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Chapter title: The digital divides in Hong Kong: A small stories analysis of older women's use of smartphones and mobile technologies

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Abstract

Hong Kong is one of the most technologically advanced regions in the world. Mobile data are cheap, information is readily available online and many everyday services are now offered online. The life expectancy of Hong Kong residents has also improved in recent years and the region has a modernized and expansive public health system. However, demographic profiles of local Hong Kong residents reveal significant differences in education and literacy levels that impact the ability of some groups to make use of this highly developed system. Migration patterns and the relatively late introduction of statutory education requirements mean that low-income groups of women aged over 65 in Hong Kong often have lower education and literacy levels than their aged-matched male peers. This paper describes a novel study of 'small stories' told by a group of older Hong Kong Cantonese women about their use of mobile and digital technologies. Data was collected through a combination of semi-structured interviews and group discussions with women aged between 63 and 91. The findings of this research highlight patterns of mobile phone ownership and usage as well as evidence of an ongoing and potentially growing divide between those people who can work with and take advantage of the development of digital technologies and those who can't or don't.

Introduction

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Hong Kong is one of the most technologically advanced and interconnected regions in the world. Internet access is cheap, readily available, and fast (Shen et al., 2018). In keeping with global trends and arguments for efficiency and cost-effectiveness, local services and organizations have enthusiastically pursued the development of health and lifestyle tracking mobile apps along with numerous eHealth (including mHealth) technologies. However, this rapid digitization which has been further accelerated by responses to the COVID-19 pandemic (Ho, Caals & Zhang 2020) has complicated the already existing social inequalities and digital divides between generations and socio-economic groups. Ragnedda (2017) argued that rather than indicating a binary division, the notion of digital divides reflects a continuum of “different degrees of possession and level(s) of use of technologies” (p. 55) across individuals and groups within societies. These differences mean that not all people benefit from digitization to the same degree. Developments in technologies can have the effect of reinforcing existing structural inequalities and social exclusion.

These concerns around digital divides are particularly relevant in Hong Kong which, like many regions across Asia, has a rapidly aging population faced with the increased presence of digital technology in their everyday lives. In 2022, the Hong Kong government reported that more than one million residents, 19.6% of the population, were aged over 65 (Hong Kong Census and Statistics Department, 2022). This figure is forecasted to increase, and it has been predicted that by 2034 the proportion of people aged 65 and over will have risen to 30% (Hong Kong Legislative Council Secretariat, 2015). The demographic profiles of older people in Hong Kong show improvements in educational levels but due to changes in family structures and fragmentation of employment, there are growing concerns regarding the level of poverty amongst this group (Lee & Chou, 2016). Living in high-rise buildings in densely populated areas along with air pollution and high humidity and temperatures in the summer can also exacerbate some of the physical signs of aging (Schooling et al., 2016). These factors alongside low income and variable education levels are likely to have a significant influence on how some older women in Hong Kong integrate health-related information into their everyday lives (Shen et al., 2018).

Devices such as smartphones have been effectively used by some groups and individuals for the distribution of health-related information and maintenance of social networks. Recent data suggests that 68% of women over 65 years of age in Hong Kong are smartphone owners (Slotta, 2022). However, investigating the relationships between phone ownership and usage often poses significant methodological and practical challenges. In this chapter, we explore the use of a ‘small stories’ narrative approach to investigate how a group of older, female Cantonese speakers in Hong Kong talked about and constructed their identities as mobile phone users. In doing so, we take a social constructionist approach to identity as being multiple and performed at an interactional and personal level through communication and language use (Angouri, 2016). From this perspective identity is understood as “something we all ‘do’” rather than “something people ‘have’” (Angouri, 2016, p. 38). This approach to identity draws attention to how people think about and use artifacts or things like mobile phones.

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This chapter draws on data collected through a broader study of older people’s use of digital health information (Turnbull et al., 2021). Health is a complex topic that is often conceptualized by individuals in ways that emphasize its multidimensional nature, and connections to social networks (Hong et al., 2019). Although researchers have tried to investigate the relationships between older people and use of digital technologies, many studies focus on the technical design aspects of devices (refer to Chen, 2020 for an insightful discussion of gerontechnology). Less attention has been directed towards investigating how users conceptualize devices as tools for use in communication and the maintenance of social networks. Investigating the relationship between phone ownership and usage is particularly relevant considering the rapid digitization of health and care services during the COVID-19 pandemic (Wang et al., 2022).

