



Gaps in knowledge: Tracking and explaining gender differences in health information seeking



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ABSTRACT

Self-directed health information seeking has become increasingly common in recent years, yet there is a substantial body of evidence suggesting that females are more likely to engage in information seeking than males. Previous research has largely ignored the significance of this difference as both an empirical and a theoretical finding. The current study has two goals, seeking to track this sex gap over time and to test explanations for its existence. The three explanations tested are based in past findings of gendered division of childcare labor, gendered reactivity to illness, and gendered perceived risk of illness. These were tested using multiple dependent variables from both repeated cross sectional data and 2012 data from the Health Information Trends Survey (HINTS). Results show that females are significantly more likely to look for cancer information, information in general, and information over the Internet over time than males, though the gap may be closing in the case of cancer information. The three explanations also received little clear support though perceived risk of getting cancer acted as a mediator through which men may be less likely to look for cancer information. Based on this analysis it is clear that a sex gap in information seeking is present and theories of masculinity and health may hold promise in some contexts but additional explanations are needed.

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Health information seeking behavior (HISB), the “purposive acquisition of [health] information from selected information carriers” (Johnson, 1997, p. 4) has become prevalent in recent decades. Many factors can explain the overall increase in information seeking behavior in the American population, such as the rise of consumer health movements and direct to consumer advertising of health related issues and products; increasing distrust in the institution of medicine; and the popularization of the Internet (Barker, 2008). HISB can provide a number of benefits, such as knowledge relating to health maintenance and acute treatments (Weaver et al., 2010), the ability to more comfortably communicate with a care provider, and an improved ability to cope with health related stressors (Lambert and Loisele, 2007). Thus, it has substantial potential to reduce knowledge gaps across social groups and to educate individuals outside of the doctor's office. Theoretical models such as the Structural Influence Model (Viswanath et al., 2007) even go so far as to suggest that these factors can shape health disparities by affording individuals with the resources needed to maintain a healthy lifestyle, deal with health threats, and

to get the most out of interactions with health professionals.

The problem to date is that not all groups seek out health information equally, limiting the accrual of benefits. This study dovetails other research that has addressed socioeconomic and/or racial discrepancies in HISB (Rooks et al., 2012; Lee et al., 2014; Bell, 2014; Manierre, in press) by investigating gender based disparities in health information seeking more fully and theoretically than has been previously done. The current study takes steps towards resolving two questions that currently limit our understanding of the relationship between sex and HISB. First, is the sex gap in HISB persistent over time or is this apparent trend the product of methodological limitations? The second question addressed is to determine what is driving these sex gaps. Sex (the biological differences between males and females) and gender (the social meanings and organizations that form around those distinctions) are frequently conflated (Shaw and Lee, 2008), but the current study attempts to disentangle the two somewhat by looking towards explanations that acknowledge the gendered social situations driving the sex differences that have been found. As such the language occasionally switches from using terms such as sex and gender in to emphasize a change in interpretation from naïve sex differences to a broader understanding of gendered contexts. This

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study tests three theoretical explanations, positing that women's unequal assignment to childrearing duties, women's heightened reactivity to their bodies, and that men's tendency to perceive lower levels of health risk may produce the sex gaps that have been observed in the literature.

1. The sex gap and health information seeking behavior

While a wide array of different datasets are equipped to look at sex differences in HISB, few studies have thought of sex as anything other than a control variable. The routine inclusion of sex in regressions and bivariate analysis has yielded a strikingly consistent association between sex and HISB. Studies usually find that females are more likely to look for health information by a margin of ten to twenty percent, with adjusted odds ratios falling between 1.4 and 2.0 (e.g. (Weaver et al., 2009; Rooks et al., 2012; Dobransky and Hargittai, 2012; Fox and Duggan, 2013; Lorence and Park, 2007)). In fact, in my reading only two studies found null relationships (Hanauer et al., 2004; Lee et al., 2014), and none found that men were more likely to engage in HISB. These rare incongruent results may be attributable to methodology, as Hanauer's study used the smallest nonrandom sample found ($n = 124$) and in the case of Lee and colleagues' snowball sample of Manhattan Hispanics there was a strong bias towards female respondents and only a very small group said they looked for health information. Given these consistent results it is important for direct attention to be given to why these results may be occurring.

