

Cellphones seen as change agents for health among young, poor, urban women

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In a survey of a diverse group of almost 250 young, low-income, inner-city pregnant and postpartum women, Johns Hopkins researchers have learned that more than 90 percent use smartphones or regular cellphones to give and get information.

In a report on the survey, published online in July in the *Journal of Internet Medicine Research*, the research team says the findings strongly confirm the potential of the devices as a desirable means of improving the health of those at risk for diabetes and other diseases during their childbearing years.

Cellphones stand out by far as the preferred technology that these women, regardless of race or ethnic background, use, the investigators report. The survey results also revealed important differences in the women's Internet use—differences likely tied to their proficiency in English, the scientists say.

Pinning down which technologies the at-risk women use is a key step in finding how to improve health in the inner city, says general internist and clinical researcher Wendy Bennett, M.D., M.P.H., an assistant professor of medicine at the Johns Hopkins University School of Medicine and the study's senior author. An earlier project of hers showed that many women do not return for obstetric or preventive health visits after delivery, indicating a need to reach them remotely or through community programming.

For the current study, the research team surveyed a cross section of women attending one of four obstetric or pediatric clinics at Johns Hopkins Medicine's two Baltimore hospitals, The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. Diversity of the pregnant or [postpartum women](#) was a hallmark: 40 percent were African-American, 28 percent were Latina and 23 percent were white. Fewer than 10 percent were of other racial or ethnic groups.

Bennett says the survey participants also reflected the increased health risks of their neighborhoods and reproductive years. Roughly 7 percent of the women had adult diabetes, 11 percent had gestational diabetes—often a precursor to adult diabetes, 11 percent had high blood pressure in pregnancy and 56 percent were obese just before getting pregnant.

"Pregnancy and the year after delivery—when women must see a doctor—give us a window of opportunity to lock in lifelong preventive health behaviors for them and their families," Bennett says. "But these opportunities are often missed because many women do not return for care or stay engaged with providers. If we could better understand their use of information and communication technology, we could likely design more appropriate, culturally sensitive ways to reach and help them."

Smartphone use was roughly one-third more common for African-American women than Latinas, the study showed. In general, Internet use by any means to find health information was lowest for Latinas, at 51 percent, with African-Americans at 79 percent and whites at 87 percent. Bennett says that limited English proficiency, highest in Latinas, is a likely barrier to wider use of the Internet by this group.

Texting was high across the board—85 percent or higher in all groups—though slightly lower for African-Americans. One surprising

drawback, Bennett notes, was how frequently the study group changed cellphone numbers. More than one-quarter got a new number at least twice in the previous year.

Their next step, the researchers say, is to design and test personalized cellphone and Internet-based approaches for [women](#) proficient in English, and Spanish-based alternate communication routes—perhaps some paper-based—for those who aren't. "Ideally, we want these contacts to be personal," says first author Nymisha Chilukuri, a third-year medical student at the Johns Hopkins University School of Medicine. Chilukuri cautions that the study was limited in scope. But she believes the results are likely applicable in other diverse populations: "Our study highlights the potential for Internet and communication technology where individuals may have multiple ways of reaching out for health information, rather than through a primary care provider alone," she says.

Provided by Johns Hopkins University School of Medicine

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