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Perinatal Substance Use Disclosure on Social Platforms: Stigma, Support, and Risk Communication

Greta Fischer, Daisuke Kondo, Gael Boucher

Usher Institute, School of Population Health Sciences, University of Edinburgh, Edinburgh, United Kingdom

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Abstract:

The intersection of perinatal health, substance use, and digital sociology represents a complex domain of contemporary public health research. As individuals increasingly turn to digital spaces for health information and peer connection, social platforms have emerged as critical arenas for the disclosure of stigmatized behaviors, including perinatal substance use. This paper provides a comprehensive academic analysis of how pregnant and postpartum individuals navigate the disclosure of substance use on various social platforms. Drawing upon theories of stigma management, risk communication, and digital affordances, the research examines the dual nature of social platforms as environments that simultaneously offer unprecedented peer support and expose users to significant algorithmic and social risks. Through a detailed exploration of disclosure patterns, the study identifies the specific mechanisms users employ to mitigate stigma, such as the use of pseudo-anonymity and strategic narrative framing. Furthermore, the analysis highlights the profound disconnect between clinical risk communication regarding perinatal substance use and the peer-driven harm reduction paradigms prevalent in digital communities. By elucidating these dynamics, this paper contributes to a deeper understanding of digital health behaviors and underscores the urgent need for public health interventions that are responsive to the realities of digital socialization. The findings advocate for the integration of digital ethnography into public health surveillance and the development of non-punitive, trauma-informed support structures that transcend the boundaries of clinical and digital spaces.

1. INTRODUCTION

1.1 Background and Context

The phenomenon of perinatal substance use has long been recognized as a critical public health issue, intersecting with deeply entrenched societal norms regarding motherhood, fetal vulnerability, and moral responsibility. Historically, the discourse surrounding the consumption of substances such as alcohol, tobacco, cannabis, and opioids during pregnancy has been heavily medicalized and frequently criminalized [1]. Pregnant individuals who use substances navigate a highly surveilled landscape where their behaviors are scrutinized not only by healthcare providers but also by the broader public and child welfare systems. This intensive surveillance often engenders profound stigma, compelling many individuals to conceal their substance use during clinical encounters [2]. The fear of punitive consequences, ranging from moral condemnation to the legal termination of parental rights, creates a significant barrier to accessing essential prenatal care and substance use treatment. Consequently, traditional public health strategies, which rely heavily on accurate patient disclosure within the clinical setting, frequently fail to reach the populations most in need of support and intervention.

In recent years, the ubiquity of social media has fundamentally transformed the landscape of health communication and disclosure [3]. Digital platforms offer unprecedented opportunities for individuals to seek information, share personal experiences, and cultivate communities of support outside the confines of traditional healthcare systems. For marginalized or heavily stigmatized populations, the digital sphere functions as an alternative arena where experiences that are typically silenced in offline contexts can be articulated and validated. The migration of perinatal health discourse to online spaces reflects a broader societal shift toward peer-to-peer knowledge production, wherein experiential knowledge is often positioned alongside, or even elevated above, authoritative medical advice [4]. In the context of perinatal substance use, social platforms afford users the ability to solicit advice regarding harm reduction, share strategies for managing withdrawal or cravings, and express the complex emotional realities of addiction during pregnancy without the immediate threat of clinical or legal repercussions.

However, the architecture of social platforms introduces novel complexities into the dynamics of health disclosure. While these digital environments provide avenues for support, they are simultaneously characterized by public visibility, persistent data archiving, and algorithmic amplification. The affordances that facilitate connection can also expose vulnerable individuals to context collapse, wherein information intended for a specific supportive audience becomes visible to hostile actors, including regulatory authorities or antagonistic peer groups. Therefore, the decision to disclose perinatal substance use on a social platform is not a straightforward act of seeking support; rather, it is a highly calculated risk management strategy that requires individuals to continuously balance the immediate psychological and informational benefits of disclosure against the potential long-term social and legal consequences.

