

# HEALTH INFORMATION AVOIDANCE AMONG ELDERLY RESIDENTS IN NANJING, CHINA: A QUALITATIVE STUDY

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**Abstract.** Health information avoidance will be conceptualised as the intentional decision to evade health-related knowledge, often employed as a coping strategy when such information is perceived as threatening or emotionally burdensome. This qualitative study will explore the lived experiences and underlying motivations of health information avoidance among elderly residents in Nanjing, China. Guided by Stress–Coping Theory, Social Support Theory, and Self-Determination Theory, the study will examine how psychological, interpersonal, and cultural factors interact to shape avoidance behaviour. Data will be collected through ten in-depth semi-structured interviews with participants aged between 60 and 78 years. Thematic analysis will be employed to identify recurring patterns and meanings within the data. Four major themes are expected to emerge: (1) emotional protection and fear of diagnosis, where avoidance will function as a mechanism to preserve psychological well-being; (2) family mediation and filial filtering, reflecting the role of family members in managing and filtering health information; (3) technological barriers and digital mistrust, highlighting difficulties related to digital health platforms and scepticism toward online information; and (4) cultural beliefs and acceptance of fate, rooted in traditional values and perceptions of ageing and illness. The findings will contribute to a deeper understanding of health information behaviour within China’s collectivist context and will provide practical guidance for developing culturally sensitive, age-appropriate health communication strategies and interventions.

**Keywords:** *information avoidance, elderly, qualitative study, health communication, China*

## Introduction

Population ageing is one of the most critical health communication challenges in China. In cities like Nanjing, the elderly population is expanding rapidly, resulting in a growing need for accessible health information. However, a considerable number of elderly individuals consciously avoid health-related information, leading to delays in diagnosis and treatment. While prior studies have examined information avoidance as an emotion-focused coping mechanism (Howell and Shepperd, 2012; Sweeny et al., 2010), few have provided direct insight into how elderly individuals in China personally experience this phenomenon within their sociocultural environment. Nanjing are witnessing dramatic increases in the proportion of the elderly, placing unprecedented demands on healthcare systems (Zhou et al., 2024). With the rising prevalence of chronic diseases, the ability of the elderly to access health information has become crucial for preventive care and disease management. However, a significant subset of this population actively avoids health information, a behavior with profound consequences for both individuals and systems. As Hicks et al. (2025) noted, “One of the most frequently cited consequences of information avoidance is poor decision-making, especially over health concerns.”

Health information avoidance has been studied across disciplines, often highlighting its role as an emotion-focused coping strategy (Li, 2023; Sweeny et al., 2010). In China, the cultural context, particularly filial piety, communal trust, and digital health

disparities creates unique manifestations of avoidance (Chang et al., 2024; Liu et al., 2022). This article aims to synthesize recent literature, identify gaps, and propose a framework for understanding the consequences of avoidance among the elderly in Nanjing. This review contributes to the field by examining avoidance behaviour within the broader theoretical frameworks of stress coping, social support, and self-determination theory, while simultaneously outlining pathways for intervention practice. This research addresses that gap. Although quantitative and review-based studies have identified factors such as fear, low digital literacy, and distrust in sources, the subjective meaning and contextual influences remain underexplored. Therefore, this study aims to explore the lived experiences of health information avoidance among the elderly in Nanjing, guided by Stress–Coping Theory, Social Support Theory, and Self-Determination Theory. This theoretical integration enables a comprehensive interpretation of emotional, familial, and autonomy-based dynamics shaping avoidance behaviour.

### ***Research Questions (RQs) and Research Objectives (ROs)***

The research questions can be include:

RQ1: How will emotional and psychological factors influence health information avoidance among elderly residents in Nanjing, China?

RQ2: How will family members and social support systems mediate and shape health information avoidance among elderly individuals?

RQ3: In what ways will technological barriers and digital mistrust contribute to health information avoidance among older adults?

RQ4: How will cultural beliefs, values, and acceptance of fate influence elderly individuals' decisions to avoid health-related information?

The research objectives are include:

RO1: To examine the emotional and psychological motivations underlying health information avoidance among elderly residents in Nanjing, China.

RO2: To explore how family mediation and social support systems influence health information avoidance among elderly individuals.

RO3: To investigate the role of technological barriers and digital mistrust in shaping health information avoidance among older adults.

