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Abstract

This study aimed to determine whether or not there was a relationship between media exposure and awareness of health behaviour guidelines for physical activity, breast cancer screening and alcohol consumption among older Australians. The results of the study suggest that media exposure to certain health issues does in fact impact on people's health knowledge and in some cases lead people to form incorrect perceptions. This is most evident with breast cancer where the heavy emphasis on the disease in the media has led to the misconception that breast cancer is the leading cause of death among Australian women and that women under the age of 40 should engage in regular mammograms.

Disciplines

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The Relationship Between Media Exposure And Awareness Of Health Behaviour Guidelines Among Older Australians

Sandra C. Jones, Christina Hoang, University of Wollongong

Abstract

This study aimed to determine whether or not there was a relationship between media exposure and awareness of health behaviour guidelines for physical activity, breast cancer screening and alcohol consumption among older Australians. The results of the study suggest that media exposure to certain health issues does in fact impact on people's health knowledge and in some cases lead people to form incorrect perceptions. This is most evident with breast cancer where the heavy emphasis on the disease in the media has led to the misconception that breast cancer is the leading cause of death among Australian women and that women under the age of 40 should engage in regular mammograms.

Keywords: media, media exposure, health behaviour, older Australians

Introduction

Importance of health knowledge and health behaviours for older adults

In Australia, over 80% of older Australians have at least one chronic condition (such as diabetes, arthritis or asthma) and 50% have two or more (Mathers, Vos and Stevenson, 1999). Improving people's health knowledge is important because it will enable these individuals to effectively manage their condition and its associated risk factors (Frendin, 2003). This helps to not only improve their quality of their life, but also prevents further exacerbation of their condition. Better health knowledge also allows healthy older Australians to prevent the development of a chronic condition by making them more aware of the risk factors and actions they can take to minimise their chances.

Key knowledge areas

Causes of death in Australia: The leading cause of death for Australian men and women is ischaemic heart disease and statistics show that 90% of Australians have at least one modifiable risk factor (Mathers, Vos and Stevenson, 1999). This is followed by cerebrovascular disease (i.e. stroke), while lung cancer and breast cancer constitute the third leading cause of death for Australian men and women respectively (AIHW, 2002).

Breast cancer risks: The primary risk factor for breast cancer is increasing age (AIHW, 2002). Other known risk factors include family history and previous breast cancer diagnosis (National Breast Cancer Centre). Additional factors that may increase a woman's chances of developing breast cancer include: not having children or having your first child after 35 years of age, not breastfeeding, taking hormone replacement therapy (HRT) after menopause - especially for more than five years, increase weight gain after menopause, taking the oral contraceptive pill and drinking alcohol (more than 2 standard drinks per day) (National Breast Cancer Centre). There are also a series of controversial factors that have been said to cause breast cancer, including: being bumped in the chest, having an abortion, stress and using

deodorant containing aluminium, however, there is no evidence that directly links any of these factors to the development of breast cancer (MedicineWorld.Org)

Cancer risks: The exact cause of cancer is still unknown; however, most cancers appear to be caused by either genetics, lifestyle habits and/or by substances in our environment that affect our bodies (New South Wales Cancer Council).

National Guidelines

The Australian Government has developed a series of National Guidelines to cover a variety of different health areas in an effort to provide better health for all Australians (Australian Department of Health and Ageing, 2005). This study examined the national guidelines for physical activity, alcohol consumption and breast cancer screening.

Exercise: The National Guidelines recommends that all Australians engage in at least 30 minutes of moderate-intensity physical activity on most, preferably all, days of the week (National Physical Activity Guidelines for Adults, 1999).

Alcohol: For older Australians, the recommended guidelines for alcohol are as follows. Men should not drink more than four standard drinks a day on average or more than six standard drinks on any one day, and should have at least one or two alcohol free days a week. Women should not drink more than two standard drinks a day on average or more than four standard drinks on any one day, and should have at least one or two alcohol free days a week. However, older people on medication may need to further reduce their alcohol consumption (Australian Alcohol Guidelines, 2003).

