IMPACT: International Journal of Research in Humanities, Arts and Literature (IMPACT: IJRHAL)
ISSN (P): 2347–4564; ISSN (E): 2321–8878
Vol. 9, Issue 8, Aug 2021, 79–94

WOMEN USING DIGITAL TECHNOLOGY AS A SOURCE FOR HEALTH SEEKING INFORMATION: A SHORT STUDY IN MEGHALAYA

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Received: 24 Aug 2021 **Accepted:** 27 Aug 2021 **Published:** 28 Aug 2021

ABSTRACT

A variety of digital tools are available to the general public for the purpose of finding, sharing, and creating health-related information. Only a few studies have focused explicitly on how women are utilizing these technologies, despite the wide range of options that are readily available. Health-conscious women are taking advantage of the internet in a proactive manner to promote their health, as the internet has become such a vital part of everyday life. Women who have more health-related needs or worries are more likely to use the internet than men. Women are increasingly reliant on the internet to enhance their health-related knowledge. The hypothesis of the study is that women adapt faster to technology than men in Meghalaya. According to the findings, women in Meghalaya use more of technology than males to access health information.

KEYWORDS: *Digital Technology, Women*

INTRODUCTION

Meghalaya is a hilly state in northeastern India. Meghalaya has 3 major Tribes, Khasi, Jaintia and Garo. These 3 tribes reside in 11 districts of the state. Meghalaya as a state has followed matrilineal system where the descent and legacy are followed by women. The Literacy rate in Meghalaya has seen upward trend and is 74.78 % as per 2011 population census. Of that, male literacy stands at 75.95 %while female literacy is at 72.89 %. There are 8275 broadband subscribers in Meghalaya. The information above was obtained from The Directorate of Economics and Statistics government Of Meghalaya (Meghalaya, 2018) The last census of Meghalaya was done in 2011.

The 21st century is habitually stated to as the “e-generation” era. Internet technology has completely changed the way the world communicates and has transformed the world into a global village. The creation of the World Wide Web in 1989 that revolutionized our history of communication. The Internet can be accessed through the use of a computer, Smartphone, laptop, broadcast TV, and other devices. Global digital expansion is showing no signs of slowing, with a million new individuals joining the internet every day. There are 4.39 billion Internet users till 2019 according to the report of Internet world statistics and according to The Economic Times India has second highest number of Internet users after China.(Internetworldstats, N.D.)

Women were more interested in searching for health-related information on the Internet than men. For health-related information searches, gender inequalities were discovered in the frequency of use of various Internet channels. Women were more likely than males to use the Internet for health-related information searches for social reasons and satisfaction, and they rated the usability of the Internet medium and the information obtained through health-related

information searches higher. Women were more enthusiastic about Web 2.0 than males, but they considered they were less digitally capable. Women had a higher personal inclination of being well-informed as a patient, as well as a stronger awareness of health and nutrition and a greater reluctance to seek medical assistance. Men may be more accepting of a virtual doctor-patient connection. Several research have found that women use online health and medical information more frequently than males (Bidmon & Terlutter, 2015)various studies have shown that women are higher users of digital health and medical knowledge than men(Bidmon S & R, 2015)

Diverse groups of women have benefited from health and medical information websites, online discussion forums, and patient-authored blogs (Vilhauer, 2009)**.** This research seeks to look into the women in different districts of Meghalaya and the use of technology for seeking health information.

THEORETICAL FRAMEWORK

Diffusion of Innovation Theory

The diffusion of innovation theory, first proposed by Everett Rogers (Rogers, 1962,1983,1995), covers how new ideas, concepts, or practices move within a community or "culture, or from one society to another" (Health, 2002) The idea recognizes and specifies five groupings based on their traits and proclivity to accept and implement innovation (Beal & Rogers, 1960)

- Innovators
- Early Adopters
- Early Majority
- Late Majority

This theory's overarching premise is that change occurs through time and is dependent on the following stages (Rogers, 1962,1983,1995),(Waisbord, 2001**)**; (Partnership., 2005c)

- Awareness
- Knowledge and interest
- Decision
- Trial or implementation
- Behavior confirmation or rejection

It also finds that innovators usually make decisions on whether to accept new ideas, concepts, or behaviors considerably faster than any other subgroup (Beal & Roger, 1960)**.** As a result, innovators can serve as role models for other subgroups (including laggards) in accepting and adopting new habits and social practices.

Diffusion of innovation, like many other theories in any subject, has been overused and misrepresented at times (Partnership., 2005c). Some opponents have suggested that the trickle-down strategy, from innovators to laggards, may not be appropriate in all cases (Waisbord, 2001). Rogers himself changed the theory's focus from "a persuasion method (information transmission between individuals and groups)" to "a process by which participants develop and share knowledge with one another in order to establish a mutual understanding" (Waisbord, 2001), (Rogers E. M., 1976).

Nonetheless, innovation diffusion continues to play an important role in health communication research, evaluation, and planning. The theory's main contribution is its early audience segmentation model, which emphasizes the significance of viewing intended audiences as a complicated puzzle of distinct subgroups, stages, requirements, and priorities that should be considered when producing communication messages and activities. The idea can also serve as a valid framework for "innovator studies" that seek to evaluate entrepreneurs.

