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# Ahead In Our Bulletin ... examining Kenyans' Perceptions Of Cancer Messages In Television News And Use Of These Messages

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AHEAD IN OUR BULLETIN...EXAMINING KENYANS' PERCEPTIONS OF CANCER  
MESSAGES IN TELEVISION NEWS AND USE OF THESE MESSAGES

James Ndone

94 Pages

Using the data collected from 212 participants, this study examined the perceptions that Kenyans have toward television news with cancer messages and how the audiences use the messages. Using both close-ended and open-ended survey questions, this study investigated the motives that Kenyans have prior to watching news, how these motives affect their frequency of watching such news, how engaged they are with the news, their views of such news, how television news contribute to their knowledge about cancer, and their personal experiences with cancer.

Some of the results suggest that the motives that Kenyans have are to gain knowledge on the disease and understand how people are managing the disease. Besides, motives account for a significant amount of television news that Kenyans watch. Additionally, Kenyans have had personal experiences with cancer touching on family members, friends, and patients in hospitals. Specific theoretical and practical implications, limitations, strengths, and proposals for future research are discussed in detail.

**KEYWORDS:** Cancer, Television News, Uses and Gratifications Theory, Motives, Kenya, Kenyan TV News

AHEAD IN OUR BULLETIN...EXAMINING KENYANS' PERCEPTIONS OF CANCER  
MESSAGES IN TELEVISION NEWS AND USE OF THESE MESSAGES

JAMES NDONE

A Thesis Submitted in Partial  
Fulfillment of the Requirements  
for the Degree of

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2017

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AHEAD IN OUR BULLETIN...EXAMINING KENYANS' PERCEPTIONS OF CANCER  
MESSAGES IN TELEVISION NEWS AND USE OF THESE MESSAGES

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J. N.

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## CHAPTER I: THE PROBLEM AND ITS BACKGROUND

Approximately 8.2 million people have died of cancer in the world, with new cases reported to be 14.1 million (Torre et al., 2015). Fifty-seven percent of these cases and 65% of these deaths have occurred in developing countries. With these statistics, there is need for a close examination of cancer. Cancer has become a huge burden in society, affecting both developed and developing countries. It is regarded as one of the leading killers in the world. For instance, in the United States, it is the second most common cause of death exceeded only by heart diseases, accounting for nearly one of every four deaths (American Cancer Society, 2016).

Due to these startling statistics, people have become more conscious about their health and are constantly looking for information on healthy lifestyles. Healthcare providers and television are regarded as the frequently sought sources of information about cancer, with television being the primary source of information. Research shows that people's knowledge about cancer can be traced back to news media (Brodie, Hamel, Altman, Blendon, & Benson, 2003; Dutta-Bergman, 2004). This suggests that news media wield a significant amount of influence over cancer beliefs, attitudes, and behaviors. Mass media have been used to educate the masses on how they can take of themselves to keep certain diseases at bay.

Just like the rest of the world, cancer is a major problem in Kenya. It is the third leading cause of mortality, accounting for around seven per cent of the annual deaths in Kenya (Topazian, et al., 2016). Kilonzo (2016) reports that oesophageal cancer is the leading cause of cancer deaths among men while for women, cervical cancer tops the list. Prostate cancer is also prevalent among men in Kenya (Tenge, Kuremu, Buziba, Patel, & Were, 2009). In Nairobi, cancer cases are high among women (Korir, Okerosi, Ronoh, Mutuma, & Parkin, 2015). Several government projects have been initiated to reduce the escalating cancer mortality. For instance,

the ministry of health has come up with a National Cancer Control Strategy (2011-2016) to address the causes of cancer and find ways to minimize the cases. There are also international organizations that are devoted to reducing the cancer menace in the country, but several bottlenecks have made their efforts hit a snag. A good example is lack of proper coordination among key stakeholders, leading to inept and overlapping projects (Topazian et al., 2016).

The Kenyan media have also been on the frontline in the fight against cancer, running television spots with messages that educate the masses on ways that they can protect themselves from the disease. The liberalization of the airwaves in the early 1990s in which Kenya created opportunities for a more diverse media playing field (Kilonzo, Magak, & Omwalo, 2015). This opened door for more topics to be covered in the media, including health, sports, and business (De Beer, Kasoma, Megwa & Steyn, 1995). Besides, privately-owned radio and television stations mushroomed. Despite Kenya being a country with numerous national and local stations, very few studies have focused on the audience's perceptions of television news with cancer information and how they use the information. Global research in health communication has investigated television medical dramas and medical narratives and how they lead to viewers' health-related attitudes or behaviors (Brodie et al., 2001; Hether, Huang, Beck, Murphy & Velante, 2008; Morgan, Movius, & Cody, 2009). Still, there is little research on how information presented on television is acquired, how much the audience engages with news, and why the audience would pay attention to news containing cancer messages.

Examining how television audiences perceive and use information contained in television news with cancer information is the next logical step in this line of research. This will help media practitioners to understand how to deliver health information about cancer via television news more effectively. With television occupying most of its audience's leisure time (Gerbner, Gross,

Morgan, Signorielli, & Shanahan, 2002, American Time Survey Summary, 2016), there is a need to understand how television can continue its role of informing and educating the public.

Niederdeppe et al. (2014) argue that local television news stories describe cancer causes and prevention better than newspapers. For that reason, there is need to pay attention to the role that television news plays in educating the masses about cancer. This is because television news affects how people think and make decisions related to health (Wang & Gantz, 2007) and, thus, as an effective way of increasing public awareness. For instance, in the United States, Americans use television news as their main source of information, which includes information about health (Gantz & Wang, 2009; Kohut, Doherty, Dimock, & Keeter, 2010). When the masses seek a certain medium, they expect to be informed from such news stories (Southwell, Hwang, & Yzer, 2008).

In general, the media shape our cognitive and behavioral responses toward health information (Mason & Wright, 2011). Hesse (2009) notes that the dominance and potential impact of media reports on cancer have prompted organizations to call for research as a way of improving reporting in this area. A critical question in the realm of positive health effects of television is the focus on the amount of health information learning contributed by health information content on television. Thus, it is critical to assess how audiences perceive the messages they get from television news and how they use the information.

### **Statement of the Problem**

Several Kenyan scholars have looked into media and its effects in depth. Most of these studies have focused on advertising and how media benefit from advertisements (Mbugua, 2006; Muganda, 2007; & Karoney, 2008; Sang, 2001). Other studies have looked at media and maternal health (Chimbi, 2012), women's knowledge of HIV/AIDS (Jesmin, Chaudhuri &

Abdullah 2013), the burden of cancer in the country (Tenge, Kuremu, Buziba, Patel & Were, 2009) and also incidences of cervical cancer (Williams, Mati, & Thomas (1994). However, no study, to the best of my knowledge, has been done on television and how audiences perceive the news they receive from such news, especially when the news items have health messages. Therefore, there is a need to understand how masses perceive the news with cancer information and how they use the information gained.

### **Purpose of the Study**

The purpose of this thesis is to examine how television audiences perceive the information they receive on television news with cancer information and how they use such information. This study begins with a consideration of related studies on cancer. With a sample of the Kenyan population, the study will employ both quantitative and qualitative methods to understand the perceptions that Kenyans have of television news with cancer information and how the audiences use the information they gather from such news. The study will help media practitioners in the country to package news in a way that can create more awareness of the disease, as people seek ways to keep cancer at bay. Further, it will help scholars and practitioners understand how audiences perceive and use the information they get from television news with cancer messages to improve their lives.

### **Significance of the Study**

The Kenya National Cancer Statistics indicate there are 39,000 new cases of cancer daily in Kenya and a death rate of 28,000 annually, which is 76 deaths per day. This implies that one is 12 per cent more likely to die from cancer in Kenya than any other disease. Two in every ten Kenyans will get a cancer diagnosis before they are 75, according to the Ministry of Health (Ministry of Health, 2016). This study is, therefore, important in the growth of cancer awareness



in Kenya and the role that media will play in controlling the disease and bringing these numbers down. One of the key players in reducing cancer mortality in Kenya are the media (National Cancer Control Strategy, 2011-2016). Presently, people are concerned about their well-being and are seeking media to make informed decisions surrounding their health. Therefore, there is need to explore the role of media in creating cancer awareness in the country.

### **Conclusion**

This chapter presented the global cancer statistics, cancer statistics in Kenya, and the role of mass media in creating awareness about cancer in Kenya. This introduction frames a starting point for this study as it explains why there is a need to conduct research on television and cancer in the country. Thus, the purpose of this study is to evaluate how people perceive the information they receive on television news with cancer information and provide a general view of how they use such information. The study will in turn help television reporters and editors in Kenya to package cancer information in a way that the audiences can easily understand and, consequently, help to reduce cancer figures. The next chapter looks at the state of television in Kenya, the role of television in learning, media and cancer ambiguity, and health information found in television news. It also presents a theoretical framework which forms the bedrock of the current study.

## CHAPTER II: LITERATURE REVIEW

Staggering statistics show that cancer is now a global concern, with scientists investing their time in search for a cure. Governments, on the other hand, provide a budget for that research. As mentioned in the first chapter, cancer affects both developed and developing countries. However, advancement in technology and other advantages have made developed countries more prepared than the developing nations in dealing with the pandemic. For instance, through government-sponsored Public Service Announcements (PSAs), people living in the developed countries have could engage in activities that limit the prevalence of the disease. However, developing countries are left grappling with the effects, since they often rely on developed countries for research and financial aid. Before these countries get help, many people will have died of the disease. Therefore, there is need to look at alternative means that developing countries can use to create awareness of cancer and address issues such as prevention and treatment. One of these ways is through media, useful tools in creating awareness of cancer in developing countries such as Kenya. Television, for instance, airs news with cancer messages. This chapter, thus, presents a review of past literature on cancer and television. It borrows heavily from research done in other countries before narrowing the focus to Kenya. The chapter also presents a theoretical framework which forms the cornerstone of the current study.

### **The Fight against Cancer**

The purpose of this study is to look at the perception of cancer messages found in television news and how the audiences use these messages. Perception refers to the process by which we select, organize, and interpret the world around us (B. Simonds, C. Simonds, & Hunt, 2013). Selection involves paying attention to the environment. Organizing entails making sense of the stimuli that we receive from the surrounding environment. Interpretation involves

assigning meaning to those stimuli. Thus, perception entails recognizing and interpreting sensory information and making sense out of it. Fuller (1988) states that “news is a report of what a news organization has recently learned about matters of some significance or interest to the specific community that news organization serves” (p. 32). This involves the importance of events being discussed, the media, and the target audience that is affected by the news item.

The National Cancer Institute defines cancer as an umbrella term used to describe a collection of related diseases. It is the uncontrolled growth of abnormal cells in the body. It usually develops when one’s normal control mechanism stops working. This happens when old cells fail to die; cells start growing out of control, forming abnormal cells. The extra cells pile up, forming a mass tissue known as tumor. Cancer is a noncommunicable disease. The World Health Organization (WHO) defines noncommunicable diseases as diseases that are not transmitted from one person to another. They are of long duration and generally slow progression. Normally, they are grouped into four categories: diseases (like heart disease, with its related heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes. They are also known as chronic diseases. Non-communicable diseases (NCDs) share common behavioral risk factors that must be reduced to facilitate disease prevention: physical inactivity, tobacco use, harmful use of alcohol, and unhealthy diets.

