Chinese News Media Discourse of Doulas and Doula Care

Zehui Dai, PhD

ABSTRACT

This article highlights the relationships among Chinese society, the discourse about doulas and doula care in childbirth, and Chinese women. The author used a critical feminist lens to analyze the discourse about doulas, doula care in childbirth, and women in Chinese mainstream news media. This analysis showed that the Chinese news media and government encouraged and promoted becoming a doula as a profession and doula care in labor in terms of cultural, social, and political factors. An argument was presented that these discourses obscure a nuanced understanding of Chinese women's maternal health in general.

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INTRODUCTION

A woman has little to influence what she can do in most Chinese hospital childbirth settings. Obstetricians and midwives are in charge of the childbirth process and exert medical authority over the pregnant woman ready to give birth. However, as feminist health scholars have noted, ensuring a woman's ability to obtain respectful maternity health care and her ability to advocate for herself during labor are significant (Kennedy, 2000, 2014). In fact, many health scholars and practitioners believe that women who have had an embodied knowledge of the process have always supported other women in labor and childbirth. Since the 1990s, in the Chinese context, there has been an emergence of the "doula" phenomenon (Cheung, Mander, & Cheng, 2005; Cheung,

2009). Some women have started to call themselves "doulas" and have been charging money for the support services that they provide during child labor. This revival of the role of the "doula" in the child birthing process is also visible in Western nations (Papagni & Buckner, 2006).

According to Doulas of North America International (hereafter DONA), doulas are nonmedical maternal health care workers who provide physical, emotional, and informational support during pregnancy, childbirth, and/or the postpartum period (DONA International, 2018b). A doula's role is to help one birthing mother to have a safe and comfortable childbirth experience by centering the birthing mother's body and feelings and by making sure that the

birthing mother is able to holistically experience the childbirth process (Bäckström & Hertfelt Wahn, 2011; Gruber, Cupito, & Dobson, 2013; Hunter & Hurst, 2016).

In this article, the author begins by discussing relevant literature about doulas and doula care in general. Then, it focuses on doulas and doula care in contemporary China. Next, the author presents feminist scholars' views on women's reproductive health, and then analyzes how these issues are presented in and applied to doula discourse in China. The author offers examples from Chinese mainstream media to represent the discourse about doulas and doula care in general. By doing this, the author points out how current Chinese mainstream media discourse about doulas and doula care in clinics connect with Chinese society, related reproductive policies, and the discourse of doulas in childbirth.

DOULAS AND DOULA CARE

Doula is a Greek-derived term for a woman who is experienced in providing continuous nonmedical, physical, emotional, and informational support during pregnancy, childbirth, and/or the postpartum period (Campbell, Lake, Falk, & Backstrand, 2006; Dundek, 2006; Gentry, Nolte, Gonzalez, Pearson, & Ivey, 2010; Stein, Kennell, & Fulcher, 2003). The role of a doula is described as focusing on the mother's comfort and wishes during labor (Papagni & Buckner, 2006). A doula's role is five-fold: (1) to provide continuous emotional support (e.g., talking to the mother, providing encouragement with eye contact); (2) to keep the mother informed during the labor process; (3) to assist the mother to adopt physical positions in labor (e.g., free positions); (4) to continuously communicate with the mother through verbal and nonverbal communication and to not let the mother feel alone; and (5) to facilitate immediate skin-to-skin touch between mother and baby following the birth and to promote breastfeeding (Klaus, Kennell, & Klaus, 2002; Lamaze International, 2017, 2018; Langer, Campero, Garcia, & Reynoso, 1998; Stange, Oyster, & Sloan, 2011).

The popularity of doula care has been growing since the 1980s in the United States, when researchers and health practitioners started to document the benefits of labor support (Morton & Clift, 2014). Thousands of women have embraced this profession globally

(Kozhimannil, Johnson, Attanasio, Gjerdingen, & McGovern, 2013; Steel, Frawley, Adams, & Diezel, 2015). DONA International, founded in 1992, is the first and largest doula certifying and recognized organization in the United States, which has more than 12,000 registered members (DONA International, 2018a). In addition, there are many other national and international organizations that train and certify doulas (e.g., Childbirth Professions International; Childbirth and Postpartum Professional Association).