(Schiavo & Estrada-Portales, 2011) examined the program's impact among an initial cohort of users.

Finally, the individuals' stage model provides insight into the time and external variables required to effect behavioral or social change. It is a good tool for considering key groups' degrees of awareness, knowledge, and interest(Partnership., 2005). It is also a timely reminder that continuing to involve innovators and early adopters, or their representatives, in program planning and evaluation is critical to program sustainability and the involvement of larger segments of the intended population in promoting innovative behaviors or social practices.

Social Norms Theory

Several ideas have been proposed to explain how social norms (group-held beliefs about how people should act in a social circumstance or group environment) influence behavior. This is especially important for health communication treatments since recognizing and shaping such norms through a community- or population-centered process is frequently required to achieve behavioral and social outcomes. According to social norms–centric theories, most people are prepared to adopt or sustain a specific behavior not only if they can see a clear benefit from the change, but also if they are convinced that other people will do the same.

Several authors have created hypotheses about social norms. (Bicchieri, 2006)novel theory of social norms, for example, challenges basic assumptions in the area of social sciences by proposing that people conform to social standards as an involuntary response to cues they get in a specific social circumstance. According to this theory, too much emphasis is placed on the rational process of decision making because decisions are frequently made without much deliberation, either (1) as a result of people's understanding of social expectations or (2), in the case of "moral norms," as an unconditional response to emotional reactions to a situation (Bicchieri C. , 2006)

As a result, in order to accomplish practically any kind of behavioral or social result in health or community development contexts, it is vital to consider, comprehend, and influence existing social norms. We have case study evidence, for example, that in pandemic flu or other emergency settings, social norms may inhibit the execution of suggested emergency response measures such as social distance, avoiding crowded places, safely caring for loved ones, or handling dead corpses (Schiavo R. , 2009b)

However, when adopting social norms theories, it may be equally necessary to investigate and construct a key influential roadmap for each desired group (finding and mapping groups and stakeholders whose opinions, moral values, and expectations genuinely matter in the eyes of certain groups or populations). Although social norms theories correctly presume a horizontal and participatory approach for addressing and modifying current norms, the moral and social authority of specific gatekeepers (such as senior, community, or religious leaders, etc.) or other stakeholders should not be overlooked. Cultural values and the individual peer groups with whom people engage influence social cues and emotional reactions to circumstances. As a result, it is critical that gatekeepers and other relevant groups participate in the process of

changing societal norms. (Schiavo, Health Communication: From Theory to Practice., 2013)

LITERATURE REVIEW

Gender Roles on Health Behaviour's and Conceptions of Health and Illness

Gender roles and responsibilities differ across many cultures. This diversity is frequently reflected in concepts of health and illness. However, while considering gender communication, it is critical to avoid imposing gender-related prejudices. The correct method is to investigate how gender characteristics have changed over time in a specific culture and influenced health care decisions and definitions.

In many contexts, women's perceptions of health and disease have been shaped by their roles as wives and mothers in providing health care for the rest of the family. This job has traditionally had an impact on the epidemiology and control of numerous diseases. (Finerman, 1989) states, for example, that in rural Ecuador, women may be hesitant to defer medical treatment to experts or others outside their family. They are driven by the need to protect their privileged and well-respected role as the family's caregiver, which could be called into question by outside initiatives. The retention of a woman's role as primary caregiver has a significant impact on illness management, control, and prevention.

Gender influences women's access to health information, financial resources for therapeutic treatments, and disease response strategies in comparison to men (Vlassoff & Manderson, 1998). Furthermore, in the event of highly stigmatized diseases such as AIDS or tuberculosis, women are marginalized more than men by family and social circles.

Furthermore, in many cultures, the disparity in power between men and women has necessitated the development of alternative role models and recommended behaviours that are tailored to each gender's particular needs (Zaman & Underwood, Mar. 2003.) For example, when it comes to discussing with adolescents about sex and harmful behaviours, there are gender disparities to consider. In addition to teaching girls how to be forceful and insisting that their partners use condoms to avoid sexually transmitted diseases (STDs), most STD awareness campaigns aimed at adolescent girls include a gender-specific component that is crucial to the success of these efforts.

When it comes to health and illness concepts, changes in gender-related duties and responsibilities may be one of the consequences of a health communication program on a specific health issue, according to the National Institute of Health (Zaman & Underwood, Mar. 2003.) It is necessary to understand, monitor, and assess gender traits in the health care context throughout time in regard to the influence that health communication programs may have on them as a result of these programs' implementation. It is possible that these modifications will have an impact on gender-related ideas of health and sickness, and that they will become one of many examples of how diverse parts of the health communication environment are interconnected.(Schiavo, Health communication: From theory to practice, 2013)

It has been observed through various researches that woman tend to use the internet more than men to seek health related information (Warner & Procaccino, 2007)(Hallyburton & Evarts, 2014)(Yaşin & Ozen, 2011).

