Credibility and Adoption of Online Health Information Shared by Parents:

A Study of Young Adults in Mainland China

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This study investigates Chinese young adults' perceived credibility of parent-shared online health information, their intention to adopt such information, and the potential influencing factors. Based on a sample of 356 survey responses, t-tests and hierarchical regression analyses were conducted. Results show that, compared to health information shared by parents, young adults in mainland China generally place greater trust in health information they have obtained themselves. Moreover, both intergenerational intimacy and eHealth literacy were positively associated with perceived message credibility. Building on the regression results, structural equation modeling (SEM) was employed as an exploratory analysis to examine the potential mediating role of perceived message credibility. The SEM results indicated that perceived message credibility partially mediated the relationship between intergenerational intimacy and information adoption intention, whereas it fully mediated the effect of eHealth literacy on adoption intention. By extending its application to the context of health communication across generations in Chinese family, this study enriches the literature on message credibility and provides possible ideas on how to improve intergenerational health communication.

Keywords: intergenerational health communication; information adoption; eHealth literacy; credibility research

Introduction

Searching for health information has been identified as one of the most common online activities (Eysenbach, n.d.). While the public's growing interest in health information unlocks the potential benefits of the internet for public health, the increasingly complex information environment exacerbates potential risks (Song et al., 2019). Understanding how people assess the credibility of health information is a key task for high-quality information providers and an important area for researchers.

Previous studies have shown that strong ties facilitate the adoption of health information as a heuristic cognitive mechanism. That is, people tend to regard messages shared by 'close contacts' as credible (Eysenbach, 2008). However, this idea may be challenged in the intergenerational communication through social media, due to intergenerational gaps in digital media usage found by recent research (Fernández-Ardèvol et al., 2022). Particularly in China, due to the rapid social development over the past 40 years, there is a significant gap in educational attainment between generations. Moreover, population migration has caused many young people to live apart from their families. These social facts have made young people depend on social media to communicate with their elder family members. However, they have different usage habits and levels of information exposure compared with their elders, making intergenerational health communication even more challenging. This may exacerbate the third-person effect (Davison, 1983) within parent-child relationships, as the younger generation tends to perceive their parents as more susceptible to fake news. As a result, they may develop a lower credibility assessment of health information shared by their parents. For example, a focus group study on Chinese

young adults indicated that young people's distrust of the digital literacy of their parents, family members, or relatives leads to a significant bias against health information shared by them (Wu et al., 2024).

Building on this, the present study aims to investigate how young adults in mainland China perceive the credibility of online health information shared by their parents, what factors influence this assessment, and whether these perceptions affect their adoption of the information. By doing so, it makes contributions to credibility research in a particular sociocultural and intergenerational context.

Conceptualization of Variables and Literature Review

Intergenerational Intimacy

In family research, intergenerational intimacy is often framed as the emotional closeness or affective solidarity between parents and adult children. Bray and Harvey's work (1992) on family systems defines it as a high level of mutual openness and mutual respect in the parent-child bond. Other family sociologists describe this intimacy in terms of key positive sentiments. Bengtson and colleagues (Bengtson & Roberts, 1991), for instance, include "understanding, trust, fairness, respect, and affection" as core dimensions of intergenerational affective solidarity between parents and grown children. Their solidarity model distinguishes six dimensions of unity: emotion (warmth, intimacy), connection (contact frequency, types of common activities), consensus (consistency of values and beliefs), function (resource exchange), norm (family obligations), and structure (interaction opportunities) (Bengtson et al., 2002), reflecting the core attributes in intergenerational

intimacy.

In contemporary China, shifts in intergenerational relationships are evident, as parental authority declines and young people's autonomy increases, which fosters new intergenerational intimate relationships (Davis et al., 1993). As a result, intergenerational communication has become an important indicator in assessing intergenerational intimacy, particularly among younger populations. Given the specific focus of this study on the perspectives of adult children, intergenerational intimacy in this paper refers specifically to the emotional closeness or affective solidarity that children perceive in their relationships with their parents.

eHealth Literacy

According to WHO Resolution WHA58.28, eHealth is the cost-effective and secure use of information and communications technologies to support health (WHO, 2005). Building on health literacy, eHealth literacy is defined as "the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to address health problems" (Norman & Skinner, 2006b). This skill requires proficiency in technology, critical analysis of media and scientific information, and adeptness at navigating various information tools to make informed decisions (Norman & Skinner, 2006b).

