

Reframing Prostate Cancer Communication: Insights from Audience Interpretations of Television Health Programmes in Kogi State

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Abstract:

This study examines the audience interpretation of the televised prostate cancer messages in Kogi State, Nigeria and its implication for prevention and management. Anchored in the Health Belief Model (HBM), the research examines the role that television programmes such as Hello Doctor and Health Talk have on perceptions of susceptibility, severity, benefits, barriers, cues to action and self-efficacy related to prostate cancer. Using a qualitative design, 60 purposively selected participants in six local government areas in Kogi State were interviewed in order to explore patterns of engagement, message interpretation and subsequent influence on attitudes and health behaviours. Thematic analysis showed that audience engagement was episodic and topic-dependent limited by occupational schedules, signal quality and access, pointing to structural problems in accessing media on a regular basis. Participants showed partial adherence to preventive behavior such as attention to the initial signs and lifestyle changes, affected by perceived risk and benefits. Peer discussions increased the interpretation of messages but cultural norms and financial constraints reduced complete behavioural uptake. Exposure to the programmes had a positive impact on reframing attitudes towards screening, fear and motivation towards early detection consistent with HBM constructs of severity, benefits and self-efficacy. The results indicate that although television health programmes are useful motivators, they must be paired with readily available, culturally acceptable, and community-based interventions if positive attitudes and awareness are to be converted into long-term preventive behaviours. The study strengthens the value of HBM to understand media-based health behaviour change in Sub-Saharan contexts.

Keywords: Prostate cancer, Health Belief Model, Television health programmes, Audience interpretation, Preventive behavior, Media engagement.

Introduction

Prostate cancer is a major cause of cancer burden and one of the major causes of cancer deaths in men worldwide. Estimates suggest that it is one of the most common forms of cancer, and large rates of incidence have been recorded worldwide (Sung et al., 2021; Rawla, 2019). While the incidence rates are higher in developed areas (which are also the places where widespread screening practices such as prostate-specific antigen (PSA) testing are practiced), the mortality is disproportionately high in low- and middle-income countries. This disparity is associated with low access to early diagnosis, treatment infrastructure and health communication systems.

In Nigeria, prostate cancer is the most common male malignancy accounting for about 30% of all cancers in men (Adeloye et al., 2019; IARC, 2020). Despite this burden, awareness, early detection and management are still inadequate because of structural, cultural and communicative barriers. In Kogi State specifically, some of the challenges, including weak health systems, lack of functional cancer registries and persistent cultural beliefs, make effective intervention difficult (Ogunmola, 2023).

Television health programmes (e.g. NTA Lokoja' *Hello Doctor* and Confluence TV's *Health Talk*) have become important platforms for dissemination of health information. However, beyond being exposed, it is important to understand how audiences interpret, negotiate and internalise these messages. Audience interpretation influences whether or not health communication leads to knowledge, attitude change or actual behaviour.

While prior studies have focused on levels of awareness and biomedical outcomes, little research has been conducted which focuses on processes of audience meaning making, particularly in localised contexts such as Kogi State. This study therefore moves away from the focus on exposure to focus on interpretation, in terms of how viewers construct meaning from televised prostate cancer messages and how such interpretations affect health behaviour.

Statement of the Problem

Despite constant efforts in addressing prostate cancer disease in Kogi State, the disease has continued to be poorly understood, underreported, and diagnosed at advanced stages. Studies suggest that more than 60% of patients present late and significantly decrease the chances of survival (Akintayo et al.,

2019). Low awareness remains with a small proportion of men showing adequate knowledge of the disease.

Not only is access to information an important and understudied issue, but the way audiences interpret information is also important. Health messages may be broadcast widely, but the messages are filtered by cultural beliefs, personal experiences and social contexts. For example, certain communities have spiritual explanations for prostate cancer, which affect their response to medical advice (Bello et al., 2022).

Television programmes such as *Hello Doctor* and *Health Talk* are important sources of health information for the public; however, there is a lack of knowledge about how audiences engage and interpret the messages they are conveying. It is not clear, however, whether viewers interpret these messages in a manner consistent with the intended health meaning or whether these interpretations result in meaningful changes in attitudes and behaviour. This gap raises critical issues on the actual effectiveness of these programmes in influencing prostate cancer awareness, prevention and health-seeking practices.

Research Objectives

The main objective of this research is to analyse the audience interpretations of broadcast prostate cancer messages and their consequences for prevention and care.