Digital Healthcare

Media can have a powerful influence on people's beliefs about the severity of a disease, the danger of developing it, and people's motivation to prevent or treat it. Newspaper articles or news reports might also effect what people choose to eat or do for pleasure. It helps to relieve the stigma that many diseases have, as well as breaking the cycle of inaccurate

information and misdiagnosis and under treatment of other health concerns. It can help to influence lawmakers to promote new policies for preventing and treating disease.

In summary, especially in the United States and most of Europe, where there is a widespread media culture, mass media can have an enormous impact on people's health behaviours. In fact, in the average U.S. home, "the time per day that TV is on is 7 hours and 40 minutes". People do not see their best friends that often, so the media may become more influential than actual people.

Mass media campaigns have proven to be effective in helping to increase immunization rates (Porter & others., 2000)(Paunio & others., 1991), vaccination knowledge(McDivitt & Hornik, 1997)cervical cancer screening among Hispanic women (Ramirez & others, 1999), awareness of the risks associated with smoking (Services, 1994), and use of tobacco (Prevention., Mar. 2006). The list of media influence (positive or negative) on health beliefs and behaviour is enormous.

Most important, mass media have been defining the concept of health and fitness by bringing into everyone's homes seductive images of men and women, such as healthy and fit celebrities, with whom average people would like to identify. Sometimes these images are used for the right purpose (for example, encouraging people to exercise or remember about their annual medical check-up), but other times they promote unhealthy behaviours such as smoking. Because of the influence of the media, not everyone can decipher what lies beneath an attractive image and make the best health decision.

Vulnerability to the power of the mass media and some of the unhealthy behaviours the media may consciously or subconsciously promote is related to many factors, including educational level, prior to age, social conditions, personal experience, and psychological status are all factors to consider.(Schiavo, 2013)

Literacy in the State of Meghalaya

The level of literacy and educational attainment are indicators of the growth of society. If the level of education rises, the person is more capable of thinking and learning about all aspects of his life. The number of literates has risen in Meghalaya from before 2000 up to present, but the number of illiterates has declined.(State of literacy of rural urban population, n.d.)

In the social advancement and economic development of a country, literacy, especially female literacy, plays an important role. As women understand the goal of a decent life and become conscious of the standard of living with increasing female literacy and education, literate women have the potential to engage in productive works, can augment family income, participate in the decision-making process and can battle strongly against the evils of society. Because of its isolated position, poor contact of the people of the area with other parts of the world, and inaccessible condition of the hilly and mountain region, literacy in the Garo Hills Districts was very low in the past. In addition, traditional agriculture, which was the main economic base of the people of the region, did not require any training for the workers. There was, however, socio-economic transformation and increase in the literacy trend during the British Rule after the Yandaboo Treaty in 1826. Education in this district made modest improvement between 1911 and 1951, with still insufficient progress. The rate of female literacy in this district was just 7.3 percent as opposed to the All-India Average of 16 percent, according to the 1951 census. After independence, an upward trend was evident, with the sector of primary education being the most impressive development made. As a result, during the 1951-61-decade, literacy spread at a faster pace than in the plains. In 1991, the literacy rate rose by 7 years to 38.67 percent of the age group. However, in contrast to female

literacy, growth in the rate of male literacy was stronger, rising 18.8 percent to 43.12 percent in 1991. Some kinds of changes are required to achieve equality between men and women in the districts of Garo Hills. We assume that these improvements can be brought about without discrimination by imparting value-based education to both males and females. More and more focus should be put on women's education in the education sector, especially in rural areas. It is important to make science and technical education popular. The state should create technical educational institutions for this reason, which the state is lagging. Seats in this organisation should be reserved for female candidates. The government should take necessary measures to remove illiteracy altogether. The Adult Education Center should develop and enforce a scheme such as SarvaSikshaAbhijan in letter and spirit. (Saikia & Rahman, 2013)

Digital Literacy

There is a digital divide in remote and rural areas of India, perpetuated by disparities in access to ICT, low literacy, low economic status and a lack of knowledge about physical and mental health. Those with low socio-economic statuses are amongst those who are most vulnerable and are often abused due to their illiteracy and lack of knowledge. They have been deprived of the mechanisms of growth that were intended for them to succeed, prosper, and grow.

The Indian government has introduced and scaled digital India, alongside other initiatives that seek to improve participation in education and jobs. Despite considerable efforts on the part of the Government, NGOs and different private agencies to safeguard the well-being of the tribal people, lack of Digital Literacy, education and knowledge constitute the key hindrances in their path to understanding and using these initiatives. The education of tribal groups will enhance their individual rights and privileges.

E-literacy skills may help provide tribal populations with access to technology, enabling them to engage in various schemes, and to safeguard them from exploitation. Nevertheless, attempts to teach Digital Literacy Skills in rural and remote areas have proven difficult, including low literate learners, low internet bandwidth, low ICT facilities and unreliable control. Furthermore, literacy training schedules could lower the livelihood time of individuals, an aspect which has led to low enrolment and dropout rates.