Doulas are unique since they are employed by women, but they have no decision-making responsibilities for birthing mothers (Davis-Floyd, 2004; Hodnett, Gates, Hofmeyr, & Sakala, 2007). They are expected to devote themselves and work throughout the entire childbirth process (Stein et al., 2003).

The provision of doulas' caring work is varied. Some doulas provide assistance during labor and childbirth, and postpartum doulas provide care at the time after birth. Some doulas offer support for women who have abortions, miscarriages, and other reproductive experiences (Chor, Goyal, Roston, Keith, & Patel, 2012). Some doulas are in private practice and are paid by individuals for their services. Other doulas work on a volunteer basis, sometimes in formalized hospital-based programs designed to provide doula care to any women who may need labor support (Dai, 2018; Kozhimannil et al., 2013; Morton & Clift, 2014).

Researchers have found that doula care encourages positive birth outcomes, including decreased need for medical technological intervention and pain medications (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2012) as well as lower rates of birth complications or having a low birth weight newborn (Gruber et al., 2013). There is a great deal of scholarship suggesting that the time frame around labor and birth are stressful for the mothers (e.g., fears of pains, concerns for a baby's safety) (Lothian, 2009; Srisuthisak, 2009). It also is evident that maternal stress during labor and birth can delay the onset of lactation and interfere with breastfeeding (Chen, Nommsen-Rivers, Dewey, & Lönnerdal, 1998; Dewey, Nommsen-Rivers, Heinig, & Cohen, 2003; Tully & Ball, 2014). Continuous doula support (e.g., emotional, physical, and informational) during labor and birth has been shown to reduce maternal stress, fears of labor, and unnecessary medical intervention (Klaus et al., 2002; Kozhimannil et al., 2013).

Doula care is a relatively new profession in mainland China. Dr. Defen Wang, an obstetric staff member at Shanghai Maternity Health Hospital, introduced the concept of the doula and doula care into China in 1996 (Bock, Pain, & Jhang, 2017; Shu & Wang, 2002). Dr. Wang translated the term “doula” as “dao le” in Chinese. However, the role of a doula and the ideas about doula care in pregnancy and labor took quite a few years to become known and accepted in Chinese clinical settings.

A growing number of doulas who have had pregnancy experiences (normally, they underwent childbirth themselves) and some relevant professional doula care trainings (e.g., seminars about childbirth from Lamaze International, workshops by the International Childbirth Education Certificate Association) are emerging in mainland China (Dai, 2018). In fact, Chinese certificated doulas are obligated to register with some international official departments or organizations (e.g., DONA, Lamaze International, Childbirth Professional International, and International Childbirth Education Association).

Some literature defines a doula as a “privately-hired labor delivery room midwife or nurse providing one-to-one care during labor” in Chinese cultural and medical contexts (Cheung et al., 2005; Zhai, 2005). The Chinese doula takes her lead from what she sees as the doula’s purpose in a Chinese context and does not unthinkingly adopt definitions and structures handed down from Western doula associations. Chinese doulas are closely linked with Chinese midwifery in medical perception, and the cultural interpretation is linked to what local policy makers also observe (Cheung et al., 2005; Cheung, Mander, Wang, Fu, & Zhu, 2009).

Medical childbirth support, however, is mostly seen as support through medical, herbal and technological intervention. Yet, it is also true that, whether some medical structures in China acknowledge it or not, the provision of social, cultural and physical assistance is also childbirth support (Basile, 2012; Iravani, Zarean, Janghorbani, & Bahrami, 2015). Various cultures have childbirth support systems that address pregnant women’s anxieties and concerns—the unknown factors that include fear, pain, and the possibility of death (Cohen & Mannarino, 2011; Haines, Pallant, Karlström, & Hildingsson, 2011). In particular, labor support—the provision of emotional, physical, and informational

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support—became a delimited role in the form of the doula (Hodnett et al., 2012; Torres, 2013).

The demand for doulas in China is increasing, and the rise in the use of doulas is thought to be due to increasing dissatisfaction with current institutional maternity health care. In fact, Chinese women are generally not provided the continuity of care and emotional support they want within the maternity system (Cheung et al., 2009; Gu, Wu, Ding, Zhu, & Zhang, 2013; Homer, Davis, & Brodie, 2000; Raven et al., 2015). Thus, the increase in doulas and doula care during childbirth and pregnancy is both critical and demanded in Chinese cultural and medical contexts in order to respond to women’s dissatisfaction with their support in labor.

