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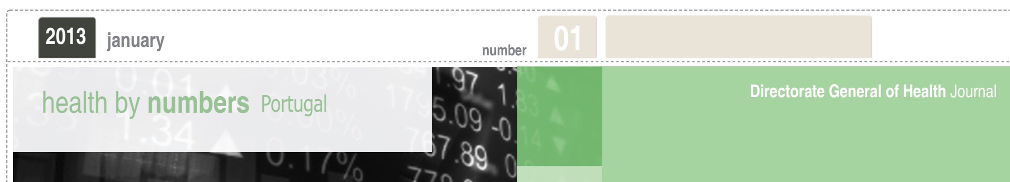

English Version

The place and the role of internet use in health: The Portuguese case

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Abstract

Much of the debate surrounding the theme of the information society emphasises the use of the internet in the emancipation and empowerment of citizens particularly among the better educated. This discussion will pay close attention to its use on the area of health in Portugal. We wish to know to what extent this resource has permitted the reconfiguration of learning in health, particularly in relation to expert knowledge of biomedicine. In truth, it remains imprudent to attribute this status to the internet, since we cannot assume it is a substitute for health professionals and their closest agents. Consequently, this article will discuss its potential and its limitations.

Additionally, with recourse to the construction of a typology of the profiles of internet users in Portugal, this article creates space for the question of technology dependence in how access to information on health care could create new forms of social inequality, especially between the older generation and those who most depend on this access.

Despite now being central to our lives, the use of information and communication technologies (ICT) in Portugal remains associated with certain social groups and is not shared by the whole population. The data used in this article is from a survey of a representative sample of the Portuguese population conducted as part of the SER project (A Saúde em Rede – Health on the Internet), which is dedicated to the theme of ICT in the area of health.

Keywords: Internet, health, empowerment, communication in health, social inequality.

1

Introduction

The days in which we live are marked by strong differences that are perceived in relation to contexts typical of 20th-century modernity. One difference worth noting is that better educated populations tend to result in a whole series of changes, for example, in the means of understanding the citizens' role, in relation to deep-rooted social institutions, such as is the case in respect of modern Western medicine.

While it may be controversial, we accept the premise that there is a relationship between education and critical consciousness, which is understood as the individual's ability to assess and to choose [(1)]. Moreover, there have been many recent examples of once unthinkable cases in which individuals seem to assume the role of an agency, where ICT are generally the first resort for the exercise of this condition [(2) (3) (4) (5) (6)].

Despite everything, it is important to exercise some caution in the interpretation of this type of process, since we are not operating in a sphere that is immune to defined norms, such as with the case of punishment and supervision discussed in detail by Foucault [(7-8)].

Mechanisms for biomedical regulation are thus undertaken with an increasing transfer of competences from the social and political levels to individual responsibility [(9-11)].

What we are dealing with is an apparently paradoxical relationship between normative controls and increasing individual freedom, but the articulation of which is possible and has been growing in the health field.[i] (see end of section 6)

An internet search of matters related to health, beauty and well-being can be considered to be one of the more explicit examples of this synthesis of normative and freedoms.[ii] Accessing the internet with this aim presupposes the individual had previously paid attention to their well-being and/or their body, which demonstrates the existence of a process: first of the normative interiorisation and the subsequent production of lay rationalities about health and illness.

Aware that a growing proportion of social interactions take place in virtual space [(2-6)], this article concerns itself with the questions that emerge from the use of the internet in the way individuals relate to their health and well-being, and in particular in the production of lay knowledge about health, health education and the relationship with health professionals. On the other hand, knowing about governmental worries concerning new technologies [(12)], it's important to understand the consequences in terms of the potential increase in inequalities, in access to health care.

2

Data collection and sample

This article is based on the results obtained by the SER Project,[iii] through a questionnaire survey of a representative sample of the resident population of continental Portugal over the age of 15 (N=808), which converges with the age group surveyed in other studies on ICT [(13)]. In order to ensure the representativeness of internet users, the study took as its base recent data that shows 45 per cent of the Portuguese population use the internet [(14)]. This questionnaire survey was applied by GfK Metris during November and December 2010 [(15)].

