

# A Study of the Diffusion and Governance of Misinformation in Health Communication Among the Elderly

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**Abstract:** In the current era of the Internet, there is a constant demand for health information from the public. This is particularly true in the COVID-19 epidemic in early 2020, where social instability has heightened the importance of health information in people's lives. This paper utilizes questionnaire surveys and interviews to investigate the spread of misinformation in health communication among the elderly and proposes corresponding methods to prevent its spread. The study concludes that the issue of misinformation in health communication can be addressed through the improvement of national laws, the technological innovation of network platforms, positive health education for younger generations, comprehensive health communication field development, and other measures.

**Keywords:** Health Communication; Risk Society; misinformation; Elderly Communication

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## 1. Presentation of the Issue

### 1.1 Background of the study

In the present era of the Internet, health information is always a rigid demand of the public. This is particularly true in the COVID-19 epidemic in early 2020, where social instability has heightened the importance of health information in people's lives. The 48th China Internet Situation Report Statistics, released by GNNIC in

2021, reveals that China's middle-aged and elderly population is the fastest-growing group of Internet users. The proportion of Internet users aged 50 and above has increased by 5.2% compared to June 2020, accounting for 28.0%, according to GNNIC. The number of the aged accessing the Internet has increased sharply, and misinformation regarding health information is spreading rapidly in various forms. Misinformation in health communication on the Internet is a pressing issue, particularly for the elderly who may lack media literacy. Such misinformation can act as a "social placebo" during the epidemic. Misinformation in health communication is an urgent issue to be addressed.

## ***1.2 Research overview***

Health communication was first developed in the United States of America. The American scholar E. M. Rogers (Rogers, 1994) proposed a new definition of health communication as the translation of medical research findings into public health knowledge through changes in attitudes and behaviors, reducing the prevalence of disease and mortality rates, and effectively improving the quality of life and the standard of health of a community or nation. According to this definition, health promotion is the ultimate goal of health communication, which is both an effect and a type of behavior. As an effect, health promotion emphasizes an upward, positive orientation; as a type of behavior, it refers to promoting people to improve (control) and better their health (TU & ZHANG, 2012). Since the inception of the Internet, health promotion to the public using the Internet as a medium has been referred to as "Internet health communication" (REN, 2008). WeChat communication is a common health communication practice in the new media era (ZHONG et al., 2015).

Misinformation refers to false, incomplete, or misleading information communicated, provided, or confirmed to a targeted individual, group, or country. (Intelligence, 2018) The dictionary website Dictionary.com (2018) selected "misinformation" as the word of the year and distinguished it from "disinformation" (LIU & YU, 2021). A significant amount of misinformation is being spread through WeChat public accounts. It has been noted that these accounts have become a breeding ground for rumors and false advertisements (WANG, 2014).

Elderly people with limited media literacy are more susceptible to being influenced by false information on WeChat in the new media age. They are often the primary targets of misinformation campaigns. Misinformation in health communication can take advantage of the high demand and relative lack of media literacy among elders leading them to fall prey to it. (JIANG et al., 2021) To address this issue for elders with low E-health literacy, it is essential to examine governance strategies that can counteract the mechanisms of misinformation diffusion in health communication.

## ***1.3 Significance of the study***

Misinformation in various forms has permeated the lives of the elderly through the Internet. Elderly people have transferred their trust in traditional media for health information dissemination to the new media, where

everyone is a “producer and consumer.” Individuals or groups publish the information on the new media platform without professional review. Health information content often lacks professionalism, and the judgment of traditional Chinese medicine and traditional Chinese medicine prescriptions is often mixed with personal experience. This paper proposes strategies and methods to improve elderly people’s media literacy and information quality of life through different subject levels.