1.2 Objectives and Scope

This paper aims to comprehensively analyze the multifaceted dynamics of perinatal substance use disclosure within digital social environments. The primary objective is to delineate the

strategies pregnant and postpartum individuals employ to navigate the intense stigma associated with their substance use while simultaneously seeking crucial peer support and risk mitigation information. By interrogating the intersection of maternal health, digital sociology, and risk communication, this research seeks to answer fundamental questions regarding how the structural and social architectures of various digital platforms influence the nature, frequency, and consequences of health-related disclosures.

To achieve this, the paper will explore the theoretical underpinnings of stigma as it relates specifically to the ideology of intensive mothering, examining how these societal constructs are reproduced and contested in online spaces. Furthermore, the analysis will evaluate the differing communication paradigms that exist between formal public health messaging and the organic, user-generated discourses found on social platforms. The scope of this examination includes a diverse range of substances, recognizing that the stigma and legal risks associated with cannabis use, for example, differ significantly from those associated with opioid or alcohol use. Ultimately, this comprehensive review and analysis aim to provide actionable insights for public health practitioners, policymakers, and platform designers, advocating for approaches that recognize the reality of digital health-seeking behaviors and prioritize harm reduction and maternal well-being over punitive surveillance.

2. Literature Review

2.1 Stigma Surrounding Perinatal Substance Use

The theoretical conceptualization of stigma, foundational to sociological inquiry, provides a critical lens through which to examine perinatal substance use. Erving Goffman defined stigma as a deeply discrediting attribute that reduces the bearer from a whole and usual person to a tainted, discounted one [5]. In the context of pregnancy, stigma is exponentially magnified by the societal construct of intensive mothering, an ideology that demands complete maternal self-sacrifice and the prioritization of fetal well-being above all other considerations. Pregnant individuals who use substances are frequently positioned in direct opposition to this idealized maternal figure. They are often characterized in public discourse and media representations as inherently selfish, reckless, and unfit for parenthood [6]. This moral framing eclipses the complex biochemical, socioeconomic, and psychological realities of substance use disorders, reducing a multifaceted health issue to an individual moral failing.

The institutionalization of this stigma is evident in the policies and practices of healthcare and legal systems. Many jurisdictions maintain mandatory reporting laws that require healthcare providers to notify child protective services if an infant tests positive for illicit substances at birth, or even if a pregnant individual admits to substance use during a prenatal visit [7]. The existence of these punitive frameworks creates a pervasive atmosphere of fear and suspicion. Research consistently demonstrates that the threat of state intervention is one of the most significant deterrents to prenatal care utilization among individuals who use substances [8]. This paradox, wherein policies ostensibly designed to protect infant health actively discourage

maternal health-seeking behaviors, highlights the urgent need for alternative avenues of support and communication. The resulting isolation forces many individuals to manage their substance use and pregnancy independently, elevating the risk of adverse health outcomes for both the parent and the child.

2.2 The Role of Social Platforms in Health Disclosure

The advent of digital social networks has fundamentally altered how individuals experiencing health-related stigma access information and support. The concept of digital affordances, which refers to the actionable properties between an environment and an actor, is crucial for understanding why and how individuals utilize these platforms for sensitive disclosures. Platforms vary widely in their affordances regarding anonymity, ephemerality, and network structure [9]. For instance, highly anonymous, text-based discussion boards allow users to create pseudonymous identities disconnected from their offline lives. This affordance of disembodiment reduces the immediate social risks of disclosure, facilitating candid conversations about deeply stigmatized behaviors such as illicit drug use during pregnancy [10].

Conversely, platforms that enforce real-name policies or are heavily reliant on visual media present entirely different risk profiles. On these platforms, the disclosure of stigmatized behaviors is often fraught with the danger of context collapse, where distinct social circles such as family, employers, and acquaintances merge into a single audience [11]. Despite these risks, individuals still engage in sensitive disclosures on highly visible platforms, often utilizing strategic communication techniques to manage their digital footprint. These techniques include the use of coded language, algorithmic obfuscation, and the creation of temporary or alternative accounts specifically dedicated to navigating their health journey. The strategic selection of platforms and the utilization of specific affordances highlight the complex digital literacy required to safely seek health support in the modern era [12].

