Relationships between intergenerational support and the health information avoidance behavior of the elderly

Yiwen Shan¹, Sile Huang²

¹Shanghai World Foreign Language Academy, Shanghai 201102, China
²Branscombe Hall, Toronto, M4W 1N4, Canada

Abstract: Health information avoidance is prevalent amongst the elderly in China, making the understanding of the causes behind such behaviors crucial. In the face of the COVID-19 pandemic in 2020, people still lack systematic understanding and approaches to prevent the occurrence of the elderly’s health information avoidance behaviors. This study groups the health information avoidance behavior of the elderly into six categories, including the trusting crisis, the behavior inertia of the elderly, the fear of uncertainty and unmeasurable risks, as well as technological barriers. It is proven through qualitative research that intergenerational support could successfully turn the elderly’s information evasion into active acquisition, solving each of the six root causes of the elderly’s health information avoidance behavior. Although the results in this work are collected only based on the elderly population in Shanghai, it is a thorough representation of the relationships between intergenerational support and the health information avoidance behavior of the elderly. It could serve as a reference for other cities in China as well.

Keywords: Health information, Avoidance behavior, Intergenerational support, Family relationship, the elderly

1. Introduction

Appropriate access to updated, valid and credible information play a crucial role in ensuring people’s social awareness. Conscious health information acquisition, being one major component in initiating and maintaining healthy lifestyles, protects oneself from dangerous physical or mental situations. In general, people who are engaged with health promoting behaviors are active in health information seeking. On the other hand, health information avoidance behaviors were defined as behaviors ‘designed to prevent or delay the acquisition of available but potentially unwanted information’. While the avoidance of health information may happen due to various reasons either personally or socially, it has been noticed how this behavior is more common among seniors in the society. This trend has also been evident as the coronavirus (Covid-19) out-broke spreading all across the globe, which, according to the National Health Commission of People’s Republic of China, 80% targets the elderly with 60 years of age or older. However, the elderly’s response to the outbreak was not as active as the younger generations in the Chinese society, by either avoiding related information completely or ignoring the impacts this detrimental virus could have on them, being the most vulnerable group getting infected by the coronavirus. With the observation of this common phenomenon, this paper seeks the common causes of the elderly’s health information avoidance behavior, and explores positive effects triggered by younger generations to improve the status quo in which older generations avoid health information, putting themselves at less risk.

2. Research findings

2.1 Main types health information avoidance of the old

According to our research, the elderly’s health information avoidance behavior could be categorized into the following three types.

2.1.1 Behavioral inertia of the elderly

Health information can sometimes contradict with health habits older people developed over time.
According to Leo Festinger’s theory, when health information conflicts with one’s health habits, it may cause cognitive dissonance in the elderly. Due to the subjective unwillingness for change or the objective inability to change their behavior, elderly people may choose to avoid relevant health information. Believing that “out of sight is the end”, the elders would tend to restore cognitive coordination.

HK is suffering from severe diabetes. Once, due to lung infections caused by hyperglycemia, his diseases could not be cured for a long time. After the expectant treatment failed, he went to a prestigious hospital in Shanghai for the resection of infected lung tissues. HK was also required to forbid the intake of alcohol by the doctor. However, being addicted to alcohol for many years, he still drank nearly half a kilo of Baijiu almost every day after recovery. Every time their children warn him about the dangers of excessive drinking, HK avoids the topic and turns a blind eye to relevant information in the media. His stubborn health habits and the attitude towards health information caused by these habits make his family feel helpless, stuck in the concerning situation.

2.1.2 The fear of uncertainty and unmeasurable risks

Fearing the acquisition of health information might cause strong negative cognition of future health status, individuals often prefer to keep the current uncertain state and turn to avoiding health information. The avoidance of health information is closely related to fear. It can be reasonably concluded that this health information avoidance behavior of the elderly is a fear of future health risks.

In response to the outbreak of the coronavirus 2020, CYL described his ambivalence about wanting to see a doctor when he was not feeling well, while at the same time, not seeing a doctor fearing that he might get infected in crowded areas, like the hospital.

