

AudienceScapes

Africa Development Research Brief



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This research brief is based on data from the AudienceScapes surveys of 2003 Tanzanian adults (age 15+) conducted in July 2010. The survey has a margin of error for the sample of +/- 2.2 percent with a 95 percent confidence interval.

The nationally representative survey is part of a broader project aimed at improving communication programs and needs assessments in developing countries. To access the complete analytical reports on the AudienceScapes surveys as well as other research and information, go to

www.audiencescapes.org.

Family Planning and Maternal Health in Tanzania: Women Demand for More Information

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Family planning and Maternal and Child Health (FP-MCH) are key components of the UN's Millennium Development Goals, given their central role in healthy and productive populations. Tanzania has made some progress in these areas in recent years - for example, mortality rates among infants and children under five have declined. However, Tanzania has lagged in maternal health, with the UN MDG Monitor declaring that the country's goal of reducing the maternal mortality ratio and increasing access to reproductive health is "off track".ⁱ

The 2010 AudienceScapes survey of Tanzania (n=2,000, nationally representative) included a module to measure people's access to information in general, and access to health information in particular, as well as access to health services. The data yield some helpful guidelines for public health professionals seeking to educate the Tanzanian public about FP-MCH:

- Mass media, particularly radio, continues to play an important role in delivering FP-MCH information to vulnerable groups. Community word-of-mouth campaigns delivered by public health workers have the potential to be just as important, particularly among socioeconomically constrained populations with low levels of access to media outlets.
- A large proportion of Tanzanians across the country said they have access to clinics and medical doctors. However, only between a quarter and a third of respondents listed medical doctors as sources of information about FP-MCH.
- There is a clear demand for more information about FP-MCH. Over half of all respondents, including young women, said they would like more information about FP and 41 percent wanted further information on MCH.

- Health professionals must be aware of not only what are the key information gathering tools for general target groups like young women and men, but they also need to be aware of the limited reach of some media platforms among disadvantaged sub-groups.

Figure 1

Weekly Sources for News and Information <i>Analyzed for Urban-Rural Differences</i>				
Percent of rural or urban populations who said they typically use the following as a source of information about the above topic				
Information source	General Population		Young Women	
	Rural	Urban	Rural	Urban
TV	28%*	72%	25%*	72%
Radio	83%	84%	79%	82%
Newsprint	12%*	43%	10%*	38%
Internet	2%*	11%	2%*	7%
SMS text message service	29%*	51%	24%*	41%
Friends or family member	66%	69%	58%*	76%

AudienceScapes National Media Survey Tanzania, July 2010. n=2003 all respondents; n=961 all women aged 15-24. *: Significant differences between rural and urban at P<0.05

The improvement of FP-MCH indicators is often tied to infrastructure development within a country’s healthcare system: for example, by expanding access to health clinics in rural areas, employing health practitioners with formal training in women’s health, or involving communities to participate in health services management and ownership. Educating vulnerable groups, such as rural or low-income young women, via outreach and information campaigns is another crucial intervention that development practitioners must recognize.ⁱⁱ

Unfortunately, target groups for FP-MCH oriented campaigns, especially young women in rural areas, tend to have lower levels of access to mass media compared to other demographic groupings (Figure 1). Young women in general are significantly less likely to consume news and information compared to their male counterparts. Women who reside in rural areas rely heavily on radio as their main source of news and entertainment because they often lack home access to television, if not a consistent source of electricity. Overall, word-of-mouth between family and friends does play a large role in the spreading of news and information. However, explained below, the role of word-of-mouth in spreading FP-MCH information is less important.

Access to information about FP-MCH among Tanzanians trails considerably behind their access to information about malaria and HIV/AIDS. Both of these maladies account for a much larger percentage of the total mortality rate and therefore have been emphasized in behavior change communication projects. In fact, the United Nations Development Programme attributes the slow progress of lowering maternal mortality to the impact of the HIV/AIDS epidemic. This highlights how intertwined many of the various health issues are and how development practitioners should consider holistic outreach programs that address this issue.

Overall, 55 percent of respondents in the Tanzania survey said they had received information about family planning in the past week and a total of 77 percent had received information in the past month. Similarly, 53 percent of respondents had received information about MCH in the past week and 77% in the past month.

