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Telemedicine and Its Adoption among Rural Women in India

Babita Bhardwaj [1]
Anindita Paul [2]

[1]Doctoral Student, Information Systems, Indian Institute of Management, Kozhikode, IIMK Campus PO, Kunnamangalam, Kozhikode, Kerala 673570, India

[2]Associate Professor, Information Systems, Indian Institute of Management, Kozhikode, IIMK Campus PO, Kunnamangalam, Kozhikode, Kerala 673570, India

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Babita Bhardwaj PhD Scholar (PT03 Information Systems)
Anindita Paul Associate Professor (Information Systems)

Abstract

WHO declared health a "Fundamental Right" on Human Rights Day 2017. Everyone should have access to the health care they need, when they need it irrespective of age, gender, educational level and financial status. The Primary Health Centre (PHC) is the main point of contact between villages and the healthcare service, which lacks employees and equipment. India's rural population, which depends entirely on primary health centres to provide their healthcare needs, was 64.6% in 2021, according to the World Bank's collection of development indicators. Health assistants are lacking in PHC in India by 71.9%. Compared to men, women face different healthcare issues and are more likely to develop certain disorders and diseases such as menopause, pregnancy, breast cancer, and cervical cancer. Cervical carcinoma, one of the most common and dreaded illnesses affecting women, accounts for 16% of all cervical cancer cases worldwide in India. According to the Civil Registration Report 2020, around 45% of fatalities are attributable to a lack of adequate medical services. Telemedicine provides specialized care to those who cannot obtain crucial healthcare due to distance. It decreases travel time, enabling women and girls to access treatment along with handling home responsibilities. Many Sociotechnical factors ranging from Technology, Social, education are identified as one affecting patients' adoption of mHealth tools. Through Inductive qualitative research we have made an attempt to identify factors affecting telemedicine adoption among rural women.

Keywords: Telemedicine, Rural, Women, Healthcare, ICT, Digital India

Focus Area

In order to have a happy and healthy family, it is essential to have healthy women. Due to socio-cultural beliefs, women's health is always given low priority either by themselves or by family. Numerous ailments that affect women in rural India go undiagnosed. In addition, many health conditions, such as menopause, pregnancy, breast cancer, and cervical cancer, solely affect women. The situation is especially troubling in rural areas where most women lack access to education and are uninformed of the risks linked with serious health ailments. Article 21 of India's constitution guarantees all citizens the right to life, which includes the right to health. The World Health Organization (WHO) made a similar declaration in 2017:

health care is a human right that must be provided to people when and where they need it. PHC is the village's first point of contact with the doctor[1].

PHCs are intended to provide comprehensive curative and preventive health care to rural populations, emphasizing preventative and promotive treatment. Nevertheless, PHCs face several issues in meeting performance goals that directly impact India's rural population. Primary Health Centers in India struggle with issues like a lack of medical staff and necessary medical equipment (MoHFW, 2021). Per the Government norms on coverage of rural health infrastructure, the average rural population to be covered by a PHC is 20,000-30,000, while it is 35,602 (MoHFW, 2021). The PHC employs a Medical Officer supported by paramedics and other personnel. In the case of PHC, the shortage of health assistants (male and female) is 72.2%, followed by a 4.3% shortage of allopathic doctors compared to what is needed overall in India (MoHFW, 2021). Addressing this concern, MoHFW has made a proactive step toward using the successful fusion of Information and Communication Technologies (ICT) with the existing health infrastructure. During the Pandemic, with new telemedicine guidelines by the Ministry of Health, healthcare services were imparted efficiently throughout the country. Rural areas have also taken high-quality and low-cost healthcare services. However, despite all initiatives by the Government of India and private agencies, telemedicine adoption by people in rural areas is significantly less, which is even further down among the female population (Bradford et al., 2016). Hence, as part of our study, we have attempted to address the issues described in **RQ:** What factors impact telemedicine adoption by rural women in India?

Methodology

We adopted inductive qualitative research for our study where data collection is done through focus group discussion with rural women in a village in North India. Data analysis is done through thematic analysis as Thematic analysis helps research people's perspectives, opinions, knowledge, experiences, and values using qualitative data. Further data analysis is underway.

Preliminary Findings

Focus group data and the proposed framework suggest that the factors influencing rural women's propensity to use telemedicine are the women's own beliefs based on their experiences

[1] https://main.mohfw.gov.in/sites/default/files/rural%20health%20care%20system%20in%20india.pdf

and assumptions, the control of immediate families, the suggestions of family or friends, and a lack of digital literacy. Rural women's inclination to use telemedicine is influenced by their attitudes, family control, family or friend advice, and lack of computer literacy. Attitude is the most influential component, followed by subjective norms, perceived usefulness, perceived ease of use, and perceived behaviour control, demonstrating that women's beliefs are firmly moulded by their social and cultural surroundings and their families' control or expectations. Women desire to develop their digital literacy through independent mobile phone use or telemedicine if their family allows and sees the advantage. But due to the small sample size, generalization can't be made as scientific proof is limited. However, the results are interpreted in the context of a wide range of pertinent theories, which have helped to support the findings of our inquiry.

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Research Office
Indian Institute of Management Kozhikode
IIMK Campus P. O.,
Kozhikode, Kerala, India,
PIN - 673 570
Phone: +91-495-2809237/ 238
Email: research@iimk.ac.in
Web: https://iimk.ac.in/faculty/publicationmenu.php