

Chapter 2

An Empirical Note on Health Vulnerability and Health Information Digital Divide: A Study of Indian Patients

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ABSTRACT

Availability of healthcare information on the Internet has made it possible for patients or their relatives to search for such information. Considering the delicate nature of such information as well as its great need felt by the society, it is important to know who are these people who actively search for online healthcare information and also those who are unable to do so. In all, 754 respondents participated in the survey. The variables selected from literature survey and exploratory study are Health Information Digital Divide, Income, Having E-mail id, access to Internet, geographical location, Education, family-type, age, and gender. As the data is categorical, the significance of difference has been calculated using Chi-square test. Later discriminant analysis was conducted to predict patients who make online health information searches and the ones who do not. Using discriminant analysis, 94.5 percent of patients who make online health information searches could be correctly predicted. Prediction is 99.7% for the patients who do not indulge in online health information search.

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INTRODUCTION

Human societies across the globe have had a great divide between the rich and the poor – “Haves” and Have-nots”. Earlier the divide was rooted in land – those who possessed it and those who were land-less. Natural resources, industry, technology, language consolidated the divide in favour of “Haves”. It is a human endeavor to bridge this gap. Arrival of information technology has once again emerged as another factor in the divide. A digital divide implies socio-economic inequality in access to, use of, or impact of information and communication technologies (ICT).

Digital divide is conceptualized on the basis of attributes that distinguish to describe the divide. Most common happen to be income, education, age, geographic location, race, gender, age, skills, awareness, political, cultural and psychological attitudes and motivation (Hilber & Martin, 2011; Mossberger et al., 2006; Lawton & Tait, 2007; Wan, 2001; Guillen, 2005; Ernest et al., 2004; Carr, 2007; Wilson, 2003; Slate et al., 2002; Losh, 2004), economic (McLaren & Zappalà, 2002), political (Hung, 2004) and cultural (Press et al., 2003). Further digital divide is a dynamic phenomenon in a sense that as a gap closes, the other gaps open up (van Dijk, 2002; van Dijk & Hacker, 2003). As the access gap is being narrowed skill and usage gaps have cropped up.

Healthcare is an important concern for any society. Any divide across various groups for healthcare are to be discouraged as right to life and right to healthy life are fundamental in the context to WHO vision as well as the constitution of most nations. This paper has been envisioned to understand the extent of digital divide for healthcare information in the context of India. The diverse nature of divide needs to be established and understood if any curative measures are to be designed. The paper additionally also attempts to measure the health care vulnerability of various demographic groups to bring out the stark need for action in this respect.

LITERATURE REVIEW

Healthcare, along with agriculture, remains the core concerns for human societies as these are most elemental to life itself. Consequently, hence how the digital divide affects health care is an important question. Further Information is considered a vital resource in health condition improvement because it is “the first step to every healthy choice” (Gann, 1986) and it is “on a continuum between health education and health promotion” (Rolinson, 1998).

Healthcare has been affected because of the digital revolution we have experienced in last 3 decades. Before the advent of the Internet, healthcare providers were the sole and legally authorized individuals with access to gain, interpret, analyze and convey health information. This naturally resulted in them having exalted status in their relations with patients or health consumers (Giddens, 1991; Goldsmith, 2000; Hardey, 1999). Internet has at once opened the floodgates of information at the disposal of patients and common men. It, therefore needs to emphasis that, healthcare consumers seeking online information do not portray merely a change in transition in the way they seek information, or just an opportunity to avail what they could not earlier, but a dynamic shift in their empowerment vis-avis their own health. (Cotten, 2001). They have far greater ability to actively understand and influence their health status (D’Alessandro & Dosa, 2001), assume more responsibility for their own health, and participate in health care decisions (Anderson et al., 2003). This ability, though, has brought forth certain misgivings (Hennwood et al., 2003) yet is being hailed as a right to information and physicians are being implored to treat

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