AN ASSESSMENT OF TELEVISION COVERAGE OF CERVICAL CANCER IN ZAMBIA: A CASE OF MUVI TELEVISION

By

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A dissertation submitted to the University of Zambia in partial fulfilment of the requirements for the Degree of Master of Mass Communication (MMC)

The University of Zambia
Lusaka

NOVEMBER 2017
DECLARATION

I, Barbara Hamoonga, declare that this dissertation:

(a) Represents my own work

(b) Has not previously been submitted for a degree at this or any other university

(c) Does not incorporate any published work or material from dissertation

Signed: ............................................................................................................

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

The University of Zambia has approved this dissertation of Barbara Hamoonga as partial fulfilment of the requirements for the award of Masters of Mass Communication degree.

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

Internal Examiner .............................. Signature ..............................

Internal Examiner .............................. Signature ..............................

External Examiner .............................. Signature ..............................

Supervisor .............................. Signature ..............................
ABSTRACT

This study had two purposes; (1) to investigate the nature of coverage of cervical cancer content in Muvi television evening newscasts, (2) to find out how helpful the information is in educating women on the disease for them to uptake early screening. Zambia has a population of 3.21 million women aged 15 years and older who are at risk of developing cervical cancer (Mwanahamuntu: 2007). The study employed exploratory and descriptive research designs. Data was obtained through content analysis of 365 evening newscasts, in-depth interviews of a medical expert and other three media personnel, and quantitative survey of 100 women in Lusaka district. The findings revealed low coverage and non-holistic reportage. No in-depth reporting was done compromising quality of news. Hence, the content had limited influence in encouraging women to uptake cervical cancer screening. No deliberate editorial policy and training was given to reporters working on cervical cancer stories. In conclusion, this researcher urges a move away from the piecemeal approach towards a more holistic approach for news to have meaningful impact on women’s behavior. Reporters to be trained and editorial policy put in place to maximize quality of news. This study is mainly exploratory and future studies should investigate how television can effectively influence the Knowledge, Attitudes and Practices (KAP) of women regarding the disease.
DEDICATION

To my beloved husband, Caleb Ndhlovu. Words cannot express my gratitude for your presence in my life. I will always love you.
ACKNOWLEDGEMENTS

My gratitude goes to my supervisor- Mr. Fidelis Muzyamba whose guidance made this work a success. In addition, I would like to thank Muvi TV management and University of Zambia, Department of Mass Communication for the support rendered.

Further, my work would not have been accomplished without the support of my husband and mother Lisley Kalonga.

I apologise for some names that may have been omitted, not deliberately but a sign that not a few people contributed but too many to mention.
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<td>Health Belief Model</td>
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<td>HPV</td>
<td>Human Papiloma Virus</td>
</tr>
<tr>
<td>Muvi TV</td>
<td>Muvi Television</td>
</tr>
<tr>
<td>SPSS</td>
<td>Scientific Package for Social Sciences</td>
</tr>
<tr>
<td>UTH</td>
<td>University Teaching Hospital</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>ZNBC TV1</td>
<td>Zambia National Broadcasting Corporation Television 1</td>
</tr>
<tr>
<td>ZNBC TV2</td>
<td>Zambia National Broadcasting Corporation Television 2</td>
</tr>
</tbody>
</table>

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 Introduction

This chapter covers the introduction of the study. It provides the background, statement of the problem, rationale, scope of the study, general objectives and specific objectives. The chapter also gives the research questions on which the study is based. It also covers limitations and ethical considerations.

The study was conducted by a student at the University of Zambia for the purpose of assessing the nature of coverage of cervical cancer news and information on Muvi TV evening newscasts to ascertain how helpful the news and information is in educating women on cervical cancer for them to go for screening early. It was done in three townships of Lusaka district namely Chaisa, Garden and Olympia park.

1.2 Background Information

According to WHO (2008), Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the birth canal to the upper part of the uterus. It is one of the leading causes of cancer deaths in
women worldwide. Nearly 500,000 women are diagnosed with invasive cervical cancer every year and 275,000 die annually. In addition, 80% to 85% of deaths occur in developing countries. High incidences of cervical cancer are reported in Africa at rates exceeding 50 per 100,000 populations and age-standardized mortality sometimes exceeding 40 per 100,000 populations.

According to Sitas et al. (2006), estimated rates for eastern and southern Africa of 30 to 60 per 100,000 are higher than those found in the rest of Sub-Saharan Africa (20 to 35 per 100,000), but the reasons for this difference are unclear.

In Zambia, cervical cancer is a health issue that has been a source of concern lately because of the increasing magnitude of the mortality from the disease. According to the Cervical Cancer-Free Coalition, Zambia has one of the highest cervical-cancer mortality rates in the world. Mwanahamuntu et al. (2007) stated that the new standardised cervical cancer incidence rate is above 55 per 100,000 whereas the standardised mortality from cancer of the cervix stands at 41 per 100,000 making Zambia’s cancer burden only second to Guinea in Africa and 6th in the world. It is also the leading cause of gynaecological cancer morbidity in all hospitals in Zambia with 80 percent of cases being advanced at presentation.
Cervical cancer is curable if diagnosed early. However, women need awareness on the disease for them to go for screening early. Sadly, a woman with early cervical cancer may not have any noticeable signs or symptoms of the disease, and as if this were not enough, the condition affects not only the health and lives of the women, but also their children, families, and their communities at large. Tragically, these deaths are largely preventable and treatable when detected early.

Zhou (2010) said the majority of Zambians get their health information from the media and according to Yngstrom (2011), among the ‘traditional’ media platforms are radio, television, and print. The responsibility of the media in reporting on health issues is premised on the fact that the media are important sources of information. In other words, various sectors and institutions have a role to play in distributing health information, but the media in their role as watchdogs and conveyors of information most particularly. This is because research into media effects on people has shown that even though the media may not influence how people think, the media have the ability to influence what people think about and how salient people perceive it to be (McCombs & Shaw: 1972) thus, the media function to set the agenda.

According to Brownson et al. (1996), the media “serve a dual function”, that is, they not only set the agenda but also reflect the agenda of the community they operate in. Particularly in rural and isolated areas where “local media may be an even more
important source of health information due to lower overall availability of healthcare providers and fewer mass media.” Therefore, public perception of how important a health-related issue is will increase if the media pays more attention to it. Studies have found that “even brief news media exposure can influence health-related decisions [and] consumer behaviour” (Li et al.: 2008). This, in turn, not only encourages the public to seek out medical advice and intervention but to do so in a more educated and informed manner (Martinson & Hindman: 2005).

Hence there has been a greater demand and need for accurate, relevant, rapid and impartial information by women on cervical cancer in Zambia, and there is a growing reliance on mass media as the main source of information. There is no doubt that media education if well conveyed can equip its broad audience with adequate skills to make informed decisions with regards going for cervical cancer screening early.

Annually, approximately 1,839 women in Zambia are diagnosed with cervical cancer and 1,276 die from the disease (Mwanahamuntu et al. :2007). Statistics show that 63 out of 100,000 women in Zambia die from cervical cancer. This figure is very high considering the fact that cervical cancer incidence can be reduced by cervical cancer awareness among women so that they can take up cervical cancer screening.
A good example is United States where coverage on cervical cancer local television news was given prominence after a content analysis on coverage of cervical cancer in the media reviewed that television was an important tool in creating awareness among women on the disease for them to uptake early screening (J Health Commun: 2008). Such a study has never been done in Zambia.

According to the Cervical Cancer-Free Coalition, Zambia has one of the highest cervical cancer mortality rates in the world rendering it 6th in the world and 2nd in Africa after Guinea. This sad picture of high mortality can change for the better if cervical cancer is diagnosed early through screening as it can be treated successfully. However, women need awareness of cervical cancer to go for cervical cancer screening. According to Dr. Precious Kapambwe, a gynaecologist at UTH, 3.2 million women in Zambia are eligible for screening.

However, it is not known how news on cervical cancer is covered and the impact on women with regards screening for the disease. Therefore, this research aims at assessing the nature of coverage done by television in its quest to educate women on cervical cancer for them to go for screening early.
1.2.1 Overview of Zambia

Zambia is a landlocked, fertile and mineral-rich country situated on the Southern African plateau. It shares borders with eight countries, Malawi and Mozambique to the east; Zimbabwe, Botswana, and Namibia to the south; Angola to the west; and the Democratic Republic of Congo (formerly Zaire) and Tanzania to the north. Zambia lies between latitude 8 and 18 degrees south and longitude 22 and 23 degrees east. It covers an area of 291,000 square miles (753,000 kilometers) from the southwestern tips of the country, the distance is 1,400 miles (Zijlma: 2012).

Its tropical climate has three distinct seasons (cool dry, hot dry and warm wet) and average temperatures range from 16 to 32 degrees centigrade. Rainfall is highest in north Zambia (up to 1,400mm p.a.) and lowest in the south and east (down to 600mm p.a.) where periodic droughts occur. Administratively, the country is divided into 10 provinces. Lusaka is the capital city of Zambia and the seat of government with a population of 1,742,979. Zambia's official language is English, but there are also around 73 other local languages and dialects spoken throughout the country (Ibid).

The average annual income is $300 US Dollars. Its work force is around 85 percent agriculture, 9 percent services and 6 percent manufacturing. Zambia's main exports are copper, minerals, and tobacco. The literacy rate in Zambia is 78.2 percent which contributes to limited usage of media in the country (Maps of World: 2012).
1.2.2 Media in Zambia

The media environment in Zambia is somewhat limited by the country’s level of economic development and the lack of infrastructure.

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1 www.zambia.advisor.com
1.2.2.1 Print Media
According to Chirwa et al. (2010), there are four distinct phases in the history of the newspaper industry in Zambia: pre-independence (before 1964), independence/multi-party state (1964–1972), one-party state (1973–1990) and multi-party state (1991 to date). The earliest form of media in Zambia was print media. During the pre-independent period, newspapers were polarised between pro-white settlers in favour of the colonial government and pro-nationalists, i.e., Africans fighting for self-rule. During the independence/multi-party state and one-party state period, papers were largely state-owned and generally focused on development issues, business, and commerce, as well as sports and entertainment. Towards the end of the one-party state period, a few newly established and privately owned newspapers began to publish articles critical of the economic performance and policies of the government and championed the cause of a return to multi-party politics and a more democratic political dispensation.

The print media in Zambia has three dailies, The Post, Daily Mail and Times of Zambia newspapers. Other newspapers include the Monitor and Digest Weekly, the Weekly Guardian and The New Vision. All these are privately owned including the Post newspaper. The Daily Mail and Times of Zambia are government owned. Some of these like the Post, Daily Mail and Times of Zambia also have online versions. Apart from these, there are other online news sources in Zambia, and the most popular are the Zambian Watchdog, Tumfweko, Lusaka Online and Lusaka Times (Muchangwe: 2012)
The following are the major national publications in circulation in Zambia at the time of writing.

Table 1 List of newspapers

<table>
<thead>
<tr>
<th>Title of publication</th>
<th>Language</th>
<th>Frequency of publication</th>
<th>Circulation</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Times of Zambia</td>
<td>English</td>
<td>Daily</td>
<td>9,000</td>
<td>Government</td>
</tr>
<tr>
<td>Zambia Daily Mail</td>
<td>English</td>
<td>Daily</td>
<td>8,500</td>
<td>Government</td>
</tr>
<tr>
<td>Sunday Times Zambia</td>
<td>English</td>
<td>Weekly</td>
<td>16,000</td>
<td>Government</td>
</tr>
<tr>
<td>Sunday mail</td>
<td>English</td>
<td>Weekly</td>
<td>13,000</td>
<td>Government</td>
</tr>
<tr>
<td>The Post/ Saturday Post</td>
<td>English</td>
<td>Daily</td>
<td>47,000</td>
<td>Privately owned</td>
</tr>
<tr>
<td>Sunday Post</td>
<td>English</td>
<td>Weekly</td>
<td>47,000</td>
<td>Privately owned</td>
</tr>
<tr>
<td>Monitor &amp; Digest</td>
<td>English</td>
<td>Weekly</td>
<td>2,000</td>
<td>Privately owned</td>
</tr>
<tr>
<td>Weekly Guardian</td>
<td>English</td>
<td>Weekly</td>
<td>5,000</td>
<td>Privately owned</td>
</tr>
<tr>
<td>The New Version</td>
<td>English</td>
<td>Weekly</td>
<td>6,000</td>
<td>Privately owned</td>
</tr>
</tbody>
</table>

Source: AfriMap
1.2.2.2 Broadcast media

The earliest form of broadcasting in Zambia can be traced back to 1941 when Harry Franklin, Director of the Department of Information in the British colonial administration, began to dabble in limited broadcasting as a hobby. His efforts resulted in a rudimentary radio station being set up in Lusaka, which broadcast for one hour, three times a week to Africans and once a week to Europeans. Broadcasting times were later increased to a daily two and a half hours (Chirwa et al.: 2010)

1950 saw the establishment of the Central African Broadcasting Services (CABS), covering Northern Rhodesia and Nyasaland. The service was extended to include Southern Rhodesia and renamed the Federal Broadcasting Corporation of Rhodesia and Nyasaland in 1957 Ibid.

In January 1964 – with the break-up of the Federation– the name changed to the Northern Rhodesia Broadcasting Corporation. After independence in 1964 the broadcaster became the Zambia Broadcasting Corporation, then the Zambia Broadcasting Services (from 1966) and finally the Zambia National Broadcasting Corporation from 1987 (Chirwa et al.: 2010).
Television was started in 1961 by a privately owned international company, the London-Rhodesia Company (Lonrho). The station was bought and nationalised by the Zambian government in 1964 and became part of the Zambia Broadcasting Corporation (ZBC), which was later renamed as Zambia Broadcasting Service (ZBS) in 1966 and transformed into the Zambia National Broadcasting Corporation (ZNBC) by an act of parliament in 1987 Ibid.

