to use Mass Media mediums in a more creative, intensive and interactive manner. Doordarshan has impressed upon all its production centres the need to give due importance to programming aimed at creating awareness regarding Cancer in their regular fixed-point charts. These centres formulated informative and interactive programme such as live phone-in programme, studio

interactions, short and long-duration dramas, panel discussions involving experts, docu-dramas, serials etc. in local languages and dialects towards raising awareness about Cancer and Cancer prevention.

Audio-Visual Media for Attitudinal and Behavioural Changes in Relation to Cancer, Cancer Prevention and PLWC

Audio-Visual Media is an effective tool of communication for all people either literate or illiterate. It is ubiquitous in Indian life and is a popular medium for entertainment and information found in every household, rural as well urban. There have been numerous researches about the portrayal of culture on television and its effect on communities. Going hand in hand with popular belief, television did turn out to be the most popular and effective mass medium for health communication (J.A. Flora, 2010). According to Rogers (Rogers, 1995), mass media and for that matter, television can promote the diffusion and adoption of many technical and social innovations. Television can shape opinion and behaviour in different ways – 1: television can form the opinion of the masses and influences decision making process by carrying advocacy about health related issues; 2: television can create awareness, educate, influence attitudes and mobilizes individuals, groups, communities, opinion leaders, religious opinion leaders and government and non government organisations towards recommended behaviour; 3: it can convince masses for behavioural change through reinforcing messages and by facilitating favourable environment towards recommended health behavior.

Cancer is totally an unacknowledged problem among people. Misconceptions, embarrassment related to it, beliefs and behavioural attitudes toward this phenomenon are found ridiculous. According to these studies, Cancer in India is in a dismal situation. It is really depressing that in 21st century this issue is still considered as a taboo subject in the rural areas as well as in the urban areas too. The major problem is a communication gap which should be minimised in order to promote the healthy practices and better understanding regarding health seeking behaviour among females and males, both. Today Cancer and Cancer prevention has become one of the top national agenda of development.

Thus, better communication strategy well credited with advocacy, behaviour changes and social mobilizations is required in combating this issue. These strategies seek to change the social climate to encourage healthy behaviours, create awareness, change attitudes and motivate individuals to adopt recommended behaviour. Thus, the study of different literature on the subject showed that Mass Media could create favourable environment for acceptance of health messages. Media brings issues to the public notice, and helps to create a favorable social climate, counter hostile propaganda, dispel rumours and clarify doubts and misunderstandings about health related issues. Mass Media mediums are powerful tools for informing, influencing and motivating people about health related issues. It can effectively raise public awareness and motivate people towards achieving desired goal. Media has an enormous audience which is uncounted and scattered. Large numbers of people access its information, through a variety of television programs on social, development and health related issues. Documentaries entertains people as well as informs and educates them on social, development and health care related issues.

Objectives of the study

- The main objectives of the proposed study are:
- To identify the socio-cultural myths related to Cancer among masses.
- To examine the information consumption pattern among masses regarding cancer related information.
- To study the attitudinal changes among targeted audience after the strategic Media intervention.
- To test the effectiveness of strategic media interventions messages for attitudinal and behavioural changes with regard to Cancer, Cancer prevention and People Living With Cancer (PLWC).
- To identify/assess attitude, behaviour and biasness of the masses towards PLWC.

Theoretical Framework

The theories relevant to the use of mass communication/mass media for health communication primarily connect the communication process for health awareness and for attitudinal and behavioural changes pertaining to health issues in target groups.

Mass media plays an important role in creating awareness and to mobilize people towards positive change in health behaviour (Randolph and Vishwanath, 2010). Some of such theories are - Theory of Reasoned Action (TRA), Theory of Planned Behaviour (TPB), Social Cognitive Theory (SCT), Health Belief Model (HBM), Diffusion of Innovation and Cultivation Theory. Health communication theories indicate four factors that could influence individual intention and behaviour:

- a) Perceived susceptibility of the individual to an illness or disease;
- b) Individual's attitudes toward a particular health behaviour;
- c) Perceived norms, in turn, influenced by the group and the community environment in which an individual operates;
- d) Self-efficacy, an individual's confidence in performing behaviour.

