

Original Research Article

Unravelling the influence of sociodemographic factors on eHealth literacy and online health seeking behaviour: a rural-urban comparative study

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ABSTRACT

Background: The proliferation of digital technology has led to the emergence of eHealth literacy, vital for navigating health information online. India's Digital India program and initiatives like the National Digital Literacy Mission aim to address digital illiteracy and promote access to digital resources. However, socioeconomic disparities persist, contributing to significant digital divide between rural and urban areas. This study was conducted to assess the impact of sociodemographic factors on eHealth literacy and online health seeking behaviour of people.

Methods: A community-based cross-sectional study surveyed 380 adults over 18, residing in area for at least a year, including both rural and urban residents. Data collected through face-to-face administration of structured questionnaire and eHEALS tool in April 2024. Descriptive statistics and multivariable logistic regression analysis were conducted using SPSS version 29, with significance level set at 0.05.

Results: The study encompassed 380 participants, equally divided between rural and urban areas. Urban residents showed higher digital literacy (70.53% daily internet usage vs. 46.32% in rural, $p < 0.001$) and eHealth literacy (59.87% vs. 40.13%, $p = 0.002$). Factors influencing eHealth literacy included education levels, comorbidity, occupation, demand for digital health technology, internet usage time, smartphone ownership, and computer usage ($p < 0.005$).

Conclusions: This study revealed significant disparities in digital and eHealth literacy between rural and urban populations. Urban areas exhibit higher digital and eHealth literacy compared to rural regions.

Keywords: Digital literacy, eHEALS, eHealth literacy, Online health-seeking, Rural-urban disparities

INTRODUCTION

eHealth literacy is defined as a capacity to navigate, locate, comprehend, and evaluate health-related information obtained from digital platforms, and to effectively utilize this acquired knowledge in addressing or resolving health issues. Central to eHealth literacy are six fundamental competencies, often referred to as literacies: traditional literacy, health literacy, information literacy, scientific literacy, media literacy, and computer literacy. Traditional literacy, encompassing reading and coherent language use, lays the groundwork for

comprehending text-heavy eHealth materials. Information literacy is crucial for effectively navigating the vast online landscape, including developing search strategies and evaluating sources. Media literacy is essential for critically analysing health information presented in various media formats, while health literacy ensures understanding of health terminology and informed decision-making. Computer literacy is necessary for accessing and utilizing digital health resources, while scientific literacy enables comprehension of scientific methodologies and research findings in health contexts.¹

Access to online health information can be beneficial, but it hinges on individuals' eHealth literacy-their ability to locate, comprehend, evaluate, and utilize such information effectively.² Poor regulation leads to varying quality, posing challenges for those lacking critical eHealth literacy. Misleading or promotional content can harm those unable to discern quality.²⁻⁴ The expanding presence of digital technology and services has created a divide between those who are digitally included and those who are excluded. Those lacking digital literacy often find it challenging to navigate different aspects of their lives, increasing the risk of struggling to adapt and thrive in an increasingly digitalized world.⁵ The eHEALS scale effectively measures eHealth literacy over multiple assessments, offering a valuable tool for evaluating consumer proficiency in health-related information technology.⁶

India has initiated development programs to foster financial growth and generate employment opportunities, with a focus on digitizing services for widespread accessibility and transparency. Increased investment in technology aims to combat corruption and promote financial integrity in public affairs. The Digital India program, a cornerstone initiative of the Government of India, aims to reshape the nation into a digitally empowered society and knowledge economy.⁷ The Government, through the Ministry of Electronics & Information Technology, launched schemes like the National Digital Literacy Mission (NDLM), Digital Saksharta Abhiyan (DISHA), and Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) to combat digital illiteracy, aiming to train millions in digital skills.