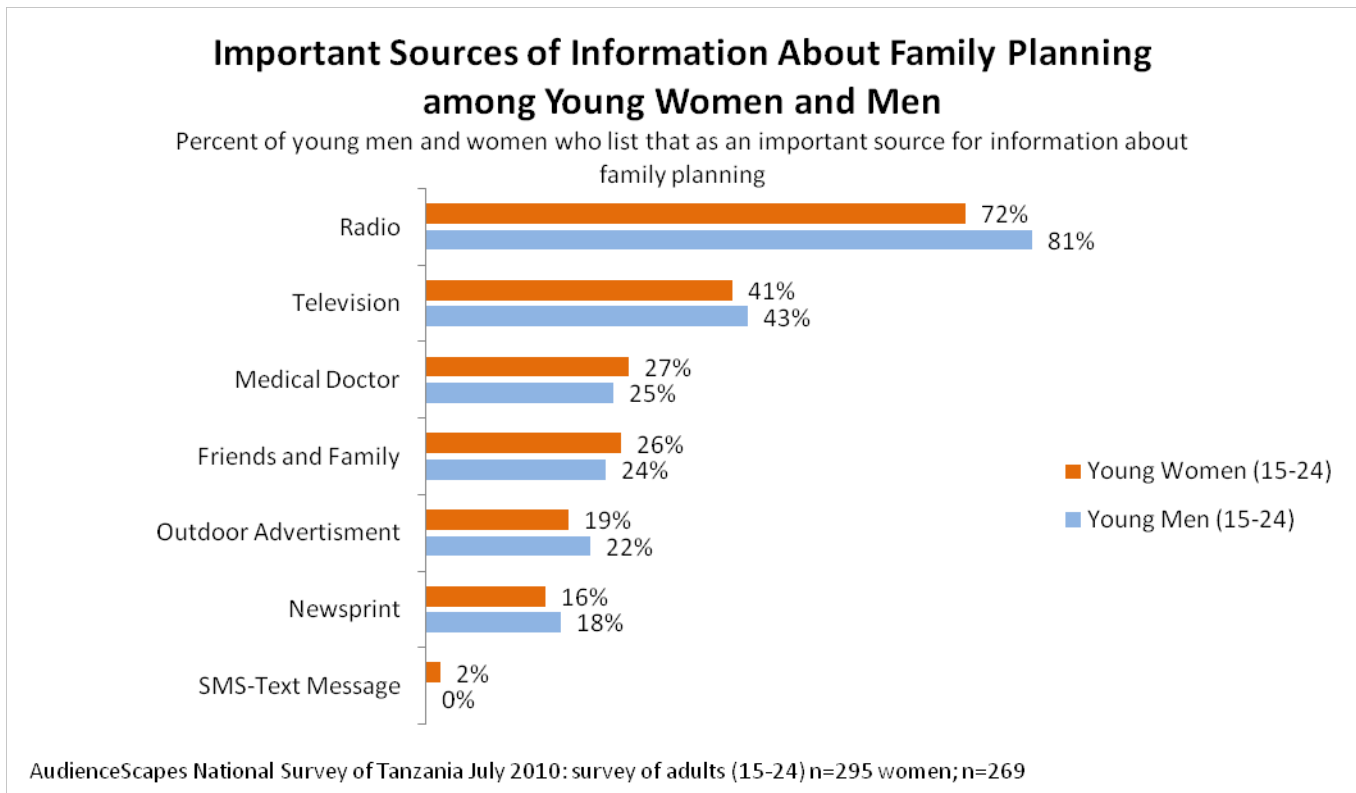
Data from the survey showed that access to this specialized information can vary widely between demographic groups including by socio-economic status and educational attainment (Figure 2). There was little overall difference between men's and women's access to FP-MCH information. Roughly, half of both men and women said they had received information about family planning and/or maternal and child health in the past week and three-quarters of them in the past month.

Figure 2: Definition of Income Tiersⁱⁱⁱ

Women's Access to Family Planning or Maternal And Child Health Information		
<i>Analyzed by education & financial status</i>		
Percent of respondents in each demographic group who get information about the topic in the past month		
Educational level	Family planning	Maternal & Child health
No formal education	68%	72%
Primary school	79%	78%
Secondary school	75%	73%
Post secondary	80%	89%
Income*		
Tier 1 (lowest income group)	72%	74%
Tier 2	71%	73%
Tier 3	82%	80%
Tier 4 (highest income group)	85%	78%
AudienceScapes National Media Survey Tanzania, July 2010 All women aged 15-44 (n=961).		

FP-MCH campaigns often target reproductive age women, but the survey indicates that men often are consumers of such information. In fact, the survey suggests that men are part of the household healthcare decision making process. For example, among young women in rural areas, 27 percent of respondents said that their father had the final decision about healthcare for the family. An additional 27 percent said it was a joint decision and 12 percent said it was the decision of the husband. The role of men as final decision makers in healthcare diminished significantly among urban young women, with only 6 percent citing their fathers and 8 percent listing healthcare choices as a joint decision.

