CONCEPTUALISING E-HEALTH LITERACY IN ASIAN POPULATIONS: ANTECEDENTS & CONSEQUENCES IN HEALTH BEHAVIOURS

STATEMENT OF RESEARCH QUESTION

An important set of skills that can promote volitional and positive health behaviours is health literacy (Nutbeam, 2008; WHO, 2013). Defined as “the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions (p. 16)”, health literacy refers to a set of health information-processing skills that contributes to greater health outcomes (Berkman, Davis, & McCormack, 2010). Higher levels of health literacy can lead to healthier cities, more resilient citizens, and significantly reduced health system costs (WHO 2013). With rapid development of digital technology, a related set of skills that refer to the ability of an individual to make sense of the health resources available on the Internet has been proposed. Researchers have termed this new set of skills “eHealth literacy” (Norman & Skinner, 2006b, Stellefson et al., 2011). People with strong eHealth literacy skills are more likely to be self-reliant health-information seekers that display healthier lifestyle choices.

Although there is growing amount of research in eHealth literacy, there remains several gaps in our understanding that needs to be filled. First, existing health literacy studies have concentrated on examining the outcomes of health literacy, with few studies having looked at the how eHealth and health literacy is developed. Specifically, there remains a lack of research that has examined the social antecedents of health literacy. Second, eHealth literacy is not sufficiently understood as a construct, with claims that existing measures lack validity (van der Vaart et al., 2011), and a lack of empirical validation of how eHealth literacy is obtained. Third, existing health literacy studies are concentrated in adult populations in the west. Few studies have examined health literacy in populations outside of the west. Hence our objectives are:

1. To create a robust, reliable, and highly valid set of instruments to measure eHealth literacy, which future researchers can adopt and use
2. Utilize Socialization Theory and Health Belief Models to understand how social and institutional factors help a) older children and adolescents and b) adults/elderly develop eHealth literacy. Assess the effect of eHealth Literacy on health related behaviours.
3. Conduct an assessment of eHealth competency and effects among a representative sample of populations in three Asian countries: Singapore (developed), then Indonesia (fast developing) and Myanmar (commencing development).

SCOPE OF WORK FOR SELECTED PHD STUDENT

Our proposed scope for PhD student will involve a significant part of this research project. The larger project can essentially split into two separate doctoral proposals, hence allowing the PhD candidate to choose to focus on addressing young people or at adults and the elderly (who in fact subdivide further into elderly and very elderly)

Before confirmation: The student will be involved in utilizing a range of quantitative and qualitative social scientific methods in understanding eHealth literacy as a concept, how it is acquired, and its effects amongst different populations in three countries. He/she will need to conduct a systematic review of the literature to obtain and display a comprehensive understanding of the existing research. The student will need to set up and conduct qualitative interviews among healthcare providers (working in primary and secondary care), public health services, health educators and health policy makers as well as lay people (children & adolescents,
or adults/elderly in Singapore) order to better understand what constitutes eHealth literacy and how it develops.

After confirmation: We expect the PhD student to coordinate and execute a nationally representative longitudinal study of eHealth literacy among older children/adolescents or adult/elderly cohorts in Singapore (baseline survey will be administered in end of year 2 of PhD, and a follow-up survey will be administered at the end of year 3 of the candidature). Depending on the progress of the PhD, the supervisors and TAC shall determine whether student should be involved in extended work in Indonesia and Myanmar, and intend to extend the research to collect longer term data in years 3 – 5.