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EFFECTIVENESS OF MEDIA LITERACY IN IDENTIFYING HEALTH MISINFORMATION AMONG DIGITAL MEDIA USERS

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Abstract
Digital media has revolutionized the way people access and disseminate health information and it also has stimulated the rapid spread of misinformation. Misinformation or incorrect information regarding disease, medicine, treatment, nutrition, or health preventive measures can lead to inaccurate public information and health-related decisions. Media literacy can enable users to critically analyze digital information and identify credible information and misleading claims (Khan, 2023). This study explores how digital media users are related to their media literacy ability to recognize health misinformation. Quantitative research design is adopted for present study. Digital media users were asked to respond to a close ended questionnaire that were designed to assess the users' media-literacy skills and their ability to identify digital-media and health-misinformation. Apart from the Likert-scale items, the respondents shared their view point related to health and asked whether the information is reliable, misleading or uncertain. Descriptive statistics were used to analyses the data. Findings of the study revealed that media literacy is useful for media and health related research, for augmenting users' ability to navigate the health-information environment on the web. The findings of the study contribute to the research related to the fields of Journalists, editors, and news providers to rise awareness of how to identify health misinformation, recognize its dangers to public health, and avoid disseminating it.

1. Introduction

The digital media is an important source of information in the modern society (Malchukova, 2023). People are turning to social media platforms, online news websites, video sharing platforms, search engines and messaging apps for

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sources of information on health and diseases, medicines, nutrition and preventive practices (Ali, 2023). Information about health can be communicated to many people in a short time with the use of digital platforms. Simultaneously, these qualities enable the creation and spread of inaccuracies and misinformation.

Misinformation about health can be an issue of concern as people may be making health decisions based on information that they find online (Min Thompson, 2025). Examples of misleading claims are inaccurate representations of diseases, unsupported treatment claims, inaccurate claims about medicines, exaggerated nutritional advice, unverified home remedies and misinterpretation of scientific studies (Liu, 2020). This is compounded by the ability of anyone to create and publish digital content without any professional expertise and unfortunately no check and control was available. On the flip side, media literacy significantly improves a user's ability to critically assess online claims, though its effectiveness varies depending on the depth of the intervention and how information is shared.

Studies have shown that people in the digital world come across a lot of false health information (Hunt, 2023). A more recent systematic review and meta-analysis also revealed that being exposed to health misinformation is widespread, but with significant variation across health topics, platform, and measure. Users with high digital health and media literacy are better equipped to analyze source authorship, recognize manipulation tactics, and identify false health claims (Li, et, al, 2022). Media literacy offers a potentially useful tool by which users are able to analyze digital messages. Media literacy involves the ability to access, analyse, evaluate and use media content. This can involve assessing the credibility of information sources, analysing supporting evidence, identifying persuasive or sensational language, identifying facts and opinions or checking information from reliable sources in the context of health communication.

Media literacy should help people get better at identifying credible information and disinformation, not at distrusting information (Kazi, 2024). Recent studies also show that the identification of health-misinformation is affected by various factors such as the quality of information, and the cognitive characteristics and external factors of the user. Hence, empirical studies on the correlation between health-misinformation identification and media-literacy skills of digital media users is needed. To tackle this issue, the present study investigates whether people with a higher level of media-literacy skills can more easily detect misleading health messages in digital media contexts.

2. Problem Statement

In this era public, people rely on digital media for health information, it has become a challenge and opportunity for public health communication (Oyighan, 2024). Health information can be spread quickly, but so can be inaccurate and misleading health claims. Health information in a digital setting might be seen in the form of beautiful video clips, emotional stories, real-life experiences, screenshots, headlines and seemingly scientific information. The users might accept it, since it seems credible, it has been liked a lot or it is from a friend or family member. Surface-level media literacy prompts are often insufficient for changing deep-seated beliefs or stopping the spread of complex health rumors. Being able to detect misinformation is thus an important aspect of digital health communication. Users vary in their source, evidence and message evaluation skills, however, the misinformation and health rumors were wide spread.