Reliance Jio's affordable Internet access and Chinese smartphone companies' offerings democratized technology access in India, fuelling a surge in popular culture consumption and social networking. Web 2.0 facilitated user participation in media production, while real-time media analytics transformed service industries, leading to personalized content delivery. Despite socioeconomic challenges, India's digital population has grown rapidly, yet concerns remain regarding equitable digital benefits distribution amidst pervasive poverty and inequality. India has entered the era of the digital society, yet socioeconomic inequality remains unaddressed, giving rise to a substantial digital divide. This disparity is prominent between rural and urban areas, as well as within cities themselves. Rural and under-resourced urban areas suffer from inadequate digital infrastructure and limited access to digital resources due to poor socioeconomic conditions. Conversely, affluent urban areas boast advanced technology and widespread digital access. Bridging this digital gap is crucial for inclusive societal development, as membership in the digital society becomes increasingly unavoidable.^{7,8}

In India, the digital divide operates across social, individual, and institutional levels. Higher castes typically have more digital access and proficiency than lower castes, reflecting broader socioeconomic disparities.

Individual factors like access, literacy, and usage habits also contribute. Institutions, including education and governance, show disparities in digital access and integration, highlighting the multifaceted nature of the divide.⁸ Thus this study was conducted with aim to examine the influence of sociodemographic factors on eHealth literacy and online health-seeking behaviour, with a specific focus on rural-urban disparities. The objectives of study are, to assess the impact of sociodemographic factors on eHealth literacy and online health seeking behaviour of people and to study rural-urban disparities in eHealth literacy and online health-seeking behaviour of people.

METHODS

After obtaining permission from relevant authorities, a community-based cross-sectional study was conducted. Individuals aged over 18 years and residing in the area for at least a year, and willing to participate, were included, while those not meeting these criteria were excluded. The sample size was determined using the Cochran formula $4pq/d^2$, with a prevalence (p) of 38%, q of 62%, and a relative error (d) of 5% of the prevalence, resulting in an estimated sample size of 376.⁹ Subsequently, 190 participants each were recruited via simple random sampling from rural and urban areas, resulting in a total sample size of 380 individuals. Data collection involved face-to-face administration of a pre-designed and pre-tested structured questionnaire to gather sociodemographic characteristics and eHealth literacy using the eHealth Literacy Scale (eHEALS) in the month of April 2024.

Statistical analysis entailed descriptive statistics to summarize data and multivariate regression to compare variables and identify associated factors using SPSS Statistics 29.0 with statistical level of significance fixed at $p < 0.05$.

RESULTS

Out of the total enrolment of 380 participants, 190 were from rural areas, and 190 were from urban areas. Mean age of participants was 41.24 ± 15.73 years and median age was 37 years. Table 1 shows urban areas exhibited a higher proportion of female participants (65.26%) compared to rural areas (58.95%). Urban regions also had a larger share of younger adults aged 18-39 (62.11%) compared to rural areas (41.58%), while the >60 age group was more represented in rural settings (20.53%) than urban (9.47%). Hindu participants dominated in both rural (90.00%) and urban (95.79%) areas. Marital status distribution showed a slightly higher prevalence of married individuals in rural areas (81.58%) compared to urban areas (77.89%). Educational attainment varied, with higher proportions of illiterate participants in rural areas (25.79%) compared to urban (25.26%), while urban areas had a higher percentage of graduates (18.95%) than rural areas (7.89%). Unemployment rates were slightly higher in rural areas (61.05%) compared to urban areas

(55.79%). Financial independence was slightly more prevalent in urban areas (44.21%) compared to rural areas (38.95%). Socio-economic class distribution varied, with a higher proportion of lower middle-class participants in

urban areas (54.74%) compared to rural areas (41.58%). Family type distribution showed similar percentages for nuclear, joint, and three-generation families between rural and urban areas.

Table 1: Socio-demographic characteristics of the participants (n=380).