2.3 Risk Communication Paradigms

Risk communication in the context of perinatal substance use is characterized by a stark dichotomy between formal public health messaging and peer-to-peer discourse. Traditional public health campaigns typically employ top-down communication strategies aimed at total abstinence [13]. These messages often utilize fear appeals, emphasizing the potential for severe fetal harm, such as low birth weight, developmental delays, and neonatal abstinence syndrome. While scientifically grounded, this authoritative communication paradigm frequently fails to resonate with individuals actively struggling with substance use. The abstinence-only framework leaves little room for nuance and offers no actionable guidance for those who are unable or unwilling to cease substance use entirely, thereby reinforcing feelings of alienation and shame [14].

Figure 1: Risk Communication Paradigm

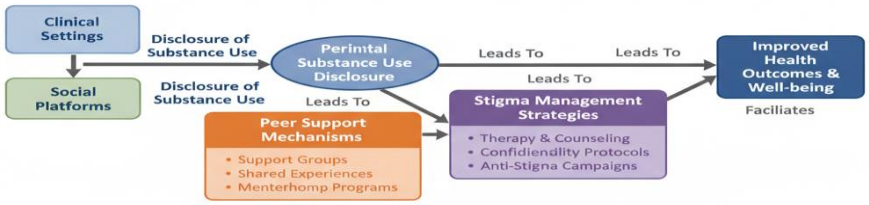


Figure 1 Risk Communication Paradigm

In stark contrast, the risk communication paradigm operating within digital peer networks is predominantly rooted in the principles of harm reduction. Within these online communities, knowledge is co-created through the aggregation of lived experiences. Users share practical advice on tapering dosages, mitigating withdrawal symptoms, and navigating the healthcare system to minimize legal risks. This horizontal communication model empowers individuals by validating their experiences and treating them as active participants in their health management rather than passive recipients of medical directives. The divergence between these two paradigms underscores a significant gap in current public health practice and highlights the necessity of understanding the mechanisms of digital peer support.

3. Methodology and Analysis Framework

3.1 Research Design and Data Collection

To systematically investigate the phenomenon of perinatal substance use disclosure on social platforms, this study employed a qualitative digital ethnography framework. Digital ethnography allows researchers to observe and analyze human behavior, cultural norms, and social interactions as they naturally occur within online environments [15]. This methodological approach is particularly well-suited for researching highly stigmatized populations, as it bypasses the social desirability bias and the profound barriers to recruitment that typically hinder traditional survey or interview-based research methods [16].

Data collection involved the purposeful sampling of publicly accessible digital spaces where pregnant and postpartum individuals congregate to discuss substance use. The selection criteria for these platforms focused on the volume of relevant discourse, the varying degrees of user anonymity provided by the platform architecture, and the public accessibility of the data.

Table 1 Platform Selection and Data Corpus Characteristics

Platform Category	Primary User Affordance	Anonymity Level	Estimated Corpus Size
Text-based Discussion Boards	Threaded, persistent conversations	High (Pseudonymous)	4500 narrative posts
Mainstream Social Networks	Real-life network integration	Low (Real identity)	1200 public interactions
Short-form Video Platforms	Algorithmic content discovery	Medium to Low	850 video transcripts

The data extraction process utilized non-intrusive observational techniques to compile a robust corpus of user-generated content. Search queries were constructed using a combination of terms related to pregnancy, the postpartum period, and various substances including alcohol, cannabis, prescription opioids, and illicit drugs. The resulting dataset comprised original posts, comments, and narrative interactions that explicitly discussed the use of substances during the perinatal period, the management of associated stigma, and interactions with healthcare and social service systems.

3.2 Ethical Considerations in Digital Ethnography

The conduct of observational research in digital environments necessitates rigorous adherence to complex ethical guidelines, particularly when the subject matter involves illicit activities and vulnerable populations. A primary ethical tension in digital ethnography is the delineation between public and private spaces [17]. Although the data collected for this study were situated in forums and platforms accessible without password protection or specific group membership, the individuals generating this content likely maintained an expectation of privacy, perceiving their audience as a bounded community of peers rather than the general public or academic researchers [18].

