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ADULT EDUCATION STRATEGIES FOR CREATING AWARENESS ON CERVICAL CANCER IN ANAMBRA STATE

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ABSTRACT
Cervical cancer is a deadly disease that has caused havoc in families by reducing the life span of women due to late detection and lack of awareness of the disease. This paper on adult education strategies for creating awareness on cervical cancer was guided by a research question and hypothesis. The study was conducted in Anambra State of Nigeria. The population of the study was 8487 staff of tertiary institutions in the state. A structured questionnaire designed by the researchers was used to elicit data from a sample size of 382 selected using Taro Yamen's formula. Mean statistics was used to analyze the research question while t-testwas used to test the hypothesis at 0.05 level of significance. The ten listed strategies were accepted by the respondents. Among them are incorporating cervical cancer enlightenment campaigns as part of activities of various institutions' staff welfare programmes; organizing and dedicating at least a day in every month for road walk and exercise in various neighbourhoods in urban and rural areas. During such walk, few minutes can be dedicated to education on ways of preventing prevalent diseases such as cervical cancer; including mobile cervical cancer education and screening programmes in annual general meeting such as 'August Meeting' for women. Implications of the study were discussed. It was recommended among others that adult educators and community development workers in every community should liaise with the traditional rulers and town union executives to initiate the inclusion of health awareness programmes in key festivals and other social functions in their communities. It

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was concluded that if the identified strategies are utilized, effective prevention of cervical cancer will be achieved.

Keywords: Adult education, strategies, cervical cancer, awareness, women

Introduction

Cancers attack physical health and seriously affect the general well-being of individuals and larger society. Cervical cancer is a high-burden global health issue which has the greatest incidence and mortality rates in the Sub-Saharan Africa due to implementation barriers and resource limitations (Johnson, Armstrong & Joyce et al. (2018). It is a disease in which malignant cells form in the cervix (National Cancer Institute, 2015). Cervix is the lower, narrow portion of the uterus where it opens into the roof of the vagina. Available statistics show that cervical cancer is among the major threats to women's lives. World Health Organization [WHO] (2020) disclosed that globally, cervical cancer is the fourth most common cancer among women, with an estimated 570,000 new cases in 2018. Nearly 90% of the 311,000 deaths worldwide in 2018 occurred in low and middle income countries. According to ICO/IARC information Centre on HPV and Cancer (2019), Nigeria has a population of 50.33 million women of ages 15 years and above who are at risk from cervical cancer. Based on ICO/IARC 2018 estimate, every year 14,943 women are diagnosed with cervical cancer and 10403 die from the disease. Cervical cancer ranks second among cancers that kill Nigerian women between 15 and 44 years of age. The centre also revealed that about 3.5% of women in the general population are estimated to harbor cervical cancer HPV-16/17 infection at a given time, and 66.9% of invasive cervical cancers are attributed to HPVs 16 or 18. According to Okoye (as cited in Olayiwo, 2014), cervical cancer was killing more people worldwide than HIV/AIDS, tuberculosis and malaria put together. Okoye asserted that 26 women die daily from cervical cancer in Nigeria. Committee Encouraging Corporate Philanthropy [CECP] (2015) placed the figure of women who die daily of cervical cancer at 22. It is incontrovertible that the death toll from cervical cancer in Nigeria is alarming. The researchers' interest in this study stem from the need to ameliorate the devastating multiplier effects that

cervical cancer has on human life through awareness and public enlightenment strategies.

Cervical cancer is mainly caused by a viral infection that is related to Human Papilloma Virus (HPV). HPV infection increases risk of cancers of the penis, vagina, anus and oropharynx (National Cancer Institute, 2015). Almost all women who have had sexual relations, even without having had penetrative sexual intercourse, can be infected with HPV and are therefore at risk of cervical cancer. CECP (2015) disclosed that 30% of sexually active women have had HPV infection at one point or the other in their lives. According to CECP, in most cases, the body's immune system contends with this virus and it phases out with time in 9 out of 10 women infected. Most women who died from cervical cancer were in the prime of their lives, and these losses were made more tragic by the fact that cervical cancer is considered one of the most preventable and treatable forms of cancer as long as it is detected early and treated effectively (WHO, 2006).

