Name: Socioeconomic status

<Files\\EU-1> - § 2 references coded [18.49% Coverage]

Reference 1 - 16.31% Coverage

¶44: In our country (Bangladesh), eHealth application is not widely used. Some new corporate hospitals try implement a system but it is still very low in number compare to overall health sector of 180 million people. Some specialist doctors and specialist centers are now using some of the apps, but the general practitioners, we are not used to this electronic prescriptions till now.
¶45:
¶46: I have heard from some of my patients and those who got treatment from abroad, everything is institutionalized and their practices or their record, record investigations, medical history, examination findings typically are recorded in app and listed under a single registration number. And those tabs, they're all records in front of doctors, nurse, and every hospital staff can see their report. So, I think this will be helpful if it is practice in our country.
¶47:
¶48: Therefore, I think economic status of the people and country has a huge impact in appropriate deployment of the eHealth app and the system overall. It is a very large barrier in our current settings (in Bangladesh).
¶49:
¶50: For example, Bangladesh government all have already implemented a centralized system in the banking, whatever you does any transaction with a bank, central bank has a record for it. But, this is completely opposite in health sector.
¶51:
¶52: In a third world country, the privileges of networking, and communication are not so much easy for the general people, like for the people who live in village and remote areas. Therefore, living situation is also a challenging issue in this domain.
¶53:

Reference 2 - 2.18% Coverage

¶72: In the eHealth app system in third world country like our one, you also need to consider the internet usages, if you asking for more data, people will not like it, as they need to pay for the data, not cheap.

<Files\\EU-4> - § 2 references coded [10.25% Coverage]

Reference 1 - 6.44% Coverage

¶85: it depends on country to country, for example, I can talk about my own home country in Bangladesh, the app that mobile phone companies have, I mean, the contemporary mobile phone company in the Bangladesh, those apps are made more accessible. I mean, the buttons and the features, I mean, it's written in an easy language, and so that people from all classes and from all background can access it or use it. But the apps from developed world, it bit complex in terms of meaning, some of the word are used to name a button, to present a message are not used daily

Reference 2 - 3.81% Coverage

¶87: Overall, it depends on country to country, maybe in Germany, or the country where it's industrially developed. But yes, in countries like where the socio economic condition is lower,

or, I mean, so called lower in those countries, they think about the people education and diversity more in the app compare to developed countries.

¶88:

<Files\\EU-5> - § 1 reference coded [10.87% Coverage]

Reference 1 - 10.87% Coverage

¶45: Then, I found socioeconomic status as major issue for the health app. For example, most of the people in a developing country like our one are still unaware about the app that can help then with fitness issue. You know, people from the lower income families, they do not have access to the technology, but many use smart phone. So, why not to use advantage of such devise for a very concerning problem? But, the general people don't. I think they're living situation doesn't allow to do so. I know most of them do physical work and don't need to do much of the other exercise related work, but even then they can use some of the app for health related problem, but they don't unless they are forced to do by Govt. or authority like during Covid.

¶46:

<Files\\EU-7> - § 2 references coded [12.68% Coverage]

Reference 1 - 5.01% Coverage

¶56: Basically I think there is major different in the app from our local govt. and over international organization. For example, the international apps are much more specific, where is ours one is high level. The problem is you can't make more specific app for the users of our country, as they mostly not much educated. If you asked for more input in the app itself, then it would be a coast, no one will use it. So, finding the right balance is main challenge.

Reference 2 - 7.67% Coverage

¶68: Regarding the culture, I would say users are generally not comfortable using the health app overall, rather they want to use some of existing social apps for health purpose. For example, hundred of thousands of users in our country use WhatsApp for medical purpose. Their actually a couple of reasons for that: first they believe this app is more secure compare to any other existing health apps, then they can share any document, large documents and can talk over it easily.

¶69:

¶70: However, the physical laborious people of Bangladesh prefer to use Imo, due to its ease of access, i.e., using a phone no they can talk and share documents. These people are less concerned about the security of their data.

¶71:

<Files\\EU-9(10)> - § 1 reference coded [0.93% Coverage]

Reference 1 - 0.93% Coverage

¶49: I think this app is not suitable for the unprivileged people.

<Files\\EU-9(11)> - § 5 references coded [10.62% Coverage]

Reference 1 - 1.72% Coverage

¶43: in our country, many people want to know some health advice from experienced doctors, because sometimes they don't want to go to doctors chamber or they don't want to pay for these types of simple or general health issues or to enrich their knowledge for simpler issues like what to do in case of first aid for children

Reference 2 - 1.69% Coverage

¶67: some people, they want to get telemedicine through by phone call, they will just dial a number like the health service by government and us to provide service through customer service, similar to phone call based telemedicine service. In Meditor we found many people dial a phone number want to talk with the doctor

Reference 3 - 2.17% Coverage

¶76: during pandemic doctors are willing to provide telemedicine because they feel more safe and can provide better service through video consultation. But patient, most people most patient they don't have enough internet accessibility or don’t know how to connect with the doctors in Bangladesh, especially the unprivileged users and users with less technological proficiency such as elderly user over 60.
¶77:
Reference 4 - 0.61% Coverage

¶80: making them aware of the issues and educate them was a more challenging compare to developing the Meditor platform

Reference 5 - 4.42% Coverage

¶122: we tried to make different modules for elderly users, or try to use different model for children or the people below 18 years old. For example, some people really don't have this enough knowledge about using mobile apps and how to get the best of from it. Some people cannot really read English in terms of Bangladeshi context. So we faced issues to implement a Bengali version of our app, you know, in other countries, they might need to implement another their countries or you know, the own our own language base app. One issue is this language barrier we're facing, and we're trying to implement a multi-lingual support system. And for elderly people, we are trying to create a different model that they can use easily. This system currently running to the doctors end as pilot project, but we are getting good response