Thus, a Digital Education Paradigm for Inclusion must include disparities in digital infrastructure, low literacy, and even misuse, thus proposing a direction for use of technology to help bridge digital divide. (Nedungadi, Menon, & Gutjahr, 2018, pp. 1-2)

E-Literacy of Digital India

The driving motivation behind the Smart Village concept is that technology should act as a catalyst for growth, allow education and local business opportunities, improve health and welfare, enhance civic participation and enhance rural villagers as a whole. This is a period that is about to strike, branded as "smart age", which is a widely used term. Humans are able to use machines that are smart phones, smart TVs and live-in smart homes. The idea of smartness is common in respect of human development both in urban and rural areas, in both literate and non-literate societies. But, in the Indian context it is popular in respect of all these areas whether in cities or villages. In a country with a developing economy, a country like India, a rural dominated country. Though, the thing that the planners and policy makers are well aware of is the possibility of using the eco-friendly alternative to contemporary vehicles, but it has not been applied to the rural areas. “Smart Villages” will ensure proper sanitation facilities and good education, better infrastructure, safe drinking water,

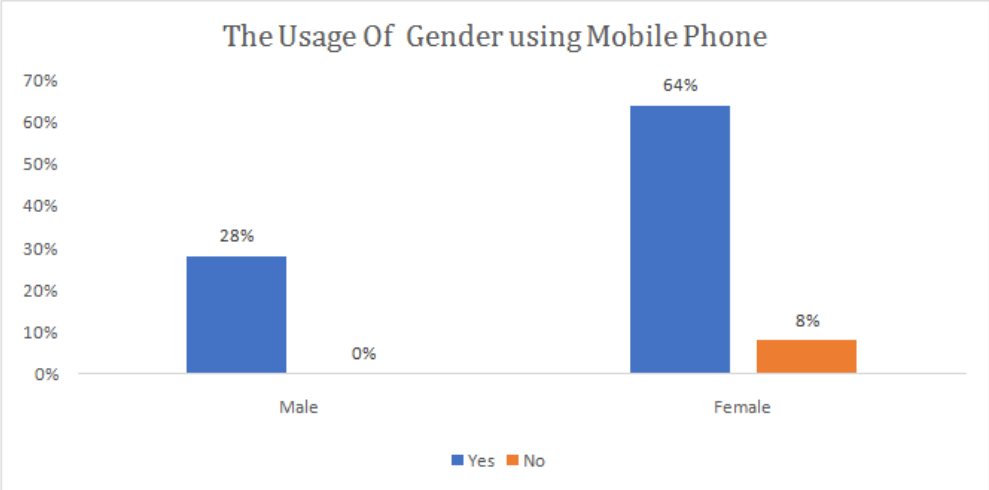
health facilities, environment conservation, energy efficiency, waste management, renewable energy, etc. in rural areas which often suffer from slow and inadequate network infrastructures. This stops or limits the access to content and services that can encourage economic growth. However, through the use of Information Communication Technology (ICT), capacity creation and empowerment achieved at individual and community level can be ensured to ensure the demand, distribution, the reach and use of quality services. Successful implementations of ICT based technologies in rural areas can be an indication of substantial growth potential for implementing this kind of technology. Smart sanitation systems can be introduced in rural areas, where such systems help provide a clean safe community. (Ranade & Mishra, 2015)

SOCIAL MEDIA USED IN THE HEALTH SECTOR

Social media give health care professionals access to several tools for communicating health information, debating policy and practice issues, promoting healthy behaviours, and interacting with the public. Using social media to promote health outcomes, establish a professional network, raise personal understanding of current research, foster patient motivation, and supply health information to the public are just some of the ways that Health Care Professionals can improve health outcomes. In third-world countries, social media has the capability of connecting HCPs with experts in more medically advanced regions. A great illustration of this is the ability to do surgical procedures through the internet and then interact with patients through Twitter. As a result, social media provides a new professional networking avenue for HCPs to discuss and exchange medical information. **(**Ventola**,** 2014**)**

Methods

The study is quantitative in nature. The primary data collection method was conducted through survey method and a total number of 200 samples were collected using non-probability sampling method in the 3tribes (as described above) in Meghalaya and the questionnaire was distributed equally which is 66 questionnaires to each tribe. The data collected has been analyzed using Microsoft excel.



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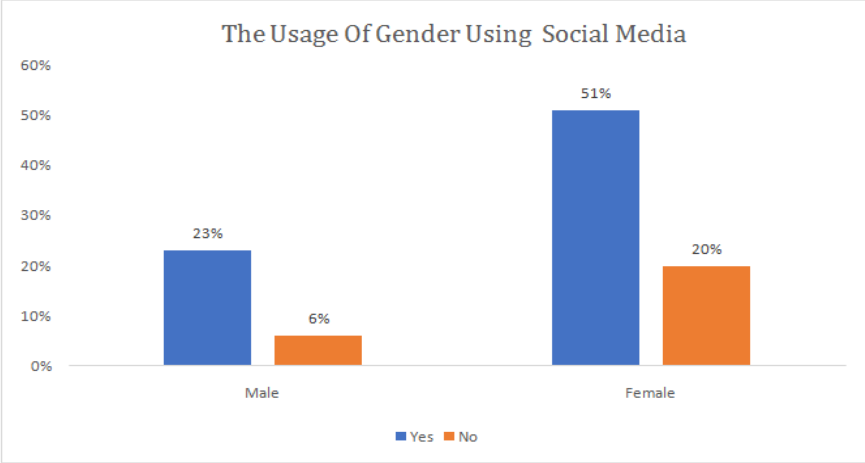

