

EXPLORING THE IMPACT OF SOCIO-ECONOMIC STATUS ON THE EFFECTS OF HEALTH COMMUNICATION

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Abstract

This study examines the proposition that socio-economic status (SES) has a substantial influence on health communication effects, and that rich people tend to adopt media-proposed behavior for quality health and better life more than the poor. The inquiry explored whether media messages regarding health are discriminated on the basis of socio-economic status, and categorized reasons likely responsible for this phenomenon. This study analyzed factors such as exposure to media, education, comprehension of messages, socio-religious beliefs, perceived utility of the innovations, and access to the required facilities proposed by the media that may affect the results of health communication. The study found that SES-related factors are the major determinants of health campaigns' effects in all cognitive, affective, and behavioral levels.

Key words

Socio-economic status, Health Communication, Media Exposure, Education, Socio-religious Beliefs, Health innovations.

Introduction

The health communication is usually conducted in the form of campaigns using communicated appeals and tries to influence the behaviors of the individuals about some socio-physical phenomena (Paisley, 1989). Medical costs are very high and beyond the means of many people, therefore, emphasis in recent years has been on prevention and healthcare. "However, information does not equal prevention, and even the most comprehensive public information campaigns have achieved rather limited success" (Atkin and Wallack, 1990, p. 13). Finnegan and Viswanath (1990) believe that various opportunities e.g., education, and medicine are provided and people utilize them for better life. But the problem is that several semantic, socio-religious, and economic forces dictate

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people's behaviors towards health issues, and demographics like locality, gender, education, age, religion, and socio-economic status (SES) are more crucial variables in the effects process. Guttman (2003) suggests that higher socio-economic groups are more likely to adopt the proposed behaviors.

The present study focuses on the influence of SES on health communication in the developing societies. Because everybody needs good health, either rich or poor, but it has been observed that in many cases, both segments are having very poor attitudes towards their health. Therefore, it investigates the assumption that SES itself has no direct role in health effects, but it is the composite of several characteristics that may determine the effects or it is directly responsible for producing characteristics that consequently influence the effects process at different levels.

Media and Health Promotion Efforts

Mass media are frequently used for health promotion activities in both the developed and underdeveloped societies because, "health literacy can affect anyone regardless of age, education or income level," (Pfizer, 2006: net). Relationship between media and public health is continuously evolving (Atkin and Arkin, 1990) and the media devote sufficient time and space to help audiences in promoting good health (Chandrakandan, et al., 2001). Therefore, media health campaigns can play a vital role in providing information and placing health on the public agenda (Wallack, 1990). These media campaigns are usually supplemented by interpersonal interactions conducted by health workers, doctors, and lady health visitors. In recent years, such activities are significantly increasing in the developing societies (Yousafzai, 2002).

Media like television, radio, signboards, wallpapers, slides and banners are extensively being used in providing healthcare information and preventive health cure to the masses around the world. Campaigns for the use of iodized salt, O.R.S. (orally rehydration salt), and inoculation of vaccine course, etc., and campaigns against smoking, drugs, AIDS, hepatitis C, and cardiovascular diseases are very common in developing societies like Pakistan, Iran, India, and Sri Lanka. In advanced societies, digital technologies like CD-ROM, internet and e-health are used to provide access to health care services, products, and capabilities (Maheu et al., 2001; McLendon, 2000). Although these health campaigns have been launched for many years, not enough attempts have been made to investigate the effectiveness of these persuasive appeals on the public, particularly in the developing societies. Giles (2003, pp. 80, 82) believes that media provide health messages, --- and "the stories of success are numerous but, at the same time, long-standing attitudes may be resistant to change."

Husselbee and Elliott (2002) hold that media have a significant impact on audience understanding of public issues. Due to poor population planning, the poor in the developing societies are facing many health problems like malnourishment, maltreatment, communicable diseases, and epidemics. Macionis (2000, p. 354) suggests that "people in low-income countries far worse off than those in rich nations." Several other studies also have found gaps at different effects levels (Farley et al, 1996; Viswanath et al., 1991). Wilder (2000) found SES as an influential factor to shape attitudes towards innovations and other health communication effects.

People's Motivation

On the other hand, Ettema and Kline (1977) expressed the belief that 'interest or motivation' of the audiences is more important than their SES and plays a vital role in making decision regarding the proposed behaviors. They found that the ability to perceive the importance of information was more important and it has no serious implications in communication effects. According to them, needs of the individuals generate interest in the information being communicated and enhance the perceived utility of the innovations being proposed. People will take the initiative to seek information to increase their awareness and acquire new skill required for the adoption of innovations. They are motivated by information provided to them, and in this way, favorable attitudes are secured towards attitudinal object/s.

The review of the above literature provides enough arguments that SES has some significant roles in health communication effects, and that the rich class as compared to the poor is more inclined towards the proposed innovations and have adopted behaviors desired for better health. The poor segment is least interested in adopting such innovations despite its greater need for them, particularly the small family norm.

People's Behavior

But on the one hand, it has also been generally observed in the developing societies, that many people with higher income are having very poor attitudes towards their health. They are least interested in health issues and behave in extremely unhealthy manners. They have no knowledge about the innovations and behaviors proposed by the media for a prosperous and healthy life. They used to have early marriages and more children. They regard more children as the means to meet their social and economic needs, and perceive greater number of children, especially male kids, as a source of raising their