Breast cancer screening: It is recommended that all Australian women aged 50-69 years old have a breast screen at least once every two years. This is provided free by the Australian Government because research shows that this cohort have the greatest risk of developing breast cancer, with 70% of all breast cancer occurring in women aged 50 and over (BreastScreen Australia).

Method

Participants: The participants in this study were 97 members of a regional Australian branch of the University of the Third Age (an international organisation that provides educational seminars and activities for retired people). The mean age of the participants was 67.4 years (range 55 to 87), and 73% (71) were female. Sixty percent (58) were born in Australia; and of those born outside Australia, all had lived in Australia for more than 15 years.

Procedure: The questionnaire was distributed during a scheduled break between two presentations at the group's usual weekly meeting.

Questionnaire: The questionnaire consisted of three parts. The first part consisted of eight questions to ascertain participants' perception of cancer and cancer risks. The second part of the questionnaire asked a series of demographic questions and aimed to create a profile of the participant's media habits, that is, their most common television viewing time and how often they read various newspapers and magazines. The third and final part of the questionnaire

asked a series of health questions about the participant, for example, 'when was the last time you went to the dentist for a check-up?'. This was used to determine their health behaviours.

Results

Health knowledge

The top three most commonly mentioned causes of death for men were ischaemic heart disease followed by heart attack and general heart conditions. While for women, the three most commonly mentioned causes were breast cancer, followed by general cancer and general heart conditions. This indicates that the sample population overestimate the likelihood of women dying from breast cancer, while at the same time underestimating their likelihood of dying from ischaemic heart disease among women, despite the latter being the leading cause of death for both men and women in Australia.

When asked about the causes of breast cancer, the majority of the sample population could correctly identify that a family history of breast cancer (97%) and getting older (70%) increases a women's risk of developing the disease. However, participants also believed that stress (78%), being bumped in the chest (59%), having an abortion (16%) and using deodorant (11%) all contribute to breast cancer despite the absence of any scientific evidence.

In relation to the different causes of cancer in general, the majority of the sample population believed that phone towers (64%), powerlines (71%), mobile phones (58%), solariums (63%), asbestos (95%) and exhaust fumes (85%) all contribute to cancer. Interestingly, only solariums have been conclusively shown to increase cancer risk.

Awareness of National guidelines

The sample population demonstrate a good understanding of the national guidelines, especially in regard to exercise. The majority of the sample population were able to correctly identify the recommended 30 minutes (67%) of exercise on most days of the week (67%). In this study, 'most days of the week' is defined as five or more times a week.

In regard to breast cancer screening, participants were able to correctly recognise that a breast screen is needed once every two years (80%), however, there was some confusion about what age women should start getting regular mammograms. Only 20% of the sample population correctly indicated that regular breast screening is needed for women aged 50 and over, while a staggering 47% of participants believed that regular breast screening was required for women aged 40 and under.

Lastly, the majority of the sample population could not correctly pinpoint the number of drinks recommended for Australian men and women by the National Alcohol Guidelines. The most common responses were three drinks for men (28%) and two drinks for woman (60%) and although this is roughly in line with the guidelines for older Australians, it is not exact.

Health behaviours

The survey asked participants to indicate the last time they engaged in a series of different health checks, such as going to the doctor for a check-up. The results show that the sample

population do actively engage in the required health checks and this was reflected in their responses. The most common timeframe specified was in the past 1-2 years for seeing a doctor (95%) or dentist (78%) for a check-up and having their eyes (86%), blood pressure (96%) and cholesterol tested (79%). The only exception was for faecal occult blood test where the majority of the sample population signified they have never been tested before (48%).

Media exposure

Newspapers: The Illawarra Mercury is the most commonly read newspaper among the sample population with 38% of participants indicating that they read the paper everyday and 50% of participants indicating that they read The Illawarra Mercury either on most or some days of the week.