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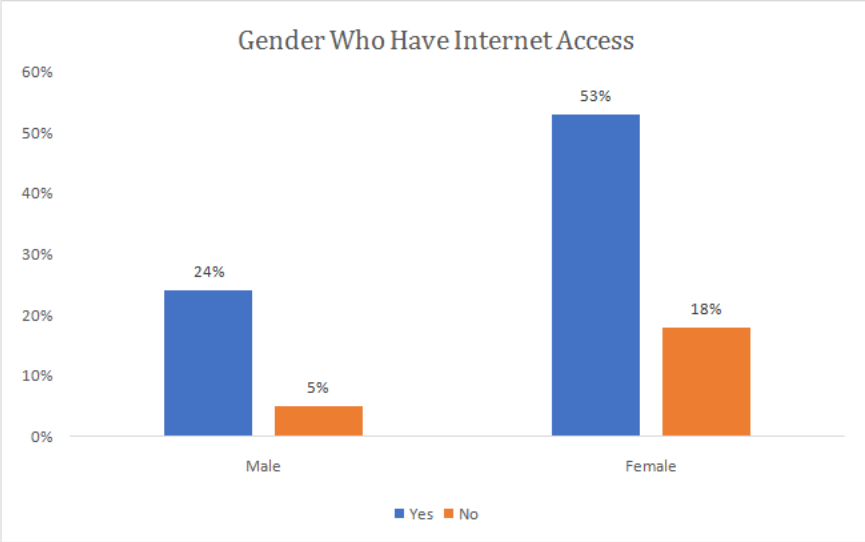

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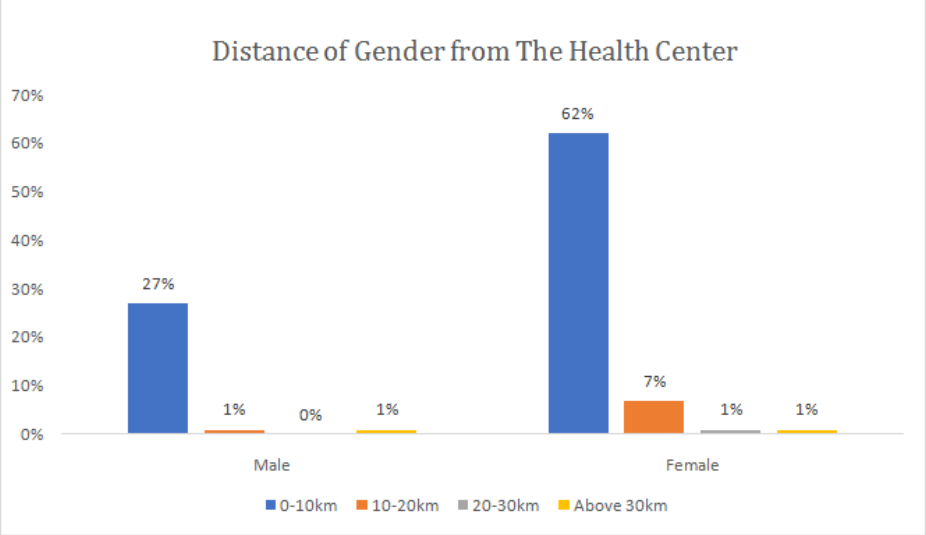

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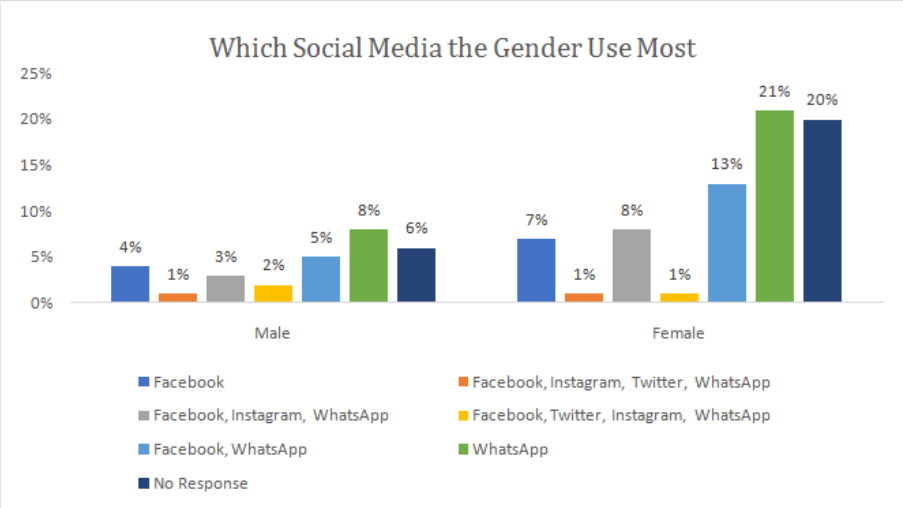