RO4: To understand how cultural beliefs, values, and acceptance of fate shape health information avoidance among elderly residents.

### ***Literature review***

Information avoidance is defined as the deliberate act of shunning information even when it is freely available and potentially useful (Hicks et al., 2025). Research has

consistently shown that avoidance is motivated by emotional regulation needs, cognitive overload, and distrust in sources. As Meese et al. (2024) noted, “Avoidance and derogation of health information are defensive strategies that people use to navigate health threats,” and “the decision to avoid information represents an opportunity to obviate knowing the contents of a threat altogether, to self-protect, proactively and deliberately, when confronted with the possibility of becoming aware of potentially threatening information”. For the elderly, age-related declines in cognitive function and digital literacy can exacerbate these challenges (Liu et al., 2022). Emotionally, the elderly may avoid information to protect themselves from anticipated regret, fear of diagnosis, or anxiety about medical costs (Howell and Shepperd, 2012). Stress–Coping Theory provides a framework for understanding avoidance as a defensive strategy when threats appear to exceed coping resources. As Folkman and Lazarus (1988) defined, “stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”. At the cognitive level, the complexity of medical terminology coupled with the proliferation of online misinformation exacerbates perceptions of treatment ineffectiveness and increases psychological burdens (Song et al., 2021). Self-Determination Theory suggests that when autonomy and competence needs are undermined, individuals are more likely to disengage from information environments (Ryan and Deci, 2000).

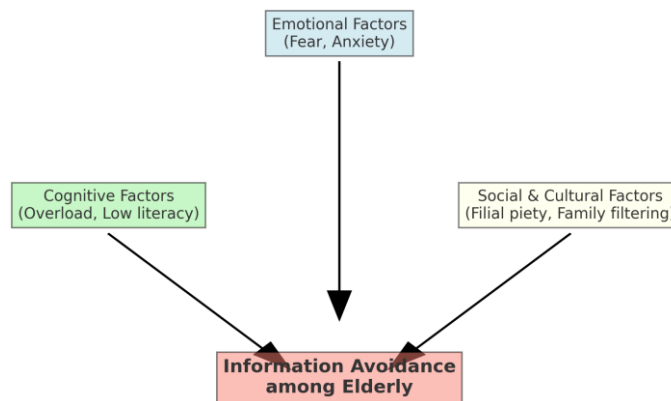
Social and cultural contexts also play crucial roles. In collectivist societies like China, health is embedded in family relationships. Filial piety norms often result in adult children filtering or managing health information on behalf of parents, reinforcing patterns of avoidance. Liu et al. (2024) explained, “Offspring-based eldercare was an inherent social norm during the thousands of years of Chinese civilization, and it is widely eulogized as ‘filial piety’ in Chinese Confucian ethics”. Community-based trust networks can further shape how information is sought or ignored (Chang et al., 2024). By contrast, in many Western contexts, health decision-making is more individualistic, and avoidance is often linked to personal autonomy concerns or distrust in medical institutions (Hicks et al., 2025; Howell and Shepperd, 2012). Technologically, the digital divide creates barriers for the elderly, who may find online health platforms confusing or inaccessible (Zhao et al., 2024). Exposure to repetitive, alarmist content fosters fatigue and avoidance, a phenomenon described as information echo chambers (Zhong and Gu, 2024). While these studies have advanced theoretical understanding, they primarily rely on surveys or conceptual analysis. Few have captured the elderly’s own narratives of avoidance within daily life. This study fills that gap by foregrounding participants’ perspectives on why and how they avoid health information. In summary, existing literature indicates that information avoidance among the elderly exhibits multi-dimensional characteristics, influenced by emotional, cognitive, cultural, and technological factors. However, few studies have integrated these perspectives within the Chinese context. This review therefore synthesises theoretical insights and contextual evidence to inform health communication strategies for China's ageing population (*Table 1*).

**Table 1.** Cross-cultural comparison: Western vs. eastern information avoidance.

Dimension	Western Context	Eastern Context
Primary trigger	Fear of diagnosis, autonomy threat	Family harmony, filial piety
Decision-making	Individual-centred	Collective, family-centred
Role of family	Less central	Very central
Digital health use	Moderate to high literacy	Uneven literacy, digital divide

### ***Theoretical and methodological considerations***

This study employs an integrated theoretical framework synthesising stress coping theory, social support theory, and self-determination theory. These theoretical systems collectively construct a holistic understanding of avoidance behaviour, viewing it as an adaptive response shaped by the interplay of individual, relational, and structural forces. Stress Coping Theory elucidates the mechanisms of emotional regulation, social support theory highlights the buffering effects of family and community, while self-determination theory emphasises the importance of autonomy and perceived competence in information processing (*Figure 1*).