Figure 3



The top four sources for both FP and MCH information is a combination of mass media outlets and word-of-mouth interlocutors. Radio's predominance reflects that medium's ubiquity. More surprising is the relatively small percentage of men and women receiving information via friends and family or medical doctors. The percentage of respondents using word-of-mouth as a news and information source is more than twice the percentage who consider word-of-mouth an important source of FP-MCH information.

There is great potential for exploiting word-of-mouth networks. More than three-quarters of young women and men in the survey said they had access to a health professional if they were ill or injured. A similar level said they had access to a health clinic or hospital if required. Healthcare centers and doctors have the potential to be important conduits for health information. The high level of importance that medical doctors and word-of-mouth networks play in sharing information about HIV/AIDS and malaria highlights how practitioners may be able to integrate FP-MCH information into the existing health conversation.

Figure 4

Sources of Information on Family Planning or Maternal & Child Health for Women of Reproductive Age				
<i>Analyzed for Urban-Rural Differences</i>				
Percent of rural or urban women who said they typically use the following as a source of information about the above topic				
Information source	Family Planning		Maternal & Child Health	
	Rural	Urban	Rural	Urban
TV	27%*	64%	31%*	58%
Radio	55%*	79%	55%*	78%
Poster, billboards, brochure	13%	16%	14%*	21%
Newspaper, magazine	15%*	25%	11%	20%
Internet	0%	1%	0%	2%
SMS text message service	2%	2%	1%	1%
Friends or family member	34%*	22%	30%*	20%
Medical doctor	31%*	25%	39%*	22%
Traditional healer	2%	1%	2%	1%
Community Elder or Gathering	11%	10%	11%	9%

AudienceScapes National Media Survey Tanzania, July 2010. N = All women aged 15-44 (n=961).
*: Significant differences between rural and urban at P<0.05

Case Study: Getting FP-MCH Information to Young Women

Young women are frequently the target audience for FP-MCH outreach programs. These women are a key group because often cultural and societal norms make it difficult for them to refuse sex or to insist on the use of a condom by their partners. Young women, in particular, in most developing countries are vulnerable to HIV/AIDS infection and unexpected pregnancies. Young women also tend to have less access to mass media compared to young men. Reaching young women who reside in low-income households or reside in rural areas is another difficult barrier to overcome.