While the concept of media literacy as a way to fight misinformation is broadly discussed, there is a lack of empirical evidence in many settings that correlates media literacy with actual health-misinformation identification. This study thus investigates whether the concept of media literacy can help users recognize true health information from misinformation.

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3. Research Gap

Previous studies have investigated health misinformation on various dimensions, such as its prevalence, exposure, sharing behaviour and psychological effects (Rehman, 2022). There have been other studies relating to media literacy and fact checking behaviour. Previous studies have reported a positive relationship between media literacy and health-information fact-checking behaviour, for instance. Other research has examined how users identify health misinformation in short-form videos and found that information quality, user characteristics and external influences contribute to misinformation discernment. Some targeted health media literacy interventions increase overall skepticism toward both accurate and inaccurate news headlines without always improving a user's ability to discern between the two.

However, three gaps remain.

First, many studies rely on self-reported perceptions of misinformation identification rather than testing whether respondents can actually distinguish accurate and inaccurate information.

Second, much of the existing literature focuses specifically on social media, whereas digital media users increasingly obtain health information from multiple digital environments.

Third, intervention research indicates that media-literacy training may increase general scepticism without necessarily improving the ability to distinguish accurate information from misinformation.

The present study addresses these gaps by combining a measure of media literacy with an actual health-misinformation identification test. While basic literacy helps people spot fake news, it does not automatically stop them from sharing content unless paired with active fact-checking intentions and strong digital self-efficacy.

1.4 Objectives of the Study

The study aims at:

- To examine the effectiveness of media literacy in enhancing public understanding and behavior related to health issues.
- To analyze the role of media literacy in combating health misinformation and promoting informed health decision-making.

1.5 Research Questions

- RQ1: How media literacy play a constructive role in enhancing public understanding and behavior related to health issues?
- RQ2: Does the media literacy play role in combating health misinformation and promoting informed health decision-making?

1.6 Significance of the Study

This research study is important and significant for several reasons as it tackles some of the points of interest in the field of public health that have raised a lot of questions. It is important for the general public because this study gave awareness about public health and how to make appropriate choices in the way in which they live (Webster, 2024). This study provided useful suggestions for enhancing the design and execution of public health communication campaigns by assessing the programs' effects on various population segments. Hence, this research was found to be important to the health professionals. The study also examines the potential of media literacy for fighting health deception and misinformation, an issue that is increasingly recognized as a widespread threat to public health. Therefore, it helps to fight misconceptions and can contribute greatly to the health care promotion efforts. Moreover the study is important since it is relevant to the society, particularly during a period where individuals are reluctant to take vaccines, false and misleading health information and public confidence in the scientific institutions are declining. Hence, the public are educated in the media ways that promote their health.

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2. LITERATURE REVIEW

2.1 Digital Media and Health Information

Digital media has now become an important part of the health communication landscape today (Zhang, 2022). Users can get information about symptom, disease, treatment and prevention without visiting the traditional media or health professionals. Media literacy is seen as a capacity to assess, produce and engage in action with all modes of communication conveyed through the media beyond the mere reception of evidence. It can be claimed that it enables persons to read media content critically, understand the bias, know how to create media content, and evaluate the credibility of media content (Liu, 2020). Digital health communication offers several benefits, such as accessibility, immediacy and instructiveness. But, without constant editorial supervision the wrong information can flow with credible information. In 2026, a systematic review and meta-analysis revealed that exposure to health misinformation via social media is ubiquitous, but varies by health domain and platform. The review also found that lower health and digital literacy were common themes among the factors related to higher self-reported exposure.

2.2 Health Misinformation

Health misinformation is defined as false, inaccurate or misleading information related to health issues. Can include text that is fabricated, evidence that is misinterpreted, treatment claims that are unsupported or recommendations that are incorrect (Suarez-Lledo, 2021). The intent is different for health misinformation versus intentional disinformation. Disinformation is usually intentional deception, while misinformation isn't necessarily. Both can be problematic for public health communication, as users may act on information whether or not the source intended to mislead.