***Figure 1. Research framework model.***

### **Materials and Methods**

This article synthesis peer-reviewed research published between 2020 and 2025 in databases such as Scopus, Web of Science, and PubMed. Priority was given to empirical and conceptual works focusing on elderly populations, health information behaviours, and the Chinese cultural context. Whilst adopting a narrative rather than systematic approach, this review strives for both breadth and depth by encompassing diverse research methodologies, including surveys, in-depth interviews, experimental studies, and theoretical papers, with an emphasis on synthesising comprehensive insights rather than exhaustively listing findings.

This study employed a qualitative phenomenological design to explore the lived experiences of elderly individuals in relation to health information avoidance in Nanjing, China. The phenomenological approach was selected to gain an in-depth understanding of participants' subjective realities and the meanings they attach to their experiences. Unlike quantitative methods that seek generalisability, phenomenology focuses on the essence of experience, making it particularly suitable for exploring sensitive, emotionally charged issues such as health information avoidance. This approach aligns with the study's theoretical grounding in Stress Coping Theory, Social Support Theory, and Self-Determination Theory, which together explain the interplay of emotion, family dynamics, and autonomy in information behaviour.

### ***Sampling and participants***

A purposive sampling strategy was used to ensure that participants represented diverse backgrounds while sharing the key characteristic of being elderly residents of Nanjing. The inclusion criteria required participants to be aged 60 years and above, living independently or with family, and able to communicate in Mandarin. Exclusion criteria included severe cognitive impairment or inability to participate in a 45-60 minute interview. Ten participants, aged between 60 and 78 years, were ultimately recruited from three urban community centres. This number was deemed appropriate as qualitative research seeks information richness rather than numerical representation. The sample included six females and four males, representing retired teachers, factory workers, civil servants, and homemakers. Most had basic literacy, and several reported minimal digital skills. This diversity allowed for comparison of experiences across different socio-economic and educational backgrounds.

### ***Data collection procedures***

Data collection will take place between June and August 2026. Prior to each interview, participants received a detailed explanation of the study's purpose, their rights, and data handling procedures. Verbal and written informed consent will be obtained. The interviews will be conducted face-to-face in quiet rooms at the community centres to ensure privacy and comfort. Each session lasted approximately 45–60 minutes and followed a semi-structured interview guide, enabling flexibility for participants to elaborate freely on personal experiences. The interview questions are designed around four domains: (1) Emotional responses to health information (e.g., fear, anxiety, or relief); (2) Family involvement in health communication (e.g., the role of children in managing information); (3) Digital experiences (e.g., use of smartphones or WeChat for health-related content); (4) Cultural and moral beliefs influencing avoidance or acceptance of health information. Example guiding questions included: (1) "When you hear about new medical information, how do you usually respond?"; (2) "Do you ever choose not to know certain health details? Why?"; (3) "How do your children or relatives influence your health decisions?"; (4) "What kind of health information do you trust or avoid online?" Probing questions such as "Can you tell me more about that?" or "How did that make you feel?" were used to deepen the discussion. All interviews will be audio-recorded with participants' consent and later transcribed verbatim in Mandarin. Field notes will be taken to capture non-verbal cues, emotional tone, and contextual observations that might enrich interpretation.

### ***Data analysis***

The transcripts will be analysed thematically following Braun and Clarke (2006) six-step framework: (1) familiarisation with the data, (2) initial coding, (3) theme identification, (4) theme review, (5) theme definition and naming, and (6) report writing. The researcher first read all transcripts several times to gain an overall understanding, then performed line-by-line coding to identify recurring ideas. Codes will be grouped into categories representing emotional, social, and technological dimensions of avoidance. Emerging patterns will be compared across participants to identify convergences and divergences. NVivo 12 software is used to manage and visualise data, ensuring systematic comparison across interviews. To maintain trustworthiness, the researcher employed several validation strategies: (1) Member checking: Participants will review summaries of their interviews to confirm accuracy;

(2) Peer debriefing: Two communication researchers will review coding consistency; (3) Reflexive journaling: The primary researcher documented her assumptions and reflections throughout data collection and analysis to mitigate bias. Themes will finalise through iterative reflection until no new insights emerged, indicating data saturation.