NEWS MEDIA COVERAGE ON DOULAS

It is important to note that news media play an essential role in both creating and influencing cultural norms and social discourse (Dacin, Dacin, & Matear, 2010; Scollon, 2014). The news media are the central interpretive system of contemporary society (McQuail, 1994) in terms of raising awareness and disseminating information. In terms of health issues, there is an association between news media coverage of maternal health issues and public attention towards the issue (Gugsa, Karmarkar, Cheyne, & Yamey, 2016; Zhang, Jin, Stewart, & Porter, 2016). Moreover, there is a considerable discussion around the influence of news coverage on people’s perceptions of and expectations for birth and labor (Giles, Holmes, McColl, Sniehotta, & Adams, 2015; Luce et al., 2016). Women are exposed to a proliferation of news coverage about pregnancy, birth, and breastfeeding (Bock et al., 2017; Foss & Southwell, 2006). In fact, more health and maternal news are

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available and accessible from diverse providers. As a health communication researcher with a feminist media studies background, the author is interested in the discourse of doulas and doula care in Chinese news media.

Research on doulas and doula care in China lacks a critical touch that focuses on the unique contribution of the sociocultural context of maternity, femininity, and sexuality. To fill this gap in the research, the author uses a feminist lens to examine popular discourse and images about doulas and doula care in Chinese mainstream media to (a) explore how cultural notions of women and the status of women in China manifest in discussions about doulas and doula care, and (b) explain how current portrayals of the doula may be reproducing dominant views about womanhood and women's reproduction. From the review of the literature, the question guiding this study is: *How do sociocultural and medical views about doulas and doula care manifest in the discourse of Chinese news media?*

METHOD

Using a feminist framework to ground this study, the author did a qualitative textual analysis of Chinese mainstream media coverage of doulas and doula support in childbirth. The framework encourages researchers to bring gender injustices to light in order to dismantle them (Jaggar, 2013).

It problematizes the gendered perspective where the male point of view is considered the standard against which all others are compared (MacKinnon, 1983). By applying a feminist perspective in this analysis of Chinese media coverage of doulas and doula care in childbirth, the author is drawing critical attention to understanding doulas, doula care and women's labor experiences.

ANALYSIS

The author used "doula" and "doula care" as search terms to retrieve news stories about doula care in childbirth from Chinese media houses, including *iFeng News*, *Xinhua News*, *China Daily*, and *People's Daily*. Stories from these media houses were retrieved from their official Chinese websites by searching for the corresponding characters. All the news articles were written in Chinese, and the author analyzed the news in Chinese. For the purpose of reporting in this manuscript, the author translated the articles into English.

Stories and accompanying pictures published between January 2011 and September 2017 were analyzed using the critical feminist lens. The author picked 2011 and 2017 as the timeframe because the term "doula" emerged in Chinese mainstream news media in 2011; this increased public attention and discourse about doulas and doula care in labor in China. First, the author read through each news story to get a general understanding, asking "what are the sociocultural notions about doulas and doula care in labor communicated in this news article?" Second, the author highlighted relevant quotes and sentences in the news stories and created a coding document. The author generated preliminary codes, including doula, maternity health, childbirth, reproduction, and women's body. In the coding and analysis, the author also gave attention to those texts that made sociocultural and political assumptions about womanhood, social support, and maternal health care in discourses around doulas as well as doula support. These media texts were chosen because of the social, cultural, and political layers they add to a current understanding of doulas and doula care in contemporary China.

RESULTS

Themes in Coverage of Doulas and Doula Care

A total of 76 doula-related stories were reviewed and analyzed. Stories cross-listed in multiple media outlets were reviewed and analyzed once. The author discovered key themes in discussions about doulas and doula care in labor in Chinese news media coverage, including introduction of doulas, promotion of doula care in labor, influence of doula care for the second-child policy, as well as women-relevant topics and references to sociocultural and political notions about doulas. These are discussed below.

