

"MEDIA LITERACY IN PUBLIC HEALTH COMMUNICATION: NAVIGATING ETHICAL DILEMMAS"

Khuram Shams^{*1}, Madiha Hasan², Khizra Khanum³

^{*1,2,3}PhD Scholar, Department of Media and Communication Studies, The Islamia University of Bahawalpur, Punjab, Pakistan.

¹khuram.shams18@gmail.com, ²nijat.hasan@gmail.com, ³khizraabrar433@gmail.com

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Corresponding Author: *

Khuram Shams

Abstract

The advent of digital media and social networking has dramatically changed the way people receive, assess and disseminate public health information. Digital media can be a great tool for timely access to health information, but it can also be a way for misinformation and disinformation to be presented quickly. This has made the role of media literacy more important in order to be able to critically evaluate messages related to health, identify messages from unreliable sources and make decisions based on the available information. The current research explores the concept of media literacy in public health communication, especially the ethical issues of health information in digital contexts. The study uses a quantitative survey design, targeting the social media users and explores the relationship between media literacy, the capacity to detect health misinformation, trust in health information and health decisions. Ethical issues such as privacy, informed consent, accuracy, manipulation, responsibility and freedom of expression are also discussed. The study revealed a correlation between greater media literacy and a more critical evaluation of health information and the ability to identify potentially misleading information. It also concludes that media literacy is to be complemented by responsible communication practices of health authorities, media organisations and digital platforms. Health misinformation can have negative consequences and media literacy can help to increase the effectiveness of public health communication.

1. INTRODUCTION

Media has been an integral part of today's public health communication. Health organizations and health professionals have the ability to reach large audiences in a short period of time through the use of television, newspapers, websites, social media platforms and mobile apps. There is a growing reliance on digital platforms for information about diseases, symptoms, treatment, medications, nutrition, and vaccinations and preventive health practices (Arsalani, 2022). Thus, information quality of media can directly affect the public understanding and decision-making on health. But digital communication has also brought about severe drawbacks. People with little or no professional health and public health knowledge can generate health information or share health information. The WHO defines an infodemic as the excessive availability of information, such as misinformation, that can lead to confusion, spur risk-taking behaviour and erode public confidence in health institutions. There are numerous benefits of

health campaigns as these health campaigns helps to raise awareness of risk from chronic illness and new infectious diseases, while lies can spread like wildfire through social networking websites, video-sharing websites and messaging services, and can help promote the adoption according to the requirement.

Health communication can also be a particular area of concern because it is misinformation and disinformation that can have a direct impact on people's actions (Çöl, D., Eken, İ., & Gezmen, B. (2026). Misinformation is information that is deliberately incorrect, but not being told to deceive, and disinformation is information which is deliberately incorrect and being told to deceive. Both can have adverse impacts on public health and personal decision-making. Media literacy is a protective skill that can be important in this context. Media literacy is the skill to access, analyse, evaluate and use media content. A media-literate individual will be more likely to ask questions about the source of a health claim; investigate the evidence for a health claim; distinguish between fact and opinion; and will not share information lacking in substantiation.

Ethics also pose questions in relation to public health communication while different campaigns were delivered they use diverse tactic. But not all problems can be solved by enhancing media literacy; in the creation and use of public health strategies, consideration of ethical issues is a necessary part of the process. In balancing the need for accurate information with protecting, respecting privacy and freedom of expression, state or public health department and media practitioners have to find a balance. The same conundrum persists with digital platforms on whether and how to moderate misinformation about health. Hence, the importance of media literacy should be explored not only as a communication skill, but as well from an ethical perspective. This study therefore explores the part media literacy plays in public health communication and examines the ethical conundrums that can emerge when health information is produced, broadcast, interpreted and shared via modern media.

