Engaging and informing young women about maternal and child health (MCH) is crucial to achieving the United Nations' Millennium Development Goals by the 2015 target date. But what are the best conduits to use for reaching this important and vulnerable target population?

The AudienceScapes survey of Zambia, conducted in spring 2010, provides a nationally representative view of Zambians' access to and use of media, communication technologies, and development information. Here we mine the survey data to produce four key lessons on how development practitioners can best interact with young women in Zambia, based on their composite socio-economic profile and levels of access to various information sources:

- **Focus on information sources that young women use most:** friends and family members, medical doctors, and radio. These sources are also readily available to young women and highly trusted by them. Notably, given that the majority of young Zambian women surveyed said they have access to medical doctors or a health clinic, enhancing the communication between medical doctors and young women is feasible and important.

- **Peer education and involvement of family members - particularly educating the mothers of young women, is important for better engagement** in reproductive health and family planning programs and will assist in interjecting correct information into trusted word-of-mouth networks.

- **Young women's relatively disadvantaged economic status and limited access to media should be kept in mind in designing health communication strategies.** For example, given low rates of access to the internet or computers, **online distribution of MCH information may not be effective for reaching young women.**

- **The potential of mobile phones in health information dissemination deserves more attention.** With nearly half of young Zambian women saying they have access to mobile phones, there is great potential for using SMS text message services as a source of health information. Mobile phones appear to have greater potential than TV or the internet for reaching young women.

**Case Study: Young Zambian Women's Access to Information about Maternal & Child Health**

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**AudienceScapes Profile of Young Zambian Women**

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Figure 1 below is a composite socio-economic profile of the 383 women age 15-24 included in the AudienceScapes Zambia survey. In general, young Zambian women are more likely to be economically disadvantaged compared to their male counterparts. Young females’ educational levels are slightly higher on aggregate than the general population, but they are much less likely to have post-secondary degrees or higher compared to their male counterparts.

In terms of healthcare access, young women are not necessarily disadvantaged, but they are less likely to have access to a pharmacy or a drug store compared to similarly-aged young men.

Figure 1: Profile of young women 15-24

The most readily available media and communication technologies for young women are radio and mobile phone. Young women have lower levels of access to mass media platforms (radio and TV) than young males (Figure 2). The gender gap in home ownership of mobile phones is not significant. Internet access is nearly equally low for young men and women.
Figure 3 summarizes the typical information sources that young women age 15-24 use for MCH information and their health decision-making habits. The detailed data about the target group point to key elements of the tailored MCH information dissemination strategy listed above.

Successful health information campaigns targeting young Zambian women will incorporate their most trusted and accessible sources of health information (Figures 2 and 3). These include medical doctors, family and friends, followed by radio programming (Figure 3). There are numerous ways in which development practitioners can utilize these potential conduits of information, both singularly and in combination. For example, radio as both one of the target group’s most trusted sources and a top news and information source can be used to broadcast health information via targeted programming or discussion forums featuring medical doctors.

Another potential strategy would be to explore the potential of SMS-based information campaigns or health quizzes. Nearly half of Zambian young women said they have household access to mobile phones, making these devices even more prevalent than television for this target group. As access to mobiles continues to grow, young women will become more sensitized to the idea of the mobile as an information source, not simply a communication tool. A third strategy is to inject information into existing word-of-mouth networks. While this can be difficult to accomplish and hard to measure, strategic mass media campaigns that target key information "nodes" within these word-of-mouth networks, such as the mothers of young women and female community leaders, may prove fruitful.

These are just some of the basic lessons we have found using the AudienceScapes Zambia survey. You can find a more detailed analysis of Zambia’s health information landscape in our upcoming report “Health Information Gaps in Zambia – Evidence from the AudienceScapes Survey”. In addition, you can find another case study on health communication in Zambia here.
Figure 3 Health information-gathering and decision-making habits of young women

Key Lessons and Data Points

Trust in information sources

- Medical doctors are the most trustworthy source of health information for young women (93% said medical doctors provide very trustworthy information), closely followed by friends/family members (91%) and radio (85%).

- The internet and SMS text message services were viewed as least trustworthy among all sources for young women. Only 28 percent found the internet as a very trustworthy source of health information, versus 38 percent for SMS text message services.

Information sources for young women 15-24

- Around 66 percent of young women use friends/family members for FP information, followed by 55 percent for medical doctors, 48 percent for radio, 31 percent for TV, and 23 percent for elders in the community (23%).

- For MCH information, the top five sources are also friends/family members, doctors, radio, TV, and elders in the community (the percentages of young women using each source were relatively: 54%, 52%, 45%, 30%, and 19%).

Household decision making

- Around 64 percent of young women said they had final say in household decisions about their own health care.

- Less than 30 percent made the decision themselves about the use of birth control method, 21 percent made joint decisions and 13 percent said the mother decided.

The AudienceScapes project (www.audiencescapes.org) is aimed at bridging knowledge gaps about media preferences, personal communication habits and the use of information and communication technologies (ICTs) in Africa and in other developing regions. InterMedia (www.intermedia.org) is a research-based consultancy with expertise in media, communications and development. We equip clients to understand audiences, design projects, target communications and gauge project impact in developing and transitional societies worldwide.

*The findings and conclusions of the AudienceScapes research project are those of InterMedia and do not necessarily reflect the positions or policies of the Bill & Melinda Gates Foundation.