At the time of writing, Zambia had six television stations namely Muvi TV, CBC TV, ZNBZ TV1 found in Lusaka and Kitwe, ZNBC TV2, Trinity Broadcasting Network (TBN) and Mobi television. ZNBC television continues to dominate the airwaves because of the wide coverage it has all over the country due to good booster and transmitter infrastructure. ZNBC TV1 and ZNBC TV2 are owned by the government while Muvi TV, TBN, CBC TV and Mobi TV are privately owned. TBN’s reach is within Lusaka, Kabwe, and Kitwe while Muvi TV coverage extends to the whole country via satellite and terrestrial technologies. Mobi TV’s coverage is limited to Lusaka (Banda: 2006).

When it comes to Radio, the industry has expanded massively. Some of the radio stations currently existing in Zambia include ZNBC Radio 1, 2, and four which are state-owned and church-owned ones include among others, Christian Voice Ichengelo, Radio Maria, Yatsani Radio, Radio Chikuni and Mazabuka. Community Radio Stations include Radio Lyambai, UNZA Radio, Komboni Radio, Radio Chikaya radio Sky FM,

1.3 Statement of the problem
According to Mwanahamuntu et al. (2007), Zambia has a population of 3.21 million women aged 15 years and older who are at risk of developing Cervical Cancer. Annually, 1,839 are diagnosed with the disease and 1,276 die from it. A disease that is curable through early screening for diagnosis. The majority of Zambians get their health information from the media (Zhou: 2010). The role of the media is to educate women on the disease to facilitate early screening. However, no assessment has been done on the nature of media coverage on cervical cancer news. Let alone how helpful the information is with regards women deciding to uptake early cervical cancer screening hence, the need to undertake the study to close this gap.
1.4 Rationale

Looking at the magnitude of deaths from cervical cancer in Zambia, it would be cardinal to explore the coverage of the disease by television to identify successes, failures, and opportunities which might assist to generate data as a basis for interventions to reduce the mortality from the disease.

Lessons could be learnt through this research that could help Reporters to improve on earlier mistakes. Since television coverage of the disease could help women uptake early screening, it is cardinal that an assessment is conducted to bridge any gaps in the reportage of cervical cancer to better inform the vulnerable groups thereby impacting their knowledge, attitude and practice positively.

In addition, despite the influence that mass media, particularly local news, could have on health literacy and state of public health, little if not nothing is known about how health information on cervical cancer has helped women go for screening early in Zambia. The outcome of the research, therefore, might bridge that gap of knowledge.

There is no doubt also that this research will add another dimension to knowledge about Television coverage of cervical cancer in Zambia. The findings suggest viable recommendations that could be used by communication practitioners to employ television as a powerful tool for educating the public to make a positive health decision
1.5 Scope of the study

Lusaka District was selected to provide the population for the study as it had women from low, medium and high-density areas. Suffice to mention that Lusaka District with a population of 1,742,979 was chosen by the student because of its proximity and accessibility (CSO: 2010).

MUVI TV was particularly chosen because there had been no study on the nature of Muvi TV coverage of the cervical cancer news and information. Muvi TV is a popular station especially to the “common” people. In addition, it has 50 percent of regular viewers within its broadcasting region (Chirwa et al: 2010).

1.6 Objectives

1.6.1 General Objective
This study had the main objective of investigating the nature of coverage of cervical cancer in Muvi TV evening newscasts, as well as examining views of women regarding the usefulness of the news for up-taking cervical cancer screening.
1.6.2 Specific Objectives

The study sought to:

1. Examine coverage characteristics of cervical cancer news and information in the evening newscasts by Muvi TV.

2. Find out how helpful the news and information is in educating women on the disease for them to uptake early screening.

3. Examine the station’s editorial policy on coverage of cervical cancer.
1.7 Research questions

a. What is the quantity of coverage of cervical cancer on Muvi TV’s evening newscasts?

b. How is the quality of coverage of cervical cancer on Muvi evening newscasts?

c. How useful is the news and information helping women to uptake screening?

d. What is the station’s editorial policy on coverage of cervical cancer?

e. How ethical is the material disseminated by the station on cervical cancer?

f. What challenges do Muvi TV’s reporters face who cover cervical cancer stories?

1.8 Limitations

Due to limited resources, the student sampled 100 respondents from the city of Lusaka for the quantitative survey. To strengthen the study it was decided to triangulate the study and also have in-depth interviews as well as a content analysis.

1.9 Ethical considerations

This study ensured that the responses given by the respondents were treated with confidentiality and used purely for the purposes of this study. To ensure anonymity, questionnaires had no names on them except for the identity numbers. Further, prior informed consent was also obtained from the respondents before the interviews.
commenced. Permission was also sought from Ministry of Health for ethical clearance and this was granted.

1.10 Pre-testing
The instruments for the study were piloted at the University of Zambia, Great East Road Campus to ensure validity and reliability of the outcome of the study.

1.11 Conceptual and Theoretical Framework

1.11.0 Introduction
This chapter focuses on the theories underpinning the study as well as the conceptual and operational definitions.

1.11.1 CONCEPTUAL AND OPERATIONAL DEFINITIONS

1.11.1.1 Cervical cancer
Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later. When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (the birth canal) to the upper part of the uterus (WHO).
1.11.1.2 Media
Media are channels of communication that serve many diverse functions as dissemination of news and information, entertainment among others. Television is the type of media channel that will be used in this study (Taylor: 2006).

1.11.1.3 Coverage
In journalism, coverage comprises the amount and quality of reporting or analysis given to a particular subject or event.

1.11.1.4 Quality
According to Radu & Banjac (2012), apart from providing a basic context, that is, the ‘who’, ‘what’, ‘where’, ‘when’, ‘why’ and ‘how’ about health, a good quality health story should provide an in-depth context by showing how health issues impact society at large. In order to achieve this, the media could access politicians, government officials, experts, civil society, and ‘ordinary’ people, including vulnerable groups such as children, people living with disabilities, the elderly, etc., who can give context to the health issues affecting them and provide possible solutions to the health challenges.

Where necessary, a good quality health story should refer to relevant health policies and legislation. Given the impact of health issues on society, a good quality story should also have a clear citizen’s perspective. In other words, the story should be in the
interests of the citizens rather than politicians. Ideally, it should go beyond what politicians say and offer some analysis. In addition, given the gendered nature of health issues, a good quality article may go further and interrogate how men and women, boys and girls are affected differently by health issues regarding economic, political, social, legal and cultural factors.

1.11.1.5 Quantity
Quantity is the amount of information in the newscasts; Time length of news story regarding minutes, seconds and frames. It could also mean the number of news stories carried in the media over a certain period.

1.11.1.6 Ethics
These guidelines were adopted from the Guiding Principles for Ethical Reporting of HIV and AIDS and Gender endorsed by the Southern Africa Editors Forum (SAEF).
### Conceptual Definitions

<table>
<thead>
<tr>
<th>Concept</th>
<th>Operational definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy</td>
<td>The story is factually accurate</td>
</tr>
<tr>
<td>Clarity</td>
<td>Issues are clearly referred to and sensitivity does not overshadow openness</td>
</tr>
<tr>
<td>Balance</td>
<td>The story considers many elements fairly in describing events</td>
</tr>
<tr>
<td>Voices</td>
<td>Voices of those affected are heard</td>
</tr>
<tr>
<td>Accountability</td>
<td>The story attempts to hold decisions makers to account.</td>
</tr>
<tr>
<td>Gender</td>
<td>The article shows an awareness of the gender dimensions of all aspects of health</td>
</tr>
<tr>
<td>Respect</td>
<td>The item respects the rights of patients.</td>
</tr>
<tr>
<td>Misconceptions</td>
<td>The article makes an attempt to debunk misconceptions.</td>
</tr>
</tbody>
</table>

1.11.1.7 **Cervical cancer screening**

Cervical cancer screening is a method of preventing cervical cancer by detecting and treating abnormalities of the cervix.²

1.11.1.8 **Human papillomavirus (HPV)**

Human papillomavirus (HPV) is a common virus transmitted through sexual contact. In most cases, a woman’s immune system will clear the infection without the need for treatment. HPV has over 100 subtypes, most of which do not cause significant disease in humans. Known as high risk HPV (HR-HPV), some subtypes can cause cervical cancer.

In particular, HPV16 and HPV18. Evidence has linked HR-HPV to the development of normal cervical cells. If left untreated, these abnormal cells may go on to develop into cervical cancer. Early detection and treatment can prevent 75% of cancers developing.\(^3\)

### 1.11.2 Theories underpinning the study

#### 1.11.2.1 Introduction

This research work was anchored on theories that would be discussed below; Health Belief Model, and Agenda Setting theory. These theories served as the theoretical framework on which the research was based. Many studies indicated the viability of these theories. These theories were adopted for this study as they clearly stated the kind of content that Muvi television needed to cover and how to cover the cervical cancer related stories in order to create awareness among women for them to go for cervical cancer screening.

#### 1.11.2.2 Health belief model

This is a psychological model that attempts to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals. The HBM was developed in the 1950s as part of an effort by social psychologists in the United States Public Health Service to explain the lack of public participation in health screening and prevention programs (for example, a free and conveniently located cervical cancer screening project). Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviours (Glanz el al:1997).

\(^3\) Ibid
Conceptual model

INDIVIDUAL PERCEPTIONS

Perceived susceptibility/seriousness of disease

MODIFYING FACTORS

Age, sex, ethnicity
Personality
Socio-economics
Knowledge

Perceived threat of disease

Cues to action
- education
- symptoms
- media information

LIKELIHOOD OF ACTION

Perceived benefits versus barriers to behavioural change

Likelihood of behavioural change

Source: Glanz et al.: 2002, p. 52
The key variables of the HBM are explained below;

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>One's opinion of chances of getting a condition.</td>
<td>Define population(s) at risk, risk levels; personalize risk based on a person's features or behavior; heighten perceived susceptibility if too low.</td>
</tr>
<tr>
<td>Perceived Severity</td>
<td>One's opinion of how serious a condition and its consequences are</td>
<td>Specify consequences of the risk and the condition.</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>One's belief in the efficacy of the advised action to reduce risk or seriousness of impact.</td>
<td>Define action to take; how, where, when; clarify the positive effects to be expected.</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>One's opinion of the tangible and psychological costs of the advised action.</td>
<td>Identify and reduce barriers through reassurance, incentives, assistance.</td>
</tr>
<tr>
<td>Cues to Action</td>
<td>Strategies to activate &quot;readiness&quot;.</td>
<td>Provide how-to information, promote awareness, reminders.</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>Confidence in one's ability to take action.</td>
<td>Provide training, guidance in performing action.</td>
</tr>
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</table>

Therefore, Health Belief Model (HBM) helps in explaining the influence of media content on cervical cancer on Knowledge, Attitude and Practices of women towards cervical cancer screening. This theory shows that a person is encouraged to take positive health action by using the desire to avoid a negative health consequence as a
prime motivation. Thus, being educated on the risk factors of cervical cancer and knowing that not taking practices to prevent it could cause cervical cancer would encourage women to go for screening. Women would not take action on cervical cancer if they believe that they are not at risk of developing cervical cancer. Because of this lack of knowledge, women would be unlikely to go for cervical cancer screening.

1.11.2.3 Agenda Setting theory

Agenda setting theory describes a very powerful influence on the media – the ability to tell us what issues are important. McCombs and Shaw (1972) investigated presidential campaigns in 1968, 1972 and 1976. In the research done in 1968 they focused on two elements: awareness and information. Investigating the agenda-setting function of the mass media, they attempted to assess the relationship between what voters in one community said were important issues and the actual content of the media messages used during the campaign. McCombs and Shaw concluded that the mass media exerted a significant influence on what voters considered to be the major issues of the campaign.

Agenda-setting is the creation of public awareness and concern of salient issues by the news media. Two basis assumptions underlie most research on agenda-setting: (1) the press and the media do not reflect reality; they filter and shape it; (2) media concentration on a few issues and subjects leads the public to perceive those issues as
more important than other issues. One of the most critical aspects of the concept of an agenda-setting role of mass communication is the time frame for this phenomenon. In addition, different media have different agenda-setting potential [Ibid].

In other words, this theory explains that the mass media through their presentations of event(s) and other kinds of information selected for publication ascribe prominence and newsworthy to the stories selected. The underlying assumption is that the mass media force attention to certain issues; they constantly present objects suggest what we should think about, know about, have feelings about, agitate about, and eventually call for legislation. In sum, the media can advise or tell audiences what issues are major and relevant, thus setting the agenda. They achieve this by choosing what stories to consider newsworthy and how much prominence and space they give those stories. Further, the mass media has the influence to pre-determine issues that people should be aware of in society.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction
The literature review focused on coverage of health stories in general and cervical cancer by television and cervical cancer awareness by women at Global, Africa and Zambia level. Sources of reviewed literature include articles and professional journals. Even if the studies did not directly look at the subject matter of this study, the studies could still be used to give a rough idea about the research topic. The review is aimed at establishing what is already known about the topic and to identify gaps in the existing literature.

2.1 Cervical cancer at a global level
A study was conducted by The American Journal of Managed Care (2006) on Medical News for the Public to Use? What’s on Local Television News. The purpose of the study was to evaluate the health topics and reporting characteristics of health stories on local television news across the United States. Content analysis of full-length broadcasts of local television news from a representative sample of the top 50 US media markets (122 stations) was used as a study design.
Among 2795 local news broadcasts analysed, 1799 health stories were aired. 40 percent of broadcasts reported at least one health story, and those stories comprised 11 percent of airtime on local television news that was not sports related and not weather related. 20 percent of health stories on local television news gave specific recommendations, and 12 percent of all health stories reported the prevalence of disease. The median health story airtime for local television news was 33 seconds; 40 percent of stories were part of franchised health segments. Only 27 percent of all stories interviewed a health professional Ibid.