Figure 5: Profile of Young Tanzanian Women

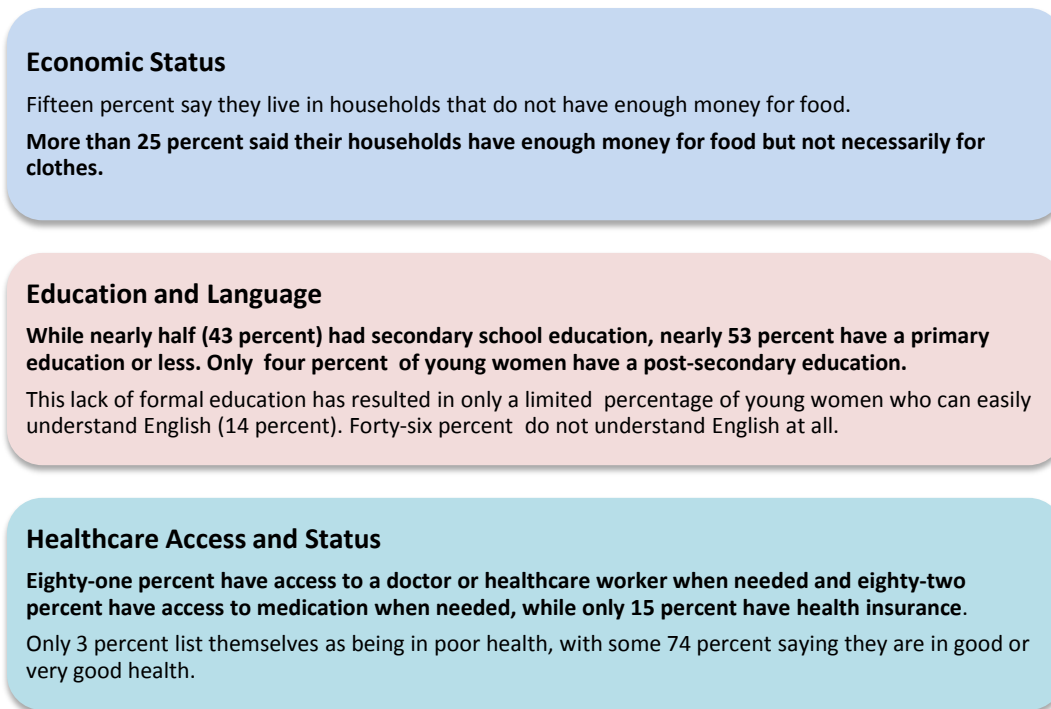
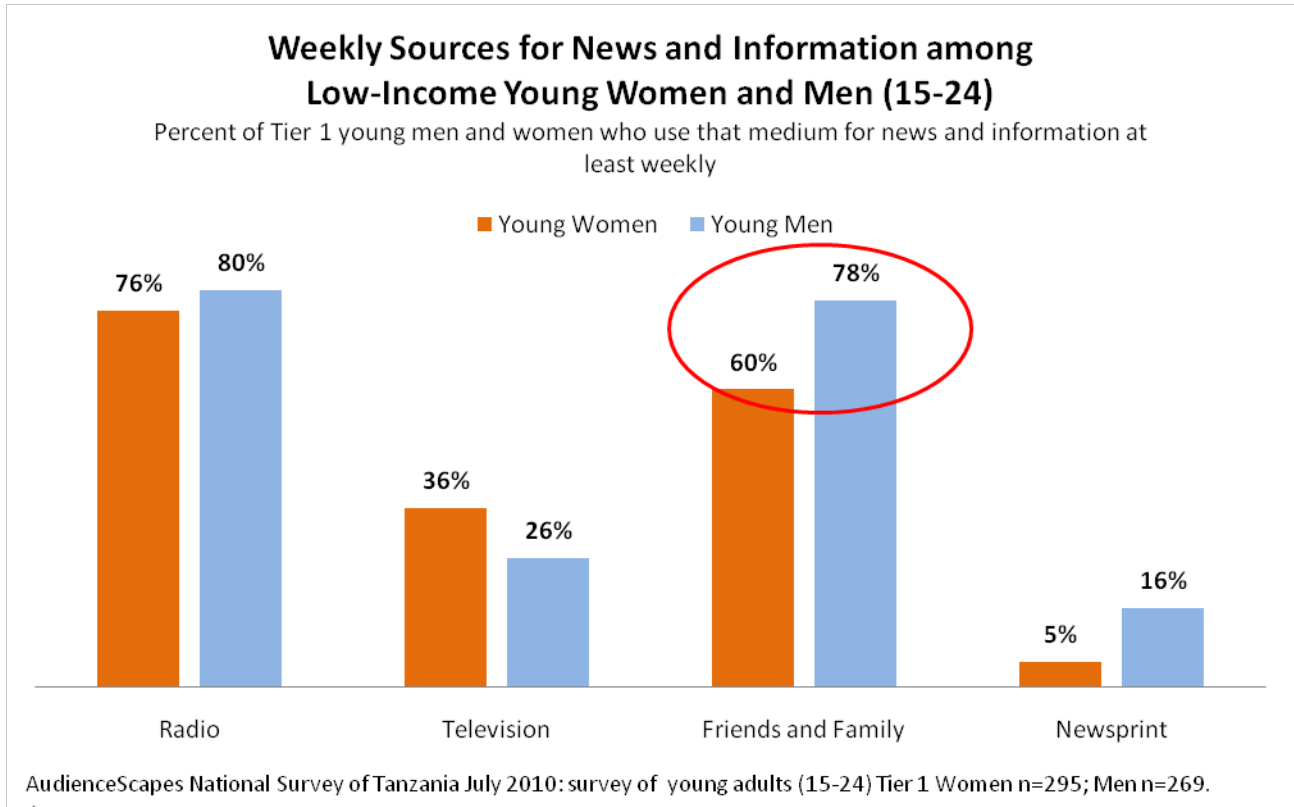


Figure 5 is a composite profile of this target audience (n=295). While the survey data indicates that young women are not economically disadvantaged, on the household level, compared to their male counterparts, they are much more likely to have only a primary education or less. This gap in education can hinder young women's ability to understand written health communication such as brochures or pamphlets that are often distributed through health centers.

Figure 6



The survey data did not indicate large disparities in household access to media between young women and men. However, the data did indicate that use of media and word-of-mouth for gathering news and information did vary substantially. These differences were larger between low-income (Tier One) young people and those that reside in rural areas. These figures emphasized the importance of radio and word-of-mouth as the key conduits for disseminating health information.

Figure 7 highlights how young women discuss and consume health information and identifies their trusted sources of news and information.

