

## Collective Consciousness of Positive Health: A Sociological Exploration among Informal Workers in the Digital Health Arena

Harendra Kumar<sup>1</sup>, Aswathy VK<sup>2</sup>

<sup>1</sup>PhD Scholar in Department of Sociology, Lovely Professional University, Punjab, ORCID: 0000-0003-1781-6877

<sup>2</sup>Assistant Professor, Department of Sociology, Lovely Professional University, Punjab, ORCID: 0000-0002-8895-8373

### KEYWORDS ABSTRACT:

Social  
Construction,  
Positive Health,  
Digital  
Literature, Health  
Literacy

In modern digitised world, access to health information via literatures on digital platforms has the potential to reshape the health perception and behaviours in society especially the marginalised community. The concept of positive health extends beyond mere absence of disease and encompasses physical, mental and social being as a holistic goal. Informal Workers often face precarious working conditions and limited access health care services. This makes this community a fit case for understanding how digital literacy and online health resources impact their health outcomes. Drawing on sociological framework of health and digital inequality, this paper investigates the extent to which digital platforms disseminate the health knowledge and foster the collective consciousness of health and well being among them. It further examines the socio-cultural barriers: class, education and technology access that influences their interaction with and benefit from the digital health resources. Through qualitative analysis of interviews and focus groups with Informal Workers, this paper brings out how digital health literacy shapes individual and community health practices. The findings also underscore the need for targeted approach for addressing the digital divide and making available the culturally relevant digital health literature to enhance their health outcomes. Finally, the study offer insights into how digital transformation of health literature interacts with lived experiences of informal workers and the way it could promote the positive health among the said vulnerable population.

### 1. Introduction

The concept of positive health extends beyond mere absence of disease and encompasses physical, mental and social being as a holistic goal. According to Institute of Positive Health, the concept of Positive Health denotes Health as the *ability to adapt and self-manage*, which adopts holistic approach that includes physical, mental and social well-being. Informal Workers are those workers who are involved in work other than formal one having easy entry, low skill and daily wage earning (Hart). They often face precarious working conditions and limited access health care services.

In modern era, Digital platforms are playing crucial roles in sharing health knowledge and fostering a collective consciousness at community or society level about health saving, care and improvement related literatures. Even contents related to treatment procedures and preventive cares are also shared by concerned institutions and medical practitioners. Various online platforms such as social networks and health communities, facilitate sharing of Health-Related Information (HRI) promoting awareness and social support (Le, Hoang, and Pham 2023). Considering the advanced communication technologies used by popular social media, platforms facebook, instagram and Youtube (widely used by users in India) have the capability to enhance the health literacy, community engagement in Indian Society through its great reach. Additionally, health related platform allows users to explore wide range of health-related content including article, blogs and health opinions with personalised content suggestions to empower individuals which empowers individuals to take informed health decisions for wellbeing (Jain et al.).

This paper explores how the social construct of positive health (physical, mental and social health) among informal workers gets influenced and how it impacts the health seeking

behaviour among the informal workers community through access to digital health literatures available across various online platforms.

## **2. Literature Review**

The impact of digital health literature being disseminated through social media is multi-dimensional. It reflects evolving patterns of perceptions shaped by social media and the technology it uses. Individuals actively engage on social media to get contents visual or podcasts to ensure good health and hygiene. The platforms set visual narratives through shared experiences related to health online which play important role today in construction of meanings assigned to health by various communities. There are literatures available in the domain which researcher surveyed and reviewed. Broadly these literatures suggests that social constructs about the health gets created, maintained and impacted through the digital platforms by broadly three possible factors:

### **2.1 Health Perception through Discourse**

During a study named Health commodified and communified, it was revealed that social construct of health is influenced by digital health literature. Study found that these literatures enable healthy lay individuals to construct, negotiate and disseminate meanings of health through social media by food, fitness, fashion and feelings shaping perceptions and behavior in health discourse (Cavusoglu and Demirbag-Kaplan 2017). Discourse refers to the way of gathering knowledge together with social practices (Foucault). Another study finds that digital health literature enables individuals to actively assess, select and apply the health information which requires an effective skill of digital media use. This community engagement shapes the narrative of health among users on the basis of personal and communal experiences rather than solely on expert opinions (Bittlingmayer et al. 2020).

### **2.2 Digital Health Literacy**

According to National Institute of Health All of Us research program, Digital Health Literacy is the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (Arias López et al. 2023). Navigating through online applications for health information is not so easy task. One study finds that digital health literacy is essential for accessing the HRI effectively. Only then one gets able to assess and apply the appropriate health knowledge (Bittlingmayer et al. 2020). However, digital health literacy is not evenly distributed. There is inequality across all societies especially in developing countries. Another study finds that inequalities in digital health literacy can cause increased health disparities as those with lower literacy may struggle to engage with digital health resources.