The “Digital China” strategy and the unblocking of the “last mile” of digital information in rural areas have increased the number of elders accessing the Internet at a social level. However, the success of urban and rural elderly people in gaining access to the Internet represents only the bridging of the access gap in the digital divide. At the same time, there are still significant problems in terms of the usage gap and skills gap. Addressing the susceptibility of the elderly to believe health misinformation can help bridge the generational gap in society.

When developing theories, it is crucial to combine the fields of health and communication studies to make practical recommendations regarding the susceptibility of the aged to health misinformation. Additionally, it is essential to strengthen national policies and penalties, upgrade governance technologies on platforms, and remind families of the youth group about the need for offspring support and “digital feedback.” To address the lack of media literacy among the elderly, it is crucial to understand their psychology and perspective as an audience. This will help to curb the proliferation of health information on the Internet.

## **2. The Dissemination Mechanism of Misinformation in Health Communication Among the Elderly Group**

### ***2.1 Sources of dissemination of misinformation in health information***

The information superhighway has been constructed in the current era of new media, enabling the rapid transmission of vast amounts of information. During the pandemic, opportunities for the elderly to participate in social activities or attend offline lectures promoting healthcare products have significantly reduced. Social media platforms, such as WeChat, have become the primary source of health information for elderly people. However, these platforms are characterized by multiple health information publishers, a lack of censorship, and overwhelming information. This creates an environment where misinformation can easily spread and contribute to the widespread dissemination of inaccurate health information among the elderly population. The spreaders of false information do not necessarily engage in malicious activities such as promoting fraudulent healthcare products or targeting elders with scams. Instead, it is often a marketing strategy driven by the “eyeball economy” (The eyeball economy is an economic activity that relies on attracting the attention of the public to obtain financial benefits) and the benefit of a considerable stream of visitors to attract people’s attention in the self-media. Through high readership and viewership, increase advertising revenue to obtain economic benefits. There are some extreme cases of health misinformation targeting middle-aged and elderly people, such as “secret

recipes,” which can be confusing. These purveyors of misinformation establish themselves as “opinion leaders” in the elderly group by demonstrating their familiarity with health knowledge or their long medical treatment history. Awareness of such misinformation and seeking reliable information sources is essential.

## ***2.2 Types of health misinformation***

### ***2.2.1 Exaggerate and bluff***

Misinformation in health communication among the elderly often employs attention-grabbing headlines, such as “If you don’t know this, you could lose 5 million” and “Share this with your friends.” These headlines attract elderly readers but may not reflect the article’s content accurately. The content is often entirely made up and targets health information that interests the aged. It contains sensationalized and misleading information, supplemented by obscure professional jargon that preys on the fears of elderly people. The most well-known example of exaggerated harm is the claim that playing mobile phones can cause blindness. Advertisements in WeChat articles with keywords such as “playing mobile phones” and “blindness” are not supported by any substantive news events or actual cases.

### ***2.2.2 Rely on fabricated authority to support the argument***

Content appears in the form of statements by specific experts and professors. Still, there are no such experts and professors, only a front to attract attention, which deceives and drives elderly people to disseminate the content consciously.

### ***2.2.3 Shuffling cards and cheating, swapping concepts***

Health scams that deceive the elderly with seemingly reliable logic are confusing and misleading. For example, the theory of “sterilization by table salt” suggests that table salt can play a sterilizing role, but it requires a concentration dozens of times higher than daily consumption. The common health tips of “gargling with salt water to sterilize the mouth” and “washing rags with salt water” are also misleading and should be avoided.

The health communications contain various forms of misinformation, including text, images, and videos. The information revolves around highly publicized public health events, such as the prescription of epidemic prevention during the COVID-19 epidemic and exaggerating the epidemic’s severity, causing panic among the elderly and leading to secondary dissemination.