Variables	Rural		Urban		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Gender						
Female	112	58.95	124	65.26	236	62.11
Male	78	41.05	66	34.74	144	37.89
Age groups (years)						
18-39	79	41.58	118	62.11	197	51.84
40-59	72	37.89	54	28.42	126	33.16
>60	39	20.53	18	9.47	57	15.00
Religion						
Hindu	171	90.00	182	95.79	353	92.89
Non-Hindu	19	10.00	8	4.21	27	7.11
Marital status						
Married	155	81.58	148	77.89	303	79.74
Unmarried	35	18.42	42	22.11	77	20.26
Education						
Illiterate	49	25.79	48	25.26	97	25.53
Primary	15	7.89	6	3.16	21	5.53
Middle school	50	26.32	29	15.26	79	20.79
High school	34	17.89	33	17.37	67	17.63
Intermediate	27	14.21	38	20.00	65	17.11
Graduate	15	7.89	36	18.95	51	13.42
Occupation						
Unemployed	116	61.05	106	55.79	222	58.42
Unskilled	16	8.42	11	5.79	27	7.11
Semi-skilled	3	1.58	4	2.11	7	1.84
skilled	55	28.95	69	36.32	124	32.63
Financial independency						
Yes	74	38.95	84	44.21	158	41.58
No	116	61.05	106	55.79	222	58.42
Socio-economic class						
Lower	31	16.32	22	11.58	53	13.95
Lower middle	79	41.58	104	54.74	183	48.16
Upper lower	65	34.21	49	25.79	114	30.00
Upper middle	15	7.89	15	7.89	30	7.89
Type of family						
Nuclear	85	44.74	87	45.79	172	45.26
Joint	89	46.84	89	46.84	178	46.84
Three generation	16	8.42	14	7.37	30	7.89

Table 2: Health characteristics of the participants (n=380).

	Rural		Urban		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Perceived health status						
Good	172	90.53	184	96.84	356	93.68
Not good	18	9.47	6	3.16	24	6.32
Comorbidities present						
Yes	99	52.11	43	22.63	142	37.37
No	91	47.89	147	77.37	238	62.63

Table 3 Digital literacy characteristics of the participants (n=380).

Variables	Rural		Urban		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Internet usage daily						
Yes	88	46.32	134	70.53	222	58.42
No	102	53.68	56	29.47	158	41.58
Time spends on internet usage daily						
0-2hrs	31	35.23	43	32.09	74	33.33
2-4 hrs	29	32.95	63	47.01	92	41.44
4-6 hrs	20	22.73	22	16.42	42	18.92
>6hrs	8	9.09	6	4.48	14	6.31
Time of maximum internet usage						
Morning	8	9.09	10	7.46	18	8.11
Afternoon	26	29.55	54	40.30	80	36.04
Evening	31	35.23	25	18.66	56	25.23
Night	23	26.14	45	33.58	68	30.63
Smartphone ownership						
Yes	97	51.05	123	64.74	220	57.89
No	93	48.95	67	35.26	160	42.11
If not, then using someone else smartphone?						
Yes	43	46.24	36	53.73	79	49.38
No	50	53.76	31	46.27	81	50.63
If others, then from whom?						
Family members	35	81.40	32	88.89	67	84.81
others	8	18.60	4	11.11	12	15.19
Usage of laptop or computer						
Yes	19	10.00	52	27.37	71	18.68
No	171	90.00	138	72.63	309	81.32
Ownership of laptop or computer						
Yes	8	4.21	27	14.21	35	9.21
No	182	95.79	163	85.79	345	90.79
Learnt laptop or computer from						
School, centre or institute	31	16.32	61	32.11	92	24.21
Family, friends, relatives	101	53.16	80	42.11	181	47.63
Work/ office	8	4.21	19	10.00	27	7.11
online	26	13.68	2	1.05	28	7.37
Not learnt	24	12.63	28	14.74	52	13.68
Language preferred for internet information						
Mother tongue	44	50	58	43.28	102	45.95
Hindi	32	36.36	45	33.58	77	34.68
English	12	13.63	31	23.13	43	19.37
Preferred mode of information						
Text	16	18.18	0	0.00	16	7.21
Picture	0	0.00	2	1.49	2	0.90
Video	3	3.41	14	10.45	17	7.66
Text + picture	12	13.64	4	2.99	16	7.21
Text + video	3	3.41	2	1.49	5	2.25
Mix of all	54	61.36	112	83.58	166	74.77
Demand for digital health technology						
Yes	82	43.16	117	61.58	199	52.37
No	108	56.84	73	38.42	181	47.63
eHEALS score						
≤20 (Inadequate)	129	67.89	99	52.11	228	60.00
>20 (Adequate)	61	32.11	91	47.89	152	40.00