### **2.3 Socio-Economic Reach**

Access to digital health literature largely depends on socio-economic status of members of the society. Studies show that Individuals of lower socio-economic status often face barriers to accessing digital health technologies, leading to poorer health outcomes particularly in chronic illnesses like diabetes (Barry-Menkhaus et al. 2020). Research also indicates that access to digital health literature and its effectiveness largely depends upon addressing the unique needs of the people with low socio-economic demography as lower income and education level reduces the possibility of reach of health-related literature both online and offline (Estrela et al. 2023).

Informal workers, being the vulnerable section of society due to their lower socio-economic status are often subjected to multiple health issues. So, in the era of digital health literature boom, there is a need to find out: Are they able to access, understand the digital health (physical, mental and social) discourse on social media? How, they feel, their digital health literacy is? What are the present issues they are facing in terms of access to digital health literature owing to their poor socio-economic conditions? Broadly, the objective of this paper is to find out the role of digital health literature in shaping social construct of positive health among Informal Workers.

### **3. Methodology**

This study is based on qualitative approach and primary data was collected from ten construction workers in chandigarh using in-depth interview method and one focus group discussion with eight informal workers as two were not able to make it to the group. Purposive Sampling technique was followed to identify and select the participants based on the requirement of the study. They were selected on the basis of their being Informal Worker (Construction), access to smart phone and knowledge of hindi to answer contextual questions. During an open-ended interview, they were asked how they use their smartphone, do they search anything related to health, do they understand the health-related information on social media, does access to health has changed their views about the health, and any other problems they face in accessing such information online. After data was collected, same was analysed using thematic analysis and themes like digital access, health knowledge and socio-economic barriers were captured and identified.

### **4. Results and Discussion**

Most of the participants stated that not everyone their community has smartphone as it is costly to have and recharges of data packs have become costlier. Researcher observed that participants who has smartphones were of age group up to 35 years. But those who have it, they use it for listening music and radio during work and they watch videos only during rest hours or at home. Primarily, as per their statement, they use their smartphone for entertainment which is secondary to their calling at home. One of the participants stated:

Listening music while working refreshes me. I feel more stronger [energetic] and work with more joy. I listen to old songs as it gives me happiness. Not all but most of us enjoy listening music. We play our phones one by one alternatively to save data cost.

When asked who gave them the idea that listening music would give them strength to work more, they said that nobody told specifically, rather they saw their family members especially father used to listen music on radio.

On being asked whether they search any health-related information on google, youtube or other social media, they said that they sometimes do search information related to health like how to overcome pain, what to eat for good health and how to heal fever/headache/loose-motion at home. They say that utility of searching with voice in hindi has made things easier for them. They speak and they get the things they want on mobile. However, few other participants disagreed with it and said not everyone of us is so educated to use either voice search or normal googling on smartphones. Instead, they listen to the songs and programs of FM radio on mobile. Here we realise that there is need to learn the **access to digital technology** in the community as many of them still prefer to listen to radio or Youtube

without learning to search things on. This hinders their access to online social networks as learning on social media is limited as only small number of active users share their knowledge.

Researcher further probed that whether they are able to understand the health information available on social media, the participants stated that the language is the major barrier due to which they do not get complete understanding of what they see and listen regarding health online. One vocal participant aged 35 years shared:

I understand hindi so when I listen the (FM) radio on my phone, I do understand the news and information. Especially, I do listen and understand health related aids by government especially AIDS, family planning and TB that are played in Hindi on channel. But most of my co-workers come from rural area where their language is different and they do not find any thing which is in their language neither on radio nor on internet.

Majority of participants agreed to the point brought out by above participant that contents related to Health Information even if they are in hindi, speaker uses English in between or some difficult words in hindi. Had it been their regional language, they would have been benefited more. But few of them did admit that they get good information on health on Youtube and try to follow the same. So, **developing the regional language content for HRI** is what is needed at the moment for capacity building of the community.

Researcher further explored about how accessing the online HRI on social media changed their perception about health. Most of the participants stated that they have learned something new in this regard. They now know what to eat and what not to eat. How food influences their health. One of the workers who was very curious participant shared:

What is healthy these days? Food we get here in chandigarh is full of *Khaad*(Pesticides) which is causing cancer. I have watched on Youtube that eating outside food is not at all healthy these days. Home cooked food is best one. I have started bringing *aata*(Wheat flour) from local *chakki*(Flour mill). But buying pure grains is costly these days. I try but within my limit.

