Health Information Gaps in Zambia – Evidence from the AudienceScapes National Survey

Chapter 2: Health Information Gathering and Sharing

IIa. Interest in health news

The survey also included questions about what types of mass-media news stories are of interest to the respondents, including stories related to health and medical issues. The results provide guidance for health development organizations considering the use of mass media for educational and informational programs.

Roughly 88 percent of those surveyed said they pay attention to news about health and medical issues in the media, though there were significant variations by demographic groups. Men are more likely to pay attention to health news than women. Urban people, older adults (25 and above), people of the highest financial tier, and those who easily understand English are more likely to be interested in health-related news (Figure 2.1).

The sharpest differences are for those in the top financial tier versus those in the bottom tier (96 percent versus 76 percent), and for those who understand English easily (95 percent paid attention to health news) versus those who do not understand any English (76 percent). Given that nearly half of all respondents said they cannot understand English easily or do not understand English at all (usually those at the bottom of the financial tier), the use of local languages such as Bemba or Nyanja in media campaigns or health informational programs may help to better engage less privileged groups.
IIb. The roles of different media platforms as sources of health information

Among media platforms, radio emerges as the most important source of information on health issues, followed by TV and then newspapers. Less than 10 percent of men or women said the internet is a very important source of health information, which likely reflects low rates of web access (only about 7 percent of all respondents had internet access at home).

Focusing on the 14 percent of respondents who said they have ever used the internet, about 57 percent considered the web to be a very important source of health information (among the 73 percent of respondents who have used radio, 74 percent considered radio as a very important health information source), still at the lowest level of importance.

There are notable demographic differences in the importance of various media platforms as sources of health information; these differences mainly reflect Zambians' varying access to media platforms. As shown in Figure 2.2a, men are more likely than women to see radio, TV and newspapers as "very important" sources of health information. This indicates the gender divide in media use, as our survey results show that men are more likely than women to use these traditional media platforms in general. There is no significant gender difference with regard to the internet, given the equally low levels of access and use for both men and women.
The rural-urban gap is more pronounced. As shown in Figure 2.2b, for all media platforms, significantly higher percentages of urban than rural adults see these platforms as important sources of health information. The rural-urban difference in seeing TV as an important source of health information is more than 30 percentage points.

Similarly, the highly educated, those in higher income tiers and those who easily understand English are more likely to report radio, TV, newspaper, and the internet as important sources of health information. The general order of preference is the same for all the groups.
In summary, the findings point to limitations in delivering health information to resource-poor target groups via TV or newspaper.

Ilc. Word-of-mouth: discussing health issues

The survey delves into the importance of word-of-mouth communication as a path for obtaining and sharing health information. Clearly, in many developing-country settings, people tend to rely on other people for a wide variety of critical information, including about health.

Around 57 percent of respondents said they had discussed health issues with others during the 12 months before the survey. The flow of word-of-mouth information about health is mostly through friends or family members, followed by colleagues at work or in school, and then medical doctors (Figure 2.3).
For both men and women, about half of the respondents said they discuss health issues with their friends or family members "often" or "very often". Gender differences only show up in discussions with colleagues (at work or in school), with women less likely than men to turn to such sources frequently - possibly because fewer women are working or going to school.

Patterns of communicating with others about health issues differ markedly between rural and urban respondents. Urbanites are more likely to discuss health issues frequently with colleagues or doctors, but less likely than rural dwellers to do so with traditional healers or elders in the community (Figure 2.4). Friends/family members remain the most popular channel for word-of-mouth information for both rural and urban adults.

Doctors are rated fourth as a source of health information for rural dwellers, versus second for urbanites. Considering that around 75 percent of rural residents said they have access to medical doctors or healthcare workers, more communication between patients and doctors should be encouraged.
Youth (15-24) are less likely than their older counterparts to discuss health issues with others, be they friends/family, doctors, traditional healers, or community elders. It is only in discussions with colleagues (at work or in school) that there are no significant age disparities. The most popular word-of-mouth information channel for youth is still friends/family (40 percent mentioned this as a source), followed by colleagues at work or in school (20 percent), then doctors and community elders (16 percent each). Only 7 percent of youth said they frequently discuss health issues with traditional healers. Clearly, greater efforts are needed to better engage youth in health information communication, particularly in communication with doctors.

**IId. Trustworthiness of different sources of health information**

The Zambians surveyed were also asked about their level of trust in various sources of health information. Trust is a critical element in any communication program, given that people will be more likely to accept and act upon information coming from a trusted source.

Among all the mass media and word-of-mouth information sources for health issues included in the survey, the top three most-trustworthy sources among all respondents are medical doctors, radio, and friends or family members (94 percent of respondents thought medical doctors were very or somewhat trustworthy, followed by 90 percent for radio and 88 percent for friends or family members). A holistic communication strategy combining these three information sources should be considered for engaging Zambian adults in health
**communication programs.** For example, one approach might be to use medical doctors as spokespeople on radio programs and encourage outreach by medical professionals to friends and family members of communication targets, in order to tap into their trusted sources.

**Taking mass media information sources alone (radio, TV, newspaper, and the internet), the level of trustworthiness is a function of respondents' level of access to the medium.** People who said they do not have a specific type of medium at home (or in the case of newspaper, those who did not understand English) were significantly less likely to trust that specific media source.