The health characteristics of participants revealed a predominantly positive perception of health status, with 93.68% reporting good health and 6.32% indicating otherwise. Regarding comorbidities, 37.37% reported their presence, while the majority, 62.63%, reported no comorbid conditions as shown in Table 2. As seen in Figure 1, hypertension was major comorbidity in both rural and urban areas.

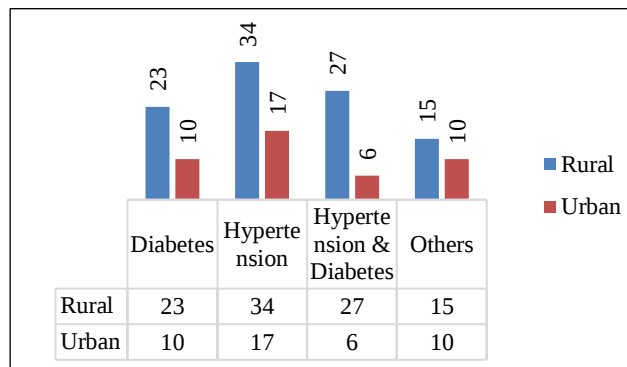


Figure 1: Comorbidity profile of study participants title.

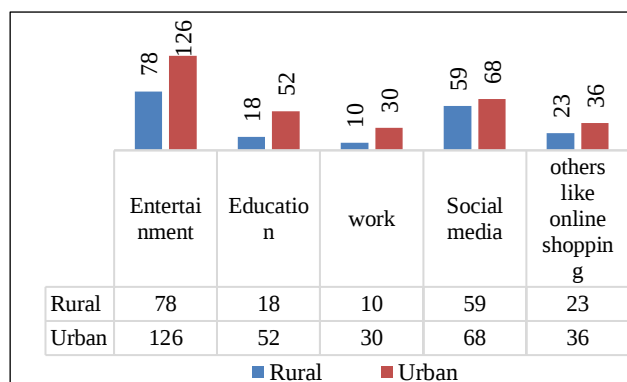


Figure 2: Internet usage patterns.

Table 3 revealed that the participants' digital literacy characteristics varied between rural and urban areas. In rural areas, 46.32% reported daily internet usage compared to 70.53% in urban areas. Smartphone ownership was also higher in urban settings, with 64.74% compared to 51.05% in rural areas. While 35.23% of rural participants spent 0-2 hours daily online, 47.01% of urban participants spent 2-4 hours. In rural areas, the highest internet usage peaks during the evening (35.23%), while in urban areas, its highest during the afternoon (40.30%). Regarding preferred modes of information, a majority in both rural (61.36%) and urban (83.58%) areas preferred a mix of text, picture, and video content. In both rural and urban settings, the preferred language for internet information is the native language. Ownership of laptops or computers was significantly higher in urban areas (27.37%) than in rural areas (10.00%). Demand for digital health technology was higher in urban areas (61.58%) than in rural areas (43.16%). However, rural participants

generally exhibited lower eHEALS scores, with 67.89% having inadequate digital health literacy, compared to 52.11% in urban areas.

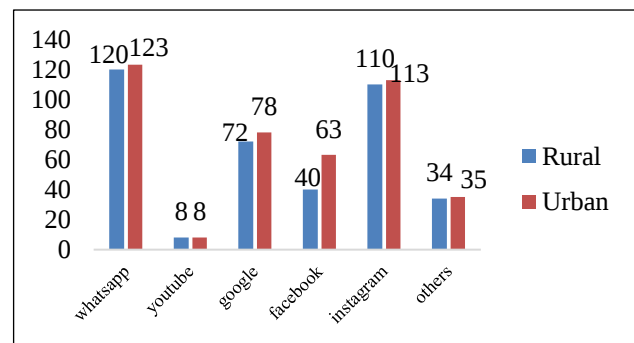


Figure 3: Comparison of digital platform usage in rural and urban areas.