1.1 BACKGROUND OF THE STUDY

Public health communication is the sharing of information designed to enhance the health of the individual and the community. Can be a combination of information relating to disease prevention, vaccination, healthy lifestyles, treatment options, health emergencies and available health services. In the past, public health officials used television, radio, newspapers, posters and interpersonal communication to a large extent (Hristovska, 2023). These communication opportunities have been greatly enhanced by digital media. The social media platforms have increased the instructiveness of health communication therefore, ethical analysis must be applied to each phase of public health communication process in order to identify ethical dilemmas. Users can engage with health information, post and share content, create videos and discuss their personal experiences. The participatory setting can extend the reach of public health messages to people who might not be easily addressed via traditional communication approaches. Meanwhile, with the advent of digital communications which are fast and easily accessible, it is hard to manage the quality of information.

Information may be able to flow quickly during health emergencies, filling information gaps, but also spreading harmful messages, the WHO observes. The COVID-19 pandemic was a significant instance of this issue. There were rumours, conspiracy theories, false treatments and misleading claims that passed around about health information. WHO and partner organisations realised that misinformation and disinformation could have a negative impact on physical and mental health, create stigma and reduce adherence to public health guidelines. Recent studies keep demonstrating that social media is a foremost public health tricky because of the presence of health misinformation. A recent 2026 systematic review and a meta-analysis emphasized the need to study health misinformation exposure in various health areas and the limited and variable nature of the survey evidence available. The WHO thus puts forward strategies like increasing critical thinking, improving digital literacy and health literacy, fostering fact-checking and referring individuals to trusted sources. Media literacy is thus more and more relevant to

public health as people are no longer simply recipients of health messages. In addition, they act as information selectors, interpreters and distributors. An individual sharing inaccurate health information can potentially expose dozens to hundreds of others to potentially harmful information.

1.2 STATEMENT OF THE PROBLEM

Digital media has burgeoned, providing far greater access to health information to the public, but also giving rise to a landscape where accurate and inaccurate information exists side-by-side. Doctors, government officials, journalists, influencers, advertisers, anonymous users and commercial organizations may be messaging individuals about health-related information on the same digital platform. Health information may be provided by doctors, government authorities, journalists, influencers, advertisers, anonymous users and commercial companies on the same digital platform. The issue is especially acute if the user is unable to determine the credibility of the information. Health and well-being are intimately considered as the same terms or the two faces of the same coin. Consequently that empowerment education and being an effective model for achieving personal and social change. The misinformation about medicines, vaccines, food, disease, home remedies and treatments may affect health behaviour and decision-making.

WHO has stated that infodemics can obscure information that is accurate and reliable, and can lead to unhealthy behaviors. There's also an ethical issue to solve that is relevant: the ethical duty of the people engaged in public health communication. Health organisations have a responsibility to communicate accurate and understandable information, while media organisations must avoid sensationalism and misleading presentation. Social media providers are grappling with tough choices regarding content moderation, free expression and public safety. There is also an ethical obligation for people to think about the truth and possible impact of info before they share it. Despite the growing importance of media literacy, there remains a need to understand how it contributes to public health communication and how ethical dilemmas influence the production, distribution and consumption of health information. This study tried to fill the gap by examining media literacy as a potential factor in improving health-information evaluation and reducing vulnerability to misinformation.

1.3 RESEARCH OBJECTIVES

The study aims to:

1. Identify major ethical dilemmas associated with public health communication through digital media.
2. Examine public awareness of ethical issues such as privacy, accuracy, consent and responsibility.

1.4 RESEARCH QUESTIONS

The study addressed the following research questions:

RQ1: What are the major ethical dilemmas associated with public health communication through digital media?

RQ2: How aware are digital media users of ethical issues such as privacy, accuracy, consent and responsibility in health communication?

2. LITERATURE REVIEW

2.1 Media Literacy and Public Health

Media literacy encompasses the general capacity to access, analyse, evaluate and critically use media messages. These skills also have relevance in public health, as the health information that is often encountered by the general population may include technical, scientific or medical assertions that are difficult for the general population to assess (Tuneva, 2025). Media literacy can assist people in asking some important questions about health content, such as, who is the source? Who made the health

message? What evidence is there to support the claim? Is the source credible? Does anyone else have similar information? Because health messages can be perplexing and self-contradictory, therefore, it is the requirement of time that public health professionals take audience consent for ethical responsibility to health issues for entire public. In order to combat health-related disinformation, WHO (World Health Organization) calls for critical thinking skills and digital, health and scientific literacy. It means that media literacy is not just an educational concept but it could be a part of the public health preparedness.