### **Global Cancer Statistics**

In 2012, worldwide, there were 14.1 million new cancer cases, 8.2 million cancer deaths, and 32.6 million people living with cancer within 5 years of diagnosis. Fifty-seven per cent (8 million) of those new cancer cases, 65% (5.3 million) of the cancer deaths, and 48% (15.6 million) of the 5-year prevalent cancer cases occurred in the less-developed regions (WHO, 2013). For instance, in Sub-Saharan Africa, cervical cancer accounts for 22.2 per cent of all

cancers in women (Parkin et al., 2003). These figures are expected to soar due to growth and aging of the population, particularly in the developing countries, which have an estimated 82% of the world's population. Worldwide estimates indicate an expected annual incidence of 15 to 20 million new cases, with 50 to 60 per cent occurring in the developing countries. By 2020, new cancer cases are expected to rise by 29% in developed countries, with the global mortality expected to increase by 104% by the same period (Mathers & Loncar, 2006). It is also believed that cancer, together with cardiovascular diseases, diabetes, and chronic respiratory diseases, causes over 60 per cent of total global mortality each year. Each year, it is estimated that cancer kills over 7.9 million people globally. This constitutes approximately 13 per cent of total deaths worldwide (Dalal et al., 2011; Mello, 2015; National Cancer Control Strategy, 2011-2016).

### **The Problem of Cancer in Developing Nations**

There are numerous causes of cancer in the developing nations. Lack of awareness, prevention, and early detection are believed to be the main causes of the high cases of cancer. In Kenya, for instance, smoking, alcohol abuse, and obesity are on the rise; air pollution is potent in urban areas; and schools do not prioritize physical activity. Other causes include poverty, cultural beliefs, gender issues, early age of first intercourse, taking hormonal contraceptives, multiple pregnancies, and HIV infection (Gatune & Nyamongo, 2005; Williams, Kenya, Mati, & Thomas, 1994). Yamada et al. (2008) argue that it is easy for a woman living with HIV to develop cervical cancer due to the Human Papilloma Virus (HPV) infection. Therefore, HIV makes women susceptible to cancer. Two studies have noted that cervical cancer and HIV/AIDs should be addressed concurrently in Kenya (Huchko, Bukusi & Cohen, 2011; McKenzie et al., 2011).

Several challenges face the global initiatives to fight cancer. The inadequate number of healthcare providers, especially in developing nations, tops the list. Other major challenges are expensive chemotherapeutic drugs and negative beliefs towards pursuit of health services (Magrath & Litvak, 1993). Chokunonga et al. (2002) argue that the true incidence of cancer in almost all African countries is grossly underreported due to lack of cancer registries and record keeping. This calls for governments to be proactive in coming up with regulatory reforms that can help monitor and track cancer cases. Besides, lack of preparedness of the health system is a major bottleneck in the fight against cancer (Adeloye et al., 2016).

In a developing country like Kenya, for example, misconceptions surrounding cancer have led to underreporting. A report by the Kenya Cancer Association (2010) shows that media's advocacy for prevention, treatment, and care regarding women's vulnerability is minimal. Consequently, many women continue to die at young ages because of lack of adequate information. According to the Kenya Cancer Registry, four in five cases of cancer are diagnosed in the late stages of the disease (National Cancer Control Strategy, 2011-2016). This implies that awareness is low in Kenya. Thus, there is need to create more awareness to address the causes and explain prevention mechanisms. In turn, this will increase people's self-efficacy and empower them to take measures to prevent or control the disease.

### **Theoretical Framework: Television and Learning**

Several mass media scholars have looked at how media help in educating audiences. Mass media have the advantage of reaching many people simultaneously, making the channels ideal for disseminating messages to the public. Media scholars looking at television content have examined how it contributes to viewers' education (Eveland, 2002). Dutta-Bergman (2004) postulates that viewers who gain knowledge from health messages aired on television will be

high in health orientation while those who do not learn from such messages end up being low in health orientation. Health orientation refers to an individual's motivation to engage in healthy attitudes, beliefs, and behaviors (Dutta, Bodie, & Basu, 2008). In essence, it represents people's inclinations toward their own health (Moorman & Matulich, 1993). A person that is highly oriented toward their health is motivated to search, attend to, and comprehend health information as well as perform health behaviors. Health orientation is conceptualized "as an intrinsic interest rather than an interest that is prompted by situational factors in the environment" (Dutta-Bergman, 2005a, p. 4).

Therefore, television content is a vital learning tool that gives viewers information regarding issues happening in the health field. When it comes to how news programs aid in facilitating audiences' learning, media scholars have investigated three variables: attention, exposure, and motivation (Eveland, 2001).

### **Attention**

Attention to media messages has been studied as a variable in learning from television. Media scholars use the concept of attention as a way of explaining how audiences learn from news (Chaffee & Schleuder, 1986; McLeod & McDonald, 1985). Dutta-Bergman (2004) views attention as a cognitive variable that describes the extent to which the audience member focuses on the information presented to him or her, while allocating his or her cognitive efforts to process the information concurrently. Attention predicts learning beyond simple exposure (Chaffee & Schleuder; Craik & Tulving, 1975; McLeod & McDonald). Unlike newspapers, television as a medium can create an opportunity for inattentive processing of information (Chaffee & Schleuder, Eveland, 2002; Kosicki & McLeod, 1990). Television content such as news can play a role similar to background music that people listen to while doing their daily

chores. Researchers seeking to explain how viewers learn from the media have introduced the idea of elaboration of information to explain how people integrate information into their systems (Eveland, 2002). Elaboration refers to a process by which people blend incoming information with pre-existing knowledge. Through elaboration, a person “attaches connotative and associative meanings” to a message (Perse, 1990, p. 19). This implies that when people receive a message, they are able to integrate it into their cognitive schema, and it becomes part of their memory. On the other hand, reflective integration “represents the postexposure salience of information such that it occupies the mind and is the subject of interpersonal discussion” (Kosicki & McLeod, 1990, p. 75).

## **Exposure**

Closely tied to attention is exposure to news. Every day, television viewers are exposed to myriad television messages. Researchers focusing on how the level of exposure is tied to learning from news have come up with mixed results (Atkin, Galloway, & Nayman, 1976; Bennett, Flickinger, Baker, Rhine, & Bennett, 1996; Drew & Weaver, 1990; Eveland, 2001, 2002; McLeod & McDonald, 1985; Robinson & Levy, 1996). These include gratifications received from such news; opportunity that is defined by their location in the social structure; and people’s motivation, which is normally indexed by attention paid to news. In their study, Drew and Weaver (1990) found that the relationship between exposure and attention and knowledge gain, opinion direction, opinion strength, and actual behavior was ambiguous. Their study revealed that television influenced both cognition and attitudes. There is an indirect effect of the relationship between motivations and knowledge when it comes to news; however, most of the research on how exposure predicts knowledge has resulted in small effect sizes. Furthermore, research in this area does not explore the stages of learning that viewers go through (Eveland,

2001). To understand how exposure to certain media affects learning, there is need for more research.

### **Motivation: Uses and Gratifications Theory**

Scholars interested in learning have looked at motivation as one of the constructs of learning. Most of the theorists and scholars in this area have explored what motivates people to learn and pay attention to media messages while ignoring other messages. This study employs uses and gratifications theory, a mass media theory. Uses and gratifications theory (UGT) was developed by Katz, Blumler, and Gurevitch in 1973. The theory was influenced by early studies dating back to 1940s, when scholars such as Lazarsfeld, Stanton, and Suchman started looking at audiences' attention to programs such as quiz programs and music in radio, children's interest in comics, and people's interest in reading newspapers (Katz, Blumler, & Gurevitch, 1973). The theory uses an audience-centered approach to understand why and how audiences actively look to media to gratify certain needs. Needs refer to specific necessities of an individual. On the other hand, gratifications refer to the satisfaction of these necessities. Thus, media scholars use UGT to understand why audiences actively seek specific media outlets for gratification purposes. This implies that audience members are engaged in some activity while satisfying their needs from the media.

Blumler (1979) claimed that one problem he encountered in developing UGT was the "extraordinary range of meanings" given to the concept of activity" (p. 12). He identified four aspects of activity. One is utility, which refers to the idea that media have uses for people, and people can put media to those uses. Second is intentionality, that is, that the consumption of media content can be directed by the people's prior motivations. The third aspect is selectivity, wherein people's use of media reflects their existing interests and preferences. Lastly, Blumler



posits that people are impervious to influence: Audience members are obstinate as they might not want to be controlled by anyone or anything, even mass media. Therefore, audience members come up with their own meanings based on the media content they receive.

Early research in UGT led to later developments of the theoretical framework (Miller, 2004). First, this early research developed the notion of an active audience. Here, individuals have their own reasons for accessing media. Second, researchers came up with the idea that audience motives are considered as gratifications that individuals obtain from the media. Lastly, early scholars posited that the audience members can provide useful information about their motives and desires regarding the media they use (Blumler, 1979; Katz, Blumler, & Gurevitch, 1974; Miller, 2004).

Katz et al. (1973) claim that, although they recognize the work done by previous researchers on uses and gratifications theory, these early scholars failed to address the nexus between these gratifications and how people meet them. According to Katz, Blumler, and Gurevitch (1973): The authors note that previous researchers:

Make operational many of the logical steps that were only implicit in the earlier work. They are concerned with the social and the psychological origins of, needs which generate, expectations of, the mass media or other sources which lead to differential exposure (or engaging in other activities), resulting in, need gratification and, other consequences, perhaps mostly unintended ones (p. 510).

Katz et al (1973) came up with the five basic tenets of the theory. First, the audience is understood to be active, and its media use is goal-oriented. Here, various audiences bring various levels of activity to their consumption, as noted above. Therefore, media use patterns are shaped by the audience's expectations based on the media content. The second assumption is that the

initiative to link need gratification with media choice lies primarily on the audience. Thirdly, there are other sources of information with which the media are always competing. The media and their audiences do not exist in a vacuum. They are a part of a larger society, and the events happening in the society influence the relationship between media and audiences (Baran & Davis, 2011). Thus, mass communication serves only a segment of the vast human needs, leading to variations in the degree to which media meet these needs. The fourth assumption is that people are self-aware of their needs to the extent that they can report or recognize them when confronted with them in a lucid formation. Finally, audience orientations are explored in their own terms, calling for researchers to suspend value judgments about the cultural significance of mass communication. Therefore, people can use the same media content in very different ways, and the same content could have different consequences (Baran & Davis).

Studies in the UGT tradition have attempted to answer questions regarding the gratifications sought and obtained from the media by developing typologies of those gratifications. Researchers have sought to know if these gratifications are related to the behaviors and attitudes of the audience members (Miller, 2004). Kim and Rubin (1997) summarized this research into three processes in which audience activity facilitates media contact and effects. The first one is selectivity, whereby individuals who seek gratifications will selectively expose themselves to specific media. For instance, if one wants to know what is happening in the world of sports, he or she might choose to watch news instead of watching music videos. The second process is attention, where individuals allocate cognitive effort to media consumption, depending on the gratifications sought. For example, if a person wants detailed information about the history of Manchester United, he or she will pay more attention to a Manchester United magazine than a person merely leafing through the magazine to pass time. Finally, the third

process is involvement, in which an audience member is caught up in the message and may develop a “camaraderie” with media characters. For instance, when one is watching a reality television program, he or she may develop an emotional attachment with the “real people” shown in the programming; but in the same way, people develop parasocial relationships with characters in programs they know to be purely fictional.