Together, these four set of factors can decide the success of a mass media health campaign. The mass media health promotion campaigns based on these theories are - Colorectal cancer screening in USA; campaign against drinking alcohol; promoting walking in West Virginia; Sensation Seeking Targeting (SENTAR) prevention approach to reduce use of drugs among adolescents in Fayette County, USA etc (Palmgreen, Donohew, Lorch, Houle, & Stephenson, 2001) . The campaign planners used Social Cognitive Theory (SCT) to develop a health promotion campaign to promote colorectal cancer screening (Jorgensen et. al., 2001) while campaign against alcohol consumption was based on the Theory of Reasoned Action (TRA). The campaign focused on dispelling irresponsible social norm as a component to change health behaviour; these irresponsible social norms are alcohol consumption, smoking in public places, throwing waste in open places etc (Oh, et al., 2002). The campaign to promote walking in West Virginia was based on the Theory of Planned Behaviour (TPB). The campaign achieved huge success in increasing level of physical activities among people. Most of these campaigns used mass media like radio and television to spread messages along with other supplementary materials (Roger, Cooper, Booth-Butterfield, Smith, & Bauman, p. 2002).

The present study has been taken up with the following theoretical framework. There are a myriad of theories and model of communication which support the study as follows:

The Individual Differences Theory

The Individual Differences Theory (L Melvin De-Fleur, 1976) suggests that each individual has a distinctive quality that's why they react differently to messages. The individual responses to media are based on the levels of intelligence, beliefs, opinions, values, needs, moods etc. of the person.

Further, Social Cognitive Theory which is also known as Social Learning Theory (Bandura, 1977, 1986, 1997) explains behaviour as a result of three reciprocal factors: behaviour, personal factors, and outside events. Any change in any of these three factors is expected to determine changes in the remaining ones (National Cancer Institute and National Institutes of Health, 2002).

Communication Theory

Communication Theory explores "Who says what, in which channel, to whom, and what effects." It investigates how messages are created, transmitted, received, and assimilated. When applied to public health problems, the central question theories of communication seek to answer is, "How do communication processes contribute to, or discourage, behaviour change?" Focused on improving the health of communities rather than examining the underlying processes of communication, public health communications is the scientific development, strategic dissemination, and evaluation of relevant, accurate, accessible, and understandable health information, communicated to and from intended audiences to advance the public's health (Bernhardt, 2004).

Media effects

Media effects research investigates not only how the media influence the knowledge, opinions, attitudes, and behaviours of audience members affect the media. Because audience members are active seekers and users of health information, the content transmitted through the media reflects their needs, interests, and preferences. Two questions are central to understanding the effects of media on audience members: 1) What factors affect the likelihood that a person will be exposed to a given message ? 2) How do media effects vary with the amount of exposure to that message? (Institute of medicine).

P-Process Model

For developing an effective Media intervention tool, the P-Process Model of Communication is one of the most respected tools for designing a health campaign. The P-Process has provided a concrete structure for planning strategic based health communication programmes (P T Piotrow, 1997). In this study the P-Process framework will be used collaboratively as a guide to designing a strategic health communication media intervention for cancer and cancer prevention.

