INVESTIGATING ADULT EDUCATION TEACHING TECHNIQUES
APPLIED IN PUBLIC SENSITIZATION ON DANGERS AND PREVENTION
OF CERVICAL CANCER AT CHILENJE CLINIC

BY

ROSEMARY CHISHIMBA MWENYA
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BY

ROSEMARY CHISHIMBA MWENYA
COMPUTER NUMBER: 512801054

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DEDICATION

I would like to dedicate this to my mother, the late Mrs. Veronica Mwenya Chishimba who went to be with the Lord after a long illness. Whenever I had a chance to nurse her, she would always excuse me and say “Go to school my daughter.”
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AUTHORS DECLARATION

I, Rosemary Chishimba Mwenya do declare that this dissertation represents my own work and that it has not in part or in whole been presented as material for award of any degree at this or any other University. Where other people’s work has been used, acknowledgement has been made.

Signature of author: ...............................................................  

Date: .......................................................................................

Signature of the supervisor: .....................................................

Date: .....................................................................................
APPROVAL

The University of Zambia approves the dissertation of I. Rosemary Chishimba Mwenya as fulfilling part of the requirements for the award of the degree of Master of Education in Adult Education.

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ABSTRACT
Zambia is ranked second to Guinea in the world in terms of cervical cancer prevalence. The disease is very fatal if detection and treatment are delayed. Therefore, the purpose of the study was to investigate adult education teaching techniques used in the sensitization of the public regarding dangers and prevention of cervical cancer, the suitability of the approaches and whether or not they conformed to adult teaching techniques.

A case study design was employed to guide the study. This study was conducted at Chilenje Clinic. The sample consisted of 145 women attending sensitization sessions and 5 key informants (2 peer educators in cervical cancer, 2 administrators of the programme; and 1 nurse-in-charge in cervical cancer).

The study concluded that the teaching techniques used in the sensitization of cervical cancer information at Chilenje Clinic were: the lecture, demonstration and brainstorming. Although these were adult education techniques, they were not effectively used in conformity with adult education methods. The study responded to both the objective and the research question. The findings of the study revealed that the techniques used in the programme were within the field of adult education but were not effectively used to maximize retention of content. This finding answered the second research objective and question.

The following recommendations were made: the programme planners should provide better teaching aids such as dummies, pictures, photographs and films, training modules or pamphlets to the peer educators to complement the techniques; peer educators should introduce teaching using real life situations such as successfully treated cervical cancer patients; programme planners must introduce more techniques such as role-play and popular theatre and other mass media techniques to attract more people; observation teaching methods should be emphasized by the facilitators; and the CCPPZ should provide more time for interaction of the facilitators and participants.
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CHAPTER ONE

1.1 Introduction

This chapter provides background information to the study. It is presented in the following order: statement of the problem, significance of the study, the purpose of the study, objectives, research questions, delimitation of the study, and limitations of the study. It further defines the concepts and highlights the organization of the study and summary of the chapter.

1.2. Background

Cervical cancer has become a major health problem in Zambia and has been observed as a leading cause of maternal deaths. In fact, Zambia has been ranked second in the world in terms of cancer infections at 52.8 infections per 100,000 women, second only to Guinea which is at 56.3 per 100,000 women (http://www.werf.org/cancer-statistics/data-specific-cancers/cervical-cancer-statistics.php6.11.2013). The disease is caused by the Human Papilloma Virus (HPV). This HPV normally attacks young girls and women who are sexually active, and it has also been found among the gay community as well. The virus can cause many types of infections in the human body and it is one of the leading causes of cervical cancer. In Zambia, it has been observed that cervical cancer is one of the leading causes of maternal deaths. Among every 100,000 Zambian women, about 53 were diagnosed with cervical cancer and 39 died of the disease in 2008 (http://www.cancertodaymag.org/winter2011/pages/cervical-cancer-in-Zambia.aspx).

The Zambian government has resolved to fight cervical cancer with the same zeal shown in fighting the HIV/AIDS pandemic. It is for this reason that the Zambian Government is administering the life-saving HPV vaccine to prevent the spread of the disease among most women in the country.
Tools and technologies exist to prevent cervical cancer. However, interventions remain largely inaccessible to women who need them most. Lack of awareness and deep rooted stigma associated with the disease also pose significant barriers to the problem. Studies have shown that many women in Asia and Africa die from the disease. India for instance, represents 26.4% of all women who die from cervical cancer globally. This is mainly due to the low sensitisation of the threat that the disease present to women among the African population (http://www.nhs.uk/conditions/cancer-of-the-cervix).

The Ministry of Health in Zambia has resolved to fight cervical cancer through Pap smear and vaccination. According to the World Health Organisation (2008), there were more than 53,000 new cases of cervical cancer and 275,000 deaths from the disease worldwide. Almost 90% of the cases are in low income countries (http://womennewsnetwork.net/2012/08/03/Zambiacervical-cancer-awareness/). The Ministry of Health has launched a drive to vaccinate girls between the ages of 9 and 13 years in Lusaka, Chongwe and Kafue. The vaccine is most effective if it is given a few years before a girl becomes sexually active (http://www.nhs.uk/conditions/cancer-of-the-cervix/pages/introduction.aspx). However, some sections of the community wondered why the programme targeted only girls and not boys. There were therefore some misgivings from some sections of the community. Others wondered how safe the vaccine was, and wanted to know where it had been used in Africa. This could be an indication that the Ministry of Health did not carry out enough sensitisation especially at the community level to make the people appreciate the benefits which would accrue to the girls once vaccinated. The type and method in sensitising the public are very crucial in the health education sector. Chakanika and Mtonga (1985) postulate that adult education teaching techniques in Zambia are many, but the prominent ones are workshops, seminars, public lectures and theatre for development. The principles of these techniques are:
(a) they should be based on the felt needs and enlightened desires of the people;

(b) they should be according to the local conditions of the people;

(c) they should start with the people and work in harmony with their problem;

(d) there is a democratic procedure in the formation and execution of programmes;

(e) the programmes should be started with the simplest problems of the people and should be designed so as to give greater benefits to the people; and

(f) they should be made in consultation with the people (Chakanika, 1989:49; Kumar, 1979: 212).

The people affected must be involved in the adoption and formulation of any techniques to be used. The techniques provide refresher courses in order to keep abreast with changes in technology and events (Yoursif, 1971).

Prevention of cervical cancer needs to be publicised because there are vaccines which are administered against cancer. The Ministry of Health states that wrong techniques will bring wrong results (MOH/CDH, 2013). Prevention looks at dietary needs for people to have good immune system to protect them from the disease. A good diet consists of carbohydrates, proteins, vitamins and minerals, fruits, vegetables, sugars, fats and oils are also important in developing a good immunity against cervical cancer (CCPPZ, 2013).
1.3. Statement of the problem

In Zambia, cervical cancer has been observed as a leading cause of maternal deaths. In fact, Zambia has been ranked second in the world in terms of cancer infections at 52.8 infections per 100,000 women, second only to Guinea which is at 56.3 per 100,000 women (http://www.werf.org/cancer-statistics/cervical-cancer-statistics.php6.11.2013). It is therefore vital for researchers to delve more into cervical cancer studies. The teaching techniques that were applied in the cervical cancer sensitisation, the level of knowledge acquired on techniques, the suitability of such approaches, and whether or not they conformed to adult education teaching techniques were not known. It is against this background that this study sought to investigate the teaching techniques used in the sensitisation of the public regarding the dangers and prevention of cervical cancer.

1.4. Purpose of the study

The purpose of the study was to investigate adult education teaching techniques applied in the sensitisation of the public regarding dangers and prevention of cervical cancer.

1.5 Objectives

The study was guided by the following objectives

1.5.1 Principal objective

To determine the teaching techniques applied in the sensitisation of the public regarding the dangers and prevention of cervical cancer.
1.5.2 Specific objectives

The study sought to achieve the following objectives:

(a) to identify the teaching techniques applied in sensitizing the public on dangers and prevention of cervical cancer at Chilenje Clinic; and

(b) to assess the conformity levels to adult education approaches of the teaching techniques applied at Chilenje Clinic during the sensitisation of the public on the dangers and prevention of cervical cancer.

1.6. Research questions

1.6.1 Principal research questions

What level of knowledge is acquired in sensitizing the public on dangers and prevention of cervical cancer?

1.6.2 Specific research questions

The research attempted to answer the following specific research questions:

(a) what teaching techniques are applied in sensitizing the public to the dangers and prevention of cervical cancer at Chilenje Clinic?

(b) what is the extent to which the teaching techniques used to disseminate cancer information conformed to adult education approaches at Chilenje Clinic?
1.7. **Significance of the study**

The study is significant in the sense that its findings will contribute to the already existing body of knowledge on the sensitization of the public regarding the dangers and prevention of cervical cancer among women in Zambia.

The findings may also help policy makers to make informed decisions on the dangers and prevention of cervical cancer.

This highlight the strength and weakness of recipients when various techniques are used and this brings a better delivery of materials to the learners.

1.8. **Delimitation of the study**

The study was limited to Chilenje Clinic because it is one of the seven centres in Lusaka where activities on cervical cancer such as screening and diagnosis take place (CCPPZ, 2013). Chilenje Residential Area is in the South Eastern part of Lusaka. It is bordered by Libala Residential area on the Northern side, Woodlands on the North-Eastern side, Woodlands Extension in the East, Libala South on the North-Western side, and Chalala in the South. Chilenje is basically a middle income residential suburb with good amenities. It has a population of 52,220 of which 27,850 are female (CSO, 2012:67). In Chilenje suburb, there is a large clinic which was recently turned into a mini hospital which also conducts cervical cancer screening activities amongst others (CCPPZ, 2013). The mini hospital is government owned and caters for the residential areas of Libala, Woodlands, Woodlands Extension, Chalala, and Libala South.
1.9. **Limitation of the study**

The study used a case study design and therefore, the findings may not be generalised to other areas where a similar study will be conducted.

1.10. **Operational definitions of terms**

The terms below are defined in the way they are used in the dissertation.

**Education:** a process of acquiring knowledge, skills, competencies, attributes, values, beliefs, and behaviour which are transmitted from one generation to the next. This occurs through informal, non-formal, and formal systems of learning.

**Adult Education:** the education that prepares people regarded as adults to live effectively and efficiently in their own environment.

**Cervix:** the opening of the womb (CCPZ, 2013).

**Cervical Cancer:** an abnormal growth of cells on a woman’s cervix (CCPZ, 2013).

**Mini-hospital:** a primary health care facility with about twenty bed spaces in the wards.

**Screening:** a medical procedure of finding out whether or not a person has cervical cancer (CCPZ, 2013).

**Technique:** a technique is an approach one has at his/her disposal to present the subject matter or course material to participants (Bwatwa, 1990).
1.11. **Organisation of the study**

The first chapter presented the introduction and the background of the study. It also presented the statement of the problem, purpose of the study, principal and specific objectives of the study, the principal and specific research questions of the study, significance of the study, delimitation and limitations of the study, operational definitions, organisation of the study and summary.

The second chapter reviews some of the existing literature on cervical cancer, prevention, human papilloma virus, dangers, education and sensitization, theoretical framework, teaching techniques and the cervical cancer situation in Zambia.

Chapter three presents the methodology that was employed in collecting data for the study. It describes the research design, the population, sample and the analysis of the data.

Chapter four presents the findings of the study while chapter five discusses the findings.

Chapter five also presents the conclusions and recommendations based on the findings of the study.

1.12. **Summary**

This chapter comprises the statement of the problem, objectives of the study, research questions, purpose of the problem, and significance of the study. The chapter has also presented the delimitation of the study, limitation of the study, operational definitions and organisation of the study. The next chapter reviews the literature of this study.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to the problem of cervical cancer and the sensitisation techniques that are employed to make the public aware of the dangers and prevention of cervical cancer in Zambia. It begins by providing a theoretical framework. The chapter addresses issues connected to cervical cancer, its dangers and prevention, the Human Papilloma Virus (HPV), cervical cancer vaccine, education and sensitization, functions of peer education, adult education delivery formats, literature on teaching techniques, related studies, teaching techniques and the techniques applied in Zambia, at Chilenje in particular.

2.2 Theoretical framework

This study was guided by Paulo Freire’s theory of conscientization which makes people become aware of their social and economic status in the society and try to get themselves out of their predicament. Freire (1989: 19) states that conscientization is: “learning to perceive social, political and economic contradictions and to take action against the oppressive elements of reality.”