In this era, good eHealth literacy is of great importance. Research indicates that differences in eHealth literacy reflect the digital divide in health information (Neter & Brainin, 2012). Individuals with high eHealth literacy actively consume diverse information online, use sophisticated search strategies, and achieve more positive psychological (Amoah et al., 2021) and behavioral (Guo et al., 2021) outcomes.

Perceived Message Credibility

As a significant area of research in persuasion and communication research, credibility is conceptualized as three separate concepts -- source credibility, message credibility, and media credibility. Among them, message credibility can be analyzed as a state or an effect, that is, an individual's intuitive judgment of the credibility of a message. It is highly individualized, meaning that different individuals assign different credibility evaluations to the same piece of information (Hovland & Weiss, 1951).

Recent research has pointed out that this judgment process often relies on heuristic cues, such as the reputation, endorsement, or consistency of the information, rather than on systematic cognitive processing (Sundar, 2008; Metzger et al., 2010). In the context of digital communication in particular, social cues such as the identity of the message forwarder and the characteristics of the platform have more important influence on the perceived message credibility. This distinguishes message credibility from source credibility.

Based on this discussion, Appelman and Sundar (2016) proposed an operational definition of message credibility: Message credibility is an individual's judgment of the veracity of the content of communication. Building on this definition, they developed a concise three-dimensional scale to measure perceptions of information as accurate, authentic, and believable.

Information Adoption Intention

Information adoption intention refers to an individual's psychological willingness or tendency to accept and utilize information from specific sources, particularly when making decisions or guiding behaviors (Sussman & Siegal, 2003). As a key outcome variable in information

behavior research, information adoption intention is often regarded as a critical precursor to information adoption behavior. Early models, such as the Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980) and its derivative, the Technology Acceptance Model (TAM) (Davis, 1989), propose that individuals form intentions to adopt specific behaviors or technologies based on their beliefs about the consequences of adoption and their evaluation of those consequences. These models suggest that people develop intentions not only to adopt behaviors or technologies but also towards specific recommendations.

In the context of health communication, information adoption may involve adhering to medical advice, altering lifestyles, or implementing new health practices (Yu et al., 2025). This intention focuses on behavioral aspects related to these areas. Studies indicate that in social media environments, optimizing the format of health information may not directly stimulate behavioral changes among audiences. However, it can enhance perceptions of the information's value, facilitating participation in health information processing and shaping decisions about acceptance and sharing (Shang et al., 2021). Information adoption intention plays a proactive role in bridging the gap between health information dissemination and behavioral implementation in the digital age.

Hypotheses

Davison's third-person effect theory suggests individuals tend to perceive messages from mass media as having a greater impact on others than on themselves (Davison, 1983). Based on this theory, it can be inferred that young people are likely to believe that false health

information on social media affects their parents more than themselves, thereby reducing their perceived credibility of online health information shared by their parents. Given real-world considerations, this mechanism is highly likely to occur within the parent-child relationship. Fernández-Ardèvol et al. (2020) found that there is a significant difference in the channels and content of information accessed by younger and middle-aged and older generations, with younger users being more adept at navigating online health resources and potentially skeptical of information shared by less digitally literate older relatives. Wu et al. (2022) found through their study that younger users would perceive older users' sharing as low credibility signals due to the generational gap in digital literacy, creating a systematic bias that the health information they share is less credible. Thus, we assume that:

H1: Individuals tend to perceive self-obtained online health information as more credible than information shared by their parents.

Classical models in communication and behavioral science have proposed ideas related to credibility influencing adoption intentions and behaviors. The Elaboration Likelihood Model (ELM) posits that the effectiveness of persuasive communication depends on the audience's information processing route, distinguishing between a central route and a peripheral route. In the central route, individuals evaluate the validity of arguments, which subsequently leads to attitude and behavioral changes (Petty & Cacioppo, 1986). Developed from the ELM framework, the Information Adoption Model (IAM) proposed by Sussman and Siegal (2003) argues that information quality and credibility are two key antecedents of perceived usefulness, which in turn influences the likelihood of information adoption. At

the empirical level, many studies have demonstrated a positive association between credibility and adoption intention **(**Elsantil et al., 2022). Therefore, it is reasonable to hypothesize that a similar relationship may exist within the context of Chinese intergenerational family communication. Accordingly, we propose Hypothesis 2:

H2: Perceived message credibility of parent-shared online health information is positively correlated with information adoption intention.