2.2 Health Misinformation in Digital Media

Social media has been a recent hotspot for health misinformation as it is a fast way of producing and disseminating information. Social media users can post health claims without having to wait for professional editing or institutional procedures to ensure a certain level of quality control, unlike traditional media. Exaggerated health benefits, false disease information, misleading statistics, unverified treatments or inaccurate claims about medicines and vaccines are often sources of misinformation (Rath, 2017). Deliberate manipulation for financial, political, ideological and other purposes could be considered disinformation. Health literacy is the dynamic relationship between the ability to use literacy and health settings. Misinformation vs. Disinformation, WHO says, is the difference lies in the knowledge and intent of the people sharing the information. But both have negative impacts, so mass media was looked upon as the best vehicles to transfer new ideas and models from the developed nations to the third world.

Content people receive in their media can influence people's health choices. Once a person reads of a medical recommendation, or reads about a medical health practice on the internet, they can choose to perform the practice or not (Parandeh, et, al., 2022). Media literacy might help the user to recognize evidence-based information and distinguish it from anecdotal information. It can also serve as an incentive to individuals to seek information from reputable health institutions or health experts. Despite the growing recognition of the knowledge and role of media in the field of health literacy, there is no consensus on the definition of health literacy and the possible boundaries in measuring and comparing it. However, media literacy should not be considered a complete solution. Misinformation can be strong and hard to resist even for highly educated people. In order to achieve effective public health communication, cooperation between individuals, health professionals, governments, media organisation and technology platforms.

2.3 Ethical dilemmas in public health communication

The following public health communications ethics dilemmas are included: The following are examples of public health communication ethical dilemmas (Prasad, & Makesh, 2024). There is much credit given to public health communication campaigns for their success in raising awareness of the risk associated with. There are a number of ethical issues that come with public health communication. Ethical dilemmas in public health were seen as a conflict between the protection of the community and its collective well-being, and the rights and freedom individuals enjoyed.

2.3.1 Privacy

The information that is shared related to health is often private, and when effective tactics of commercial marketing are applied to public health, ethics becomes a crucial part in developing and using public health strategies. Digital communication has the potential to reveal personal health information or to invite others to share their health experiences online. Ensuring privacy is thus necessary. Privacy is mandatory while tracing personal data and movement to manage disease outbreaks conflicts with individual rights to privacy and confidentiality.

2.3.2 Accuracy and Truthfulness

Ethically health communicators are accountable for delivering accurate and evidence-based information. Inaccurate information can potentially result in harmful decisions. Trust is considered as the most important pillar in health campaign, without trust no health campaign become successful.

2.3.3 Informed Consent

People need to know about the use of their personal information, photos, narratives or health information. Especially in patient experiences or personal testimony because it is mandatory to gather informed consent from the participants (O'Neill, 2010). This is crucial when the health communication involves and assist in preventing diseases and safeguard scientific honesty and openness. The informed consent should be completed prior to the treatment.

2.3.4 Freedom of Expression

Addressing misinformation can lead to conflicts with free expression. Moderation can be too much, or not enough and these were required that doctor should brief about the treatment to the patient because when misinformation spread online. Freedom of expression is the right of every human, therefore, a free society protect the human rights

2.3.5 Responsibility

It is not just governments or health professionals who have ethical responsibility. Health communicators have a duty to protect vulnerable group of the society and avoid accidental harm. The information environment is also shaped by content creators, journalists, social media companies and the general public (Navas-Echazarreta, 2026). If the message was not carefully handled, then the language cause unrest among the society.

2.3.6 Commercial Influence

Commercial interests can shape health communication in the form of advertising and sponsored content/influencer marketing (Huda, 2022). Sometimes the health-related information may not be obvious when it has a commercial objective. Public health budget were small but when these campaigns were sponsored by the companies they cause unrest among the public.