Introduction of Doulas

The author found that the introduction of doulas as professional obstetric staff was highlighted by referencing women-centered maternal health care. This is seen in story headlines such as "Women-Family-Centered Maternity with Doula Support" and "Doula Provides Support for Women in Labor." One article wrote,

Doula is a Greek derived term for a woman who is experienced in providing continuous emotional support during childbirth. A doula is a woman with professional maternal health knowledge and

labor experience, who provides company and social support for a pregnant woman in labor. A doula is a new professional health worker. (Zhang & Liu, 2016, para 1)

The author also found a large portion of news articles that were reported from pregnant women's perspectives through their personal narratives with doula care in labor. One article wrote,

In the delivery room, I received support from a doula. When I felt the pain of contraction, the doula helped me to relax and breath. She also taught me how to do a Lamaze breath, which distracted my attention from the pain of contraction. She was very supportive and nice. (*First Doula Training Program*, 2012, para 15)

Another article suggested receiving continuous support from a doula could reduce the pain of contractions. "Doulas can guide women to use a peanut ball or yoga ball in the preparation stage of labor. Doulas can also guide women to walk and move around in order to reduce the pain" (Zhang & Liu, 2016, para 1).

Importantly, with the introduction of doulas, a form of doula-midwife emerged in Chinese hospitals. One article suggested that normally after receiving relevant trainings, Chinese midwives and nurses provided doula care for women in labor. In other words, they were hospital-based doulas or doula-midwives (*The Story of a Young Professional*, 2014). These groups of hospital-based doulas were allowed to enter the birth room to provide emotional and physical support for women and were responsible for providing professional maternal medical service. Another article described the basic criteria to become a certificated doula in China. "To become a doula, the applicant needs to [be] a woman with registered nurse certification and experiences of childbirth as well as be familiar with maternal knowledge" (*First Doula Training Program*, 2012).

Moreover, the author discovered that the introduction of doula care was often discussed in relation to cooperation with Western clinics, especially collaboration with American obstetric staffs. One article stated that "26 obstetric staffs received a training in California Pacific Medical Center" (*Midwife Daily*, 2017, para 11). Importantly, the six healthy birth practices of Lamaze was also an important theme that emerged alongside the international cooperation.

One article described a Lamaze training seminar that was held by Guangzhou Elizabeth Women's Hospital in 2013. Dr. Jeanette Crawshaw (the former chair of Lamaze and a professor from Texas Technology Nursing School) and several Chinese childbirth educators led the training. Training included guiding expectant mothers through several techniques in labor, including allowing labor to begin on its own, how to walk and change positions throughout labor, as well as bringing a doula for continuous support in labor (*It's More Than a Breath*, 2013, paras 2–4).

Furthermore, the author located six articles introducing the concept of a "doula" as an instrument. Around 2000, Chinese researchers innovated a non-medical doula instrument for women to use in natural birth (*Doula Supported Labor*, 2011). One article wrote,

Doula instrument started to be used this March in clinics, and it is an effective instrument for women to reduce pain in their labor. With the assistance of a doula instrument, the length of the labor is shortened to about 2 hours in average. Professor Yanyan Ma also explained that, when compared to medical epidural, the operation of the doula instrument was easier and convenient. (*Doula Supported Labor*, 2011)

Promotion of Doula Care Program in Labor

Moreover, promotion of doula care in labor was another theme that emerged from the analysis. The articles "Luoyang Maternity and Child Health Hospital Develops Doula Care in Labor" and "China Women's Development Foundation Promoted Doula Care Program in Chongqing" suggested that doula care in labor is promoted and organized by officials in different cities in China. One article from *iFeng News* stated:

Since 2015, China Women's Development Foundation promoted 'doula care in labor program' in Fukang Remin Hospital. As the program develops, China Women's Development Foundation will provide related medical equipment for the Fukang Remin Hospital for free, and offer doula training for midwives and obstetric staff in order to provide respectful maternal health care for women in pregnancy and labor. (*Hangzhou Aima maternal hospital is ranked as a good baby-friendly hospital*, 2015)

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Another article described that the program of “Doula Care in Chongqing” was part of the Chongqing Women’s Federation’s development projects, alongside “Reduce Breast Cancer and Ovarian Cancer,” “Love in Action for Mothers,” and “Elimination of Infant Anemia.”