In terms of health information literacy, when older adults encounter health information on online platforms, they may be influenced by their trust in their children, leading them to adopt their children's choices and guidance regarding information acceptance behavior. It can be hypothesized that the bidirectionality of intergenerational interactions means that children's responses to health information from their parents will also be similarly influenced (Li et al., 2025).

Given that the flow of health information currently involves not only content interaction but also interpersonal interaction, factors such as establishing trust with others, determining the credibility of other users, and trust in the social platforms used have become important on social media and social networks. Therefore, intergenerational trust and intimacy can be included as considerations in the metrics for assessing trust in health information (Freeman et al., 2020). Thus, under the premise that H1 holds true, we propose:

H3a: Intergenerational intimacy is positively correlated with perceived message credibility of parent-shared online health information.

H3b: Intergenerational intimacy is positively correlated with adoption intention of

parent-shared online health information.

According to the research by Song et al. (2019), individuals with higher health literacy are relatively less likely to believe in health misinformation. Due to characteristics such as the cognitive decline caused by age among the parental generation (Fan & Yu, 2021), generally lower educational attainment and health literacy (Liu et al., 2015), they are more vulnerable to online fraud, and the online health information they share is more likely to be incorrect. Therefore, it can be inferred that individuals with higher health literacy are more inclined not to believe the information shared by their parents. Therefore, building upon the support for H1, we propose the following hypothesis:

H4a: eHealth literacy is negatively correlated with perceived message credibility of parents-shared online health information.

H4b: eHealth literacy is negatively correlated with adoption intention of parent-shared online health information.

Data Description and Methods

The target group of this study is young adults aged 18-30 in mainland China. The quota sampling method was adopted for sample recruitment. The gender quota ratio, according to the “China Statistical Yearbook 2021” released by the National Bureau of Statistics of China, is approximately 111.25 males for every 100 females. The questionnaire was designed and distributed through the "Wenjuanxing" platform. The data collection period was from February 18th to March 11th, 2024, and a total of 702 questionnaires were collected. After

eliminating the samples whose ages did not meet the standards ("under 18 years old" or "over 30 years old), 549 remained. After further eliminating the samples that failed the attention test, a total of 445 valid samples were obtained. The effective response rate of this survey was 63.4%. The demographic data of the samples and their coding methods are shown in Table 1.

Table 1. Demographic Characteristics of the Sample

Variables	Options	Frequency	Proportion	Coding	Mean	SD
Gender	Male	195	0.44	1	0.44	0.50
	Female	250	0.56	0		
Education	Junior high school	5	0.01	9	16.51	1.95
	Senior high school	22	0.05	12		
	Junior college diploma	24	0.05	15		
	Bachelor's degree	274	0.62	16		
	Master's degree	116	0.26	19		
	Doctoral degree or above	4	0.01	22		
Household Registration Type	Non-agricultural	280	0.63	1	0.63	0.48
	Agricultural	165	0.37	0		
Occupation	Employee	116	0.26			
	Student	306	0.69			
	Others	23	0.05			
Income	≤3,000	226	0.51	1500	4447.19	4835.24
	3,000-5,000	108	0.24	4000		
	5,000-8,000	52	0.12	6500		
	8,000-12,000	31	0.07	10000		
	12,000-20,000	14	0.03	16000		
	≥20,000	14	0.03	24000		
Frequency of parents sharing	Never	89	0.20	1	3.16	1.51
	1-2 times	76	0.17	2		

online health information (over 1 year)	3-5 times	88	0.20	3
	6-10 times	61	0.14	4
	>10 times	131	0.30	5

Notes: “Agricultural household registration”, “Other Status” and “Female” were used as a reference category among the dummy variables. The number of years of education was estimated based on the respondent’s highest educational attainment, following typical durations in the Chinese education system (e.g., junior middle school = 9 years, senior high school or vocational school = 12 years, and so on).

Analytical Approach

The analytical sample for this study included participants (N = 356) who provided valid responses and did not select “Never” for the question “In the past year, how often have your parents shared online health information with you via social media?”