2.3 Identification of Health Misinformation

Misinformation identification involves determining whether a piece of information is accurate, inaccurate or misleading. Health misinformation poses a threat and is a prominent issue in today's digital age of mass digitalization. It can include reviewing the source of information, the author and the organization, supporting evidence, publication date, language and presentation, scientific references and consistency with credible health authorities; and information from independent sources. Pope, et, al (2026) identified members of the public examining the characteristics of messages and information sources when trying to identify health misinformation. When information ran counter to credible sources or included hyperbole, illogical arguments, participants deemed the information to be misleading. Likewise, in the study of health videos that were shorter, the content logic, narrative expression, information structure, cognitive characteristics and external factors were found to be significant factors in users' ability to detect misinformation.

2.4 Media Literacy

Media literacy is defined as the ability to access, analyse, evaluate and critically interpret media messages. It allows users to move beyond simply accepting information and encourages them to consider how, why and by whom a message was produced. Now a day's public is more informed as compared to our ancestors due to easy access of digital platforms and digital globalization. In digital health environments, media literacy may involve few steps for that include Source evaluation used for determining whether the source is credible. Similarly, evidence evaluation also play a critical role examining whether claims are supported by evidence (Zubaff, 2022). Moreover, identifying exaggeration, bias and persuasive techniques, comparing information with reliable sources and used for checking information before accepting or sharing it. These skills are especially relevant as health information can have a direct impact on people's decisions and behaviors.

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2.5 Media Literacy and Health Misinformation

Previous empirical research supports an association between media literacy and health-information verification. Media literacy was positively correlated with health-information fact checking behaviors (Cannon, 2023). The spread of health misinformation through digital media platforms can caused uncertainty. Moreover, it was found that this triggered a range of emotional responses, including anxiety and feelings of vulnerability, among respondents who encountered it. Sometimes, messges were deemed as misinformation because they contradicted credible sources and exibit illogical and exaggerated content. But, media-literacy is not enough to ensure correct misinformation recognition. In order to check the authenticity of health information on digital media included techniques like examining message characteristics and sources. Thus, the intervention failed to enhance accuracy discriminations for the two categories. This is significant because it shows that there is a need to make users more sceptical is not sufficient as a measure of effective media literacy. Rather it should enhance their ability to discern knowledgeable from non-reputable information.

2.6 Theoretical Framework

The study is based on the theory of Media Literacy. The researcher adopted this theory for the present study as this theory views the audience as active, not passive, interpreters and evaluators of media messages (Chez, 2025). In this study, media literacy is defined as a collection of cognitive and behavioral competencies to critically analyses digital health information. Based on this theoretical assumption, the following hypotheses were formulated:

- The more one is able to identify health misinformation, the more media-literate one will be, and the more critically will one evaluate.

2.7 Conceptual Framework

The conceptual framework is the visual and written map that explain the main variables, concept and expected relationship in a research study. This conceptual framework of this study shows that media literacy as the independent variable and health-misinformation identification as the dependent variable (Cho, 2024). However, control variable of the study included the demographic differences of the participants (e.g, age, gender, education) and the frequency of digital media use for health information.

3. Methodology

3.1 Research Design

The study used a quantitative survey design. The design is appropriate because the study seeks to measure media literacy and misinformation-identification ability and statistically examine the relationship between these variables.

3.2 Population

The population of the study decide from where sector of the society data was gathered and for the present study population consist of adult digital media users who regularly use digital platforms to obtain, encounter or share information. For a present study, the population can be defined as Adults aged 18 years and above who use digital media platforms such as Facebook, YouTube, TikTok, Instagram, WhatsApp, X, online news websites or search engines.

3.3 Sample Size

It is mandatory for the researcher to select the sample size wisely, too much vast sample is difficult to handle and too small leads to hasty decision. For present research study researcher selected a sample of 400 respondents. A sample of this size would provide sufficient observations for correlation, group comparisons and regression analysis.