Magazines: Australian Women's Weekly is the most commonly read magazine among the sample population with 55.6% of participants indicating that they have read either all issues (12.2%), most issues (4.4%) or some issues (38.9%) of the magazine.

Television: The most common viewing time indicated by participants in the study is 6-7.30 pm with 44% of participants tuning in during this time slot everyday of the week. From the indicated viewing time it can be assumed that the most popular programs watched by participants is the news and current affairs programs, such as Today Tonight and A Current Affairs.

Relationship between media exposure and health knowledge

The results of the study suggest that media exposure to certain health issues do in fact impact on people's health knowledge and in some cases cause people to form incorrect perceptions. Previous studies have shown that the media presents a picture of breast cancer as a young women's disease (e.g., Burke et al., 2001; Jones, 2004); for example, the heavy media attention received by young celebrities who develop breast cancer (Belinda Emmet, Gina McGrath and more recently Kylie Minogue) which leads to a distorted view among the sample population about when women should start getting regular mammograms. Forty-seven percent of the sample population believed that women should engage in regular breast screens under the age of 40. However, there is no evidence that regular mammograms for this age group will detect early breast cancer because breast-tissue in pre-menopausal women is denser and hence more difficult to read (BreastScreen Australia).

Relationship between media exposure and health behaviour

Participants in the sample population have displayed good health behaviours by engaging in regular check-ups and health screens with the exception of faecal occult blood tests. However, there is no significant difference between the amount of media exposure and health behaviour ($p = 0.160$).

Discussion

Exercise and breast cancer screening have received a lot of attention and coverage in the media through national campaigns and heavy advertising. As a result, the sample population

best understood the guidelines for exercise. This can be largely attributed to the heavy mass media campaigns aimed at promoting physical activity in Australia, for example: Life Be In It and Active Australia's "Exercise, you only have to take it regularly not seriously" campaign featuring Rusty the tinman which was aimed at older Australians.

However, the heavy emphasis on breast cancer in the media (especially in relation to its prevalence and the number of young celebrities who have the disease) has led to the misconception that 1) breast cancer is the leading cause of death among Australian women and 2) it is a young women's disease, thus women under the age of 40 should engage in regular mammograms – neither or which are correct. This is consistent with previous studies that have found that many women believe their risk of breast cancer *decreases* with age (e.g., Dolan, Lee & McDermott, 1997; Fulton, Rakowski & Jones, 1995).

There has also been a large focus in the late 1990's on how deodorants containing aluminium could cause breast cancer, and although there is no evidence that directly links the two, 11% of the sample population still believed this was the case. Our findings that stress and bumps were perceived to be risk factors by this group are consistent with previous studies with younger women (e.g., Williams, Clarke and Savage, 2002).

Meanwhile, the majority of campaigns in relation to alcohol consumption focus on drink driving with little devoted to addressing the recommended intake for Australian adults and, as a result, the sample population could only hazily identify the recommended alcohol consumption levels for Australian men and women.

This suggests that participants in the sample population do pay attention to media campaigns and are affected by the amount of emphasis placed on specific health issues and national guidelines. This is consistent with previous studies which have shown strong associations between the amount of media coverage of health risks and people's estimates of prevalence and mortality (e.g., Frost, Frank and Maibach, 1997; Kone & Mullet, 1994).

Limitations

The main limitation of the study is that it was conducted on a small sample of retired participants enrolled in a series of educational seminars. Hence, these participants have a thirst for knowledge and therefore potentially more receptive to information and thus not representative of the population.

Conclusion

This study shows that people in the sample population do pay attention to media campaigns and are influenced by the amount of attention and exposure placed on specific health issues. This in turn has many potential implications for the Australian Government, for example, the Government could devote more resources towards creating campaigns that increase awareness for ischaemic heart disease, that is, the leading cause of death among Australian men and women.

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