Researchers have outlined different types of gratifications. For example, McQuail, Blumler, and Brown (1972) list four ways in which media gratifications are classified. First is diversion, which involves escape from routine or problems, resulting to emotional release. A second gratification is personal relationships, which involves using media to meet companionship or social utility needs. Personal identity is another gratification, and it entails self-reference, exploration of reality, and reinforcement of one’s value. Finally, surveillance involves forms of information seeking. Katz, Gurevitch, and Haas (1973) came up with audience needs taken from the social and psychological functions of the mass media and put them into five categories. These are cognitive needs (information seeking), affective needs (emotion, pleasure, and feelings), personal integrative needs, (credibility, stability, and status), social integrative needs (interacting with family and friends), and finally tension release needs (escape and diversion from routine). People might turn on their televisions to catch up on the day’s news (information needs), relax and forget their worries (escape from routine), watch a show about the origin of man (cognitive exercise), enjoy the familiar faces of characters in their favorite series (social simulation), or catch up with friends through social media (social interaction).

Due to its ubiquitous nature, television, as a mass medium, has been studied broadly. Most of the scholars in this area have looked at motivations for watching television. Rubin (1983) grouped television viewing motivations into two broad categories: “ritualistic” and

“instrumental” television use. According to this classification, ritualistic use refers to the more passive (or less active) aspects of media use, tied to viewing motivations such as habits, relaxation, and finding ways to pass the time (Rubin, 1984). On the other hand, instrumental use refers to goal-directed viewing, where viewers seek specific content because of certain needs—for example, the need for information (Rubin).

Rubin (1981) extended the McQuail, Blumler, and Brown’s (1972) classification of media gratifications by coming up with eight motivations that can account for most explanations people give for why they watch television. These are: passing time (for instance, watching television in a waiting room to see one’s doctor), companionship (football fans getting together to watch the World Cup—they get a chance to see their friends, and therefore, watching the game becomes secondary), escape (whereby instead of focusing on that anxiety-causing thesis defense, a college student might just watch a movie to escape the pressure of schoolwork), enjoyment (in that the whole experience of watching a television show is enjoyable), social interaction (for example, watching *Narcos* to get an opportunity to start a conversation with someone else who saw the show), relaxation (whereby after a busy day, one may turn on the television just to relax), information (to keep up with the latest information), and finally, excitement (for instance, watching a thrilling show that has also has intense use of humor).

Mass media scholars have extensively explored how UGT can be applied in health communication. Dutta-Bergman (2004) argues that audience motivation, a key pillar in UGT, has been a subject of extensive research in health communication. The motivation to be healthy defines the extent to which an individual is willing to take care of his or her health. Motivation acts as an impetus to an individual’s interest in a particular issue. In terms of health information, an individual will be motivated to participate in issues of personal health and conduct intensive

research on relevant health information. Media are one of the sources that people turn to in order to get health information, and individuals with health motives are especially likely to turn to available media to answer questions regarding health.

Most research on uses and gratifications for health-related television viewership has focused on medical dramas. Lee and Taylor (2014) posit that, although the primary motive for viewing television medical dramas is not to gather information, viewers' health information motives predict the use of health information from medical dramas. There is a likelihood that people will seek television news with motives in mind that need gratification (Hornik & Niederdeppe, 2008; Shim, Kelly, & Hornik, 2006). This is because television news is good at breaking health news stories and advising the public on what to do, especially on emerging infectious diseases (Pribble et al., 2010). This implies that television news can be an effective means for health education.

### **Media and Cancer**

Newspapers, television news, and other television programming have been at the forefront in creating awareness of the spread of diseases. Given media's potential influence, it is critical to look at how it communicates cancer messages and how the audience reacts to these messages.

### **Media, Cancer, and Ambiguity**

The media play a pivotal role in creating awareness of various diseases. For instance, they inform the public about new developments in cancer research (Aggarwal, Batura, & Sullivan, 2014). McCombs and Shaw (1972) argue that news media help the public to identify what issues to think about, and this applies specifically to health messages. As health policy expert Milio (1986) has pointed out, mass media can influence health at personal and public

levels. At a personal level, the mass media may provide information and models that stimulate changes, both positive and negative, in health-related attitudes and behaviors. At the public level, the mass media may also raise awareness of health issues among policymakers and, thus, may contribute to changing the context in which people make choices about their health.

Media power can influence the attitudes and health policy in a country (Parkin et al., 2003). Given television's latent influence among relevant audiences in Kenya in regard to health issues like family planning and HIV/AIDS (Mahoney & Bates, 2013; Singhal & Rogers, 2003), it is important to explore how television, one of the most ubiquitous media in society, is perceived and how the audiences use the information they get from television news regarding cancer. News media coverage aired on television on the health issues those surrounding cancer is still low, and some of the information is still riddled with fear, ambiguity, and misconceptions (Calloway et al., 2006). Incidences of cancer in television news are often reported just like any news story with no specific aim of creating awareness for a certain audience. This implies that such reportage may not have a meaningful impact on cancer awareness creation.

Representations of cancer in the media have led to cancer being associated with long, debilitating treatments, fear, hopelessness, and sometimes death (Clarke & Everest, 2006). For instance, media coverage of reality television celebrity Hade Goody's battle with cervical cancer raised awareness that young women may be at risk of developing cervical cancer (Cassidy, 2009) and who were less likely to undergo screening (Baker & Middleton, 2003). In their study to determine how cancer news coverage reports about cancer care and outcomes, Fishman, Have, and Casarett (2010) reveal that news reports about cancer frequently discuss aggressive treatment and survival but rarely discuss treatment failure, adverse events, or end-of-life care. The few reports about cancer that discuss death and dying generally do not mention palliative and hospice

care (Fishman et al.). These unrealistic portrayals of cancer care in the news media may give patients an inappropriately optimistic view of cancer treatment, outcomes, and prognosis.

In addition, the media have a huge influence in changing health behaviors. Taveras et al. (2004) found that the desire to look like figures in the media was heavily associated with higher physical activity. In some cases, however, the media have also been shown as a major contributor towards harmful health behaviors. For instance, Wakefield and colleagues (2003) did a study on cigarette advertising and promotions, anti-smoking advertising, product placement in movies, and news coverage about smoking. They found that the media act as a source of observational learning by providing models that teenagers seek to emulate. Therefore, exposure to media messages about smoking also provides direct reinforcement for smoking (Wakefield, Flay, Nitcher, & Giovino, 2003).

News media regularly fail to incorporate public health information in their news coverage (Dorfman, Wallach, & Woodruff, 2005). Media critics argue that most of the health information that reaches the masses through media is full of obscurity and, hence, leads to more confusion. There are also questions about reliability, credibility, and adequacy of information such as media promoting pessimistic judgments about risks and potential outcomes of risk-reducing behaviors as well as pulling down the adoption of these behaviors (Han, Moser, & Klein, 2007). Other scholars argue that news reporting is pervasive with sophisticated, confusing, and conflicting information (Clarke & Everest, 2006; Gill & Babrow, 2007; Hurley, Kosenko, & Brashers, 2011; Lantz & Booth, 1998). The ambiguity such media create can also be seen in lack of discussion of appropriate caveats, limitations, and vague scientific evidence regarding illness (Hurley et al., 2011; Jensen et al., 2011; Lai & Lane, 2009). Media coverage creates a pool of scientific terms that are often misinterpreted and oversimplified (Mazor et al., 2010).

Another area of concern when it comes to health reportage is that news often focuses on the big picture, such as a disease, and fails to present contextual information (Coleman & Thorson, 2002). Additionally, the presence of numerous media platforms subjects the audiences to high chances of getting cancer information overload (CIO), in that media consumers may have too many recommendations about cancer prevention for viewers to know which ones to follow (Jensen et al., 2014). As Lemal and Bulck (2009) report, exposure to television news about cancer is associated with increased fear of the disease. In their study on women's exposure to television news with cervical cancer information, Lemal and Bulck (2011) found that women who are regularly exposed to cervical cancer messages were three times more likely to be afraid of the disease and perceive a risk of being diagnosed with the disease. In sum, when the media give too much information about the disease, audiences are left grappling with information overload, confusion, and fear

However, television viewers are not passive recipients of media messages regarding cancer. In their study to describe cancer-related scanning and seeking behavior as well as its relationship with knowledge, lifestyle behavior, and screening, Shim, Kelly, and Hornik (2006) reveal that people who scan media to seek cancer information are those who acquire knowledge, adopt healthy lifestyle behaviors, and get screened for cancer. Several studies have linked information searching to decision-making. For example, Baker, Wagner, Singer, and Bundorf (2003) found that 74 per cent of more than 3,000 Americans surveyed use media information gained to enhance their decision-making ability. A study based on data from Illinois Cancer Registry also found that information-seeking is related to discussing the information with physicians, and information acquired is useful for media audiences in making decisions about cancer and health (Czaja et al., 2003). Heavy media attention could attenuate knowledge gaps



between individuals while lack of news may widen the knowledge gap (Stryker, Emmons, & Viswanath, 2007). Collectively, these studies support the idea that television news is one of the primary sources of health information to the public. However, it remains unclear how news media, including television news content, cover developing stories surrounding cancer (Anhang, Goodman & Goldie, 2004), and such coverage may be specific to each culture.

### **The Kenyan Media Landscape**

The media act as a liaison between the citizens and the state. The development of Kenyan media has been heavily influenced by economic changes in the country (Amutabi, 2013). Since the liberalization of the airwaves in Kenya, a media boom was experienced, with private players launching their radio and television stations. Establishment of privately owned media stations presented avenues through which citizens could confer with each other, through interviews and being called into newsrooms to express their opinions; the media helped the people of Kenya to understand and appreciate the ideas of freedom and democracy by giving them a voice and agency (Amutabi). These private stations were established to counter the government-owned Kenya Broadcasting Corporation (KBC), which often fell short of the standard of a public interest information service because of its bias and partiality in reporting politics (Amutabi). As a virtual monopoly, KBC was biased and appeared to sanitize government actions and views (Ogola, 2010).

Broadly, the Kenyan media is classified into two types: mainstream and alternative media. Makokha (2010) attempts to operationalize the two terms as used locally in Kenya by noting, for instance, that the term “mainstream media” refers to those media channels that are accessible to the greatest proportion of the population because of certain similarities in their professional pursuits. Broadcast media have made positive strides in the country. Previously,

television was a preserve of the urban middle-class dwellers. However, this has changed over the years, with numerous companies offering affordable television sets in the country. This came after the liberalization of airwaves in Kenya, leading to an upsurge of television stations (Musau, 1998). PayTV services such as Startimes, GoTV, and DSTV have provided alternative sources of entertainment and information, what Makokha terms “alternative media,” giving viewers a wide array of channels from which to choose. This has shaped how the Kenyan population see and interpret the world. The media continue carrying out their duties of surveillance, entertainment, and informing the masses of current occurrences in the world. Kompare (2011) argues that television’s perpetual cultural and industrial instability has extended in recent years into more radical reconfigurations, as television has migrated from domestic set to networked nodes, challenging the long-standing practices such as broadcast schedules and broad national address. This migration has allowed audiences to select and easily identify with the medium of their choice. Additionally, media convergence due to technological advancements has led broadcasters to tailor their messages to specific subsets of the population (Vahlberg, 2010).

One of the most common media in Kenya is television. It is no longer a preserve of the rich. Currently, there are over 20 television stations. A survey to establish radio and television ownership conducted in February 2008 revealed that at least 10.7 million Kenyan homes had access to either a radio or television set (AfriMAP, 2011). Most television consumers in Kenya are mainly interested in news (Nyabuga et al., 2013).