To test H2, a paired-samples t-test was conducted to compare participants’ perceived message credibility of self-obtained online health information and that of information shared by their parents.

Hierarchical ordinary least squares (OLS) regression analysis was employed to examine the relationships between the independent variables and two dependent variables: perceived message credibility and adoption intention. Variables were entered into the regression model in sequential blocks. Demographic control variables (including gender, status, household registration type, income, and years of education) were entered in Block 1. Intergenerational intimacy and eHealth literacy were subsequently added in Block 2 and Block 3, respectively. For adoption intention as dependent variable, perceived message credibility was also included as an independent variable and entered after the other two. In addition, in light of the signals suggested by the hierarchical regression results, structural equation modeling (SEM) was further employed as an exploratory analysis to examine the

potential mediating role of the variable perceived message credibility.

Measures

Independent Variables

Intergenerational Intimacy

This variable was measured using eight items adapted from the Intergenerational Solidarity Model (Bengtson & Roberts, 1991), involving two dimensions of affection (the emotional closeness to parents) and association (evaluated by the frequency and nature of interactions). Respondents were asked on a 5-point scale: 1. Affection: (1) 'How much do you trust parent?'; (2) 'How much respect for parent?'; (3) 'How much affection for parent?'; (4) 'How close do you feel to parent?'; 2. Association: (1) 'We have recreation outside home.'; (2) 'We have brief visits for conversations.'; (3) 'We have important talks.'; (4) 'We help with chores or errands.'

eHealth Literacy

This study uses the 8-item eHEALS to have participants self-report their eHealth Literacy (Norman & Skinner, 2006a). Participants will be asked to answer the following questions, with responses ranging from 1 "strongly disagree" to 5 "strongly agree": (1) I know how to find helpful health resources on the Internet. (2) I know how to use the Internet to answer my health questions. (3) I know what health resources are available on the Internet. (4) I know where to find helpful health resources on the Internet. (5) I know how to use the health information I find on the Internet to help me. (6) I have the skills I need to evaluate the health resources I find on the Internet. (7) I can tell high quality from low quality health resources

on the Internet. (8) I feel confident in using information from the Internet to make health decisions.

Dependent Variables

Perceived Message Credibility

A revised exclusive scale for perceived message credibility created by Appelman & Sundar (2016) is used to measure this variable. For the health information searched by oneself and shared by parents, participants will be asked to answer two sets of questions separately in the questionnaire: "How well do the following adjectives describe the health-related content searched by yourself / your parents shared with you?" (1) Accurate; (2) Authentic; (3) Believable. Each dimension is measured using a 7-point Likert scale (ranging from 1 = describes very poorly to 7 = describes very well).

Information Adoption Intention

In this study, individuals' information adoption intention lead by the health information shared by their parents is measured by a short scale, which is an extract of a whole questionnaire based on the IAM and Health Belief Model (Xiao et al., n.d.). Participants were asked to answer the following three questions, and the optional answers range from 1 ("strongly disagree") to 5 ("strongly agree"): (1) I will apply the advice from information shared my parents to my daily health management; (2) I will adjust my lifestyle and behaviors based on the knowledge from health-related contents shared by my parents. (3) I will follow the health views from the health information shared by my parents and implement my health plan.

Results

T-Tests of Credibility Differences

A paired-samples t-test was conducted to compare participants' perceived message credibility between self-obtained online health information and that shared by their parents. Results revealed a statistically significant difference, $t(355) = 8.97$, $p < .001$, with self-obtained information perceived as more credible ($M_{diff} = 0.49$, 95% CI [0.38, 0.60]). The effect size was moderate (Cohen's $d = 0.48$).

In addition, paired-samples t-tests were conducted separately for participants of different gender and household registration types to examine differences in perceived message credibility between parent-shared and self-obtained online health information. As shown in Table 2, all groups demonstrated significant differences in credibility ratings between the two sources ($p < .001$), indicating a general tendency among participants to trust self-obtained information more. However, subsequent independent-samples t-tests revealed that the differences in credibility scores between gender groups and between household registration groups were not statistically significant. These results suggest that the credibility difference is not significantly influenced by gender or household registration type. These findings provide support for H2: Individuals tend to perceive self-obtained online health information as more credible than information shared by their parents.