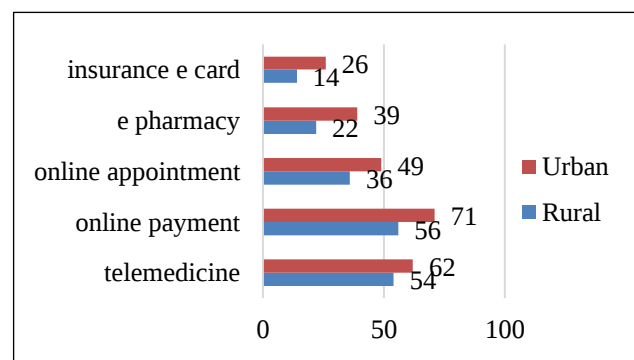


Figure 4: Patterns in digital health technology demand.

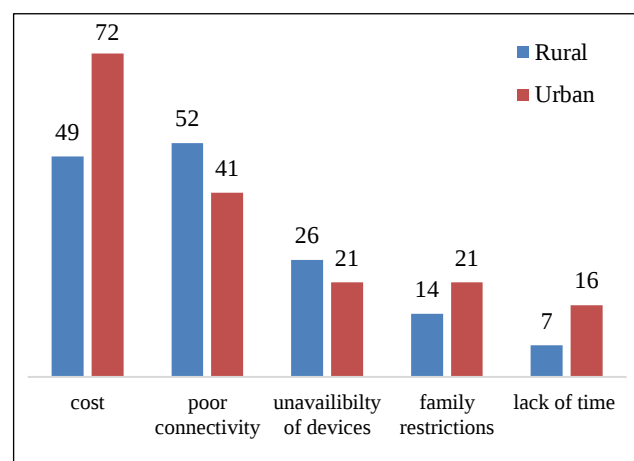


Figure 5: Barriers for internet usage.

Figure 2 shows urban areas exhibited higher utilization across all categories compared to rural counterparts, particularly evident in entertainment and education, with a minor discrepancy noted in social media usage. In both rural and urban areas, WhatsApp and Instagram were the most used platforms, with similar usage patterns across other platforms seen in Figure 3.

In urban areas, there was notably higher demand for telemedicine, online payment, online appointment scheduling, e-pharmacy services, and insurance e-cards compared to rural regions as seen in Figure 4. Rural areas exhibit lower costs but higher connectivity challenges and device unavailability compared to urban areas, while urban settings face more family restrictions and time constraints on technology access (Figure 5).

As per Table 4, urban residents had higher eHealth literacy (59.87%) than rural residents (40.13%) ($p=0.002$). Males showed higher eHealth literacy (56.58%) than females (43.42%) ($p<0.001$). Younger age groups (18-39 years) exhibited higher eHealth literacy (63.82%) compared to older age groups ($p=0.001$). Graduates had higher eHealth literacy (28.95%) than illiterate individuals (5.26%) ($p<0.001$). Skilled workers showed higher eHealth literacy (57.24%) than unemployed individuals (33.55%) ($p<0.001$). Ownership

of digital devices correlated positively with eHealth literacy ($p<0.001$). A strong association existed between demand for digital health technology and eHealth literacy ($p<0.001$). There is significant association between presence of comorbidities and high eHealth literacy ($p<0.001$).

The multivariate logistic regression analysis reveals significant predictors of eHealth literacy in Table 5. Factors such as education levels ($p<0.005$), comorbidity ($p<0.001$), occupation ($p<0.005$), demand for digital health technology ($p<0.001$), internet usage time ($p<0.005$), owning a smartphone ($p=0.015$), and using a laptop or computer ($p=0.007$) significantly influence eHealth literacy. While other parameters such as residence, age, gender, and marital status showed no significant influence in this analysis ($p>0.05$). The sensitivity of the model is 90.4%, and the specificity is 80.3%.

