

THE IMPACT OF EDUCATION ON HEALTH-RELATED INFORMATION

*FARISH ULLAH YOUSAFZAI AND HAO XIAOMING**

**Department of Mass Communication, Gomal University, Dera Ismail Khan (NWFP) Pakistan*

***Wee Kim School of Communication Studies, Nanyang Technological University of Singapore.*

ABSTRACT

This study has focused the differential responses towards social phenomena across segments of the population e.g., low and high education groups. It has explored that messages are highly discriminated by level of education in the area of health-related communication campaigns launched through information media-- television and radio-- for individual and collective benefits. It was found that education significantly influences the behavioral level in the communication effects process. The study identified different education-specific semantic, structural, socio-religious, and psychological barriers that adversely affect the success of health-related information campaigns.

INTRODUCTION

Various mass as well as interpersonal communication channels are used around the world to provide health-related information to improve health in a society. Awareness campaigns about drug abuse, AIDS, hepatitis C, dengue fever, bird flu, and cardiovascular problems are very common among them in Pakistan, India, China and Singapore. Vaccine course is recommended against six fatal diseases commonly found in children through information campaigns in Pakistan. "Keep drugs away from communities and teenagers," and "Don't let drugs into my family," is a vigorous anti-drug campaign launched by Chinese government using mass as well as interpersonal communication channels. Partnership for drug-free Singapore is a very popular mass awareness campaign launched in Singapore against drug abuse (Feb. 2007) "AIDS is not curable" and "Drug is death" are also very informative and persuasive campaigns in India and Pakistan. Websites like www.sfpc.gov.cn/EN/enews2003715-1.htm on health prevention information is becoming a common phenomenon but it needs high literacy rate and easy access to the technologies like computer, telephone, and internet for its proper and maximum utilization. However, the utility of health-related campaign is highly increasing in the developing societies due to high population growth and low literacy rate (Cline, 2003; Yousafzai and Khan, 2005).

Formal education is a significant social institution, transmitting knowledge, skills, values, and instilling an appetite for learning in a formal manner (Potter, 2005; Robrtson, 1989). But it is mostly available only to wealthy people (Macionis, 2000) and people with low income in the developing societies are usually deprived of this privilege. Ford and Yep (2003) believe that "social, cultural and economic context affects individual's experiences.....including health care." Similarly, education is one of the significant demographic variables that play a vital role in communication effects.

Several studies about communication effects reveal that there is a strong relationship between the level of education and acquisition of knowledge from the media, and the better educated acquire more information from the media. Experts in health¹ communication campaigns² often use mass media to approach the lower educated with health information, but the level of success has not been encouraging. Freimuth, (1990) suggests that health communicators

1 Health is a status of complete physical, mental, and social well-being (Macionis, 2000, p. 354).

2 It is intended to generate specific effects, in a large number of individuals, through an organized communication activities (Salmon & Atkin, 2003, p. 450). It is a noncommercial activity, addressing individual and collective benefits and informs them using media appeal to change their behavior about certain phenomena (Rogers & Storey, 1987).