Among the health stories collected, 1371 (76 percent) were about medical conditions. The top 2 categories for general medical conditions were infectious disease and cancer. The two most common specific health topics reported on local television news were breast cancer (10 percent [172 stories]) and West Nile virus (9 percent [166 stories]). Ischemic heart disease was the subject of 3 percent (58 stories), influenza immunization was the subject of 3 percent (53 stories), and obesity or weight loss was the subject of 3 percent (51 stories) Op cite.
The specific health topics listed represented 70 percent of the 1371 health stories that reported on medical conditions. The 428 health stories not classified into a general medical condition category discussed a range of health topics, the most common of which were smoking cessation (7 percent (31) stories) and prescription drug coverage (5 percent (23) stories) (The American Journal of Managed Care :2006 on Medical News for the Public to Use?).

The sources of information for all of the top 5 pervasive health stories were medical journals or the Food and Drug Administration. Among the 1799 health story broadcasts, 38 percent of stories referenced a medical or scientific study generically by using phrases such as “researchers have found” or 6 percent mentioning the source “a new study shows,” with only 6 percent of all stories citing a specific source. Three journals (Journal of the National Cancer Institute, The Journal of the American Medical Association and The New England Journal of Medicine) accounted for 54 percent of all journals cited Ibid.

The main limitation of this study was its temporal specificity. Newsworthy health articles will always be picked up by the media at specific times and will (and should) skew news coverage. Events such as National Breast Cancer Awareness Month and outbreaks of West Nile virus obviously affected the findings of this study Op cite.
According to the Journal of the American Medical Association and The New England Journal of Medicine, News is always being made, and any study performed during any period will be affected by events of that particular time. However, this limitation should not affect how the reported health information was evaluated in our study. Another limitation is that the study involved only late local news; broadcasts aired during other parts of the day may differ. However, the late local news broadcasts are typically the highest rated newscasts, reaching the greatest number of viewers.

Despite the influence that mass media, particularly local news, could have on health literacy and the state of public health, little is known about how health information is comprehended by viewers. Future research efforts are needed to better understand how the public comprehends and uses health information obtained from the mass media. Regularly reaching 165 million people, local television health news has the power to convey health information and to influence health literacy among all segments of our society. Measures need to be implemented to encourage better health reporting on local television broadcasts and to eliminate egregious errors in reporting health news to the public Ibid.

In conclusion, according to the Journal of the American Medical Association and The New England Journal of Medicine, time is precious. Health stories reported on local television newscasts last approximately 30 seconds, hardly enough time to deal with any complicated topic. Health organizations commonly produce health stories and make them available to local television stations via B-roll press releases. These segments are
often longer than the time allotted for health reporting on local television news, and stations may import any part of the video into the health story. Only small portions of these segments ever make it onto the air, and few give source attribution because of the limited airtime. It is unclear whether this fragmented reporting affects the message delivered, the story credibility, or the public’s comprehension of health information reported on local television news.
Further, Local television news devotes significant airtime to health stories, yet few newscasts provide useful information, and some stories with factually incorrect information and potentially dangerous advice were aired. Regularly reaching 165 million people, local television news has the power to provide health information to most Americans. It is crucial that television reporting of health news be improved and that reporting errors be eliminated Ibid.

In addition, further systematic evaluation of the accuracy of health messages reported on local television news is needed. Many local television news organisations strive to achieve certain standards: most weather reporters are certified meteorologists, yet there is no requirement for credentialing health reporters. Establishing a “best practices” model for health reporting like that proposed by the Association of Health Care Journalists may enhance the ability of local television newsgroups to convey accurate and useful information Op cite.

Another survey was conducted by the Annenberg National Health Communication Survey (ANHCS) (2009) on the HPV vaccine and the media: How has the topic been covered and what are the effects on knowledge about the virus and cervical cancer from December 2005 to November 2006. Content analysis, cross-sectional and longitudinal surveys were the methods that were employed in this research. The content analysis involved HPV or cervical cancer-related news reports from four broadcast networks
(ABC, CBS, NBC, and CNN). News stories were collected from December 2005 to November 2006, which accounted for 6 months before and after the approval of the HPV vaccine.

On cross-section and longitudinal surveys, online research panel was recruited through nationwide random-digit-dialling of landline telephones, to produce a nationally representative sample. Participants who did not initially have access to the Internet in their homes were provided free hardware and Internet access with which to complete the survey. Approximately 250 people were surveyed each month Ibid.

The results of the content analysis describing media coverage showed that the coverage was not always ideal, with the majority of news stories lacking vital pieces of information about HPV prevention. An alternative paradigm for the use of media stories as a source of information is that the stories can be used as a decision aid. In this case, someone might use news stories in deciding whether or not to go for screening herself or a daughter. If media content is going to be used in the context of decision making, then stories need to include accurate and balanced information regarding risks and benefits Op cite.
The results of tracking the population knowledge over time suggested that the spike in media coverage occurred at the same time as a large increase in HPV-cervical cancer knowledge among the sample. Those who reported higher media exposure were more likely to know about the cause of HPV at all times throughout the survey. While media coverage quickly levelled off, knowledge remained high, never dipping below original baseline levels mainly because of two explanations for why knowledge tracked upward with coverage but did not follow it down. One explanation is that knowledge, once gained, does not go away. As a person learned about the relationship between HPV and cervical cancer, the knowledge was retained. That may explain the slowed reduction in knowledge compared to the reduction in coverage, which appeared to happen between June and August of 2006 (Annenberg National Health Communication Survey (ANHCS) :2009 on the HPV vaccine and the media).

One of the strengths of this study was the ability to support a claim that the comparable secular trends between media coverage and HPV–cervical cancer knowledge reflect the influence of media coverage on knowledge. The survey showed that health media exposure was related to change in knowledge. Effectively, the analysis was showing that those more exposed to health media were more likely to learn about the cause of cervical cancer. The ability to statistically control for baseline knowledge provides support for an inference that the influence runs from media exposure to knowledge, rather than through some other source of information Ibid.
The study showed that knowledge tracks increased in media coverage, and change in knowledge was sharpest among those reporting exposure to health media. It was still possible that some other source of information may track media coverage over time and exposure to that source of information would be correlated with exposure to health media. The most likely rival would be exposure to commercial advertising, specifically Merck’s campaign to increase awareness about the link between cervical cancer and HPV, which was launched during the same period as the media coverage we are investigating Op cite.

In conclusion, there is substantial support here that the media plays an important role in the education of the public, particularly when the topic is about new medical applications and prior knowledge is low. People will undoubtedly improve their knowledge about the vaccine and the link between HPV and cervical cancer as they are increasingly exposed to television reports regarding HPV (Annenberg National Health Communication Survey (ANHCS) :2009 on the HPV vaccine and the media).

Therefore, journalists have a crucial role in presenting comprehensive stories, so as not to misinform readers or foster false conclusions. Practice implications mean that where the media fails to provide such accurate and comprehensive information, physicians must be vigilant about filling in the gaps. Promotion of such health-related media
sources as supplements to physician counselling may be a good way to ensure women receive the information they need to prevent cervical cancer Ibid.

According to Wang & Gantz (2007) on Health content in local television news; local television news is an important source of health information for the public, yet little is known about coverage of health issues on local television newscasts. They conducted a study on Health Communication in 2007 and examined 1,863 news stories that aired on 4 English-language channels and 1 Spanish channel in 7 U.S. markets during a composite week in 2000. About 10 percent of news stories focused on health topics. Specific illnesses/diseases and healthy living issues received the most frequent coverage. Health news stories were less than 1 min long. Most health news stories were neutral in tone. Few offered contrasting viewpoints or follow-up information.

2.2 Cervical cancer at Africa level
Cervical cancer is yet to be recognised as an important public health problem in sub-Saharan Africa. In Sub Sahara Africa, priority is given to infectious diseases such as malaria, tuberculosis, leprosy, diarrheal diseases, acute respiratory infections and HIV/AIDS all of which have preventive and management strategies. Several studies have shown poor knowledge of cervical cancer in Africa, which cuts across different literacy levels.
Among 500 attendees of a maternal and child health clinic in Lagos, Nigeria, only 4.3% were found to be aware of cervical cancer. (Anorlu et al.: 2004) In 2004, also in Lagos-Nigeria, 81.7% of 139 patients with advanced cervical cancer had never heard of cervical cancer before, and 20 percent, 30 percent and 10 percent respectively thought the symptoms they had were due to the resumption of menses, lower genital infection and irregular menses. Almost all the women (98 percent) believed that their advanced disease was curable, 12 percent thought it was not a serious disease, and only 9 percent understood that it was cancer and therefore serious (Ajayi et al.: 1998).

Similar studies in Kenya and Tanzania also reported very poor knowledge of the disease in patients (Gichangi et al: 2003 & Kidanto et al.: 2002) Poor knowledge is not limited to patients alone, however; health care workers who are supposed to be better informed do not have good knowledge of the disease either. In Lagos Nigeria, delay by primary health care providers in referring cases of cervical cancer was found to be an important cause of women presenting with late-stage disease. It took a mean of 9.35 ± 12.9 months for primary health care providers to diagnose and refer women with cervical cancer to a tertiary hospital for management (Anorlu et al.: 2004).

Education improves knowledge and acceptability of preventive measures against cervical cancer. In a study on cervical cancer awareness and HPV vaccine acceptance among 375 female university students in Northern Nigeria, a total of 133 participants
knew of HPV (35.5%), 202 (53.9%) had heard of cervical carcinoma, and 277 (74.0%) were willing to accept HPV vaccination. (Ilyasu et al.: 2010).

Apochie and colleague (2009) conducted a cross-sectional survey among college students aged 18 years and above, attending a large university in Accra, Ghana. A sample of 157 students was selected to study knowledge and beliefs about cervical cancer screening. In general, respondents seemed to understand that cervical cancer screening had benefits. Over 64 percent believed that the test could find cervical changes before they became cancerous while 78.5% thought those changes could be easily cured.

Among the perceived barriers to screening, the most prevalent perceived barrier was that only half of respondents believed that the purpose of cervical cancer was to diagnose cancer, the second commonest reported barrier (40.6%) was the belief that their partner would not allow them to obtain cervical cancer screening. The following barriers were also important; cost (23.2%), not knowing where to go (24.3%), and belief that everyone would think they were sexually active (24.6%). Encouragingly, few believed that a pap test would be painful (9.4%) Ibid.

While more than 68% perceived that young women were susceptible to cervical cancer, a lower percentage (52.5%) believed that they themselves were at risk for cervical
cancer. About three-quarters of respondents (73%) believed that cervical cancer was a serious disease that would make a woman's life difficult and about 62% of students also believed that there were effective cures for cervical cancer Op cite.

In general, a low percentage received screening cues from their social environment by way of knowing peers who had screened or from a healthcare worker’s recommendation. Six of the fifteen respondents who had received at least one recommendation from a healthcare worker to get cervical screening, scheduled and obtained one. The subset reporting having received a health care worker recommendation but that reported not having the test, indicated the following reasons; they could not afford it, they did not know where to get screening, they had no time to schedule and obtain screening, and they felt it was embarrassing to expose themselves for screening (Apochie and colleague :2009).

About a third reported ever having heard a mass media discussion on cervical cancer while a fifth have at least once listened to a discussion on cervical cancer at a church or other social gathering. About half also stated that they would be willing to obtain the cheaper alternative cervical cancer screening using visual inspection and mild acetic acid if a doctor recommended it. Overall there was good awareness of the issues related to screening, although there were specific gaps in knowledge about risk factors and screening intervals. For instance, it was found that although the relationship between sex and cervical cancer was known, less was known about other risk factors like their
partner's prior sexual experiences and very little was known about the link between HPV and cervical cancer Ibid.

A cross-sectional study was conducted by Ebu et al. (2012) with 392 randomly selected sexually active females aged 10–74 years using structured interview questions on knowledge, practice, and barriers toward cervical cancer screening in Elmina, Southern Ghana. Data were analyzed with SPSS software (v19.0) using frequencies, chi-square test, and exploratory factor analysis.

The results revealed that 68.4% had never heard about cervical cancer, 93.6% did not know the risk factors, nine (2.3%) reported multiple sexual partners and being sexually active as risk factors, and 92% did not know about the prevention and treatment of cervical cancer. The majority (97.7%) had never heard of the Pap smear test. Only three (0.8%) women out of 392 had had a Pap smear test. Reasons for seeking a Pap smear test included referral, fear of cervical cancer, and radio campaigns. A significant association was found between institutional and personal barriers and having a Pap smear test. In conclusion, comprehensive education on cervical cancer screening and removal of access barriers are critical in reducing risk associated with the disease and promoting women’s health.
Another study was conducted by Abiodun el al (2012) on the impact of health education intervention on knowledge and perception of cervical cancer and cervical screening uptake among adult women in rural communities in Nigeria. The study design was quasi-experimental and was carried out among adult women in Odogbolu (intervention) and Ikenne (control) local government areas (LGA) of Ogun state. Three hundred and fifty (350) women were selected per group by multistage random sampling technique. Data were collected by semi-structured interviews with the aid of questionnaires. The intervention consisted of structured health education based on a movie.

The result of the intervention was a raised level of awareness of cervical cancer and screening to 100% \((p < 0.0001)\). The proportion of women with very good knowledge of cervical cancer and screening rose from 2% to 70.5% \((\chi^2 = 503.7, p < 0.0001)\) while the proportion of those with good perception rose from 5.1% to 95.1% \((p < 0.0001)\). The mean knowledge and mean perception scores were also increased \((p < 0.0001)\). There was an increase in the proportion of women who had undertaken cervical screening from 4.3% to 8.3% \((p = 0.038)\). The major reason stated by the women for not having had cervical screening done was lack of awareness about cervical cancer and screening. There was statistically significant difference between the intervention and control groups concerning their knowledge attitude and practice towards cervical and screening \((p < 0.05)\) after the intervention. Ibid.
In a nutshell, multiple media health education is effective in creating awareness for and improving the knowledge and perception of adult women about cervical cancer and screening. It also improves the uptake of cervical cancer screening. The creation of awareness is very crucial to the success of a cervical cancer prevention programme Op cite.