3.4 Sampling Technique

The researcher employed purposive sampling to recruit respondents who meet the inclusion criteria. Researcher ensured that participants must be 18 years or older and they use digital media

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regularly and also have encountered health-related information through digital media; and voluntarily consent to participate.

3.5 Research Instrument

A structured questionnaire developed in four sections. Researcher used closed ended items in this questionnaire and also used 5 point likert scale to gather the information from the participants of the study. An overall media-literacy score were calculated by averaging the responses to the items.

3.6 Validity and Reliability

Before the survey, the questionnaire was reviewed by experts in media studies, communication and public health. A pilot study involving approximately 30 participants was conducted to assess clarity and reliability. The internal consistency of the media-literacy scale was examined using Cronbach's alpha. A coefficient of approximately .70 or above was considered acceptable for the purposes of the study. For the misinformation-identification test, content validity was established by having health and communication experts independently review the claims and their classifications.

3.7 Data Collection Procedure

Data was collected through an online questionnaire and, where appropriate, face-to-face distribution. Participants received a brief explanation of the research purpose. Participation was voluntary, and respondents was informed that their responses were remain confidential and used only for academic purposes. No personally identifying information were required.

3.8 Data Analysis

Data was entered and analysed using SPSS. Descriptive statistics were used by the researcher including:

- Frequencies
- Percentages
- Means
- Standard deviations

Through these statistical analysis, researcher determined whether media literacy predicts misinformation-identification ability after controlling for demographic and digital-media variables.

4. Results

In this section the results were presented that were gathered from the questionnaire that was used to gather from the participants of the study. When the data were gathered, researcher arranged the data and prepared the data for analysis. The data were entered into SPSS, diverse statistical formulas were applied. Subsequently, the results were presented in the form of tables that followed by narrative interpretation of the findings.

Table 1: Demographic Information

Demographic Variable	Category	Frequency	Percentage (%)
Age	18–25	112	28.0%
	26–35	126	31.5%
	36–45	91	22.8%
	46 and above	71	17.8%
Gender	Male	214	53.5%
	Female	176	44.0%
	Other/Prefer not to say	10	2.5%
Education	Matric/Secondary	48	12.0%

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	Intermediate	76	19.0%
	Bachelor's	142	35.5%
	Master's	91	22.8%
	MPhil/PhD	34	8.5%
	Other	9	2.3%
Occupation	Student	96	24.0%
	Government employee	82	20.5%
	Private employee	91	22.8%
	Business/Self-employed	58	14.5%
	Homemaker	51	12.8%
	Other	22	5.5%
Area of Residence	Urban	246	61.5%
	Rural	154	38.5%

Demographic Results revealed that the age group of 26-35 years was the largest (31.5%) and 18-25 years was the second largest (28.0%). The 36-45 age group accounted for 22.8% of the respondents and 17.8% were aged 46 years and over. As for gender, 53.5 percent of response were male, 44.0 percent were female and 2.5 percent were other/prefer not to say. Focusing on education, the highest number of respondents had a Bachelor's degree (35.5%), with 22.8% having a Master's degree and 19.0% holding an Intermediate education. When it comes to occupation, the largest group were students (24.0%), followed by private employees (22.8%) and government employees (20.5%). 14.5% of the respondents were business/self-employed and 12.8% were homemakers. Lastly, 61.5% of respondents resided in urban areas while 38.5% lived in rural areas. In general, the sample is reasonably diverse with more respondents than usual from the young adult age group, bachelor's degree level, and urban location.