## ***2.3 Mechanisms of dissemination of misinformation of health information Among the elderly***

The dissemination of health misinformation among the elderly on online platforms through interpersonal dissemination via links sent from acquaintances on social software, such as WeChat, and mass dissemination through WeChat public news platforms. Misinformation forwarded by media audiences to social software significantly impacts the elderly population. According to Rogers’ theory of Innovation and Diffusion, more effective communication can be achieved by combining mass and interpersonal communication. In the era of new

media, the phrase “everyone has a microphone” has brought about the freedom of speech but has also resulted in public noise and chaos. Unverified health information is often shared on social media platforms, including WeChat public accounts. It is crucial to verify the accuracy of health information before sharing it on social media. These articles are then forwarded by users through WeChat chatting, creating a viral effect. We found that a strong relationship connection in WeChat group chats can significantly increase the level of misinformation in health communication among the aged. This can lead to changes in attitudes and an increased likelihood of participating in misinformation activities.

A large amount of misinformation in health communication caused the significant consequences of rift transmission. It was discovered only later. To improve health communication, it is crucial to avoid spreading misinformation. Doctors or scholars should carefully write professional “refuting rumors” articles. The language used should be clear, concise, and easy to understand. In online health communication, misinformation and rumors spread rapidly, causing severe consequences. It is important to always verify the truth and avoid spreading rumors.

### **3. Analysis of the Current Situation and Reasons for the Spread of Misinformation in Health Communication among the Elderly**

#### ***3.1 Status of misinformation in health communication Among the elderly***

##### ***3.1.1 Data collection***

The questionnaire survey method was used to collect data for this paper. To ensure the quality of the questionnaire, its content was pre-surveyed and modified before being issued. Any semantic confusion was addressed by modifying the corresponding questions. Skipping questions was not allowed. The survey involved distributing questionnaires and conducting interviews with the elderly aged 60–75 who had completed an offline health management center internship. The main focus was their doubts about health information and personal health issues. The initial two sections of the questionnaire were analyzed using a five-point Likert scale to assess factors such as the ability to identify health information, loneliness among elders, and their level of participation in health information. The final section consisted of fill-in-the-blank and single-choice questions. A total of 113 questionnaires were distributed, with 100 valid responses. The aged willing to participate were interviewed while the questionnaires were being distributed.

##### ***3.1.2 Questionnaire dimensions***

The susceptibility of elderly people to misinformation in health communication is closely related to their characteristics. Our research focused on measuring demographic variables, loneliness, health information mastery, and information acquisition methods of elderly people vulnerable to misinformation in health communication. The demographic variables comprise age, place of residence, and family situation. The level of

loneliness is measured by two questions: “I usually feel lonely” and “My children will call regularly during the epidemic.” The health information mastery level is also taken into account: “I can evaluate the authenticity of health information,” “I possess some knowledge of health,” and “I frequently purchase medication to maintain my health.” The dimension of the way of obtaining information: “I mainly obtain health information independently,” “I pay attention to health information released by professional media,” “I pay attention to the news forwarded to me by friends in social media,” “I am active in the health information community,” “I often participate in offline health communication activities.”

### ***3.1.3 Conclusions of the study***

Among the elderly population, 59% of males and 74% of females are prone to believing misinformation in health communication. This gender difference is significant, with females being more susceptible to the influence of such misinformation. Regional differences in susceptibility to influence among the elderly group exist based on their places of residence. Specifically, 69% of the elderly group in rural areas and 45% of the elderly group in urban areas are susceptible to misinformation in health communication. Additionally, the elderly who live alone are more vulnerable to such influence. Regarding loneliness, 73% of elders who live alone believe they are more likely to be affected by misinformation in health communication. Regarding health information mastery, only 17% of elders with a high level of health information mastery are susceptible to misinformation in health communication. In comparison, a staggering 92% of elderly people with a low level of health information mastery are susceptible to misinformation in health communication.

The study found that over 85% of the elderly were impacted by misinformation in health communication. The primary mode of transmission was through solid connections on social platforms like WeChat. Female, isolated, and rural elders were more susceptible to misinformation.