To mitigate the risk of harm, strict data anonymization protocols were implemented. All personally identifiable information, including usernames, geographic locations, and specific temporal markers, was systematically scrubbed from the dataset prior to analysis. Furthermore, direct quotes from the data corpus were paraphrased or aggregated when presented in the research findings to prevent the possibility of reverse search identification [19]. The research design prioritized the overarching principle of non-maleficence, recognizing that exposing the identities of individuals discussing perinatal substance use could precipitate catastrophic real-world consequences, including criminal prosecution or the removal of children by state authorities [20].

3.3 Thematic Analysis Protocol

The analytical framework applied to the anonymized data corpus was grounded in reflexive thematic analysis. This approach facilitates the identification, analysis, and reporting of patterns within qualitative data, acknowledging the active role of the researcher in knowledge production [21]. The analysis followed a systematic, iterative process beginning with prolonged data immersion, wherein researchers read and re-read the collected narratives to develop a deep familiarity with the structural and semantic content.

Following immersion, a combination of inductive and deductive coding was employed. Deductive codes were derived a priori from existing literature on stigma management and harm reduction, while inductive codes were generated organically from the data, capturing novel digital communication strategies and emerging themes specific to the online environment [22].

Table 2 Primary Themes and Sub-themes in Disclosure Narratives

Primary Theme	Sub-theme Focus	Representative Construct
Stigma Management	Anticipatory defense mechanisms	Justification of use via medical need
Peer Support Dynamics	Experiential validation	Sharing tapering schedules and coping tactics
System Avoidance	Navigating clinical surveillance	Strategies for passing toxicology screens

The coded segments were subsequently collated and organized into overarching thematic categories. This organization process involved regular consensus meetings among the research team to refine the thematic map, resolve coding discrepancies, and ensure that the identified themes accurately reflected the lived experiences articulated by the digital community members. The resulting analytical structure provided a comprehensive overview of how individuals leverage digital spaces to manage the profound complexities of perinatal substance use.

4. Results and Discussion

4.1 Patterns of Disclosure and Support Seeking

The analysis of the data corpus revealed distinct and highly strategic patterns in how individuals disclose perinatal substance use across different digital platforms. A prominent theme across all observed platforms was the use of anticipatory defense mechanisms. Recognizing the intense societal stigma associated with their actions, users frequently prefaced their disclosures with elaborate justifications intended to mitigate moral judgment [23]. For example, individuals disclosing cannabis use during pregnancy predominantly framed their consumption as a necessary medical intervention to manage severe hyperemesis gravidarum, chronic pain, or debilitating anxiety that was unresponsive to approved pharmaceutical treatments. By utilizing

medicalized language, users attempted to shift their identity from that of a reckless substance user to that of a desperate patient attempting to ensure maternal and, by extension, fetal survival.

The nature of support seeking within these digital enclaves was overwhelmingly focused on experiential validation and harm reduction rather than cessation. Users explicitly expressed a lack of trust in formal medical institutions, citing previous experiences of being dismissed, shamed, or reported to authorities [24]. Consequently, the digital community functioned as a surrogate healthcare system. In forums discussing opioid use, for instance, there was a prevalent exchange of highly technical information regarding the half-life of various substances, the management of acute withdrawal symptoms to avoid fetal distress, and detailed protocols for tapering off illicit substances. The provision of this information by peers who had successfully navigated similar circumstances endowed the advice with a profound degree of authenticity and trustworthiness that clinical guidelines inherently lacked [25].

Furthermore, the data highlighted a robust culture of reciprocal emotional support. Beyond the exchange of technical harm reduction advice, these platforms served as critical repositories for shared grief, anxiety, and the profound isolation associated with stigmatized pregnancy. Users validated each other's fears regarding the postpartum period and the potential for child welfare interventions, creating an environment of profound solidarity that stands in stark contrast to the alienation experienced in broader societal contexts.