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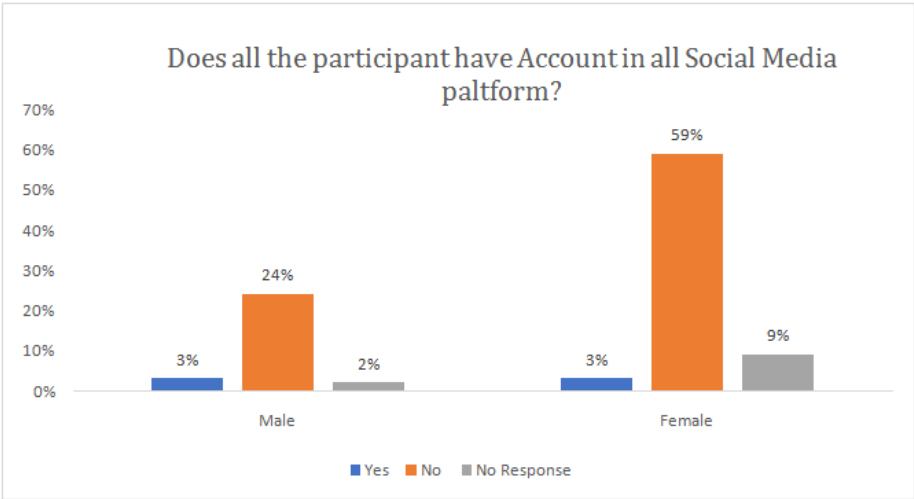

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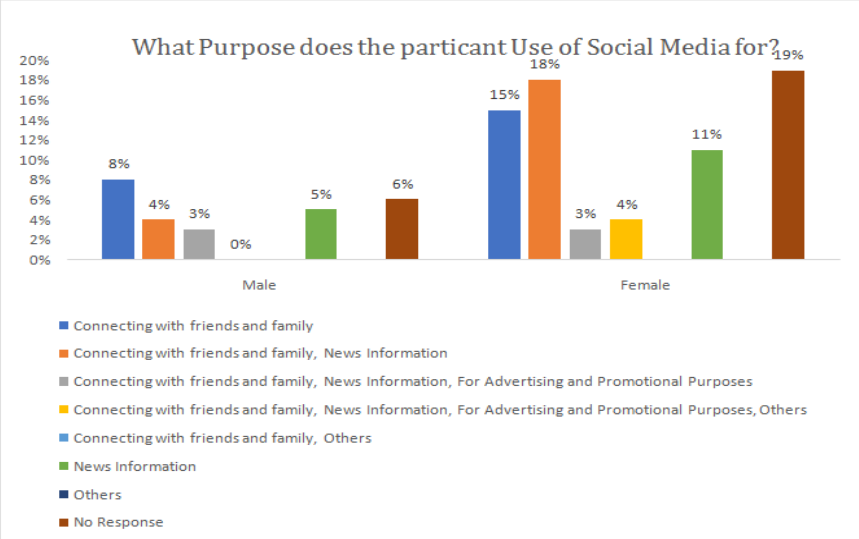

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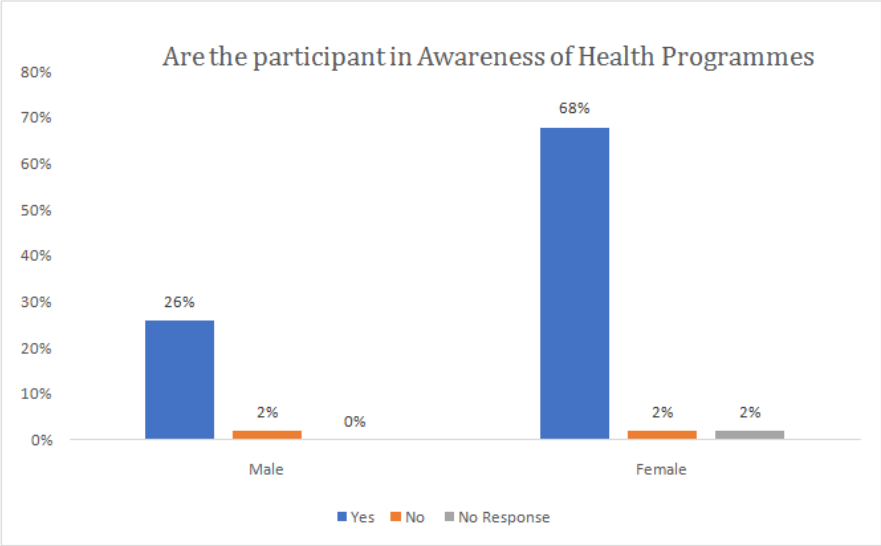

