ONLINE SEARCH FOR HEALTH RELATED INFORMATION

A CASE STUDY

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The increasing popularity of internet has unarguably bypassed traditional media in making the information and knowledge available to individuals, groups and communities. The phenomenon of using internet to gather and share health information is now mainstream among youth especially in urban India. Internet can be utilized effectively to empower, encourage and educate the youth in the bid for health protection, health development and health improvement. The purpose of this study is to understand how the university students use online resources to meet their health information needs. The result could be considered very crucial in assessing the potential role of the Internet in providing health information to this important section of populace. A structured questionnaire was used to collect data from 100 university students. The findings of the study indicate that a vast majority of students are accessing internet regularly and use it often to pursue general health, nutrition and fitness related information. The study shows that these college going students rely extensively on online resources and consider the health information so obtained, easy to access, reliable and trustworthy. Thus, internet could be chosen as a potential medium for public health education and health promotion activities involving youth.

Keywords: Internet, Youth, Health Information, Health Promotion

The phenomenon of using internet to gather and share information is now mainstream. The number of people using the Internet has exponentially increased in recent years and it has become a favoured communication source to find health information. Worldwide, about 4.5 per cent of all Internet searches are for health related information (Morahan-Martin, 2004). It has already transformed the way many health seekers find the required information. In 1999, Tom Ferguson came up with the term "e-patients" to describe individuals who are equipped, enabled, empowered and engaged in their health and health care decisions. In 2000, Lee Rainie wrote the Pew Internet Project's first health report, The Online Health Care Revolution, using the phrase "health seeker" to describe someone who used the internet for health information. Thus, Internet is likely to play a key role in all future healthcare related communication (Akerkar and Bichile, 2004; Hussain et al. 2004).

I. Review of Literature

Internet and Health Promotion – Reflections from Literature

Internet as an IT application is widely used to deliver diverse health messages for a number of health promotion domains. In this networked society, it has a significant influence on quality of life (Israel, 2000) and is shown to influence social, consumer, leisure, economic, and community well being (Cairncross, 1997; Israel, 2000; DiMaggio et al. 2001). Unlike other forms of mass media, where audience is seen as a passive receiver of messages, the very nature of internet involves engagement from the user. The way of accessing information from a health promotion perspective, enables the user to be actively engaged in information seeking. Atkin

(2001) argues that the interactive nature of internet promises tailoring and customization of messages to the individual's capabilities, readiness, style and levels of knowledge. Thus, internet can provide increased learning, information seeking, information processing and individualized knowledge, all processes which form the basic ethos of empowerment in health promotion (Rice, 2006).

Internet has attracted considerable attention as a potential tool to enhancing patient empowerment (Sadan, 2002; Akerkar and Bichile, 2004; Graspemo et al. 2005; Fox et al. 2005). Online information seekers are often depicted as critical and active participants in their own health care processes. The empowerment of patients through increased potential for access to medical information coming from outside of the health care arena has led to arguments that the boundary between lay and expert is breaking down (Hardey, 2001). Familiar arguments suggest that through the use of technology, training, and skill development, lay persons can become experts, enabling people to be more assertive in managing their own care and changing the nature of relationships between medical professionals and general citizens.

The desire to use internet for health information has arisen due to a variety of other reasons. Wallace (1998) lists several factors, including the rising cost of health care, new health and disease patterns, changing demographics,

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rise of complementary medicine, changing global networks and developments in IT. Gainer et al. (2003) notes that seeking information on the internet has become a routine practice for both, the users and the health practitioners. A number of studies have demonstrated that internet can provide information effectively and economically. An analysis of a large number of studies of computer-assisted instruction found that it is consistently effective in improving knowledge (Hetcher-Flinn and Gravatt, 1995).

The internet also has the capacity to reach geographically large areas and different populations in a relatively cost effective manner and thus, can be seen as an ideal medium to send health messages. This technology makes health care information and programs accessible to individuals who may have economic, transportation, or other restrictions that limit access to face-to-face services. Internet is constantly available and accessible from a variety of locations. Because text and other information on internet can be presented in a variety of formats, languages, and styles, and at various educational levels, it is possible to tailor messages to the learning preferences and strengths of the user. Internet can facilitate the collection, coordination, dissemination, and interpretation of data. The medium also allows for personalization of information. Users may select features and information most relevant to them, and, conversely, programs can automatically determine a user's needs and strengths and display content accordingly.