Table 4: Association between socio-demographic factors and eHealth literacy (n=380).

	Inadequate health literacy (eHEALS ≤20)		Adequate health literacy (eHEALS >20)		Chi Square/ Fisher exact test	P value
	Frequency	Percentage	Frequency	Percentage		
Residence						
Rural	129	56.58	61	40.13	9.868	0.002*
Urban	99	43.42	91	59.87		
Gender						
Female	170	74.56	66	43.42	37.578	0.000*
Male	58	25.44	86	56.58		
Age group (years)						
18-39	100	43.86	97	63.82	14.684	0.001*
40-59	87	38.16	39	25.66		
>60	41	17.98	16	10.53		
Religion						
Hindu	203	89.04	150	98.68	12.865	0.000*
Non-Hindu	25	10.96	2	1.32		
Marital status						
Married	195	85.53	108	71.05	11.825	0.000*
Unmarried	33	14.47	44	28.95		
Education						
Illiterate	89	39.04	8	5.26	121.009	0.000*
Primary	15	6.58	6	3.95		
Middle school	63	27.63	16	10.53		
High school	25	10.96	42	27.63		
Intermediate	29	12.72	36	23.68		
Graduate	7	3.07	44	28.95		
Occupation						
Unemployed	171	75.00	51	33.55	80.916	0.000*
Unskilled	13	5.70	14	9.21		
Semi-skilled	7	3.07	0	0.00		
skilled	37	16.23	87	57.24		
Financial independency						
Yes	57	25.00	101	66.45	64.498	0.000*
No	171	75.00	51	33.55		
Socio-economic class					30.564	0.000*

Continued.

	Inadequate health literacy (eHEALS ≤20)		Adequate health literacy (eHEALS >20)		Chi Square/ Fisher exact test	P value
	Frequency	Percentage	Frequency	Percentage		
Lower	41	17.98	12	7.89		
Lower middle	100	43.86	83	54.61		
Upper lower	80	35.09	34	22.37		
Upper middle	7	3.07	23	15.13		
Type of family						
Nuclear	107	46.93	65	42.76	1.693	0.429
Joint	101	44.30	77	50.66		
Three generation	20	8.77	10	6.58		
Perceived health status					2.402	0.121
Good	210	92.11	146	96.05		
Not good	18	7.89	6	3.95		
Comorbidities present					18.367	0.000*
Yes	123	53.95	115	75.66		
No	105	46.05	37	24.34		
Internet usage daily					49.755	0.000*
Yes	100	43.86	122	80.26		
No	128	56.14	30	19.74		
Time spends on internet usage daily					44.463	0.000*
0-2hrs	53	53	21	17.21		
2-4 hrs	30	30	62	50.82		
4-6 hrs	7	7	35	28.69		
>6hrs	10	10	4	3.28		
Smartphone ownership					25.909	0.000*
Yes	108	47.37	112	73.68		
No	120	52.63	40	26.32		
Usage of laptop or computer					19.887	0.000*
Yes	26	11.40	45	29.61		
No	202	88.60	107	70.39		
Ownership of laptop or computer					10.621	0.001*
Yes	12	5.26	23	15.13		
No	216	94.74	129	84.87		
Demand for digital health technology					86.658	0.000*
Yes	75	32.89	124	81.58		
No	153	67.11	28	18.42		

*Indicates significance at 0.05LOS

Table 5: Multivariate logistic regression analysis of independent factors on eHealth literacy (n=380).

	P value	Odds ratio	95% C.I. for OR	
			Lower	Upper
Residence- urban	0.916	1.047	0.448	2.447
Age group- 18-39 years	0.389			
Age group – 40-59 years	0.174	2.649	0.651	10.774
Age group- >60 years	0.251	2.220	0.569	8.664
Gender- female	0.104	3.469	0.776	15.510
Marital status- Married	0.063	4.577	0.922	22.729
Religion- Hindu	0.216	0.313	0.050	1.975
Education- illiterate	0.000			
Education- primary	0.000	185.501	15.879	2167.020
Education- middle school	0.001	169.328	8.964	3198.451
Education- high school	0.005	32.912	2.858	378.992
Education- intermediate	0.003	30.673	3.127	300.895
Education - graduate	0.026	11.846	1.341	104.631

Continued.