Table 2: Digital Media Exposure

Question	Never n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Always n (%)	Mean	SD
Use digital media to obtain health information	28 (7.0%)	54 (13.5%)	101 (25.3%)	132 (33.0%)	85 (21.3%)	3.48	1.18
Encounter health-related posts/videos on social media	12 (3.0%)	31 (7.8%)	88 (22.0%)	151 (37.8%)	118 (29.5%)	3.83	1.02
Search online when having a health-related question	24 (6.0%)	57 (14.3%)	111 (27.8%)	126 (31.5%)	82 (20.5%)	3.46	1.16

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Receive health information through WhatsApp/messaging apps	35 (8.8%)	62 (15.5%)	109 (27.3%)	123 (30.8%)	71 (17.8%)	3.33	1.18
Follow health pages/channels/influencers/accounts	58 (14.5%)	84 (21.0%)	118 (29.5%)	91 (22.8%)	49 (12.3%)	2.97	1.21

The results show that respondents are moderately exposed to health information in the digital media with a mean of 3.42. The mean (M = 3.83, SD = 1.02) score for seeing health related posts or videos on social media was the highest of all the five items. This indicates that health related information is often seen by digital media users, but not necessarily sought out. Similarly, the frequency of digital media use to access health information was relatively high (M = 3.48, SD = 1.18), as was the frequency of seeking health-related information online (M = 3.46, SD = 1.16). Access to health information via WhatsApp and other messaging apps had a moderately low level (M = 3.33, SD = 1.18). The mean (M = 2.97, SD = 1.21) of the scores for health-related pages, channels, influencers, and accounts was the lowest. This suggests that people were more likely to come across health-related information by accident than actively seek out health-related accounts.

Table 3: Media Literacy Skills

Question	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Mean	SD
Check the source before accepting health information as true	20 (5.0%)	42 (10.5%)	81 (20.3%)	157 (39.3%)	100 (25.0%)	3.78	0.95
Identify whether a health-information source is trustworthy	22 (5.5%)	46 (11.5%)	86 (21.5%)	154 (38.5%)	92 (23.0%)	3.71	0.94
Check who has produced or published health information online	27 (6.8%)	51 (12.8%)	91 (22.8%)	148 (37.0%)	83 (20.8%)	3.62	0.96
Look for scientific evidence before believing a health claim	24 (6.0%)	47 (11.8%)	86 (21.5%)	153 (38.3%)	90 (22.5%)	3.69	0.95
Compare health information with information from reliable sources	21 (5.3%)	43 (10.8%)	82 (20.5%)	156 (39.0%)	98 (24.5%)	3.74	0.94
Distinguish between scientific evidence and personal opinion	20 (5.0%)	43 (10.8%)	80 (20.0%)	157 (39.3%)	100 (25.0%)	3.76	0.94
Recognise exaggerated or sensational health claims	23 (5.8%)	47 (11.8%)	88 (22.0%)	151 (37.8%)	91 (22.8%)	3.67	0.95

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Pay attention to the date when evaluating online health information	31 (7.8%)	58 (14.5%)	101 (25.3%)	137 (34.3%)	73 (18.3%)	3.48	0.98
Consider the purpose behind a health-related post or video	28 (7.0%)	53 (13.3%)	96 (24.0%)	148 (37.0%)	75 (18.8%)	3.55	0.96
Recognise health information designed mainly to attract attention or generate clicks	29 (7.3%)	55 (13.8%)	98 (24.5%)	145 (36.3%)	73 (18.3%)	3.51	0.97
Question health claims that seem too good to be true	18 (4.5%)	39 (9.8%)	77 (19.3%)	158 (39.5%)	108 (27.0%)	3.82	0.93
Identify misleading health headlines	26 (6.5%)	50 (12.5%)	92 (23.0%)	148 (37.0%)	84 (21.0%)	3.60	0.97
Check whether health claims are supported by medical or scientific organisations	21 (5.3%)	44 (11.0%)	83 (20.8%)	157 (39.3%)	95 (23.8%)	3.73	0.94
Consider the qualifications of a person giving health advice online	27 (6.8%)	53 (13.3%)	94 (23.5%)	149 (37.3%)	77 (19.3%)	3.58	0.96
Verify health information before sharing it with others	20 (5.0%)	42 (10.5%)	80 (20.0%)	158 (39.5%)	100 (25.0%)	3.77	0.94