It can be gauged from the participant's view that the health-related awareness online has influenced his and peer constructs about health and made him modify his action to ensure good health of himself and family. Studies found out that social media impact on health seeking behavior and construct has been profound. But besides benefit, there are many challenges too as risk of misinformation and potential social isolation adversely impact social health of the individual and community at large (Shevchenko and Shtofer 2022).

Exploring the barriers these workers faced in accessing the digital health literature, researcher asked the participants as what are the issues they faced. Participants collectively asserted that find correct information on Youtube is risky as the platform is full of diverse content and there is no knowledge with us as to how and from where to get correct information on health. This points out the **digital health literacy inequality** in community as these workers are not confident of themselves when they look for genuine information on web networks. Accessing blog and other textual mode of data related to health requires education which is major hinderance among them.

## 5. Conclusion

Digital Health Literatures have profound impact on social construct of positive health among those informal workers who have access to technology. But there are some socio-economic

and cultural barriers like lack of access to smart phones, absence of health content in regional language and digital health literacy inequality which affects this community in leveraging the digital technology in improving their overall well-being.

### **Implication for Policy and Practice**

To bridge the digital health divide, policy makers and health care providers must consider the customised approaches to remove the bottlenecks stated above. Researcher is of the opinion that providing affordable internet access, culturally relevant health content particularly in vernacular medium and community based digital health literacy programs in co-ordination with grass root NGOs would go a long way in empowering the community and its overall well-being.

### **Ways Ahead**

There is a scope of further researches in this domain: first, the impact of targeted digital health literacy in different regions or sectors of Informal Work can be assessed; and a longitudinal studies to gain an understanding of how digital health literacy training influences long-term health outcomes among informal workers could also provide better scope for further work.

### **6. References**

1. -, Apoorvjain, Ashish kumarsingh -, Aditya vinnchi -, and Harsh Jaiswal -. 2024. "HealthCare Education Platform." International Journal For Multidisciplinary Research 6(2). doi: 10.36948/ijfmr.2024.v06i02.14978.
2. Arias López, Maria del Pilar, Bradley A. Ong, Xavier BorratFrigola, Ariel L. Fernández, Rachel S. Hicklent, Arianne J. T. Obeles, Aubrey M. Rocimo, and Leo A. Celi. 2023. "Digital Literacy as a New Determinant of Health: A Scoping Review." PLOS Digital Health 2(10):e0000279. doi: 10.1371/journal.pdig.0000279.
3. Barry-Menkhaus, Samantha A., David V. Wagner, Maggie Stoeckel, and Michael A. Harris. 2020. "Socioeconomic Factors: Access to and Use of Diabetes Technologies." Pp. 145–57 in Diabetes Digital Health. Elsevier.
4. Bittlingmayer, Uwe H., Kevin Dadaczynski, Diana Sahrai, Stephan van den Broucke, and OrkanOkan. 2020. "DigitaleGesundheitskompetenz – KonzeptionelleVerortung, Erfassung Und FörderungMitFokus Auf Kinder Und Jugendliche." Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 63(2):176–84. doi: 10.1007/s00103-019-03087-6.
5. Cavusoglu, Lena, and MelikeDemirbag-Kaplan. 2017. "Health Commodified, Health Communified: Navigating Digital Consumptionscapes of Well-Being." European Journal of Marketing 51(11/12):2054–79. doi: 10.1108/EJM-01-2017-0015.
6. Estrela, Marta, GuilhermeSemedo, Fátima Roque, Pedro Lopes Ferreira, and Maria Teresa Herdeiro. 2023. "Sociodemographic Determinants of Digital Health Literacy: A Systematic Review and Meta-Analysis." International Journal of Medical Informatics 177:105124. doi: 10.1016/j.ijmedinf.2023.105124.
7. Le, Long Hoang, Phuong Ai Hoang, and Hiep Cong Pham. 2023. "Sharing Health Information across Online Platforms: A Systematic Review." Health Communication 38(8):1550–62. doi: 10.1080/10410236.2021.2019920.
8. Shevchenko, Olga, and Lyudmila Shtofer. 2022. "THE IMPACT OF THE DIGITAL PARADIGM OF SOCIAL DEVELOPMENT ON THE STRUCTURES OF HUMAN HEALTH." HUMANITIES OF THE SOUTH OF RUSSIA 11(5):145–55. doi: 10.18522/2227-8656.2022.5.12.