3

Methods and discussion: Internet use in Portugal - Revealing profiles

In order to obtain a more accurate understanding of the way in which the Portuguese population use the internet, we established a typological definition of profiles based in a group of variables that, as a whole, translates into logics of social stratification.[iv]

At issue is the matter of the differentiation of individuals in social and relational space. A constant theme in sociological reflection, today it is part of the scientific domain that the unequal positions individuals occupy in respect of access to certain resources are responsible for the processes that shape and distinguish the social space. In the construction of profiles was used the MCA (multiple component analysis) typology, as much for its adaptation to the characteristics of the composition of the social strata typical of Portuguese society, as for its widespread empirical consolidation [(16-20)].[v]

On the other hand, age is also an explanatory factor explaining the unequal possession of resources. Aware that modern societies are guided by ever greater value being placed on formal qualifications over what is commonly called 'life experience' [(21)], age must be understood in a more profound and complex manner than its biological condition transmits. Moreover, as Costa [(17)] notes, age has no value in itself as an essentialist condition, given that it is impregnated with meanings and social attributes, roles and conditions around which position, behaviour and representation are defined [(22)].

As we can see in ***Figure 1*** , a total of four socio- -economic profiles were defined that are revealing in terms of internet use.[vi] The category 'no use of the internet' (NUI) is the one that is largest in Portuguese society (33.7 per cent). It is largely made up of individuals aged from 45 to 64 who have completed only the second cycle of basic education, who have insufficient understanding of foreign languages and whose monthly household income is between €501 and €1000.

The second-largest profile is 'habitual use of internet' (HUI) (29.2 per cent). This includes users who consult the internet two to three times a week, who are aged from 25 to 44 and who have completed compulsory schooling (third cycle) and people with a monthly household income of €1001-1500.

The third group has been designated 'information excluded' (IEX) (21.6 per cent). They tend to be older, retired, with no formal schooling and have the lowest family incomes.

The final group is designated 'daily use of internet' (DUI) (15.5 per cent). Much the same as the previously described profile, there is an almost linear correspondence between the various socio-demographic indicators, which translates into the cumulative character between the possession and non-possession of certain resources. In this case the profile is defined by the higher social classes, of people with greater financial resources and higher levels of education, as well as younger people.

figure:

① Topological and typological space in relation to internet use in Portugal

Currently the role of technology in the production of and access to information appears to be unquestionable. Castells [23] has labelled this dependence of Western societies on the diffusion and circulation of information as the 'network society'. It is not only a technological transformation; it is above all a change in the social structures as a result of this transformation.

In Portugal access to information and the use of the internet has become massive. Technological advances, which are associated with a political atmosphere favourable to new technologies in order to make them more accessible to the citizens, have led to improvements in the national coverage of internet access, as well as the lowering of its cost, although these processes have found some resistances on their path [24-28].

4

Health referring and the internet

In relation to the 2006 data [27], about 5 per cent of internet searches were for themes related to health, beauty and well-being, nowadays this figure is 25.7 per cent.

While those who have a closer relationship with the internet tend to search for illnesses in general, those who have no relationship with the internet or who are information excluded tend to seek assistance from others in order to search for diagnosed illnesses.

According to the terminology employed by Giddens [1], the advance of new technology has led to the emergence of a debate on the role of lay knowledge in the typically asymmetrical power relationship with health professionals. It is in this framework that recent debates over the creation of a user who is increasingly informed and independent in the use they make of their searches [28] and who therefore possess an emancipating individual autonomy [29].

As we can see in ***Table 1***, for the Portuguese health professionals in general, and doctors in particular, are the main reference in matters of health[vii], followed by family and friends. This double relationship in obtaining knowledge about health, between lay knowledge and specialist knowledge, has been documented for some time in the field of the sociology of health, and reflects the complexity of the practices and representations of individuals about their health and illness [30].

While these results show that television retains its preponderance as the main source of mass information [31], it is not possible to ignore the place the internet has assumed.

We must also note the place of alternative medicine practitioners, social networks and patients' associations, which appear to have a residual place as a health reference source. In fact, notwithstanding the fact that we live in a social context marked by a growing scepticism of lay knowledge in relation to medicine [32-33], compared to the other sources of information medicine continues to reproduce its dependence in its knowledge [34]. Second, it also reinforces the idea that the sharing of knowledge through new technologies has an as yet insignificant weight as a source for learning about health and well-being.[viii]

Despite health professionals and friends and family representing the main sources of information on health, their trust tends to be overrepresented among older people who make little use of the internet (NUI and IEX profiles) and underrepresented among the young, the educated and those with a close relationship with the internet (RDI and RHI profiles).