Efforts at a similitude of a national cervical cancer programme were those made by charitable organizations such as Mass Medical Mission (MMM), which later was known as National Cervical Cancer Prevention Programme (NCCPP) and subsequently named National Cancer Prevention Programme (NCPP) when other types of cancers were included in their campaign. Other Non-Governmental Organizations (NGOs) such as Marie Stopes International, Breast without Spot (BWS) and Medical Women Association of Nigeria (MWAN) have organized programmes aimed to some extent at reducing the burden of cervical cancer. The Onyebuchi Chris Ifediora (OCI) foundation, a Nigerian-Australian international organization, is currently making waves with its novel health promotion initiative tagged 'Arm Our Youths' (AROY) being introduced across senior secondary schools in Nigeria as a way of tackling breast and cervical cancer in Nigeria. Although activities of NGOs have contributed in enlightening the populace on cervical cancer, their impact are limited due to paucity of funds, personnel and other resources among other logistics. Recently Nigeria National Cancer Control Plan 2018-2022 was launched but up till 2020 HPV vaccination has not been introduced in the primary health care vaccination schedule. HPV vaccine is only available for rich people on private arrangement. It is costly and largely unavailable. The cost of treatment of cervical cancer is

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prohibitive. Creating awareness and educating the populace towards prevention becomes the most viable option for Nigeria's effort at prevention.
Observations from national events shows that successive governments have not done much to prevent cervical cancer. Though NGOs have tried but they are few in this crusade and are not able to meet the awareness needs of the populace. In the absence of political will to tackle the problem, informing and educating women and other family and community members on the dangers of cervical cancer through research findings become very fundamental for prevention, treatment and cure of the disease.

Creation of awareness is quite imperative to the understanding of the need for prevention of cervical cancer. Awareness is a prerequisite for health action. Obidiegwu and Anurugwo (2016) found that many rural women in Nigeria did not seek for primary health care services because they were not aware of the services. Many studies across the country show that women die of cervical cancer because of ignorance of its preventability, risk factors, symptoms, treatment options, vaccination and screening services (Balogun, Odukoya, Oyediran & Ujomu, 2012; Oche, Kaoje, Gana&Ango, 2013; Okwara, 2016; Udigwe, 2006; Chukwuemerie, 2018). The individual's consciousness of the fact that they or their loved ones are vulnerable can only come through enlightenment and this is what leads to taking health action. WHO (2013) underscored the utilization of culturally specific communication campaigns and education efforts in fighting cervical cancer. In this regard, the study attempted to determine some Adult Education strategies for creating awareness on the dangers of cervical cancer.

Adult education encompasses formal, informal and non-formal education. Every individual learns as long as they live through adult education processes regardless of age and previous education (Nzeneri & Haliyu as cited in Nzeneri, P. & Abe, 2013). The practices and methodologies of adult education are culturally based. It propagates culture and cultural practices through inclusive communication and analysis. Adult education lasts through entire life span. It is dynamic. Adult education encompasses multiplicity of programmes and its programmes are designed according to the peculiar circumstances of a particular group of people in order to meet their peculiar needs (Obidiegwu,

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as cited in Obiozor & Obidiegwu, 2013). Adult education is meant to help adults improve their skills, knowledge, attitude and behaviours for their personal, family and community well-being based on their local environment. Loss of lives as a result of cervical cancer threatens personal, family and community well-being. Clarion calls for public enlightenment by researchers and efforts of other concerned groups such as NGOs towards the improvement of awareness level of the threat, acceptability of screening and vaccination to preserve lives of women persist. However, these initiatives do not appear to have significantly brought the problem under perspective. There appears to be no significant increase in the level of awareness and attitude to dangers of cervical cancer and its preventability. Thus, the situation calls for conscious application of the principles, theories and practice of adult education in the delivery of strategies for prevention of cervical cancer. Adult and non-formal education strategies in this paper are culturally based. They seem to be veritable tool to bring about sustainable attitudinal and behavioural changes that will positively affect rate of intake of vaccines, screening and other preventive measures by women.