A study into the quality of Ghanaian health journalism by Obeng-Quaidoo (1988) found that the biggest obstacles journalists in Ghana face were “lack of specialisation and professionalism”. He argued that for health-related issues to receive proper and in-depth coverage, journalists needed to have specialised knowledge and training in the health field. Without this, journalists often unquestioningly reported what they were told by health and government officials without conducting any independent research and analysis into the health issue they were covering.

Similar trends were found in Botswana, Kenya, Malawi, Cameroon and Senegal, where journalists relied heavily on documents given to them by government officials rather than conducting investigative journalism into real health issues on the ground (IWMF, 2004:1). The IWMF report also found a lack of resources, capacity, and courage to be some of the reasons behind inadequate media coverage of health issues. In light of these findings, it is important to highlight that African journalists operate in difficult socio-economic environments that impact their ability to produce adequate health-related
media coverage. In addition, African journalists are frequently underpaid, leading to a lowered commitment to their profession and the production of quality journalism (Obeng-Quaidoo, 1988: 89).

In conclusion, the findings of these studies indicate that although awareness of cervical cancer and its prevention appear poor, there was a willingness to learn about this preventable cancer by women. This can form the basis for improving awareness of at-risk groups and other stakeholders including the men folk particularly in the light of the immense benefit of male involvement in reproductive health matters in Africa as a whole Ibid.

It is therefore very important to develop ways of ensuring that the message about cervical cancer and its prevention spreads to the grassroots across Africa to reduce the avoidable morbidity and mortality. The media can be used to effectively educate the masses on all aspects of the disease. In addition, primary and secondary prevention needs to be emphasized regarding health education, HPV vaccination, and cervical screening services should also be made readily available and accessible in both rural and urban areas. Obstacles faced by journalists reporting on the disease to be addressed, which are mainly caused by poor socio-economic status (Op. cit.).
2.3 Cervical cancer in Zambia

Radu & Banjac (2012) analysed the coverage of health issues, health systems, and patients’ rights by 22 Zambian media across print, radio and television. The research data was collected between 15 February 2010 and 15 April 2010. The study aimed to establish a baseline of current reporting practices on these issues in terms of salience, visibility, quality, and accuracy.

The research revealed that: The quality of health stories was low and the media focused on broader national issues and international stories at the expense of localised health stories; Most of the health stories were news stories and very few were news analyses, editorials, panel discussions, and documentaries, which are often detailed and analytical. In addition, the quality of coverage was less satisfactory than it could have been, there were few female experts who wrote about health and the coverage focused on healthcare delivery and medical-oriented issues to the detriment of other social and lifestyle aspects that have a bearing on health. Furthermore, the media relied on political officials as sources of information about health. The media also relied on men as sources of information about health, especially where expert opinion was sought. However, the coverage did not gravely violate ethical guidelines and there were instances where the media covered health in a nuanced and informative way, which other media could emulate Ibid.

In light of these findings, the duo recommended that media, health advocacy groups, government and business to deliberate on the constraints (internal and external) the
media face in covering health to determine what is acceptable quantity of health coverage. In addition, government, health advocacy groups, business and the media to pool resources together and sponsor more health documentaries for example, so that citizens are empowered through quality information about health. Media to create more platforms as well for experienced health journalists to mentor inexperienced journalists to improve the quality of health reporting and media to open up more opportunities for female experts to write about health, as women often have a different view on social issues informed by their different life experiences Op cite.

Further, health advocacy groups and government to raise awareness around health, to ensure that media can report on health in its diversity and media to increase the voices of, and stories about, ‘ordinary’ people on health issues so that people feel empowered and supportive of each other. The media to also create an enabling environment for more female sources to comment on health issues especially where expert opinion is sought. And to always endeavour to be accurate, and correct errors if they occur, be aware of the various information sources and the limitations of each source, be conscious of the impact of their reports on society, and be cognizant of issues relevant to the broad context of health issues (Radu & Banjac :2012).

2.4 Analysis and conclusion
As illustrated throughout this chapter, there have been studies on the important role that media particularly television plays in being a source of health information. What is
apparent in all the studies is that the coverage is less satisfactory. Some studies focused on coverage of health in general while others focused on cervical cancer as a specific health condition. In addition, it is apparent that comprehensive knowledge on cervical cancer remains low with most women having never heard of the disease or if they have, with a lot of misconceptions preventing them to uptake early screening. In Zambia, it is not clear as to how cervical cancer is covered in television news. Despite the influence that mass media, particularly local news, could have on health literacy and the state of public health, little is known about how health information particularly cervical cancer has helped women go for early screening. This research will bridge the gap and thus add to the field.
CHAPTER THREE

METHODOLOGY

3.0 Introduction
The research used a triangulation of quantitative and qualitative methods. By combining multiple methods, the researcher hoped to overcome the weakness or intrinsic biases and the problems that come from use of a single method, single observer, and single-theory studies.

3.1 Research design
The researcher used a combination of exploratory and descriptive designs in the study.

3.1.1 Methods

3.1.1.1 Quantitative method

3.1.1.2 Content analysis

The researcher sought to find out how cervical cancer was covered by Muvi television during the period of analysis (1<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014). To achieve this, the main news broadcasts were recorded and the information gathered on each story was coded in a coding sheet (see Appendix VII). A detailed explanation has been given on section 4.3.2 of this chapter.
- unit of analysis
  - news story
- content categories
  1) date of broadcast
  2) Author of story
  3) Prominence (lead story or not)
  4) time length of the story in minutes, seconds and frames
  5) source of information
  6) headline treatment (Read as part of stories making headlines or not)
  7) Use of artwork in VOs (pictures and illustrations)
  8) quality of information
  9) footage portrayal
  10) nature of story
  11) sound bite
  12) Sex of reporter covering the story
  13) Ethics
14) Issue or event driven

The researcher also looked for the following themes in the story

1. Importance of cervical cancer screening
2. Treatment
3. Signs and symptoms of cervical cancer
4. Causes of cervical cancer
5. Mortality (women dying from cervical cancer)
6. Vaccination
7. Research
8. Male circumcision
9. Prevention
10. Statistics
11. HPV
12. Lifestyle (sexuality education)

3.1.1.3 Quantitative survey

The survey captured the perception of 100 women in Olympia park, Garden and Chaisa townships with regards cervical cancer stories in the evening newscasts helping them uptake early screening.
3.1.1.2 Qualitative method

3.1.1.2.1 In-depth interviews

Four in-depth interviews were conducted with key informants; three media personnel from Muvi television and a Medical Expert from Cancer Diseases Hospital at UTH. Interviewees from Muvi television included the Chief Editor, a male reporter and female reporter covering cervical cancer stories. The researcher found it cardinal to get the experiences of the people particularly those involved in news production in order to get insights on policy matters, ethics, challenges and gender of reporters covering cervical cancer stories among others. The Medical Expert provided a medical perspective.

All participants were interviewed in their normal working context. The participants of the study were asked explicitly for their approval to record the interview. In most cases the interviews were conducted remotely and recorded using a Voice Recorder.

3.2 Sampling

3.2.1 Population

The survey population included all the households in Olympia park (1, 647), Garden (11, 274) and Chaisa (9, 664) townships. Lusaka district where the three townships were found had an estimated population of 1,742,979 (CSO: 2010).
3.2.2 Sample size

The sample size of 100 households for the quantitative survey was used as it is fairly representative of the larger population. For Content analysis, a period of 12 months (January-December, 2014) was targeted to allow for representative analysis of news coverage. Four in-depth interviews were carried out under the qualitative survey.

3.2.3 Sampling procedures

The researcher used a combination of sampling procedures.

3.2.3.1 Quantitative survey

Modified Multi stage Cluster sampling procedures were used — the modification involving the use of purposive sampling at some of the stages. The following steps were taken: Firstly, Lusaka district was purposively selected by the researcher because of its accessibility and it had women from low, medium and high density areas. Then Multi stage cluster sampling which is a probability sampling procedure in which a population is divided into clusters of geographical boundaries was employed. The population of Lusaka district was divided into seven constituency clusters by writing all the names of the constituencies on a piece of paper, then put in a box which was shaken after which the researcher randomly picked a paper hence Mandevu constituency was chosen.
Secondly, the different townships in Mandevu constituency were categorized into three main groups namely high density, medium density and low density residential areas; using the similar sampling procedure outlined on step one, one township was randomly selected. This resulted in the selection of Olympia park township for low density area, Garden township for medium density and Chaisa township for high density area. Further, the researcher did another random sampling of the names of streets and sections in areas that were sampled within each township.

Thirdly, a sample of 100 households from the three areas; high, medium and low density areas was selected and questionnaires were proportionate distributed by the researcher. To ensure proportionate distribution of questionnaires, the following formula was used.

\[ S = \frac{X}{H} \times 100 \]

\( S \) = number of questionnaires reserved for each township

\( X \) = the total number of households in each particular township

\( H \) = total number of households for Olympia park, Garden and Chaisa townships

100 = the sample size.

The actual calculations were as follows: Sample size = 100

\( X = 1647 \) (Olympia park), \( 11,274 \) (Garden) and \( 9,644 \) (Chaisa)
\[ H = 22,585 \]

\[ S \text{ for Olympia park} = \frac{1647}{22,585} \times 100 = 7 \]

\[ S \text{ for Garden} = \frac{11,274}{22,585} \times 100 = 50 \]

\[ S \text{ for Chaisa} = \frac{9,644}{22,585} \times 100 = 43 \]

The choice of the sample size is based on the premise that the project will only run for a year out of which data collection would be restricted to a short duration hence a sample size larger than 100 would not be feasible.

Fourthly, systematic sampling procedure was used at the level of households. This was to ensure that all elements in the population were given a non-zero chance of being selected. The researcher interviewed respondents on every second household.

\[ \textbf{3.2.3.2 Content analysis} \]

Purposive sampling was used to select the period (January to December 2014) to gather evening newscasts on cervical cancer related news and information.
3.2.3.3 In-depth interviews

Purposive sampling technique was used to pick the respondents for In-depth interviews. The researcher found it imperative to use this method of sampling in order to get correct information on various issues on cervical cancer as they were key informants therefore the right respondents to give insights on the subject matter.

3.3 Data collection methods

3.3.1 Quantitative survey

Door to door data collection was conducted to collect the responses from women on how helpful the news and information from Muvi TV evening newscasts was in aiding them make an informed decision of up taking cervical cancer screening.

3.3.2 Content analysis

The researcher recorded the news stories for a period of four months (September to December, 2014) and also engaged Muvi television on the news stories covered in eight months (January to August, 2014) prior to the recording done by the researcher. The station retrieved the information by entering the word Cancer into the computer system storing all types of cancer stories. The command recovered all the past cancer stories back dating to 2012. Next, the stories on cervical cancer were selected by browsing through the cancer stories covered from January 2014 to December 2014. This meant
that even the news stories that the researcher recorded for a period of four months were also captured in the search. Then information was gathered on each story and coded in a coding sheet (see Appendix VII).

3.3.3 In-depth interviews

Interviews were used to collect information from key four informants. An interview manual was followed.

3.4 Data collection instruments

For the Quantitative survey, the researcher used both administered and self administered structured questionnaires as data collection instruments (see Appendix II). Self administered questionnaires were given to respondents who were literate. On the other hand, interview method was used to get responses from respondents who were illiterate. This was done to ensure correct interpretation of questions by respondents which translated to collection of quality information from all the respondents. In addition, administered and self administered questionnaires as a way of gathering information ensured that the exercise of data collection was done over a short period of time.

For the content analysis, a coding sheet was used and a recorder was employed for in-depth interviews.
3.5 Data analysis

A technique called the Statistical Package for Social Scientists (SPSS) was employed in analyzing data from the survey. Descriptive statistics was employed to come up with frequencies. Another technique used was Microsoft Office Excel. The researcher utilized it to come up with charts/diagrams/graphs on frequencies captured by SPSS for easy interpretation of data. Coding sheets were applied to analyse the newscasts and themes and frames were examined.
CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

The chapter presents the results obtained by the researcher from the quantitative survey, content analysis, and in-depth interviews conducted.

4.1 Quantitative survey

4.1.1 Socio-economic information

The age distribution of the 100 respondents ranged from 16 years to 70 years. The modal age (29 percent) of the respondents were in the age range of 30-39 years. Most women (53 percent) were married. However, the majority (44 percent) of the women ended up at primary education. Regarding residential areas, the majority of the respondents (47 percent) came from a medium density area. It was found that the majority (58 percent) of the respondents earned below K372 monthly.
Table 4.1.1 Access to Muvi television

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Yes</td>
<td>71.0</td>
<td>71.0</td>
<td>71.0</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>24.0</td>
<td>24.0</td>
<td>95.0</td>
</tr>
<tr>
<td></td>
<td>Non response</td>
<td>5.0</td>
<td>5.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.1.1 shows the distribution of respondents about their access to Muvi television. 71 percent had access to Muvi television, 24 percent did not have access to Muvi television and five percent did not respond to the question.

Figure 4.1.1. Why do you not watch the evening main news?
Concerning watching the evening news, 87 percent said they watched the evening news while 13 percent said they did not do so. 22 percent of the respondents who had access to Muvi TV but did not watch the evening main news said they lacked interest in the news, 34 percent said they did not have spare time to watch news, and 22 percent stated that they had no access to Muvi TV signals. 22 percent did not respond.

Figure 4.1.2 Frequency of watching evening main news.

Figure 4.1.2 above shows that 63 percent of the respondents said they rarely watched the main news, 14 percent stated that they frequently watched the main news and 23 percent affirmed that they watched the main news very frequently.
Figure 4.1.3 Does the main news carry information on cervical cancer?