The specific objectives are the following:

- a. To analyse how audience engagement patterns with *Hello Doctor* and *Health Talk* on prostate cancer.
- b. To examine the interpretation of prostate cancer messages by viewers of *Hello Doctor* and *Health Talk*.
- c. To examine the effects of television programme interpretations on attitudes of men on prostate cancer.

Conceptual Clarifications

The effectiveness of television in raising awareness of prostate cancer

Television is still a dominant medium for health communication, especially in the context of raising awareness of prostate cancer. Prostate cancer, one of the most common diagnosed cancer in the world, has one of the highest mortality rates, mainly because it is detected late (Sung et al., 2021). This brings under

focus the need for effective and widely implemented health education strategies. Television is especially useful in this setting because it can deliver information via both visual and auditory means, and can therefore help to understand complex medical concepts by a large audience.

The effectiveness of print and digital media is limited in many developing countries such as Nigeria due to structural issues such as low literacy rates and inconsistent access to the internet. Nevertheless, television remains a trusted platform for the dissemination of health information because of its widespread availability and easy to comprehend for various education levels (Okonkwo et al., 2020). Its accessibility guarantees that crucial information regarding prostate cancer prevention and early diagnosis reaches populations that could otherwise be marginalised.

Furthermore, television programming uses emotional storytelling techniques on a regular basis, including dramatised presentation of symptoms and survivor stories. These methods help in the connexion of the message and the audience and also in the minimization of stigma and challenge of misconceptions associated with prostate cancer (Brawley, 2018). The retention of the message is further increased through repeated exposure through scheduled broadcasts, which can have progressive influence on health-related behaviours. Television-based cancer campaigns have been found to be effective in raising screening rates in at-risk populations in developed countries (Yoon et al., 2020).

Although there are such benefits, television communication faces obstacles such as message fatigue and limited audience engagement. In contrast to digital platforms that support engagement, its one-way communication structure does not allow for much feedback and clarification (Viswanath & Finnegan, 2019). Nevertheless, television remains an integral tool for promotion of preventative health measures and awareness.

Implementation of Health Communication for Prevention of Prostate Cancer

Health communication plays an important role in shaping and affecting public understanding and responses to prostate cancer prevention and treatment. Public health efforts make use of organised communications to increase awareness, debunk misconceptions and encourage early screening practices. Studies show that when people are able to communicate well, stigma can be greatly reduced and the likelihood of people seeking medical help at earlier stages of illness can be increased (Schiavo, 2020).

In Sub-Saharan Africa and Nigeria in particular, prostate cancer is often linked with cultural beliefs, apprehension and fatalistic views. Health communication approaches address these assumptions by providing precise and relevant cultural information. Diverse media venues that include radio, television, print and internet channels have been utilised to promote cancer awareness and prevention strategies (Wakefield et al., 2018). The success of these efforts is largely dependent on their ability to reflect the sociological and linguistic context from which the target demographic is coming.

Community-oriented communication approaches have shown great efficacy. Initiatives which involve local leaders, use local languages and build on informal social networks generally improve trust and improve message acceptability. These tactics supplement the relevance of health information and increase the likelihood for behavioural modification.

In addition to mainstream media, interpersonal communication strategies such as peer education, community dialogues and faith-based involvement are very important in addressing the silence surrounding prostate cancer (Osei et al., 2021). However, there are still other challenges such as low health literacy, disinformation, and a lack of funding for ongoing efforts (Friedman & Hoffman-Goetz, 2017). In Nigeria, these challenges are exacerbated by the lack of proper integration of cancer awareness into the general public health policy. Effective health communication needs to be culturally responsive and well supported and embedded in community frameworks to overcome barriers that contribute to delayed diagnosis.

Health Programmes and Outcomes in Prostate Cancer

Health programmes are at the core of better outcomes on prostate cancer, especially in areas of prevention, early detection, and adherence to treatment. In many African countries, low levels of awareness and late stage diagnosis have made the implementation of structured health interventions a necessity. These programmes usually involve a mix of educational outreach, community engagement and screening services to overcome existing gaps in knowledge and access (Babalola et al., 2021).

Through the promotion of awareness about screening techniques, such as the prostate-specific antigen (PSA) test and the digital rectal examination (DRE), these initiatives enhance people's knowledge, attitudes, and practices about prostate health. As a result, more men are encouraged to undergo early diagnosis, which decreases the chances of finding the cancer in its advanced stage and causing complications.

Programmes that take a participatory approach - one in which members of the community are involved in the design and implementation of interventions - tend to have better outcomes. Such involvement helps to build trust, limit scepticism of medical practices, and ensure that health messages are in line with local cultural contexts (Coughlin et al., 2020).