2.4 New research and the need for further study

It is the moral compass that allows public health practitioners, policy makers and institutions to act, to make policies and decisions that improve the health of populations (Levin-Zamir, 2018). The research on effective strategies to combat health misinformation continues to highlight the need for effective strategies. A systematic review of strategies to combat health misinformation in social media identified the swift and intricate nature of online health misinformation and the need for concerted efforts. Public health ethics applies to all aspects of public health, from simple preventive measures to health policies. Their decisions about the use of these ethical standards in public health are effective, fair, and respectful. Ethics codes and ethics frameworks are dynamic, as are public health practices. Global health practitioners need to stay current with the latest research and best practices from organizations, as well as ethical guidelines, in order to make informed decisions. WHO's global public health research programme on the management of infodemics also highlights the need for evidence-based research on the drivers, effect and management of misinformation. Here are some of the indicators that the public health communications landscape is technology and humans driven. Media literacy is an important human-centered approach as it helps people to analyse information and not fully trust the moderation of others.

2.5 Theoretical Framework

The study can be majorly founded on Media Literacy Theory, with the principles of Health Literacy used to support it.

2.5.1 Media Literacy Theory

Theory in media literacy argues that the audiences can perceive and analyze the meaning of the media message instead of being absorbed by it. The theory is focused on critical analysis of media content such as consideration of source, purpose, representation and potential effects of a message.

The theory could be applied to public health where media-literacy might be associated with the capacity to evaluate the credibility of a source (author, publisher, and date) and recognize facts and opinions including identify persuasive / manipulative strategies that evaluate supporting evidence to make able to spot false information and make better choices about health-related information.

2.5.2 Health Literacy Perspective

Media literacy is an adjunct to health literacy, which specifically addresses the skills of people in accessing, comprehending, assessing and applying health information. Combining the two provides a useful lens to see how people interact with digital health information. Health Literacy involve the apply information and services to effectively manage health and also improve their capacity to fight against the disease.

2.6 Conceptual Relationship

Media Literacy → Health Information Literacy Assessment → Identification of misinformation → making informed decisions about health.

Ethical awareness has the potential to affect this process by promoting responsible behavior that become a tool for empowering people to maximize their social benefits. The ethical aspects of the evaluation and sharing of health information and taking control of their health with proper use of health related knowledge. Responsible Assessing and Sharing of Health Information is discussed in the context of ethics. Therefore, according to the conceptual framework, the higher the media literacy, the more likely one would be to evaluate public health information positively and the less vulnerable they would be to the misinformation.

3. Research Methodology

3.1 Research Design

The quantitative research design were used in the study. Researcher used a survey approach to gather data from social media users about their media-literacy skills, access to health information, skill in detecting misinformation, and knowledge of the ethical issues.

3.2 Population

The people, objects and events that have certain qualities and represent the central interest of a scientific study are called the population of the study in research. The target group was adult social media users who regularly have to deal with health information via digital media.

3.3 Sample Size

The sample size of a study is the total number of participants, observation and data points chosen from the larger target population to represent it in research. It is recommended that there would be approximately 300 respondents. An appropriate sample size for a small scale quantitative study and descriptive and inferential statistical analysis are possible. However, in this research study researcher used purposive method of research. Researcher adopted purposive sampling due to the fact that the respondents should have experience on social media and health-related information online.

3.4 Data Collection Instrument

The data collection tool is regarded as a particular device and instrument that a researcher would use to gather and record information in a study. For the present study the researcher used a structured questionnaire with the following sections:

Section A: Demographic Information

Section B: Media Literacy

Section C: Public Health Communication

Section D: Health Misinformation

Section E: Ethical Dilemmas

3.5 Data Analysis

Data collected were analysed using SPSS. Response frequencies, percentages, means and standard deviations were used to describe the responses.

3.6 Reliability

A questionnaire must be pre-tested prior to the actual survey. Cronbach's alpha can be used to assess the internal consistency of multi-item scales. An exploratory social-science research would have a coefficient of .70 or higher. And after ensuring the reliability of the questionnaire researcher conducted this study.

3.7 Ethical Considerations

Ethical considerations were integrated in the research process.