Table 2, on the other hand, shows the average global values on the object of the searches carried out on health, beauty and well-being. The majority of searches are carried out to obtain specialised information about health problems or to increase general knowledge about health.

This means the use of the internet is far from being a sign of the emancipation of lay knowledge. From another perspective, while it is undeniable that more and more areas of knowledge about the daily management of health and sickness are outside the traditional biomedical domain – for example, acupuncture and homeopathy [35] – these areas continue to account for a residual amount of internet searches compared to biomedicine.

table:

1 **Sources of information on health** (average)

Source	Average
Doctors (*)	3,1
Pharmacists	2,58
Family and friends (**)	2,45
Nurses (*)	2,34
Television (**)	1,93
Books (**)	1,59
Internet sites (**)	1,56
Radio	1,55
Magazines (**)	1,54
Newspapers (**)	1,52
Therapists/alternative medicine professionals (**)	1,32
Social networks (**)	1,29
Patients' associations (**)	1,23

(*) <0,05 (Anova)
(**)<0,05 (Kruskal-Wallis)

table:

② Purpose of internet search (%)

Purpose	%
To obtain specialist information about a health problem	86.1
To increase general health knowledge	82.7
To share experiences about health problems	41.7
To seek treatment	33.7
To find a health professional	30.0
Self-diagnosis	23.2
To compare prices of medicines	19.0
To compare the price of beauty and well-being products	16.4
To find other people who are not health professionals	16.6
To find another professional/therapist	14.9
To purchase health, beauty and well-being products	5.8

This data relates to the generality of cases in which individuals feel the need to access sources of health information. Consequently, it is important to understand whether the perceived seriousness of the symptoms introduces substantial changes to people's behaviour.

In any case, from the statistical point of view there is no relationship between the profiles of internet use and the resources sought in situations that are considered to be non-urgent (Cramer V = 0.165) and urgent (Cramer V = 0.114). In non-urgent cases, the main resource tends to be the family's National Health Service (SNS – Serviço Nacional de Saúde) doctor.

While this is true across all individuals, this tendency is greater for the profile in which people are older and less well educated, given that the others have slight increases in the use of other information sources. Among those aged 25-44 and with average levels of education, and those who work as tradesman, as well as those aged from 45-64, domestics and the unemployed there is a greater tendency to seek information from a pharmacist. The young and those with greater capital resources will tend to either seek advice from friends and family or use a private health service.

There is a new convergence in cases in which the illness is considered urgent; in this case in the use of the public hospital accident and emergency service and the health centre's permanent attendance service (SAP – serviços de atendimento permanente). The main differences are between those who have more resources where there is a slight increase in the use of private emergency services.

The reasons for these choices are explained in ***Table 3*** below. It can be seen that the repetition of choices, independently of what they are, are mainly a result of lessons that have become routinised in each person's day-to-day life. These figures are revealing in that they allow us to elucidate the actual weight social influences assume in individual choices in relation to health.

table:

③ Reasons for taking a particular decision about what health sources to use

In non-urgent cases		In urgent cases	
Because I am used to doing this	51.4	Because I am used to doing this	45.0
Because the last times I did this I was pleased with the outcome	9.3	Because the last times I did this I was pleased with the outcome	9.2
Because a friend/family member told me to	1.4	Because a friend/family member told me to	1.0
Because I had more confidence	29.5	Because I had more confidence	38.4
Because it is faster/more practical/closer	4.1	Because it is faster/more practical/closer	3.4
It was a question of money	0.8	It was a question of money	0.8
Because it is not a serious health problem	0.5	Because it is always taken care of	0.9
Because it was the correct procedure	1.3	Other reason[IX]	1.3
Other reason[X]	1.7		
Total	**100.0**	**Total**	**100.0**

[ix] Such as: no alternative close by; they have the best equipment; has to be overseen by the company doctor.

[x] Such as: having a special relationship with the health professional; the medical service belongs to the company the individual works for; because it is where the insurance company has an agreement.

Beyond the significance of these conclusions, it is important to outline others, such as the confidence the population has in the health professionals in the public institutions, which converges with international data on the relationship with health systems [36].