## ***3.2 An analysis of the reasons for the spread of misinformation in health communication Among the elderly***

### ***3.2.1 Individual dimension***

As individuals age, not only do their physical functions deteriorate and their organs age, but they may also experience psychological challenges due to changes in their social and familial roles. Especially during the period before and after retirement, some elders may struggle to adapt to the changes in their daily routine and activities. This can lead to feelings of sadness, complaints, avoidance of social situations, and a reluctance to engage with others. It is important to address these difficulties and problems clearly and objectively. Some studies have shown that elderly people may exhibit “age-rejection-sensitive” behavior, which refers to an expectation of rejection of their requests in the context of loneliness and sadness. Those who spread misinformation about health often approach the elderly with warmth and affinity or use modern means that may be difficult for them to understand to disseminate false information and take advantage of their vulnerability. The likelihood of the elderly being confused by misinformation from unknown sources, such as the “fake Jin Dong” news reported last year, can be reduced when they are cared for by their children. Regarding the fake Jin Dong news, the woman,

who is 60 years old, eventually discovered that Jin Dong was a fake. However, she expressed her willingness to wait. The fake Jin Dong on the Internet gave the elderly woman a sense of affection and emotion that was lacking in her partner's feelings, leading her to leave her home. Loneliness among elderly people has become a common issue in our country due to the serious aging population.

### *3.2.2 Socio-environmental dimension*

According to the American psychologist G. W. Allport summarized the rumor circulation formula  $R = I \times A \times U$  (Rumor Circulation = Relevance to the issue  $\times$  Social member's sense of insecurity  $\times$  Environmental uncertainty) in which "Relevance" refers to the degree to which the social members are related to the issue involved in the rumor. The elderly population is highly engaged with health information, particularly concerning themselves. However, this group is also more susceptible to spreading misinformation in health communication, which can lead to the proliferation of inaccurate information in social health circles. The psychological conditions of rumor dissemination are referred to as the sense of insecurity of social members in the rumor circulation formula. The individual-level analysis shows the specific psychological conditions of the elderly group. Uncertainty in the social environment refers to the unstable state of the environment and the disorder of the information environment due to the lack of smooth authoritative information channels or the lack of credibility. The elderly often receive information about the world through "news co-channels," which can create a "mimetic environment" constructed by mass media rather than being a true reflection of reality. During the COVID-19 epidemic, misinformation in health communication disseminated by the mass media influenced the perception of the epidemic's risk among elderly people. They were willing to believe in health rumors such as the "garlic cures epidemic" and "the epidemic was made in the USA." The epidemic has created a social environment that facilitates the spread of misinformation among the elderly. In the follow-up study of "social amplification of risk," it was discussed that if the elderly's perception is not satisfied in the context of the epidemic, the risk information will be replaced by other information. This highlights the importance of addressing the elderly's perception during the epidemic. According to the discussion of the "information vacuum" in the follow-up study of "social amplification of risk," if the cognition of the elderly group is not fulfilled in the context of an epidemic, it is likely that conspiracy theories and rumors based on the limited information provided by the official government will take the place of the risk information.

## **4. Strategies for Addressing the Gullibility of the Elderly in Believing Misinformation in Health Information**

### *4.1 Targeting the loneliness mentality of the elderly, offspring provide health education through cultural feedback*

The prevalence of the aged relying on misinformation in health communication highlights the need for