Table 2. Paired and Independent Samples t-Tests of Credibility Differences by Gender and Household Registration Type

Groups	Mean difference	df	t	p	Cohen' *d*
Male	0.567	154	4.513	< .001	0.362
Female	0.396	200	8.150	< .001	0.575

Group difference: Gender		313.38	1.532	.127	
Agricultural	0.528	117	4.859	< .001	0.446
Non-agricultural	0.475	237	7.660	< .001	0.497
Group difference: Household registration type		194.92	0.427	.670	

Note: N=356. Mean difference refers to the difference between credibility scores for self-obtained and parent-shared online health information. Cohen's *d* represents the effect size for the paired-samples t-tests.

Perceived Message Credibility as Dependent Variable

To test H3a and H4a, we conducted a hierarchical multiple regression analysis. Table 3.presents the results of the analysis with perceived message credibility as the dependent variable. For demographic variables, compared with females, males ($\beta = 0.237$, $p < 0.01$) had a higher degree of perceived message credibility. This suggests that gender plays a significant role in the perception of health information credibility. Additionally, educational level was negatively correlated with perceived credibility ($\beta = -0.119$, $p < 0.05$), indicating that individuals with higher education levels tend to be more skeptical of the health information shared by their parents. Household registration also had an impact, with non-agricultural household registration participants ($\beta = 0.230$, $p < 0.05$) perceiving the health information shared by their parents as more credible. However, occupation and income did not show statistically significant correlations with perceived message credibility. Collectively, the demographic variables accounted for 7.3% of the variance in the model.

The results indicated that both intergenerational intimacy ($\beta = 0.241$, $p < 0.001$) and eHealth literacy ($\beta = 0.383$, $p < 0.001$) were significantly and positively correlated with the perceived credibility of health information shared by parents. This supported H3a, suggesting that closer intergenerational relationships enhance the perceived credibility of health

information. However, H4a was not supported, as eHealth literacy was not significantly associated with perceived credibility in the expected direction. Despite this, eHealth literacy still accounted for a substantial 13.4% change in R^2 in the overall regression model. The intergenerational intimacy block alone accounted for 11.3% of the variance in the model. In sum, all variables explained 32.1% R^2 change in perceived message credibility.

Table 3. Hierarchical Multiple Regression Analysis for Perceived Message Credibility of Health Information Shared by Parents

	Zero-order	Model 1	Model 2	Model 3
Block 1: Demographic Variables				
Gender (Ref = Female)				
Male	0.169**	0.356***	0.296**	0.237**
Years of Education	-0.158**	-0.282***	-0.136*	-0.119*
Income	-0.031	-0.019	-0.017	-0.011
Household Registration Type (Ref = Agricultural)				
Non-agricultural	0.089	0.287*	0.252*	0.230*
Occupation (Ref = Others)				
Employee	0.004	0.046	-0.061	-0.050
Students	-0.008	0.190	0.111	0.126
Incremental R^2 (%)		7.3		
Block 2: Intergenerational Intimacy				
Intimacy	0.378***	–	0.345***	0.241***
Incremental R^2 (%)		–	11.3	
Block 3: eHealth Literacy				
eHealth Literacy	0.474***	–	–	0.383***
Incremental R^2 (%)		–	–	13.4
Total R^2 (%)				32.1

Notes: N = 356; Cell entries for all models are final standardized regression coefficients for all Blocks; *p < 0.05, **p < 0.01, ***p < 0.001.

Adoption Intention as Dependent Variable

The results for adoption intention as the dependent variable are presented in Table 4. For demographics, only education (β= -0.123, $p < 0.01$) exhibited a significant negative correlation with the adoption intention. As subsequent variables were added into the regression model, the influence of male (Ref = female, β = 0.123, $p > 0.05$) on the dependent variable gradually diminished until it became statistically insignificant.

Among the independent variables, intergenerational intimacy (β = 0.191, $p < 0.001$) and perceived message credibility (β = 0.581, $p < 0.001$) were positively associated with adoption intention, thereby providing support for H1 and H3b. These two independent variables accounted for 16% and 29% of the total R2 change respectively, indicating their strong explanatory power.