Read another way, the effects of the existence of a Beveridge-style general and universal health care system can be seen,[xi] prove the marginal importance that the possession of financial resources represents in relation to access to health services or the insignificance of whether they were or were not attended or even the speed, convenience and proximity of the service.[xii]

Thus, the practice of individuals in the management of their illness demonstrates the yet peripheral position of new technologies, particularly in those situations in which one might expect there to be an advantage in its use, such as in the case of health problems that are considered to be non-urgent. Health professionals and the public services remain the preferred resources in a society that in a short space of time has constructed a relationship of trust with these providers.

In addition to existing work in which the present challenges facing the Portuguese health system are discussed, particularly in terms of the openings that have been made to private health care providers in the name of the public sector [37-39], there are as yet very few conclusions concerning the future implications of this intense public-private relationship on the Portuguese health system.

5 The role of the internet in health

In a way that is consistent between the profiles of internet users, the preferred method of searching is through the use of search engines, revealing the relatively open and contingent nature of internet searches.

table:

4 Health, beauty and well-being themes search on the internet [xiii]

	Average values	Standard deviation
Fitness and exercise	2,08	1,003
Nutrition and eating problems	1,83	0,998
Beauty and well-being	1,65	0,897
Sexually transmitted diseases	1,54	0,778
Contraception	1,53	0,810
Fertility and pregnancy	1,47	0,811
Drug addiction	1,42	0,747
Sexual condition and performance	1,31	0,672

In common with previous analyses and by the nature of the themes that are most searched for, the internet has become a source with few physical and temporal barriers to accessing generalist and/or specialised information on fitness and exercise, nutrition, beauty and well-being. In fact, there is statistical evidence that allows us to state that the Portuguese are today more concerned with health, but as a wider social process associated with the secularisation of societies [40-41], and with a less direct relationship with the internet.[xiv]

The internet represents one more source of access to information about health, with well marked potential and limitations. On the one hand, it involves a verbal and/or written interaction that allows the source of discredit in which a potential social stigma is based to be left invisible [42]. On the other hand, it is precisely here that the limitations on the internet lie, especially on topics related to health, beauty and well-being.

Specifically in respect of the lower levels of trust in the internet than in other means of information, it is important to note that one of the aspects that was given greater importance by the respondents was the existence of institutions that certify the quality of information made available, while there was also some concern with the need to seek information in sites with an established scientific reputation.

With the matter of the quality of information made available on the internet being an undeniable problem, we also have to consider the way in which searches are carried out. Above we noted that searching through the intermediary of institutional sites is practically non-existent, with search engines being the main way in which people access generic sites dealing with health. It is precisely in the sites that the Portuguese frequent less that the quality of the content and knowledge of the sources can be most assured. From this point of view, this may involve the need for a more critical schooling in filtering access to existing resources.

6 Conclusion

The first conclusion of this article allows us to reach is that a significant proportion of the population of Portugal continues without access to new technologies, or that it doesn't know how to take advantage of their potential.

Sociologically speaking, it is important to understand that only the oldest, least literate and those with the fewest financial resources are excluded from access to ICT.

Thus, and considering that the internet has come to play a progressively more central role in society, it has made visible yet another form of social inequality.

Another conclusion is in relation to the function and reach of the internet on the relationship people have with their health, beauty and well-being. For the first time in Portugal the content and implications of internet use have been measured, showing that, on one hand, online searches have assumed a contingent nature that is relatively unstructured and involves diverse themes, and, on the other hand, that despite the increasing visibility of social interactions, health education continues to be configured through the intermediary of already instituted sources: the expert knowledge of health professionals and close socialisation agents. This conclusion reaches across the population and enables a discussion of problems associated with consulting the internet. Among the most significant are: the lack of technological literacy that allows searches of more reliable sources; and the very private nature of the issue of health, which makes the forms of social interaction more difficult without the physical presence of an interlocutor.

[i] Examples such as the kind of food consumed, preoccupation with the body or the adoption of healthy lifestyles, demonstrate in which way the social pressure for increasingly restrictive conceptions of health coexist with the growing space for freedom and the consequent individual responsibility. This can explain the involvement of individuals in the promotion of their health, those who are called to make correct use of the health service, to provide correct and necessary information to health professionals and to make the correct daily management of their health and illness.