Awareness in Adult Education is more than mere knowledge about a concept. It is a period of critical consciousness in which a person is alert and ready to take action against any impeding element. Freire in adult Literacy REFLECT Manual (2016) describes such awareness as conscientization which according to Freire is an act of informing, enlightening and empowering people. It uses participatory communication and analysis tools including dialogue, conversation, talks and exchange of views in a learning environment. Adult Education boasts of a variety of programmes for creating awareness and they include mass awareness and enlightenment programmes, community mobilization programmes, counseling services, health education programmes, mass media campaign and civic education programmes. The scope of Adult Education is as wide as life itself. According to Obidiegwu (as cited in Obiozor & Obidiegwu, 2013), the field of adult education cuts across all disciplines and the purpose is to facilitate the learning of adults in all contexts towards maturity. UNESCO (as cited by Obidiegwu in Obiozor & Obidiegwu, 2013) asserted that Adult Education activities are viewed as forming part of life-long education and learning. It has no specific theoretical

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boundaries and should meet the particular situation created by the specific needs of development, of participation in community life and all fields of knowledge and are addressed to all people whatever their level of achievement.

This study sought to determine sustainable strategies for creating awareness on cervical cancer among the populace using staff of tertiary institutions in Anambra State. Their various situations represented a prototype of the larger society and made for inclusive and balanced opinions in the determination of likely suitable strategies for creating awareness. Johnson, Armstrong & Joyce et al. (2018) emphasized the need to diversify strategies used for effective implementation, in order to improve implementation, sustainability and achieve great health outcomes.

The respondents in this study may differ in their responses on the strategies based on gender. Male and female staff of tertiary institutions may have different opinions on strategies for awareness because of what each gender may consider suitable based on gender perspectives or mindset. This is very important because any awareness programme on cervical cancer that will impact effectively on people must target both gender. Their opinions on suitable strategies count because it shows that they are likely to avail themselves of the opportunity to be enlightened or conscientized through such strategies. The fact that HPV infection which causes cervical cancer is mainly transmitted sexually, portends that men must of necessity be conscious of the disease and also contribute their quota in fighting it. Williams and Amaoteng (2012) assessed knowledge and belief about cervical cancer among men in Kumasi, Ghana. The present study is also interested in male involvement in tackling female sexual and reproductive health issues, hence the opinion of men on strategies for intervention was also sought. Studies by Obiozor (2016), Abiodun et al. (2014) and Wright, Kuyinu and Faduliye (2010)assessed the extent some education strategies were utilized and their effects in creating awareness of diseases. While these studies are similar to the present study in promoting awareness of diseases, the present study reviewed strategies used to reduce cervical cancer in Nigeria.

Statement of the problem

The burden of cervical cancer has reduced in most western countries such as America and Europe because

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screening tests, vaccines and other technologies to prevent HPV are available (Centre for Disease Control [CDC], 2016) but such screening in developing countries is abysmal (WHO, 2013).This gap in screening and awareness lead to high mortality rate of women from cervical cancer in Nigeria. Furthermore, in the developed countries, the enlightenment campaigns on the disease is high and this brings low the mortality rate. In 2013, WHO made a strong case for putting in place a national cervical cancer prevention and control programme as a fundamental step for reducing incidence of cervical cancer, Nigeria flagged off a working national cervical cancer prevention and control programme in 2018. Unfortunately, up till 2020, HPV vaccination has not been introduced in the national vaccination schedule in Nigeria. HPV vaccination is only available and accessible by the rich in few elite private hospitals. Studies also show ignorance, low awareness of cervical cancer and poor knowledge of screening methods as reasons for the high incidence of cervical cancer. The high mortality rate of cervical cancer keeps increasing without a corresponding increase on the strategy for creating awareness on the disease particularly at the grassroots. This prompted the researchers to carry out this study to determine some holistic and inclusive adult education strategies for creating awareness on people of different social status so that they can take informed action against the disease.