Narrative analysis and small stories about identities

Narrative analysis has been a powerful tool in communication and socio-linguistic research since Labov’s early work (1972) began examining how people ‘story’ life events and assemble identities. In recent years there has been a diversification in the nature of narrative analysis and a shift in focus from narrative texts to narrative practices (De Fina & Georgakopoulou, 2008; Fetzer, 2010). An important element of these developments has been a broadening of conceptualizations of what constitutes a narrative. Page (2010) described moves away from the prioritization of “single-teller, past event stories” towards the small “fragmentary and ephemeral stories told in everyday contexts” (p. 42).

In line with this expansion of the conceptualization of narratives, ‘small stories’ narrative research focuses on the brief, micro-expressions of identity – “small stories-in-interaction” (Norton & Early, 2011, p. 421) rather than big stories about overarching events. The purpose of identity analysis through small stories relates to the mapping of the “diverse identity positions” individuals occupy and the expression of these through everyday communicative practices and “interactive engagements” (Norton & Early, 2011: 421). These often-brief performances of identity are situated within longer narratives about events and daily life yet develop a coherence of their own through repetition and by drawing on other discourses.

The utility of this approach has been demonstrated across various fields of research. In relation to health research particularly, this expansion in narrative analysis has been useful in exploring instances in which people talk about and draw on social relations through which health identity is developed and situated within particular communicates and groups (Phoenix & Sparkes, 2010). Recent work within the field of small stories has also emphasized how an individual’s storytelling links them to both the “here and now” of their micro and macro contexts (De Fina, 2013, p. 41). These links to micro and macro contexts

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suggest that this narrative approach is particularly useful to research related to individuals and groups who may be marginalized by more traditional approaches to research. Individuals unfamiliar or uncomfortable with research environments may give short or incomplete responses to interview questions and may produce narratives that are disjointed or incomplete and harder to analyze using traditional approaches. It has been noted in the literature that additional and creative methodologies are needed to engage often marginalized groups in the research process (Fearn et al., 2010; Bonevski et al., 2014).

In this chapter, we draw on the work of Georgakopoulou (2010) to analyze a set of ‘small stories’ told by eight older Cantonese-speaking women in Hong Kong. In these stories, the women narrate their identities as uses of a variety of electronic technologies includes mobile phones. In doing so, we illustrate the utility of the small stories approach with data sets that may be limited in quantity and of short duration and thus not suited to other types of analysis. Rather than omitting the stories of these women from the developing body of work on how mobile devices and other technologies such as bank machines and entertainment devices are used, the small stories approach allows us to consider how these individuals assembled their own identities as mobile device users in the context of their social networks.

Method

Data collection

The broader study which is the source of the data discussed here was approved by the institutional ethics board of The Hong Kong Polytechnic University (ethics approval code: HSEARS20190418002). Data were collected in July and August 2019 at a community center in Hong Kong. Data collection involved individual interviews with participants in which they completed and discussed two surveys related to their health and the use of various technologies. Participants also attended a series of three or four focus groups in which they discussed their response to the presentation of digital health information. This chapter focuses on a set of eight interviews with women aged between 63 and 91 years as well as the focus groups in which they were involved. Data were analyzed following the ‘small stories’ taxonomy described by Georgakopoulou (2010) with a focus on ‘once stories.’

Interviews involved two researchers spending time with individual women to discuss their health, the use of various technology devices, and to complete two scales often used in gerontechnology research. To accommodate for variable literacy levels, interviewers worked with research participants to complete the scales using various verbal and visual prompts. Follow-up focus groups varied in size (between two and four participants) and duration with a maximum length of 30 minutes. During the focus group activities, research participants reviewed and discussed health promotion information that was

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presented in both static (i.e., brochures and posters) and digital modalities. All activities were conducted in Cantonese Chinese, audio recorded and transcribed verbatim by members of the research team who were native speakers of Cantonese. Transcripts were then verified for accuracy by another team member. After verification, interview transcripts were translated into English by professional translators.