With so many stations, there is stiff competition in the television industry in Kenya, and there has been a shift in the popularity of many television stations. Statistics indicate that Citizen Television is the most popular station in Kenya with its *Citizen News* at 9 p.m. every day. It is followed by Nation TV with its *NTV Tonight* bulletin, KTN is third with its primetime news, and

KBC is fourth. However, figures show that while Citizen has increased its share of national viewership, there is a constant fluctuation in viewership for many other television stations. KBC, for instance, dropped from second to fourth position. As noted above, KBC's audience share has been significantly eroded because of its apparent closeness to those in power, representing the views of the political elite. This is evidenced by the fact that it was set up by an act of parliament whose mandate is, *inter alia*, "to assume the government functions of producing and broadcasting programmes or parts of programmes by sound or television" (National Council for Law Reporting, 2010, p. 2). KBC also has a 9 p.m. news bulletin. The fact that it is controlled by the executive (the country's president and the Minister for Information and Communication appoint its management) means it suffers credibility problems, particularly as a source of news. K24 also has Kiswahili and English bulletins, *Mchipuko wa Habari* and *Big Story*, at 7 p.m. and 9 p.m. respectively. All the television stations have English news bulletins at 1 p.m. Shorter Kiswahili bulletins are also carried by the stations throughout the day, with the most popular ones broadcast at 7 p.m. KTN has *KTN Leo* (KTN Today), NTV *Jioni* (NTV at 7), Citizen has *Citizen Nipashe* (Inform me), and KBC, *Darubini* (Telescope).

The reasons for offering both Kiswahili and English bulletins relate to the language and level of comprehension of the different audiences. Kiswahili bulletins are mostly suitable for rural audiences, some of whom cannot speak English. English bulletins are addressing urban and more sophisticated audiences. These include Kenyans and foreigners, diplomats, and decision-makers. This is because the English bulletins are longer and often have expert interviews and analyses. Most of the stations have long morning interactive news programs. For instance, Nation runs "NTV This Morning" between 6 a.m. and 9 a.m., KTN has "Sunrise Live," Citizen

“Power Breakfast” at the same time, and KBC broadcasts “Good Morning Kenya” between 8 a.m. and 9 a.m.

These news programs are filled with health information, some focusing on cancer. However, little is known about how information presented on television is acquired by the audience members, how much the audience engages with news, and why the audience would pay key attention to news containing health messages. For example, a media promotion of handwashing achieved successful results in the country (Schmidt et al., 2009), and women’s exposure to media with family planning promotion leads to rise in the use of contraceptives (Jato et al., 1999). Likewise, women’s knowledge of contraceptives and formation of more favorable attitudes towards family planning are positively associated with the number of mass media interventions (Kane, Gueye, Speizer, Margolis, & Baron, 1998). These studies support the idea that media have effects on viewers’ health behaviors.

### **Health Information in Television News**

The quintessential presence of television in the lives of Kenyans has led to a plethora of studies in its role in educating the masses (Abenga, 2009; Coldevin, 1980). Many scholars have examined the positive effects of watching television news, with a special interest in health information and how people learn from such news programs. As discussed earlier, some of the health information embedded in television news tends to be brief and sometimes ambiguous.

Television news plays a fundamental role in highlighting health stories. This includes cultivating the audiences’ knowledge of and attitudes related to health (Wang & Gantz, 2007). Most of the health information that viewers get from television ultimately has positive effects on their memory and attitudes toward health (Dutta-Bergman, 2007). For example, when an individual is inclined toward health information about disease and treatment options from

television news, he or she is most likely to become health-oriented and to remember this information. Even with this in mind, researchers have not given much attention to what exactly viewers get from these newscasts and how they use the information. Message frames, story topics, location, length, and presence of self-efficacy methods vary from one station to another (Lee, Lee, Park, Willis, & Cameron, 2013).

Most health stories are less than 30 seconds long and can usually be classified into one of two different types of frames: gain-frames and loss-frames (Lee et al, 2013). *Gain-frames* illustrate the advantages of performing a certain behavior while *loss-frames* put more emphasis on the negative ramifications of failing to perform a behavior (Lee et al.). Lee et al. (2013) explain that gain-frames deal with advancements in treatment or philanthropic events, while loss-frames talk about negative statistics and trends. Therefore, health messages can focus either on negative ramifications of continuing or adopting a behavior (loss-frame), or they can look at the positive aspects of abstaining from a behavior (Schneider et al., 2001).

Research suggests that the efficacy of gain-framed and loss-framed messages is dependent on several factors such as the type of health behavior (O'Keefe & Jensen, 2007), psychological differences such as need for cognition (Rothman, Martino, Bedell, Detweiler, & Salovey, 1999), and the level of issue involvement by the health-message recipient (Millar & Millar, 2000). Furthermore, efficacy information is reported more in health-related statistical reports and prevention messages, while topics concerning health disparities in terms of race, socioeconomic status, or gender and health-policy have less efficacy information on them (Lee, Lee, Park, Willis, & Cameron, 2013). How audiences perceive gain and loss frame messages and why they perceive different types of messages to be appropriate at different times are areas that need further exploration. The mixed evidence about loss and gain frames calls for careful

interpretation of research in this area. This is because what motivates one person may not necessarily motivate someone else. Thus, there is need to pay attention to individual behaviors or small groups sharing similar attributes.

Message framing has received a fair amount of research. There is some evidence that gain-frame appeals are more effective than loss frame appeals. For instance, research shows that gain-framed messages are effective when promoting prevention behaviors, like using sunscreen to protect against skin cancer (Detweiler, Bedell, Salovey, Pronin, & Rothman, 1999), while loss-framed messages are successful when promoting health detection behaviors such as breast self-examinations (Banks et al., 1995; Meyerowitz & Chaiken, 1987).

As a routine medium, television presents the audiences with cancer messages. However, research done on cancer information has predominantly focused on audience's active seeking of information, overlooking information gathered through routine media use, or what media scholars call scanning (Czaja, Manfredi, & Price, 2003; Freimuth, Stein, & Kean, 1989). Areas that have attracted diverse attention are patients' information needs (Bennenbroek, Buunk, Van der Zee, & Grol, 2001; Boberg et al., 2003; Chalmers, Marles, Tataryn, Scott-Findlay, & Serfas, 2003; Lock & Willson, 2002; Rees, Sheard, & Echlin, 2003), the information that is relayed to the patients (Kunst, 2002; Mills & Davidson, 2002), or their media preferences (E. James, C. James, Davies, Harvey, & Tweddle, 1999; Johnson & Meischke, 1991; Mills & Davidson, 2002; Wallberg et al., 2000).

Previous research, especially on uses and gratifications theory, has paid little attention to health messages found on television news. A majority of UGT research has investigated motives toward entertainment programs such as reality television shows (Nabi, Biely, Morgan, & Stitt, 2003; Papacharissi & Mendelson, 2007) and soap operas (Babrow, 1987; Rubin & Perse, 1987).

Motives associated with these types of programming are entertainment, relaxation, social interaction, and habit. Such motives are also likely to apply to television news. An additional motive that has been studied for television news viewing is information seeking (Perse, 1990; Vincent & Basil, 1997). Studies have also shown that people can gain health information by passive exposure through routine media use or even conversation about the news, or information scanning, as well as by being actively engaged in health information seeking (Hornik & Niederdeppe, 2008; Shim, Kelly, & Hornik, 2006). Information scanning occurs without strong motivation to obtain information; nevertheless, it influences knowledge (Hornik & Niederdeppe; Niederdeppe et al., 2007). Applying information scanning to television news implies that news watching as a routine could lead viewers to learn health-related or medical related information even if they are not directly attending to the programming.

### **Current Study, Hypothesis, and Research Questions**

To date, little research exists in the communication field discussing perceptions of television news as a source of information on cancer and how audiences use such information. However, because television plays a fundamental role in the lives of its audiences, it is possible to assume that audiences are paying attention to information touching on cancer, as it has emerged to be one of the leading killers in the world.

The literature presented above acknowledges the role that television news plays in the lives of people. As a medium of communication, television has become a ubiquitous part of human lives due to its audio-visual nature. However, there is insufficient research on television news and cancer, as most of the studies done within health communication and mass media scholarship have focused on medical dramas, public service announcements (PSAs), and commercials.

This study seeks to fill the gaps from previous studies, especially regarding what audiences do with cancer messages found in television news. There is an upsurge of cancer cases in Kenya (Topazian, et al., 2016), and this study could be beneficial to journalists, editors, producers and other media practitioners to guide them on how best to package their news stories. Journalists often invite cancer experts (doctors) in media outlets to debunk the previously described cancer myths and misconceptions (Encyclopedia of Public Health, 2016). Sometimes, they just present statistics based on research or invite cancer victims to air their voices about cancer. In other cases, the newscasters only focus on the launch of cancer hospitals and donation of equipment, without digging deeper into cancer and its ramifications in society. The research above shows that media can be a powerful tool in reducing cancer mortality in Kenya (National Cancer Control Strategy, 2011-2016). Presently, people are concerned about their well-being and are seeking media to make informed decisions surrounding their health. Therefore, there is need to explore the ways in which people look to media to gain an awareness of cancer. Rubin (2002) noted that an early criticism of motive research was the lack of clearly defined purposive and habitual motives people have for using particular media content. It is still unclear what motives people have for watching television news with cancer information. Thus, the following research questions were proposed:

RQ<sub>1</sub>: What are the motives people have for watching television news with cancer information?

In addition, uses and gratifications theory posits that people seek media with needs to gratify. Due to lack of enough evidence as to why people seek media with cancer messages, there is need to explore this area further by understanding how the motives people have can predict the frequency of watching television news with cancer information.



RQ<sub>2</sub>: Do the motives that one has for watching television news with cancer messages predict the amount that he or she watches?

Further, it is useful to know how the viewers use the information they gain from watching television news with cancer messages. That is, how they use the information they get from such news. This leads to the following question:

RQ<sub>3</sub>: How do viewers use the information that they gather from TV news?

Previous studies on medical dramas have shown that people learn information from medical dramas and engage in postexposure behaviors with the information gained from these dramas (Hether, Huang, Beck, Murphy & Valente, 2008; Morgan, Movius, & Cody, 2009). Based on the literature above, people act on the information that they receive from television news. As a result, people who are motivated to watch TV news with cancer messages are engaged in the news so that they when they receive information from television news with cancer messages, they will act on it by becoming aware of the disease, seeking medical attention, and sharing the information with family members as well as friends. When one is aware of the disease such as its causes and prevention measures, he or she will know how to control it better. For instance, if a message is about how physical exercise can keep the disease at bay, the best action may be starting to work out. This leads to the following:

H<sub>1</sub>: People who learn from television news with cancer information are more likely to engage in postexposure behaviors such as changing their lifestyles and sharing the information gained with family members and friends. Therefore, people who are motivated to watch TV news with cancer messages are likely to be more engaged in the news.

The study explores the link between engagement and the possibility of sharing the information with other people such as friends and family members. This will provide an understanding of what viewers do with the information they receive from such messages.

Considering the media play a critical role in learning, the researcher will also ask the following questions:

RQ4: How does television news from local channels contribute to participants' knowledge about cancer?

RQ5: What personal experiences have participants had with cancer?

### **Conclusion**

This chapter has looked at various studies on television content and cancer, including research regarding learning, ambiguity, and the salient reasons why people watch television. It has also presented a theoretical framework that forms the foundation of the study. The chapter has identified gaps in research when it comes to television and learning and proposed a series of hypotheses and research questions that would address those gaps. As many people in developed and developing countries continue dealing with the disease, there is a need to explore how people perceive the information they get from television news and how they use this information for the betterment of their lives. The next chapter looks at the methods used to carry out this study.

## CHAPTER III: METHODS

The previous chapter explored global cancer statistics, challenges facing the global fight against cancer, media's ambiguity in reporting cancer cases, and the theoretical framework forming the cornerstone of the current study. The chapter presented Kenya as a specific case for focus, looking at the media landscape in the country and various gaps in research. This chapter explains how data will be collected and the procedures that will be followed in the current study.