***Ethical considerations***

Ethical approval is obtained from the Universiti Sains Malaysia Research Ethics Committee. All participants are informed of their voluntary participation and the right to withdraw at any stage. Pseudonyms are assigned to protect anonymity, and identifying details are omitted from transcripts. Data are securely stored in password-protected files accessible only to the research team. Sensitivity is especially crucial as discussions involved emotional and personal health issues; hence, participants were reminded that they could skip any question that caused discomfort.

**Results and Discussion**

This study will aim to explore health information avoidance among elderly residents in Nanjing, China, with particular attention to the psychological, social, technological, and cultural factors that will shape such behaviour. Guided by the study objectives, the discussion will interpret anticipated findings through the lenses of Stress-Coping Theory, Social Support Theory, and Self-Determination Theory. By employing a qualitative research design, the study will seek to capture the subjective meanings, lived experiences, and contextual influences that will not be adequately explained through quantitative measurement alone (Table 2).

***Table 2. Integration of research objectives, discussion and role of qualitative method.***

Research Objective (RO)	Focus of Objective	Anticipated Qualitative Themes / Discussion	Role of Qualitative Method
RO1	To examine emotional and psychological motivations for health information avoidance among the elderly	Health information avoidance will emerge as an emotional coping strategy driven by fear of diagnosis, anxiety about illness progression, and desire to preserve psychological well-being	In-depth interviews will allow participants to narrate personal fears and emotional reasoning that cannot be captured through surveys
RO2	To explore the role of family and social support in shaping health information avoidance	Family mediation and filial filtering will influence access to health information, reflecting collectivist values and intergenerational dynamics	Qualitative narratives will reveal how information avoidance is socially negotiated within family relationships
RO3	To investigate technological influences on health information avoidance	Digital barriers, low digital literacy, and mistrust of online health information will reinforce avoidance behaviour among older adults	Interviews will capture lived experiences with digital platforms, including frustration, confusion, and scepticism
RO4	To understand cultural beliefs influencing health information avoidance	Acceptance of fate, traditional beliefs about ageing, and cultural interpretations of illness will shape attitudes toward health information	The qualitative approach will allow exploration of culturally embedded meanings and values expressed in participants' own words

### ***Objective 1: Emotional and psychological dimensions of health information avoidance***

The first objective will seek to examine the emotional and psychological motivations underlying health information avoidance among elderly individuals. It is expected that health information avoidance will function as an emotional coping strategy, particularly in response to fear of diagnosis, anxiety about illness progression, and perceived loss of autonomy in later life. Drawing on Stress-Coping Theory, avoidance behaviour will likely emerge as a deliberate response to perceived psychological threats rather than a lack of awareness or motivation. The qualitative interview approach will allow participants to articulate personal fears, emotional vulnerabilities, and subjective interpretations of health information. Through in-depth narratives, elderly participants will be able to explain how exposure to medical information may intensify distress, uncertainty, or feelings of helplessness. These insights will highlight that avoidance will not necessarily reflect passivity, but rather an active effort to preserve emotional well-being and maintain daily functioning. This discussion will demonstrate how qualitative methods will be essential in uncovering nuanced emotional processes that are often obscured in survey-based studies.

### ***Objective 2: Family mediation and social support in health information avoidance***

The second objective will focus on examining how family and social support systems will influence health information avoidance. It is anticipated that family members, especially adult children, will play a central role in mediating health information by filtering, simplifying, or withholding information from elderly relatives. This process, often rooted in filial responsibility, will reflect collectivist values embedded within Chinese society. From the perspective of Social Support Theory, such family mediation will be interpreted as both protective and restrictive. While family members may intend to reduce emotional burden, their actions may also limit older adults' access to health-related knowledge and decision-making opportunities. The qualitative design will enable exploration of these complex interpersonal dynamics, capturing how trust, dependence, and authority will shape information flow within families. Participants' narratives will be expected to reveal that health information avoidance will not always be an individual choice, but rather a socially negotiated outcome influenced by family expectations and cultural norms. This discussion will highlight the importance of recognising family-centred communication patterns in designing health communication interventions. By aligning with the study objective, the findings will suggest that effective health communication strategies in collectivist contexts must engage both elderly individuals and their family networks.