Interviews lasted between 11 and 20 minutes with an average duration of 15 minutes. The women reported education levels ranging from no formal schooling to completing primary school. Four women completed four years or less of formal schooling. All interviewees reported that their monthly income was less than \$10 000 HKD (approximately \$1, 274 US). Most participants reported receiving the Governmental Old Age Living Allowance of approximately \$3, 000 HKD (\$382 US) per month. Other sources of income included money from family members and other government subsidies.

Data analysis

Data analysis for the work reported in this chapter involved careful line-by-line reading of the English translations of the interviews and the Cantonese focus group transcripts. After an initial review of the transcripts, potential small stories were identified and coded in Nvivo12. These were then collated for coding and thematic analysis according to the main information contained in the story. A total of 158 stories were identified.

Findings

Two key themes that arose from the data were related to identity construction. The first of these themes relates to the women as pragmatic users of electronic technologies in their everyday lives. Stories associated with this theme demonstrate the confidence and abilities of these women to use devices that are both familiar and useful in their daily activities. The second theme relates to the identities of these women as owners but not users of smartphones. Analysis of stories associated with this second theme gives insights into the reasoning the women gave for not seeing smartphones as a meaningful addition to their lives.

Theme 1: Women as pragmatic users of technology in everyday activities

The research interviews began with discussion about the women's familiarity with certain electronic devices in their daily lives. This discussion was informed by the work of Chen and Chan (2014) which explores the familiarity that older adults have with different categories of devices such as those used in the home or in activities of daily living such as shopping and transport, communication, health monitoring and for education or recreation. Interviewees were familiar with and described themselves as proficient users of a range of devices such as transport cards (branded as 'Octopus' cards in Hong Kong). The monetary value of these cards is 'topped up' at local stores and the cards are then used to

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‘swipe on’ to transport and to make payments in various types of stores. All interviewees used these cards in their everyday lives to move around the city on public transport (buses, trains, ferries) and to make purchases in stores. Interviewees were familiar with other devices including cooking equipment, televisions, and remote controls. The women were also able to relate their own experiences of using medical equipment used in regular check-ups (e.g., to monitor blood sugar and blood pressure). However, interviewees had not used bank cash (teller) machines to withdraw money, credit cards, CD players, or digital cameras (including those on their phones). Two interviewees who lived with family members were familiar with desktop computers although they did not use the computers themselves.

The women’s small stories gave insights into their attitudes about the use of these devices within the context of their lives. They reflected their lack of confidence in using new or different ways of managing money. For example, an interviewee made the following comment in relation to using cash machines to withdraw money from their bank account: “I don’t know this sort of thing. I don’t know how to use them. I’m afraid I will mess things up.” (Interviewee 12)

This lack of confidence was also evident in relation to using familiar devices such as televisions and CD players. Some women said they would watch or listen if someone else turned the devices on but they would not switch them on themselves. This is illustrated in the following comments from a participant: “(I) do watch TV, but I only watch it when it’s on. If it’s off, (I) won’t go and turn it on” and “(If) someone else puts (CDs) inside then I will watch it. I won’t play it myself.” (Interviewee 13)

These stories suggest that the women saw themselves as bystanders or observers of the use of these devices. Some of these devices were not perceived to be of additional value in their everyday lives and therefore there was little interest or motivation in using them. Additionally, other stories suggest that some women perceived the devices to be too hard to use and beyond their skill level. One participant made the following comments in relation to computers:

“No, we have no use of it. We are too old, too old. I don’t know how to use it. I couldn’t even learn how to play games on it.” (Interviewee 2)

“Computers are too hard to learn. I am stupid you see. I only play cards, er, stretch, er, jog. I can’t do other things. I am old and forgetful; I don’t know how (to use those things).” (Interviewee 2)

These stories about the use of everyday electronic devices indicate that these women were capable users of technologies that played an active role in their daily lives. Travel cards and certain medical devices were personally significant to them. The women had been taught how to use these devices and incorporated them into their own lives. Other devices, however, were of less interest to them and were perceived by some to be beyond their level of skill or ability.