### **Participants**

The sample consisted of 212 participants. Composition of the sample was 56.6% male and 43.4% female. The mean age was 28.07 ( $SD = 5.734$ ), ranging from 19 to 50 years old. Participants primarily identified themselves as Native Kenyans (94.9%), followed by Biracial/Mixed (3.9%), and Asian (1.5%). Most the participants were urban dwellers, living in Nairobi and Mombasa. Educationally, the greatest number of participants were first degree holders (70.8%), followed by post-graduates (22.6%), high school (5.1%), and (1.5%) preferred not to disclose. The participants were Kenyan citizens and current consumers of TV news and residing in Kenya or having lived in Kenya for at least 15 years. Self-selection was used to recruit participants who participated in the study. Participants were recruited using email messages and social networking sites such as Facebook, Twitter, and WhatsApp. Subjects were told that the study was investigating their perceptions toward television news with cancer messages.

### **Procedure**

After reading the informed consent and accepting to take part in the study, participants were directed to the study questions which was available online on SelectSurvey, a survey-support software system. The questions were written in English, which is one of the national

languages in Kenya. Surveys were appropriate for this study because they allow a researcher to effectively collect data from large random samples, thus allowing for more “robust conclusions” (Allen, Titsworth, & Hunt, 2009, p. 11). Surveys also enable a researcher to ask standardized questions to all respondents (Croucher & Cronn-Mills, 2015; Keyton, 2015).

### **Measures**

Most scales used Likert-type items (1 = *strongly agree* to 7= *strongly disagree*). These were all new scales created specifically for this study. The scales were created based on the original central claims of UGT as discussed in the literature review. Open-ended questions were also used to address some of the research questions. There were eight sets of questions, and each set had its own instructions at the top to direct the participants on what was required of them. The respondents responded to questions regarding their frequency of watching TV news with cancer information. The respondents also answered questions about their engagement with TV news with cancer messages, their motives for watching TV news about cancer, and what they do with the information they gather from the news. In addition, there were open-ended questions looking at how television news contributes to the participants’ knowledge about cancer and their personal experiences with cancer. Lastly, they responded to demographic questions. These were generally about age, ethnicity, among other variables that facilitated a description of the sample. It took the participants approximately 15 minutes to complete the survey.

### **Motives for Watching TV News with Cancer Information**

The participants explained their motives for watching television news with cancer information by responding to six statements about possible motives for watching television (e.g., “to get information about the disease,” “to share the information with others”). In this study,

motive refers to the driving force or the impetus that makes people watch television news with cancer information.

### **Frequency of Watching TV News with Cancer Information**

The participants described their frequency of watching TV news with cancer information by answering the following question: “How often do you watch TV news with cancer information?” Seven response options ranged from “I watch television news every hour” to “never.”

### **Engagement with the News**

To indicate their level of engagement with news media, participants answered the question, “On average, how engaged are you in watching a news program with cancer information?” choosing between seven response options (“not engaged (0-10% of your attention”) to “very engaged” (90-100%).” In this study, engagement refers to the curiosity, the passion, and the degree of attention an audience member bequeaths to TV news with cancer information.

### **The Effects of Watching TV News with Cancer Information on Behavior**

To provide understanding of what the participants do with the information they receive from TV news with cancer information, they responded to questions about how they use the information they gather from such news. Examples of the six statements here were: “When I watch TV news with cancer information I share the information with family and friends” and “When I watch TV news with cancer information I visit the doctor for cancer screening.”

### **Believability of the Message**

To understand the kind of messages that the participants believe, the researcher sought to know what kind of messages the participants believe. This was based on the nature of the

messages that the audiences believe. Respondents answered six statements about believability of media messages, which included: “I trust TV news with a cancer expert (doctor)” and “I trust TV news with a cancer victim’s voice.”

### **How Television News Contributes to Cancer Knowledge**

To provide data for this question, participants answered an open-ended question regarding the ways in which television news adds to their knowledge about cancer. The question was: “How does television news from local channels contribute to your knowledge about cancer?”

### **Personal Experiences with Cancer**

The participants were also asked to share a brief story if they had encountered cancer, either personally, through family members, or through friends. The question read: “Have you encountered any personal experiences with cancer? If yes, please share the experience briefly.”

### **Demographic Questions**

The last section of the survey sought to know the participants’ demographics. Questions of biological sex, age, ethnicity, year in school, and religious affiliation were asked. For religious affiliation, the participants typed in the religion with which they identify themselves. On ethnicity and year in school, the participants selected a category from pre-set lists to describe themselves. Regarding age, the participants were presented with a number slider where they can slide and pick their exact age. Demographic information was important for this study because it allowed the researcher to get an understanding of the study population. In addition, the demographics of the sample helped the researcher determine how close the sample replicates the general population of Kenya.

## Data Analysis

Data were analyzed using both quantitative and qualitative techniques. To test the validity of the scales used, an exploratory factor analysis with Varimax rotation was conducted. Exploratory factor analysis (EFA) was used to determine the factor structure of each measure, because these are all new scales. Schmitt and Sass (2011) argue that EFAs help researchers depict the relationships between variables/items and latent traits. Factor structure was determined using the 60/40 factor loading criterion, KMO and Bartlett's test ( $p < .001$ ), and a scree plot with eigenvalues greater than 1.00. The researcher also reported variance and all items contained in the factors.

To answer the first question about motives for watching television news with cancer messages, descriptive statistics were used. According to Croucher and Cronn-Mills (2015), descriptive statistics help researchers to visualize how data appear in numerical and visual terms, enabling them to have insights into the underlying characteristics. A simple regression was conducted to answer the second research question regarding the relationship between the extent of information-seeking and the frequency of watching TV news with cancer information. In this case, the researcher predicted that the extent to which an individual seeks information (predictor variable) will predict his or her frequency of watching TV news (outcome variable) with cancer information. A simple regression enables a researcher to determine the predictive value of one variable for another (with both variables having continuous data), provides an estimate of the relationship between variables, and "provides information that can be useful for prediction" (Allen, Titsworth, & Hunt, 2009, p. 156). Descriptive statistics were used to answer research question three, which looked at how viewers use the information they gather from TV news with cancer information. To test the hypothesis, simple regression was used.

To answer the open-ended questions, thematic analysis was used. Data from these questions were developed into themes and analyzed qualitatively depending on the emerging patterns (inductive data analysis). Braun and Clarke (2006) defined thematic analysis “as a way of analyzing and reporting patterns with in data” (p. 79). Themes were determined by the extent to which words or phrases captured issues pertinent to the research questions and represented emerging patterns (Lindlof & Taylor, 2011). Using unitization, the researcher inductively analyzed and broke answers from the surveys into idea units depending on emerging themes (Lincoln & Guba, 1985). Braun and Clarke (2006) defined inductive analysis as a data-driven method of coding data without trying to group them into pre-existing categories or preconceptions. The units were then developed into categories based upon the similarities in the units as these related to the ideas sought in the research questions. The inter-rater reliability was calculated and Cohen’s Kappa ( $K$ ) was reported (Cohen, 1960).

Two coders used the first 30 participants (14.2 % of the data) of the 212 participants, to test the applicability and practicability of the themes. Each coder looked at the data and identified distinct idea units. Using Guetzkow’s  $U$  (Guetzkow, 1950), coders had an intercoder unitizing reliability of .96. Then, the coders developed themes and placed units into specific themes. To help reconcile the differences emanating from the coding and interpretation, the coders invited a third coder. The disagreements were resolved through consensus, where the coders mutually agreed where to place the disputed units. The coders came up with five themes: *knowledge on prevention and creation of awareness (RQ<sub>4</sub>)*, and *family, friends, and patients (RQ<sub>5</sub>)*. Based on Cohen’s  $K$  (Cohen, 1960), the coders had a reliability of .86 for RQ<sub>4</sub> and .87 for RQ<sub>5</sub>.



## **Conclusion**

This chapter has described the methods that were used to carry out the current study. It began with the recruitment of participants and the procedure for running the study. The chapter also presented various measurements that were carried out. Finally, the chapter presented an analysis of how data will be analyzed. The next chapter will present the results of the study.

## CHAPTER IV: RESULTS

The previous chapter explained the procedure for collecting and analyzing data. This chapter presents the results of the study. First, the quantitative results are presented, then the qualitative results. Some of the statistical analysis performed were descriptive statistics, independent samples *t*-test, simple linear regression, and correlation. Through these analyses, the chapter addresses the research questions and hypothesis suggested in this thesis. The results presented in this chapter give insights into the perceptions that television news viewers have of messages with cancer messages and how they use the information that they get from such messages. Considering that the study used new scales developed specifically for this study, this chapter starts with exploratory factor analyses (EFA) of the scales.

### **Exploratory Factor Analysis**

#### **Motives Scale**

In the EFA on the motives items, one item was eliminated iteratively since it did not meet the 60/40 factor loading criteria. The final EFA procedure produced an acceptable one-factor solution. The KMO measure (.789) and Bartlett's test [ $\chi^2 = 258.253 (10), p < .000$ ] were all acceptable. One factor produced eigenvalues that were greater than 1.00, as confirmed by the scree plot. The unidimensional factor observed here was labeled the *Motive Scale*, and it comprised of five items looking at the motives that viewers have for watching TV news about cancer. The one-factor solution observed explained a 49.524 % of the cumulative variance with a 2.476 eigenvalue. The final uni-factor solution produced very good reliability,  $\alpha = .833$ . See Table 1 for the factor loadings.

Table 1: *Factor Loadings for Motives Scale*

Survey Item	Evaluation
4. I watch TV news with cancer information to learn how other people are managing the disease.	<u>.768</u>
5. I watch TV news with cancer information to understand how cancer is acquired, diagnosed, and treated.	<u>.737</u>
3. I watch TV news with cancer information to see the progress on the fight against the disease.	<u>.713</u>
2. I watch TV news with cancer information to share the information with others.	<u>.662</u>
1. I watch TV news with cancer information to get informed about the disease.	<u>.629</u>
	Eigenvalue 2.476
	% of Variance 49.524
	Cronbach's Alpha .833

### **Believability Scale**

For the items on believability, no items met the 60/40 loading criteria. Thus, the final EFA procedure produced an unacceptable three-factor solution. Both the KMO measure (.399) and Bartlett's test [ $\chi^2 = 24.047 (6), p < .001$ ] were unacceptable. The scree plot did not confirm any factors that had eigenvalues greater than 1.00.

### **Response Scale**

In the initial EFA on the response items, one item was eliminated iteratively since it did not meet the 60/40 factor loading criteria. The final EFA procedure produced an acceptable two-

factor solution. Both the KMO measure (.762) and Bartlett's test [ $\chi^2 = 126.916 (6), p < .000$ ] were acceptable. The scree plot confirmed one factor that had eigenvalues greater than 1.00. The two-factor solution, the first factor consisting of three items and the second factor consisting of two items, collectively explained 45.295% of the variance. See Table 2 for the factor loadings.

Table 2: *Factor Loadings for Response Scale*

Survey Item	Personal	Others
3. When I watch TV news with cancer information I get information about the disease.	<u>.734</u>	.102
5. When I watch TV news with cancer information I become conscious about my health.	<u>.690</u>	.222
6. When I watch TV news with cancer information I become empathetic on how people are suffering and the problems they are going through.	<u>.643</u>	.032
1. When I watch TV news with cancer information I share the information with family.	.473	<u>.671</u>
4. When I watch TV news with cancer information I do not talk about it with my friends.	.005	<u>.500</u>
	Eigenvalue	2.569 1.430
	% of Variance	38.511 9.766
	Cronbach's Alpha	.738 .500

The first factor explained 38.511% of the variance with a 1.926 eigenvalue, while the second factor explained 9.766 % of the variance with a .488 eigenvalue. The first factor, consisted of four items which we all related to how viewers use the information they get from television news with cancer information personally. The second factor consisted of two items

related to how viewers use the information they get from television news with cancer information for the benefit of others. The final two-factor solution produced an overall alpha coefficient reliability of .705 for the scale. The three items that comprised the *Response to messages* subscale one ( $\alpha = .738$ ) and the two items that comprised the *Response to Messages* subscale two ( $\alpha = .500$ ) producing respectable and unacceptable reliabilities.

