Audience Analysis Regarding Health Awareness Campaigns Of Lahore: A Study Of Knowledge Gap

Dr. Saima Waheed

Principal, Assistant Professor, School of Media and Communication Studies, University of Management and Technology, Lahore (UMT)

ABSTRACT

Pakistani society is a heterogeneous society and due to mass population lack of health information especially on diseases-orientation is increasing day by day. Knowledge gap theory has been exercised to achieve prescribed objectives.

Media has become the fourth pillar of state and its surveillance has entertained information process with great panache. This viability through outdoor and social media has been accommodated in focus group interviews and convenient sampling technique. Health information gap has been measured under the backing of five factors: health information, health care, disease prevention, health promotion and barriers in information along with the influence of demographic variables in development and bridging of information gap.

Government institutions and health advertisement organizations in the major populous city of Lahore has revealed that social media is giving maximum awareness as compared to outdoor media. In technology-driven communication people still have preferences over interpersonal and social interactions due to insufficient health education on protection and prevention of higher-risk diseases.

KEYWORDS: Audience Analysis, Health Awareness Campaigns, Lahore, Knowledge Gap

01. INTRODUCTION

Media can be described as the origin of fresh data, sharing information and providing individuals with a fundamental interest in social occurrences. It could also be described as the origin of correspondence that gives the data within a brief timeframe (Mc Quail, 2005).

Moreover, media is the strongest communication mechanism in the global world. Over the past centuries, effects of media have greatly increased with the expansion of modern technological expansions. In present study two distinct mainstream media: outdoor and social media have been chosen.

Bhargava & Donthu (1999) have explained that modern outdoor publicity genre is used as part of the general media campaign strategy or as a supplementary platform for premium brands to attain limited-cost consciousness along with its countlessness. Communication technology is witnessing its reflection on human science in a way that could
alter the entire generation of the globe in a global village. New technologies that give more control over the communication course of action and affect mass communication.

Media health awareness campaigns can operate through direct and indirect processes that have deep impact on the physical condition of the whole community. Probable results of many operations include removal of barriers to change, assisting individuals to embrace healthy social norms, and linking given valued feelings to change. (Robinson et al., 2014).

Gaps expand if there is a distinction in determination between segments of the population. Gaps reduce during the first location when desire is evened up across these sections. (Ettema et al., 1983)

Populace city of Lahore has been selected for this study. Information gap has been measured along with a three-circled upper, middle and lower class division of particular city in the light of five factors including health information, health care, disease prevention, health promotion and barriers in information.

1.1 Objectives of the Study
1. To check the health-oriented information intervals among awareness level of upper, middle and lower classification of respondents.
2. To explore how communication skills affect the behavior of the people in social learning.
3. To examine the obstacles in the means of communication in disseminating media health messages to respondents.

02 LITERATURE REVIEW
It is observed that health research is required to consider drifts in disease load among the populace no doubt the relative influence of non-communicable sicknesses to the infection problem has been enhanced in South Asia. (Lambert and Lyons 2016)

The encumbrance of communicable diseases has been increased in all the nations with the passage of time. It is observed from research findings of multi-country assessment that there are although several well-being periodicals per capita from South Asian nations during 2002-2011 (Hanrahan et al., 2004).

According to Cecilia (2014) few factors of socio-economic status affect the choices of the people to get information through the media. Most significantly education is the most common factor of it. Education has helped people to build beliefs and to make them better. So it also plays an important role to make classes in the society and to create the knowledge or to widen the gap.

The difference between the traditional and technological media creates the void among classes of the society on the base of social values and monetary divide. Socioeconomic positions in the society also affect the choices of the people in choosing the medium. Hai (2013) has explained in his study that people get awareness about information according to their choices. It is argued that several ICTs have the perspective to help in the improvisation of few obstacles concerning the construction and depletion of fitness investigation information while several issues are beyond the territory of the technology (Bhopal, 2014).
It is argued that accessibility of useful knowledge and gap in information is taken by two aspects where the maximum wellbeing material foundations are generated and presented in established countries, and therefore underdeveloped nations are suffering the issues of knowledge gap regarding health diseases in their region.

According to Tran (2013) internet media could expose matter of difference in understanding and the importance of mainstream media. He tried to speak of the use of a PEW web surfing study in this research to gage connections between socioeconomic factors, internet news use, traditional media use, and public relations expertise.

Bausch (1987) has articulated in this study "focus group interview: an underused method of studies to improve health management theory and practice” awareness and interest in using market research interviews, a social science research technique, advancing the state-of-the-art infrastructure and social learning.