Freire added that conscientization meant radical denunciation of dehumanizing structures of society. Furthermore, it involves the awakening of critical and analytical consciousness which bring about the expression of any discontent that are as a result of an oppressive system. Freire contends that the evoking of consciousness helps people experience self-actualization. Listed below are some concepts associated with Paulo Freire’s work:
(a) Problem-posing

Freire (1989: 72) states that problem posing education is “… revolutionary futurity”. By this, he meant that it is a process by which education is given through participatory and collaborative process in which teachers and learners discuss past and present issues that affect them. Through this interactive process, problem areas are identified by the group and thereafter, strategies are devised to overcome the problems.

(b) Praxis

Freire (1970: 131) refers to praxis as “… the practice of reflection on reading, current events, situations and questions that lead a student to act on those findings. He gives this as a reason to be educated. Freire also defines praxis as action, reflection on action upon the world in order to transform it. His view was that initially the learning has to take place, the learner is expected to reflect what has been learnt, and then the learner is expected to take action on the environment and transform it so that it suits the aspirations of the day”.

(c) Liberating Teacher

Freire (1970) states that a liberating teacher is one who is a facilitator, guider and who helps students to learn to criticize and analyze issues before accepting them. A person who is liberated can see reality and is said to be liberated in mind and cannot stand injustice.

(d) Liberating Classroom

Freire (1970) affirms that learning methods require that when students are learning, the teacher should recognize that the learning process is participatory and that no one is superior
to the other. In addition, a liberating classroom should be one which allows learners to attain the level of conscientization; for a conscientized mind is a liberated mind.

In this view, Freire relates conscientization to a tool meant to improve the social and economic well-being of the people through education. The Freirean thinking falls within the Marxist conception of the world which has divided the people into the class of the oppressors and the class of the oppressed.

Elias and Merrian (1980: 145) share the same view and admit that:

The Marxist influence on Freire’s theory of conscientization is most evident in his demonstration of the relationship between levels of individual consciousness and levels of development and social organization. Individual liberation and societal liberation are tied together.

(e) Banking education

Banking is the traditional method of teaching which is used in most primary education setups. It assumes that the teacher knows everything and is the custodian of knowledge. Learners are docile empty vessels as the teacher is expected to fill their minds with material content. In this kind of education, people cannot be saved and liberated because it does not create individuals who can effectively and efficiently exploit their own environment. Rather, Freire regards it as banking or preaching in the desert. The oppressors indoctrinate the peasants and adjust them to a reality that must remain in touch. Freire views this kind of education as not banking any results because it fails to respect the particular view of the world held by the people. He further adds that only constitutes cultural invention (Freire, 1970).

In fact, it does not prepare people to start critically analysing their state. People need an education program that will initiate an awareness of the situation and critical understanding of their reality and not just an imposition of educator view of reality.
To promote reflection among adult learners, Habermas in shirur (1997: 92-93) draws on the work of Paulo Freire and identified three different domains of learning related to practical, technical and emancipatory. The emancipatory domain is similar to Freire’s concept of conscientisation which constitutes reflection and action for achieving self-awareness and liberation. Freire emphasises reflective process of learning to function in groups rather than on individual levels for he prefers social action to individual action.

Vroom in shirur (1997: 61) describes motivation as a product of a person’s strong desire for attaining a goal and probability of attaining it through a specific action.

### 2.3 Cervical Cancer

Cervical Cancer is the cancer of the cervix. It is an abnormal growth of cells on a woman’s cervix (CCPPZ, 2013). The cervix is the lower, narrow part of the uterus (CDH, 2013). Cervical cancer begins with the infection of the cervix by a sexually transmitted virus called Human Papilloma Virus (HPV). Both men and women can easily pass the virus to one another during sex without knowing it. In women, the virus first turns into a pre-cancer of the cervix, then grows into a cervical cancer over 10-20 years. As Gadducci, et al. (2007:3) conclude:

... infection with some type of Human Papilloma Virus (HPV) is the greatest risk factor followed by smoking. Other risk factors include; human immunodeficiency Virus (HIV). Not all of the causes of cervical cancer are known, however the several other contributing factors include having sexual intercourse at an early age, having multiple sexual partners and multiple births….

In some cases, extreme pelvic pain and fever can be a sign of an infection. Human papilloma Virus types 16 and 18 are the cause of 70% of cervical cancer while types 31 and 45 are the cause of another 10%. Women who have had many sexual partners (or who
have sex with men who have had many partners) have a greatest risk (Walboomers, et al., 1999: 12).

2.3.1 Dangers

Cervical cancer, if left untreated leads to death. Its symptoms show when it is in an advanced stage (Canavan and Doshi, 2000: 1369). The symptoms of advanced stage can be life-threatening and include; loss of appetite, loss of weight, fatigue, pelvic pain, back pain, and leg fractures (Nanda, 2006: 2).

Treatment is mainly by surgery and radiation. Surgery may extend to hysterectomy (removal of the whole uterus) (Erstad, 2007: 2). This is not advisable as few doctors are skilled in this procedure (Burnett, 2006: 8). Human papilloma Virus is very easily transmitted via sexual activity. Studies have shown HPV transmission from the contaminated hands to the genitals of the same person and his/her sexual partner(s). Sharing of possibly contaminated objects may transmit HPV. But the most common way is sexual intercourse (Burchel, et al. 2006: 24).

Burchel, et al. further state that other than screening, women aged 30 years and above for cervical cancer, there are no other recommended HPV tests. There is no general HPV test for men or women to check in the mouth and throat.

2.3.2. Prevention

Prevention of infection and lowering chances of getting HPV is also prevention of cervical cancer. HPV vaccines are recommended for 11 or 12 year old boys and girls. HPV vaccines are safe and effective and can protect males and females. They are given in three shots over six months, two vaccines for cervix and Gardasil are available to protect females against
the types of HPV that cause most cervical cancers. Apart from the vaccine, being faithful in a sexual relationship can lower the infection (CCDC, 2008: 1-6).

Cervical cancer screening is another way of prevention or getting treatment early. The nurse uses either Papanicolaou test or Pap smear to screen cervical cancer. This is a procedure to collect cells from the surface of the cervix and view them for any abnormality. Pap smear should be done annually and of three consecutive tests are negative, then it can be done on a less frequent intervals. The screening can start at the age of 21. Visual Inspection with Acetic Acid (VIA) is another way. VIA involves use of cotton wool soaked in Acetic acid (Vinegar) which is placed on the cervix. If abnormal white patches are seen on the cervix then treatment is done with cryotherapy (MOH, 2013).

2.4 Education and Sensitization of Cervical Cancer in Zambia

Although Zambia has the second highest incidence of cervical cancer in the world, the stark realities are that there is no much education, sensitization and awareness in addition to health provision challenges. Due to lack of knowledge, there is very little sensitization on women going for screening and vaccination (Ryan, 2013).

The education and sensitization of cervical cancer is a moral issue. To a large extent, its success depends on allowing culture and tradition to take on its dynamic characteristic. Issues of sexuality have not been publicly discussed, even less so in the presence of children. The arrival of the HIV/AIDS pandemic and its devastating consequences for instance, has made societies to drift away from restricting its information from a specific age group. Being a disease that affects the reproductive system of the women, cervical cancer has only recently enjoyed relatively wider publicity. However, the manner of
publicity is still expected to be one that is meant for adults because the disease affects adult women although some causes may be traced in young adults who begin to have sexual intercourse at an early age. Therefore, Burchel (2006) notes that screening of cervical cancer is usually recommended for women aged 30 years and above. From the foregoing, it is clear that cervical cancer is the business of adult education as much as it is a health problem. Adult education techniques are thus expected to be used in disseminating information regarding cervical cancer since the adults are the ones who are directly affected. Similarly, Ryan (2012) further narrates a woman’s story that reflected many health problems that the hospital could not address due to late detection of cervical cancer and poor understanding of her own medical needs. The woman feared that her cancer had metastasized. Therefore, the nurses attempted to gather knowledge about her medical history and they realized that she had little knowledge of her health condition. From the story above, it has been realized that acquisition of knowledge through education is the major tool in prevention and treatment of the disease (Ryan, 2013).

2.4.1 Peer education in Cervical Cancer Programming

The CCPPZ is structured in different programme areas. The CCPPZ has a clinical (screening and research), Information Communication and Technology ICT (data management and network setup), administrative and community units. The Peer Education component falls under the Community Unit, whose goal is to ensure that community members are fully engaged in the programme activities. They are the first-line workers in the programme. The PEs provide information on cervical cancer in the community and encourage women to get screened (IUHPE, 2012).
2.4.2 **Peer Educators (PEs).**

There are two types of peer educators who can provide services for a cancer programme: clinic-based; and community based. The Zambia programme has adopted the clinic-based peer education model, whereby they are linked to a clinic and they help with recruitment, registration and follow-up of clients (IUHPE, 2012).

Peer Educators can also be community-based. In most programmes Peer Educators tend to be community-based to provide referrals to the health facilities. However, these are not involved in some of the procedural aspects at the clinic level. The adoption of either model would depend on the capacity needs of the individual programme (IUHPE, 2012).

Peer educators contribute greatly to the CCPPZ. Experiences from the Cervical Cancer Prevention Programme in Zambia showed the following as key areas of contribution of peer educators: provide basic information on cervical cancer care and treatment; provide emotional support to the patients through counselling with empathy; encourage partner disclosure for clients that are diagnosed with pre-cancer cells and have received treatment; ensure the client understands the process of cervical cancer screening and help them navigate the referral system; track patients and conduct community monitoring; sensitise communities on cervical cancer prevention at all times and advocate for screening; and work with local groups and community structures to support programme activities (IUHPE, 2012).

Thus, peer education is the nexus between the programme and the communities where the system is operational. It is for this reason that a peer educator is expected to observe absolute confidentiality with client information. He or she is also supposed to be non-
judgmental and to treat everyone in the community equally. This makes him or her to serve as a role model in matters of screening and health in general. Therefore, he or she should conduct him or herself in a respectable and dignified manner by not indulging in activities that are likely to compromise or contradict the regulations of the programme. The peer educator should also maintain open communication with patients and other members of staff. Finally, they should maintain a certain level of knowledge and skill – give correct information and truthful information and when in doubt refer or consult with experts (www.iuhpe.org).

In 2010, similarly, the Global Health Programme launched a programme hinged on using peer educators in the provision of health education. A key component of the programme is the use of peer educators as health promotion advocates and patient navigators to enhance client uptake and reduce loss to follow ups (Chirwa, et al., 2010:48). Peer educators are volunteer women selected from the communities surrounding their respective clinics with an aptitude for voicing health concerns. They use various community-based platforms to inform women of free, walk-in and same day see-and-treat cervical cancer prevention services in their respective clinic catchment areas. Peer educators are trained to conduct both community–based and one-on-one cervical health promotion talks to women residing in the communities. Women requesting more information or expressing a desire to be screened are navigated by peer educators to the cervical cancer clinics (Chirwa, et al., 2010:48).

While lack of services is an important determinant of continually high rates of cervical cancer, another important aspect is the apparent lack of knowledge and awareness about the disease. Literature on African Women’s own perceptions of cervical cancer indicates
that their knowledge of screening and treatment procedure is still limited. Therefore, there is need for rapid assessment to serve as a basis for developing educational interventions to improving an uptake for cervical cancer prevention services in Zambia. The combination of service interventions along with community-based education and support programmes will ensure that appropriate goals for cancer prevention are met (Chirwa, et al. 2010: 49).

In forming a cervical cancer prevention programme in Zambia and screening 100,000 Zambian women, community education is paramount. In this case, “Community education is conducted by the people from the community” (Parham, 2013: 3).

A Peer Educator reports to a supervisor who works under the cervical cancer nurse in-charge of cancer screening. As regards work allocation, the following is practiced: the nurse allocates responsibilities to the super peer and peer educators; a weekly schedule is drawn by the department head and copied to the nurse in-charge of the cervical cancer clinic; monthly allowances are given based on the number of days worked and output; a peer educator maintains a monthly activity book which facilitates the follow up of clients and the quality of the work of each peer educator; a logbook of the clients is maintained to facilitate follow up and monitor quality of work of each peer educator; and considering that depending on there are other actors in at the health facility and in the communities, the peer educator is supposed to work collaboratively (IUHPE, 2012).

2.4.3 Functions of the peer education component to the programme

The following are the functions of peer education:

a) it brings in more people from the community – sensitizes communities and encourages more women to be screened;
b) helps with communication between the clients and the provider at the facility level to ensure that services are accessible and relevant to the needs of the clients;

c) peer educators may get more information than clinical team members about any challenges the clients may be facing with adherence and may be better able to help them with practical ideas or suggestions because of shared experiences with the clients;

d) complements clinic efforts and reinforces the work of clinic counselors;

e) encourages quick and positive response from the communities;

f) improves clients’ adherence to follow up and reduces missed appointments due to constant availability at the community level; and

g) updates the community with accurate and relevant information on cervical cancer as necessary.