Despite these efforts, prostate cancer programmes in Nigeria and the rest of Africa are still not as developed as those for diseases like HIV/AIDs and cervical cancers. Large-scale awareness campaigns for these conditions have been effective in reducing stigma and improving preventative behaviours, which in the case of prostate cancer, there is a gap in the advocacy (Obiechina and Ezeokana, 2020).

Several barriers still exist in hindering effectiveness and these include limited funding, inadequate healthcare infrastructure, insufficient training of health professionals and lack of programme evaluation (Ekwueme et al., 2019). Cultural factors like stigma, fear and distrust in modern medicine contribute to the further reduction in participation in screening and treatment.

Media Campaigns to Create Awareness and Prevent Prostate Cancer

With the increase in the incidence rate and increased mortality due to delayed detection, prostate cancer has remained a significant global health concern, particularly among males (WHO, 2022). Many people only ask for medical help after the disease has progressed since it often has no symptoms during the early stages (Rawla, 2019). This circumstance emphasises the significance of efficient communication techniques meant to raise awareness and encourage early diagnosis.

In order to spread health information and encourage preventative behaviours, interventions in the media play a critical role. Interpersonal communication, community outreach, mass media campaigns using print, radio, television and digital media are all examples of these interventions. High-risk groups, for example, older men and people of African ancestry who should bear a disproportionate burden of the disease, are often the target of such tactics (Odedina et al., 2019).

Large audiences have traditionally been successfully reached using traditional media techniques such as radio jingles, TV commercials and newspaper articles. To generate awareness and initiate a public discourse, these platforms make use of simplified and repeating messaging (Kreps & Maibach, 2020). By normalising the discussion about the prostate health, they also help to reduce stigma.

The scope and power of health communication has been greatly expanded by the rise of digital media. Personalised message, audience connexion and real-time engagement are all made possible by social media platforms, mobile applications and online resources. Health organisations can quantify that participation using these tools and adjust their tactics accordingly (Ramanadhan et al., 2021).

Crucially, the effectiveness of these interventions is enhanced by culturally relevant messaging, to a great extent. Campaigns that reflect the identities, values and beliefs of the target audience are more likely to be accepted and adopted (Viswanath & Finnegan, 2019). For example, emphasising community wellbeing and family responsibilities have been successful in promoting preventative behaviours amongst African people (Griffith et al., 2016). In general, raising awareness of prostate cancer and preventive outcomes requires a combination of conventional and digital media with cultural methods.

Theoretical Framework

This study is anchored on the Health Belief Model (HBM), which was developed by Rosenstock and colleagues in the 1950s. The HBM focuses on the role of people's perceptions about health threats and the benefits of preventive actions in influencing behaviour. It contains six core constructs which have a direct relationship to prostate cancer awareness and prevention:

- a. Perceived Susceptibility - the person's feeling of susceptibility to prostate cancer.
- b. Perceived Severity - beliefs about the seriousness and possible consequences of untreated prostate cancer.
- c. Perceived Benefits - understanding the benefits of early detection, treatment and adoption of preventive health behaviours.
- d. Perceived Barriers - barriers to individuals seeking screening or care, such as stigma, fear and financial cost.
- e. Cues to Action - triggers such as media messages, health programmes or reminders that motivate the proactive health behaviour.
- f. Self-Efficacy - belief in the ability to do something (i.e. get screened, make healthier lifestyle changes).

Building on the Health Belief Model (HBM), this study investigates the influence of television programmes, such as *Hello Doctor* and *Health Talk*, on men's intentions, attitudes, perceived social norms and perceived control over prostate cancer prevention behaviours. The HBM provides insight into the way these programmes address each of the constructs: it shows risk factors (susceptibility), possible outcomes from late detection (severity), benefits of

early diagnosis (benefits), barriers to screening and the motivation of the viewer to act (cues to action), while increasing the extent of confidence to take preventive steps (self-efficacy). It justifies the appropriateness of HBM in carrying out the study as it provides a sound paradigm for assessing the impact of television health programmes on audience perceptions, intentions and actual preventive behaviours in relation to prostate cancer in Kogi State. This approach indicates the role of media in shaping health beliefs and the promotion of actionable health outcomes.