P-Process Model

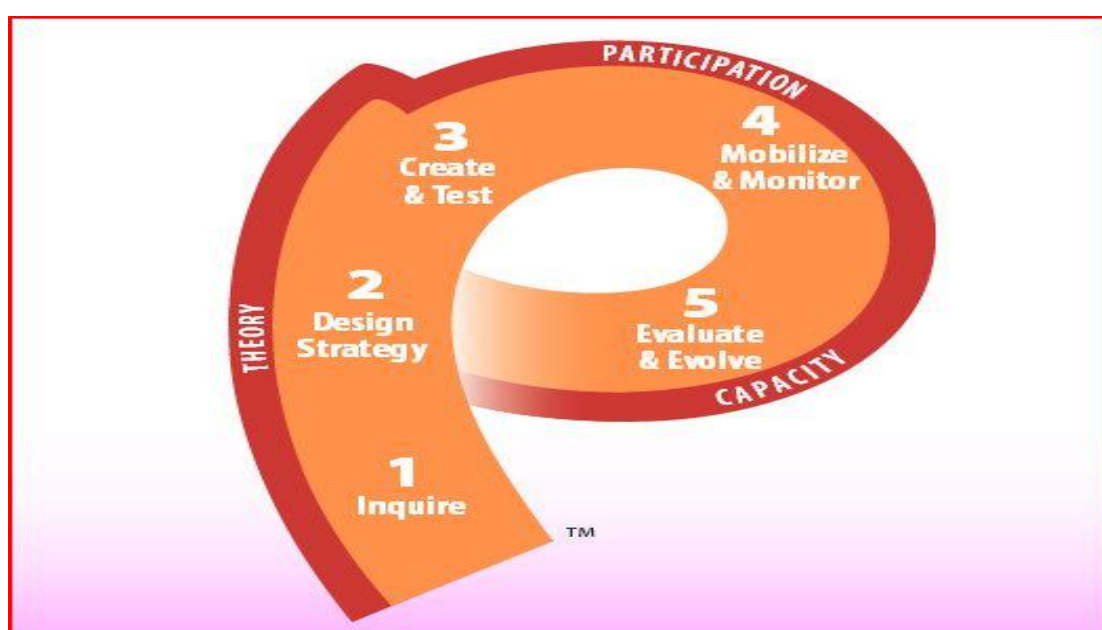


Figure-1- P-Process Model; Source: (Earth Institute Columbia University, 2004)

P Process Model: Updated in November 2013 by the Health Communication Capacity Collaborative (HC3), P Process is a tool originally developed by “Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP)” in 1982 (Earth Institute Columbia University, 2004).

Health Belief Model

The Health Belief Model (HBM) was one of theories of health behaviour, and remains one of the most widely recognised in the field. In 1950’s a group of social service psychologists from the “United States Public Health” tried to explain why lesser people

were participating in programmes to prevent and detect disease. Researchers expanded upon this theory, eventually concluding that six main constructs influence people's decision about whether to take action to prevent, screen for, and control illness. They argued that people are ready to act if they:

- Believe they are susceptible to the condition (perceived susceptibility)
- Believe the condition has serious consequences (perceived severity)
- Believe taking action would reduce their susceptibility to the condition or its severity (perceived benefits)
- Believe costs of taking action (perceived barriers) are outweighed by the benefits
- Are exposed to factors that take prompt action (e.g., a television ad or a reminder from one's physician to get a mammogram) (cue to action)
- Are confident in their ability to successfully perform an action (self - efficacy)

Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviours that evoke health concerns (e.g., high-risk sexual behaviour and the possibility of contracting HIV). Together, the six constructs of the HBM provide a useful framework for designing both short-term and long-term behaviour change strategies.

Precaution Adoption Process Model

“The Precaution Adoption Process Model (PAPM)” specifies seven distinct stages in the journey from lack of awareness to adoption and/or maintenance of a behaviour. It is a relatively new model that has been applied to an increasing number of health behaviours, including: osteoporosis prevention, colorectal Cancer screening, mammography, hepatitis B vaccination.

Precede Proceed Model

When practitioners begin the process of planning an intervention to promote health or change health behaviour planning models such as PRECEDE-PROCEED and social marketing, help practitioners develop programme step-by-step, integrating multiple theories to explain and address health problems.