2.5 Related Studies

Sumiko & Masaji (2009) conducted a study aimed at exploring attitudes towards cervical cancer screening among Japanese university students who had never had a Pap smear. Four focus-group discussions, each with 15 female university students, took place in November and December 2009. Discussions were recorded and transcripts were analyzed to extract attitudes of young women towards cervical cancer screening. Four themes emerged: i) a low sense of reality about cervical cancer; ii) a lack of knowledge about both cervical cancer and Pap smears; iii) a lack of motivation to get screened, and iv) a reluctance to visit the gynecologist.

Participants who were interested in undergoing screening for cervical cancer cited the influence of conversations with friends and family, a diagnosis of cancer within their
family, and relevant information from the media. The results indicated the importance of getting young women more interested in cervical cancer screening and overcoming their tendency to avoid visiting a gynecologist.

Another study was conducted by Felicia, et al. (1998) on Cervical Cancer Screening Knowledge, Attitudes, and Behavior of American Indian Women. The study was controlled and so there were no consistent differences in baseline or pretest knowledge levels between women from intervention and control centers. The results displayed that women from the intervention centers demonstrated more consistent and substantial improvement in their levels of knowledge of these subject areas compared with women from the control centers. Ten of the eleven knowledge questions showed improved levels in the intervention group, whereas only six of the eleven questions showed some improvement in the control group. Two of the questions for women from intervention centers showed substantial (i.e. 10% points) improvement. The percentage of women from intervention centers who knew that “cervical cancer runs in families” had improved from 52.5% to 65.4%, a change of 12.9% points. Women from these centers also improved substantially in correctly recognizing that “women who have had sexually transmitted or venereal disease were more likely to get cervical cancer.” The percentage of correct responses for this statement improved from 47.2% to 62.2%, a change of 15% points between the pre- and post-test questionnaires (American Cancer Society, 1997).

In addition, there were three questions for which the women from the intervention centers improved by 5% or more points and two questions for which women from control centers improved by this amount. There were three statements showing statistically significant differences between the women from intervention and control centers at pretest. In the
intervention group, 36.4% responded correctly to the statement “a Pap test can tell you if you have health problems besides cervical cancer” compared with 23.3% in the control group; 91.2% of the intervention group responded to the statement “after a couple of Pap tests showing everything is okay, you no longer need to have more Pap tests” less correctly compared with 97.6% in the control group; and to the statement “there is little a woman can do to reduce her chances of getting cervical cancer,” 84.9% of women from the intervention group responded correctly compared with 73.9% in the control group (Felicia, et al., 1998).

The study concludes that the women in the two groups generally had similar knowledge levels prior to the intervention, because these results did not suggest consistent differences, and the post-test differences in the two groups were likely to be attributable to the intervention.

Similarly, despite many studies exploring reasons for non-participation in cervical cancer screening, few focus on young women in higher education. Abotchie and Shokar (2009) conducted a study among college students in Ghana which found that barriers to Pap screening included: lack of awareness that the test could diagnose cancer; fear and concern that others would presume them to be promiscuous if they participated in cervical cancer screening, and a lack of information about where to go for screening. Hoque (2010) conducted a similar survey amongst South African university students. The survey suggested that fear rather than illness was the primary reason for avoiding screening. In a qualitative study conducted by Al-Naggar and Isa (2010), medical school students in Malaysia identified barriers to Pap screening as a lack of awareness of the importance of screening, shyness, cost, and discomfort with male physicians conducting the test.
Lack of knowledge about both cervical cancer and Pap smears

Participants demonstrated little knowledge of cervical cancer or Pap smears. Most of them had never been taught about cervical cancer at school, nor had ever heard about it outside of school. Those participants who had some knowledge got their information from relatives and media stories about celebrities who had had such disease themselves.

Some of those participants who knew about cancer were afraid of losing their uterus, but even these women had little or no scientific knowledge of the disease and its risks. One woman said that she understands that people can get digestive and respiratory cancers due to smoking and poor dietary habits, but she could not imagine how organs like uteruses or breasts could develop cancer.

When asked about possible risk factors for cervical cancer, participants attributed this disease to “unwholesome living” and “a family history of cancer.” When asked who could develop these diseases, they suggested groups as varied as people over 40 and people who work too hard. However, all answers were based on vague, unscientific information, with only one participant referring to the role of human papillomavirus (HPV).

From the findings, the participants were over 15 people as observed from the check list by the researcher, and the sessions lasted between 10 – 30 minutes. Russel (1972) concludes that the success of the teaching outcome is the interaction of the teacher – student and material involved in the activity.

As already alluded to in chapter one, the education and sensitization of cervical cancer is a socio-cultural and moral issue whose success depended on allowing culture to take on its dynamic characteristic, that is, changing over time. Issues of sexuality were never publicly
discussed, even less so in the presence of children. The advent of the HIV/AIDS pandemic and its devastating consequences, for instance, has made societies to drift away from restricting access to its information to a specific age group. Being a disease that affects the reproductive system of the women, cervical cancer has only recently enjoyed relatively wider publicity.

In this regard, the Center for American Indian Research and Education (CAIRE) designed and tested a culturally sensitive cervical cancer screening educational programme tailored for the American Indian population. The project was conducted in 1993–1997 in eight American Indian clinics in California. One facet of the programme was to test the efficacy of a culturally appropriate psychosocial counseling support group intervention for increasing knowledge, changing attitudes, and improving behaviors toward the adherence to cervical cancer screening and follow-up for American Indian women (Felicia, et al., 1998).

In the final analysis, women from the intervention centers appeared somewhat more likely to demonstrate changes in attitude toward cancer and cervical cancer screening than women from control centers. There were no changes in the attitude to questions in either group that exceeded 10% points, but there were five instances of changes of at least 5% points (3 interventions, 2 controls). Only two of the shifts of 5% points in the two groups involved the same statement, that is, “I have not had problems, so I do not need a Pap test” (Felicia, et al., 1998).

Although the above study is important it had some inconsistencies in that the information provided could not reconcile especially on screening behavior changes reported on the questionnaire were indecisive, because chart reviews indicated that women had poor Pap
screening compliance, and the questionnaire results reported excellent screening behaviors. The main reason is that information was not a true reflection of the intended study sample instead went to another provider outside the Indian health clinic for their cervical cancer screening examinations. Therefore, the study results were considered inconclusive with regard to behavioral changes, and an effort was underway to follow up on women who reported that they received Pap screening tests elsewhere.

2.6 **Appropriate adult education delivery formats**

Adults learn in a variety of ways, therefore it stands to reason that there are a variety of educational delivery formats and teaching methods that should be employed to facilitate the learning process of adults. Adult educators should realise that to effectively facilitate the learning process, the learners must engage in activities that expand their knowledge base from what is known to encompass that which was previously unknown. To accomplish this process, adult educators should provide carefully planned learning opportunities for adults to expand their knowledge and skills. In selecting educational delivery formats and teaching methods, adult educators should strive to provide learning opportunities that provide the desired learning outcomes (Birkcnnolz, 1999: 43).

In this teaching situation, Russel (1972: 8) agrees with Birkcnnolz and concludes that:

> Whether the teacher faces an individual student or small group or a large class…, the teaching is energised from three distinct focal-points: the teacher, the student and the teaching material involved in the activity. Therefore the success of the teaching is the outcome of the interaction of those three factors.

In addition, Birkcnnolz (1999) asserts that one of the decisions an adult educator will make is the selection of an appropriate educational delivery system. Common delivery systems
include: informal meetings, tours, formal courses (credit and non-credit), workshops, institutes, seminars, conferences, and conventions.

Furthermore, Birkcnnolz (1999: 44) states that selecting the most appropriate educational delivery system is dependent on several factors. However, the delivery organisation is not left to the discretion of the adult educator. Factors to consider in selecting the most appropriate delivery system include: purpose of the educational programme (programme outcome), objectives (learner goals or outcomes), anticipated number of participants, participant travel (distance and expense), and available facilities, equipment, and resource. After determining the delivery system, additional planning is necessary to conduct an effective educational programme. One important aspect of the planning process involves the selection of the teaching methods employed to fulfil the intended educational purpose (Birkcnnolz, 1999: 45).

Along the same vein, Warren (1977: 12) affirms that teacher method and techniques should be suited to the level of development of the class and maturity of their understanding of the subject matter. She further points out that:

(a) use of norm test, biographical information, individual conferences are examples of individual maturity measures; and

(b) general class discussion topics, degree of class acceptance of democratic methods, observation of types of leadership and fellowship displayed are examples of class maturity measures.
Furthermore, cooperative planning and socialization of the learning process so necessary for interaction of the students are greatly dependent upon the teacher’s relationship to the students. That is to say:

(a) as the organiser of the class activity, the teacher should avoid making all of the decisions and having the action of the class evolve entirely around him; and

(b) delegation of authority and the steady encouragement of freedom and initiative combined with a sense of shared responsibility are the class attitudinal goals of the adult teacher.

In addition, Warren (1977) remarks that research was done to figure out what the educationally disadvantaged men and women need to be taught, what teaching techniques would work best with them. Workshops were organised, in which experienced teachers of adults shared their knowledge with the army of new comers to the field. Creative thinking developed new techniques which were then tested and revised.

Furthermore, research shows that learners tend to remember about 30% of the information that is “orally transmitted …, that retention is almost twice as great when oral and visual means are used. When oral and visual means are combined with an opportunity to discuss the information with other learners, 90% of the information is retained (Warren, 1977: 12).

Today’s teachers of adults use tape recorders, overhead projectors, eight millimetre films, cassettes, video tape recorders and every available technological resource to make learning so interesting, so involving that students do not want to leave.

Russel (1972) supports Warren by describing education technology as the science of the application of knowledge to practical purposes, so education technology is a way of
applying available knowledge and materials and teachers and supporting technicians, in a systematic manner to problems of education and training.

Since all adults demonstrate a typical growth in physiological terms with cumulative gain in experience, though it might vary in terms of measures and types, they are distinctly differentiated from children as a group for the purpose of learning needs, interests and methods (Shirur, 1997).

While the term pedagogy relates to education of children, andragogy is the term framed for teaching adults. The word is a neologism framed by analogy with pedagogy, from the Greek words Andros meaning man and again meaning to lead. It implies leading or educating adults. The term was first used as early as in 1924 in Berlin by E. Rosenstock and again in 1951 by Hanselman in the title of his book ‘’Andragogie’’ (International Encyclopedia of Education, 1985). Titmus, et al. (1979) in (Shirur, 1997) defined it as the art and science of helping adults to learn and the study of adult education theory, processes and technology to that end.

It is true that some of the principles, concepts and theories of pedagogy are equally relevant to the practice of adult education, but there are many more that are not applicable, because, having undergone through the years a series of physical, emotional, social, intellectual, psychological, political, and economic developmental processes in their personal life and the life around them and having also performed a series of roles with varied expectations and responsibilities and having enjoyed specific status, the adult will require a totally different type of knowledge, approach and strategies for learning (Shirur, 1997).
The traditional concept of education, as it is normally understood by everyone is meant to provide to children knowledge and skills that are supposed to be useful later in their adult life. A rigidly patterned system of education with preset goals, objectives and schemes least related or unrelated to the current needs, utility, and the changing future requirements of children is therefore evolved. This implies that education ends when children grow into adulthood. On the contrary, adult education strongly contends that education is a lifelong activity since there are continuous changes being effected in the life of adults making new demands for acquiring fresh learning experiences. Unlike for children, education for adults is not an imposed activity but a matter of choice to be offered in various forms, types, kinds and places that will suit their interests and needs.

Adult education believes in the principle of human desire for self-improvement. It is believed that adults by nature, have a desire to improve themselves in their physical, social, intellectual, economic and political status and therefore, voluntarily opt to undergo programme of their choice. The primary mission of adult education is to stimulate this dormant or latent desire for self-improvement. It is this principle which helps many people as reinforcement for participating in various adult education courses leading to effective learning outcomes (Bwatwa, 1990).

Another important principle of adult education relates to the strong belief in the educability of man. Adult education basically negates the belief that learning is possible only in childhood and not in later adult life. We all know that every experience one undergoes, particularly in the process of attaining maturity in physical, emotional, and intellectual sense, enlarges his repertoire of knowledge which affects or modifies his future behaviour. It is evident that, regardless of their age adults have an innate ability to learn.
Human life is not static but changeable, creating demands for new knowledge and skills in the context of adult education, education and learning experiences are considered synonymous.