4.2 Navigating Algorithmic and Social Risks

Despite the evident benefits of peer support, the digital disclosure of perinatal substance use is fraught with significant and multifaceted risks. The qualitative analysis underscored that users are acutely aware of the precarious nature of online visibility. One of the most pervasive concerns articulated within the data was the fear of context collapse and subsequent real-world repercussions [26]. Users discussed the constant anxiety that their pseudonymous accounts might be linked to their offline identities through platform data sharing or malicious actions by other users. The fear of being doxxed and reported to child protective services heavily influenced user behavior, leading to the frequent deletion of posts, the regular abandonment of established accounts, and the migration of conversations to increasingly obscure or encrypted platforms.

Moreover, users were forced to navigate the opaque algorithms that govern content visibility on mainstream platforms. The enforcement of community guidelines regarding the promotion of illicit drugs often resulted in the shadowbanning or outright deletion of accounts dedicated to harm reduction [27]. To circumvent these algorithmic constraints, users developed sophisticated linguistic workarounds, utilizing emojis, intentional misspellings, and platform-specific slang to discuss substance use without triggering automated moderation systems. This ongoing arms race between marginalized users seeking health information and the algorithmic surveillance systems of technology corporations highlights the profound inequity in digital health access. The suppression of harm reduction discourse not only silences vulnerable individuals but also ensures that the most accessible information regarding perinatal substance use is dominated by stigmatizing, abstinence-only narratives that fail to address the complex realities of addiction.

5. Conclusion

5.1 Summary of Findings

This comprehensive analysis has illuminated the intricate mechanisms through which pregnant and postpartum individuals utilize digital social platforms to navigate the profound challenges associated with perinatal substance use. The findings demonstrate that digital spaces function as critical, albeit highly precarious, sanctuaries for a population that is systematically marginalized and surveilled within traditional healthcare and social systems. Driven by the pervasive stigma rooted in idealized concepts of intensive mothering and the tangible threat of punitive state intervention, individuals are increasingly bypassing formal clinical settings in favor of pseudonymous online communities [27]. Within these digital enclaves, a robust peer-to-peer risk communication paradigm flourishes, prioritizing harm reduction, experiential validation, and emotional solidarity over the abstinence-only mandates typical of formal public health messaging.

However, the research also clearly delineates the severe limitations and inherent dangers of relying on commercial social platforms for public health support. Users must engage in exhausting and continuous digital labor to manage the risks of context collapse, algorithmic censorship, and malicious reporting. The necessity of utilizing coded language and temporary accounts to access potentially life-saving harm reduction information highlights a profound systemic failure. The very architecture of the modern internet, characterized by ubiquitous surveillance and algorithmic control, frequently works in opposition to the health-seeking behaviors of its most vulnerable users.

5.2 Implications for Public Health Practice

The findings of this research necessitate a fundamental paradigm shift in how public health institutions approach perinatal substance use in the digital age. The persistent disconnect between the punitive reality of clinical disclosure and the supportive nature of digital peer networks requires urgent redress. Public health strategies must move beyond the ineffective reliance on the threat of child removal to compel abstinence, a policy stance that demonstrably drives vulnerable individuals away from essential prenatal care and into the precarious shadows of the internet [28].

There is a critical need for the development of non-judgmental, trauma-informed clinical frameworks that explicitly integrate harm reduction principles into routine perinatal care. Healthcare providers must be trained to engage in open, de-stigmatized dialogues concerning substance use, ensuring that clinical environments offer the same level of psychological safety currently sought on anonymous internet forums. Furthermore, public health organizations must actively engage with digital spaces, not as arenas for surveillance or the dissemination of rigid abstinence messaging, but as vital platforms for the delivery of evidence-based harm reduction resources. By understanding the digital sociology of stigma and support, policymakers and healthcare practitioners can begin to dismantle the systemic barriers that endanger the lives of

pregnant individuals and their children, ultimately fostering a more equitable and effective approach to perinatal public health.

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