

Gender-specific behaviour in online health information research/Introduction

Many of us do it every day: we pick up our mobile phone and research questions, facts, contexts or definitions via Google. The internet is becoming more and more important as a source of information. But to what extent is this widespread information-seeking behaviour relevant to health issues? Is the internet the medium of the future for the responsible, co-deciding, autonomous patient? Are there gender-specific differences in this behaviour? And if so, what factors determine, limit or influence these differences? On the basis of this information, which gender-specific strategies prove to be practicable and purposeful for the online information transfer of the future?

In order to investigate these questions scientifically, a representative sample (N=1728) of adult, German test persons was analysed with regard to their online behaviour of health information research^[1]. The data originate from a survey by the Bertelsmann Foundation in cooperation with Barmer GEK^[2]. The group of test persons could be differentiated into "health-offliners" (people who use other information sources to search for health information) and "health-onliners" (people who search for health information online). Among the test persons who generally use the internet, almost 53 % could be defined as "health-onliners", whereas the remaining group of about 47 % could be characterised as "health-offliners"^[1]. It is certainly interesting to ask whether there are fundamental criteria that distinguish the two groups of persons from each other. Further research is needed here.

The following determinants could be identified as relevant factors for the tendency towards online research: The age of the subjects, satisfaction with primary medical care, general frequency of internet use, and overall strong interest in health issues^[1]. These factors were more relevant than the social status of the individuals in the target group^[1].

With increasing age, women in particular tend to frequent the internet less often with regard to researching health issues.^{[3] [4]} This correlation could possibly be due to the fact that this group of people uses the internet less in general.^{[3][4]}.

Gender-specific behaviour in health information research online has been frequently reported^{[5] [6]}. But little is known about the underlying reasons for these differences. Are the gender differences in health information research behaviour online partly due to differences in social roles between men and women?

When dissatisfied with primary health care, women are more inclined to do research online or to exchange information with others in online forums. For them, social and communicative offers are important and supportive. Men, on the other hand, are more concerned with the provision of information per se^[7]. Particularly in the case of certain topics that are still taboo or stigmatised, the anonymity of the internet offers obvious advantages here. In addition, it can be observed that women tend to do more online research for other people such as family members^[8]. For both sexes, chronically or/and "seriously ill" persons tend to use the internet more for additional information or social exchange^{[9] [10]}. Women have a higher frequency of online behaviour in these conditions and are more likely to seek social and emotional support.^{[7] [11]} Men, on the other hand, prefer factual, clearly stated information regarding health issues that concern them.^{[7][11]}

Limitations of the analysed study lie in the fact that the reasons behind the behavioural differences

found cannot be clearly attributed ^[1]. But also in the fact that the analysed study did not take into account whether the subjects were researching for information for themselves or for third parties ^[1]. Furthermore, there is often a considerable discrepancy between self-reported online behaviour and actual activity. ^[12] These facts would not be integrated into the study design ^[1].

Gender-specific, user-oriented internet information needs more precise research. Sources of health information should be neutral in origin and not sales- or pharma-oriented, which is often difficult for the layperson to judge. They should also be easy to understand and not require extreme medical expertise. At the same time, information could be available online in different languages, so that groups of people such as refugees or immigrants could also receive important health information in an easily accessible way. In perspective, the internet is definitely an information medium of the future that should be taken seriously, especially in health issues. If well-founded information is conveyed in a target group-oriented way, primary medical care could be supplemented in a meaningful and efficient way.

Limitation

Due to the study design, which is somewhat undifferentiated in parts, quite classic gender-stereotypical results are obtained, which must be critically analysed in any case.

Literature

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