Adults always seek to find happiness and fulfilment in life and therefore are likely to readily respond to the modifications of their human material environments, provided they are assisted in discovering the ways and means of doing so. Education is one such means of achieving this. The principle of adult education is founded on the belief that education is the sole means by which man can attain happiness and fulfilment in life in whatsoever manner the human happiness is interpreted that is attainment of philosophical, intellectual, economic or social happiness. Thus, adult education is founded on a strong philosophical base and is inextricably linked to adult learning (Shirur, 1990).

The function of adult education in a society should include the inspiration both for a desired change and the understanding and conviction of the adult education could not exist if it were not for face-to-face interaction between people. The final product in the process of learning and personal change is usually indicated by the effects that individuals have on one another or groups have on their participants. We know that adult learners are also organized and brought in a learning situation through own interests by personal interaction. Therefore, it is essential for us to maintain professionalism in adult education and take into account the importance of interpersonal relations. A good educator should have some intellectual appreciation and feelings about what happens when people interact. He should also have some skills in creating conditions conducive to learning (Bwatwa, 1990).

Learning is an irregular and tentative business involving feelings such as the sense of personal importance and conviction. Emotional realignments cannot be legislated by
powers or syllabi but developed out of personal interaction. There is a great need for the educators to be sensitive to the interactions within groups and their relationships. They have to discover how they can influence adult learners productively in the teaching profession. Personal development is not the same as conformity. It is mediated through relationships where the individual’s problem is not to fight off demands of others in learning but to compromise for more satisfying relationships with others. Adult education demands change because it is a strategy for liberation. Exploration and growth become a necessity and a resistance to being changed especially by the educators. These factors of dynamics of personal change and defense have been dealt with in detail by humanistic theorists such as Carl Rogers and Abraham Maslow (Bwatwa, 1990).

2.6.1 Selecting the appropriate teaching methods and techniques

At least three different methods are used in adult education and they are didactic, Socratic and Facilitative. Didactic materials are instructional materials that assist in teaching and learning. The term didactic is also used to describe methods of instruction that are designed to allow the passing of information or facts with little intellectual activity on the part of the learners. The learners are expected to learn precisely what the teacher transmits and later regurgitate the knowledge without necessarily understanding what they repeat. The method can be valuable when the knowledge transmitted to the students is operated on by them. Socratic Method is when a series of carefully planned questions are asked with the intention of leading the learners towards the statement of a principle or truth, a conclusion or the solution to a problem, using step-by-step questioning. Facilitative teaching is learner centred rather than teacher-centred and is designed to encourage a high level of
participation with students accepting responsibilities for their individual outcomes (Walklin 1990: 43-44).

Birkcnnolz (1999: 46) explains that selecting the most appropriate teaching method, involves several factors. These include; objective-desired outcomes, subject matter or content, available facilities, equipment and resources, characteristics and background of the learner, desired interaction of learners among themselves and with instructor, available time, policies of learning or educational institution.

In the education programmes, the objective for teaching the subject must determine if the purpose of teaching is to provide learners with new information or knowledge; teach learners how to apply new information or understanding; teach learners how to perform a skill or help learners modify; adopt or clarify their attitudes or values (Birkcnnolz 1999).

A closely related factor in selecting teaching methods is the subject matter or content to be taught. Some topics naturally lend themselves to one-way communication methods because the content is new to the learners and they need a basic knowledge of the subject matter to internalize the information. As learners mature in their knowledge of the subject matter, the teaching techniques may change. A subject of performing a skill may be taught most effectively through demonstration, role-plays and computer-aided instruction. Bwatwa (1990:4) agrees with Birkcnnolz when he stated that it is the specific selected technique that can actively involve adult learners in the learning process and maintain the motivational level in learning. This relationship enables educators to distinguish between three essential contributively factors in all learning situations. That is to say acquisition of knowledge and skill and application of knowledge of skill.
The facilities, equipment and resources available will greatly influence the teaching techniques selected. Certain teaching techniques will require a particular room arrangement, space and specialised laboratory equipment. In some situations, there may only be one piece of equipment to perform a demonstration, consequently limiting learner’s opportunity to practice and acquire the skill. The learning characteristics, background, prior knowledge, and experience of adult learners will affect which teaching techniques to use. Also the adult educator should determine if learners in the group have particular learning preferences. It is safe to assume that with any group of learners there will be a variety of learning preferences represented. Therefore building a variety of teaching techniques into the teaching –learning process would strengthen the learning experience for all learners (Birkcnnolz, 1999).

Closely related to the learning characteristics of adult learning is the amount of interaction desired. Interaction occurs in two forms; interaction between learners and interaction between learners and the instructor. This factor corresponds to the desired outcome or objective of the teaching learning process. When the objective is to gain knowledge or understanding of the topic, limited amount of interaction is expected to be observed. Conversely, when the objective is to gain pro-efficiency in performing a skill or in attitude or value modification increased amount of interaction is expected to be observed (Birkcnnolz, 1999).

The amount of time available to teach a topic will also influence the teaching techniques selected. Adult educators must plan ahead and anticipate the amount of time necessary to effectively teach a topic. Certain teaching techniques such as lecture or presentation are well suited for providing a large amount of information in such a short time. However, this
may not be the most effective method of reaching the desired outcome or objective. For example, if the objective was for learners to perform a skill, then demonstration teaching techniques might be more appropriate than lecture or presentation. However, using a demonstration may require greater amount of instruction time. An adult educator must select the most appropriate teaching method in the time needed to effectively use the various teaching methods (Birkcnnolz, 1999).

Another factor to consider is the policies and regulations of the learning or educational institution. Instructors are advised to check the policies and guidelines of their institutions prior to incorporating certain teaching methods. Learner’s behaviour has been grouped by Walklin (1990) into three domain or areas and these are cognitive, affective and psychomotor. The stress on any of these domains can affect the teaching methods.

2.7 Teaching Techniques used in Adult Education

Adult Educators are expected to be properly equipped with methods and techniques of teaching to enable them to work with adults. They ought to learn inter personal relationships, personal backgrounds, and training needs of the learners and concepts of their work. These educators need active personal learning so that they can perceive their own social behaviour and its impact on the learners (Bwatwa, 1990).

A Technique can be understood to be an artistic way and mean which the educator uses to help the learner to acquire the content by structuring a relationship between the learner and the content. The selected technique has the potential of actively involving adult learners in the learning process and maintaining the motivational level in learning. This relationship enables the educator to distinguish between three essential contributing factors in all
learning situations. These are: acquisition of knowledge; acquisition of skill; and application of knowledge of skill (Bwatwa, 1990).

Ngoma (2013) describes instructional techniques as the means or process through which a relationship is established between the learner and the learning task. Furthermore, Bwatwa (1990) defines a technique as a way in which a teacher helps the learner to establish a relationship between him and the learning task. It is also an approach you have at your disposal to present the subject matter or course material to your participants. Finally, an instructional technique is a way in which an education agent delivers the education message to the learners.

Teaching methods and techniques can be divided into three major categories as follows; One-way or interactive communication methods; Two-way interactive communication methods; and Laboratory or skills development methods.

### 2.7.2 One-way or interactive communication techniques

Birkcnmolz (1999) discusses these as follows:

(a) Lecture and Presentation

The lecture/presentation teaching method is an efficient means of communicating factual information in a limited amount of time. This teaching technique is also useful when the material is not readily available in other forms. Lecture/presentation can be enhanced and the amount of information that learners retain can be dramatically increased by the use of quality visual aids.
Public lectures are conducted for a mixed group over a period of two to four hours on given
days, and papers are presented individually or jointly by people who are professionally
qualified in required or targeted areas (Chakanika, 1985: 4). Russel (1972: 44-45) explains
that the structure of the lecture is needed for teachers who give a synoptic view of their
subject or present a paper on their surveys or investigations, the lecture technique may be
the fastest and most economical method of presenting their information. By comparing the
two writers, we can conclude that the lecture interplays only if question time follows lecture
and that the lecturer assumes the audience is interested and able to follow the subject and
learn later if necessary.

(b) Resource person (subject matter expert)

An expert provides an awareness of new information regarding the subject matter. The
primary purpose of using a resource person is to assist learning by providing experiences
of the subject matter or information that is not available in other forms. A resource person
will generally use the lecture/presentation teaching method followed with questions from
the audience; however, other teaching methods could be used (Birkennolz, 1999).

(c) Symposium

This consists of a group of brief presentation by resource persons on various aspects of the
subject matter. Generally, there are from three to six presentations, between 5 to 20 minutes
in length. After the presentation, the presenters may participate in the panel discussion,
question each other, or respond to questions from the audience (Birkennolz, 1999).
(d) Panel Discussion

A panel of resources persons or a group of learners talk among themselves, present their idea, and possibly come to some general agreements regarding the subject matter. In a panel discussion, only the panellists talk while the audience listen to the panellists. Modification of the discussion method may include having the panellist respond to questions from the audience (Birkcnnolz, 1999).

(e) Computer-aided Instructions

This is an interactive instructional technique in which a computer and specialised computer programmes are used to present instructional material, monitor learning progress, and select additional instructional materials based on learners’ needs and progress (Birkcnnolz, 1999).

In one way communication, the preferred teaching methods are; lecture or presentation, resource person or subject matter expert, symposium, panel discussion and computer-aided instruction. One way Communication techniques are most appropriate in situations where the objective is primarily focused on transmitting information from one or more sources to a group of learners. The limited background information regarding the subject would receive the greatest benefit by simply expanding their knowledge base through the acquisition of new information (Birkcnnolz, 1999).

As adult learners gain their educational maturity, due to an expanded knowledge base, utilization of two-way or interactive communication methods may be employed to facilitate an exchange or dialogue between the information source and the adult learner. Adult educators should become adept at planning educational activities that combine methods,
initially utilizing one-way communication methods and moving towards a two-way or interactive communication methods as learners become mature. Laboratory teaching is used in learning situations where the objective is to gain or acquire knowledge and skill in the performance of a psychomotor task. Laboratory teaching methods are also useful in situations where observation of an application practice or skill is desired (Birkennolz, 1999).

2.7.2. Teaching techniques using two-way communication

Teaching techniques for two way or interactive communication are: group discussion, case study, problem solving, role play, brainstorming; and for laboratory or skill attainment are; demonstration, study tour and field trip.

(a) Group Discussion

Peterson (1965: 122) puts a high premium on discussion which has often been elevated to the status of a method in its own right. Its value in relation to formal exposition by a qualified teacher has already been noted. At the other extreme increasing use is made of discussion as a therapeutic means of releasing and understanding feelings. The entire group of learners participates in a discussion for the purpose of sharing information regarding issues, problems, or questions of the subject matter. This also involves analysing and evaluating the information to reach a conclusion.

(b) Case Study

A detailed analysis focuses on a particular problem or issue of an individual, groups or organisation. Case studies can serve several purposes: they can be useful in generating a discussion of an issue or problem, they can also be used to provide relevance and meaning
to the subject matter, and they may be useful in introducing and leading learners into defining a problem that needs to be solved (Birkcnnolz, 1999)

(c) Problem Solving

Learners are actively engaged in defining a problem that needs to be solved or a discussion that needs to be made, in identifying factors relevant to solving the problem, in seeking data and information to solving the problem, in formulating and testing alternative solutions, and in arriving at a solution to the problem. Several problem solving techniques have been used successfully by adult educators.

Many adult educators combine two or more teaching techniques to effectively communicate the subject matter (birkcnnolz1999). The teaching is done depending on the group size. For example, a small group below 15 people can be taught using any of the following techniques: case study, field trip, seminars, group discussion, and music forum; whereas a large group over 15 people may be taught using chair reaction forum, colloquy, and workshop. However, any sized group may use brainstorming, debate forum, work group, lecture, panel, role play, research and report, group writing, buzz groups, demonstration, film talkback and symposium.

The teaching techniques can also be selected according to the time available. For a session of 10-30 minutes, brainstorming, buzz group, lecture, question and answer, demonstration, interview and role play may be used; 60-70 minutes session may use a case study, colloquy, film talkback, lecture, symposium, group discussion, debate forum, group writing, panel forum and research and report; and for 60-90 minutes session may employ a chain reaction
Teaching methods and techniques for 1.5-2 hours usually use forum, workshop, field trip, and seminar.