Of the respondents who watched the main news, 66 percent said they thought that the evening main news carried information on cervical cancer while 30 percent said the evening main news did not carry any information on cervical cancer and three percent were not sure.
Figure 4.1.4 How often does the main news carry information on cervical cancer?

On the frequency of cervical cancer coverage, 43 percent of the respondents said it was rarely on the news, 46 percent said it was frequently on the news, and two percent said very frequently, and another two percent did not respond while seven percent were not sure.
Regarding the coverage being adequate, eight percent thought that the coverage was very adequate, 49 percent stated that they thought coverage was adequate, while 21 percent said the coverage was inadequate and four percent said the coverage was very inadequate, 12 percent did not respond and six percent were not sure.

4.5.2 Cervical cancer information carried in the evening main news

On the kind of stories found on main news; 2.6 percent of the respondents said they thought the stories had information on prevention, 48.7 percent said the stories had information on why women need cervical cancer screening, and 10.2 percent said the stories had information on signs and symptoms of cervical cancer.
2.6 percent said the stories had information on the causes of cervical cancer, another 2.6 percent said the stories had information on mortality, another 2.6 percent said the stories had information on vaccination and research.

In addition, 2.6 percent said the stories had information on prevention, why women need cervical cancer screening, causes of cervical cancer and male circumcision. Five point one percent said the stories had information on why women need cervical cancer screening and mortality, and 5.1 percent said the stories had information on why women need cervical cancer screening and male circumcision.

Furthermore, 10.2 percent said the stories had information on treatment, why women need cervical cancer screening, signs and symptoms of cervical cancer, vaccination and research and male circumcision. 2.6 percent said the stories had information on how cervical cancer is contracted, another 2.6 percent said the stories had information on why women need cervical cancer screening, and signs and symptoms of cervical cancer. 2.6 percent said the stories had information on why women need cervical cancer screening, signs and symptoms of cervical cancer, prevention, treatment, causes of cervical cancer, vaccination and research.
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>57</td>
<td>57.0</td>
<td>57.0</td>
<td>57.0</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td>17.0</td>
<td>17.0</td>
<td>74.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>14</td>
<td>14.0</td>
<td>14.0</td>
<td>88.0</td>
</tr>
<tr>
<td>Non response</td>
<td>12</td>
<td>12.0</td>
<td>12.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

On prominence attached to cervical cancer news, the respondents who watched the main news stated the following: 57 percent stated that cervical cancer news was given importance, 17 percent on the other hand said there was no importance attached to cervical cancer news while 14 percent were not sure. And 12 percent did not respond.
Regarding importance of going for cervical cancer screening, 84 percent said “yes” it was vital to uptake screening while two percent said “no” and 14 percent did not respond as shown in the figure above.

4.1.3 Why is it not important to go for cervical cancer screening?

When the respondent (s) who said it was not important to go for cervical cancer screening were asked to give reason (s) for their stance, all of them said they were unclear on the significance of cervical cancer screening, so they did not see any need of screening.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Yes</td>
<td>81.8</td>
<td>81.8</td>
<td>81.8</td>
<td>81.8</td>
</tr>
<tr>
<td>No</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
<td>90.9</td>
</tr>
<tr>
<td>Not sure</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.1.3 shows the distribution of respondents answers concerning the media in Zambia playing their role of educating women on cervical cancer. 81.8 percent thought that the media were educating women on the disease while 9.1 percent did not agree and another 91.1 percent said they were not sure.
Regarding satisfaction on reportage of cervical cancer stories, 9 percent said they were very satisfied, 55 percent said they were satisfied, while 23 percent were dissatisfied. 4 percent were very dissatisfied, 2 percent did not respond and 7 percent were not sure as shown in Figure 4.1.7.
Figure 4.1.8 Did you or any family member (s) go for screening after listening to news

Figure 4.1.8 shows the distribution of respondents who watched the main news on how helpful the information on cervical cancer was for people to go for screening. 31 percent stated that they went for screening while 64 percent stated that they did not go for screening while 5 percent did not respond.

4.1.4 Do you have knowledge on cervical cancer?
Of the respondents that did not have access to Muvi TV, 75 percent said “yes” to the question if they had knowledge on cervical cancer while 25 percent said “no”.


Table 4.1.4 Where did you acquire the information on cervical cancer from?

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>100</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>18</td>
<td>18.0</td>
<td>18.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Media</td>
<td>31</td>
<td>31.0</td>
<td>31.0</td>
<td>49.0</td>
</tr>
<tr>
<td>Clinic</td>
<td>16</td>
<td>16.0</td>
<td>16.0</td>
<td>65.0</td>
</tr>
<tr>
<td>Research</td>
<td>4</td>
<td>4.0</td>
<td>4.0</td>
<td>69.0</td>
</tr>
<tr>
<td>School</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
<td>71.0</td>
</tr>
<tr>
<td>Family</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
<td>73.0</td>
</tr>
<tr>
<td>Non response</td>
<td>16</td>
<td>16.0</td>
<td>16.0</td>
<td>89.0</td>
</tr>
<tr>
<td>Work place, clinic and research</td>
<td>7</td>
<td>7.0</td>
<td>7.0</td>
<td>96.0</td>
</tr>
<tr>
<td>School and social media</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
<td>96.0</td>
</tr>
<tr>
<td>Media and friends</td>
<td>2</td>
<td>2.0</td>
<td>2.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The respondents who had no access to Muvi television but had knowledge of cervical cancer motioned that they acquired the information from different sources. 18 percent said from friends, 31 percent said from other media stations, and 16 percent said from the clinic.

Four percent said they obtained the information from their research, two percent said from school, another two percent said from family members. 16 percent did not respond to the question, seven percent said from their workplace, clinic and personal research and two percent said school and social media. Another two percent said it was from other media stations and friends as shown in Table 4.1.4.
4.1.5 Relevant information on cervical cancer for women to go for screening.

On the kind of information, respondents thought that Muvi television was supposed to cover for them to be motivated to go for cervical cancer screening; 12 percent said the station should cover more on why women need screening. 8 percent said information on signs and symptoms of cervical cancer is more relevant to women and 2 percent said the station should concentrate on testimonies from cervical cancer victims especially survivors.

3 percent also emphasized the need for more information on signs and symptoms of the disease and why women need screening. 4 percent said the station should cover more about how cervical cancer is contracted and nine percent said news on causes of cervical cancer is more relevant to women.

1 percent said prevention is better than cure so the station should cover more content on prevention, 16 percent were for the view of the station concentrating on the general information on cervical cancer and three percent viewed causes of cervical cancer and why it only affects women as more relevant to women.

4 percent stated that information on dangers of cervical cancer and need for screening should be covered more by the station, two percent emphasized the need of news on how cervical cancer is contracted and need for screening. 1 percent was the view of how
cervical cancer is contracted, prevention, dangers, the importance of screening and centres available for screening services.

12 percent however never responded, seven percent said the station needs to cover more on signs and symptoms of cervical cancer and how it is contracted and one percent said information on how cervical cancer is cured is more cardinal to women.

2 percent were of the view that the station cover more on signs and symptoms, the importance of screening, treatment and age group prone to the disease, another 2% said information on causes, signs and symptoms, prevention and male circumcision should be prevalent on the news and nine percent were not sure.

1 percent said news on mortality was more relevant to women while another 1 percent, on the other hand, said news on mortality, how cervical cancer is contracted and signs and symptoms of the disease should be covered more by the station.

4.2 Television content analysis
4.2.1. Quantity of coverage of cervical cancer stories

Given the various ways cervical cancer could be covered and its potential newsworthiness, the researcher sought to find out the number of cervical cancer-related
broadcasts by Muvi television during the period of analysis (1st January 2014 to 31st December 2014).

After observing the evening newscasts for a year, it was found that there were four only (4) stories covered on cervical cancer. The stories covered a mixture of selected cervical cancer topics namely; importance of screening, prevention, vaccination, mortality, screening facilities and general information on the disease.

4.2.2. Length of story

The longest story was 2 minutes, and the shortest lasted for barely 5 seconds. The 5 seconds story was not entirely on cervical cancer, but it was a sound bite for a health story and cervical cancer was only incidentally mentioned as a “by the way”.

4.2.3 Sound bite

All the four stories had sound bites.
Table 4.2.1 Distribution of stories over a year

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2</td>
</tr>
<tr>
<td>February</td>
<td>1</td>
</tr>
<tr>
<td>March</td>
<td>0</td>
</tr>
<tr>
<td>April</td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>0</td>
</tr>
<tr>
<td>June</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td>0</td>
</tr>
<tr>
<td>August</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>0</td>
</tr>
<tr>
<td>October</td>
<td>1</td>
</tr>
<tr>
<td>November</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>0</td>
</tr>
</tbody>
</table>

From the table above, it is evident that there were only four stories covered on cervical cancer; two in January, one in February and another one in October. A figure was so low considering how deadly the disease is which needed to be given attention hence more coverage.
Table 4.2.2 Comparison of coverage of stories by month (percentage)

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>66.7 percent</td>
</tr>
<tr>
<td>February</td>
<td>16.6 percent</td>
</tr>
<tr>
<td>March</td>
<td>0 percent</td>
</tr>
<tr>
<td>April</td>
<td>0 percent</td>
</tr>
<tr>
<td>May</td>
<td>0 percent</td>
</tr>
<tr>
<td>June</td>
<td>0 percent</td>
</tr>
<tr>
<td>July</td>
<td>0 percent</td>
</tr>
<tr>
<td>August</td>
<td>0 percent</td>
</tr>
<tr>
<td>September</td>
<td>0 percent</td>
</tr>
<tr>
<td>October</td>
<td>16.6 percent</td>
</tr>
<tr>
<td>November</td>
<td>0 percent</td>
</tr>
<tr>
<td>December</td>
<td>0 percent</td>
</tr>
</tbody>
</table>

Table 4.2.2 shows the distribution of stories in one year. January had 66.7 percent, February had 16.5 percent, and October had 16.5 percent. The remaining nine months had no stories.
The geographical origin of cervical cancer stories is a good indicator of whether the media over-represents some areas at the expense of others. There was one story from Lusaka province, two stories from the Southern province and one story from Western province. The other provinces never featured.
4.2.4 Type of coverage

The type of coverage given to an issue (in this case, cervical cancer) is significant when considering in-depth and quality coverage. The type of coverage also reflects how much the station was willing to expend their resources on covering health. 100 percent (4/4) of the stories were news stories. The station did not have any documentaries.

<table>
<thead>
<tr>
<th>Source</th>
<th>No. of stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical personnel</td>
<td>2</td>
</tr>
<tr>
<td>Women</td>
<td>1</td>
</tr>
<tr>
<td>Government Official</td>
<td>1</td>
</tr>
<tr>
<td>Patient</td>
<td>2</td>
</tr>
</tbody>
</table>

The strength and power of sources can be inferred from their ability to ‘make’ news and to have their positions accurately represented. According to Kline (2006: 49), the media marginalise or privilege certain interests through the sources they access (or not), on particular issues. With this in mind, one of the fundamentals of media analysis is finding out whose voices are privileged or marginalised by the media, why and to what effect.
Table 4.2.4 shows the distribution of sources of cervical cancer stories; two stories were from medical personnel, one story was from women, two stories were from cervical cancer patients, and one story was from a Government official.

<table>
<thead>
<tr>
<th>Nature of Content</th>
<th>No. of stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td>1</td>
</tr>
<tr>
<td>Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Statistics (screened women &amp; vaccinated girls)</td>
<td>2</td>
</tr>
<tr>
<td>Screening services</td>
<td>2</td>
</tr>
<tr>
<td>Screening Facility</td>
<td>1</td>
</tr>
<tr>
<td>Prevention</td>
<td>1</td>
</tr>
<tr>
<td>Causes of cervical cancer</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4.2.5 shows that the main news had content on vaccination, treatment, statistics, screening services, screening facility, prevention and causes of cervical cancer.

### 4.2.5 Accuracy

According to the Society of Professional Journalists, the first obligation in good health reporting is the information being truthful and factual without error. Of the four stories covered by the station, three had factual information about cervical cancer while one did
not have correct information on the disease. The story station (aired on Thursday, 23rd January, 2014) highlighted that the woman had cervical cancer while the truth was that she was suffering from rectal cancer. The story stated:

**Mongu Cervical Cancer Patient to be Evacuated to UTH**

Twenty-two-year-old Ruth Kaimana, a cervical cancer patient of Mongu is expected to be evacuated to Lusaka’s University Teaching Hospital-UTH for specialist treatment on January 28th, 2014.

Lewanika General Hospital Acting Superintendent Dr. George Soko says Ruth will first be admitted to the hospital in readiness for the evacuation.

This comes following a directive from the Ministry of Health.

The follow up story aired on Thursday, 30th January, 2014 stated:

**Cancer Diseases Hospital Doctors Diagnose Woman with Rectal Cancer**

Doctors at the Cancer Diseases Hospital have diagnosed Twenty two year old woman of Mongu, Ruth Kaimana with Rectal cancer.

The cancer has now almost consumed Ruth’s private parts.

Ruth is, however, happy that she is now receiving free medication and remains confident that she will pull through.
4.2.6 Consistency

Consistency in media content entails among others, word usage and phrasing, clarity of sound and picture and adherence to accuracy in presentation of reality. Consistency gives the audience the reason to trust information disseminated by a particular media house as the audience can consistently verify the information as true and accurate. The findings reveal that the station was consistent in most instances particularly on clarity of sound and pictures though there were few instances when accuracy and word usage particularly in the headlines were undermined.

4.2.7 Quality of information

The researcher found it imperative to measure the quality of information on cervical cancer vis-a-vis basic context, in-depth context, policy and legislation and women’s perspective. The findings revealed that the quality was average. The stories were mainly from medical personnel and featured the voices of women. Further, coverage was not politically driven but had interest of citizens at hand. However, the stories never covered economic, political, social, legal and cultural factors associated with the disease. In short, there was no in-depth contextualization in the coverage.