PRECEDE-PROCEED Framework

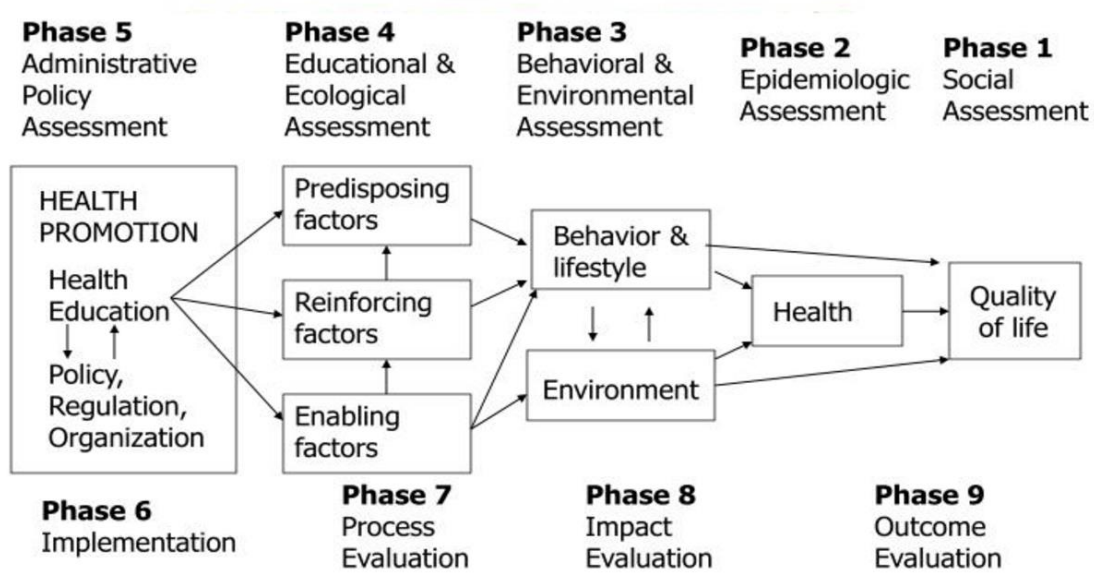


Figure 2-The Precede-Proceed Model-Source: (Jhonson, 2016)

Agenda Setting Theory

The mass media can illuminate and focus attention on issues, helping to generate public awareness and momentum for change. Agenda setting involves setting the media agenda (what is covered), the public agenda (regulatory or legislative actions taken on issues) (Dorfman & Krasnow, 2013). Research on agenda setting has shown that the amount of media coverage an issue receives correlates strongly with the public's opinion on how important that issue is.

Thus, the above theories and models have supported this study.

Research Questions and Hypothesis

Research Questions

- **RQ1: Are there ways out to prevent Cancer?**
- **RQ2: Why are there myths regarding Cancer and Cancer prevention?**
- **RQ3: What is the main source of information about Cancer and Cancer prevention among masses?**

- **RQ4: How does communication assist the attitudinal changes among masses on the issue of Cancer and Cancer prevention?**
- **RQ5: Is strategic Media interventions effective in creating Cancer awareness among the masses?**
- **RQ6: What is the awareness level of the masses regarding different Cancer prevention policies and programs by the government.**
- **RQ7: Is there any gender bias in relation to attitude and behaviour of the masses towards PLWC?**

Hypothesis for McNemar- Bowker Test:

- **H₀ (Null Hypothesis):** there is no difference in the proportion of participants' response pre and post media intervention
- **H₁ (Alternative Hypothesis):** there is the difference in the proportion of participants' response pre and post media intervention

Scope and Research Methodology

Scope

Communication has a vital role in developing good health practices. Without communication it is difficult to visualise the promotion of healthy choices among people. Effective communication strategies will increase the knowledge and awareness of a Cancer and Cancer related health issues. Since a proper communication strategy will influence the peoples towards positive healthy attitudes. Further, this study can also be implemented to combat other health related issues.

The proposed research study is significant because in addition to investigating the role of strategic media intervention for creating awareness about Cancer and Cancer prevention, it also focuses on stigma and discrimination being faced by PLWC and what the role of Mass Media plays in effecting attitudinal and behavioural changes will be in regards to PLWC.

Methodology

Research methodology is the major part of any research which constitutes research design, methods, variables, tools etc. The Present study entitled, “Role and Impact of Media Interventions in creating awareness about Cancer among Masses”, is mixed Research in nature because it is being based on formative and summative research.