Teaching techniques can also follow the objective. There are techniques that are more suitable for stimulating interest of the learners. These include: display or exhibit trips, field days, family visits, demonstration, role play, problem-posing, drama, radio broadcasts, film trip and posturing; to stimulate discussion, it can be through asking questions, role play, problem drama, photographs, brainstorming; to share information, it can be through film, radio and broadcasts, pamphlets and newsletters, lectures, self-study and visitation; and to build skills, it can be through demonstrations, field trips, practicals, industrial instructions (Ngoma, 2013). By and large, Warren (1999) states that to apply creativity to the teaching, an adult teacher can try the following techniques:

(a) the buzz group discussion which encourages everyone to feel free and comfortable in participating ... the flow of ideas increases as students stimulate one another ... each individual quickly grasps the responsibility to think and make contributions ... the students work out answers for themselves, therefore making the ideas more meaningful ... the group unity grows;

(b) the round – table discussion with four to six students representing different viewpoints of a subject in which they have a background or formulated opinion, the remaining class members can “listen in” on a fast-moving panel; a follow-up of questions from them is important. This method often has the element of suspense ... the raising of questions and answers as the class thinks of them ... the creating of interest and participation by the students ... the covering of a large amount of subject matter well and easily;
(c) role-playing in which two types can be used: students acting as themselves or in “roles.” This rewarding technique is often used in sales training classes, courses in human relations, or any other activity where the emphasis is on learning more about the ways in which people relate to each other. Role-playing teaches the important skill or “putting yourself in someone else’s shoes; and

(d) the symposium which consists of two or more brief talks on different phases of the same topic. It is usually followed by a discussion or question period. It introduces a wide variety of experience and knowledge of the subject ..., holds class interest and attention by the change of voices and breaking up of the time-span. Here are three different techniques.

Nanavatty (1960:18) emphases that group discussion as an educational technique can prove effective to adult groups who are provided with an educational facility where common problems of life can be discussed jointly to find a suitable solution. There is need, however, to be deliberately organised under guidance to help the citizens in developing the habit of thinking and acting together. Furthermore, one needs to sense the different implications of the ideas of others and evaluate them in terms of not only his ideas, but their utility to the society.

Mushanga (1972) in Prosser and Clarke (1972:82) contend that “… health science differs markedly from other subjects such as maths, geography or history.... ” It directly concerns everyone in the class, and therefore should not pose unusual problems. Furthermore, they argue that effort must be made not to turn adult health science lessons into lectures because adults are more used to mutual exchange of ideas in their daily lives and any departure from this would be unwelcome.
2.7.3 Laboratory or skills development techniques

Laboratory teaching techniques are used in learning situations where the objective is to gain or acquire knowledge and skill in the performance of a psychomotor task. They are also useful in situations where observation of an application practice or skill is desired.

2.7.3.1 Field trip or study tour

A field trip should be carefully planned and organised to be fully effective (Warren, 1977). Therefore, it must be directly related to the concepts to be learned. In the same vein a field trip or study for teaching is a method of teaching by organizing trips for on – then spot study, investigation and discovery. Furthermore, the major advantage of a field trip to adult learners is to provide first hand study of a particular learning experience that cannot be easily brought to the classroom (Bwatwa, 1990).

2.7.3.2 Demonstration

Demonstration is a method which is classified into two kinds, result and action (Bwatwa, 1990: 36). This method is done on a raised platform to enable all learners to observe what is being shown. Furthermore, during the presentation, the demonstration may provide the oral portion of his demonstration. The learner may imitate what is being shown with the help of the educator or fellow learner in the group. This method teaches people how to carry out a particular task and enables them to see a new technique or procedure and convinces them that the new skill, procedure or product has merit.
2.7.3.3 Brainstorming

Bwatwa (1990) mentions that this method is also referred to as idea inventory method in which an educator is expected to explain the procedure to be followed. The technique also offers participants’ ample scope for freedom to discuss solutions to their problem as such the educators should observe that:

(a) some participants or learners may have difficulty in thinking beyond the practical aspect;
(b) some of the suggestions may not be worth anything;
(c) in the evaluation session, it is necessary to criticize the ideas of fellow learners irrespective of their feeling;
(d) regardless of the popularity of this method, it is time – consuming;
(e) its productivity is somewhat limited to the abilities of the participants; and
(f) brainstorming may be more successfully used in the senior stages of learning.

2.7.3.4 The Huddle method

J. Donald Phillips of Michigan State University described and popularized this technique or method in which a large group is broken down into small units to facilitate discussion. The Huddle method is also referred to as Discussion 66 or Phillips 66. It is known that the Phillips 66 method allows the creation of an informal atmosphere no matter how large the group is. The informal climate is essential in adult education because it enables and allows learners in a particular group to participate actively. However, the educators choosing to use this method or technique should know its limitations. The huddle or Phillips 66 method does not really disseminate information but taps the knowledge and experience of the
individual learners in the groups. Furthermore, the huddle group tends to be over-used by those who have success with it and moreover, the huddle group cannot produce facts and information above the level of their knowledge and experience. The time limitation and reporting back are essential to the method or technique, but may hinder discussions and also the educators failure in using the suggestions or materials obtained could frustrate the individual learners involved in the huddle method or technique (Bwatwa, 1990).

2.8 Teaching aids

Teaching Aids are devices in the form of mechanical instruments, audio-visual aids, materials and physical arrangement which may enhance, increase or decrease the effectiveness and use of a technique (Bwatwa, 1990:5)

2.8.1 Slide projectors

Slide projectors, so old and familiar in elementary school, are for adults as timely and exciting as the latest news headline typed in cell phone slide and flashed on screen (Warren 1977:13). Another point is that Adult classes often include photo enthusiasts who have taken slides of many subjects or matter areas. They are happy to show them to the rest of the group.

2.8.2 Tape recorders

The tapes are simple to operate and be used again and again. Warren (1977:14) further explains that the tapes can increase the student’s ability to listen and speak; they have great versatility. They are in fact, a multipurpose teaching tool.
2.8.3 Movies

Movie projectors are ideal for individual instruction. Educators use “film loops” that require no threading, students simply pop in a film cartridge and the movie starts. These film loops are ideal for teaching single concepts, a method for operating a drill press given as an example.

2.8.4 Video tape recorder

Instant replay is the secret weapon which makes the video tape recorder as uniquely useful as a teaching tool. In addition, after a replay, Warren (1977:16) explains that, no time delay is needed for processing, the light exposure is self-correcting, and the sound is perfectly coordinated with the picture. Moreover, video tape recorder can record television shows then when the class is not in session, and replay them when the group convenes. T.V. play can be rerun, so the students could study acting techniques.

2.8.5 Audio Visual

Warren (1977:17) comments that research has shown that when students see an educational message, as well as hear it, they learn faster and remember longer. However, research also revealed that the following techniques make audio-visual aids more effective:

(a) if your students know in advance that they will be given a test on the content of a film, they will watch more carefully and learn more; and

(b) students learn more if they are given an immediate opportunity to practice what they observe in a film strip from audio-visual demonstration.
2.9 Popular theatre or theatre for development

Zakes (1993: 48) argued that popular theatre is examined only when it features in the context of theatre-for-development. The dichotomy here is a simple one and lies in the fact that theatre-for-development may not necessarily utilize popular theatre. However, in so far as they are modes of theatre whose objective is to disseminate development messages, or to conscientise communities about their objective social, political and economic situation, they are modes of theatre-for-development. However, theatre-for-development is most effective when it is popular theatre. Furthermore, Batanani (in Zakes 1993: 48) writes that theatre includes performances of drama, puppetry, singing and dancing; and that these performances are called popular because they are aimed at the whole community, not just those who are educated. They involve local people as performers, use local languages, are performed free of charge in public places, and deal with local problems and situations with which everyone can identify. But this definition is inadequate since it does not clearly differentiate between, on the one hand, theatre that may be performed by the people in their own languages, but is imported from outside, using forms that are alien to the local culture, and on the other hand, a theatre that utilises local performance modes. Both these types of theatre can deal with local problems and situations. But not all of them will examine the issues from the perspective of the people, using their aesthetic code. In addition, Zakes (1993:18) states that Paulo Freire, Crow and Etherton and Augusto Boal have greatly influenced the development of radical popular theatre. Boal, like Freire, did his work in Latin America. In his book, Theatre of the Oppressed (Boal1979), he carries the meaning of theatre in the direction of making the people not just the audiences, but also the actors and creators of the drama. He says that theatre can be utilised by all people, whether they
have artistic talent or not. Therefore the means of production of theatre should be transferred to the people so that they can use it.

Furthermore, Zakes (1993: 18) paraphrases Crow and Etherton’s own definition of theatre as: Through which intellectuals try to communicate with the people most disadvantaged in their society, either by presenting plays to them in which problems of society are articulated from point of view of the people, or by getting them to present plays to themselves which increasingly help them to analyse their society.

In view of these statements, as a technique, or popular education enables the popular classes to assume process of transformation so that they can become subjects of their own lives. This process of implementing any project of popular education world involve stages of an analysis of existing social reality; collective mobilization, planning for implementation change; evaluation of future action; and further evaluation of social reality.

2.10. Summary

This chapter has reviewed the literature related to the problem of cervical cancer and the sensitizations that are employed to make the public aware of the dangers and prevention of cervical cancer in Zambia at Chilenje Clinic. The chapter also addressed issues connected to cervical cancer, dangers, prevention, human papilloma virus, cervical cancer vaccine, education and sensitization, the adult education delivery formats, teaching techniques, and the techniques application in Zambia. The next chapter discusses the methodology of the study.
CHAPTER THREE
METHODOLOGY

3.1. Introduction

Research methodology is a broad term for all strategies that describes how, when and where data is to be collected and analysed (Chilisa and Preece: 2005). Methodology is defined as “the activity or business of choosing, reflecting upon, evaluating and justifying the methods used in data collection” (Wellington 2000:22). This chapter looks at the research design, target population, sample size, sampling procedures, research instruments, data collection and data analysis used in this study.

3.2. Research Design

A research design is viewed as a programme to guide the researcher in collecting, analysing and interpreting observed facts (Bless and Achola, 1988). Macmillan and Schumacher (1997) describe a research design as a plan and structure of the investigation that is used to obtain evidence to respond to research objectives and research questions. A research design is also said to be a plan of action of any scientific research from the first to the last step, meaning it is a programme designed to guide the researcher in collecting, analysing and interpreting observed facts and specifics of the various types of research approaches to be adopted (Moore and McCabe, 1989).

This study adopted a case study design. A case study design is defined as a “holistic research method that uses multiple sources of evidence to analyse or evaluate a specific phenomenon or instance” (Anderson, 1998:152). A case study design allowed bringing to the fore a case and an in depth study of a phenomenon in its natural setting, with data
needing no change to converge at some point from multiple sources. The study employs both qualitative and quantitative methods.

Qualitative research is viewed as an investigation that involves people’s experiences as they occur in their natural setting, the meaning that they attach to the experiences and the multiple contexts within which these experiences occur (Chilisa and Preece, 2005). Mwansa (1985) defines qualitative approach as the type of inquiry in which a research is carried out about people’s experiences in natural settings, using techniques such as interviews, mostly in words rather than statistics.

Quantitative research is a formal, objective, systematic approach in which numerical data are utilised to obtain information about the world (Burns, 2000). Merriam et al (1984:224) say “quantitative data is one that can be coded and represented by statistical scores”.

3.3. **Universe Population**

Borg and Gall (1979) view population as all the numbers of a hypothetical set of people, events, or objects to which are supposed to be generalised in the results of the research.

In this study, the population referred to people that conform to the eligibility criterion. These included the women who have been exposed to information about cervical cancer, the women suffering from cervical cancer, the health providers who gave information on cervical cancer and the only one who administered the programme on cervical cancer at Chilenje Mini-hospital. The sample of the study was obtained from Chilenje Mini-hospital. The total population in this study was 340 cancer clients for a month and 30 health providers which added up to 370 participants.
3.4. Sample Size and Sampling Procedures

According to Merriam and Simpson (1984: 54), a sample is “a strategically and systematically identified group of people or events that meet the criteria of representativeness for a particular study.” The total sample size of this study was 150. It consisted of 145 women who had been screened for cervical cancer, 2 peer educators in cervical cancer, 2 administrators of the programme; and 1 nurse-in-charge in cervical cancer. The sample was divided into two major categories for the sake of collecting quantitative and qualitative data sets. Quantitative data was collected from the women who numbered 145 as indicated above while qualitative data was collected from the rest (2 peer educators in cervical cancer, 2 administrators of the programme; and 1 nurse-in-charge in cervical cancer).

The two sets of the sample (the women and the key informants) were sampled using different sampling procedures. According to Varkevisser, et al. (1996), sampling refers to the selection of a small representative group (sample) from a large population.

The population of the study had generally two groups of people. There were the administrators on one hand and the visitors to the centre on the other. The targeted sample size was 145 for women coming for screening, and 1 nurse-in-charge, 2 lecturers or peer educators and 2 administrators for the administrators of the cervical cancer programme. The total sample population was 150.