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Theme 2: Women as smartphone owners but not smartphone users

Similar sentiments were evident in the discussion about smartphones. Most small stories told in interviews suggested that these women saw themselves as smartphone owners but not smartphone users. All the women owned smartphones that were Internet enabled. However, seven of the participants reported only using the phones to make or receive calls (one participant reported using texting/messaging functions). The women carried the phones with them all the time and used the call functions frequently – for example: “But I don’t know how to use it. (I) use it only for making (phone calls)” (Interviewee 12). Similarly, other speakers emphasized the use of the call functions as helping them stay in contact with family members: “My grandchildren call me every day; I have to pick up their calls” (Interviewee 4) and “[I have] no idea how to play (mobile) games. But I will use it to text my daughter and son-in-law.” (Interviewee 5). However, the additional functionality of the devices was not viewed as relevant or accessible to them within the context of their daily lives: “My grandson said I should buy the ones like yours. But I won’t, I am too forgetful. It will do as long as I can make calls.” (Interviewee 2)

In the course of expressing these identities as owners but not users, the women invoked a number of reasons or explanations through their narratives. The most commonly occurring stories related to their own perceived lack of skills and ability to learn how to use the smartphone aspects of their devices. The speakers linked their lack of skills to poor memory and retention of details after being taught how to use their phones. Family members and workers at the community centers were identified as the people who could help them learn to how to use the devices. Some women said they wanted to be taught how to use the devices but were dependent upon others for skill development:

Participant A: I know we can use iPad to surf the internet and watch videos. I have used it to watch videos about cooking and doing exercises. But I am not well-versed in the use. I will wait for my children to teach me during their visit. I know how to use it when they teach me, but after that I will forget how to use it.

Some of these difficulties or barriers to learning new skills could be linked to features of ageing such as declining memory or common assumptions about a lack of interest in learning. Some women, however, expressed a desire to learn but did not have any family members who could teach them: “You are lucky to have someone to teach you. I don’t have anyone. If no one teaches me, I won’t know” (Interviewee B). These types of comments indicate the dependence some women had on others for learning how to use the new technologies. This is illustrated in the following extracts in which different speakers express a desire to learn but also show their vulnerability and dependence upon the other people who can facilitate their learning:

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I will touch everywhere and try different buttons. I will use it when I hit the right button. I don't know what it is. I want to learn to use it, but I can't master it because I don't have a good memory (Interviewee B).

I got a smartphone, but I only use it for calling. My children don't teach me how to use the other functions (Interviewee C).

I don't know what it is. I want to learn to use it, but I can't master it because I don't have a good memory (Interviewee C).

Other participants showed a lack of curiosity about how to use the additional functions of the smartphones and did not see the devices as having significant relevance within their daily lives – “we don't need to learn to use smartphones” (Interviewee 2).

The perceived lack of skills and ability in using devices more broadly was also evident in comments related to the use of iPads and tablets at the community center during the focus group sessions. These devices were available to the women to use and workers had provided some training. However, the women did not report finding the devices useful in their everyday lives. Perceived ability to use the devices was also linked with broader literacy skills by one respondent: “Only people who know how to read and write can use iPad. But I don't know.” (Interviewee C). The impact of declining memory skills amongst older people was noted by one interviewee as affecting their use of the iPads. This woman felt that she would be more able to use a device with additional functions to aid her recall: “some accessibilities that can remind me where to touch” (Interviewee C).

These stories told by the women about their perceptions of their skills and abilities in using smartphones and other mobile devices like iPads highlight their nature as passive users of these devices. These women owned smartphones and were regular attendees at the community center, which had iPads and tablets for them to use. However, the women did not perceive themselves as having the skills or potential ability to learn how to make meaningful use of these technologies. Phones were important devices in their lives that allowed them to stay in regular contact with their families. Learning new skills to enable their use of additional functionality was not viewed by them as attainable or perhaps even useful. Some of the women expressed a desire to learn but this also highlighted their vulnerability and dependence on other people who could teach them new skills in a way that was meaningful to them. This lends support to the notion of a digital divide in highly developed and technologically advanced locations like Hong Kong. This notion of a digital divide and limited agency in the use of new technologies is relevant in the context of the ongoing transformation of health and social care services. Some people, such as the women involved in this research, connect health-seeking behaviors with social interaction. For example, hospital visits for medical appointments offered opportunities for interaction and discussion with a range of other people.

