



Inequalities in Digital World

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This article is based on **“Decoding inequality in a digital world”** which was published in The Hindu on 11/05/2021. It talks about how digital technologies are re-organising education and health in ways that make access more inequitable in an already unequal society.

The Covid-19 pandemic has increased economic inequality. This can be attributed by the fact that the super-rich have even become richer and millions of people are facing job losses and income shocks.

As a response against the pandemic, there has been an accelerated use of digital technologies in India. Essential services such as health and education are at the forefront of this drive.

Though these digital initiatives are helping in mitigating the disruption caused by pandemic, these are causing digital divide as education and health are getting re-organised in ways that make access more inequitable in an already unequal society.

Digital Inequalities

The digital technologies and automated decision-making tools exacerbated inequalities, especially by raising the barrier for people to receive services they are entitled to. This can be majorly reflected in main pillars of social infrastructure i.e. Education & Health.

- **Digital Inequalities in Education:** Online education kept a semblance of uninterrupted education, but the fact is that the privileged are getting ahead not necessarily because they are smarter, but because of the privileges they enjoy.
 - Surveys by the NCERT, the Azim Premji Foundation, ASER and Oxfam suggest that between 27% and 60% could not access online classes for a range of reasons: lack of devices, shared devices, inability to buy “data packs”, etc.
 - Besides this, many lack a learning environment at home: a quiet space to study is a luxury for many.
 - For girls, there is the additional expectation that they will contribute to domestic chores if they are at home.
 - Many students have been robbed of peer learning opportunities due to online education.
 - Equality of Opportunity is one of the basic principles of the Indian Constitution. Shifting to a system that benefits only a section of people and leaves behind the neediest is in violation of constitutional ethos.
- **Digital Inequalities in Health:** Like Education something similar is happening with health care. Moreover, the private health sector in India is poorly regulated in practice. Both put the poor at a disadvantage in accessing good health care.
 - As there is a shortage of essentials: drugs, hospital beds, oxygen, vaccines, patients are being charged whatever hospitals like, and a black market has developed for scarce services (such as oxygen).
 - In order to deal with these issues, developing an app is being seen as a solution for allocation of various health services. However, it creates many issues.
 - For instance, digital solutions create additional bureaucracy for all sick persons in search of these services without disciplining the culprits.
 - Platform- and app-based solutions can exclude the poor entirely, or squeeze their access to scarce health services further. Like the use of CoWIN to book a slot makes it that much harder for those without phones, computers and the Internet.
 - The digital health ID project is being pushed during the pandemic. However, given that we lack a data privacy law in India, it is very likely that our health records will end up with private entities without our consent, even weaponised against us (e.g., private insurance companies may use it to deny poor people an insurance policy or charge a higher premium).

Way Forward

- **A Multi-Pronged Approach for Education:** Flexible rescheduling the academic timetable and exploring options in collaboration with schools, teachers, and parents for providing access to education to a larger section of students.
 - Giving priority to the less advantaged students who do not have access to e-learning.
 - Genuine efforts must be invested to ensure every child gets good quality equitable education as a fundamental right.

- **A Multi-Pronged Approach for Health:** Unless health expenditure on basic health services (ward staff, nurses, doctors, laboratory technicians, medicines, beds, oxygen, ventilators) is increased, apps such as Aarogya Setu, Aadhaar and digital health IDs can improve little.
 - Further, unless laws against medical malpractices are enforced strictly, digital solutions will obfuscate and distract us from the real problem.
 - Thus, there is a need to do systemic reforms in the healthcare sector.

Conclusion

Surely, technology has emerged as a saviour, but there is another side of the coin too which sometimes fall disproportionately on the vulnerable. Hopefully, the pandemic will teach us to be more discerning about which digital technologies we embrace.

Drishti Mains Question

Digital technologies are re-organising education and health in ways that make access more inequitable in an already unequal society. Discuss.