Different health campaigns help to enhance physical activity levels in youth. There are several other campaigns focusing on enhancing early detection of disease including campaigns of celebrities to promote the awareness of diseases(Martin et al., 2017). It is crucial to note that what the audience-related health issues to be taken part of health awareness campaign.

In comparison to other media, communal interacting website are communal broadcasting networks that do not incline to emphasize on any particular subject and in its place intention to entice a broad range of consumers (Stellman 1998).

To interconnect, connect and share diverse information of different kinds that reproduce comforts consumers have created the themes on such community networks while varying in natures (Krzaklewksa & Williamson 2014).

The knowledge gap can be resulted in an increased gap between people of lower and higher socioeconomic status. The attempt to improve people's life with information via mass media might not always work the way this is planned. Mass media might have the effect of increasing the difference between members of social classes. (Severin & Tankard 2014)

03. RESEARCH METHODOLOGY
Qualitative analysis focus group interviews were conducted in selected city to determine the relationship between media health awareness campaigns and information gap in different socio-economic classes of Lahore. A thematic analysis was carried out to focus on themes and patterns derived from the data collected.

3.1. Research Questions
R.Q.1: Does health-oriented information intervals exist among awareness level of upper, middle and lower classification of respondents?
R.Q.2: How communication skills influencing the behavior of people in social learning?
R.Q.3: Are Social Media more effective in providing exposure of health information messages than outdoor media?
R.Q.04: How respondents are facing the barriers in understanding Media health Messages?
Hypothetical Frame Work

Exploring Information Gap regarding Health Awareness Campaigns in Punjab: Social vs. Outdoor Media
Figure 3.1: Hypothetical Frame work

3.2. Focus Group Interviews (Qualitative Analysis)

Three focus group interview respondents were selected from the major populous city of Lahore from three types of socio economic classes; upper, middle and lower classes. Six respondents were interviewed while engaged in focus group.

Men and women equally participated. Mostly married and educated people participated as compare to unmarried and uneducated people. An interview arrangement was formulated reviewed by Anchor, Media Advertisers, Office boy, Nurse, Doctor and Media and communication studies’ experts. Mostly People of Lahore city who participated in this research were falling in the age group of 29 to 38 and 49 year-olds to above.

Semi-structured focused group interviews and discussions along with personal observation were used as tools for data collection. From eight themes finalized on the basis of their’ opinions. Concise questions were sorted down. On the start with permission of the members, questions related to their whereabouts were asked from focus groups. No persuasion was involved every member could find time to respond properly.
Each theme is supported with quotes and was analyzed in relation to each research question. Following is the list of themes during data analysis phase.

3.3. Main theme used in FGI

1. Significance of communication
2. Communication type: Interpersonal communication, Small group, Large group, Mass communication
3. Reasoning behind Health
4. Frequently used medium: Social media Vs Outdoor media / Both
5. Health information and Health care
6. Disease prevention
7. Health promotion
8. Effectiveness and role of media in bridging the gap/ Barriers in information

04. DATA ANALYSIS AND INTERPRETATION

After the compilation of FG interviews, all audio clips were transcribed to the letter and analyzed through a textual analysis divided into four critical steps of data analysis procedure.

4.1. Analytical Inquiries from Lahore

4.4.1 Significance of communication

Wrapping of discussion from upper class respondents, significance of communication was highlighted as organizations are totally reliant on interactivity; defined as the exchange of ideas, messages, speech information, signals and writing. One of the respondents said:

Without communication, societies would not function. If communication is diminished or hampered, the entire society suffers. When communication is thorough, accurate, and timely, the society tends to be vibrant and effective.

Another respondent argued:

Communication is the primary means by which people obtain and exchange information. Decisions are often dependent upon the quality and quantity of the information received. If the information on which a decision is based is poor or incomplete, the decision will often be incorrect.

Collected arguments from middle class participant:

It’s nearly impossible to go through a day without the use of communication. Communication is sending and receiving information between two or more people. The information conveyed can include
facts, ideas, concepts, opinions, beliefs, attitudes, instructions and even emotions.

Similarly, another contributed:
In the new age communication in a healthcare setting is one of the most important tools we have for providing great patient care and improving patient satisfaction. However, lines of communication can frequently be crossed and lead to lower patient satisfaction scores, illnesses or worse.