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Discussion & Conclusion

The small stories told by these women in relation to the use of everyday technologies, smartphones and mobile devices reflect the complexity of their engagement with new and familiar technologies. These women were highly active and capable individuals in their everyday lives. They described travelling independently around the city on public transport, staying in touch with family and friends and were regular attendees at the community care where the research took place. These women displayed agency in their attitudes and actions in relation to managing aspects of their everyday lives including maintenance of their social networks and health. In their descriptions of these actions, the women highlighted the inherently social nature of their behaviors. Connections and relationships with family members and friends facilitated the flow of information and knowledge. The women had limited interest in accessing information online and perceived themselves to be lacking in the required skills.

Analysis of this set of stories about ownership and use of smartphones highlighted that these women were smartphone owners but not smartphone users. The women made extensive use of their devices for making or receiving calls, but they did not see the devices as useful or easily used for seeking out information or for entertainment. They did not perceive themselves as having the necessary skills or knowledge to develop their confidence in using smartphones. Additionally, they did not associate the smartphone functions with the social connections they seemed to seek or value. This is relevant in the context of eHealth, and mHealth as development of these technologies is often guided by the assumption that phone ownership and basic usage skills are the primary barriers to uptake. The small stories told by these women indicate that significant barriers to usage also relate to the perceived utility or 'added value' of the devices in their everyday lives. When the women discussed how and where they accessed health-related information, they emphasized the importance of social networks and personal interactions. Smart phones and mobile devices were not seen as providers of these additional and important dimensions.

This chapter has focused on the use of a small stories approach to analyze a set of data in which older, Cantonese-speaking women with low incomes discussed their health and their use of mobile devices. This group is rarely the focus of qualitative, technology-focused research yet represents an important social group within Hong Kong and societies more broadly. Of particular interest in Hong Kong is the high level of smartphone ownership yet low level of use of the associated functions. This gap between ownership and usage warrants further investigation and it is important for policymakers and technology developers to be aware of the different ways in which people make use of smartphones.

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References

Angouri, J. (2016). Studying identity. In Z. Hua (Ed.), *Research methods in intercultural communication: A practical guide* (pp. 37-52). Wiley Blackwell.

Bargh, J., & McKenna, K. (2004). The Internet and social life. *Annual Review of Psychology*, 55, 573-590. <https://doi.org/0.1146/annurev.psych.55.090902.141922>

Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., Brozek, I., & Hughes, C. (2014). Reaching the hard-to-reach: A systematic review of strategies for improving health and medical research with socially disadvantaged groups. *BMC Medical Research Methodology*, 14, 1-29. <https://doi.org/10.1186/1471-2288-14-42>

Chen, L. (2020). Gerontology and artificial intelligence: Better care for older people. *Archives of Gerontology and Geriatrics*, 91, 104252. <https://doi.org/10.1016/j.archger.2020.104252>

Chen, K., & Chan, A. (2014). Gerontechnology acceptance by elderly Hong Kong Chinese: a senior technology acceptance model (STAM). *Ergonomics*, 57, 635-52. <https://doi.org/10.1080/00140139.2014.895855>

De Fina, A. (2013). Positioning level 3: Connecting local identity displays to macro social processes. *Narrative Inquiry*, 23, 40-61. <https://doi.org/10.1075/ni.23.1.03de>

De Fina, A., & Georgakopoulou, A. (2008). Analysing narratives as practices. *Qualitative Research*, 8, 379-387. <https://doi.org/10.1177/1468794106093634>

Fearn, P., Avenell, A., McCann, S., Milne, A. C., & MacLennan, G. (2010). Factors influencing the participation of older people in clinical trials — data analysis from the MAVIS trial. *Journal of Nutrition, Health and Aging*, 14, S1-S6. <https://doi.org/10.1007/s12603-010-0009-x>

Fetzer, A. (2010). Small stories in political discourse: The public self goes private. In C. Hoffman (Ed.), *Narrative Revisited: Telling a Story in the Age of New Media* (pp. 163-183). John Benjamins Publishing Company.

Georgakopoulou, A. (2010). Reflection and self-disclosure from the small stories perspective: A study of identity claims in interview and conversational data. In D. Schriffin, A. De Fina & A. Nylund (Eds.), *Telling stories: Language, narrative, and social life* (pp. 123-134). Georgetown University Free Press.