	P value	Odds ratio	95% C.I. for OR	
			Lower	Upper
Occupation-unemployed	0.047			
Unskilled	0.017	6.791	1.417	32.546
Semi-skilled	0.124	3.404	0.715	16.202
Skilled	0.063	14.049	0.866	227.789
Socio-economic class-lower	0.725			
Lower middle	0.673	1.498	0.230	9.763
Upper lower	0.739	1.371	0.214	8.769
Upper middle	0.392	2.234	0.354	14.090
presence of comorbidity- yes	0.000	0.092	0.034	0.254
daily internet usage- yes	0.190	0.103	0.003	3.077
do you have own smartphone- yes	0.015	0.226	0.068	0.750
do u use laptop or computer?- yes	0.007	0.106	0.020	0.548
do u have own laptop or computer- yes	0.339	0.431	0.077	2.423
demand for digital health technology- yes	0.000	6.327	2.470	16.208
Time spends on internet daily-0-2hrs	0.000			
2-4 hrs	0.161	0.085	0.003	2.661
4-6 hrs	0.005	0.008	0.000	0.237
>6hrs	0.003	0.004	0.000	0.162
Constant	0.717	2.155		

Omnibus $\chi^2 = 288.597$, $p < .001$, $R^2 = .532$ (Cox & Snell), .719 (Nagelkerke), Hosmer and Lemeshow Test $\chi^2 = 11.679$, $p = 0.166$

DISCUSSION

The findings of this study shed light on the intricate dynamics of digital health literacy and technology adoption among participants from rural and urban areas. One of the notable observations was the higher prevalence of digital literacy and technology usage in urban regions compared to rural counterparts similar to report by Dattopant Thengadi.⁹ This observation emphasizes the persistent digital divide between these regions.

The disparities in digital literacy between rural and urban areas can be attributed to various socio-economic factors, including access to education, employment opportunities, and infrastructure development. Urban areas typically have better access to educational resources and employment opportunities, which may contribute to higher levels of digital literacy among residents. Additionally, the availability of digital infrastructure such as high-speed internet and smartphone penetration is generally higher in urban settings, facilitating greater engagement with digital technologies and higher demand for digital health services.

Furthermore, the study identified several factors influencing eHealth literacy, including education levels, comorbidity status, occupation, demand for digital health technology, internet usage time, and ownership of digital devices. While both studies found occupation and digital literacy to be significant predictors of eHealth literacy, gender emerged as a significant factor in Rasekaba et al study but not in ours.¹⁰ These findings underscore the importance of addressing socio-economic disparities and

improving access to digital resources and education to enhance eHealth literacy among diverse populations.

Echoing our study's conclusions, the link between limited usage of digital technology and poor digital literacy was also identified in the studies conducted by Rasekaba et al study and Neter et al study.^{10,11} Unlike our study, Masilamani et al found text and picture to be the preferable method, but similar to our findings, native language was preferred.¹²

The multivariate logistic regression analysis highlighted the significant predictors of eHealth literacy, emphasizing the role of education, digital infrastructure, and health needs in shaping individuals' ability to navigate and utilize digital health services effectively. The absence of significant influence from demographic factors such as age, gender, and marital status suggests that interventions aimed at improving eHealth literacy should focus on addressing socio-economic determinants and promoting digital inclusion across all demographic groups.

Relying on self-reported data for assessing e-health literacy levels may introduce response bias, was limitations of study.

CONCLUSION

The study highlights significant disparities in digital literacy and eHealth literacy between rural and urban populations, with urban areas demonstrating higher levels of both. Factors such as education, occupation, presence of comorbidities, and demand for digital health technology play crucial roles in determining eHealth literacy. Efforts focusing on improving digital literacy,

particularly among rural and less educated populations, are essential for ensuring equitable access to digital health resources and improving overall health outcomes.

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