Two prior studies have given explicit attention towards analyzing the presence of a sex gap in online health information seeking. Hallyburton and Everts (2014) conducted a robust meta-analysis of five national data sets, including one wave of the Health Information National Trends Study used in this analysis. This study provides strong support for the existence of the sex gap, although the effect was weaker than has been previously reported. Unfortunately the generalizability of these findings to the American population is limited since they overrepresent college aged females and they also rely in inconsistent measures across surveys. A second study looked at if sex gaps in online HISB exist at two time points, finding that the gap appears to have widened from 2000 to 2002 (Lorence and Park, 2007). However, this study omits many important controls and applies only to information seeking on the Internet by web users, limiting our ability to extend this brief trend to information seeking as a whole.

The limitations of these studies are echoed in the broader literature as a whole, making it difficult to tell how the effect of sex has changed over the past decade. First, dependence on non-random samples, often of only college students, means that generalizations to the American population must be made with great caution, even in the face of repeated results (Dobransky and Hargittai, 2012; Escoffery et al., 2005; Hanauer et al., 2004; Lee et al., 2014; Percheski and Hargittai, 2012). Second, there is an issue of inconsistent measurement that makes it difficult to compare studies with one another in spite of over two decades of research. For instance, Weaver and colleagues asked respondents to "check ways you used online/Internet services in the past 30 days ... medical services/information (2009, p. 716)," while Percheski and Hargittai asked "How often, in the past year, have you consulted the following sources for health information (2011, p. 382)." It is hazardous to compare results from these questions because they are in reference to different information channels and time intervals. In a similar vein, many studies focus only on HISB over the Internet (Brodie et al., 2000; Fox and Duggan, 2013; Hallyburton and Everts, 2014; Lee et al., 2014; Lorence and Park, 2007), potentially confounding sex differences in Internet utilization with information seeking as a whole. The only longitudinal analysis that

exists covers a two year period, meaning that changes in the shape of gender trends over the past decade, whether expanding or contracting, have been obscured by variations in measurement and sampling in cross sectional analyses (Lorence and Park, 2007). The first issue that must be resolved, then, is if the sex gap is, in fact, persistent over time or if there is evidence that it is changing when consistent measures are used. The current study aims to validate these past studies by further investigating the patterns they have already identified in a more rigorous methodological context. This is done by using three different cross sectional measures from randomly selected data that are representative of the American population as a whole and cover multiple information sources.

1.1. From a sex gap to a gender gap

In spite of methodological concerns the consistency of sex differences in HISB in the literature is still noteworthy and it is surprising how little theorizing there is about the relationship. Most studies leave the association unaddressed aside from a brief mention that it has been found before, and to my knowledge only one briefly theorizes about these findings by suggesting the importance of "sex roles" (Dobransky and Hargittai, 2012). Taking such explanations at face value runs the risk of overstating the naturalness of observed sex differences. The idea that men and women are confined to sex roles implies that behaviors are linked to the physiology of male and female bodies, rather than socially constructed patterns of behavior that are rooted in history and social stratification. The second section of this review casts aside this unintentional naturalization of sex differences, instead presenting three explanations that are rooted in sociological research on gender.

For women, one factor that may increase HISB is that traditional household divisions of labor tend to result in women spending longer periods of time caring for sick children and spouses (Cutrona et al., 2014; Hunt et al., 2009; Milkie and Peltola, 1999). Women do not always assume this role willingly, and their assignment to these tasks is often because their husbands are unable to take time off from work. Even when they are engaged in the economic sphere, a variety of factors such as discriminatory promotion practices, ability to work overtime, and payment negotiations have resulted in women earning significantly less than men on average (Cha and Weeden, 2014). The systematic devaluing of women's labor has resulted in large pay gaps within and between occupations that mean that when someone in the family needs care it makes rational sense for the woman to take time off from her lesser paying job. Alongside the repeated finding that women bear the brunt of tasks related to childrearing to begin with Craig (2006), this backdrop produces a context in which women may be noticeably more likely to encounter moments in which they might have questions about their child's health that can trigger an information search. It is therefore hypothesized that if this explanation were true, sex would have a moderating effect with parental status, suggesting that the sex gap is driven by women searching for health information for others at a higher rate rather than themselves.

Another explanation is that women are also socialized to tend to their bodies far more often than men, increasing the number of questions to be asked and reactivity to deviations from health. This occurs in terms of both monitoring and responding to bodily functions through a medical lens such as in the case of menstruation or pregnancy, and also in terms of the health lifestyles they engage in (Courtenay, 2011; Read and Gorman, 2010). Other research has also found that younger women were more likely to seek help for issues such as stomach pains and hot flashes and that younger women are noticeably more likely to consult a doctor in part due to reproductive concerns (Wang et al., 2013; Wyke et al.,

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