“When my children told me about the outbreak, I was very dismissive at first...But as I realized that it turned out to be a very powerful virus, the normal cough and sneeze make me connect them to the symptoms of coronavirus. In the news, a lot of people died from the coronavirus in just a few days, with their lungs storing no gas and dying painfully. I'm afraid that I'll be quarantined if I'm diagnosed. So I don't want to see the doctor even I fell uncertain because that may lead to anther unknown.” (CYL)

On the contrary, JYM uses the phrase “the more you know, the faster you die” to share his idea on how he would rather not know health information like cancer and live happily without fear. “Even if I get cancer, neither tell me nor treat it. Just let me live happily for my last few years... The more you know, the faster you die – you will be terrified to death.” (JYM)

2.1.3 Technological barriers

Health information avoidance behaviors caused by technology barriers mainly target health information from internet-based media platforms. Due to the decline of cognitive ability, many elderly experience the inability to acquire health information through new forms of social media, which leads to a decrease in the self-efficacy of the elderly. They believe that they cannot learn to use the advanced technologies, making the acquisition of health information impossible. As a result, some elderly people completely avoid contacting with the Internet and social media platforms.

Regarding this point, LQ stated in an interview, that “My daughter bought me this iPad, downloaded this “Good Doctor” app, telling me how I could simply type and search in the app to see a doctor. But I am old with poor eyes, typing the keyboard ah, it’s just hard. With all that fancy technical stuff... I do not bother to use it.” (LQ)

2.2 The influence of intergenerational relationship on elderly health information avoidance behavior.

Intergenerational relationships may lead to changes in this health information-avoidance behavior. The avoidance of health information for the elderly is not static, but a dynamic change process that could be transformed into positive acquisition. In this process, intervention of intergenerational support can promote the change of health information avoidance behavior of the elderly in different degrees.

Firstly, intergenerational support plays a major role in changing the health information-avoidance behaviors of the elderly. Usually, once this avoidance behavior is known by the children, they will offer active intervention to the old. That changes the avoidance to active acquisition, and also compensates the information avoidance.

“My mother was totally unaware. After outbreak of the coronavirus, she still goes out every night to square dance without any protections such as wearing face masks. I don’t live with my parents normally. If my father didn’t tell me, I wouldn’t have known about her actions. After I became aware of this, I...
moved to my parents’ house to supervise and accompany them. After all, it is a dangerous disease and I can’t take the risk that they are being infected. So I accompanied them, urged them to disinfect every day, wear masks out, and tried to make them more aware of new updates on the outbreak.” (CYI)

Secondly, intergenerational support plays a major role in alleviating and changing the health information-avoidance behaviors of the elderly caused by the technological barriers and information anxiety. Information anxiety and technological barriers are mostly related to the use of media sources, especially newly formed social media such as Internet. The intervention of intergenerational support expands the channels and sources for the elderly to obtain health information, breaks the information gap caused by technical factors, and offers more options for the elders to get informed about health issues. This kind of intergenerational support is an expression of the “collective” information acquisition mode of the elderly. In fact, intergenerational support is the main way for the elderly to obtain health information through new media.

“...My parents just don’t like the Internet. The old usually are more resistant to these things. So I collect the information myself, and then tell them, such as the advice about medicines, cures and prevention. It is much more convenient and efficient this way. Not only does it make my parents more willing and interested to explore in health-related topics, they also started reporting their physical condition to me actively. I can rest assured that it has promoted our communication, which is good.” (LNL)

Due to the uneven quality of health information communication, the process of intergenerational support is not only the process of obtaining and disseminating health information, but also the process of checking and confirming the elder’s understanding and receiving of the information. During this process, younger generations act as the intermediary group to bridge connecting new media and the elderly, and also filter the health information. This kind of filtering also alleviates the elderly health information avoidance caused by information anxiety and trust crisis.

“In fact, I am still be worried even if old people could search for health information online. For instance, my father seems to be overly concerned about health, checking every time even when he catches the tiniest cold. Preventions and maintaining the awareness are good things, but if someone wants to treat a stomachache with gastroscopy, it is overstated. There is too much false information on the internet that my father could not figure out by himself. If I to tell him directly, I could at least filter out the fake information and tell him what he actually needs to know.” (GWB)

However, this filtering cannot guarantee the authenticity of health information due to the limitation of the mediators’ professionalism and health literacy level. Also, the truth and falsehood of health information are not only matters of individuals, but may also require the intervention of the government, civil society and other organizations[1].

Thirdly, intergenerational support can also promote positive changes of elderly people's health information avoidance behaviors caused by behavioral inertia and unknown risks.