4.2.8 Issue or event driven

The researcher observed that the stories were, to a large extent, event driven.
4.2.9 Sex of reporters who covered cervical cancer stories

The sex of authors indicated gender biases regarding issue coverage. According to Manning (2001: 72), the gendered nature of news production is important because it may affect the patterns of interaction between sources and journalists and the way news is represented and consumed by the audience. It was found that both male and female reporters covered cervical cancer stories.

Table 4.2.6 How ethical was the reporting?

<table>
<thead>
<tr>
<th>Ethical issue</th>
<th>Meaning</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy</td>
<td>The story is factually accurate</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clarity</td>
<td>Issues are clearly referred to and sensitivity does not overshadow openness</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Balance</td>
<td>The story considers many elements fairly in describing events</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Voices</td>
<td>Voices of those affected are heard</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Accountability</td>
<td>The story attempts to hold decision makers to account.</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td>The article shows an awareness of the gender dimensions of all aspects of health</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Respect</td>
<td>The item respects the rights of patients.</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Misconceptions</td>
<td>The article makes an attempt to debunk misconceptions.</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
4.3 In-depth interviews

4.3.1 Media personnel

4.3.1.1 Chief Editor, Muvi TV (Male)

4.3.1.1.1 Issues

The Chief Editor told the researcher that Muvi TV main focus was on issues that happened within the communities. He added that three-quarters of the stories the station covered touched human life as it was more important to save a life than seeing it go to waste. He summarized the role of the television station in disseminating information on cervical cancer as follows:

1. To inform the public on issues to do with cervical cancer.

2. Advocacy in encouraging the development of policies and programs to enhance open discussion of the disease and its treatment, and

3. Promote and facilitate community participation in cervical cancer awareness, prevention, and treatment to save many lives being lost due to ignorance of the disease.
4.3.1.1.2 Editorial policy

The Chief Editor revealed that the station had no written down policy to guide the coverage of cervical cancer stories. However, he added that the reporters followed the following ethical guides;

1. Truthfulness;

2. Maintain privacy of individuals; as well as other guidelines that apply to an ordinary news story.

4.3.1.1.2 Nature of information covered

The Chief Editor stated that to create awareness, the station:

1. Followed government’s programs, recently the government started vaccinating girls in schools and encouraging them to abstain especially those who had not yet started engaging themselves in sexual activities.

2. Covered testimonial stories. For instance, the station documented a story of a woman from Mongu who was suffering from cervical cancer, which led to her being transferred from Mongu Hospital to Lusaka’s UTH for treatment. Hence, the station was a platform for both education and information provision. He also stated that a female reporter covering cervical cancer stories underwent the screening process normally given to people who visit the hospital to be screened for cancer – in order for her to have first-hand experience because there was a
myth among women that the screening process was long and painful leading many of them to shun up-taking the exercise. From experience, the female reporter was able to testify that the exercise was not painful and did not take long. Similarly, a male reporter had to undergo circumcision before he could write a story on the experience and the essence of male circumcision (to help prevent women from contracting the Human Papilloma Virus that caused cervical cancer). He emphasized that usually, members of the public believed people they saw on television as factual information.

4.3.1.1.3 Importance attached to cervical cancer as a news item

The Chief Editor told the researcher that covering cervical cancer was important as the mortality from the disease was high. Regarding the station’s system of gathering news, every member of the community was looked upon as a prominent person. He said as long as the disease touched and threatened the existence of a human being, it became an important issue for it to be covered and prioritized hence cervical cancer was prioritized.

4.3.1.1.4 Cervical cancer desk

The Chief Editor agreed to the fact that the station did not have a cervical cancer desk but a health desk with reporters to cover health news. Cervical cancer was part of the news items that were covered. However, covering cervical cancer news was not only
restricted to health desk but also current affairs desk which was a bit in-depth in the way they projected the stories.

4.3.1.1.5 Training

The Chief Editor affirmed that there was no formal training given to reporters covering cervical cancer stories. However, sometimes the Medical Association of Zambia engaged different media houses to equip them with knowledge on how best they could cover health-related stories.

4.3.1.1.6 Sex of reporter reporting on cervical cancer stories

The Chief Editor asserted that both male and female reporters covered cervical cancer stories. Nevertheless, he mentioned that sex of a reporter mattered to a certain extent because of the nature of the disease as women could not be comfortable with a male reporter compared to a female reporter. The female reporter was closer to their heart in contrast to a male reporter who could not be as empathetic as a female reporter and sometimes could easily give in looking at sensitive body parts.

Hence, sex of a reporter played a key role, but sometimes the end justified the means, so male reporters also covered cervical cancer stories. For instance, one story was done by
a male reporter, and there was a lot of empathy from the members of the general public even those from the newsroom, and yet it came from a rural part of the country.

“*You could imagine the level of both stress and understanding in gathering such a story. The patient was merely wearing a chitenge, and she had to drop it for the male reporter to see. So sometimes, it depended on individual journalistic skills. As managers, we do not care what the reporter faces as long as the report comes back. When the case came to Lusaka, the story was continued by a female reporter. You could see the combination of efforts from both reporters for the common good of the members of the public. The story was a wakeup call to cover more stories on cervical cancer patients that were not sharing their predicament for women to learn that if they did not go for screening early, they would also develop advanced cervical cancer.*”

Hence, covering cervical cancer was not restricted to female reporters because it affected them more than male reporters, but male reporters also were agents of change regarding overcoming cervical cancer hence a shared responsibility.

**4.3.1.7 Sources**

The Chief Editor told the researcher that Zambia Medical Association and Cancer Diseases Hospital at UTH were the station’s main source of information on cervical
cancer. For example, when writing an educational kind of story on cervical cancer, a reporter needed to involve an expert, therefore, the station created a partnership with the two institutions such that even at short notice the experts availed themselves.

In addition, he stated that the station involved members of the public who were affected by the disease. The public could be credible sources too because some were directly impacted by cervical cancer, or cervical cancer survivors and therefore good sources. In nutshell, the station was merely a platform in providing information and education.

4.3.1.1.8 Event or issue based

The Chief Editor pointed out that the station was not activity driven but issue-based saying the more coverage the station gave on women suffering from cervical cancer, the higher the number of sources with similar problems. This increased awareness among women hence the role of the station to educate the public on the disease was achieved. The public had to know that it was possible to overcome cervical cancer if screening was done early and so the station did not wait for an occurrence to cover the disease.
4.3.1.1.9 Relevant information on cervical cancer to induce early screening among women

According to the Chief Editor, the station’s role was to create acceptance within members of the public that cervical cancer was real and that it could be healed. He mentioned that the station stated the problem and offered a solution on how to overcome it. Because the station could not heal cervical cancer, it provided a platform to bring about change regarding perception to overcome cultural diversity and myths. Besides, the station encouraged members of the public to open up to restore lost hope and connect communities. “The media has power, and so we ask ourselves how best we can use it to transform people’s lives and reduce the cases of cervical cancer.”

4.3.1.1.10 Number of stories covered

The Chief Editor revealed that the station had no specific frequency of coverage but coverage was open-ended sometimes saying after covering a story, the frequency suddenly went up through a progressive report on the particular issue.

“However, the assertion that the station is not doing enough in covering cervical cancer can be a situation depending on if one sees the bottle half full or half empty. People are just never satisfied, but we remain committed to addressing the issue of cervical cancer and continuing providing information and education so that we save lives. Our aim is to see people transformed even
where there is no hope. So we mainly cover cervical cancer patients and sometimes members of the public have complained about pictures we show on television.”

4.3.1.11 Ethics

According to the Chief Editor, the station was ethical. Nevertheless he pointed out that sometimes members of the public complained about offensive pictures in the news shown on television of cervical cancer patients. He said:

“But we have a justification since we want to appeal (touch) to the emotion of the members of the public. We have appeared on many ethical bodies on the issue, but the justification is that we want the public to have empathy, how did that story affect you? Thus it is about the impact of the story, consequently when encountered with an ethical dilemma; I tell myself I have a responsibility to save lives. So after we show the pictures and help is rendered, we go back to the ethical bodies to tell them that a life has been saved.”
4.3.1.2 Reporters – (Male and Female)

4.3.1.2.1 Sex of Reporter

Both male and female reporters indicated that both sexes handled cervical cancer stories. They emphasized the fact that it did not matter whether a reporter was male or female as the sex of the reporter had no influence on coverage of the disease. The female reporter, however, mentioned that female reporters were more empathetic than male reporters hence sex of the reporter covering the disease mattered to some extent.

4.3.1.2.2 Editorial policy

The male and female reporters articulated that the station did not have an editorial policy on the reportage of the disease. Nevertheless, cervical cancer was considered as an important news item in the newsroom and covered like any other news item.

4.3.1.2.3 Nature of information covered

The reporters (male and female) stated that the station prioritised on prevention of cervical cancer. In addition, most cervical cancer patients presented themselves to the hospital when the disease was at an advanced stage hence reporters also sensitized women encouraging them to go for screening early. The female reporter said as journalists they had to undergo screening to clear the misconception that screening is a long process and was painful.
“As journalists, there are certain kinds of stories one needed to attach themselves to to put a human face for people to understand the information. Because some people think since am not sexually active, I will never get it but everyone is at risk especially those who are sexually active. Sometimes, it could be your underwear and other hygienic factors so it is just important that one goes for screening.”

4.3.1.2.4 Training

The male and female reporters stated that there was no specific training offered to them on how to cover the disease, but, sometimes Medical Association of Zambia and Ministry of Health trained reporters from different media houses on health reporting with the aim of empowering them with knowledge on effective reporting on health stories. They mentioned the fact that the training emphasized more on the reporters working hand in hand with medical personnel in disseminating information on health.

4.3.1.2.5 Sources

The reporters (male and female) revealed that the stations’ main sources were the medical experts on the disease and women suffering from cervical cancer. Both said a story was never done without involving health personnel especially the doctors at UTH, Cancer Diseases Hospital saying the doctors also educated journalists about the disease
consequently reporters gave out correct information. Further, medical professionals authenticated the cervical cancer stories.

4.3.1.2.5 Consistency

The female reporter said reporters covered cervical cancer stories whenever they came across someone with it or during the cervical cancer awareness month in October adding that the frequency was not standard. The male reporter made it clear to the researcher that there was no specific desk to cover the disease hence the frequency was not standard. However, usually, cervical cancer was covered under Community News desk indicating that sometimes there were more stories in October during the cervical cancer month. He nonetheless could not tell if the coverage was low, average or high.

4.3.1.2.6 Ethics

The male and female reporters indicated that ethics was observed in all the stages of news packaging.

4.3.1.2.7 Challenges

Both the male and female reporters attested to the fact of having logistical challenges that negatively impacted on their reportage regarding mobility.

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4.3.2 Medical Expert- Cancer Diseases Hospital, UTH (Female)

The medical expert told the researcher that the media usually did come on board as partners in disseminating health information to the public. On attaching importance to cervical cancer, she noted that there was more coverage of the disease during World Cancer Day in February. However, the station was not consistency throughout the year hence there was inadequate coverage. There was a need to create more awareness.

Concerning accuracy, she said most of the time; the information was quite accurate with minimal errors. “Usually when there is reportage on the media, there is contact with medical personnel, and I think there are more or less accurate most of the time.”

On whether the station played its role in educating the public on cervical cancer, she mentioned that the station was not playing its role of educating women on cervical cancer because the coverage was very minimal. “Once in a while, you do get some information, but however I think there is a need for more coverage.”

On the relevant information on cervical cancer that women needed to know about, she cited the role factors for developing cervical cancer saying women needed to know the early symptoms and signs of cervical cancer so that they presented themselves to the hospital early.
CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction
This chapter interprets the findings of the research in relation to the objectives, theories and literature review.

5.1 Discussion
5.1.1 Research question 1: How is the quantity of coverage of cervical cancer on Muvi TV evening newscasts?

The content analysis research of Muvi TV evening news revealed a low coverage of cervical cancer stories. Among the 365 days (one year) evening newscasts broadcasted from January to December 2014, four cervical cancer stories were aired, two in January, one in February and one in October. Though four stories was a low number, the students were compelled to carry on with the analysis as that was the available information at hand. The researcher suggests that four stories in a year is a low number and the reasons are as follows.

Firstly, Zambia has a large number of women suffering from cervical cancer. Looking at the morbidity from cervical cancer, according to Mwanahamuntu (2007), approximately 1,276 women die from the disease annually. In addition, Zambia cervical
cancer burden is second to Guinea in Africa and 6th in the world. Therefore, four stories in a year are grossly inadequate to have a meaningful impact on the knowledge, attitude and practices of the public particularly women who need the information to make a positive health decision to uptake early screening.

Furthermore, cervical cancer is curable if diagnosed early, however; women need awareness of the disease for them to go for screening early. It is therefore very important to develop ways of ensuring that the messages about cervical cancer are covered adequately to reduce the avoidable mortality.

Secondly, Zhou (2010) stated that the majority of Zambians get their health information from the media. However, this study revealed that Muvi TV did not use the station in a satisfactory manner as majority Zambians depend on the media for health-related information. One wonders if it could be that because of lack of specialized training of reporters on the disease as revealed in the in-depth interviews, the reporters may have insufficient knowledge on how to comprehensively cover the disease for the benefit of the public. Another reason might be because cervical cancer is treated merely like any other news items by the station.

According to Dr. Precious Kapambwe, a gynaecologist at University Teaching Hospital (UTH), We have 3.2 million women eligible for screening. There was a need to scale up
coverage on the disease to educate women on the disease prompting them to uptake early cervical cancer screening. The Chief Editor stated in an in-depth interview that the station might not be doing enough because the members of the general public were not doing enough in bringing cervical cancer cases forward. However, the role of the media is to set the Agenda not the other way round.