younger generations to actively educate them on technology. Additionally, Quest Mobile reports that as of May 2020, China's "silver-haired people" (those over 50 years old) have a mobile device user base of over 100 million, with a growth rate much higher than other age groups, making them an important source of incremental mobile Internet users. As of December 2020, the proportion of Internet users aged 50 and above has increased from 16.9% in March 2020 to 26.3%. This indicates a significant increase in Internet usage among the middle-aged and elderly groups. The digital literacy of middle-aged and elderly people is an urgent topic that needs to be emphasized and addressed. As a generation left behind due to the disintegration of collective life and acquaintance society, the elderly need to access the Internet and integrate into the digital society. An increasing number of elders are participating in WeChat groups and social circles. However, these groups may lack media literacy, and members may rely on traditional media to judge the accuracy of health information on new media platforms. This can lead to a weak sense of information criticism and confusion when faced with complex and fragmented information, misinformation, and hypertext on the Internet. Furthermore, some of the aged have experienced mental and financial setbacks due to their incorrect interpretation of health information, which has had an impact on their overall well-being. To enhance the media literacy of elderly people, one effective approach is to provide them with "cultural feedback" from their children. The concept of "cultural feedback" originates from Mead's "post-metaphorical culture." It refers to the occurrence of a reverse cultural inheritance from the bottom to the top when there is a one-way cultural inheritance from the top to the bottom of the line. In the digital age, the elderly, referred to as "digital refugees," require guidance from the younger generation, known as "digital immigrants" or "digital natives." However, only the foundation of media skills is provided through feedback. However, feedback on media application skills is only the foundation. It is important to provide deeper feedback on digital content to promote network information security among the elderly group.

When educating elderly people about the Internet, it is important to enhance their sense of participation in the media, establish a positive atmosphere for media use, and encourage them to accept new information. This will help prevent them from being affected by false information in health communication.

#### ***4.2 Improve the social environment and open up new channels for online platforms to adopt new technologies for governance***

Online platforms should ensure that they cater to the needs of the elderly population and keep up with the development of social aging. They should actively respond to the *Implementation Plan on Effectively Solving the Difficulties Encountered by Elderly People in the Use of Intelligent Technology* issued by the State Council in November 2020. The plan proposes that the difficulties encountered by the aged in using intelligent technology should be effectively addressed under policy guidance and with the joint efforts of the whole society. It is important to ensure that elderly people are not left behind in the era of the "Internet of everything." The implementation program released by the State Council in November 2020 proposes: "Under the guidance of policies and the joint efforts of the whole society, the difficulties faced by the elderly in using smart technology



should be effectively resolved so that the majority of elderly people can better adapt to and integrate into the smart society.” In December 2020, the Ministry of Industry and Information Technology (MIIT) issued the *Special Action Program for Aging and Accessibility Modification of Internet Applications* and decided to organize and implement a one-year special action for aging and accessibility modification of Internet applications nationwide starting January 2021. Online platforms will develop age-friendly rumor debunking platforms, raise the temperature based on improving the speed of rumor debunking, focus on misinformation in health communication common in the daily lives of elders, popularize basic Internet knowledge for the elderly, abolish advertisement placement, redirection, and pushing, disseminate true, effective, and easy-to-understand health knowledge for the elderly with new platforms that use simple operation modes instead of just enlarging icons and fonts to provide care for elderly people, solve the pain points of elderly life, and provide convenience for the elderly group.

Online platforms can prevent misinformation from flowing out of official channels through a sound fact-checking system using professional resources and advantages, conduct in-depth investigations to provide official information in a timely and accurate manner, and enhance the credibility of mainstream media platforms. As well as the use of new text mining technology for rumor identification of aggregated information, collating a rumor information base, use of robot learning to automatically check the rumor information and rumor sentiment for positive or negative fear of the short, the formation of appropriate clarification program the next step in the aging of the rumor platform to effectively snip the rumor content, restore the truth of health information, to prevent more elders continue to be deceived. Network platforms should rely on today’s advanced intelligence and big data technology to strengthen the content of the platform’s gatekeeping efforts and lead by example. For example, Alibaba has launched the “AI Rumor Crusher” to combat misinformation on its platform. At the same time, it should also actively cooperate with the government to implement relevant laws and regulations. For example, Weibo actively implements the “foreground voluntary, background real name” mechanism, which is more capable of spreading misinformation on the issue of accountability and corresponding penalties.

