

# Media Inclusiveness for Persuasive Health Communication: An Interventional Approach Against Breast Cancer

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**Keywords:** Media inclusiveness, Persuasive Health communication, Interventional approach, Breast cancer

## Abstract

With the overwhelming cases of disease outbreak and spread of infectious diseases such as Ebola, HIV and Tuberculosis among other deadly diseases recorded overtime, it has become clear that traditional interventions are not enough to effectively prevent and control such major health threats.

Health-related research shows that properly designed behavior-based health communication activities have more effective and significant impact on health-related attitudes and behaviors than traditional interventional approaches.

The role and place of media in various fields and spheres of life cannot be overemphasized. The print media, the broadcast media as well as the internet alike have proven in their distinct and collective ways to be key and effective means of information dissemination which could bring about major change in individual's behavior.

Therefore, the current study is set to fill the gap employing media as an effective interventional tool to aid the traditional methods and strategies of sending health communicative messages to the target audience, with the aim of early detection, prevention and possible eradication of breast cancer in Northern Cyprus.

The study comprises both quantitative and qualitative methods.

320 women ranging from 18 to 65 years are systematically sampled from the study population using a multi stage hybrid sampling technique.

**Introduction:** Cancer has been the main source of death in the Republic of Korea since 1983. Around 140,000 individuals create disease yearly with 65,000 yearly fatalities. Disease control is a significant issue in view of the nation's quickly maturing society and the resulting expanded weight of malignant growth. The National Cancer Screening Program (NCSP) offers Medical Aid clients and those National Health

Insurance (NHI) recipients who fall inside the lower 50 percent level of pay free screening for 5 basic malignant growths - disease of the stomach, liver, colon rectum, bosom, and cervix uteri. For NHI recipients in the upper 50 percent level of pay, the greatest expense of a mammogram is 6 dollars. The NCSP suggests biennial mammograms for ladies more than 40 years old. Be that as it may, just 49.5% of ladies act as per these rules(1).

There are in excess of 250 Public Health Centers (PHCs) in Different areas. These associations are a piece of the National Health System and are worked by neighborhood governments to forestall and control maladies or tackle cleanliness issues at the province/area level. In spite of the nearness of this solid network based health administration arrange, most PHCs have battled to utilize hypothesis or proof based ways to deal with advance malignant growth screening(2). Be that as it may, with the new accentuation on network based health correspondence in the Second Term (2006-2015) of the 10-year Comprehensive Plan for Cancer Control, these PHCs are currently seeing approaches to assemble proof. One trouble they face is that the greater part of the examination on network battles for advancing disease screening has been directed in Western nations or in non-Asian populaces. As there are numerous distinctions in culture, network characters, network interest, and proprietorship between networks in Western and Asian nations, it is beyond the realm of imagination to legitimately receive the aftereffects of studies from Western nations (2).

The "right to health" in Latin America faces numerous difficulties, which are obvious in the extraordinary health variations present in this locale. Hence, in spite of the World Health Organization's sign of general health accessibility continuously 2000, this isn't the situation for Latin America (.). Albeit Latin American ladies have a lower rate pace of bosom malignant growth than non-Hispanic ladies (3,4), this rate is increasing quicker than some other female ethnic gathering (3,5). Expanding frequency paces of bosom malignant growth among Latin American ladies are credited to way of life changes, social convictions, and slacking mindfulness about the sickness (4). The dilapidating impacts of health differences require activity from governments and human rights non-administrative associations (NGOs) just as media

mediations so as to diminish such incongruence and address central health and prosperity rights.

The Venezuelan setting, specifically, presents a few difficulties including the way that neediness is profoundly pervasive and avoidance on different levels is a reality. Despite the fact that the administration guarantees that it has diminished the general degree of destitution, markers despite everything show that practically 40% of Venezuelans can be viewed as poor and practically 12% live in extraordinary neediness (5). A twofold factor of avoidance and underestimation is being both poor and ladies; subsequently, joblessness is typically higher among ladies (Boza, 2004) and their salary will in general be bring down that the pay of poor men (Orlando and Zúñiga, 2000). Rejection is likewise an element of topography since certain areas in the nation present more significant levels of birth and death rates, demonstrating a reasonable separation between the inside, the east, and the southwest (4,5). From a health point of view, 80% of all passings in the nation are identified with non-transferable ailments, while the mortality of ladies from 45 to 64 is principally because of cervical and bosom malignancy instead of stroke or diabetes (6).

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