Thirdly, according to a student thesis on Sexual Reproductive Health coverage by print media in Zambia, 25 percent coverage of stories over a given period was suggested as a threshold blow which coverage could be said to be inadequate (Muchangwe: 2012). This number may be debatable, but it does provide a useful guide for tackling such issues. Four stories in twelve months given 0.001 percent airtime is far below 25 percent coverage and therefore inadequate considering the significance of the information to the public particularly women who are supposed to be educated on the disease to uptake early screening.

The low coverage findings were however contrary to the findings of a study that was conducted by the American journal of managed care (2006) on Medical News for the Public to Use? What’s on Local TV News, the purpose of the study was to evaluate the health topics and reporting characteristics of health stories on local television news across the United States. Among 2795 local news broadcasts analysed, 1799 health stories were aired and 40 percent of broadcasts reported at least one health story.
In this Muvi TV evening main news study, the median length of a story was less than 1 minute long similar to Wang & Gantz (2007) findings. The findings revealed that health news stories were less than 1 minute long after conducting a study on Health Communication in 2007 by examining 1,863 news stories that aired on 4 English-language channels and 1 Spanish channel in the United States. Time is precious. Health stories reported on local television newscasts last approximately 30 seconds, hardly enough time to deal with any complicated topic.

The low coverage may have reduced the salience in the mind of viewers and hence possibly reduce the Agenda setting role of the station. According to agenda-setting theory, the media can advise or tell audiences what issues are major and relevant, thus setting the agenda. They achieve this by choosing what stories to consider newsworthy and how much prominence and space they give those stories (McCombs & Show:1972). Regarding Agenda Setting, it is doubtful if meaningful agenda setting was achieved by the station.

5.1.2 Research question 2: How is the quality of coverage of cervical cancer on Muvi evening newscasts?

5.1.2.1 How in-depth was the reporting?

In this Muvi TV evening main news study, the content analysis showed that the reporting was not in-depth. In-depth coverage entails reporting that probes the topic in
greater detail than the conventional deadline news story. In other words, the reporting is longer, more thoroughly researched, and explaining, for instance, the risk factors, role men play in transmitting the disease, the stages of disease progression and myths surrounding the disease preventing women from going for early screening among others. The content analysis revealed that all the four stories covered lacked research to help the audience have a comprehensive and thorough understanding of the disease. In-depth coverage can spur people towards early screening, and hence save lives as the disease is curable if diagnosed early.

In fact, all the stories were news items, and no single documentary was aired. This could be that because of lack of specialized training given to the reporters covering cervical cancer stories reporters did not have knowledge, attitudes, and skills to comprehensively cover the disease.

These findings were similar to those of Radu and Banjac (2012) who conducted a research titled Writing it Right, an analysis of Zambian Media Coverage of Health Issues. The duo discovered that there was no in-depth reporting by the Zambian Media on health issues and that most of the health stories were news stories, and that very few were detailed and analytical news analyses, editorials, panel discussions, and documentaries,
The lack of in-depth coverage might have compromised the efforts by the station to educate the women on the disease. The researcher thus encourages the station to develop contextually comprehensive and informative representations of health issues to provide readers, listeners, and viewers with accurate information within the context of general social trends and relevant expert opinion. There was also need to go a mile further and gather more news on cervical cancer to maximize educative impact on health behaviour of women.

5.1.2.2 Dimensions mentioned in the stories aired

On the dimensions of content covered by the station, the findings of the content analysis showed that the station was not holistic (as shown in Table 5.1 below ) in its approach to covering cervical cancer news and information. It tended to focus on one aspect in an events-based type of approach, and rarely dwelled on issues.

Table 5.1 Dimensions mentioned in the four Muvi TV stories aired

<table>
<thead>
<tr>
<th>Nature of Content</th>
<th>No. of stories</th>
</tr>
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<tbody>
<tr>
<td>Vaccination</td>
<td>1</td>
</tr>
<tr>
<td>Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Statistics (screened women &amp; vaccinated girls)</td>
<td>2</td>
</tr>
<tr>
<td>Screening services</td>
<td>2</td>
</tr>
<tr>
<td>Screening Facility</td>
<td>1</td>
</tr>
<tr>
<td>Prevention</td>
<td>1</td>
</tr>
<tr>
<td>Causes of cervical cancer</td>
<td>1</td>
</tr>
</tbody>
</table>
Aspects covered in the stories were vaccination, treatment, statistics on screened women and vaccinated girls, screening services, screening facilities, causes of the disease and prevention of cervical cancer. However, there was no coverage on signs and symptoms of the disease, risk factors, the social, economic and cultural implication of the disease on women and the role played by various stakeholders to reduce the mortality from the disease among others. Without these, it is hard to imagine meaningful change taking place in the awareness, attitudes, and behaviour of people. In short, there was a need to move away from the piecemeal approach where reporters focused on certain aspects of the disease towards a more holistic and educative approach.

The current approach of Muvi TV compromises the education role of the station, as the audience will not have all the necessary information on the disease to make an informed decision towards a positive step regarding the disease.

It is possible that due to weaknesses inherent in the current approach only a few women from the audience had undergone screening. For instance, results from the quantitative survey revealed that, among those who had access to Muvi TV news, only 31 percent (13), as opposed to 69 percent (29), had gone for anti-cancer screening.
To illustrate how Muvi TV coverage of cervical cancer news and information falls below expectations, the student now turns to theory. The Health Belief Model (HBM) posits that to persuade someone takes a health decision; they weigh several factors:

1. Perceived susceptibility- one's subjective perception of the risk of contracting a health condition,
2. Perceived severity- feelings concerning the seriousness of contracting an illness or of leaving it untreated,
3. Perceived benefits- believed effectiveness of strategies designed to reduce the threat of illness,
4. Perceived barriers - potential negative consequences that may result from taking particular health actions, including physical, psychological, and financial demands,
5. Cue to action- are events, either bodily (for example, physical symptoms of a health condition) or environmental (for example, media publicity) that motivate people to take action, and
6. Self-efficacy - this refers to the level of a person's confidence in his or her ability to successfully perform health behaviour.

According to the HBM, the above six factors were taken into consideration when women thought cervical cancer screening. Hence, reporters could do well to learn from the theory, if they were to be effective as potential change agents.
On the focus of stories covered on the disease, the study disclosed that the station focused on localised content rather than international stories. The findings on Muvi TV was contrary to the findings of Radu and Banjac (2012) who researched general Zambian Media Coverage of Health Issues. The duo found that the media focused on broader national issues and international stories at the expense of localised health stories. Apparently, Muvi TV was different and more locally-oriented.

5.1.2.3 Sources of news stories covered.

On sources of news and information, the content analysis showed that sources of information were mainly Medical Personnel (2/4 stories) from Health centres within the geographical areas where the stories on cervical cancer originated from who gave medical explanations on the disease and cervical cancer patients (2/4 stories). Other sources were women (1/4 stories) and Government Officials (1/4 stories) indicating a relatively balanced nature of coverage regarding sources.

These findings were contrary to the findings of Radu and Banjac (2012) who conducted a research that revealed that the media relied heavily on political heads as sources of information about health.
This trend was also found in Botswana, Kenya, Malawi, Cameroon and Senegal, where journalists relied heavily on documents given to them by government officials rather than conducting investigative journalism into real health issues on the ground (IWMF, 2004:1). The relatively balanced nature of coverage meant that different voices were heard in the news on cervical cancer.

5.1.2.4 Accuracy of news stories covered.

With most information on cervical cancer from medical personnel, accuracy therefore of information the station disseminated on cervical cancer was expected to be high. However, one of the four stories carried by the station (aired on Thursday, 23rd January 2014) highlighted a woman from Mongu who was mistakenly reported as a cervical cancer patient when she was suffering from rectal cancer.

Similar results showing inaccuracy by media were obtained in a study that was conducted by The American Journal of Managed Care (2006) in an article titled “Medical News for the Public to Use?” The study showed that local television news had few newscasts that provided useful information, and that some stories with factually incorrect information and potentially dangerous advice were aired.
Inaccurate reporting could mislead the audience on the disease. Though accuracy is not the sole ingredient for truthful reporting, it is nevertheless indispensable.

5.1.3 Research question 3: How useful was the news in helping women uptake screening?

In this Muvi TV analysis, 98 percent (41) who watched the evening newscasts stated that it was empirical to undertake early screening. However, only 31 percent (13) of the respondents went for anti-cancer screening while 69 percent (29) did not. Worse results were obtained through a cross-sectional study conducted by Ebu et al (2012) with 392 randomly selected sexually active females aged 10–74 years using structured interview questions on knowledge, practice, and barriers toward cervical cancer screening in Elmina, Southern Ghana that revealed that only three women had had cervical cancer screening.

It might be that the content on Muvi TV had limited influence in encouraging women to uptake cervical cancer screening probably due to low coverage. With limited coverage, as shown above, it is doubtful if meaningful agenda setting was done.
5.1.4 Research question 4: Editorial policy on coverage of cervical cancer.

The in-depth interviews with media personnel disclosed that Muvi TV never had an editorial policy to guide the reportage. An editorial policy provides a station with guidance on how to handle stories by news values, demands of its target audience and the station’s mission. This, in turn, guides the reporters on which stories to prioritise thereby setting the agenda. Therefore, it is imperative that the station put in place an editorial policy to enhance quality reportage of the killer disease.
5.1.5 Research question 5: How ethical was the material disseminated on cervical cancer?

Table 5.2 Ethical observance in coverage of cervical cancer by reporters

<table>
<thead>
<tr>
<th>Ethical issue</th>
<th>Meaning</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy</td>
<td>The story is factually accurate</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Clarity</td>
<td>Issues are clearly referred to and sensitivity does not overshadow openness</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Balance</td>
<td>The story considers many elements fairly in describing events</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Voices</td>
<td>Voices of those affected are heard</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Accountability</td>
<td>The story attempts to hold decision makers to account.</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td>The article shows an awareness of the gender dimensions of all aspects of health</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Respect</td>
<td>The item respects the rights of patients</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Misconception</td>
<td>The article makes an attempt to debunk misconceptions.</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

These guidelines were adopted from the Guiding Principles for Ethical Reporting of HIV and AIDS and Gender endorsed by the Southern Africa Editors Forum (SAEF).
The four stories covered were generally ethical. This finding is similar to that of Radu and Banjac (2012) who also found that the coverage did not gravely violate ethical guidelines.

However, this student found two problems. (1) Although the information disseminated was generally ethical, ethics were violated during collection of stories. According to the revelations made by the Chief Editor in an in-depth interview in chapter five section 5.3.1.1 that reporters regardless of sex covered cervical cancer news and inspected the private parts of women suspecting to have the disease who sought financial help from the public for improved medical attention. The act was unethical as it violated the individual’s right to privacy as only medical personnel were mandated to do that.

(2) Privacy and language decency was compromised in Ruth’s story given in chapter five section 5.2.5. The story highlighted her plight, and recklessly suggested that her private parts were almost “consumed by the disease.” Such graphic details and the accompanying exposure of the victim’s name are ethically unacceptable for media content and the station should therefore have guidelines that have to be followed when covering the disease.
5.1.6 Research question 6: What challenges do reporters face when covering cervical cancer stories?

The station had a major challenge of logistics limiting the geographical coverage and the quality of stories aired. Another challenge was the inadequate training of reporters covering the disease. Similar findings were made by Obeng-Quaidoo (1988) in a study into the quality of Ghanaian health journalism. He found that the biggest obstacles journalists in Ghana face were lack of specialisation and professionalism.

In conclusion, for health-related issues to receive proper in-depth coverage, journalists need to have specialised knowledge and training in covering the health field. Without this, journalists often unquestioningly report what they are told by health and government officials without conducting any independent research and analysis into the health issue they are covering. There is, therefore, need for various stakeholders to put resources together to address these challenges faced by the reporters.
CHAPTER SIX

CONCLUSION, RECOMMENDATIONS AND SUGGESTION FOR FURTHER STUDY

6.1 Introduction
This chapter summarizes the study, and offers recommendations and gives suggestions for future studies on the subject matter.

6.2 Conclusion
The study revealed that the coverage of the disease by Muvi TV was less satisfactory. There were four stories covered from January 2014 to December 2014 indicating low coverage and the stories were given 0.001 percent airtime during the evening news. Regarding Agenda Setting theory, the station could not possibly set the agenda of the audience concerning cervical cancer. There was a need to scale up the coverage for the station to have a meaningful impact on the knowledge, attitudes, and behaviour of women to uptake early cervical cancer screening.

Quality-wise, the research also showed deficiencies in that there was no in-depth coverage of the disease. Also, coverage wasn’t always accurate. Inaccurate information about the disease was disseminated to the audience. Coverage was largely event-based
and not issue-driven, and there was a need to improve from this scenario if media were to make a difference as Zambia dealt with cervical cancer.

It was also discovered that the content might have had limited influence in encouraging women to uptake cervical cancer screening. For example, it was noted that the majority of the women who had access to Muvi TV did not uptake screening in spite of being agreeable that undertaking the exercise was vital. The women suggested that the station should devote more attention to all aspects of the disease for them to have a comprehensive picture on the issue. The suggestions by the women is in line with postulations of communication theory.

According to the Health Belief Model, for people to take a health decision there are some critical factors with coming into play: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy were factors that influenced positive health behaviour. The media could play a role in closing the gaps in information the women might need concerning the demands of the model. Overall, the quality of coverage was less than satisfactory.

However, some strengths were exhibited in the coverage by Muvi TV. In most instances, coverage was balanced, and the stories had a human interest dimension as they covered the voices of women affected by the disease, medical personnel and other
stakeholders. The station also devoted much attention to the localized stories and the importance of screening.

The weaknesses discussed above have their roots in, among other things, the fact that the station did not have a deliberate editorial policy to guide the reportage. Further, no specialized training was given to reporters working on the health news beat, particularly those handling cervical cancer stories. This knowledge, attitudes, and practices gap undermined the quality of the reportage and accompanying ethical practices. The student, therefore, recommends that reporting guidelines be put in place, and specialized training of reporters covering the issue should be offered.