Research Question

The following research question guided the study:

What are the mean ratings of staff of tertiary institutions on the possible strategies for creating awareness on cervical cancer?

Hypothesis

The following null hypothesis was tested at 0.05 level of significance:

Male and female staff of tertiary institutions in Anambra State do not differ significantly in their mean ratings on the strategies for creating awareness on cervical cancer.

Materials and methods

Study site

The study was carried out in Anambra State at the South-East geopolitical zone of Nigeria. The people are predominantly Igbos. The capital of Anambra State is Awka. Anambra State is bounded on the East by Enugu State, West by Delta State, North by Kogi State and South by Imo and Rivers

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States (Anambra State Government, 2016). Abia State also share border with Anambra State at Umunze axis. Anambrarians are industrious and are particularly noted for their quest for knowledge. Although some are engaged in commerce and agriculture, many are highly educated and work as public servants and civil servants. Anambra State boasts of not less than five universities which include Nnamdi Azikiwe University Awka, Chukwuemeka Odumegwu Ojukwu University Igbariam, Paul University Awka, Tansian University Umunya, and Madonna University Campus Okija. There are also both federal and state colleges of education as well as a federal polytechnic in the state. There are many other post-secondary education institutions and colleges scattered all over the state. Some new tertiary institutions are slated to take off in the near future. A sizeable number of residents in Anambra State work in public and private tertiary institutions. Anambra State was chosen as the area of the study because it has recorded many deaths from cervical cancer and possesses different categories of staff in its tertiary institutions.

Study participants

The population of this study was made up of 8,487 staff of conventional tertiary institutions in Anambra State with the exception of staff of Madonna University Okija (who refused to participate in the study).The population of the study is made up of 3907 males and 4580 female academic and non-teaching staff of universities, polytechnics and colleges of education based on statistics supplied through the authorization of the registrars of these institutions. Tertiary institutions in Anambra State possess adequate number of staff for this study. In addition, the fact that the tertiary institutions are distributed across the three senatorial zones in the state implies an adequate coverage of the state. The sample size of the study which was 382 was determined using Taro Yamane's formula. The sample frame for the present study is shown in Table 1.Grab sampling technique was used to collect data from each stratum.

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Table 1: **Population Distribution of Teaching and Non-Teaching Staff of Tertiary Institutions in Anambra State**

Institutions	**Teaching Staff**		**Non-Teaching Staff**		**Total**
	Males	**Females**	**Males**	**Females**	
Chukwuemeka Odimegwu Ojukwu University, Igbariam	444	172	314	523	**1453**
Nwafor Orizu College of Education, Nsugbe	106	140	146	388	**780**
Nnamdi Azikiwe University, Awka	419	903	1171	886	**3379**
Federal Polytechnic Oko	212	240	474	624	**1550**
Federal College of Education Technical Umunze	144	154	262	414	**974**
Paul University, Awka	90	28	51	43	**212**
Tansian University, Umunya	51	27	25	36	**139**
TOTAL	**1466**	**1664**	**2441**	**2916**	**8487**

Source: Registry Departments of the Institutions Concerned

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Table 2: Sample Distribution of Teaching and Non-Teaching Staff of Tertiary Institutions in Anambra State

Institution	Population	Teaching Staff		Non-Teaching Staff		Total Sample Size
		Males	Females	Males	Females	
Chukwuemeka Odimegwu Ojukwu University, Igbariam	1453	20	8	14	24	**65**
Nwafor Orizu College of Education, Nsugbe	780	5	6	7	17	**35**
Nnamdi Azikiwe University, Awka	3379	19	41	53	40	**153**
Federal Polytechnic Oko	1550	10	11	21	28	**70**
Federal College of Education Technical Umunze	974	7	7	12	17	**43**
Paul University, Awka	212	4	1	2	2	**9**
Tansian University, Umunya	139	2	1	1	2	**6**
TOTAL	**8487**	**67**	**75**	**110**	**130**	**382**

