CHAPTER - 2
LITERATURE SURVEY

Traditional knowledge, particularly in the context of healthcare, encompasses the practices, skills, and knowledge that communities have developed over time to maintain health and manage illnesses using locally available resources. This knowledge is often holistic, integrating physical, mental, and spiritual aspects of health (WHO, 2013). In many rural areas, traditional medicine remains a primary healthcare source due to limited access to modern medical facilities (Gyasi et al., 2017).

Digital platforms have emerged as powerful tools for knowledge sharing and collaboration. They provide a space where users can exchange information, offer support, and build communities around shared interests (Preece, 2001). In the context of healthcare, digital platforms can facilitate the dissemination of traditional practices, making them accessible to a wider audience and fostering collaborative improvement (Tung & Chang, 2007).

Digital inclusion involves ensuring that individuals and communities have access to and the ability to use digital technologies effectively. This is particularly important for marginalized groups, such as rural women, who may face barriers to accessing digital resources (Gurumurthy & Chami, 2014). Empowering these women through digital platforms can enhance their social and economic participation, enabling them to share their knowledge and contribute to community development (UN Women, 2020).

Community-driven healthcare emphasizes the role of community members in identifying health needs and developing solutions. This approach recognizes the value of local knowledge and encourages active participation from community members in healthcare initiatives (WHO, 2016). By leveraging traditional knowledge and community engagement, community-driven healthcare can lead to more effective and culturally appropriate health interventions (Rifkin, 2009).

Several challenges must be addressed when developing digital platforms for rural communities. These include varying levels of technological literacy, language barriers, cultural sensitivity, and limited internet connectivity (Chib et al., 2014). Designing user-friendly interfaces, providing multilingual support, and ensuring offline accessibility are crucial for the platform's success.

Examining existing platforms and initiatives can provide valuable insights for this project. For instance, the "Aarogya Seva" platform in India leverages digital tools to provide healthcare services to underserved populations, integrating traditional medicine with modern healthcare practices (Patil et al., 2019). Similarly, the "eSanjeevani" telemedicine platform has successfully connected rural patients with healthcare providers, highlighting the potential of digital solutions in rural healthcare (Sharma et al., 2021).

The proposed digital platform aims to harness the traditional knowledge of rural women, providing a space for them to share, collaborate, and document homemade remedies. By addressing the challenges and leveraging the benefits of digital platforms, this project seeks to empower rural women and promote community-driven healthcare solutions. Through increased awareness, utilization of traditional practices, and strengthened community bonds, the platform has the potential to significantly enhance the well-being of rural communities.

REFERENCES

1. Chib, A., Wilkin, H., Ling, L. X., Hoefman, B., & Van Biejma, H. (2014). You have an important message! Evaluating the effectiveness of a text message HIV/AIDS campaign in Northwest Uganda. Journal of Health Communication, 19(1), 146-158.
2. Gurumurthy, A., & Chami, N. (2014). Digital Technologies and Gender Justice in India: Are we listening to women? Economic and Political Weekly, 49(9), 19-21.
3. Gyasi, R. M., Mensah, C. M., Adjei, P. O.-W., & Agyemang, S. (2017). Public perceptions of the role of traditional medicine in the health care delivery system in Ghana. Global Journal of Health Science, 8(6), 198-206.
4. Patil, N., Kakkar, A., & Garg, S. (2019). Aarogya Seva: An Innovative and Sustainable Healthcare Initiative in India. Journal of Global Health Reports, 3, e2019017.
5. Preece, J. (2001). Sociability and usability in online communities: Determining and measuring success. Behaviour & Information Technology, 20(5), 347-356.
6. Rifkin, S. B. (2009). Lessons from community participation in health programmes: a review of the post Alma-Ata experience. International Health, 1(1), 31-36.
7. Sharma, A., Rana, S. K., Prinja, S., & Baruwal, A. (2021). eSanjeevani: A digital initiative to combat COVID-19 in India. Global Health Journal, 5(2), 67-70.
8. Tung, F.-C., & Chang, S.-C. (2007). Exploring adolescents' intentions regarding the online learning courses in Taiwan. CyberPsychology & Behavior, 10(5), 729-732.
9. UN Women. (2020). Gender equality and women's empowerment. Retrieved from https://www.unwomen.org/en
10. WHO. (2013). WHO Traditional Medicine Strategy: 2014-2023. World Health Organization.
11. WHO. (2016). Community participation in local health and sustainable development: Approaches and techniques. European Sustainable Development and Health Series: 4. World Health Organization.