According to conversation-views of lower-status quo interviewees without exchange of ideas or thoughts we could not connect with each other in this contemporary society. Meanwhile media has reduced the proximity issues along with many other services to gain world information just with one click.

Advent of internet has facilitated people to easily connect with each other through verbal and written orientations. In the beginning people were connected one-way news-oriented media e.g. television, print media but with the passage of time feedback system has been endorsed through digitalization and now hybridization of outdoor-social-digital media outlets.

4.4.2 Most appropriate type of Communication
Remarks concluded by upper class that mass communication is at an acme in today’s world with the maximization of social media usage in our lives; social media forums like Facebook, WhatsApp and many other presage communicating applications would play important role.

Through the statements of middle class, small group communication has been mostly justified in regard of health communication because community group discussions have helped people to interact easily and directly.

Respondents from lower class argued that Interpersonal communication is the most appropriate type of communication for them as due to cultural constraints and family structures for the most part women are not allowed to go outside. It has been mandatory for them to spend maximum time inside with their kids. On the whole they tried to rely on their own cognizance of available knowledge-based information about any health care issue including disease awareness, pre and post maternity phases. This class has strongly recommended lady health visitors (LHV’s) and one to one interactions.

4.4.3 Justification behind health
People from Upper class stated that globalized media has undoubtedly introduced many unnecessary trends in contemporary society such as image building of perfect slim body over the beautiful characterization of human beings in the name of cultural needs. The key in maintaining a balanced lifestyle was to make life easy by adopting healthy attitudes on daily bases for improvements in health, appearance, activity and energy.
Middle and lower class dialogists insisted that eating healthy and nutritional diet and taking care of body properly would add up in overall fitness and well-being to further increase life expectancy by boosting immune system and people would get better, suffer far less from diseases and colds by having much more energy to do things we love and want to.

4.4.4 Preferred medium
Upper class feedback was in the favor of social media as they have affordability and sufficiently literate to handle the technical complexities while candidates of middle and lower classes were in the favor of both social and outdoor mediums due to the significant indulgence in development

4.4.5 Health-worthy information and safe-keeping
Considerations from upper class included that diseases have been increasing along with intense population increase day by day having many reasons behind that. Apparently it seemed that people are healthy but medical surveys and overcrowded emergencies and private clinics have been diagnosing warning facts and figures about growing diseases. People especially underprivileged classes have always been reluctant in revealing their health and disease conditions due to societal pressures.

In this regard respondents have claimed that media can perform a prominent role in proving suitable and useful health information to general public especially outdoor media is side by side participating in producing awareness-rich societies about wellness.

Digital programming has also adopted social media to updated health-related facilities on different social networks. Now properly organized medical web pages by professional doctors, disease specialists and groups have been available to join and post relevant questions about disease sufferings and further medical assistance. No need to go outside just for getting health information.

Middle Class examinees have described that health information has been related with their personal medical history; including symptoms, diagnoses, procedures and outcomes. Health information records have further included patient health histories, lab results, x-rays and clinical information.

Those were the basic health information and by social media toll free number, online appointments and free home services have facilitated people in a quite peaceful manner. Those health related details were also mentioned on banners, posters, LCD’s, billboard hoarding and buses. Now people have been getting health information along with all health care awareness.

Lower class answerers further replied in their indigenous language that mostly information regarding viral infections is received from wall-awareness along with communicable and non-communicable disease campaigns through banners and billboards. Moreover, medical team-visits also have facilitated in providing vaccinations such as polio at the doorsteps. Visual communication was also utilized thoroughly in this regard.
4.4.6 Disease prevention

Communicators of upper class shared their experiences of chronic diseases like heart disease, type II diabetes and cancer, endemic in today’s society. While risk factors like family history had been uncontrollable, lifestyle factors such as diet, exercise and avoidance of harmful habits could go a long way toward preventing disease.

A thirty minutes daily exercise and avoiding tobacco use would greatly reduce the risk of heart disease. Eating a nutritious diet also helped in preventing cancer development with an increased genetic risk of the disease. It was considered media responsibility to launch helpful health information and awareness campaigns in society to make people prevent themselves from chronic diseases.

Middle Class respondents claimed that disease prevention have been a procedure through which patients with high risk factors for a disease were treated properly to get an escape disease from that disease. Normally pre and post treatments were begun including person’s education, lifestyle modification, and drugs usage. Being a social media user or digital media-friendly it was easy to explore preventive measurements regarding health along with the usage of out-of-the-door media advertising in providing preventive measurements to illiterate population.