## **Research Questions and Hypothesis**

### **Motives for Watching Television News (RQ<sub>1</sub>)**

According to uses and gratifications theory, news viewers have their motives for paying attention to television news with cancer. The results revealed that the respondents were guided by certain motives to watch television news with cancer messages. The participants showed a few motives in the following areas: To know the progress in the fight against the disease, to get information about the disease, and to share information with others. However, there were certain motives that led the audiences to watch television news with cancer: To know how the disease is acquired, diagnosed, and treated; to see how others are managing the disease. Table 3 summarizes the findings from the descriptive statistics and scoring for each of the item of the Motives Scale. These findings are analyzed in detail and inferences drawn in the succeeding discussion chapter.

Table 3: Motives Portrayed by Kenyans

Item	<i>M</i>	<i>SD</i>	%	<i>N</i>
I watch TV news with cancer information to get informed about the disease.	4.20	.90	2.6	58
I watch TV news with cancer information to share the information with others.	3.73	.94	2.7	63
I watch TV news with cancer information to see the progress on the fight against the disease.	4.03	1.02	2.6	61
I watch TV news with cancer information to learn how other people are managing the disease.	4.14	.97	4.1	64
I watch TV news with cancer information to understand how cancer is acquired, diagnosed, and treated.	4.12	1.1	4.5	56
I watch TV news with cancer information because the other family members are watching.	2.30	1.15	26.7	62

*The % equals those who strongly agree*

### Frequency of Watching Television News (RQ<sub>2</sub>)

A simple regression procedure investigated whether *Motives* could predict *the frequency that one watches television news with cancer messages*. Missing cases were excluded pairwise. Results of the regression analysis indicated that 12.9 % of the variance in the frequency could be predicted by *Motives*,  $R^2_{adj} = .123$ ,  $F(1, 131) = 19.442$ ,  $p < .001$ . Analysis of regression coefficients indicated that *Motives*,  $\beta = .602$ ,  $t = 4.409$ ,  $p = .000$ , 95% CI [.332, .872] were significant predictors. Thus, the significant results of the regression procedure indicated that *Motives* were able to account for a significant amount of variance in the *amount that the audiences watch*. Beta weights for the final regression model can be found in Table 4.

Table 4: Beta Weights for Motives Predicting Frequency

Variable	<i>B</i>	<i>SE B</i>	□
Motives	.602	.087	.359
$R^2$		.0129	
$R^2_{adj}$		.123	
<i>F</i>		4.409**	

\*\* $p < .01$ .

### Relationship between Motives and Engagement (H<sub>1</sub>)

A simple regression procedure investigated whether *Motives* could predict *the level of Engagement*. Missing cases were excluded pairwise. Results of the regression analysis indicated that 20.2 % of the variance in the engagement with the news could be predicted by *the Motives that one has*,  $R^2_{adj} = .194$ ,  $F(1, 108) = 27.288$ ,  $p < .001$ . Thus, the significant results of the regression procedure indicated that *the Motives for watching TV news* were able to account for a significant amount of variance in *the Engagement*. Analysis of regression coefficients indicated that *Motives*,  $\beta = .449$ ,  $t = 5.224$ ,  $p < .001$  were significant predictors. Beta weights for the final regression model can be found in Table 3. An independent samples *t*-test was conducted to determine if *there were any differences in the postexposure behavior (responses) portrayed by men and women who learn from TV news*. The Levene's test for variance was not significant ( $F = 1.11$ ,  $p = .293$ ), so equality of variance can be assumed. Male participants' ( $M = 4.09$ ,  $SD = .771$ ) scores of postexposure behavior did not statistically significant differ from those of female participants ( $M = 4.26$ ,  $SD = .524$ ,  $t(127) = -1.47$ ,  $p = .143$ ).



Table 5: Beta Weights for Motives Predicting Engagement

Variable	<i>B</i>	<i>SE B</i>	□
Motives	.679	.087	.449
$R^2$		.202	
$R^2_{adj}$		.194	
<i>F</i>		27.288 **	

\*\* $p < .01$ .

A multivariate correlation was run to assess the relationship between responses (postexposure behavior), amount of TV news watched, motives, and engagement. All these scales demonstrated a strong, positive, association with each other,  $r(131) = .560, p < .001$ .

### **Response after Watching Television News with Cancer Information (RQ<sub>3</sub>)**

To understand how viewers use the information they gather from television news with cancer messages, descriptive statistics revealed that TV news mostly make Kenyans empathetic about those suffering from the disease ( $M = 4.43, SD = .81$ ), with a small number of the participants ( $M = 2.49, SD = 1.03$ ) mentioning that they visit the doctors for cancer screening. Other more frequently noted reasons were becoming conscious about their health and showing empathy to cancer victims. Table 4 below summarizes the findings from the descriptive statistics and scoring for each of the item of the Response Scale.

Table 6: Responses after Watching TV News with Cancer Messages

Item	<i>M</i>	<i>SD</i>	%	<i>N</i>
When I watch TV news with cancer information I share the information with family.	3.77	.92	1.5	134
When I watch TV news with cancer information I visit the doctor for cancer screening.	2.49	1.03	15.4	136
When I watch TV news with cancer information I get information about the disease.	4.27	.81	1.5	135
When I watch TV news with cancer information I do not talk about it with my friends.	4.00	.80	1.5	133
When I watch TV news with cancer information I become conscious about my health.	4.25	.93	3.6	137
When I watch TV news with cancer information I become empathetic on how people are suffering and the problems they are going through.	4.43	.81	2.2	135

*The % equals who strongly agree*

#### **Knowledge about Cancer (RQ4)**

The researcher also asked open-ended questions to gather some qualitative data. Data from these questions were developed into categories and analyzed qualitatively. Research question four sought to know how television news contributed to the respondents' knowledge about cancer. The researcher came up with two themes: *knowledge on prevention and creation of awareness*. Question five sought to know if the respondents had a previous encounter with

cancer. The researcher developed three themes: *family, friends, and patients*. The inter-rater reliability was calculated and Cohen's Kappa ( $K$ ) = .88 was reported (Cohen, 1960).

**Knowledge of prevention.** The knowledge on prevention theme contained phrases that indicated that television news contained important information on how the respondents could protect themselves against the disease. Below are some of the excerpts from the participants on how television news contributed to their knowledge on prevention of cancer.

- I gain much on the simple things to do to prevent cancer and more so concerning what I consume in my body.
- Information on leading a healthy life, with a focus on diet and exercise regimes, I think is invaluable. I have also learnt the importance of early screening. Also, the preventive measures and where to seek help when diagnosed with cancer. Finally, how to assist those infected since I am also affected.

These comments show several aspects of prevention that the participants identified, such as how to lead a healthy life and general health-related activities (like diet) that will help keep the disease at bay.

Some respondents expressed concern on how the news is flooded with politics, with some blaming the government for lack of support in the fight against cancer:

- There is so much neglect on the part of the government here in Kenya. We have countable radiotherapy machines, inadequate facilities to house cancer patients while undergoing treatment in hospitals, poor quality of chemotherapy drugs, and misplaced priorities. Today, doctors are on strike, yet TV and headlines are all about politics. What happens to cancer patients and victims in such times? It is a desperate situation!

- It enables me to understand and get information about cancer disease 80%. It depends on content and contextual of material aired. We need more airtime on cancer. In Kenya, most television stations prefer politics than health programs.
- Television news does not offer detailed information about cancer, most of the knowledge I have about cancer is based on my own research.

The above comments show how the media focus more on politics at the expense of health. The participants' main idea is that health matters need to be given the same magnitude as politics. Also, the comments above show that the government needs to equip the health facilities with adequate paraphernalia to help in cancer screening, dialysis, and treatment.

**Creation of awareness.** Most of the respondents said that television news makes them conscious about the disease and offers fundamental insights about the disease to help them know the current news regarding the disease:

- It makes me aware of the existence of cancer, informs me that I am or someone close to me is vulnerable to contracting the disease, and, thus, helps live some sort of lifestyle that can keep me safe.
- They create awareness by presenting patients with cancer and suffering they are going through. They also make me feel conscious about my health.
- TV news mainly gives me awareness on the causes, treatments, and screenings available as well as highlights the growing number of the cancer patients.
- Television news provides me with clear information on the state of cancer in the country and the extent to which the victims are affected. Through the victims' testimonials it is easy to interpret the effect of cancer and how one can go about it.

- Television news content on cancer is mostly backed by in-depth research by the medical reporters and the instance of an expert's voice, and the victim's voice illuminates the grey areas about the causes, management, and treatment of the various types of cancer. It is a consolidation of large medical information into a piece of short easy to understand television essay. The awareness makes me conscious of my health and lifestyle.

The above comments explain how news help in creating awareness about cancer. From these findings, we can see that television news helps in creating awareness about cancer and helps the viewers get insights on the status of the disease in the country. Generally, these comments contradict those of the participants who said that they do not learn much about cancer from television news.

### **Experience with Cancer (RQ5)**

When the researcher asked about the respondents' experience with cancer, some of them mentioned family members, friends, or patients in hospitals who had been diagnosed with cancer. Besides, they also mentioned some of these people who had passed away.

**Family.** The respondents mention some family members who had been diagnosed with the disease at several stages of its development. Below are some of the excerpts:

- My dad was diagnosed with stage four lung cancer. Unfortunately, he passed on eight months later. It was a painful journey through chemotherapy and radiotherapy. Sometimes he could not sleep because of pain.. It is an awful experience.
- My mother was diagnosed with cervical cancer in 1998, and she underwent several treatments in several hospitals. The doctor recommended for removal of

her uterus, but my father refused since he wanted more children. I never had money to cater for the operation. I got the money in the year 2000 and booked her for the operation since it had affected her other body parts so much. One week to the operation she succumbed to the disease and she died on 11/4/2000 before the operation which was on 18/4/2000. If the uterus had been removed earlier she would have survived up-to today. She died at 49 years old. Early diagnosis and treatment is better. Let everyone get tested for any cancer advertised on TV since you cannot tell who is sick and we are all at risk.

- I lost my aunt, my neighbor late last year, and this year I know a former teacher diagnosed with cancer. The experience of losing my aunt was a very unpleasant one seeing her being devoured by the disease piece by piece. It was heartbreaking seeing her in that state, and [there] being nothing one could do was even worse.
- I have lost relatives to cancer, and it was a painful experience given that there was very little I could do to save them from it.
- My elder sister recovered from leukemia...but she lost her hearing due to its effects. She is now 60 years old.

This theme explains how the participants had encountered cancer directly through family members. From the comments, there is a tone of sadness, as portrayed by use of words such as “devoured” and “painful journey.”

**Friends.** The respondents also mentioned they had experiences about cancer through personal friends who were battling the disease and some who had died:

- A college-mate died of cancer, but I never got the opportunity to visit him or talk to him personally, but from the photos taken during his chemotherapy sessions, cancer is no joke!!!
- My friend was diagnosed with a growth in her breast, which was not suspected to be a serious thing. Later, she was diagnosed with breast cancer, which she battled it for 2 years before she passed on. I felt the pain of losing a friend in a way we couldn't control.
- Yeah, a friend has been suffering for head and leg cancer for last several years. He is current[ly] in hospital getting treatment. His leg has been amputated due to cancer. The cancer was then spread to his head; he was taken to India for special treatment but doctors said it is out of hand.
- Yes. I had a friend diagnosed with blood cancer. She started have symptoms including difficulty in breathing. She was misdiagnosed or rather [had a] missed diagnosis but passed on few months later.
- A friend of mine died of cancer, and that made me change my perception that cancer was for old people because my friend was a youth, about 24 years.