The women who numbered 145 were selected using Simple Random Sampling. Kombo and Tromp (2006: 78-79) define Simple Random Sampling as a procedure in which all the
individuals in the defined population have an equal and independent chance of being selected as a member of the sample.

In simple random sampling the researcher used a rotary method, where items in the universe were represented by identical sheets of paper which were later folded and mixed together thoroughly to avoid guessing. The women were then asked to pick a paper each which unveiled either ‘yes’ or ‘no’ written on it. Those who picked a paper with ‘yes’ written on it were included in the study sample until the desired sample size of 145 women was attained.

The key informants who numbered 5 on the other hand were purposively sampled. Cohen and Manion (1994: 89) define purposive sampling as one which requires a “... researcher to handpick the cases to be included in the sample on the basis of their judgment of their typicality.” Thus, Purposive sampling was used because the researcher had to choose the sample that met the objectives of the study.

3.5. Research Instruments

In order to collect both qualitative and quantitative data, the study used three types of research instruments. These were questionnaire, interview guide and observations.

3.5.1. Questionnaires

Kombo and Tromp (2006: 89) define a questionnaire as an instrument that gathers data over a large sample. Questionnaires were administered to the people who were attending cervical cancer screening sessions.
The researcher administered the questionnaires to the cervical cancer clients. The type of questions presented were semi structured. When the list is not exhaustive an additional last choice can be given. In this instance the structured questions contained an open-ended one which makes the whole question better adapted to all situations (Bless and Achola, 1990). The process was conducted in such a way that the researcher did not influence the responses from the respondents. Holloway and Wheelers (1996) argue that questionnaires should be administered in such a way that the researcher cannot influence the respondents’ responses. This is done to ensure that an element of researcher bias is avoided. The respondents that were not able to read the researcher explained the questions in local language (Chinyanja) for them to understand and participate.

3.5.2. Interview Guide

The interview guide method is a two-way exchange of ideas and information between the researcher and the respondents. This study used a structured interview. Kombo and Tromp (2006: 94) state that a structured interview involves subjecting every informant in the sample to the same stimuli. For instance, asking each informant similar questions as in a case of a survey. Interviews were unique and allowed the collection of data through direct verbal interaction between the interviewee and the interviewer. Interviews were conducted with the administrators, peer educators and nurse in-charge on one on one basis. The information was recorded through note taking (Sidhu, 1984).

3.5.3. Observation

There was the collection of information through observations as the teaching was being conducted and facilitated by peer educators. The observation gave important information
on teaching techniques employed by peer educators in their activities. Kombo and Tromp (2006) explain that observation is a tool that provides information about actual behaviour. Cooper and Schindler (1997) argue that direct observation occurs when the observer is physically present and personally monitors what takes place. This approach is flexible because it allows the observer to react and report subtle aspects of events and behaviour as they occur.

3.6. Data collection procedure

Data collection refers to the process of finding information in order to respond to the research questions and objectives. It involves administering various research instruments. The data was collected after getting permission from various authorities (Kumar, 2005). The research participants were given a general idea of what the research was about. The population captured in the study were women who visited the Chilenje Mini Hospital. These may be few and sparsely distributed which posed a problem as the sample depended on the number of visitations by residents.

The researcher sought consent from the Directorate of Research and Graduate Studies which was later given through an introductory letter. This letter was presented to the University of Zambia Ethics Committee. The Committee further asked the researcher to present a letter of Ethical Approval for study to the Ministry of Health Ethics Committee. Thereafter, the Ministry of Health through the office of the Permanent Secretary wrote to give approval for the study to be undertaken (see appendix 5).

As already alluded to, the researcher used semi-unstructured questionnaires to collect data from the women after obtaining consent from them. Since most of them were not able to
read and write, the researcher interpreted the consent letter in ‘Nyanja’ and ‘Bemba’ for them to give their informed consent. The same was done when administering the questionnaires to this cohort of women, except that an assistant researcher was used in this exercise.

However, key informants were only interviewed using an un-structured interview guide. An observation was used for both sets of the sample to collect data which allowed triangulation of the data provided by the respondents.

3.7. Data Analysis

Data analysis entails categorising, summarising, ordering and describing data in meaningful terms. There are many methods of analysis that can be used. Research studies generally use either narrative or statistical strategies or both. However, the type of analysis used depends on the research design used to collect data (Moore and McCabe, 1989). Further, Ghosh (1992:26) adds that “... after collection of research data and analysis of the data, interpretation of the data is necessary.”

This study collected both qualitative and quantitative data sets. Qualitative data was coded and classified based on the themes which emerged from the study. The themes are relative discoveries where facts are drawn from the study. Bless and Achola (1990) conclude that the qualitative analysis of data should be particularly emphasised in the types of research where quantification is difficult, but should not be forgotten in any type of research since it constitutes another complementary aspect to quantitative analysis. Quantitative data was presented, analysed and interpreted using Statistical Package for social sciences. The package was also used to generate frequency tables and percentages and to cross-tabulate
the variables to see what results they would produce. The percentages simplify, by reducing all numbers to a range from 0 to 100 and they translate the data into standard form, with a base of 100, for relative comparison (Cooper and Schindler, 1997).

3.8. **Ethical Considerations**

Research ethics are norms and standards of behaviour that guide moral choices about our behaviour and our relationships with others (Cooper and Schindler, 1997). Furthermore, research demands ethical behaviour from its participants. In general, research must be designed so that a respondent does not suffer physical harm, discomfort, pain, embarrassment or loss of privacy. Before undertaking this study, consent was sought from all participants that took part in the research. This consent was sought in person from the respondents on their willingness to take part in the study and the study was also approved by the University of Zambia and Ministry of Health Ethics Committees. It was made clear to the participants that the information to be provided was purely for academic purposes, and that their participation would be voluntary. It was also explained to them that they were at liberty to withdraw from the research at any time when they felt uncomfortable to continue participating in the research. They were also explained to how they would benefit from the study once its results were published.

3.9. **Summary of chapter three**

This chapter discussed the methodology which was used in the study. The study employed a case study method which allowed in-depth study of adult education teaching techniques on cervical cancer. Both qualitative and quantitative approaches were used in collecting and analysing the data as they allowed the researcher to obtain a clear and complete picture.
They also allowed triangulation of information provided by the respondents and subsequently helped to obtain accurate information on the subject under study.

The sample size was 150. A questionnaire, an interview guide and an observation was used to collect data. Quantitative data was presented and analysed using Statistical Package for Social Sciences while qualitative data was presented using themes. Chapter four presents the findings of the study.
CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study on the investigation of adult education teaching techniques applied in public sensitization on the dangers and prevention of cervical cancer in women at Chilenje Clinic in Lusaka Urban. The findings are based on the following research questions: What teaching techniques are applied in making the public aware of the dangers and prevention of cervical cancer; and what is the extent to which the teaching techniques used to disseminate cervical cancer information conform to adult education approaches?

The responses to these questions are presented in two sections. The first section presents the findings from the questionnaires that were given to women who attended cervical cancer sensitization sessions at Chilenje Clinic in Lusaka Urban. The second section presents findings collected from two interview guides that were administered to facilitators and administrators of the programme at Chilenje Clinic in Lusaka.

4.2 Teaching techniques applied in public sensitization programmes on the dangers and prevention of cervical cancer.

This section is based on the first research question which aimed at assessing the suitability of the teaching techniques applied in adult learning regarding cervical cancer at Chilenje Clinic. The respondents were asked to state when they started attending cervical cancer sessions. The total number of respondents presented in this section was 145 women.
In Table 1 above it was established that 10 (i.e. 6.9%) respondents had started attending cervical cancer sessions more than a month earlier while 69 (i.e. 47.9%) had started attending cervical cancer sessions more than a year earlier.

Eight respondents (i.e. 5.6%) had started attending cervical cancer sessions a month ago and 57 (i.e. 39.6%) had started attending cervical cancer sessions less than a month ago. Therefore the study revealed that majority of the respondents (i.e. 69=47.9%) attended cervical cancer sessions more than a year ago.

Respondents were further asked to indicate whether or not they were free to raise questions or comments to other members as well as the facilitators. The responses are shown in Table 2 below.

Table 2: Distribution of respondents by their freedom to pose questions or comments to other members as well as facilitators

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>127</td>
<td>87.6</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>12.4</td>
</tr>
<tr>
<td>Total</td>
<td>145</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Figure 2 above, 127 (i.e. 87.6%) respondents stated that they were free to pose questions while 18 (i.e. 12.4%) respondents were not able to say anything. The results indicated that majority respondents (i.e. 127=87.6%) were able to pose comments/questions.
Respondents were also asked to state the teaching techniques applied when sensitizing women on the dangers and prevention of cervical cancer. The responses to this question are shown in table 3 below.

**Table 3: Distribution of respondents by the teaching techniques applied in sensitization on the dangers and prevention of cervical Cancer**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>60</td>
<td>41.4</td>
</tr>
<tr>
<td>Demonstration</td>
<td>50</td>
<td>34.5</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>35</td>
<td>24.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Figure 3 above indicates that 60 (i.e. 41.4%) respondents said that the lecture technique was used in sensitizing women on dangers and prevention of cervical cancer; 50 (i.e. 34.5%) respondents mentioned that demonstration was employed; while 35 (i.e. 24.1%) respondents indicated that brainstorming was used in the programmes. Thus, the study revealed that the lecture technique was the most used in the sensitization of women on dangers and prevention of cervical cancer at Chilenje Clinic.

Respondents were further asked to state their degree of interest during presentation of topics. The responses to this question are shown in table 4 below.
Table 4: Distribution of respondents by interest shown when the topic was being presented

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very interested</td>
<td>39</td>
<td>26.9</td>
</tr>
<tr>
<td>Interested</td>
<td>97</td>
<td>66.9</td>
</tr>
<tr>
<td>Not at all</td>
<td>9</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

It was established that 39 respondents (i.e. 26.9%) were very interested in the topic or sessions, ninety seven respondents (i.e. 66.9%) were interested, nine respondents (i.e. 6.2%) had no interest in the cervical cancer sessions. Therefore, majority of the respondents (i.e. 97=66.9%) explained that they wanted to know more about cervical cancer and therefore they were interested in cervical cancer sessions.

A follow up question was requesting respondents to state how they felt about participating in the discussions. The responses to this question are shown in table 5 below.

Table 5: Distribution of respondents by how they felt about participating in the discussions

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very free</td>
<td>77</td>
<td>53.1</td>
</tr>
<tr>
<td>Free</td>
<td>64</td>
<td>41.1</td>
</tr>
<tr>
<td>Very inhibited</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 5 above shows that, 77 respondents (i.e. 53.1%) felt very free to participate in the discussions on dangers and prevention of cervical cancer, 64 respondents (i.e. 41.1%) felt free, while 5 (i.e. 2.8%) respondents felt very inhibited. Therefore, majority (i.e.
77=53.1%) felt very free to participate in the discussions on the dangers and prevention of cervical cancer.

Another question was raised to seek the reaction of respondents of how they felt belonging to the cervical cancer group. Responses to this question are shown in table 6 below.

**Table 6: Distribution of respondents by how they felt as members of a cervical cancer group**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>98</td>
<td>67.6</td>
</tr>
<tr>
<td>Well</td>
<td>43</td>
<td>29.7</td>
</tr>
<tr>
<td>Rejected</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Ninety eight respondents (i.e. 67.6%) felt very happy, 43 respondents (i.e. 29.7%) felt happy and 4 respondents (i.e. 2.8%) felt rejected. Thus, the findings revealed that majority (i.e. 98=67.6%) respondents felt very happy to belong to a cervical cancer group.

An additional question was posed of requesting respondents to indicate how well the cervical cancer group worked together. Responses are shown in table 7 below.

**Table 7: Distribution of respondents by how well the cervical cancer group worked together**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>56</td>
<td>38.6</td>
</tr>
<tr>
<td>Well</td>
<td>71</td>
<td>49.0</td>
</tr>
<tr>
<td>Poorly</td>
<td>18</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Fifty six respondents (i.e. 38.6%) said the cervical cancer group worked together very well, while 71 respondents (i.e. 49.0%) said the group worked well and 18 respondents (i.e. 12.4%) said it worked poorly. The study therefore revealed that the cervical cancer group
(i.e. 71= 49%) worked together well to sensitize women on the dangers and prevention of the disease.

Another question was raised asking respondents whether or not facilitators held their interest and increased their knowledge in cervical cancer lessons. The responses are indicated in table 8 below.

Table 8: Distribution of respondents by how they felt about facilitators motivating them and increasing their knowledge in the area of cervical cancer

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>101</td>
<td>74.3</td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>31.7</td>
</tr>
<tr>
<td>Total</td>
<td>145</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 8 above shows that 101 respondents (i.e. 74.3%) said facilitators motivated them and increased their knowledge in the area of cervical cancer while 46 respondents (i.e. 31.7%) responded negatively to the question.