Research Design

Flowchart of Research Methodology adopted

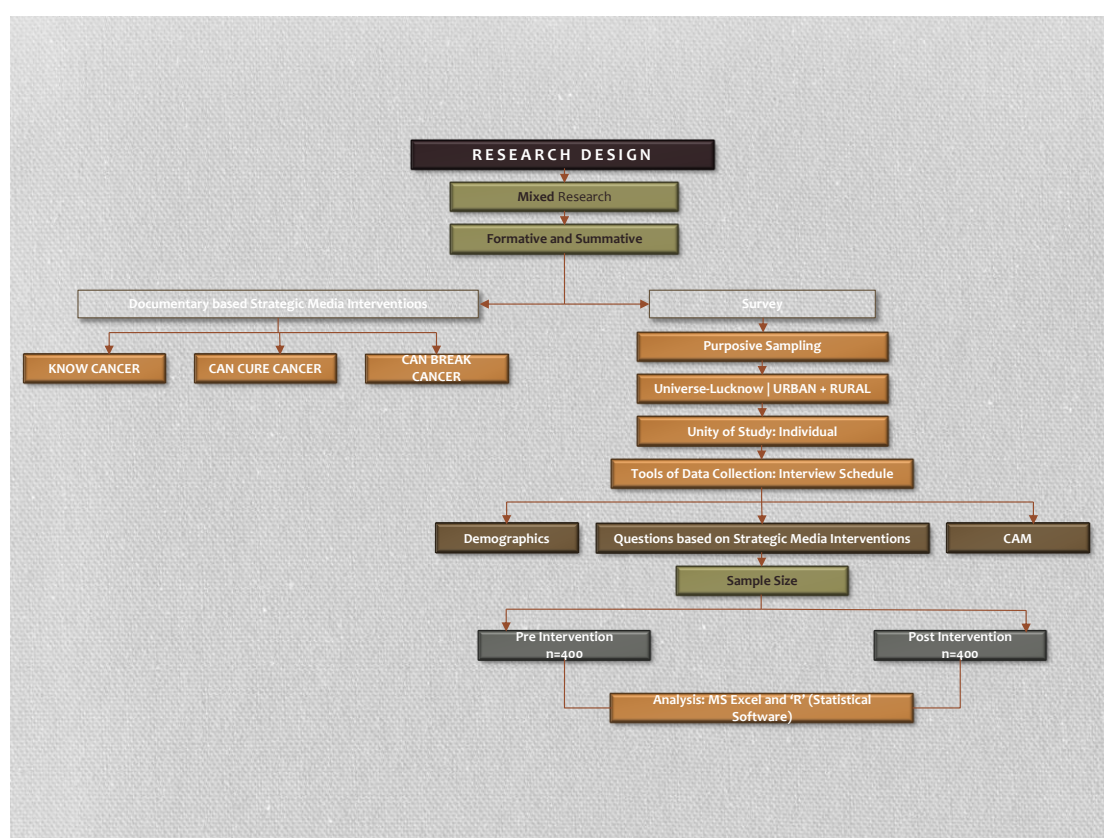


Figure 3- Flowchart of Research Methodology Adopted

Universe

The Universe of the Study is Lucknow (urban and rural areas of Lucknow district), as oncologists in the country see Uttar Pradesh as the emerging Cancer capital of India. Findings of the Population Based Cancer Registry functioning under the “*National Cancer Registry Programme*” of the Indian Council of Medical Research, suggest that

Uttar Pradesh accounts for more than 16% of cancer patients in India. Figures show that more than 10.55 lakh cancer cases were reported in the country in 2011. Of the total, 1.71 lakh patients hail from UP (Times of India, 2013). Lucknow being the capital of Uttar Pradesh has a big concern related to Cancer and Cancer prevention.

Unit of Study

Unit of study is an important part of research because whole research based upon it. In this study an individual (An Adult) is being considered as a unit of research.

Sampling

A sample is some part of a larger body especially selected to represent the whole. Sampling is the process by which a particular part is being chosen, sample then is taken as portion of a population or universe which acts as the representative of that population or universe . Non Probability Sampling- “Purposive Sampling” is being used by the researcher for this present study.

Sample Size

Sample size is 400 people (Adults), Pre Intervention 400 respondents, post intervention 400 respondents.

Data Collection Tool

For data collection it is necessary to choose right form of data collection tools, keeping the research objectives into consideration qualitative data is being collected in the form of audio visual recorded interviews from doctors, oncologist, Pharmacologist, and Cancer Survivors. On the basis of these respective interviews three different documentaries have been made by researcher whose impact on masses is being studied. Experts whose audio-visual interview are recorded for the present study are:

- **Prof. Shubhini Saraf**, Professor- Department of Pharmaceutical Science, Babasaheb Bhimrao Ambedkar University, Lucknow.
- **Dr. Rohini Khurana**, Radiation Oncologist, Department of Radio Oncology, Dr. Ram Manohar Lohiya Institute of Medical Sciences, Lucknow.

