



Health Information Acquisition and its Network Social Capital

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DESCRIPTION

The purpose of this study is to investigate the relationships between social capital in networks and the acquisition of health information from lay people, the media and specialists in the medical field. Information on health is essential for motivating people to deal with their health issues and adopt healthy practices. However, not all social groups have access to the same amounts of health information. Access to health information differently could make already-existing health inequities worse. Numerous researches have shown that social capital boosts access to health information. Conceptually speaking, network approaches and social capital cohesion have been approached from two different angles. This study uses the network perspective, which sees social capital as resources embedded in social networks that individuals can access and mobilize to achieve their goals, like high occupational positions as opposed to the cohesion approach, which defines social capital as collective features like group solidarity and community engagement. We investigate the relationships between network social capital and the acquisition of health information from media and medical professionals. We employed a position generator to evaluate the social capital of the network. Although the position generator accurately depicts social hierarchy, to our knowledge no studies have used it in their analysis of how people acquire health information.

It investigates the functions of individual resources in acquiring health information in addition to social capital. Socio Economic Status (SES) which includes factors like money and education is a component of personal resources. Health outcomes are influenced by both social and individual resources. Furthermore, access to personal resources may motivate people to utilize societal resources. As a result, interaction between personal and social resources and the acquisition of health information will occur. Personal resources obtain health information and personal health literacy. Personal health literacy is the extent to which people can access, analyze and comprehend health information to make decisions about their health. Health literacy may strengthen the importance of social capital in

utilizing health information as a personal resource. Therefore, we hypothesize the connections between social capital and the acquisition of health information vary according to degrees of health literacy. The position generator is a frequently used tool for measuring network social capital. The position generator asks respondents if they know anyone who works at a specific job on a list of jobs.

The position generator is a more accurate assessment instrument when examining the acquisition of health information than other network social capital measures like name generator and name interpreter questions. Respondents are asked to give the names of people in specific relationship situations and the name interpreter item gathers data on those people, such as their educational backgrounds. Because it accounts for one's access to a hierarchical network of job positions, the position generator accurately depicts a society in which resources are dispersed among social groupings inequitably. Additionally, a wide variety of partnerships, including strong ties, formal relationships with emotional interaction and weak ties, infrequent and superficial relationships, are elicited by the position generator. The role of network social capital in gaining access to health information appears to be better captured by employing the position generator than the name generator and interpreter.

People get their health information from a variety of sources. When people look for health information, medical practitioners are frequently cited. Health news is also available through the media. Health knowledge is positively correlated with routine media use as well as active information searching. People also rely on laypeople, such friends and family members, for information about their health. People may be more likely to seek out health information from various sources due to social capital. First, social capital might make it possible for people to ask medical specialists for advice on their health. Most people with high prestige jobs are educated and have sufficient levels of health literacy. We contend that social capital is distinct from social networks and social support. Social support and social networks should be conceptually distinct from one another. Social capital can be found on social networking sites. Without establishing ties with others, it is impossible to obtain resources

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from them. Social networks are thus a prerequisite for social capital. The association between social network size and health information acquisition as well as the relationship between

social support and health information acquisition may not have an impact on social capital with consideration to acquiring health information.