Lower class represents answered in their local language by observing all media responsibilities that for prevention of seasonal diseases medical survey/inspection teams have been formulated along with nutrition supervisors form government organizations. Such as in case of Dengue nowadays time to time public service messages through different media, precautionary measures, free health consultancies and Indoor residual spraying (IRS) has conducted in alter areas.

4.4.7 Health promotion

Responses from upper class representatives claimed that health promotion hoardings and neon sign boards outside pharmacy and medical stores have played duality in purpose as increasing tradition of good health in providing valuable resources and ensuring that customers would gain as much information and support as possible. Moreover, knowledge about local or national services providing extra support had been signposted through communication mediums.

Middle class point of views indicated that communication style has great importance for grabbing people's attention. Best messages had not been too wordy or long-winded only concise and succinct media text would plant the seeds of betterment in human consciousness. Free promotional material has been generated online with the help of various applications and software developments and for successful coverage themes would have been colorful, simple and according to the local psychology.

Leaflets had always played a great role in health promotion; readily available from many online organizations but drug reps have been also very helpful along with the usage of cork-boar displays. Moreover, they
claimed that some people liked to interact in doing different activities e.g. have tried to get hold of props such as placebo (dummy), nicotine replacement products for example and as once one pharmacy weighed out the teaspoons of sugar in a range of drinks to demonstrate why water is good for health but Cola is not.

Lower class explained in their local language that most of the time people had been remained unaware being poor and due to the lack of knowledge. Basically they did not know that ignoring primary symptoms of a disease will lead to a dangerous chronic illness for example incomplete treatment of hepatitis due to ignorance of free medical camps, information about relevant doctors and medical specialists. In this regard media in each form (out-of-door and social networking) would provide on time health and disease information and certain medicinal policies regarding the shortage and availability along with proper guidance of treatment through campaigns and advertising on the level of a layman.

4.4.8 Effectiveness of media and barriers in information (health information gap)

Members from upper class pointed out that for bridging the gap of health information it is necessary to work properly on media health awareness campaigns. Messages would have to be properly designed according to the demographic level of the people. Before introducing any HAC, this has been the responsibility of a media advertiser to check health information message either it was completed or not; shaky or clear; simple or having double meaning moreover campaign was providing awareness or just creating complications and ambiguity.

For example when healthy habits like being aware of one’s posture, drinking lots of water, adhering of safety measures and others are implemented, it would enhance work productivity. Instead of eating unhealthy food healthy diets such including fruits and vegetables should be suggested. There has been a need of advice to chip in intermittent stretch breaks after every 30 minutes of work.

By doing so, a person reduces the chance of developing work-related illnesses such as backaches, muscles strains, injuries, and vision problems. Mostly barriers which people faced were the use of jargons and over-complicated or unfamiliar terms which have been often used in Health awareness campaigns.

Partakers from middle class envisioned that messages should have been loaded with complete sense of health care. Only communicating skills would enable a person to grasp information, think critically and creatively along with proper learning of information. Media has played an eminent role in perception building.

It has to be the responsibility of media advertisement agencies to make productive messages as by using that method we could stitch spaces among health
information web. Communication hurdles of mental, physical and emotional as well as taboos had been also the main hurdles in this regard.

Lower class said that all have been dependent on the message style, camera frames and especially pictorial and illustration representation. Style and presentation of the content were most important e.g., “a picture is worth a thousand words”. Complex ideas could be conveyed with just a single picture to convey its meaning or essence more effectively than a long description. Barrier which have been mostly faced are lack of attention, interest, distractions and irrelevancy to the receiver.

05. RESULTS AND DISCUSSION
Since media provides information to public regarding various political, social, economic, health and crime related events, its role is absolute. Pakistani society is distinguished as a traditional society in respect of media, to follow cultural norms and values while designing its content. Research questions of this study are based on the facts and figures that media exposure has been an important factor in awareness-building and regarding health literacy among the people of Lahore.

R.Q.1: Does health-oriented information intervals exist among awareness level of upper, middle and lower classification of respondents?

Findings of FGI’s revealed that diversification and wide-ranging of social classes of city Lahore has provided the estimation of social spacing among people of upper-upper; upper-middle and upper-lower classes have always been more vitaminized in case of good and ill-health along with intense treatments of each and every unbalanced health situation. Middle-upper, middle-middle and middle-lower status quos have been inhaling average drops of information from the mass of information and its channelizing to make survival around ‘just sufficient enough’ physical and mental health to work hard in living better.