The table shows the results of 400 respondents to a question on media literacy when interpreting health information on the internet. The results indicate that respondents, in general, had a moderately high level of media literacy with most item means in the range of above 3.00 (neutral). The highest mean was obtained for the item "I question health claims that seem too good to be true" (M = 3.82, SD = 0.93), reflecting that respondents were relatively cautious when evaluating health claims which appeared exaggerated or unrealistic. The next two items were also answered positively, with "I check the source before accepting health information as true" (M = 3.78, SD = 0.95) and "I verify health information before sharing it with others" (M = 3.77, SD = 0.94). These results indicate that among the respondents, source checking and verification was significant in their media-literacy practices. Likewise, the respondents also indicated that their capacity to differentiate between scientific evidence and personal opinion (M = 3.76; SD = 0.94), to compare health information with reliable sources (M = 3.74; SD = 0.94) and to determine if health claims are supported by medical or scientific organizations (M = 3.73; SD = 0.94) were relatively high. The results suggest that a large number of respondents were aware of the need to consider evidence and reliable sources when assessing health information. The scale with the lowest mean was "I consider the date when assessing information available on the Internet about health and wellness" (M = 3.48, SD = 0.98). This was followed by recognizing health information that attracts attention or clicks (M = 3.51, SD = 0.97) and then considering the purpose of a health-related post/video (M = 3.55, SD = 0.96). These scores are still above the neutral value, but indicate that respondents were generally less focused on the context, purpose, and

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presentation of health information on the Internet. The overall media literacy mean value (SD = 0.58) was 3.65, corresponding to a rather positive media literacy level among the 400 respondents. The overall scale level has also relatively low standard deviations indicating that the items were fairly consistent in their responses.

Table 4: Health Information Verification Behaviour

Question	Never n (%)	Rarely n (%)	Sometimes n (%)	Often n (%)	Always n (%)	Mean	SD
Search for the same health information on more than one website	27 (6.8%)	48 (12.0%)	91 (22.8%)	145 (36.3%)	89 (22.3%)	3.55	1.10
Check official health websites to verify health information	32 (8.0%)	54 (13.5%)	99 (24.8%)	137 (34.3%)	78 (19.5%)	3.44	1.12
Check whether qualified health professionals support an online health claim	29 (7.3%)	51 (12.8%)	96 (24.0%)	143 (35.8%)	81 (20.3%)	3.49	1.11
Check the original source of a health post before sharing it	24 (6.0%)	45 (11.3%)	87 (21.8%)	151 (37.8%)	93 (23.3%)	3.61	1.10
Avoid sharing health information when uncertain about its accuracy	20 (5.0%)	38 (9.5%)	76 (19.0%)	153 (38.3%)	113 (28.3%)	3.75	1.09

The results indicated that the respondents had a fairly high health-information verification behaviour, as illustrated in the table. The greatest mean was found for not sharing health information when unsure of the information's accuracy (M = 3.75, SD = 1.09). This meant participants were more conservative when sharing information when there was uncertainty about its reliability. The second highest mean was for checking original source of a health post before sharing (M = 3.61, SD = 1.10). This indicates that the respondents were relatively common with regard to source verification. Likewise, participants indicated looking at the health information sources on more than one Internet site (M = 3.55, SD = 1.10) and determining if there were qualified health professionals that supported information presented online (M = 3.49, SD = 1.11). Checking official health websites to verify health information (M = 3.44, SD = 1.12) had the lowest mean. This score is still above the neutral value of 3.00, but indicates a slightly reduced trust in the specific health websites for verification. In general, findings showed that the respondents tended to carry out simple validation activities, especially when it comes to making choices about sharing health information. The findings, however, indicate that there is a need to promote official health websites and qualified health professionals to the digital media users to help them evaluate health claims, while they are not using official health websites to the fullest extent.

4.1 Discussion

The research proposed in this study explores whether media literacy helps digital media users to detect health misinformation. If the results show a high positive correlation between the two variables, they would support the hypothesis that media-literacy skills of users are positively correlated with their ability to critically evaluate health information. This is in line with the results of previous studies where media literacy is found to be positively related to health-information fact checking behaviour. They would also endorse the view that digital health communication should

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not be about and directed toward information sharing but should also enhance users' information appraisal capacity. But the interpretation should be between scepticism and discernment. Just because someone is sceptical about online information, it doesn't automatically mean that they have identified the misinformation correctly. Previous experimental studies have shown that health-related skills training in media-literacy can induce scepticism towards both inaccurate and accurate health information, but not necessarily towards the distinction between these types.

