

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

---

## Chapter 6: Health Opinion Leaders

*Health opinion leaders are defined in this study as people who said that other people come to them “very often” for opinions and advice about health topics (they totaled about 7 percent of all surveyed adults, or 134 out of 2,000 respondents).*

**Given that word-of-mouth information flows are important for communicating health information, particularly for women and the rural residents, the health opinion leaders tend to play a key role in getting health information to the under-served groups, meeting any of their unmet information needs, and filling the health information gap. To better assess the role of health opinions leaders in Zambia’s health information landscape, we need to identify the health opinion leaders and understand their information gathering habits.**

**Vla. Demographic profile of health opinion leaders**

Figure 6.1

<b>Demographic Profiles of Health Opinion Leaders</b>		
Figures represent percentages		
<b>Gender</b>	Health opinion leaders	Non-opinion leaders
<b>Men</b>	55%	50%
<b>Women</b>	45%	50%
<b>Age</b>		
<b>15-24</b>	19%	37%
<b>25-34</b>	38%	30%
<b>35-44</b>	20%	14%
<b>45 and over</b>	23%	19%
<b>Rural-urban</b>		
<b>Rural</b>	67%	66%
<b>Urban</b>	33%	34%
<b>Education</b>		
<b>No formal education</b>	14%	17%
<b>Primary school</b>	16%	23%
<b>Secondary school</b>	34%	42%
<b>Postsecondary</b>	32%	17%
<b>University</b>	5%	2%
<b>Income</b>		
<b>Tier 4 (highest)</b>	25%	19%
<b>Tier 3</b>	22%	27%
<b>Tier 2</b>	31%	35%
<b>Tier 1 (lowest)</b>	21%	19%
AudienceScapes National Media Survey Zambia, April 2010. N =2000. Groups not shown: education or financial status unknown.		

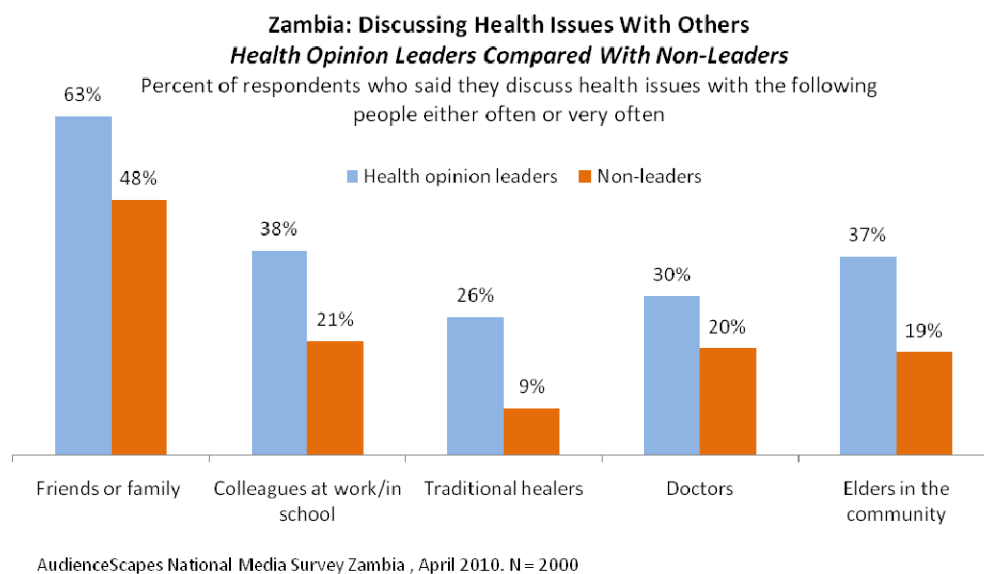
Comparing the profiles of health opinion leaders to the profile of the total population, the AudienceScapes data did not show major differences in terms of gender or rural-urban location. Health opinion leaders also are not necessarily wealthier or of higher financial status. Nor do they have better health status compared with the non-opinion leaders (around 41 percent of health opinion leaders considered themselves to be in excellent health, compared to 37 percent for the non-opinion leaders). However, **health opinion leaders tend to be relatively highly educated (with postsecondary education or higher), and less likely to be in the youth (15-24) category.** Figure 6.1 shows the percent of respondents in each socio-demographic group for health opinion leaders versus the rest of the surveyed population.

Health opinion leaders were more likely to have radio at home (83 percent for health opinion leaders versus 72 percent for non-leaders). More importantly, **while less than 7 percent of non-leaders said they have internet access at home, more than 15 percent of health opinion**

**leaders said they did.** Health opinion leaders were also slightly more likely to have ownership of other media equipment, but not significantly.

**One key difference between health opinion leaders and the rest of the population is that the former group was more likely to discuss health issues with others, being friends or family members, colleagues at work or in school, elders in the community, traditional healers, or doctors** (Figure 6.2). For instance, 63 percent of health opinion leaders often discussed health issues with friends or family members, compared to 48 percent for the rest of the respondents.

Figure 6.2



### **V1b. Opinion leaders' personal opinions about health issues and information**

Health opinion leaders are critical about health issues in Zambia. They are more likely to see the quality of health care as a serious issue of the country (60 percent among health opinion leaders, compared to 50 percent for the others). They do not differ from the rest of the population in terms of opinions about the country's progress in pre/post-natal care and accessibility to birth control methods.

The critical view of health opinion leaders does not necessarily mean that they are not satisfied with the health information they receive. In fact, they are more likely than the rest of the respondents to feel very satisfied with the health information, though not significantly. But for family planning and maternal & child health information, there was significant difference in satisfaction between health opinion leaders and non-leaders. Around 92 percent of health opinion leaders were very satisfied with the family planning information they received,

compared to 82 percent for the rest of the respondents. Similarly, there was a difference of more than 9 percent in satisfaction with maternal & child health information.