Along the same lines, **those who said they do not have household access to mobile phones were less likely to say they trust health information provided by SMS text message services** (55 percent for those who have household access to a mobile phone versus 34 percent for those who do not). **For health development groups, this could be a factor to consider in the numerous SMS-based health communication initiatives currently under way in Africa and elsewhere.** Given that mobile phone ownership is not universal (about half of the surveyed adults do not personally own a mobile phone), development groups should take into account the best ways to reach and impact those who do not own mobile phones.

**The level of trustworthiness in word-of-mouth information sources appears to be linked to the respondent's level of use of such sources.** For example, friends or family are the most-used and the second most-trusted word-of-mouth source for health information. That said, **medical doctor were an exception: only about 21 percent of surveyed adults said they discuss health issues with doctors often or very often, but this does not tarnish doctors' perceived reputation for delivering trustworthy health information, with doctors being the most trusted source of health information.**

Given that more than 80 percent of surveyed Zambians claimed to have access to medical doctors or other healthcare workers, it is possible to encourage more communication between healthcare workers and people in communities. Doctors or health centers/clinics can have more outreach activities for health information dissemination in addition to the regular services to the patients.

**A gender divide shows up in trust levels for many of the health information sources** (Figure 2.5). Men often were more likely than women to consider a given source to be trustworthy, possibly reflecting males' advantage in access to such sources. Indeed, no significant gender trust gaps were seen in many word-of-mouth sources, which tend to be more equitably available to men and women.
## Trust in Information Sources for Health Issues

*Analyzed by gender and rural/urban location*

Percent of each group of people who said they consider the source to be "very" or "somewhat" trustworthy.

<table>
<thead>
<tr>
<th>Source of information on health issues</th>
<th>Gender</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (%)</td>
<td>Female (%)</td>
</tr>
<tr>
<td></td>
<td>N=1014</td>
<td>N=986</td>
</tr>
<tr>
<td>Radio</td>
<td>93%</td>
<td>87%*</td>
</tr>
<tr>
<td>Television</td>
<td>82%</td>
<td>77%*</td>
</tr>
<tr>
<td>Newspapers</td>
<td>72%</td>
<td>61%*</td>
</tr>
<tr>
<td>Posters, bulletin boards or brochures</td>
<td>66%</td>
<td>60%*</td>
</tr>
<tr>
<td>The internet</td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>SMS text message service</td>
<td>48%</td>
<td>43%</td>
</tr>
<tr>
<td>Friends or family members</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Colleagues at work/at school</td>
<td>73%</td>
<td>68%*</td>
</tr>
<tr>
<td>Medical doctors</td>
<td>94%</td>
<td>93%</td>
</tr>
<tr>
<td>Traditional healers</td>
<td>45%</td>
<td>42%</td>
</tr>
<tr>
<td>Community elders</td>
<td>82%</td>
<td>81%</td>
</tr>
</tbody>
</table>

*: The difference by gender or by rural-urban is significant at P<0.05.
Other response options were "very" or "somewhat untrustworthy.

**Urban-rural trust levels also diverge** except for friends/family members, colleagues, and medical doctors (Figure 2.5). The biggest rural-urban gap is in trust over newspapers. In a possible reflection of rural residents' lower literacy rates; they were less likely to consider newspapers as trustworthy compared to their urban counterparts, with a difference of 28 percentage points.

**Note the rural-urban trust gap in new media sources of information, which come in at the low end of trust levels for rural adults.** This is clearly related to lower levels of access to and use of the internet and mobile phones by rural residents. But **given that the penetration rate of mobile phones is actually higher than that of TV among rural residents** (40 percent said they have access to a mobile phone at home versus 26 percent having access to TV), there is potential to promote health information dissemination via mobile phones, with greater use of SMS text message service.

There are significant differences by educational level for all the different information sources. **Those with no formal education were less likely to trust any of the sources, except for traditional healers** (data not shown).
**IIe. Health information communication and health status**

A person’s health status not only correlates to one’s socioeconomic status; it is also linked to the communication habits of the individual. Our survey data suggest that one’s interest in health-related news is correlated with one’s health status. Around 89 percent of those self-reported to be in very good or excellent health said they pay attention to health-related news, compared to 82 percent for those in poor health status.

While a causal relationship cannot be established, paying attention to health news appears to be correlated with better health. This suggests that there may be "health-conscious" personalities among those surveyed.

Additionally, a person’s general health status is related to whether he or she had discussed health issues with others in the past year. Those describing their health as “very good” or “excellent” were significantly more likely than those in "good" health to say that they have discussed health issues with others in the last 12 months (59 percent for those in very good or excellent health compared to 49 percent of those in good health). In addition, about 64 percent of those in poor health ("not good" or "very bad" health status) discussed health issues with others - possibly since they were in need of treatment given their poor health.

The relationships observed between general health status and interests in health news or discussion of health issues suggest the importance of health information communication in promoting positive health outcomes. For future studies, it would be advisable to control for respondent socioeconomic status and to collect more detailed data on health outcomes and knowledge of health issues to assess the impact of specific health communication programs.