It is apparently then that findings revealed that majority (i.e. 101= 74.3%) women were motivated by the lessons which also increased their knowledge in cervical cancer.

Another question was asked to the respondents whether or not they had gained any new ideas about cervical cancer. The responses are indicated in table 9 below.

Table 9: Distribution of respondents by new ideas gained about cervical cancer

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>115</td>
<td>81.6</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>20.7</td>
</tr>
<tr>
<td>Total</td>
<td>145</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 9 above indicates that 115 respondents (i.e. 81.6%) gained new ideas because they were motivated to attend the lessons for the second time while 30 respondents (i.e. 20.7%) expressed that no new ideas were gained. Conclusively therefore, majority (i.e. 115=81.6%) respondents conceded that they gained new ideas.

The respondents were also asked to indicate suggestions meant to improve teaching techniques in cervical cancer lessons. Responses to this question are reflected in table 10 below.

Table 10: Distribution of respondents by suggestions made to improve teaching techniques in the cervical cancer lesson

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of technique that involves visiting rural areas</td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>Involve church groups</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>Use leaflets</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>Did not have any suggestion</td>
<td>74</td>
<td>51</td>
</tr>
<tr>
<td>Teach in Communities and markets</td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>Teach through the media (T.V. and Radio)</td>
<td>31</td>
<td>21.3</td>
</tr>
<tr>
<td>Teach in local language</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Teach in school</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Use pamphlets, drama in teaching</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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Table 10 above shows the responses to the question, “what suggestions can you make to improve techniques in the cervical cancer lessons?” Five respondents (i.e. 3.4%) suggested that there was need to use techniques that involved going to rural areas; three respondents (i.e. 2.1%) suggested that church groups should be involved, three respondents (i.e. 2.1%) suggested the use of leaflets to disseminate information; and 74 respondents (i.e. 51%) did not have comments regarding the current teaching techniques being used at Chilenje Clinic, 5 respondents (i.e. 3.4%) suggested that the messages should be taught in communities and markets, 31 (21.3%) respondents said that teaching techniques for cervical cancer should be done through the media (i.e. television and radio), 4 (i.e. 2.7) respondents suggested teaching in local languages, 4 (i.e. 2.7) respondents suggested teaching in schools, and 16 (i.e. 11%) respondents suggested use pamphlets and drama in teaching.

Results from the findings as observed in table 11 above show that majority (i.e. 74= 51%) respondents did not have any suggestion regarding the improvement of the teaching techniques at Chilenje Clinic.

4.3 Findings from the officers responsible for the cervical cancer programme

4.3.1 Programme Administrators

In terms of programme selection, the administrators pointed out that the teaching programmes were planned according to the policy of the Ministry of Health on cervical cancer sensitization. The policy has aims, guidelines and activities which are summarized in the booklet entitled Peer Education Training Manual on Cervical Cancer. It is this same policy that is used for sensitization and screening activities. The programmes target the women who visit the clinic for screening cervical cancer. Findings on the teaching
techniques used in training, facilitators stated that the main teaching techniques used were didactic. Making use of such a technique mainly involved a class based practical situation where there is high interaction between the educators (administrator) and the would-be facilitators. The administrators further stated that there were various teaching techniques which they used to teach the would-be facilitators. These included: power point presentation, discussions, question and answers, lecture, demonstration and brainstorming.

Measuring the achievements of the facilitators was essential to programme planning. The officers elaborated that the measurement was done by pre-test and post-test methods which were based on the information given or taught. They said that this facilitated timely programme and techniques review.

The administrators also affirmed that the achievements were measured b6y regular tests, feed backs from the participants using questionnaires and summary evaluation forms.

4.3.2 Major challenges in the selection and use of teaching techniques

The major challenges were as follows:

a) it was difficult to select the methods to be used because of the differences amongst the clients. The differences ranged from level of education, age, cultural background, to environmental setting;

b) the manual used for teaching was too large that it made the lessons to be compressed within a few weeks. This was the case because there were scarce resources to conduct seminars which would have been ideal;

c) Chilenje residents mostly used three languages (Bemba, English or Nyanja). Therefore, it was very difficult to select the most appropriate one out of the three; and
d) it was very difficult to select the teaching techniques when teaching a mixed class of those going for review and the beginners.

4.3.3 The Need to Improve Teaching Techniques

The officers made the following propositions meant to improve the delivery of materials:

a) to increase the number of weeks for training. Therefore, seminars would be more ideal; and

b) to increase funding for the programme.

4.3.4 Facilitators (Peer Educators)

The study also identified a number of common teaching techniques used by facilitators to train the women. The respondents mentioned that the most common techniques used were the lecture, brainstorming and demonstration. This included the use of an already designed flip chart which facilitators used to explain and teach the learners. Other respondents mentioned that sometimes question and answer sessions and group discussions were used.

4.3.5 Suggested solutions to overcome the challenges.

The respondents suggested the following strategies to overcome the challenges:

a) providing better teaching aids such as dummies, pictures and photographs;

b) interactive and real life situations depicting the onset of the disease, progression and treatment;

c) training modules should be available in all classrooms;
d) observation and teaching methods should be emphasized;

e) the practical tools which are mentioned in the manuals should be made available; and

f) there should be more time to interact with the trainees.

4.3.6 Availability of Teaching Aids

Regarding teaching aids, the respondents stated that the flip chart was the only visual teaching aid used to teach the women about cervical cancer. This was used in combination with the lecture, brainstorming and demonstration techniques.

4.3.7 Peer educators’ opinions on the type of teaching techniques applied in the sensitization programmes.

The peer educators gave their opinion regarding the teaching techniques applied in the sensitization programmes. They opined that the teaching techniques used were good and they worked comfortably with them. The prominent techniques mentioned were lecture, brainstorming and demonstration. However, they suggested that a lot should be done to improve the sensitization programmes. They also suggested the increase of the number of teaching aids and the pamphlets, newsletters and flip charts. These should be translated into local languages of the clients. They suggested that more classes should be introduced and more facilitators should be employed in order to improve the delivery of the content of the programme.
4.4 Summary of chapter four

The chapter has presented findings of the study. Adult education techniques applied in the sensitization of the public regarding dangers and prevention of Cervical Cancer at Chilenje Clinic were identified. The techniques used included the lecture, demonstration and brainstorming. Further, the chapter also presented findings regarding the conformity to adult education of the identified techniques. These were presented using tables and narrations.
CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the findings of the study on the investigation of adult education teaching techniques applied in public sensitization on the dangers and prevention of cervical cancer at Chilenje Clinic. It also presents the conclusion and recommendations based on the findings and discussions of the study.

The objectives of the study were: to identify the teaching techniques applied in sensitizing the public in cervical cancer on prevention and dangers; and to assess whether or not the techniques applied in the sensitisation programmes related to the dangers and prevention of cervical cancer conformed to adult education teaching techniques.

5.2 Identifying the teaching techniques applied in sensitizing the public on dangers and prevention of cervical cancer.

In the first objective, the study sought to identify the teaching techniques applied in sensitizing the public on dangers and prevention of cervical cancer. The study identified a number of teaching techniques used in the programme. The teaching techniques used in cervical cancer sensitization programmes were: lecture, brainstorming and demonstration (see table 3, page.58).

5.2.1 Lecture technique

Lecture was the most popular technique (i.e. 60=41.4%) in the sensitization of the public on the dangers and prevention of cervical cancer at Chilenje Clinic. The use of a lecture at Chilenje Clinic is a direct result of the nature and amount of content in the teaching
materials. In particular, the Cervical Cancer Training Manual is quite voluminous and yet
the programme managers expected it to be covered in a short period of time (i.e. two to
three weeks). Thus, Russel (1972) explains that the structure of the lecture is needed for
teachers who may give a synoptic view of their subject since the lecture technique may be
the fastest and most economical approach of presenting their information. Birkennoloz
(1999) agrees with the foregoing. He states that teaching techniques like the lecture or
presentation are well suited for providing a large amount of information in such a short
time. Conversely, this may not necessarily be the most effective way of reaching the
desired outcomes or objectives. For instance, if the objective was for learners to perform a
skill, then demonstration teaching techniques might be more appropriate than lecture or
presentation. Nevertheless, a demonstration may require greater amount of instruction
time. An adult educator must select the most appropriate teaching technique in the time
given to effectively deliver a lesson.

The approaches used to teach the public may need to evolve. For instance, the lecture may
need to be complemented by Public lectures in order to reach out to many people. Public
lectures are conducted for a mixed group over a period of two to four hours on given days
and topics are presented individually or jointly by people who are professionally qualified
in required or targeted areas (Chakanika, 1985).

### 5.2.2 Demonstration Technique

Demonstration technique was only second to the lecture technique in terms of popularity
of use (i.e. 50=34.5%) (See table 3, page.58). This technique may be considered to be
complementary to the other techniques such as the lecture which was mostly used. Owing
to the limitation of the lecture discussed earlier, there is need for techniques that can evoke
participation of adults as they learn better when they participate. Bwatwa (1990) agrees with Birkennolz and indeed the foregoing when he stated that it is the specific selected technique that can actively involve adult learners in the learning process and maintain the motivational level in learning. The maturity of learners in their knowledge of the subject matter demands an advancement of the teaching techniques. Bwatwa (1990) further adds that a subject of performing a skill may be taught most effectively through demonstration, role-plays and computer-aided instruction.

5.2.3 Brainstorming Technique

Brainstorming was the least in popularity (i.e. 35=24.1%) (See table 3, page.58) of the three techniques identified as being used in the sensitization of the public on the dangers and prevention of cervical cancer at Chilenje Clinic. The teaching-learning process can be interesting and more effective if some lessons are carried out within a short time when brainstorming is appropriate. The teaching techniques can also be selected according to the time available. In fact, Ngoma (2013) complements the finding by stating that brainstorming and buzz group may be employed for a session of 10-30 minutes.

However, Bwatwa (1990) observes that: some participants or learners may have difficulty in thinking beyond the practical aspect; some of the suggestions may not be worth anything; in the evaluation session, it is necessary to criticize the ideas of fellow learners irrespective of their feeling; regardless of the popularity of this method, it is time-consuming; its productivity is somewhat limited to the abilities of the participants; and brainstorming may be more successfully used in the senior stages of learning.
5.2.4 Peer education

Peer educators complement the roles of the medical personnel such as nurses in this case. Findings showed that peer education was among the prominently used means of information dissemination. The rationale for this is that people of the same age are likely to be free with each other to talk about issues of sexuality. The peer educators stated that they worked as volunteers.

According to IUHPE (2012), peer educators are an integral part of the Cervical Cancer Prevention Programme in Zambia. They provide primary information on cervical cancer care and treatment; provide emotional support to the patients through counselling. They also ensure that the clients understand the process of cervical cancer screening and help them run through the referral system; track patients and conduct community monitoring; sensitize communities on cervical cancer prevention at all times and advocate for screening; and work with local groups and community structures to support programme activities (IUHPE, 2012).

From the study the facilitators claimed that they used adult education interactive techniques. However, table 3 page 58 shows that the lecture technique was more used in cervical cancer lessons than any other technique. This is so because majority respondents (i.e. 60=41.4%) indicated that the lecture technique was the most preferred and used in cervical cancer lessons. It is this same teaching technique which has been condemned for its many short comings:
a) it does not encourage full participation of learners who are considered empty vessels to be filled in by knowledge from the teacher; and

b) it makes a teacher feel that he knows it all, because he considers himself as the custodian of knowledge.

By this measure, the lecture technique presents the banking concept in education which is in direct contrast to Paulo Freire’s problem-posing technique which encourages active participation and collaboration of the learners in their learning process (Freire, 1989:72)

5.3 **Assessment of whether or not the techniques applied in the sensitisation of the dangers and prevention of cervical cancer conformed to adult education teaching techniques.**

The second objective of the study intended to make an assessment of whether or not the techniques applied in the sensitisation on the dangers and prevention of cervical cancer conformed to adult education teaching techniques.

The findings showed mixed responses. Teaching techniques applied in the programme were identified as brainstorming, demonstration and lecture. However, the flip chart appears to be the only teaching aid used. This means that learning was not enhanced as much as it would have been with the use of teaching aids. Shirur (1997) contends that it is true that some of the principles, methods, techniques, concepts and theories of pedagogy are equally relevant to the practice of adult education, but there are many more that are not applicable, because, having undergone through the years a series of physical, emotional,
social, intellectual, psychological, political, and economic developmental processes in their personal life and the life around them and having also performed a series of roles with varied expectations and responsibilities and having enjoyed specific status, the adult will require a totally different type of knowledge, approach and strategies for learning (Shirur, 1997).

