Assessing the Knowledge on mobile health services among the students

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Abstract

Mobile health tools has also allowed for greater patient engagement, it means more individuals are focused on improving their health and wellness such as sticking to a healthy, physician-recommended diet, continuing exercise routines, and adhering to their medication schedule along with follow-up appointments. Hence the research objective to analysis the demographic characteristic of the student and assess the knowledge on mobile health services among students**.** The study was conducted with the help of interview schedule.100 students has been selected as the sample of the study. The area for the study has been selected R.V arts and Science College, Coimbatore district of Tamil Nadu. The result of the study reveals that   majority of students have knowledge on mobile heath technology in this century.

Introduction

Heath is clearly not the mere absence of disease. Good Health confers on a person or group's freedom from illness and ability to realize one's potential. Health is therefore best understood as the indispensable basis for defining a person's sense of well-being. The health of populations is a distinct key issue in public policy dissertation in every mature society often determining the distribution of huge society. They include its cultural understanding of ill health and well-being, extent of socio-economic disparities, reach of health care services and quality and costs of the health care.

Health care covers not only medical care but also all aspects pro preventive care too. Nor can it be limited to care rendered by or financed out of public expenditure, within the government sector alone but must include incentives and disincentives for self-care and care paid for by private citizens to get over ill health. In India, private out-of-pocket expenditure dominates the cost financing health care, the effects are bound to be regressive. Heath care at its essential core is widely recognized to be a public good. Its demand and supply cannot therefore, be left to be regulated solely by the invisible had of the market. Nor can it be established on reflections of utility maximizing conduct alone.

The use of mobile technology as mobile health is quickly expanding to track and improve human health. The beginning of smartphone technology together with interactive displays has provided quick and easy access, transmission and tracking information for patients and service providers. The patients can be better manage and prevent their illness and health through using wireless technologies along with software developed Consumers are living longer, creating more pressure on the health care system and increasing their necessity for self-care of chronic conditions. Rapidly, increasing numbers of mobile health applications for consumer's self-care, there is a scarcity of research into consumer engagement with electronic self-monitoring.Smart phones have become an integral part of our day to day life. As technology has gained ample momentum globally, a strong connectivity, smart gadgets and disrupted network, apps have made a prominent impact in the Indian lifestyle. According to Digital Intelligence report, 59% of Indians access internet via mobile phones. Regardless of the industries, mobile apps have taken a huge leap and proved the future of health technology.

The objectives of the study are to:

- Know the demographic characteristic of the of the students

- Assess the knowledge on mobile health services among students

Methodology: The area for the study has been selected R.V arts and Science College, Coimbatore district of Tamil Nadu. The study was conducted with the help of interview schedule.100 students has been selected as the sample of the study.

RESULT AND DISCUSSION

Demographic characteristic of the college students

Demographics characteristic is defined as statistical data about characteristics of a population, such as the age, gender and income of the people within the population. Table I represent the demographic profile of the student

TABLE I
DEMOGRAPHIC CHARACTERISTIC OF THE STUDENT

Characteristics		N=100*
Age	16-18 yrs.	7(7)
	19-20 yrs.	56(56)
	21-22 yrs.	22(22)
	Above 23	15(15)
Gender	Male	30(30)
	Female	70(70)
Caste	OBC	55(55)
	SC	28(28)
	ST	17(17)
Religion	Hindu	49(49)
	Muslim	29(29)
	Christian	22(22)
Education	Undergraduate	45(45)
	Postgraduate	53(53)
	Diploma	2(2)
Subject	Commerce	100(100)
Marital Status	Married	12(12)
	Unmarried	88(88)
Types of family	Joint	42(42)
	Nuclear	58(58)
Family size	Up to 3 {small}	20 (20)
	4 to 5{medium}	48(48)
	Above 5 {large}	32(32)
Occupation of the head of the family	Government services	30(30)
	Coolies	22(22)
	Agriculturists	17(17)
	Businessman	12(12)
	Daily wage earner	10(10)
	Teacher	6(6)

Characteristics		N=100*
	Private job	3(3)
Monthly income of head of the family	<20,000	20(20)
	21,000-30,000	22(22)
	31.000-40,000	17(17)
	Above 40.000	41(41)

Source: Field survey 2018, figures in the parentheses indicates per cent

It has observed from the data that fifty-six per cent of the respondents are under the age group of 18-20 years, followed by fifteen per cent (23 years). Seventy per cent of the respondents is female, and thirty per cent of respondents' are males.

Fifty-five per cent of the respondents belonged to OBC caste categories whereas seventeen per cent of respondents belonged to ST caste categories. Regarding education majority of respondents (Fifty-three per cent) are postgraduate, forty-five per cent are under graduate whereas two per cent of the respondents is studying diploma. Eighty-eight per cent of respondents are unmarried. Glancing the types of family fifty-eight per cent are nuclear family and forty-two per cent belonged to the joint family.

 Forty-eight per cent of the respondents belongs to medium family followed by twenty per cent in the small family. Based on the occupation of the family thirty per cent of the respondents are working as a government employee whereas three per cent of the respondents works in a private job.