Groups of lower-upper, lower-middle and lower-lower have disseminated their being unprivileged; poverty-stricken; impoverished and necessitous range of facilities and survival circumstances in case of health/disease awareness along with the availability of either media at their door steps.

R.Q.2: How communication skills influencing the behavior of people in social learning?

Verbal communication; Interpersonal, small group, large group and mass communication and non-verbal communication through social media has prominent edge over the outdoor advertising kind of media uses and gratifications so communications skills and expertise have played an important role according to the views of all selected socio economic classes of Lahore.

Study supported the above said research question as person's behavioral participation in associated operations, like participating in campaigns and personal and social interaction and observing associated presentations in specific, has been acknowledged to be heavily linked to acquiring knowledge (Kwak, 1999).
R.Q.3: Are Social Media more effective in providing exposure of health information messages than outdoor media?

According to analysis of city Lahore by using the method of FGI’s people are making themselves well aware of social apps like YouTube, twitter, Facebook, Whatsapp, Viber along with Google voice and many other online communities to gain valuable health information on time. No doubt level of knowledge was different for different target audience as socio-economic and political instabilities layers prevailed among people of Lahore depending upon their vulnerability and efficacy gratitude.

People have awareness and knowledge about health education but there was still a lack of proper education on CD’s and NCD’s. Social and outdoor both media are very important but as Pakistani society is a traditional and cultural society, associated with socio-cultural bonds people has knowledge about health from different sources like peers, socialization and other sources other than media.

Among uneducated audience diseases are a taboo and social and outdoor communication mediums have provided maximum information about health education and in this regard and all FGI’s discussion concluded that social media has been effectively used by the people of Lahore as compare to outdoor media in gaining the health information.

Consequently, actionable intellect of platform administrators at the respective level of campaigns dispersion from social media, news media at the populace stage to discrete assistance looking for concerning movement results has been acquired. Directed initiatives have generated worthwhile influence with modest and actionable methods to monitor drifts in the greatest habitually stated forms of immense data through social media, news media, assisting taking from Google, and other telephonic counseling services (Krzaklewska & Williamson, 2014). Study supported the above cited research question.

R.Q.04: How respondents are facing the barriers in understanding Media health messages?

Good quality of life has reflected upon overall satisfaction of an individual in all aspects ranged from employment, relationships, security, ambitions, sexual relations parameters and perceived health status along with common barrier of language differences and difficulty in understanding unfamiliar accents. Meanwhile existence of barriers, people were facing most of the time, had been higher expectations, prejudices and health related taboos which had led to false assumptions or stereotyping in further improvements of human-caring discourses.

Moreover, it has been finalized that media would use jargon-free health apps through social networking along with simplified portrayal of disease-preventive measures through outside media advertising health campaigns as sometimes people have been intimidated by complexity of message designs that would make them afraid to admit that they did not understand the messages being delivered.

06. Conclusion

The whole gamut of from this study has argued that although through several media wealthy people perceive the mainstream media as sources of information but towards
insubstantial part of society they do not proceed their requirements. With the umbriferous of knowledge gap researcher has properly discussed the role relational factors that could serve in Pakistani Health system. Socio-economic standing has heavily affected the decision of conventional and digital outlets facilitated by distinct segments of our population where the discrepancy-widening impact is mediated by traditional media usage most of the time.

On the opposite some members of general public could become better educated but some may slow down in terms of perception of significant problems. In many other cases, the information profit curvature slopes are only for a little more dramatic and for others narrower. Socio-economic status does seem to assess the direction of just the curve instead of its defined direction. The result of the whole phase is that although we contribute more assets for training and data, those with better odds of absorbing them may get much more out of them than in those fewer social-economic resources.

6.1. Limitation of the Study
To remain in designed parameters of present research work following issues could be seen under limitations.
1. Study has only included two research methods; survey and focus group interviews.
2. Due to time constraints health awareness campaigns are generally considered to get responses about communicable and non-communicable diseases.
3. Age specifications are generally underlined.

6.2. Recommendation for Future Research Studies
The researcher has also laid down some foundation rules for the future line of research. Some recommendations are as following:
1. This study has surrounded three main status quo of society e.g. upper, middle and lower, in future studies further classification of classes can be contemplated.
2. Gender plays an important role to analyze knowledge, behaviour and attitude of people so further level of this research should involve all-embracing content analysis of complete cities to reach down each and every gender’s muteness about health condition.
3.
REFERENCES