### ***Objective 3: Technological barriers and digital mistrust***

The third objective will examine the role of technology in shaping health information avoidance among older adults. It is anticipated that limited digital literacy, lack of confidence in using digital devices, and mistrust toward online health information will contribute significantly to avoidance behaviour. As health communication increasingly shifts toward digital platforms, elderly individuals may experience exclusion rather than empowerment. Qualitative interviews will allow participants to describe their lived experiences with digital technologies, including frustration with mobile applications, confusion over online medical terminology, and concerns about misinformation or

online scams. These accounts will provide insight into how technological barriers will intersect with emotional and cultural factors to reinforce avoidance. Thematic analysis will help identify recurring patterns related to digital mistrust and perceived risks of online engagement. This discussion will emphasise that technological access alone will not guarantee effective health communication. Instead, trust, usability, and perceived relevance will play critical roles in determining whether elderly individuals engage with or avoid health information. The qualitative method will thus be instrumental in revealing how older adults interpret and evaluate digital health environments, directly addressing the third research objective.

#### ***Objective 4: Cultural beliefs and acceptance of fate***

The fourth objective will explore how cultural beliefs and value systems will shape health information avoidance. It is expected that traditional beliefs related to fate, destiny, and natural ageing will influence attitudes toward illness and health information seeking. For some elderly participants, illness may be perceived as an inevitable part of life rather than a condition requiring active information engagement. Through qualitative inquiry, participants will be encouraged to articulate their cultural interpretations of health, ageing, and responsibility. These narratives will reveal how acceptance of fate may reduce motivation to seek medical information, particularly when health conditions are viewed as beyond personal control. From the perspective of Self-Determination Theory, autonomy and agency will be understood not solely as individual independence, but as culturally defined concepts shaped by long-standing beliefs and social expectations. The discussion will demonstrate that health information avoidance will be deeply embedded within cultural meaning systems rather than solely driven by cognitive deficits or lack of access. By meeting the fourth objective, the findings will underscore the need for culturally sensitive health communication approaches that respect traditional beliefs while gradually encouraging informed engagement.

#### ***Methodological reflections and contributions***

Across all objectives, the qualitative research design will play a central role in generating rich, contextualised understanding of health information avoidance. Semi-structured interviews will allow flexibility for participants to guide discussions toward issues they consider meaningful, enabling the emergence of unanticipated themes. Thematic analysis will provide a systematic yet interpretive framework for identifying patterns while preserving participants' voices. The discussion will highlight that qualitative methods will be particularly well-suited for studying sensitive topics such as fear, illness, and ageing, where participants may require space to reflect and narrate personal experiences. By integrating theoretical frameworks with qualitative findings, the study will contribute to health communication scholarship by extending existing theories into a non-Western, collectivist context.

#### ***Implications for health communication practice***

Based on the anticipated findings, the discussion will suggest that interventions aimed at reducing health information avoidance among elderly populations should move beyond information dissemination alone. Health communication strategies will need to address emotional readiness, family involvement, technological trust, and cultural

values. Tailored, age-friendly, and family-inclusive approaches will be recommended to ensure that health information is perceived as supportive rather than threatening. In summary, this discussion will argue that health information avoidance among elderly individuals will be a multidimensional phenomenon shaped by emotional, social, technological, and cultural forces. By fulfilling all research objectives through a qualitative lens, the study will provide both theoretical insight and practical guidance for developing culturally responsive health communication strategies in ageing societies.

## Conclusion

This review summarises recent research on health information avoidance among the elderly, focusing on China's unique cultural and technological dynamics. By synthesising diverse theories and contexts, it emphasises the need for health communication strategies that are culturally sensitive, literacy-aware, and family-inclusive. Avoidance behaviour is not merely an individual shortcoming but a systemic challenge shaped by cultural, cognitive, and technological factors. Future research should expand cross-cultural comparisons, explore longitudinal dynamics, and evaluate the efficacy of tailored interventions.

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## Conflict of interest

This article represents original work conducted by the authors. All sources used have been properly acknowledged and referenced in accordance with academic integrity standards. The authors confirm that there is no conflict of interest involve with any parties in this research study.

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