Relatively speaking, the change of health information avoidance behavior caused by behavioral inertia and unknown risks is more difficult, especially for the older people with stubborn personalities. Therefore, in this transformation process, it is necessary for families and younger generations to actively cooperate with formal channels of health communication. They should promote the change of avoidance behavior through continuous efforts, targeted and flexible transmission methods.

Using the interview of HK, mentioned in the previous article, shows that through the cooperation of the elders’ children and the doctors, they constantly changed the mode of communication from complete avoidance, blindly searching on one’s own, to discussing and sharing methods across generations. Especially when families include the generation of grandchildren in their discussion, HK ultimately started to accept health-related information, changing his previous behaviors.

3. Results and Discussion

3.1 Altruisitic Model in Chinese family affect elderly health information avoidance.

Intergenerational support between parents and children can be either upward or downward. Parents who choose to avoid certain health information for fear of financial and mental pressure on their offspring are essentially a form of generational support. The research found that the circumstance of intergenerational relationship in the current Chinese family is: valuing the old people over the young in concept but valuing the young over the old in behavior [2]. In our survey, all 10 middle-aged people
approve the that inter-generational upward support is much important than that for downward support. But, 14 of 25 elderly people said that, they actually don’t need children’s support and even will give their children extra support because they want to ease their children’s burden. This downward supportive behavior of the elderly by avoiding certain health information is to some extent a safeguard of the overall interests of the family. Historical investigation and empirical evidence have both found the best suitable model to explain the Chinese intergenerational support is the Altruistic Model, which enables the family to function like a Corporate Unit[3]. The Chinese family operated in the cooperative mode to ensure the overall interests of the family, especially the economic interests. The health information avoidance behavior of the elderly directly caused by intergenerational relationship is a manifestation of altruism in Chinese family values. The elderly want to avoid certain kinds of information to ensure the material and spiritual stability of the offspring and maintain the current stable state of the family as long as possible. Thus, to answer the first research question, intergenerational relationships are always affected by the altruistic model in Chinese families, which causes the occurrence of health information avoidance behaviors of the old.

3.2 Intergenerational support and health information dissemination for the elderly.

With the growth of age, especially after retirement, the social network of the elderly becomes smaller, their social interaction then gradually decreases, and finally the social circle narrows down to the family. The family becomes the most important field of activity and social support subject for the elderly. Among them, except for spouses, intergenerational relationship becomes the main social relationship for the elderly to receive emotional and material support. Therefore, the social support system for the elderly is based on family support. In addition, family support is the embodiment of the traditional concept of filial piety in China, as well as a form of social capital with strong accessibility. Therefore, the effectiveness of intergenerational support and the harmony of family relations are important factors influencing the psychological and physical health of the elderly. Studies have shown that family relationship has a positive correlation with the mental health of the elderly, and the psychological symptoms in the elderly group are almost all related to the status of family relationship. Among them, effective intergenerational support in the family is the main source of security for the elderly.

The aging process is always accompanied by health problems, and a considerable number of elderly people suffer from diseases in later life. Health issues are inevitable in the aging process, and also the focus of intergenerational support. With the change and transformation of the society, the absolute authority of the elderly in the traditional family relationship is gradually weakened, and the discourse power of the children is increasing. Physically, the old are facing cognitive decline and challenges in learning and processing information. And from the perspective of information status, after retirement, the information location of the elderly in the family gradually becomes more marginalized, from the main information receivers and providers in the previous family to the passive recipients of information, and the information status of the children is improved. With the development of new media technology, the network fulfilled various information makes the elderly have to rely on the young. The information gap and technology gap caused by the development of new media technology, as well as the powerlessness, deprivation and anxiety of the elderly, all make the inter-generational health information support more important.

4. Conclusion

By understanding where the health information avoidance behaviors of the elderly stem from, younger generations would be able to refer to the six criterion of the trusting crisis, the behavior inertia of the elderly, the fear of uncertainty and unmeasurable risks, and technological barriers to identify the cause of the elderly around them before offering support accordingly. Increasing intergenerational support and social awareness of the acquisition of the elders’ health information effectively combats barriers that prevent the elders from actively acquiring, understanding, and utilizing health-related information. Health information of intergenerational support not only reflected in the ease and compensate the elderly health information avoidance behavior, in fact, intergenerational transmission throughout the course of the elderly health information transmission, the degree of each link all play a different role, and health information communication and decision-making in the new media play a crucial for use. Therefore, in the policy and practice of health communication promotion targeting at the elderly, we should attach importance to the mediating role of children and include the whole communication targeting at the family.
References