Data collection

An instrument titled 'Cervical Cancer Awareness Scale' [CCAS] was constructed, validated and used to collect data from selected staff of tertiary institutions in Anambra State. The instrument was subjected to reliability test. A Cronbach's alpha estimate of 0.74 was realized. The instrument had two parts. Part one solicited information on personal data of the respondents while part two was made up of 10 items. It elicited responses on strategies for creating awareness on cervical cancer. Four-point scale responses of Strongly Agree [SA], Agree [A], Disagree [D] and Strongly Disagree [SD] was used to generate responses. The researchers sought the assistance of some members of staff in the institutions used for the study in the administration and retrieval of the instrument. These assistants were informed on how to distribute the questionnaire according to the proportion selected for each stratum. Copies of the instrument distributed were 425. The first sets of correctly filled and retrieved required number from each stratum in each institution were included in the

study. Those that were not correctly filled were discarded. Copies of the instrument used for analysis were 382.

Statistical analysis

Data obtained from the 382 copies were coded and double-entered into Micro-Soft Excel package analysis and screened. SPSS was used to analyze the data. Mean statistics was used to answer the research questions while t-test was used to test the hypotheses at 0.05 level of significance. The decision rule was based on the boundary limits of the four-point rating scale as follows:

Response Options	**Rating Point**	**Boundary Limits**
Strongly Agree	4	3.50 - 4.00
Agree	3	2.50 - 3.49
Disagree	2	1.50 - 2.49
Strongly Disagree	1	1.00 - 1.49

The extent of agreement or disagreement to any strategy for enlightenment was shown as follows: Items with mean rating of 2.49 and below showed disagreement to an item while items with 2.50 and above showed agreement to an item.

A null hypothesis (H_0) was rejected if the p-value was equal to or greater than the level of significance (5%= 0.05) or otherwise the alternate hypothesis (H_a) was accepted.

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Results

Research Question: What are the mean ratings of staff of tertiary institutions on the identified strategies for creating awareness on cervical cancer?

Data collected to answer the research question were analyzed, interpreted and presented in Table 3.

Table 3: Mean Ratings of Staff of Tertiary Institutions on the Identified Strategies for Creating Awareness on Cervical Cancer

S/N	Strategies	Mean	Remarks
1.	Making it mandatory for church members to include articles on women cancers (including cervical cancer) and other non-communicable diseases) in burial programmes of members	3.23	Agree
2.	Including slots in key festivals and events (such as Ofala festival, new yam festival, annual kindred meetings) in various communities to educate the people on deadly diseases and healthy lifestyle	3.41	Agree
3.	Making it compulsory for Parent Teachers Associations (PTAs) of every secondary school to include a programme on cervical cancer/ human papilloma virus awareness at least once in their yearly programmes	3.44	Agree
4.	Giving slots for health talks during wake-keeping and vigils	2.92	Agree
6.	Incorporating cervical cancer enlightenment campaigns as part of activities of various institutions' staff welfare programmes	3.61	Strongly Agree

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7.	Producing and making available pamphlets on cervical cancer at strategic public places such as market place, government offices, reception halls of both private and public organization, hotels, restaurants, beer parlours, hairdressing places, mechanic and tailor workshops	3.60	Strongly Agree
8.	Including mobile cervical cancer screening and education programmes in annual general meeting programme of women of various towns and religious organisations (e.g. August Meeting)	3.57	Strongly Agree
9.	Encouraging the inclusion of talks on healthy lifestyles in birthday party programmes of well-meaning and philanthropic adults	2.98	Agree
10.	Organizing and dedicating one Saturday in every month for road walk and exercise in various neighbourhoods in urban and rural areas where few minutes can be dedicated to education on ways of preventing prevalent diseases such as cervical cancer	3.38	Agree
	GRAND MEAN	**3.35**	**Agree**

Table 3 reveals that the respondents strongly agreed to items 6, 7, 8 while they agreed to all other items in the Table. The grand mean of 3.35 shows that the respondents agreed to the research question. In the opinion of the respondents the items could therefore be used successfully as effective strategies for creating awareness on cervical cancer

Test of the Null Hypothesis

Null Hypothesis: The mean ratings of male and female staff do not differ significantly on the identified strategies for creating awareness on cervical cancer.