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Grossi, V., & Gurney, L. (2020). 'Is it ever enough?' Exploring academic language and learning advisory identities through small stories. *Discourse Studies*, 22, 32-47.
<https://doi.org/10.1177/1461445619887540>

Ho, C.WL., Caals, K. & Zhang, H. (2020). Heralding the digitalization of life in post-pandemic East Asian societies. *Bioethical Inquiry*, 17, 657–661. <https://doi.org/10.1007/s11673-020-10050-7>

Hong Kong Census and Statistics Department. (2022). *Hong Kong in Figures*.
<https://www.censtatd.gov.hk/hkstat/hkif/index.jsp>

Hong Kong Legislative Council Secretariat. (2015). *Population profile of Hong Kong*.
<https://www.legco.gov.hk/research-publications/english/1415in07-population-profile-of-hong-kong-20150416-e.pdf>

Hong, M., Shin, H., & De Gagne, J. C. (2019). Social networks, health-promoting behaviours, and health-related quality of life in older adults with and without arthritis. *PLoS One*, 14, e0220180.
<https://doi.org/10.1371/journal.pone.0220180>

Labov, W. (1972). *Language in the Inner City: Studies in the Black English Vernacular*. University of Pennsylvania Press.

Lee, S., & Chou, K. (2016). Trends in elderly poverty in Hong Kong: A decomposition analysis. *Social Indicators Research*, 129, 551-564. <https://doi.org/10.1007/s11205-015-1120-5>

Norton, B., & Early, M. (2011). Researcher identity, narrative inquiry, and language teaching research. *TESOL Quarterly*, 46, 415-439. <https://doi.org/10.5054/tq.2011.261161>

Page, R. (2010). Re-examining narrativity: Small stories in status updates. *Text and Talk*, 30, 423-444.
<https://doi.org/https://doi.org/10.1515/text.2010.021>

Phoenix, C., & Sparkes, A. C. (2009). Being Fred: Big stories, small stories and the accomplishment of a positive ageing identity. *Qualitative Research*, 9, 219-236. <https://doi.org/10.1177/1468794108099322>

Ragnedda, M. (2017). *The Third Digital Divide: A Weberian Approach to Digital Inequalities*. Routledge.

Scheerder, A., van Deursen, A., & van Dijk, J. (2017). Determinants of Internet skills, uses and outcomes. A systematic review of the second- and third-level digital divide. *Telematics and Informatics*, 34, 1607-1624. <https://doi.org/10.1016/j.tele.2017.07.007>

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Schooling, C. M., Chan, W. M., Leung, S. L., Lam, T. H., Lee, S. Y., Shen, C., Leung, J., & Leung, G. M. (2016). Cohort Profile: Hong Kong Department of Health Elderly Health Service Cohort. *International Journal of Epidemiology*, 45, 64-72. <https://doi.org/10.1093/ije/dyu227>

Shen, C., Wang, M., Wan, A., Viswanath, K., Chan, S., & Lam, T. (2018). Health information exposure from information and communication technologies and its associations with health behaviors: Population-based survey. *Preventative Medicine*, 113, 140-146. <https://doi.org/10.1016/j.ypmed.2018.05.018>

Slotta, D. (2022, February 8). *Penetration rate of smartphones among people over ten years old in Hong Kong from June to October 2020, by gender and age group*. <https://www.statista.com/topics/5970/smartphone-market-in-hong-kong/#:~:text=At%20almost%2080%20percent%2C%20Hong,million%20people%20owning%20a%20smartphone.>

Turnbull, M., Jin, Y., Yau, A., Lai, M., Cheung, M., Kwan, W., & Watson, B. (2021). mHealth in hyperconnected Hong Kong: Examining attitudes and access to mobile devices and health information among older Chinese residents. *mHealth*, 7. <https://doi.org/10.21037/mhealth-20-123>

Wang, W., Sun, L., Liu, T., & Lai, T. (2022). The use of E-health during the COVID-19 pandemic: a case study in China's Hubei province. *Health Sociology Review*, 31, 215-231. <https://doi.org/10.1080/14461242.2021.1941184>

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