On setbacks the station was facing, the reporters cited logistical challenges in the coverage of the disease. There was a need for the station to provide adequate resources to ensure the mobility of reporters covering the disease to enhance efficiency and quality of the reportage.

### 6.3 Recommendations

Given the study findings, the researcher therefore recommends:

1. In line with the social responsibility of the media, the station should cover more stories on cervical cancer to educate the public, particularly women about the disease, and to increase the numbers taking up anti-cervical cancer screening.
2. The station should move away from the piecemeal approach where reporters focus on one aspect of the disease, towards a more holistic approach. This is one way to get the information have a meaningful impact on the knowledge, attitudes and practices of women regarding the disease. Such a change will help the women make an informed positive health decision on the disease.

3. A deliberate editorial policy should be created on coverage of cervical cancer (a major problem in Zambia), and specialized training is provided to reporters taking into account the ethical, social, political, economic and cultural aspects of the local environment.

4. Government, health advocacy groups, business and the media should pool resources together to work towards better in-depth reportage of the disease so that citizens are empowered through quality information about it.

5. Ethics should be observed in the entire process of newsgathering, and responsible media organisations including Muvi TV itself should seriously work towards this. Further, it is a professional requirement. The opposite amounts to unacceptable conduct in this day and age, a dereliction of duty, and an insult to women.
6.4 Suggestion for further studies
Future studies should investigate how television can effectively influence the Knowledge, Attitudes, and Practices of women regarding the disease to enhance uptake of early screening and other best practices from around the world.
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Wang & Gantz (2007). Health Content in Local Television News


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## APPENDICES

### APPENDIX I  WORKPLAN FOR THE RESEARCH STUDY

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
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<tr>
<td></td>
<td>AM</td>
<td>J</td>
</tr>
<tr>
<td>Problem identification &amp; topic formulation</td>
<td>*</td>
<td></td>
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<tr>
<td>Literature review</td>
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<tr>
<td>Consultations with the Supervisor</td>
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<td></td>
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<tr>
<td>Writing and typing Proposal</td>
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<tr>
<td>Corrections to proposal &amp; amendments/additions</td>
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<td></td>
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<tr>
<td>Pre-testing Questionnaires</td>
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<tr>
<td>Replication of questionnaires &amp; interview guides</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td>*</td>
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<tr>
<td>Theses writing &amp; Typing</td>
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### BUDGET

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115
### APPENDIX II: QUESTIONNAIRE FOR QUANTITATIVE SURVEY

**QUESTIONNAIRE SERIAL NO .............**

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THE UNIVERSITY OF ZAMBIA

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DIRECTORATE RESEARCH FOR POST GRADUATE

DEPARTMENT OF MASS COMMUNICATION

TROPIC: TELEVISION COVERAGE OF CERVICAL CANCER IN ZAMBIA, THE CASE OF
MUVI TELEVISION

QUESTIONNAIRE FOR VIEWERS

Dear Respondent

Am a post-graduate student at the University of Zambia Great East Road Campus, pursuing a Masters in Mass Communication. This research am conducting is a partial fulfillment for my program. You have been therefore randomly selected to participate in this academic research by completing this questionnaire. Note that all the information you are going to provide will be treated with strict confidentiality.

INSTRUCTIONS

Do not write your name or any other feature of identification on the questionnaire.

Please ensure that you tick out where applicable to indicate the answer of your choice.

Please fill in the spaces where necessary.
SECTION A: BACKGROUND INFORMATION

1. What was your age on your last birthday? _______ 

2. What is your sex?
   1. Male □
   2. Female □

3. What is your marital status?
   1. Single □
   2. Married □
   3. Divorced □
   4. Separated □
   5. Widowed □

4. What is the highest level of education you have attained?
   1. Primary school □
   2. Secondary school □
   3. Certificate □
   4. Diploma □
   5. Degree □
   6. Masters Degree or higher □
   7. None of the above □

5. What is your ethno-linguistic group (tribe)?
   1. Chewa □
   2. Lunda □
   3. Bemba □
   4. Lozi □
   5. Tonga □
   6. Kaonde □
   7. Luvale □

6. Other (Specify) ........................................
6. Which religious/denomination affiliation do you belong to?
   1. Islam
   2. Roman catholic
   3. Seventh Day Adventist
   4. Pentecostal
   5. Jehovah’s witness
   6. Other specify …………………………………………

7. Residential Area …………………………………………………..

8. Average income per month ……………………………………..

SECTION B: MEDIA VIEWERSHIP

9. Do you have access to Muvi television? If the answer is no, Go to question 22
   1. Yes  2.No

10. Do you watch 18:30 hours or 21:15 hours Muvi TV newscast?
    1. Yes  2.No

If your answer is yes, go to question 12.

11. If your answer to the above question is no, what reason(s) would you give for not watching news?
    a) Lack of interest
    b) No spare time to watch news
    c) Boring
    d) The news is biased
    e) Others, specify ………………………………………………………………………

Go to question 22 after answering question 11.

12. How often do you watch MUVI television main news in a week?
SECTION C: KNOWLEDGE, ATTITUDE AND PRACTICES

13. Does the main news on Muvi television have information on cervical cancer?
   1. Yes  
   2. No

14. How often does Muvi television main news carry information on cervical cancer?
   a) Never
   b) Rarely
   c) Frequently
   d) Very frequently

15. How would you describe the cervical cancer related information on MUVI TV main news?
   a) Very adequate
   b) Adequate
   c) Inadequate
   d) Very inadequate

16. Tick where appropriate below to indicate the kind of information on cervical cancer covered on Muvi television news.
   1) Prevention
   2) Treatment
3) Why women need cervical cancer screening
4) Signs and symptoms of cervical cancer
5) Causes of cervical cancer
6) Mortality (women dying from cervical cancer)
7) Vaccination and research
8) Male circumcision

Others, (Specify) ..........................................................

17. Is cervical cancer given importance on MUVI television main news?
   1. Yes ☐    2. No ☐

18. Do you think it is important to go for cervical cancer screening?
   1. Yes ☐    2. No ☐

   If your answer is no, give reason(s)..........................................................

19. Do you think the media are playing a role in educating the women on cervical cancer?
   1. Yes ☐    2. No ☐

20. Are you satisfied with the coverage of cervical cancer on Muvi TV main news?
   1. Yes ☐    2. No ☐

21. How did you benefit from the coverage of cervical cancer on the main news?

   1. Yes ☐    2. No ☐

   Go to question 23 after answering question 21

22. Do you have knowledge on cervical cancer? If the answer is yes, go
to question 24
  1. Yes ☐  2. No ☐

23. Did you or any of your family members go for cervical cancer screening after listening to news?
   1. Yes ☐  2. No ☐

Go to question 25 after answering question 23.

24. Where did you acquire the information on cervical cancer from?

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

25. What kind of information do you think is relevant in helping women go for cervical cancer screening?

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Thank you for your time.
APPENDIX IV

Serial Number……………………

THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
DIRECTORATE RESEARCH FOR POST GRADUATE
DEPARTMENT OF MASS COMMUNICATION

INFORMED CONSENT TO PARTICIPATE IN THE IN-DEPTH INTERVIEW ON TELEVISION COVERAGE OF CERVICAL CANCER IN ZAMBIA, THE CASE OF MUVI TELEVISION

Dear Sir/Madam

Am a post-graduate student at the University of Zambia Great East Road Campus, pursuing a Masters in Mass Communication. This research am conducting is a partial fulfillment for my program. You have been therefore purposely selected to participate in this academic research. Note that all the information you are going to provide will be treated with strict confidentiality.

Hence I am requesting for an in-depth interview. Your participation in this study is voluntary. As such, would you like to participate in this study?

Tick where appropriate

No ☐ Yes ☐

Signature ……………………………………………………………………………………………………………………………
APPENDIX V

SECTION A

Demographic background of the Reporter

Gender of Respondent: ........................................ Date: ........................................

Place of interview: ............................................ Interviewer: ..........................

1) Your age.
   1) 15 – 24yrs (  )
   2) 25 – 34yrs (  )
   3) 35 – 44yrs (  )
   4) 45 – 54yrs (  )
   5) 55 – 64yrs (  )
   6) 65 – 74yrs (  )

2) For how long have you been practicing journalism?
   1) Less than 1 year (  )
   2) 2-5 years (  )
   3) 6-9 years (  )
   4) 10 and above (  )

3) On what desk are you?
   1) Politics (  )
   2) Business (  )
   3) Entertainment (  )
   4) Features (  )
   5) Sports (  )
   6) Health (  )
SECTION B

How cervical cancer is covered.

4) Prompt as needed: What kind of stories are you responsible for reporting on?

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5) Do you report on cervical cancer?

1) Yes ( )

2) No ( )

Prompt: why/ why not?

5. What is your experience in reporting cervical cancer?

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6. What is the nature of information you cover on cervical cancer?

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Probe: Do you cover causes, prevention, mortality, risk factors, sign and symptoms among others on cervical cancer?

7. Prompt as needed: What criteria do you use to select the messages on cervical cancer for dissemination?

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8. Prompt as needed: How far would you go when writing a story on cervical cancer?

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9. Who are your sources?

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10. Do you think that the gender of the reporter affects the reportage of news on cervical cancer?

   Yes (    )
   No   (     )

Prompts: Explain your response

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11. Is cervical cancer relevant to your line of stories?

   1) Yes (     )
   2) No (     )

Prompt: Explain response

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12. How important do you regard cervical cancer as an issue worth reporting on?

   1) Very Important (   )
   2) Important         (   )
   3) Not important     (   )
4) Slightly Important (   )

13. Do you attach prominence to cervical cancer news?

1) Yes (   )
2) No (   )

Prompt: Explain response

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14. Prompt as needed: Do you receive any particular training as a journalist on the cervical cancer beat?

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15. Are you ethical in your coverage on cervical cancer?

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Probe: Do you observe accuracy, clarity, balance, voices, accountability and respect among others?

16. Prompt as needed: What are some of the challenges you face in reporting cervical cancer, if any?

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Thank you for your time. Do you have any questions that you would like to ask of me?
APPENDIX VI

SECTION A
Demographic background of the Editor

Gender of Respondent: __________________________ Date: __________________________

Place of interview: __________________________ Interviewer: __________________________

1) Your age.
1) 15 – 24yrs ( )
2) 25 – 34yrs ( )
3) 35 – 44yrs ( )
4) 45 – 54yrs ( )
5) 55 – 64yrs ( )
6) 65 – 74yrs ( )

2) For how long have you been practicing journalism?
1) Less than 1 year ( )
2) 2-5 years ( )
3) 6-9 years ( )
4) 10 and above ( )

SECTION B
Coverage of cervical cancer

3. Prompt as needed: What role does your station play in creating awareness on cervical cancer among women through news?
4. Prompt as needed: What issues have you been focusing on?

5. Does the station have a Health Desk?
   1) Yes (   )
   2) No (    )
   Prompt: Explain response

6. Does your station have a policy for reporting cervical cancer?
   1) Yes (   )
   2) No (    )
   Prompt: Explain response

7. What is the nature of the policy?
8. Prompt as needed: How important do you regard cervical cancer as an issue worth reporting on?

1) Very Important (   )
2) Important (   )
3) No opinion (   )
3) Not important (   )
4) Slightly Important (   )

9. Prompt as needed: How consistent is Muvi TV on cervical cancer coverage?

1) Very consistent (   )
2) Consistent (   )
3) No opinion (   )
3) Not consistent (   )
4) Slightly consistent (   )

10. How often do you include cervical cancer news on your diary?

1. Every Day (   )
2. At least once a week (   )
3. More than twice a week (   )
4. Up to twice a month (   )
5. Rarely (   )
6. Never (   )

11. Do you give any particular training to journalists working on cervical cancer stories?

1) Yes (   )
2) No (   )
12. Do you think that the sex of the reporter affects the reportage of news on cervical cancer?

1) Yes ( )
2) No ( )

Prompt: Explain response

13. Is your reporting on cervical cancer event driven?

1) Yes ( )
2) No ( )

Prompt: Explain response

14. Prompt as needed: What challenges does the station face in covering cervical cancer?

Thank you for your time. Do you have any questions that you would like to ask of me?
APPENDIX VII

SECTION A
Demographic background of the Medical Expert

Gender of Respondent: ………………… Date: …………………………

Place of interview: ……………………… Interviewer: ……………………..

1) Your age.
   1) 15 – 24yrs (  )
   2) 25 – 34yrs (  )
   3) 35 – 44yrs (  )
   4) 45 – 54yrs (  )
   5) 55 – 64yrs (  )
   6) 65 – 74yrs (  )

2) For how long have you been practicing medicine?
   1) Less than 1 year (  )
   2) 2-5 years (  )
   3) 6-9 years (  )
   4) 10 and above (  )

SECTION B
Knowledge on cervical cancer coverage

1. Do you watch Muvi TV evening main news?
   1) Yes (  )

132
2) No (  )

Prompt: Explain response

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2. Prompt as needed: Do think Muvi TV covers relevant information on cervical cancer that is beneficial to women?

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3. In your opinion, what messages on cervical cancer do you think are relevant to helping women uptake early screening?

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4. Are you satisfied with the current approach of cervical cancer coverage by Muvi TV?

1) Very satisfied

2) Satisfied

3) No opinion

4) Dissatisfied

5) Very dissatisfied
Prompt: Explain your response

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5. Prompt as needed: How accurate/factual are the messages being disseminated on cervical cancer by the station?

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6. Is there any breach of ethics in the coverage?

1) Yes (  )
2) No (  )

Prompt: Explain response

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Thank you for your time. Do you have any questions that you would like to ask of me?
### APPENDIX VIII

**CONTENT ANALYSIS CODING SHEET**

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