[ii] The decision to have such a broad health category, which includes beauty and well-being, was not fortuitous. Bearing in mind the complexity involved in the meanings individuals attribute to health and illness [30-43], the goal was to introduce the least possible filtration of these understandings during the application of the information gathering tools.

[iii] The SER Project is the result of a partnership between CIES-IUL and the Calouste Gulbenkian Foundation (FCG), with this latter providing the funding. This main aim of this research project was to understand the main traits characterising ICT in the field of health care in Portugal, its use, its potential and the challenges it poses for Portuguese society.

Briefly, the SER Project seeks o contribute towards a better understanding of the main challenges facing Portuguese society as a result of the progressive and global implementation of information systems in the area of health care and of the divulgation and proliferation of information about health that is made available by the new communication tools, considering the potential, the risks, the limitations, the consequences and their respective impacts on health policy.

[iv] The variables included in the analysis were: (I) employment status; (II) ability to speak a foreign language; (III) frequency of internet use; (IV) age; (V) socio-professional status; (VI) education level comple ted; (VII) relationship with internet use; (VIII) net monthly household income. The technical element used was the application of clusters following the identification of the multiple correspondences between the variables (Homals, or the analysis of homogeneity) [44]. The final solution in respect of the selected profiles was obtained consistently through the intermediary of two distinct statistical methods (the 'ward' method and the 'furthest neighbour' method). The variable categories were subjected to the necessary re-codification in order to improve the quality of the statistics. Note that the non-inclusion of the 'sex' variable was the result of its almost complete absence in relation to the other variables analysed.

[v] One of the arguments legitimating its use relates to the fact that it links two key dimensions in the shaping of the social space: professional status and profession. While the former allows an assessment of the relationship with the means of production (briefly, over its possession or non-possession), the latter allows the inclusion of educational resources and the status involved in the performance of a particular profession. For a more detailed discussion see [16-17].

[vi] It should be noted that the positioning in relation to categories describe the Guttman effect in a practically linear manner [45], which translates into an ordered series and a relatively close distance between the categories. The distribution extremes can be found in quadrants 3 and 4, while the privileged associations between the categories of quadrants 1 and two represent intermediate situations. Mauritti [22] identified a similar effect.

[vii] Average values on a quantitative scale in which 1 means 'never' and 4 means 'always'.

[viii] Self-help groups refer to a broader debate on the involvement of individuals in institutional participation [46] through the concepts of the governance or empowerment of individuals [47]. For a review of the literature on this matter see Serapioni and Sesma [48]. These can be interpreted as manifestations of new social movements [49] [50] seeking to create alternatives to the increasing weaknesses perceived in the provision of institutional health care that is being felt as a consequence of public actions that are increasingly based on financial considerations [51-52], while aware, on the other hand, that private liberal activity cannot be a substitute. In the case of alternative medicine, and following Clamote's [53] reflections, it is important to note the heterodoxy of the forms of medical pluralism in a globalised world. Without getting too deep into the debate, the term 'alternative' is based on a reference to the present social regulation of biomedical medicine, the references of which do not coincide with other forms of medicine.

[ix] Such as: no alternative close by; they have the best equipment; has to be overseen by the company doctor.

[x] Such as: having a special relationship with the health professional; the medical service belongs to the company the individual works for; because it is where the insurance company has an agreement.

[xi] Health care systems based on the Beveridge model are those that largely depend on taxes levied by the state and are characterised by well-established systems of finance [54].

[xii] The relevance of these last indicators is related to the known difficulties of access to emergency services, whether in health centres or in hospitals. However, even knowing the problems they will face, people still use these services because they trust them and have learned to do so.

[xiii] Average values obtained on an ordinal scale treated as quantitative, in which 1 means 'never' and 4 means 'frequently'.

[xiv] By using the Two-step Cluster procedure (combining the variables: 'medical matters are more important today than in the past'; 'today I am concerned about my health'; 'today I have a greater concern about my appearance') three profiles were defined concerning the concerns people have in relation to health, beauty and well-being: 'highly concerned position' (26.7 per cent); 'slightly concerned position' (28.2 per cent); 'not at all concerned' (32.3 per cent). As a whole, these three profiles accounted for 87.3 per cent of the total explained variation.

Conflict of interests

The authors do not have conflict of interests to declare.

7

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