Prashant Pandya (2018)   classified about the income of Indian family

BPL = 50K a year

Middle-class family = 75000 a month

Upper middle-class family = 24 lacks a year

Rich   family =   50 lacks a year

The data shows that regarding the monthly income of the patents, twenty-two per cent of them are under the range between   Rs 20, 000-30,000 and forty-one per cent of the family income are above Rs. 40.000

Knowledge of Health apps and its purpose

Health apps are application programs that offer health-related services for smartphones and tablet PCs and mobile phone. Because they're accessible to patients both at home, health apps are a part of the movement towards mobile health programs in health care. Table II depicted the information about knowledge on health apps among students

TABLE II

KNOWLEDGE OF HEALTH APPS AND ITS PURPOSE

		N = 100*	
Name health apps	**Purpose**	**Yes**	**No**
Run keeper	Helps to track, improves and measures the fitness and help to find out the calories burned/per day	80(80)	20(20)
Runtastic	Like a personal trainer to help Physical activities like jogging, running, biking and walking.	77(77)	33(33)
Daily yoga	Provide clear instruction on yoga through demonstration	70(70)	30(30)
Fooducate	Help to provide nutritious food in different ways even with low-cost items	60(60)	40(40)
Workout Trainer	Help you to achieve fitness goals like the gym instructor	50(50)	50(50)
MyFitnessPal	A large database of food items for the balance diet	45(45)	55(55)
Healthify	Encourages to watch food intake and club it with the daily dose of exercises to lose weight and regain fitness	40(40)	60(60)
Lose weight	Help to lose weight through audio-visual steps	40(40)	60(60)
Lifesum	Helping to know several features like reminders, food analysis and calorie counting,	30(30)	70(70)
MyTrainer Dasi	Give the input such as age, height, and weight and this app will help to recommend diet and exercise routines according to the necessary	30(30)	70(70)
7Minute Workout	The app only asks for 7 minutes of time anywhere, anytime during the day for a quick-fit workout.	15(15)	85(85)

Source: Field survey 2018, figures in the parentheses indicates per cent,*Multiple responses

The data reflects that after implementation the students are more understood the health apps better compared to rural people.

Eighty per cent of the student knew about runkeeper health apps followed by fifty per cent of the respondents knew about Workout trainer app. Eighty-five per cent of the respondents were not aware 7Minute workout app.

Knowledge on mobile van services

The government has launched a mobile medical van to serve health services to all corners of the nation. The table III represent the knowledge about mobile van medical services among the students.

TABLE III

KNOWLEDGE ON MOBILE VAN MEDICAL SERVICES AMONG STUDENTS

Knowledge of mobile van medical services	N=100*
In India, during the year 2011,1000 mobile medical van was launched in rural areas	100(100)
A unit of medical office cum services on wheels	100(100)
The staff includes a medical such as doctors, nurses and case managers and medical equipment.	80(80)
Provide primary health care service (illnesses like cough, cold, fever, infections, malaria, dengue, typhoid and hepatitis)	80(80)
Envisages providing preventive, primitive and curative health care in inaccessible areas and challenging terrains, which are underserved or unserved.	77(77)
Promote health awareness programme (Malaria, Anaemia, Dengue, Diarrhoea, STD/HIV diseases, sanitation, birth control)	66(66)
It includes Laboratory facilities (blood test, urine test) pregnancy testing and prescription assistance.	55(55)
Used quick treatment of patients in the case of emergency	50(50)
Provide services for long-term illness diabetes and high blood pressure.)	45(45)
Sankara Nethralaya is performing eye services in rural areas in Tamil Nadu, Karnataka, Maharashtra and West Bengal through, since 2003 via mobile van services	75(75)

Source: Field survey 2018, figures in the parentheses indicates per cent

*Multiple responses

The data reflects that cent per cent of the respondents achieved knowledge that a mobile medical van is a unit of medical office cum services on wheels and in India during the year 2011, 1000 mobile medical van was launched in rural areas

Eighty per cent of the respondents accomplished that mobile medical van provides primary health care service and it included medical staff such as doctors, nurses   and medical equipment followed by fifty per cent of the respondents accepted that it had served for quick treatment of patients in the case of emergency.

Knowledge on medical helpline networking

Helpline networking is social security networking initiative by the government where the public can gain immediate helpline services when they need in the emergency situation. The table IV reveals the knowledge about helpline networking among the students

TABLE IV
KNOWLEDGE ON   HELPLINE   NETWORKING AMONG STUDENT

Name and medical helpline number	N=100*
108 services (Medical helpline)	100(100)
102 (ambulance helpline)	60(60)
111 (Medical advice)	40(40)
1512 (Railway helpline)	35(35)
1097(AIDS helpline)	30(30)

Source: Field survey 2018, figures in the parentheses indicates per cent*Multiple responses

The data clearly shows that Cent per cent of the respondents were aware of 108 health services. Followed by Sixty per cent of the respondents based on ambulance helpline network whereas thirty per cent of the respondents gained knowledge on AIDS helpline network.

Conclusion

Mobile health services can possibly transform the healthcare landscape in India by improving healthcare access for the all population in India and enhancing patient care. The mobile health industry, along with remote monitoring and tele-health systems, has a wide impact on reducing hospitalizations and emergency room visits throughout the healthcare spectrum by improving communication and care coordination among specialists, doctors, nurses, and others m-health applications can help patients manage their treatments when attention from health workers is costly, unavailable, or difficult to obtain regularly. Through various mobile health services people can improve their health standard and save their time and money.

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