- **Dr. Geeta Khanna**, Gynecologist & Obstetrician, Ajanta Hospital, Lucknow.
- **Dr. Anand Mishra**, Professor- Department of Endocrine Surgery, King George's Medical University, Lucknow.
- **Dr. Sudhir Singh**, Associate Professor- Department of Radio Therapy, King George's Medical University, Lucknow.

Three Documentaries based Strategic Media Interventions are:

1. **Know Cancer** (encompasses information about Cancer, its Symptoms and Carcinogenic Agents)
2. **Can Cure Cancer** (showcases different types of treatment availability in Lucknow with regard to Cancer)
3. **Can Break Cancer** (Showcases Journey of three different Cancer Survivors; namely; Gluab Jahan-Eye Cancer survivor; Ram Singh-Blood Cancer Survivor and Sanjog Walter-Mouth Cancer Survivor).

Keeping into consideration the various objectives of the research, Interview schedule has been adopted as a tool of data collection from the respondents. Interview schedule consisted of both close-ended and open-ended questions for survey among masses. Pre Intervention and Post Intervention, Interview Schedule is being used to collect data, including CAM -Cancer Awareness Measure. Data was collected during January 2019 to March 2020.

Variables of the Study

The research study has independent and dependent variables:

Dependent Variables

- Effects on 'gender, warning signs and symptoms, risk factors, attitudes towards help-seeking, awareness of the link between cancer and carcinogenic agents, age, are dependent variables of the study.

Independent Variables

The strategic documentaries- based media interventions for Cancer awareness and Cancer prevention has been taken as independent variable.

Data Analysis

Statistical and Mathematical Techniques: Percentage Method and McNemar Test

Software's Used: Microsoft Word Microsoft Excel and R Statical Software

Presentation of Data: For the presentation of data, researcher has used pie charts and tables to present the data in an explicit manner.

Significance of the Study

Communication is a key component of many aid programs to improve living conditions of people. As this study is focused on Cancer and Cancer prevention factors, therefore, a better cancer based communication strategy is essential to overcome this dismal situation. Cancer and Cancer prevention communication strategic media interventions will catalyse the attitudinal changes on a societal level which will further stimulate the whole community into taking positive actions that are related to good health and healthy practices. By taking the essential steps and methods at the right time, it will promote them to have a healthy life out of the fallacies and attitude which are related to Cancer and Cancer prevention.

Discussion on the basis of research findings:

In this research study, the concept of Health Communication has been used and a five-point comprehensive attempt has been made to explore and find out the impact and relationship of strategic media interventions regarding cancer awareness. This particular research examines and discusses the awareness level and consumption pattern of targeted respondents, pre-and post-strategic media intervention regarding cancer awareness and its prevention, as well as, dispelling myth and misconceptions prevalent about cancer and cancer patients.

Socio-cultural myths related to cancer among masses

Intraspecific research revealed that stigma and myths about cancer still exist among masses because of low cancer-related knowledge. People believe that getting diagnosed with cancer is due to the person's bad deeds or Kama which has resulted in such kind

of punishment and this fatal disease is an unavoidable death. Furthermore, cancer is seen as contagious spreading from person to person, increasing the physical distance between the affected and the society. The silencing factor of a diagnosis extends the prevalence of stigma through non-communication further. Patients don't discuss their disease in fear of being pushed to the edge of society thus, missing out on educating others from their first-hand experience.

The study also revealed gender-based biases. During the intervention program, the researcher came across a girl patient named Gulab who had contracted eye cancer. Her family had abandoned her with a statement that "If it were a boy they would have thought for getting medical treatment done, but for the girl, they would not consider it necessary." This study helped raise the level of awareness among the people. It was observed that after the program better response to the questions related to cancer were recorded.

Information consumption pattern regarding cancer among masses

Patients are continuously getting more involved in their own medical decisions and therefore need to be more educated about individual information, even if it is complex and specific like lung cancer. Henceforth, the need for large scale information accessibility for masses rises. Examining the information consumption pattern, it becomes evident that the internet is an essential and viable tool to support this accessibility, due to the presence of medical content online.