In fact, China Women’s Development Foundation and Women’s Federation in different cities were highly involved in the organization and promotion of doula care in labor. Besides the cities mentioned above, Chinese officials also promoted doula support in labor in various hospitals in Shanghai, Guangzhou, Baoji, Hangzhou, Lanzhou, Zhengzhou, Hohhot, and Qinhuaangdao. The promotion program was a collaboration between Chinese Women’s Development Foundation and local maternity and child health hospitals. As the Chinese maternal health-care system suggested, the majority of local maternity and child health hospitals have been public hospitals. Besides public maternal hospitals, there is an increasing number of private maternal hospitals also adopting the model of “doula support in labor.” As the *iFeng News* and *Xinhua News* suggested, Hangzhou Aima Maternity Hospital and Gansu Maria Gynecology Hospital (located in Lanzhou) were two baby-friendly private hospitals that provided doula support for women in labor under the guideline of Hangzhou and Lanzhou Women’s Federations, respectively.

Importantly, the theme of promoting doula care was associated with an increasing rate of natural births and a decreasing rate of cesarean. One article wrote,

In Inner Mongolia Hohhot Maternity and Child Health Hospital, the rate of cesarean section has decreased to 32%, which was lower than the cesarean section rate of Inner Mongolia Province. The low rate of cesarean section was due to obstetric staff utilizing doula support and providing respectful maternal care for women, and they intended to provide free-positions in labor. Obstetric staff also advocated for natural birth without unnecessary medical interventions. (*Midwife Daily*, 2017, para 11)

Another article from *Xinhua News* reported that “Since 2013, due to the promotion and development of doula support programs in Chongqing, there were 5,456 pregnant women who had natural birth and all of their children were safe” (Chongqing, 2015, para 2).

Second Child

Consistent with the ideology of population control for economic self-sufficiency, the One-Child Policy was enforced in China in 1979. From 1979 to 2015, the strict policy also brought about a shortage of younger relatives to care for an aging population. The nation has also faced a labor shortage. The Chinese National Health and Family Planning Commission states, “abolishing the one-child policy would increase labor supply and ease pressures from an aging population” (Buckley, 2015). Therefore, the Chinese government shifted from the One-Child Policy to the Second-Child Policy by the end of 2015 in order to support “sustained and healthy economic development” (Zraick, 2015). With the national population planning policy, the author also discovered that family planning for a second child has been discussed in relation to doula support and natural childbirth. One article wrote,

With the second-child policy, many pregnant women got pregnant at older ages. Older mothers during pregnancy are prone to premature birth, placental abruption, and other phenomena. They took higher risks than young pregnant women. (*Li*, 2017, para 12).

Moreover, another article suggested doula care increased the rate of natural birth, which provided a healthy condition for women to have a second child. Likewise, women who had a natural birth recovered more quickly than women who had a cesarean, and natural birth was good for a woman’s uterus (Hangzhou Aima maternal hospital is ranked as a good baby-friendly hospital, 2015, para 8).

DISCUSSION

The author examined the discourse about doulas and doula support in labor in the Chinese mainstream news media and its implications for maternity health care and women’s reproductive situations. The analysis showed that the majority of Chinese news media coverage on doulas and doula care were about the introduction and promotion of doula care programs. This was because doula care, as

an emerging health profession, and the idea of providing doula care in labor, were still relatively new in contemporary China. As the author discussed above, the term “doula” first emerged as a health profession in Chinese mainstream media in 2011. Doula care was introduced to China around the 1990s, but the role of a doula and the idea of doula care took quite a few years to receive Chinese media attention.

Importantly, the meanings of doula in Chinese culture differ somewhat from doula in Western (particular American) cultures. Doula is not only a medical profession, but it is also a medical instrument utilized during natural birth to help women reduce pain. Although news reports did not provide adequate details about how a doula instrument works or how it could help women reduce pain in labor, it was evident that doula instruments are helpful for reducing pain and shortening labor stages (Bock et al., 2017).

