

A STUDY OF HEALTH AND DIGITAL COMMUNICATION**Manjunath G Deshpande**

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Abstract :

There has been an increased interest in the use of information technology for health and health care delivery. This systematic review examines patterns and trends of research pertaining to the intersection between technology and health communication, determines where gaps exist within the current body of literature, and provides future directions for researchers and practitioners.

Keywords: Digital Communication; Public Health.

Introduction:

In recent years, new communication technologies have almost saturated every area of the healthcare delivery system. Accordingly, a new research focus that examines the role of technology in health communication, both changes in medical technology within health care and the role of information technology in this setting, have become pervasive in the health communication area. Through a variety of forms of new media, 'e-health and health have been rising to provide innovative ways to communicate about health and community development issues with many different groups. For example, the Internet offers a wealth of health information to consumers; online forums provide social support to both patients and caregivers; and mobile technology (e.g., text messaging) is used for health promotion campaigns. Technology usage also now impacts how patients receive services, cope with health concerns, and interact with physicians. It has also changed how health professionals perform clinical practices (e.g., adoption of electronic health records) as well as how they undergo medical training and education (e.g., virtual worlds for continuing medical education).

The form of communication between public health agencies and society has changed with digitalization. Health is one of the most sought after subjects, published and disseminated on the Internet. In these virtual spaces it is possible to find information disseminated by public and private educational and research institutions, governmental and non-governmental agencies, patient and professional entities, and users themselves [1]. Government and health agency websites are important sources of reliable and up-to-date information about the public health situation and prevention and control measures [2]. They can also help to combat misinformation circulating on social networks that can harm the health of the most vulnerable people.

Currently, it has become necessary to seek quality information and verify sources before sharing any content about health. Interactive technologies make it possible to diversify the forms of contact between people, and between people and groups, overcoming the linearity of communication of traditional media, distributing discourses and knowledge. Thus, there is a risk that information is posted and shared without any quality criteria. As

expert organizations, these digital channels have the potential to increase the population's trust in the actions of governments and guarantee citizens' right to information in times of crisis.

In addition to websites, the use of social media by these institutions can mean important public health communication tools, especially for their potential to inform, motivate, and engage users [3]. The social network Twitter, for example, has become the most frequently used medium for disseminating health information since the H1N1 outbreak, during the outbreak of the H7N9 virus, or bird flu, in 2013 and the Zika virus epidemic in 2015 and 2016 [4]. The binomial digital communication and Health can facilitate communication between health professionals and society, through applications that allow monitoring, including chronic diseases, guidance and clarification of doubts.

Although there is still a large portion of disconnected people all over the planet, the increasing use of mobile devices collaborates with the empowerment of vulnerable populations, providing access to social and economic services, promoting access to information on health and well-being, and independent decision making [5]. There are many examples of vulnerable populations using technology to pursue autonomy. Black women, members of rural quilombola communities in Brazil, even with difficulties in accessing the internet, made use of WhatsApp to articulate the community during the pandemic [6]. Communication strategies for health promotion must consider whether the totality of receivers of a message is able to understand the content and motivate the public to seek new attitudes and behaviors. Thus, it is necessary to build conditions for the development of dialogues. In this sense, when thinking, for example, about the health needs of rural populations, it is necessary to consider actions and initiatives that recognize the specificities of these territories, taking into account the access to health services, the reduction of risks arising from work processes and agricultural technological innovations, and the approach to the integrality of care [7]. In order for digital communication to collaborate in promoting the health of vulnerable populations, the dialogue must be done under an intersectional approach. Intersectionality is the meeting point between categories that, historically, have been thought of in isolation, such as analyzing gender without considering the social markers of race and class. Since the 1990s, the perspectives of intersectionality, especially in gender studies, have gained prominence from the reflection on the interweaving of gender, race, class, ethnicity, religion, sexual orientation and others [8]. The intersectional perspective seeks to understand the structural and dynamic consequences of the interaction between multiple axes of domination, since the disadvantages are articulated with existing vulnerabilities, producing a deep dimension of inequality. Vulnerability is related to the ability to prevent, act and resist the effects of a crisis, being interpreted not as a static situation but as a dynamic process produced by a combination of factors [9].

Communities with larger shares of individuals in social vulnerability tend to have worse results both at the beginning of crises, as in the example of a public health crisis, and in long-term recovery processes, since they are constrained to seek help, having faced institutionalized discrimination in the past [10]. In the context of the pandemic, the black

population was most affected by Covid-19, both in terms of infection and mortality, due to racism and social inequalities that increase vulnerability and limit access to health services [11]. In addition, the pandemic process of the new coronavirus, of generalized scope, has exposed the social fractures and inequalities in access to health services for the most vulnerable population, as well as the distribution of health services, centralized in large and medium-sized cities [12]. The absence of health care guarantees is evident, especially in smaller cities, most of which lack health care structures. It is necessary, then, to reflect together the many existing dominations, so as not to reinforce their continuity. The intersectional perspective has been fundamental to the field of public health. Social determinants and health inequalities are part of this perspective, assuming that a more comprehensive analysis of social problems can generate more effective actions. Likewise, intersectional communication collaborates with health promotion and social justice initiatives.

The art of digital communication approaches in health led by researchers related or connected to information and communication sciences (ICS). Numerous works are now available in many HSS disciplines dealing with the analysis of info-communication processes that cross the field of health. In sociology, psycho-sociology, economics and management sciences, researchers are studying the sociotechnical changes that are taking place and that are effective in the mediation between actors and organizations involved in health care. Nevertheless, it seems to us that ICS, because of the elements put forward previously, constitute a very relevant and already rich interdisciplinary base. Indeed, the work presented in this book can draw on a set of empirically proven hypotheses and theories, which are constantly being updated, concerning all the issues of the digital society. Moreover, the interest in understanding the strategies of actors, which is a key feature of ICS, allows us to take into account macro-social tensions, be they economic or cultural, by linking them, at a meso-level, to individual action logics. In addition, the proximity of ICS research to empirical reality, validated in particular by the numerous partnership research contracts between our laboratories and institutions/organizations in the health sector, testifies to a dynamism in the renewal of problems directly related to the field.

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