In fact, Birkcnnolz (1999) contends that adults learn in a variety of ways and therefore it stands to reason that there are a variety of educational delivery formats and teaching methods that should be employed to facilitate the learning process of adults. Adult educators should realise that to effectively facilitate the learning process, the learners must engage in activities that expand their knowledge base. To accomplish this process, adult educators should provide carefully planned learning opportunities for adults to expand their knowledge and skills. In selecting educational delivery formats and teaching methods, adult educators should strive to create learning opportunities that provide the desired learning outcomes (Birkcnnolz, 1999).

Teaching aids such as films, demonstrations and pamphlets are very important in as far as adult learning is concerned. The findings from the study showed that these were sparingly used in the sessions. This means that the approach did not conform to adult education methods to a large extent, meaning that the effectiveness of the teaching was compromised to some extent. Adults need learning situations that allow them to clearly see and hear what is being demonstrated and said. It was found that the respondents found the lessons interesting. The facilitators should improve on the use of teaching aids, considering that the learners seemed to be interested in the lessons to ensure programme success.
The participants were asked how they felt about participating in the discussions. The responses showed that the women were free in the discussions. The respondents therefore did not feel inhibited in the discussions, which is good for the success of the sessions. It meant that the facilitator managed to create a conducive atmosphere during the sessions. This made the participants feel free. This, in turn, made the participants to feel that the programme increased their knowledge about cervical cancer. It also indicated that the sessions were effective in terms of passing knowledge to the adult learners. Though it has been shown that teaching aids were used sparingly in these sessions, it seems the information got to the learners.

Warren (1977) contends that for a teaching technique to be effective, democracy should be exercised. In other words, the learners should have a say in the technique to be employed. For example, learners should have a say on the language to be used in the learning sessions for the learning to be effective. Language problems can inhibit learning and make learners stay away from lessons.

The related literature of the informational and psychological barriers faced by students who have never been screened on page 22-25, was also observed by the researcher at Chilenje Clinic. Thus, this study further found that not all information was well shared to the target group. The findings are in agreement with those of a study conducted by Curry, et al., (2009) in Sweden. It used focus groups to gather qualitative data identifying the factors influencing attitudes towards cervical cancer screening among Japanese university students who had never had a Pap smear.

Notwithstanding the challenges, the study findings are essential to the affirmation of the fact that objectivity is necessary at all times in conducting research if the findings should
have statistical significance. This goes with the techniques and methods used in highly ethical and sensitive studies like those on the sexuality of respondents.

5.4 Conclusion

This study was premised on two objectives and responded to two research questions. The first objective and research question endeavored to identify the teaching techniques applied in sensitizing the public on the dangers and prevention of cervical cancer at Chilenje Clinic.

The study responded to both the objective and the research question. The results of the study revealed that Chilenje Clinic used a lecture, brainstorming and demonstration techniques to sensitize public on the dangers and prevention of cervical cancer.

Lecture was the most popular technique (i.e. 60=41.4%) in the sensitization of the public on the dangers and prevention of cervical cancer at Chilenje Clinic. The use of a lecture at Chilenje Clinic is a direct result of the nature and amount of content in the teaching materials.

Demonstration technique was the second most popular technique (i.e. 50=34.5%). This technique complemented the lecture and technique. Owing to the limitation of the lecture technique as discussed, there was need for techniques that could elicit participation of adults who are known to learn better when they are involved in the learning activity.

Brainstorming was least used (i.e. 35=24.1%) of the three techniques identified by the study. this technique was used to conduct short lessons. However, it was not used much because some participants or learners had difficulty in thinking beyond the practical aspects. It was also avoided in many instances because some of the suggestions were not
expected to be worth anything thereby losing time. Further, its productivity was somewhat limited to the abilities of the participants.

The second objective and research question sought to assess the conformity to adult education approaches of the teaching techniques applied at Chilenje Clinic during the sensitisation of the public on the dangers and prevention of cervical cancer.

The findings of the study revealed that the techniques used in the programme were within the field of adult education but were not effectively used to maximize retention of content. This finding answered the second research objective and question.

The findings revealed that facilitators expressed satisfaction with the use of the techniques in the implementation of Cervical Cancer Prevention Programme of Zambia. They mentioned that the combination of the three techniques (lecture, demonstration and brainstorming) helped them to bring about active participation of the learners in the learning process. However, the participants said they did not have many opportunities to ask questions as the lessons were being rushed.

5.5 Recommendations

In light with the findings of the study, the following recommendations are suggested:

a) the programme planners under the Ministry of Health should provide better teaching aids such as dummies, pictures, photographs and films, training modules or pamphlets immediately to the peer educators to complement the techniques;

b) the peer educators at Chilenje Clinic should introduce teaching using real life situations such as successfully treated cervical cancer patients, for each session;
c) the Cervical Cancer Prevention Programme of Zambia must introduce more teaching techniques such as role-play and popular theatre and other mass media techniques to attract more people when conducting each session;

d) observation teaching methods at Chilenje Clinic should be emphasized by the facilitators, to enable all the learners to observe and imitate what is being shown with the help of the educator; and

e) the CCPPZ administrators should provide more time for interaction of the facilitators and the participants.

5.6 Summary of chapter five

The chapter discussed the findings based on the study. The first specific objective sought to identify the teaching techniques applied in sensitizing the public on dangers and prevention of cervical cancer. The study identified the use of techniques such as the lecture, brainstorming, and demonstration. The second specific objective intended to assess whether or not the techniques applied in the sensitisation of the dangers and prevention of cervical cancer conformed to adult education teaching techniques. When assessed against the appropriate adult education techniques that assumed the function of criteria for conformity, the identified teaching techniques were found to be adult education techniques. However, they were not used effectively. The assessment of the identified techniques against the set criteria signified the response to the second research question and objective.

Finally, the following recommendations were made; the programme planners under the Ministry of Health should provide better teaching aids such as dummies, pictures, photographs and films, training modules or pamphlets immediately to the peer educators
to complement the techniques; the peer educators at Chilenje Clinic should introduce
teaching using real life situations such as successfully treated cervical cancer patients, for
each session; the Cervical Cancer Prevention Programme of Zambia must introduce more
teaching techniques such as role-play and popular theatre and other mass media techniques
to attract more people when conducting each session; observation teaching methods at
Chilenje Clinic should be emphasized by the facilitators, to enable all the learners to
observe and imitate what is being shown with the help of the educator; and the Cervical
Cancer Prevention Programme of Zambia administrators should provide more time for
interaction of the facilitators and the participants.
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University of Zambia: Lusaka.

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[http://womennewsnetwork.net/2012/08/03/Zambia-cervical-cancer-awareness](http://womennewsnetwork.net/2012/08/03/Zambia-cervical-cancer-awareness)


APPENDICES

Appendix 1: Research Time Schedule 2013-2014

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Appendix 2: Research Budget 2013

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8% Contingency on consumables = 1 + 3 = 58.00 + 60.00 = 118.00/0.08 = 9.44

K 58.00 + K 300.00 + K 60.00 + K 9.44 = K 427.44
Appendix 3:

THE UNIVERSITY OF ZAMBIA

School of Education

Department of Adult Education and Extension Studies

Questionnaire for Cervical Cancer Clients.

The researcher of this study is a post graduate student pursuing a master’s degree in adult education (M.ED) at the University of Zambia.

The researcher is investigating Adult Education teaching techniques used in public sensitization on dangers and prevention of cervical cancer at Chilenje clinic. This research is for academic purposes. Your responses will be treated as confidential information.

I humbly request you to participate and answer freely and honestly. You are free to decline or participate.

Instructions:

1. Please do not write your name anywhere on the questionnaire.

2. Kindly answer all the questions by either ticking ✓ or writing in the spaces provided.

1. In which age group are you?
   (a) Below 31 [   ]
   (b) 31-40 [   ]
   (c) 41-50 [   ]
   (d) Above 50 [   ]

2. What work do you do?
   (a) Government [   ]
   (b) Private company [   ]
   (c) Self-employed [   ]
3. What is your approximate income per year?

(a) Below K5,000 [ ]
(b) K5,000 – K15,000 [ ]
(c) K15,000 – K25,000 [ ]
(d) Others (specify) .................................................................

4. When did you start attending cervical cancer sessions?

(a) More than a month ago [ ]
(b) More than a year ago [ ]
(c) One month ago [ ]
(d) Less than one month ago [ ]

5. Are you free to address questions or comments to other members as well as the facilitator?

(a) Yes [ ]
(b) No [ ]

Explain your answer? .............................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

6. In the lessons, how often do you have film strips, pamphlets, newsletters and demonstrations?

(a) Regularly [ ]
(b) Occasionally [ ]
(c) Not at all [ ]
7. In the lessons, how interested are you when the topic is being presented?
   (a) Very interested [ ]
   (b) Interested [ ]
   (c) Not at all [ ]

   Whatever your response, explain why?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

8. How do you feel about participating in the discussions?
   (a) Very free [ ]
   (b) Free [ ]
   (c) Very inhibited [ ]

9. How do you feel as a member of a cervical cancer group?
   (a) Very well [ ]
   (b) Well [ ]
   (c) Rejected [ ]

   Explain your answer?
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………

10. How well does cervical cancer group work together?
   (a) very well [ ]
   (b) well [ ]
   (c) poorly [ ]
Whatever the response, explain why?


11. How do you like the session of the day?
   (a) Very excellent [ ]
   (b) Excellent [ ]
   (c) Poor [ ]
   Explain your response?

12. Do you gain any new ideas about cervical cancer?
   (a) Yes [ ]
   (b) No [ ]
   Explain your answer?

13. Do you feel that the facilitator is holding you interest and increasing you knowledge in cervical cancer lessons?
   (a) Yes [ ]
   (b) No [ ]
   Explain your answer?
14. What suggestion can you make to improve the teaching techniques in cervical cancer lessons?

THE END

We have come to the end of the questionnaire. Thank you for your time and participation, my contact address is given below:

Rosemary Mwenya

The University of Zambia

Department of Education

School adult Education and Extension Studies

P.o Box. 32379

Lusaka.
INTERVIEW GUIDES

Appendix 4: Interview for Administrators

THE UNIVERSITY OF ZAMBIA

School of Education

Department of Adult Education and Extensions Studies

Interview Guide for Administrators

Introduction

The researcher of this study is a postgraduate student pursuing a master degree in adult education (med) at the University of Zambia.

The research is investigating adult education teaching techniques used in public sensitization on dangers and prevention of cervical cancer at Chilenje Clinic. This research is for academic purposes your responses will be treated as confidential information.

I humbly request you to participate and answer freely and honestly. You are free to decline or participate.

1. How are the teaching programmes on cervical cancer selected?

2. Which teaching techniques are used in training the facilitators?

3. Which teaching techniques are commonly used by the facilitators?

4. How do the facilitators, measures that the teaching techniques have brought out intended outcomes?

5. How do you measure the achievements of the facilitators?

6. When a programme is reviewed, does it take into consideration the review of teaching techniques?

7. What are the major challenges of selecting and using the teaching techniques in the programme?

8. What is done to overcome the challenges?
9. What are some of the ways that can be done in the improvement of teaching techniques in cervical cancer programmes?

10. In your own opinion what do you think of teaching techniques in the cervical cancer programmes?

End

We have come to the end of the interview. Thank you for your time and participation.
Appendix 5: Interview Guide for facilitators

School of Education
Department of Adult Education and Extensions Studies

Interview Guide for Facilitators

Introduction

The researcher of this study is a postgraduate student pursuing a master degree in adult education (med) at the University of Zambia.

The research is on investigating adult education teaching techniques used in public sensitization on dangers and prevention of cervical cancer at Chilenje Clinic. This research is for academic purposes your responses will be treated as confidential information.

I humbly request you to participate and answer freely and honestly. You are free to decline or participate.

1. What type of work do you do at the clinic?
2. How long have you been working in this field?
3. Which techniques among the one you are using are interesting to you?
4. Which teaching techniques make you disseminate the required outcome?
5. How the education levels of the learners are affect the selection of the teaching techniques?
6. Which teaching techniques do you employ when giving practical skills to the cervical cancer clients?
7. What are the major challenges of selecting and using the teaching techniques in your sessions?
8. How do you create your relationship with your cervical cancer clients?
9. What kinds of topics are commonly used in the focus group discussions? And how long do each lesson take?
10. In your own opinion, what do you think of the teaching techniques give in the sensitization of cervical cancer?

End

We have come to the end of the interview. Thank you for your time and participation.
Appendix 5: Introductory Letters