At the zero-order and Model 3 stages, eHealth literacy demonstrated a positive and significant correlation with adoption intention. However, in Model 4 (β = 0.070, $p > 0.05$), this effect became nonsignificant after perceived message credibility was introduced into the regression model. Further exploration of this result will be conducted in the following section.

In summary, all the factors included in the table explained 57.2% of the variance in the model.

Table 4. Hierarchical Multiple Regression Analysis for Adoption Intention

	Zero-order	Model 1	Model 2	Model 3	Model 4
Block 1: Demographic Variables					
Gender (Ref = Female)					
Male	0.188***	0.378***	0.306**	0.261**	0.123
Years of Education	-0.248***	-0.282***	0.051	-0.192***	-0.123**
Income	-0.024	0.002	0.004	0.009	0.015

	Zero-order	Model 1	Model 2	Model 3	Model 4
Household Registration Type (Ref = Agricultural)					
Non-agricultural	-0.016	0.078	0.715	0.020	-0.113
Occupation (Ref = Others)					
Employee	0.060	0.334	0.350	0.215	0.244
Student	-0.048	0.382	0.181	0.300	0.227
Incremental R^2 (%)		10.5			
Block 2: Intergenerational Intimacy					
Intimacy	0.457***	–	0.410***	0.331***	0.191***
Incremental R^2 (%)		–	16.0		
Block 3: eHealth Literacy					
eHealth Literacy	0.415***	–	–	0.293***	0.070
Incremental R^2 (%)		–	–	7.8	
Block4: Perceived Message Credibility of Health Information Shared by Parents					
Perceived Message Credibility (P)	0.710***	–	–	–	0.581***
Incremental R^2 (%)		–	–	–	22.9
Total R^2 (%)					57.2

Notes: N = 356; Cell entries for all models are final standardized regression coefficients for all Blocks; *p < 0.05, **p < 0.01, ***p < 0.001.

Exploratory Mediation Analysis

The results of the hierarchical regression analysis showed that both intergenerational intimacy and literacy could significantly predict perceived message credibility and information adoption intention. However, after incorporating the perceived message credibility variable into the regression model, the direct effect of health literacy on adoption behavior is no longer significant. Although the direct effect of intimacy remains significant, its standardized beta coefficient (β) and t-value have both decreased.

According to the four-step method of mediating analysis proposed by Baron and Kenny (1986), it can be speculated that message credibility may play a mediating role in the

relationships among the above-mentioned variables. Specifically, the influence of eHealth literacy may be completely achieved indirectly through message credibility, constituting a complete mediation; while intimacy may have both direct and indirect effects on adoption behavior, constituting a partial mediation. To explore this hypothesis, this paper further constructs a structural equation model (SEM) and uses the Bootstrap method to conduct path prediction and significance tests on the mediating effect (Table 5 & Table 6).

The analysis results show that the chi-square goodness-of-fit test result is not significant ($\chi^2 = 3.195$, df = 1, p =.074), indicating that there is no significant difference between the theoretical model and the observed data. Other fit indices further support the goodness-of-fit of the model. The CFI is 0.995 and the TLI is 0.973, both exceeding the common excellent standard of 0.95. The RMSEA is 0.079 and the SRMR is 0.018, which also fall within the acceptable range. The above results suggest that this model can well reflect the relational structure among variables.

Table 5. Standardized Path Coefficients from the SEM Model

Path	Estimate	β (Std.all)	SE	z	p
Literacy → Credibility	0.762	0.398	0.102	7.467	< .001
Intimacy → Credibility	0.520	0.264	0.108	4.820	< .001
Credibility → Adoption	0.507	0.627	0.038	13.251	< .001
Intimacy → Adoption	0.351	0.220	0.063	5.576	< .001

Table 6. Standardized Indirect, Direct, and Total Effects of Variables on Adoption Behavior

Predictor	Effect Type	Estimate	β (Std.all)	SE	z	p
eHealth Literacy	Indirect	0.386	0.249	0.062	6.814	< .001
	Total	0.386	0.249	0.062	6.814	< .001
Intergenerational Intimacy	Indirect	0.264	0.165	0.055	4.792	< .001
	Direct	0.351	0.220	0.063	5.574	< .001

Total	0.615	0.386	0.080	7.661	< .001

In summary, the relationships among various variables can be represented by Figure 1. The results of the path analysis preliminarily demonstrate that the variable Perceived Message Credibility may have the mediating effect as described above.