Furthermore, Chinese culture includes the role of a doula-midwife. Doula-midwives are women with nursing backgrounds or midwifery experience. After they receive some relevant doula care training provided by the hospitals, they start to practice doula care for laboring mothers. A doula-midwife also needs to prepare for routine medical practice for vaginal births. One of the reasons that Chinese certified nurses or midwives play the role of doulas is because Chinese public hospitals (government based) do not allow non-obstetrics staff to enter the birth room (Cheung et al., 2005; Raven et al., 2015). In fact, neither a woman’s family members nor other supportive birth companions are allowed to be with her in the birth room to support vaginal birth, since the labor suite is shared by many other laboring mothers and is considered too crowded to accommodate other birth companions (Cheung et al., 2005). A Chinese doula-midwife has to devote time and knowledge to provide emotional and clinical support and to facilitate coping as a woman responds to her labor. Meanwhile, Chinese doula-midwives differ from Western doulas by possessing a much broader and deeper understanding of technical processes and concerns. Indeed, a doula-midwife’s practice of maternal care in labor emphasizes the relations between biological needs and cultural needs in terms of Chinese societal and medical contexts (Cheung et al., 2009).

Although doulas and doula care in Chinese cultures differ from Western cultures, doulas and

doula care—as a medical practice introduced from Western culture—do associate with Western clinics and maintain various collaborations with Western obstetric staffs, in particular American clinics. As my analysis of Chinese mainstream media coverage revealed, Lamaze International had strong connections and cooperated with local Chinese hospitals to provide childbirth education seminars for Chinese nurses, midwives and doulas, as well as conducting seminars for expectant mothers and their families.

Importantly, both Chinese public hospitals and private hospitals have encouraged and promoted the program of doula care in labor. Public hospitals are more likely to train current registered nurses and midwives to be doula-midwives, and these groups of doula-midwives are allowed to work in the labor suites with expectant mothers. Although the news reports did not reveal whether doulas/doula-midwives could work in the private hospitals’ birth suites or not, the analysis suggested that private hospitals also welcomed the program of doula care for women in labor.

Despite diverse meanings in Chinese cultures, the basic premises of doulas and doula care—women-centered maternal health care and promotion of natural childbirth—are still practiced and promoted by Chinese maternal health workers in clinics. As Chinese mainstream news media suggested, expectant mothers often spoke of receiving continuous support from a doula or a doula-midwife during their labor experience.

Chinese mainstream media also suggested that doula care in labor increased the rate of natural births, which offered healthy conditions for women to have a second child. The author argues that the promotion of doula care in labor has become a strategic means to persuade women to have a second child. It is beneficial for expectant mothers receiving emotional, informational, and physical support from Chinese doulas/doula-midwives. However, receiving this type of support should not be their main consideration for having a second child. As the author was writing this article, a 26-year-old Chinese woman who was pregnant for over 41 weeks committed suicide after her family refused to allow her to have a cesarean (Chen, 2017). For her case,

a vaginal birth would have been risky and dangerous. Under Chinese laws, her family members had to give permission before obstetric staff would perform surgery. Her husband and mother-in-law demanded her to have a second child, which was the reason they refused to give permission for a cesarean. It is evident that vaginal birth is a much better choice for women in labor in some situations. However, natural birth should not be the only birth choice for women. Importantly, doula care should not become a strategy to force women to choose natural birth since their families expect them to have a second child, or because the government demands them to carry out the second-child policy. Along with ideologies about family reproduction and China's plan for increasing the nation's population, this has been a burden put on women and their bodies—or as Foucault (1979) wrote, “discipline.”

LIMITATIONS AND FUTURE STUDIES

Doulas and doula care in labor are high-profile symbols of the conversations about maternal health care in contemporary China. The leading news wire services in China covered the introduction and promotion of doulas and doula care programs in a pro-doula approach. In terms of the topics that *iFeng News*, *Xinhua News*, *China Daily*, and *People's Daily* covered, news reports had a higher proportion of stories supporting doulas, an emerging maternal health profession, and doula care in labor, a respectful women-centered maternal health support. This article provides insights about how Chinese mainstream news media houses reported the emergence of doulas and doula care in the past 6 years.

However, this study had some limitations. This study only provides an analysis of Chinese media reports about doulas and doula care. Future studies could perform a comparative analysis to examine how news media in the United States facilitate the discourse of doulas and doula care in American cultural contexts.

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ZEHUI DAI is an assistant professor at School of Communication, Radford University, VA.