Methodology

This study employed qualitative approach with in-depth interview to determine the effectiveness of *Hello Doctor* and *Health Talk* television programmes in Kogi State. The population consisted of 60 purposely selected individuals, who were 10 individuals representing each of six local government areas (Kaba Bunu, Yagba East, Adavi, Okene, Idah and Ankpa) representing the three senatorial zones of the Kogi State. Data was collected using a structured interview guide and the responses were analysed using thematic analysis to identify patterns, themes and audience interpretation in respect to television health programmes and influence on perceptions and preventive behaviour towards prostate cancer.

Data Analysis (In-Depth Interview)

In-depth interviews were held with participants of Kaba Bunu, Yagba East, Adavi, Okene, Idah, and Ankpa in order to gain perceptions of *Hello Doctor* and *Health Talk* television programmes on prostate cancer awareness and prostate preventive behaviours. This approach recorded rich insights in the words of the participants that went beyond the numerical data. Selected interactions are presented in anonymised drama-dialogue form to maintain authenticity and clarity and allow for understanding of the audience interpretations in detail and the influence of television health programmes on knowledge, attitudes, and health practices.

Research Objective 1: To analyse how audience engagement patterns with *Hello Doctor* and *Health Talk* on prostate cancer.

Theme: Frequency and Pattern of Viewing

Participants reported episodic rather than habitual viewership, watching programmes when topics were mostly relevant to them. KABA Interviewee 2 said, "Not every episode, I do not watch, if the topic is about men's health, then I make sure to watch". Similarly, YAGBA EAST Interviewee 4 stated, "*Health*

Talk time of airing is good for me after work." Rural viewers frequently missed broadcasts because of occupational commitments and strength of signal affected exposure (Kogi Central), and OKENE Interviewee 5 said "Confluence TV comes so obviously here, so I watch more often." Participants did sometimes supplement TV with digital or community sources: IDAH Interviewee 8 said, "If I miss the programme, I read summaries from the Internet." The findings demonstrate moderate viewership that is driven by relevance and limited by occupational schedules, accessibility and signal quality. While knowledge is acquired from intermittent viewing, irregular exposure limits the reinforcement of behaviour. Increasing accessibility to broadcast and flexible broadcast timings may help with audience reach and retention.

Research Objective 2: To examine the interpretation of prostate cancer messages by viewers of *Hello Doctor* and *Health Talk*.

Theme: Acceptance of Preventative Health Behaviour

Participants reported partial adoption of preventive practices following the viewing of the programmes. KABA Interviewee 3 stated, "I cut down red meat and began to walk in the evenings" and ADAVI Interviewee 5 said, "I give attention to changes in urine rather than ignoring it." Structural barriers such as cost, access and work schedules hindered full adoption; ANKPA Interviewee 6 said, "I have not gone for screening because of the cost." Peer discussions contributed to strengthening knowledge: YAGBA EAST Interviewee 4 said, "I told my friends and some got interested." Cultural norms between screening and vulnerability also limited behaviour. Overall, programmes increased awareness and behavioural changes in lifestyle but it was hindered by structural and cultural barriers to consistently take preventive measures. Complementary measures such as low-cost screening and community engagement are required to improve the adoption.

Research Objective 3: To examine the effects of television programme interpretations on attitudes of men on prostate cancer.

Theme 3: Acceptance to be Screened

Exposure to the programmes improved people's positive attitudes to screening, including less fear and normalising preventive care. KABA Interviewee 4 said, "Prior to, I was afraid by the test." Now I understand it is helpful in early detection." ADAVI Interviewee 6 added, "I would look at screening if it was affordable" and OKENE Interviewee 7 said, "Health Talk took away some of my fears of hospitals." Cost, accessibility, and cultural norms still all remained an

obstacle even as the willingness increased. Programmes reframed screening from being reactive to proactive care (promoting understanding of the benefits of early detection). Results show that health-related television programming may have a positive effect on attitudes; however, adoption requires resources and cultural awareness of the community.

Discussions

Research Objective 1: To analyse how audience engagement patterns with *Hello Doctor* and *Health Talk* on prostate cancer: Thematic analysis showed that viewership was episodic and not habitual, but driven by relevance. Participants participated in programmes mainly when topics had a direct impact on them, as an example of selective attention that is in line with Uses and Gratifications Theory (Katz et al. 1974) which implies that audiences actively seek media that meets particular informational or emotional needs. Frequency of exposure was limited by occupational schedules, signal quality and in rural areas by access limitations confirming previous findings of structural barriers in media consumption (Okonkwo et al., 2020).