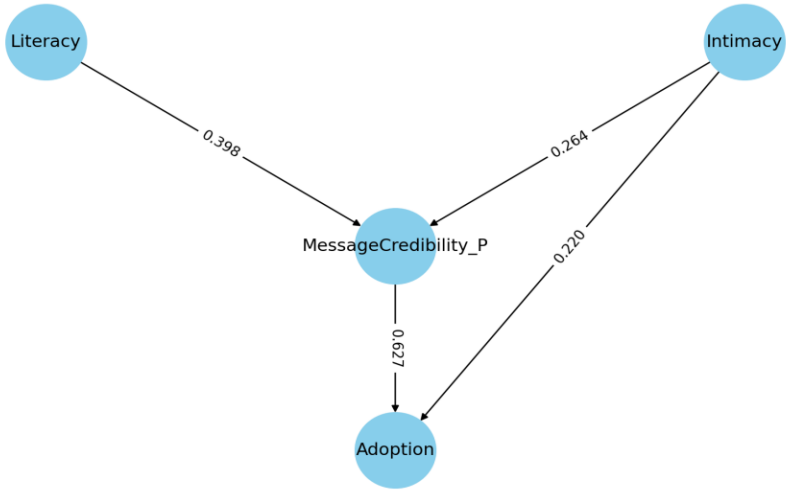

Figure 1. SEM Model Showing the Mediation of Message Credibility between eHealth Literacy, Intergenerational Intimacy, and Information Adoption Intention

Discussion

The t-test results on H2 showed that respondents generally perceived self-acquired online health information as more credible than information shared by their parents. This perception gap was consistently observed across subgroups of gender and household registration types, with no significant main effects from either variable. This suggests that a "credibility gap" is a common phenomenon across demographic groups. This difference is consistent with the third-person effect, which to some extent reveals the barriers to intergenerational health information communication in Chinese families.

China, as a society where family serves as an important bond, has witnessed continuous changes in the characteristics of intergenerational information dissemination with

the development of the times. The results of hierarchical multiple regression suggest that while individuals do evaluate message credibility to inform adoption decisions, both credibility judgment and intention are still influenced by the presence of strong ties. A strong parent-child relationship may directly contributed to adoption of parental health advice without relying exclusively on credibility evaluation of the information itself.

Contrary to our hypothesis, young people with higher eHealth literacy are not more skeptical of the health information shared by their parents. This might be due to the fact that young people with higher eHealth literacy themselves come from a family with a relatively high level of education. Their parents also have higher eHealth literacy, so the content they share can win the trust of their children. A survey from Germany showed a positive association between parents' Healthy Literacy (HL) and children's health behaviors (de Buhr & Tannen, 2020), a situation that may also exist in China.

Limitations and Future Directions

There are limitations in our study that can be optimized. We only considered the one-way dissemination of health information from parents to children and the digital back-feeding behavior of young people towards their parents was not included in the research. Parental attitudes toward children’s shared health information require exploration. Future studies could expand survey scope or use in-depth interviews for broader insights.

The distribution method of the questionnaires was relatively simplistic. All questionnaires in this study were distributed through online platforms. Individuals who prefer certain social software may possess specific personality traits, leading to a classification bias among research subjects. Furthermore, distributing through online platforms makes it

difficult to track responses, hindering targeted re-invitations and impacting the quality and feedback rate.

Additionally, the urban-rural ratio and gender ratio did not meet the ideal quotas, resulting in deviations between the data and the overall population. This may lead to insufficient data support and a lack of universality in practical applications, ultimately affecting decision-making outcomes. To ensure the quota, the sample size can be increased to better represent the target population, thereby enhancing the universality and validity of the research results.

Conclusion

This study assessed the perceived credibility of intergenerational health information sharing among a sample of Chinese youth aged 18-30 years old, examined the predictive roles of eHealth literacy and intergenerational intimacy on young adults' message credibility and adoption intention of online health information shared by their parents, and further explored the mediating mechanisms of message credibility. In the future, we believe that the research direction can be shifted more towards the two-way flow of information and digital feedback. By studying the two-way flow of health information between young adults and parents, we can explore the similarities and differences between the two as transmitters and recipients.

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