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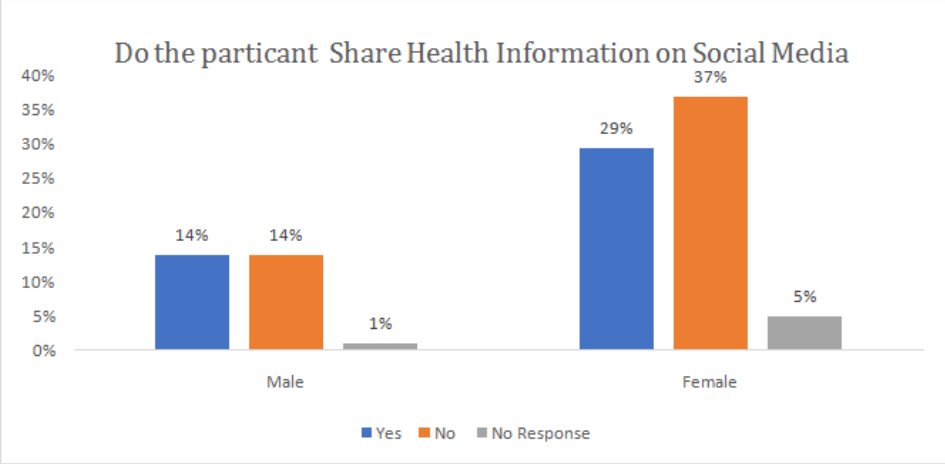

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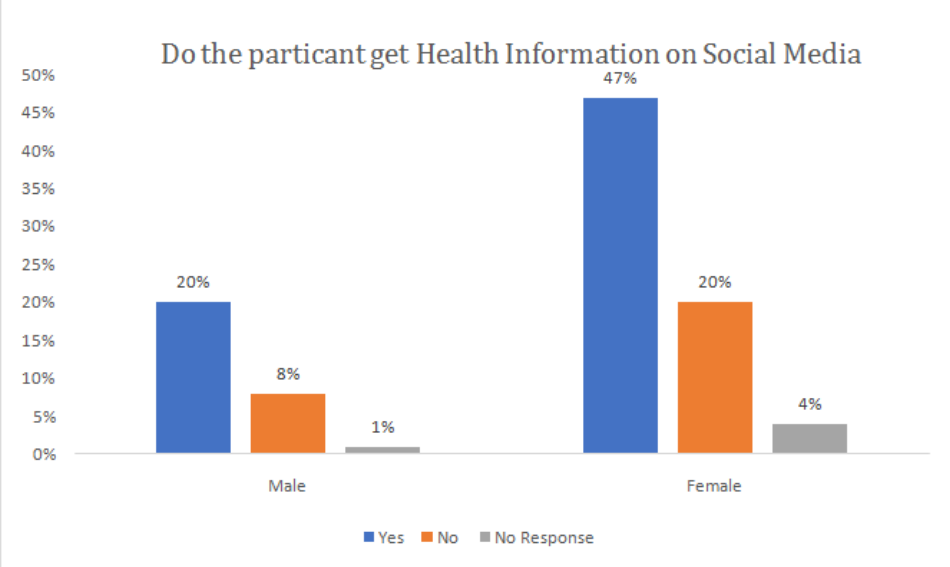

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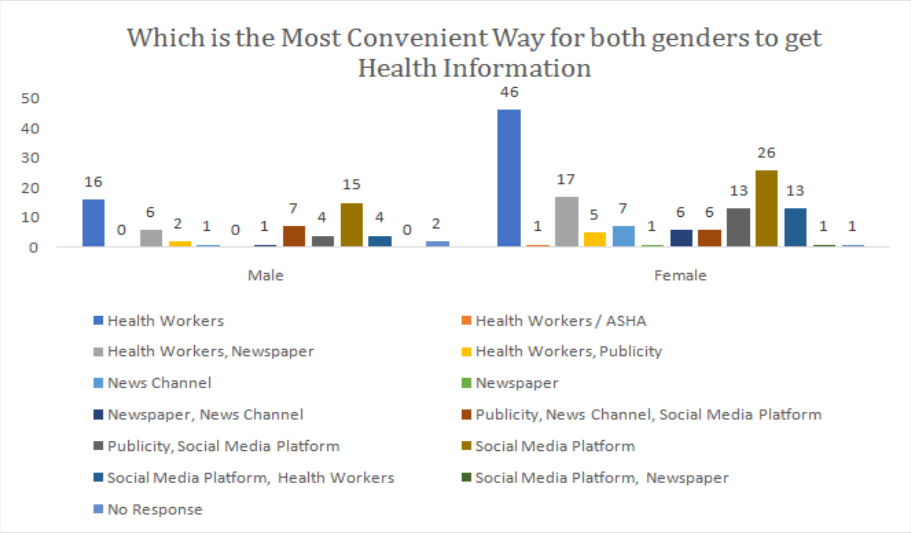