Discussing Health Issues

Around 44 percent of young women said they discuss health issues often or very often with others. An additional 11 percent discuss them occasionally.

The people that young women most often discuss health issues with are friends and family (95 percent) followed by doctors and health professionals (74 percent). A little over 40 percent of young women discuss health issues with colleagues or elders in their community.

Information sources for young women 15-24

Mass media dominates the list of sources important for FP-MCH information. Seventy-two and seventy-seven percent, respectively, say radio is an important source of information followed by television at around 40 percent.

Friends, family and medical professionals are ranked equally as important sources. Around a quarter of young women cite friends, family and medical professionals as important sources for FP or MCH information. About 20 percent listed brochures, billboards or pamphlets as an important source.

Trusted Sources of News and Information

Radio is the most trusted source for news and information with 68 percent of young women listing it as very trustworthy and 27 percent somewhat trustworthy. Only 33 percent said television is very trustworthy.

While friends and family are an important source of information for young women about health and news in general, 20 percent said they were somewhat untrustworthy and 52 percent said they are only somewhat trustworthy.

More than a majority of young women said that brochures, posters and billboards were somewhat or very trustworthy combined but only about 15 percent listed them as very trustworthy. This is much lower compared to other mass media

The detailed data about the target group point to key elements of a tailored FP-MCH information dissemination strategy.

- **Understand the sub-groups within this target audience:** Mass media are currently the most often cited sources for FP-MCH information, but most marginalized and rural women only have access to radio and different forms of word-of-mouth.
- **Beyond using radio programming, tapping into local word-of-mouth networks must be a priority:** The success of word-of-mouth campaigns can be unpredictable. However, it is clear that friends and family are one of the most important means of gathering health information. Using health professionals to promote the sharing of accurate health information within a community is still one of the most productive means of spreading life saving information.
- **There is great potential for mobile phones in health information dissemination in the future but we must be cognizant as to who is using them and how:** Forty-three percent of young women own a mobile phone. However, only about a quarter of them are using their phone to gather news and information. Only 2 percent of all young women consider SMS an important source for FP or MCH information.

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. It is also a tool for identifying needs in media, communication technologies, development information and development policy.

The project's name refers to the benefits for development organizations of understanding the changing communication preferences and needs of their 'audiences'—the target populations and policymakers whom they are trying to support. Launched in April 2009 with support from the Bill & Melinda Gates Foundation*, AudienceScapes comprises four main elements:

- **National quantitative surveys** looking at (1) the general population's access to and use of media, access to and use of information and communication technologies (ICTs), and word-of-mouth communication habits; and (2) how these factors affect people's acquisition of knowledge about key development topics. Pilot projects are taking place in Ghana, Kenya and Zambia.
- **In-Depth Interviews with policymakers** to find out how they gather, assess, share and disseminate critical information related to development topics, and find out how global development partners can play a constructive role in this process. The interviews were begun in the same three African countries.
- **The AudienceScapes website** which provides access to the program's analytical reports as well as the quantitative survey data. The website also has detailed "Country Communication Profiles" of several countries in multiple developing regions, plus other resources for development practitioners working in communication, media development, technology development and policy dialogue.
- **Custom Research and Analysis** for organizations and companies in need of reports catering to their specific research needs.

For more information, contact us at audiencescapes@intermedia.org.

InterMedia (www.intermedia.org) is a nonprofit research, evaluation and consulting company with expertise in media, communications and development. We creatively 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.

ⁱ "Tanzania, United Republic of: Progress by Goal". MDG Monitor. New York, NY Accessed April 2011.

http://www.mdgmonitor.org/country_progress.cfm?c=TZA&cd=834.

ⁱⁱ "Tanzania: National Target Six- Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate." United Nations Development Programme. UNDP Tanzania 2010. Accessed April 2011.

iii AudienceScapes analysts define income levels based on a self-assessed, qualitative measure. This builds from a question asking people “Which of these answers reflect your family’s financial situation?”: The available answers are the following: “We don’t have enough money even for food” (Tier 1, N =270); “We have enough money for food, but buying clothes is difficult” (Tier 2, N =527); “We have enough money for food and clothes and can save a bit, but not enough to buy expensive goods such as a TV set or a refrigerator” (Tier 3, N=869); “We can afford to buy certain expensive goods such as a TV set or a refrigerator”, or “We can afford to buy whatever we want” (combined in Tier 4, N = 232). The AudienceScapes surveys include a monetary income measure, but the analysis team did not consider the responses to be sufficiently reliable for analytical purposes.