Attitudinal changes after strategic media interventions among the targeted audience

Research about media interventions to change the attitude of the audience has been made to understand how to strategically approach educating masses about cancer and its prevention. This study was successful in observing the attitudinal changes after the invention program. It was observed by the researcher that the audience views towards the cancer shifted from the dogmatic understanding to more logical understanding. After the program, the respondents were able to relate the cancer to uncontrolled replication of the cells resulting from poor nutrition and unhealthy lifestyle. The

audience were found to be more cautious about their health and the nutrition they must take to avoid the probability of contracting cancer.

The effectiveness of strategic media intervention for attitudinal changes concerning cancer, its prevention and cancer patients

In this study researcher designed three strategic media intervention programs, the first goes by the name as “Know Cancer” which showed the symptoms of cancer and level of awareness among the masses. This particular documentary captures the oncologist (cancer specialists) having a conversation amongst themselves on do’s and don’ts of cancer. The second named as “Can Cure Cancer” showcases the treatment available for cancer in the Lucknow region and the third one “Can Break Cancer” touches the lives of three people who contracted cancer and survived with help from proper medical assistance and awareness.

These media interventions were then shown to the respondents, and as a result, a significant improvement was noticed amongst the respondents. It was observed by the researcher that people become more cautious and responsible regarding their own health. The study was found to be effective on the ground that the intention of the researcher was to make people aware of the truth related to cancers and bust the mythological cocoon that was formed earlier.

From this study the following points were derived:

1. Cancer carries with itself a significant level of disgrace, fallacy and proscriptions. Yet there are opportunities to capitalize on the changing behaviour of the masses.
2. This study has brought forth the gap in the knowledge which people have about cancer. Their ideology for the doctrine of Karma tells us their level of awareness. Thus, prohibiting them from learning about the prevention, detection, treatment and survival techniques.
3. Good communication leads to better understanding. The influencing factor here can be well-known personalities or celebrities who survived cancer. They can act as preachers, spreading knowledge over mass media channels.

4. The school system is a potential venue for cancer education and increasing cancer awareness among children may be a great investment.
5. While confronting cancer, people need information and emotional support for themselves and their families. .

Conclusion:

- There are many people with poor cancer awareness, and substantial lacuna in the knowledge, information and awareness about cancer generates a negative attitude towards this disease.
- Communication integrates knowledge, information and awareness which motivate peoples to thriving for a healthy life. Cancer related messages need to be targeted and tailored to particular groups to prevent emergence of cancer related health inequalities.
- There exists gender biasness among masses with regard to cancer patients. Cancer related myths and taboos exist.
- Strategic Media Interventions have been impactful in creating awareness about cancer, carcinogenic agents, symptom's related to cancer, early diagnosis of cancer and cancer related treatment availability in Lucknow city.
- Health communication plays a central role by using various strategies and interventions to influence individual and community decisions that enhance good health practices attitudes. These strategies seek to change the social health climate to encourage healthy behaviours, create awareness, change attitudes and motivate individuals to adopt recommended health seeking behaviour.
- Cancer has the word CAN in it, cancer awareness raised by these strategic media interventions have the potential for a life-long impact on encouraging early cancer diagnosis and survival among masses.

Recommendations:

- There should be more strategic media interventions based on different types of cancer.
- The interventions designed by the Researcher should be made public in order to maximise and benefit the masses.

- The Department of Health Communication should be established in order to develop people-centric public health awareness campaigns and programs.
- Medical universities should have Department of Health Communication in order to provide communication-based support to patients and their families.
- Cancer awareness cell should be formed at the university level, and cancer awareness competitions should be organized by the awareness cell.
- A chapter on cancer awareness should be included in the university level courses. This would help the students understand cancer and the catastrophe caused by it well.
- Breast cancer accounts for the most deaths in the world followed by cervical cancer among women. Therefore, at least two women groups should be formed in each village to be trained in cancer awareness and then be entrusted with the responsibility of spreading awareness in the village. For this, cancer awareness budget should also be included in the budget of Gram Panchayat.
- In each and every government hospital Cancer awareness film should be screened.
- Cancer awareness Screening Programs should be organised at different levels.

Limitations of the Study:

- Strategic media interventions are based on cancer in general.
- The present study is One contact study.
- The Researcher did not receive a very encouraging response from some professionals involved in cancer treatment and diagnosis.
- Biased response was received from the respondents, occasionally.