From a Health Belief Model (HBM) perspective, low exposure means that the cues to action are not as strong and makes individuals less likely to act on their awareness and turn it into preventive behavior (Rosenstock, 1974). Despite this, the participants said that they sometimes use complementary sources such as internet summaries, suggesting that even though television is still the center, multi-channel engagement increases message reinforcement. Literature suggests that repeated and consistent exposure is important to retention and behaviour change (Viswanath & Finnegan, 2019).

The study found that television programmes have potential to reach a broad audience but engagement on an episodic basis limits behavioural reinforcement. Signal, time and occupation are structural and contextual components that impact engagement and require adaptive broadcasting tactics in order to reach the greatest audience.

Research Objective 2: To examine the interpretation of prostate cancer messages by viewers of *Hello Doctor* and *Health Talk*: Participants showed a partial acceptance of preventive health behaviours such as lifestyle changes and focusing on early symptoms. These findings are consistent with the HBM concepts of perceived susceptibility and perceived benefits in which people were aware of personal risk and they knew the benefits of taking early action (Schiavo, 2020). However, widespread acceptance of these behaviours was

slowed down by structural issues (like cost and access) and cultural norms (like screening being seen as a sign of weakness), which is similar to what was found in similar Sub-Saharan settings (Bello et al., 2022; Friedman & Hoffman-Goetz, 2017).

Peer discussions increased message interpretation, a reinforcement of communal meaning-making, which is consistent with social cognitive perspectives, which proposes that vicarious learning and social reinforcement are effective in increasing uptake of health behaviors (Bandura, 2004). Partial adoption on the other hand, highlights the shortfalls of knowledge translation in the presence of systemic and cultural barriers.

The analysis confirmed that the television health programmes are successful in raising awareness and in stimulating reflection, but that interpretation is not enough to lead to consistent preventive behaviour. Complementary interventions (subsidised screening, community-based advocacy, etc) are needed to help bridge knowledge-behaviour gaps.

Research Objective 3: To examine the effects of television programme interpretations on attitudes of men on prostate cancer:

Thematic analysis showed that being exposed to programmes made people feel better about screening, which decreased worry, made preventive care seem normal and changed the way people thought about early detection so that it was seen as proactive rather than reactive. What the participants said about their desire to screen is compatible with HBM concepts of perceived severity, benefits and self-efficacy (Rosenstock et al., 1988). For instance, subjects reported that they were less anxious about medical treatments and more encouraged to monitor their prostate health.

Screening and treatment were still not widely used because they were too expensive, difficult to get to or against deeply held traditional beliefs. This result supports what other researchers have said about the persistent gap between intention and behaviour, which occurs due to structural barriers that make it difficult to put knowledge and attitude into practice (Ekwueme et al., 2019). There is thematic evidence to support this idea that media interventions can change people's minds and make healthy habits seem normal. However, for these changes to be sustainable, they require to be coupled with easy-to-reach services and community involvement that considers culture (Griffith et al., 2016; Odedina et al., 2019).

The results of this study indicated that TV shows can shift people's minds and reduce their fear, making them more likely to take action. However, health practices need to be supported by structural support and interventions sensitive to different cultures in order for health awareness and good attitudes to become a reality.

Conclusion

The study shows that the health shows on television: *Hello Doctor* and *Health Talk*, have significant impact on how people in Kogi State watch, understand and feel about prostate cancer. Some important results are:

- a. Engagement occurs in spurts and is topic based with work plans and signal accessibility having a role.
- b. Messages can help people to start some preventative behaviours, but they may not make everyone do them because of cost, access and culture norms.
- c. Exposure changes people's attitudes in a good way toward screening and early detection, but it's not going to get them to take it up unless there's some structural support.

The research lends support for the Health Belief Model as a useful concept for understanding the role of media treatments as action cues and their influence on the level of vulnerability, severity, and self-confidence people believe they possess. It demonstrates in real life how important it is to combine the mass media with community-based and low-cost screening programmes. This will help to close the gap between knowledge, understanding and protective behaviour.

Recommendations

Based on the findings of the study, the following recommendations are proffered:

- a. Increase programme accessibility by scheduling the broadcast at different times, increasing signal coverage, and encouraging reminder messages using multiple channels so that viewership is consistent and maximises audience exposure to prostate cancer messages.
- b. Combine educational workshops, community outreach and subsidised or free screening services with TV messages to help people to turn their knowledge and understanding into consistent healthy habits.
- c. To promote positive views, reduce fear, and increase the number of people engaged in prevention and care of prostate cancer, it is advisable to merge media interventions together with culturally appropriate

campaigns, community involvement, and low-cost screening or treatment services.

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