These responses explain how the participants had experienced cancer through their friends who were battling the disease. Some recounted their experiences based on their friends who had succumbed to cancer.

**Patients.** Some of the respondents mentioned having personal experiences due to the patients they work with. This is due to their job, where they work as medics:

- Yes. Being a medic I get to encounter different patients with different cancer diagnoses and every individual will present totally different and respond to the

treatment protocols differently from the other. Factors that contribute to these are a) stage at which the diagnosis of the disease is made b) individual's immunity c) age d) individual's perception of the disease e) support from the family members f) availability of resources to include finances, treatment regimens and the appropriate technology to make the correct diagnosis.

- Yes, worked in a hospital with cancer patients. Cared for family members with cancer.
- I have encountered several cancer patients in Kenyan hospitals, the most moving being a small girl (about 8yrs old) [who] lost [her] eyesight due to cancer. This made me realize that anybody can get cancer, not necessarily the elderly.

The above comments show another avenue that the participants encountered cancer, through patients seen in hospitals. Some of the comments come from health workers working with cancer patients in hospitals.

### **Conclusion**

This chapter has presented the results collected from the survey. Taken together, these findings suggest several things. First, the results indicate that Kenyans have specific motives for watching television news with cancer messages. These motives influence the amount of news that the audience watch and how engaged they are with the news. Second, the results reveal that biological sex does not predict the responses that the audience has in reacting to the messages. Third, most the respondents had personal experiences with cancer, ranging from family, friends, to patients. The next chapter discusses these results in depth and explains their implications to research and health communication.



## CHAPTER V: DISCUSSION

Cancer is a global disease affecting both developed and developing countries. The cure for the disease remains elusive, even as governments and private organizations keep setting aside funds for cancer research. In this thesis, the researcher started by looking at global cancer statistics, problems facing the fight against cancer in the developing world, a theoretical framework for understanding use of cancer messages, and the media landscape in Kenya, especially as it relates to health communication. The previous chapter presented both quantitative and qualitative results that the researcher obtained from this study. The current chapter will provide a summary of these findings, strengths and limitations of the study, and implications for television news with cancer messages to the message creators in the Kenyan media platforms as well as for future research.

### **Summary of Findings**

#### **Quantitative Analysis**

The present study focused on the perceptions of Kenyans toward television news messages with cancer information and how they use the information they get from such news. The researcher developed new scales for this study, so the first step was to run exploratory factor analyses (EFAs) to determine reliability and validity of the scales (Schmitt & Sass, 2011). The research questions explored the motives behind why people watch television news with cancer messages, how their motives predict the amount of television that they watch, and how the people use the information that they gather from television news. The hypothesis predicted that the viewers would engage in postexposure behaviors such as changing their lifestyles, and, relatedly, that people who are motivated to watch TV news with cancer messages are likely to be more engaged in the news. The post hoc analyses sought to determine possible differences in the

postexposure behavior portrayed by men and women who learn from television news.

Multivariate correlations were run to assess the relationship between responses (postexposure behavior), amount of television news watched, motives, and engagement with the news. The results clearly addressed the research questions and the hypothesis of the study was supported.

The results reveal that participants had prior motives for watching television news. It was interesting to see that the main motive for watching television news with cancer information was because the other family members were watching it. This could be explained in twofold. First, it could be possible to watch television news with cancer messages just for conformity reasons, just because the other members are watching it. Conformity refers to the act of changing one's behavior to match the responses of others (Cialdini & Goldstein, 2004). Closely tied to this is the number of television sets in households in Kenya compared to the population. There are 48 million people living in Kenya, according to the world population review (2017). Out of these people, only 10.7 million Kenyan homes have access to either a radio or television set (AfriMAP, 2011). The number of television sets in the country is not commensurate to the population, suggesting that people are left to watch television news with other family members.

The other motives as to why people watch television news with cancer messages are in line with uses and gratifications theory applications in health communication and how health orientation explains the variances in health behavior (MacInnis, Moorman, & Jaworski, 1991; Moorman & Matulich, 1993; Park & Mittal, 1985). People's motivation to be healthy defines the extent to which they are willing to take care of their health (Dutta-Bergman, 2004). According to Dutta-Bergman (2004), motivation leads to an individual's interest in a particular issue, leading to active engagement in cognitions and behaviors related to the issue. The results from the current study suggest that individuals have different motives for watching television news with

cancer messages, ranging from individual motives (I watch television news to get informed about the disease) to “others” motives (I watch TV news with cancer information to learn how other people are managing the disease). These results reveal that motivation is key to information seeking. Besides, motives were important predictors of how much people are engaged with news and the frequency of watching television news with cancer information. This is because if people have prior motives to watch television news, they are likely going to be more engaged with the news and they will watch the news more frequently (Dutta, Bodie, & Basu, 2008; Hornik & Niederdeppe, 2007; Shim, Kelly, & Hornik, 2006; Stryker, Emmons, & Viswanath, 2007). Motives for viewing, then, largely matter because why we watch shapes how we watch, and how we watch shapes what we get out of watching. Overall, the results reveal that once people watch news, they use the information they gain for their personal benefits and for the benefits of their friends and families.

The findings of the study also showed that the sex of the participants did not determine the postexposure behaviors that individuals engage in after watching television news with cancer messages. This finding suggests that Kenyans above the age of 18 and of either sex produce similar responses after watching the news. Another possible reason could be because all participants were at least 18 years and therefore had acquired some media literacy skills. This suggests that newsmakers need not focus on sex differences between the viewers, as this will not affect the viewers’ responses to messages with cancer information. These findings are discussed comprehensively under the theoretical implications.

### **Qualitative Analysis**

Research question four examined how television news contributed to the respondents’ knowledge about cancer. The qualitative data reveal that television news helps in creating

awareness of cancer and providing knowledge on prevention measures that the viewers can engage in to protect themselves against the disease. Therefore, television news plays a vital role in informing the masses on the fight against the disease.

Research question five uncovered respondents' experience with cancer. The results reveal that the viewers had encountered the disease through family members, friends, and patients. This implies that cancer affects the respondents in different ways, both directly and indirectly. This could be immediate family members, peers, and patients, especially to those visiting their loved ones in hospitals or even working in hospitals.

### **Implications**

In this section, the researcher will look at four types of implications that the current study covers.

#### **Theoretical Implications**

In light of these results, it is imperative to look at the implications of television news and health communication, as well as how uses and gratifications theory applies in such news. First, television news play a crucial role in creating awareness of a health topic. For instance, a response like, "TV news mainly give me awareness on the causes, treatments, and screenings available as well as highlight the growing number of the cancer patients" showed that television news was used to create awareness of the disease. Secondly, according to uses and gratifications theory (Katz, Blumler, & Gurevitch, 1973), people seek media with needs that they want to gratify. This study shows what health messages people consume from television news specifically, and this is an addition to current research on uses and gratifications theory, which has looked at people as media consumers and how the theory can be applied in health communication. This analysis implies that people have clear motives before they consume any

media messages. Third, news organizations may need to structure their news based on the most important motives that their consumers have for consuming the news. With most of research on the application of uses and gratifications theory focusing on medical dramas, reality shows, and crime dramas (see Brown, Lauricella, Douai & Zaidi, 2012; Lee & Taylor, 2014; Paparachisi & Medelson, 2007; Quick, 2017), this study presents a new direction of research, by focusing on television news and how viewers use the knowledge they get from such news. By providing information regarding health news and more specifically on cancer, this study is an extension of uses and gratifications theory, showing the heuristic value of the theory. In addition, a majority of media studies in Kenya have focused on advertising and how media benefit from advertisements (Sang, 2001; Mbugua, 2006; Muganda, 2007; & Karoney, 2008), media and maternal health (Chimbi, 2012), women's knowledge of HIV/AIDS (Jesmin, Chaudhuri & Abdullah 2013), the burden of cancer in the country (Tenge, Kuremu, Buziba, Patel & Were, 2009) and also incidences of cervical cancer (Williams, Mati, & Thomas, 1994). Therefore, this study provides a nuance to the extant literature on media effects in Kenya.

Uses and gratifications theory posits that people consciously choose communication channels for the purposes of satisfying their felt needs or motives (Kim, Lee, Jo, Jung, & Kang 2015; Lauricella, Cingel, Blackwell, Wartella, & Conway, 2014; Vishwanath, 2008). The results of this study support these basic theoretical precepts because the sample used in this study were news consumers who were motivated by learning prevention measures or just becoming aware of the existence of the disease. Consistent with other UGT research (like Baxter, Egbert & Ho, 2008; Lee & Taylor, 2014; Perse, 1990), people are motivated to seek information from a variety of sources. Uses and gratifications theory identifies that individuals do derive social and

psychological benefits from viewing television, and it is these needs that determine their preferences in television news.

The findings of this study suggest that uses and gratifications theory may apply best to individualistic cultures. The African culture is a collective one (Ma & Schoeneman, 1997). The theory ignores the social setting under which people watch television. It fails to consider that not all media use is related to the pursuit of gratification or choice, as sometimes the media is forced on people, and therefore, the people just watch the media for conformity reasons.

### **Methodological Implications**

This study was carried out in Kenya, a country facing a significant threat of cancer, considering the lack of state-of-the-art equipment in screening and treatment of the disease. The results provide key insights in the motives that Kenyans have in watching television news with cancer information. Besides, the results show how motives are linked to engagement levels with the news. Also, the results unearth key postexposure behaviors that Kenyans engage in after watching television news, such as visiting doctors for screening purposes

There are several strengths of the current study. By employing qualitative and quantitative methods, the researcher gains breadth and depth of understanding and corroboration, while offsetting the weaknesses inherent to using each approach by itself. The researcher also developed new scales specifically for this study, which enabled him to examine the exact phenomenon he wanted to investigate. Another strength is the use of open-ended questions, which empowered the participants to elucidate their thoughts and opinions about the role that television news play in advancing their knowledge about cancer and their experiences with the disease. Another strength was the collection of data using the Internet, explaining a new

phenomenon that is enabling researchers collect data conveniently in a medium widely used in Kenya. Besides, the use of convenience sampling was cost-effective.

Whereas the mixed-method approach expands the data in a way that a single method could not do, there are some limitations in this study. One of the new scales developed had both low reliability and validity, limiting the number of scales used in data analysis. Convenience sampling entailed using a sampling frame that was not chosen randomly, making it susceptible to inherent bias, specifically a self-selection bias. This implies that the sample is unlikely to be representative of the population being studied, and thus, undermines the ability to generalize from the sample to the population under investigation. Despite being a strength, the use of Internet to collect data could also be a limitation, in that it may only have appealed to literate people with smartphones and with access to Internet. Because data collection and analysis were limited to cancer news reporting on television, the results may not be generalizable to other mass media. Further, as response scores were mostly positive, participants might be exhibiting an acquiescence bias. This implies that the responses might not be an actual reflection of the participants' actual personal evaluations but, rather, what they believe the researcher might be looking for (Fabrigar, Krosnik & MacDougall, 2005).

As this was an international study, most of the recruitment of participants was conducted using social networks, and not all Kenyans are on social media. Closely tied to this is the notion that Kenyans prefer hard copy questionnaires, and this could explain why a large portion of the participants did not respond to all questions. Besides, this study made use of self-reports to verify the theory, and this could be limiting in the sense that viewers may not fully acknowledge, understand, and report the exact reason(s) they watch television news with cancer messages, leading to inevitable bias.