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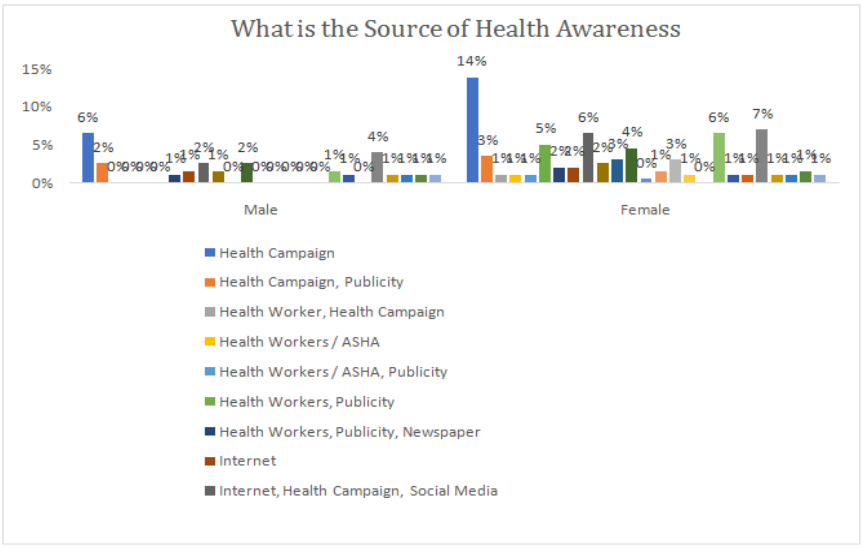

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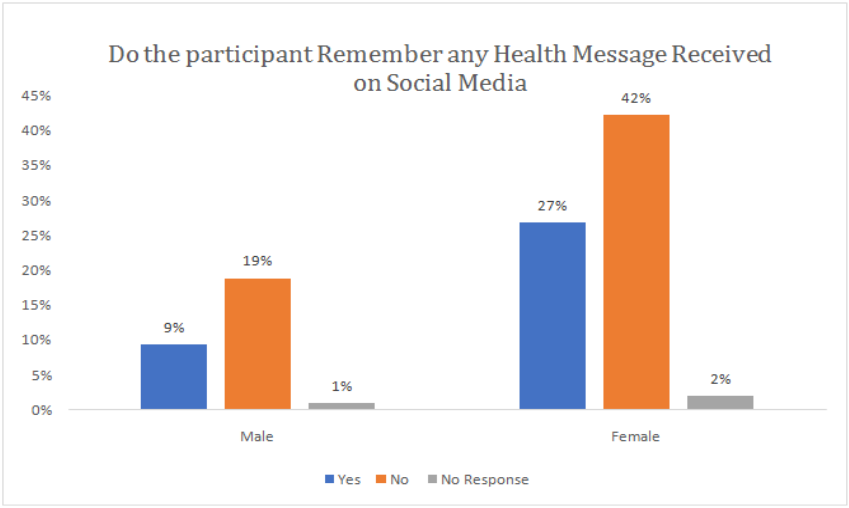

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DISCUSSION AND CONCLUSIONS

When the researcher looks at the gender and the use of technology in Meghalaya, we discovered that more female was using mobile phones and smartphones than men. The most regularly reported social media platforms and chat platforms utilized by participants for health and medical information and exchanging experiences were Facebook and WhatsApp. Several women mentioned utilizing Facebook to follow health influencers, healthy recipes, and fitness recommendations. Some women utilized online forums and social media in the same manner as they used health and medical websites as a first source of information to help them decide whether they needed to see a doctor. The capabilities of search engines for locating health information, as well as websites and social media platforms for offering information and peer support, were extensively utilized and recognized. The data show that women in Meghalaya are more concerned about their health than men. Facebook and WhatsApp are the most preferred social media platforms among women. A higher proportion of women participated in and engaged in contributing to online information sources, as well as using these sources in connection with face-to-face contacts with doctors and other health care professionals, as well as friends and family members. The study emphasized the important role that many women play in offering guidance and health care to family members, not just as digitally involved patients, but also as digitally engaged caregivers.

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QUESTIONNAIRE

1. Do you have a Mobile Phone?

- o Yes
- o No

2. Do you have a Smartphone?

- o Yes
- o No

3. Do you use Social Media?

- Yes
- No

4. Which of the following Social Media do you Use Most?

- Facebook
- Instagram
- Twitter
- Whatsapp

5. Do you have an Account in all the Social Media Platform i,e (Facebook, Instagram, Twitter)

- Yes
- No

6. For what Purpose do you use Social Media for?

- Connecting with friends and family
- News Information
- For Advertising and Promotional purposes
- Others

7. Are you Aware of Health Programs?

- Yes
- No

8. Do you get Health Information through Social Media?

- Yes
- No

9. What is the Source of your Health Awareness?

- Television
- Newspaper
- Internet
- Health Campaign
- Social Media

10. Which is the most convenient way for you to get Health Information?

- Social Media Platform
- Health workers
- Newspaper
- News Channel

11. Do you remember Any Health Message that you received through Social Media Platform?

- Yes
- No

12. Do you Share Health Information in Social Media?

- Yes
- No

13. What is the Distance of your PHC/CHC/HOSPITAL from your Residence?

- 1 – 10 km
- 10 – 20 km
- 20 – 30 km
- More than 30 km