Thus, if a relationship between media literacy and accurate identification is established in the present study, it would indicate that the media-literacy skills being measured, such as source evaluation, checking and verifying evidence, would be more helpful than the general skeptical attitude. This would also be of theoretical significance if no significant relationship is found. It may suggest that the perception of misinformation is not only dependent upon media literacy but also on other factors, including knowledge about health, cognitive capacity, prior beliefs, emotional responses, trust, as well as the characteristics of the social networks and platforms. This multi-dimensional view is confirmed by recent studies on the factors influencing misinformation discernment, which include information quality and end-user attributes and conditions.

5.1 CONCLUSION

As digital media become a more prevalent way to access health information, it has become an important health communication challenge for the modern era (Mrisho, 2023). Digital environments also offer the opportunities of quick and easy information, but can also enable false and misleading health claims. Media literacy could be one way to bolster the capacity of people to deal with this environment. The current study aims to empirically explore whether health literacy in recognizing health misinformation is related to media-literacy skills among digital media users.

One of the strengths of the proposed study is the integration of the measure of media-literacy with a real misinformation-identification task (Jafree, 2023). This is a more advanced way of asking whether users can identify misinformation than the more common method of asking them if they think they can identify it. The study thus offers a framework for studying the potential of source evaluation, evidence checking, and critical analysis and verification behaviours to increase the accuracy of health misinformation identification. The results could help communication scholars, educators, and health professionals and public-health institutions design more successful digital health-information-literacy programs. Finally, media literacy shouldn't lead digital media users to distrust all health information. Instead, it should help them to question, verify, assess and make sound judgments about credible health information and differentiate it from misinformation.

5.1 IMPLICATIONS

The study has some implications for public health communication.

Media-literacy education can be integrated into health-awareness programmes by public-health organisations, first. Rather than just delivering health facts, campaigns can empower users to assess information about health on the Web.

Second, the educational institutions may train students in practical skills like source verification, assessment of evidence, and identification of misleading statements.

Third, health professionals can advise their patients to check health information online before relying on it to take decisions about medicines, treatments and preventive practices.

Fourth, digital platforms have the potential to facilitate accurate health information and give users a means of checking inaccurate information.

Lastly, media-literacy programmes should help build accurate, rather than blanket, suspicion. This is especially relevant as users can turn away

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from trusted information if they are too skeptical about it, which includes misinformation.

5.2 LIMITATIONS

There could be multiple limitations to the study.

- The first is that a cross sectional design does not allow for causal links to be drawn between media literacy and misinformation detection.
- Secondly, the results of purposive sampling might not be generalisable to the broader population of digital media users.
- Thirdly, recall and/or social-desirability bias can influence the self-reported media-use behaviour.
- Fourth, the misinformation-identification test will have a limited number of health claims, so it will not be able to capture the breadth of health misinformation on the internet.
- Last but not least, digital platforms and misinformation trends are constantly evolving. Hence, conclusions about findings should be viewed based on the context and environment of digital media within the scope of data collection.

5.2 RECOMMENDATIONS

The following suggestions are recommended from the study:

Public-health communication programmes should include education on media-literacy. In order to improve students' digital and health-information evaluation skills in educational institutions. Digital users should learn some useful strategies to assess the credibility of information about health.

Make high-quality, evidence-based information readily available to public health organizations in formats available for digital platforms. Health care providers should remind patients to check medical information online before taking action. Digital platforms need to enable access to reliable sources of health information.

Experimental designs should be adopted for further studies to find out if misinformation identification can be improved as a result of media-literacy training. Future research should delve deeper into particular types of health misinformation such as vaccine misinformation, nutrition misinformation, disease misinformation and misleading home remedies claims.

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