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

**Report Summary**

**Key Findings**

- There is inequitable access to health services in Zambia - with significant differences between rural and urban dwellers and among socioeconomic groups - which can be correlated to variations in self-assessed health status. As in most developing countries, the rural residents or those of lower socioeconomic status are disadvantaged in terms of health services and status, and they should be given special attention in health communication strategies.

- Our survey data suggest that people who considered themselves to be in better health status also tended to pay more attention to health-related news or to discuss health issues with others more often. People who said that they have received information about HIV/AIDS, malaria, or family planning within the last month were more likely to be in better health. This suggests a possible link between access to health information and health outcome.

- Among “traditional” media platforms (radio, television and print), radio emerged as the most important source of information on health issues, followed by TV, and then newspaper. However, there were gender and rural-urban divides in the access to and use of media outlets. Tailored media strategies thus are needed for reaching different demographic groups.

- New media outlets, notably the internet and mobile phones, were not used to a notable degree for obtaining health information by those surveyed. The low level of internet use is related to low levels of access. Rates of access to mobile phones (more than half of surveyed adults said they have home access) leave considerable room to enhance communication of
health information through SMS text messages and, eventually, mobile internet applications.

- Word-of-mouth is also important for communication of health information, with friends or family members acting as key channels of such information. But Zambian youth (age 15-24) were less likely to discuss health issues with others compared with their older counterparts.

- On aggregate, the top three most trustworthy sources for health issues are medical doctors, radio, and friends or family members. However, there were significant gender and rural-urban differences. Women or rural adults were less likely to trust the internet and traditional media sources such as radio, TV, and newspaper, possibly due to their limited access to these media outlets.

- Consistent with trends in trust levels, radio, friends/family members and medical doctors were also the top three most relied-upon sources by both men and women for information about HIV/AIDS, malaria, family planning (FP), and maternal & child health (MCH). However, women were less likely to use mass media sources and more likely to use word-of-mouth sources compared to men. Similarly, rural residents were less likely to use traditional media sources than urban residents.

- Television was among the top three most used sources for gathering HIV/AIDS, malaria, and MCH information for urban residents, but was used far less by rural residents, no doubt reflecting the relatively low rate of home TV ownership in rural areas. Radio or other word-of-mouth information channels are more effective for reaching rural adults.

- There is a high level of access to HIV/AIDS or malaria information across demographic groups, but with variations by rural-urban location and socioeconomic status. Rural residents were slightly less likely to have received information about HIV/AIDS or malaria in the last month, and so were the less well off.

- Access to FP-MCH information was not as high as for HIV/AIDS or malaria information. Not surprisingly, access varies significantly by gender and age, and by socioeconomic status. Men were less likely than women to have received FP or MCH information within the last month, and so were youth (15-24) compared to older adults. Given the high teenage pregnancy rates in Zambia and the importance of male involvement in reproductive health programs, enhanced communication with youth and men for FP and MCH information is desirable.