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Table 4: t-test on the Mean Ratings of Male and Female Staff of Tertiary Institutions in Anambra State on the Identified Strategies for Creating Awareness on Cervical Cancer

Source of variation	N	X	SD	df	Cal.t	P.Cal	P≥ 0.05	
Male	181	33.96	4.52					
				380	1.53	0.127		NS
Female	201	33.20	5.10					

Table 4 indicates that at 0.05 level of significance and 380 degrees of freedom the calculated t 1.53 with calculated p. value 0.127is greater than the critical p. value 0.05. Thenull hypothesis is accepted. Therefore, the mean ratings of male and female staff do not differ significantly on the strategies for enlightenment on cervical cancer.

Discussion of Findings

The findings of the study indicated that staff of tertiary institutions in Anambra State agreed that all the strategies listed can be used to enlighten the populace on cervical cancer. This finding is in consonant with the findings of Abiodun et al. (2014)which agreed that health education was effective in creating awareness and improving the knowledge and perception of women on cervical cancer and its preventive strategies. Similarly, the study is in agreement with the study of Wright, Kuyinu and Faduliye (2010) which found significant increase in the awareness of the group that received educational messages on cervical cancer and its prevention. The present study is similar to Wright's study in propagating education of the populace and in addition sought out many other appropriate strategies that could be used to widen the reach of educational interventions. The results of Abiodun et al, Wright, Kuyinu and Faduliye and the present study are complementary so the strategies could be combined to create awareness. Furthermore, the study agreed with the findings of Johnson, Armstrong, Joyce et al. (2018) which affirmed the need to diversify strategies used for implementation in order to foster sustainability and effective awareness and positive health outcomes particularly at the grass root level.

In another study, Obiozor (2016) assessed the extent of implementation of awareness and enlightenment programmes for minimizing socio-psychological problems of adults living

with HIV/AIDS. Obiozor found among other things that billboards and hand bills are commonly displayed to reduce fear among the people. She also found that special forums, workshops, seminars and media were utilized to a high extent to create awareness. These findings do not negate the findings of this paper but rather agrees with it. Creating awareness during burial programmes, PTA meetings, annual general meetings of both gender among others are in line with the findings by Obiozor.This agreement may be because sustainable awareness programmes and strategies lead to greater awareness and health action (Obidiegwu & Anurugwo, 2016). It is hoped that the strategies will contribute sustainably to the number of people reached for greater prevention of the disease.

The present study found that gender did not have significant effect on mean ratings of staff on strategies for enlightenment. This implies that all the strategies would impact on the awareness of both male and female members of the society and therefore should be used for sustainable awareness.

Conclusion

It was concluded that the listed strategies would be effective for creating awareness on cervical cancer in Anambra State.

Recommendations

Based on the findings of the study, the researchers made the following recommendations:

1. The federal ministry of education should make mandatory the inclusion of HPV awareness programmes in PTA meetings of every secondary school at least once every year.
2. The federal ministry of health in collaboration with other governmental agencies and NGOs should design health educational pamphlets on key facts on cervical cancer and spread same across the nation particularly in states such as Anambra in order to create awareness.
3. Anambra State government and all local government areas in the state should establish a women centre in each local government headquarter where women can be educated, screened, and vaccinated against HPV at least twice yearly.
4. Women organizations should be in the vanguard of using the listed strategies to organize awareness and screening programmes in collaboration with Nigerian Medical

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Association (NMA) and Medical Women Association of Nigeria (MWAN).

5. Adult educators and Community development workers in every community should liaise with the town union executives so that they can initiate the inclusion of health awareness programmes in key festivals and other suitable functions for effective conscientization of the public.

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