Although importance of Internet cannot be denied, however, web-based health interventions present a number of ethical and professional issues (Hsiung, 2001). Privacy is perhaps the most significant concern. Internet creates an environment where information about people can be easily accessed and disseminated. People may purposely or inadvertently disclose private information about themselves and, in on-line support groups, about their peers. The programs can be password-protected, and electronic records follow privacy guidelines, still, the confidentiality of records cannot be guaranteed. Professional organizations are struggling to develop guidelines to address these concerns (Hsiung, 2001; Kane and Sands, 1998). There is also a problem of information overload associated with Internet. On one hand, it is constructed as a medium that empowers its users by giving them access to more (types of) information, enabling them to make better informed decisions, on the other hand, it endangers its users by subjecting them to too much irrelevant information and information of questionable quality (Impicciatore et al. 1997; Luo and Najdawi, 2004; Meric et al. 2002; Pandolfini, Impicciatore, and Bonati, 2000). Warning of the dangers that unreliable health information presents to vulnerable web users, authors suggest that these users will need assistance in learning how to sort through the available information (Eysenbach, 1999; Eysenbach

and Diepgen, 1998; Wilson, 2002). Lack of quality control and an open publishing environment were used to suggest that there was great potential for "evil uses" of the medium (Appleby, 1999). A more general pronouncement was made by Dr. Gnther Eysenbach in his reference to the information "jungle" (2000) and subsequent discussion that patients could be empowered only through rating and education, and it was the physician's duty to lead them through the aforementioned jungle.

In case of India, Internet is growing at an unprecedented pace. According to the survey by the Internet and Mobile Association of India (2009), the country's Internet using population is around 120 million, making India one of the world's top internet using countries. The survey found that more than 75 per cent of Internet usage is among school and college-going students and those who have recently graduated. Baker et al. (2003) also point out through their studies that age, educational status and income are important factors that determine the use of (or failure to use) the internet. However, Internet use in general is higher relative to its specific usage to seek health related information. They also argued that younger citizens and people with paid work use the Internet more often for health related purposes but rate it low as compared to other sources.

Youth is a critical period of human development often characterized by mixed interpretation and understanding of adult behaviour and environment, exuberance and a penchant for experimentation, especially with an upsurge of physiological and emotional drives. Health challenges at this stage could be both distinct and problematic. The key concern about the health of young people is the extent to which they have access to resources that promote their development. Access to information and communication services is now seen as a universal right, and the United Nations is advocating for a global initiative for such access within this decade. The resources that youth need include: access to education, information and services; resources that reside in a stable and supportive structure such as the family; resources contained within policy-making and decision making processes. However, many young people do not have access to these facilities. To improve young people's access to these resources, new strategies that are attractive to the youth are beginning to emerge making use of their power, creativity and enthusiasm. This is where information technology, such as the Internet, is expected to play a critical role as a source of information.

A cursory scan of University students in Delhi shows that, as probably in many other metropolitan cities, Internet surfing by both young boys and girls for various purposes is a very common practice. It is not uncommon to spot students in the cybercafés or computer centres or even using

DEVELOPMENT AND DISPLACEMENT IN KERALA: AN EXPERIENCE OF COCHIN INTERNATIONAL AIRPORT LIMITED (CIAL)

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Abstract

The India has adopted new economic policy as well as structural adjustment programmes after 1991 to compete at the International market, the process of restructuring its old model development to new initiatives of Liberalization, Privatisation and Globalization also started in Kerala. The 'Kerala model of development' is widely known as the simultaneous persistence of high social development and lowest economic growth. It is a classic example of continuous debate on the phenomenon of "lopsided development" which means highest social development with stagnant economic growth. Although many scholars have criticised Kerala model as development replica for other Indian states due to its slow economic growth (Subrahmanian, 2006).

It is in this context, the paper takes overview of Kerala model of development and impact of economic reform by examining the developmental projects and the outgrowing displacement in the name of development in the state of Kerala. The research paper examines the land acquisition and displacement in Kerala by taking case of Cochin International Airport Limited (CIAL) to understand the perception and experience of development in post reform era. The paper is based on descriptive research design, adopting snow ball sampling technique to identify the project affected people(PAP) in two resettlement colony of Ernakulam district of Kerala and total 50 sample size of PAP households have been used for data collection purpose and data have been quantitatively analysed to understand the impact of CIAL on the PAP. The findings of the study reveal that CIAL has created multi-dimensional impact on the PAP and the rehabilitation and resettlement still remains unresolved issues for the affected population.

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Development, Displacement and Response: Mapping the role of Civil Society Organisations in Resistance

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Introduction

After independence,India has adopted many development policies by creating macro developmental projects in the course of her development progress. Nehruvian model of development launches planneddevelopment model which focused of mining,dams, infrastructure development and macro industrial projects.These mega projects needed huge area of land to function and resulted acquiring of wide area of land. Since independence, development projects launched in five-year plans have displaced about five lakh persons each year primarily as a consequence of land acquisition and figure does not include displacement by non-plan projects (Mohanty, 2005). India's development programmes have caused an aggregate displacement of more than 20 million people during roughly four decades, but that 75% of these people have not been rehabilitated (Cernea, 2004). Acquisition of agricultural land for non-agricultural economic activities is justified by the State on the ground that the return from non-agricultural activities either in terms of contribution to Gross Domestic Product (GDP) or in terms of net addition to employment is usually higher (Smith, 2002).

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