## **Practical Implications**

Although this study is preliminary in nature, there is a need to understand the implications it has for television media outlets. From the results, it will be prudent for the Kenyan media outlets to focus more on motives that Kenyans have for watching television news with cancer information before airing news with cancer messages. That way, they will be able to customize the news based on the audiences' preferences. The big question that these media outlets should ask is: If we cover the news on creation of awareness of cancer and prevention measures, how often should we discuss treatment failure, adverse events, end-of-life care, and death due to cancer? Even though there is no calculable answer, the same educational goals that ideally drive news coverage of cancer awareness, treatment, and prevention should also compel media outlets to address these topics. Normally, television stations invite cancer victims to the studio, present statistics, or invite cancer experts to unearth some myths about the disease. These outlets routinely report about aggressive treatment and survival, presumably because cancer news coverage is relevant to a large portion of the population. Consequently, similar attention should be devoted to the alternatives.

With the results showing that television news plays a critical role in creating awareness of cancer in Kenya, the National Cancer Control Strategy needs to look for areas where it can collaborate with the media to help in creating awareness of the disease. Thus, the government should take an active role and inform the Communication Authority of Kenya on measures that they should enforce in the media, especially in covering news with local content. For instance, by sponsoring news events or news programs that talk about cancer. In addition, these findings enable the public to understand television news better and to critically analyze the role that television news plays in the society. Despite the commercialization of the Kenyan media, the



television stations in the country still have a critical role to play in informing the masses about matters such as health. This, when it occurs in news, serves three characteristics of news; impact, human interest, and proximity. Thus, these news agencies have a public need to gratify.

The findings also suggest that a small number of Kenyans are persuaded by the media to go for cancer screening. Majority of the respondents mentioned that they become empathetic with those suffering from cancer when they watch TV news with cancer messages. This implies that TV news need to broaden their focus on cancer, not just by talking about people suffering from the disease, but by also presenting persuasive messages that could encourage people to go for cancer screening. By just highlighting stories about those suffering from cancer and success stories of people who are now cancer-free, TV news miss the big picture of explaining to Kenyans why they need screening. Early screening helps in identifying cancer cases at their early stages before the disease spreads across the body to reach fatal stages. This is an important niche that Kenyan TV news stations can adopt.

Looking at the open-ended questions and responses, it is imperative to note that cancer affects all people in the society. Thus, there is need to shift focus from success stories and delve into matters like the cost of treatment and how that affects the financial statuses of the families involved, especially when they do not have healthcare insurances. In addition, health insurance companies can learn from this study and start creating products primarily meant for cancer. These could range from covering treatment, medication, among other items. The television stations could also start bringing health insurance experts to the studio to talk about available products for cancer patients.

## **Implications for Future Research**

The current research led to several findings that have implications for future research in uses and gratifications theory, television news, and cancer. Future research should consider the potential differences between instrumental and ritualized viewing behavior among participants within the uses and gratifications framework. Abelman and Atkin (2000) define ritualized viewing as the habitual use of television for diversionary reasons, and instrumental viewing as a goal-directed use of television to gratify various needs or motives. It will be interesting to investigate the potential differences. Besides, although the present study found no statistically significant differences between sexes in terms of postexposure behaviors, postexposure behavior (responses) exhibited by men and women who learn from television news would be interesting to study in the future with a much larger sample. This could result in more accurate findings as to whether the observed differences are, in fact, statistically not significant.

In addition, future research could incorporate a fuller gratification scale into a study when examining the differences between other variables that were not considered in this study. Considering the believability scale had low reliability, future research should focus on what news angles will be trusted by Kenyans. This way, the media outlets will know what works and what does not work for informing audiences about the problem and treatment of cancer. Also, future research could investigate who makes decisions on what to view most often in Kenyan households.

Although the findings are speculative, the researcher believes that most of the participants in this study are educated people who have some degree of media literacy and a notable knowledge of social media. Besides, most of the people who took the survey live in urban areas (Nairobi and Mombasa). Therefore, future research could conduct a similar study

with people who live in the countryside and have limited access to the Internet. With the growth of social media, it would also be prudent to conduct a future study to see how social media helps in creating awareness of cancer and promoting preventive measures. Also, a comparative study cutting across all media platforms could help in identifying the best medium to use to pass cancer messages to specific audiences. With this study's primary focus being Kenya, it will also be judicious to conduct a study comparing Kenya to other countries, probably including countries with high literacy levels. This way, news media, especially global television stations, could know how to customize their news to fit certain populations across their viewership.

### **Conclusion**

The use of mass media in health communication remains an interesting area of focus for both mass media and health communication scholars. This study utilized uses and gratifications theory to conduct an audience analysis on television news viewership. To the best of our knowledge, this theory has not specifically been applied to this genre, thus providing a rationale for the research study. Given this theoretical approach to the audience of television news, these findings make a unique addition to existing literature on the topic and to the theory at large.

Although there are clear motives for why people watch television news with cancer messages, it remains unclear the nature of the news that they tend to believe or trust. This could be an interesting area for future research. The results demonstrate that users have motives and they use the information they gather from news. This study provides empirical evidence that motives for watching news influence the likelihood of acting on that information. These findings have several implications for health promotion. Television stations need to increase an overall interest in health information, as this will result in greater information acquisition from news. Thus, media advocacy groups in Kenya should encourage media outlets to include accurate

health information. Ultimately, motives toward media use play a significant role in their consequent behaviors either directly or indirectly via audience activity, and understanding those motives will enhance effectiveness of health communication campaign through television news.

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## APPENDIX A: E-MAIL INVITATION

Dear Prospective Participant,

As a graduate student in the School of Communication at Illinois State University, as part of a Master's Thesis I am conducting a study about how television news consumers perceive and use news with cancer messages. To participate, you must be over the age of 18, Kenyan citizen, or lived in Kenya for at least 15 years. If you choose to participate in this study, please click on the link provided and take the survey.

Your participation is completely voluntary, and anything you answer in the survey will remain completely anonymous. There is no penalty for choosing not to participate in this study.

Furthermore, you have the right to decline to answer any question or withdraw from the study at any time without penalty or adversely affecting your relationship with James, Dr. Baldwin, or Illinois State University.

If you would like to take the survey, please go to this link:

<https://survey.lilt.ilstu.edu/TakeSurvey.aspx?PageNumber=1&SurveyID=n2KK689LH&Preview=true>

If you have any questions, please contact James Ndone by email at [jndone@ilstu.edu](mailto:jndone@ilstu.edu).

Thank you for your time and consideration.

James Ndone

School of Communication

Graduate Instructor

[jndone@ilstu.edu](mailto:jndone@ilstu.edu)

## APPENDIX B: INFORMED CONSENT

### **INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

Dear Participant,

I am a graduate student under the direction of Dr. John Baldwin in the School of Communication at Illinois State University. I am inviting you to participate in a research study to understand how television news consumers perceive and use news with cancer messages as part of a Master's Thesis.

I am requesting your participation, which will involve an online survey on your experiences of the messages with cancer information. The survey should take approximately 15-20 minutes.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty (it will not affect your relationship with James Ndone, Dr. John Baldwin, or Illinois State University). You can refuse to answer any question you do not wish to answer. Your responses are completely anonymous. To ensure your anonymity, we will not reveal anything else that identifies any participant or track your IP address.

We believe there are minimal risks associated with participating in this project. You may feel some discomfort discussing your experiences of cancer. If you would like to see a professional to discuss any discomfort, at your expense, contact a counselor of your choice. You will receive no compensation for this study. Your participation will help extend our understanding of television news with cancer messages and help media people working at television stations in understanding how they should structure their news with cancer messages.

Your signature below indicates that you are voluntarily making a decision to participate in this research study and have read and understood the information presented above. You may print a copy of this consent form to keep.

Please direct any questions and/or comments to Dr. John Baldwin (jrbaldw@ilstu.edu) or to me (jndone@ilstu.edu). For questions regarding your rights as a research participant you are encouraged to contact the Illinois State University Research Ethics and Compliance Office:

Phone: 309-438-2529, Email: rec@ilstu.edu.

Respectfully,

James Ndone

Graduate Student

Illinois State University, School of Communication

jndone@ilstu.edu

Do you agree to participate?

Yes, I am at least 18 and agree to participate

No, I do not wish to participate or I am not 18

## APPENDIX C: SURVEY

### TV News and Cancer Survey

*The following statements are seeking information about the motives for watching TV news about cancer. Please rate the extent to which you agree with the following statements.*

1 = Strongly Agree

2 = Agree

3 = Neutral

4 = Disagree

5 = Strongly Disagree

1. I watch TV news with cancer information to get informed about the disease.
2. I watch TV news with cancer information to share the information with others.
3. I watch TV news with cancer information to see the progress on the fight against the disease.
4. I watch TV news with cancer information to learn how other people are managing the disease.
5. I watch TV news with cancer information to understand how cancer is acquired, diagnosed, and treated.
6. I watch TV news with cancer information because the other family members are watching.

*The following questions are meant to determine the amount of time you watch TV news with cancer information. The question would be: How often do you watch TV news with cancer information?*

7. I watch TV news with cancer every hour.

8. I watch TV news with cancer every day/night.
9. I watch TV news with cancer once a week.
10. I watch TV news with cancer several times per week
11. I watch TV news with cancer a few times a month
12. I rarely watch TV news with cancer (once in a month or less)
13. Never

*The following questions are meant to determine your engagement with a news program with cancer information. Please rate the extent to which you agree with each of the following questions.*

*The question would read: On average, how engaged are you in watching a news program with cancer information?*

14. Not/ Little Engaged (0-10% of your attention)
15. Somewhat Engaged (11-35%)
16. Usually Engaged (36-65%)
17. Engaged (66-89%)
18. Very Engaged (90-100%)
19. Other (please specify)

*The following statements are seeking information about the various types of cancer messages that you believe in. Please rate the extent to which you agree with each of the following statements.*

20. I trust TV news with a cancer expert (doctor).
21. I trust TV news with a cancer victim's voice.
22. I trust information about cancer which is backed by statistics.

23. I believe all information I get from TV news talking about cancer.

24. I don't believe any information I hear from TV news about cancer.

*The following statements are seeking information about the effects of watching TV news with cancer information. The researcher wants to know what you do with the information that you receive from TV news with cancer messages. Please rate the extent to which you agree with the following statements*

25. When I watch TV news with cancer information I share the information with family.

26. When I watch TV news with cancer information I visit the doctor for cancer screening.

27. When I watch TV news with cancer information I get information about the disease.

28. When I watch TV news with cancer information I do not talk about it with my friends.

29. When I watch TV news with cancer information I become conscious about my health.

30. When I watch TV news with cancer information I become empathetic on how people are suffering and the problems they are going through.

*The following question seeks to know how television news with cancer messages contribute to your knowledge about cancer. Please provide a detailed answer.*

31. How does television news contribute to your knowledge about cancer?

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*The following question seeks to know if you have any personal experience with cancer. Please provide a detailed answer.*

32. Have you encountered any personal experiences with cancer? If yes, please share the experience

---



*Demographics Questions:*

33. What is your sex?

- Male
- Female

34. What was your age on your last birthday? \_\_\_\_\_

35. What is your level of education? \_\_\_\_\_

36. What is your ethnicity? Check all that apply.

- Native Kenyan
- Asian
- Multiracial
- I don't want to disclose
- Other (please specify) \_\_\_\_\_

## APPENDIX D: ABBREVIATIONS AND ACRONYMS

**UGT** Uses and Gratifications Theory

**TV** Television

**WHO** World Health Organization