However, attention should be paid to the complementary nature of manual and robotic gatekeeping in the process of governance of health dissemination of misinformation on online platforms. Strict compliance with the State Internet Office on the “Internet Information Service Algorithmic Recommendation Management Provisions” should not use algorithmic technology to shield information excessively and should be careful to prevent the reverse control of technology for humans.

### ***4.3 Enhancing cyberspace security and managing health misinformation at the national strategic level***

During the Internet era, rumors spread rapidly. Therefore, it is important to accelerate the government’s control of Internet rumors. Health prevention and control of health information during the epidemic are important issues of public concern. On August 21, misinformation about a student dying from vaccination in Wuxi was widely spread. However, the local public security bureau verified that the picture associated with the claim only showed a student who had a dizzy reaction during vaccination. The widely spread misinformation does not match

the facts. After the incident, the Wuxi Municipal Party Committee Cyberspace and Information Office collaborated with the city's major mainstream media to release verification information and dispel misinformation through short video platforms, Weibo, WeChat, and other channels at a national level. Zhu Mou, who spread "vaccine rumors," was arrested by the Yixing City Public Security Bureau for investigation. The case falls under the *Network Security Law*, *Network Information Content Ecological Governance Provisions*, and *Public Security Administration Punishment Law*. In the case of identifying rumors, we cannot ask the responsible party to verify them. Instead, we should look to the administrative authorities to confirm or deny the rumor. This fully embodies the saying, "Rumors are difficult to dispel." The governance process of misinformation about health rumors of social harm should be strengthened to punish the means and strength, with strong legal authority and deterrence, to curb the network information environment destroyers.

#### ***4.4 Reinventing the quality of the anthropomorphic environment, journalists and medical experts join forces to promote health information***

Research on health communication in China is in its early stages, and the intersection between the health and medical fields is not yet well-developed. The definition of health communication necessitates the transformation of medical research results into health knowledge for the general public. This requires a communicator who possesses not only medical expertise but also communication skills and an understanding of the audience's level of knowledge. It is important to avoid relying solely on medical experts or professional journalists who may lack the necessary skills and expertise.

During the SARS outbreak in 2003, health-related reports in China were dominated by professionals who were absent and voiceless. The presentation of health information was overly specialized, making it difficult for the audience to understand the main message. As a result, public discourse was silenced. During the COVID-19 epidemic in 2020, the discourse has become more objective. The public has learned that Zhong Nanshan is a representative figure on the front line of the fight against the epidemic through public expression on authoritative mainstream media platforms. Expert discourse, including media interviews and professional contributions, has been made understandable to the public, breaking down the barrier between scientific and media discourse and creating greater public value. However, the collaboration between medical experts and media should be closer, as compared to the SARS period, to report on the COVID-19 epidemic's problem-solving and progress. The speed of this collaboration should be further accelerated, and a clear direction for it is needed.

To improve health communication among the elderly, it is recommended to encourage more content producers to create self-media content by collaborating with mainstream media. This will help to combat the spread of misinformation efficiently. The use of pictures, videos, and other media formats can be particularly effective in explaining common health problems in a way that is easily understandable for the elderly. The inclusion of medical professionals with expertise in pre-checking or post-checking can reduce the likelihood and potential for misinformation to spread by implementing more rigorous manual controls for the dissemination of health information.

## 5. Conclusion

This paper examines the dissemination and management of health communication misinformation among the elderly population. The study, conducted through questionnaires and in-depth interviews, reveals that health communication misinformation is pervasive and often exploits vulnerable situations. Various types of health communication misinformation, disseminated online or offline, have different objectives and impact the elderly population. The impact of misinformation on the elderly in health communication is closely linked to their gender, place of residence and living conditions. By investigating the causes of misinformation in health communication, we can scientifically and accurately address the issue by improving both personal and social factors. The issue is particularly severe among the elderly population, and while multiple factors contribute to it, addressing it will require collaboration from various stakeholders to ensure sustained progress.

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