- First, it is a volunteer participation. The respondents were made aware of the purpose of the research before they filled the questionnaire.
- Second, informed consent were obtained from participants. They may refuse to join the study or to leave without penalty at any time during the study.
- Third, participants' privacy and confidentiality was protected. No unnecessary personally identifiable information was collected.
- Thirdly, the collected data was only used for academic research and it was kept securely.
- Fifth, in the study, sensitive medical data were not sought except as needed for the purposes of the study itself.

The issues of ethics in public health communication are also taken into account in the study. Balance the four; accuracy and accessibility, public safety and freedom of expression, information sharing and privacy is the challenge for communicators. WHO (world health organization) suggests to encourage critical thinking, trusted sources and fact-checking as strategies to combat health disinformation.

4. Results

This portion of the study deals with the presentation of the results gathered from the data collection tools. A close-ended data collection tool was used to gather the perspective of the respondents of this study, data was further analyzed by using SPSS and interpreted in the form of tables.

Table 1. Age Distribution		
Age Group	Frequency (f)	Percentage (%)
18-25	105	35.0

26-35	90	30.0
36-45	65	21.7
46 and above	40	13.3

The table shows that the largest proportion of respondents (35.0%) were aged 18-25 years, followed by 30.0% who were aged 26-35 years. Respondents aged 36-45 years represented 21.7% of the sample, while 13.3% were aged 46 years and above. Overall, the sample contains a relatively larger proportion of young adults, who are likely to have regular exposure to digital and social media.

Table 2. Gender Distribution

Gender	Frequency (f)	Percentage (%)
Male	162	54.0
Female	132	44.0
Other/Prefer not to say	6	2.0

The table indicates that 54.0% of the respondents were male, while 44.0% were female. A small proportion (2.0%) selected other/prefer not to say. Thus, males constituted a slightly larger proportion of the respondents, although both gender; male and female participants were substantially represented in the study.

Table 3. Educational Qualification

Education	Frequency (f)	Percentage (%)
Intermediate/Secondary	55	18.3
Bachelor's	125	41.7
Master's	90	30.0
M.Phil./PhD	30	10.0

The findings show that the largest group of respondents (41.7%) had a Bachelor's degree, followed by 30.0% with a Master's degree. About 18.3% had Intermediate/Secondary education, while 10.0% possessed an M.Phil./PhD. Overall, most respondents had at least a Bachelor's-level education, indicating a comparatively educated sample.

Table 4. Daily Social Media Use

Daily Social Media Use	Frequency (f)	Percentage (%)
Less than 1 hour	45	15.0
1-3 hours	165	55.0
More than 3 hours	90	30.0

The table demonstrates that more than half of the respondents (55.0%) spent 1-3 hours on social media daily. Around 30.0% reported using social media for more than 3 hours per day, whereas 15.0% spent

less than one hour daily. These findings suggest that social media forms a significant part of respondents' daily media exposure, making it an important channel for accessing and sharing public health information.

Table 5: Media Literacy and Public Health

Statement	SD (1)	D (2)	N (3)	A (4)	SA (5)	Mean	SD (σ)
I can identify reliable sources of health information online.	8	22	55	130	85	3.87	0.99
I check the source before trusting health information on social media.	15	40	70	110	65	3.57	1.12
I compare health information with other reliable sources.	12	35	68	120	65	3.64	1.07
I can recognise false or misleading health claims.	10	28	60	135	67	3.74	1.02
I verify health information before sharing it with others.	20	48	75	100	57	3.42	1.16
Social media influences people's health-related decisions.	5	15	40	120	120	4.12	0.93

All six items fall in the "High/Agree" range, meaning respondents generally feel confident in their media-literacy skills around health information. Item 10 (social media's influence on health decisions) scored highest ($M=4.12$), suggesting strong perceived influence, while item 9 (verifying before sharing) scored lowest ($M=3.42$) – indicating a gap between recognizing misinformation and actively verifying before spreading it further.

Table 6: Accuracy and Responsibility

Statement	SD (1)	D (2)	N (3)	A (4)	SA (5)	Mean	SD (σ)
Health communicators have an ethical responsibility to provide accurate information.	3	7	20	110	160	4.39	0.80
Sharing false health information can cause harm to individuals and communities.	2	5	15	95	183	4.51	0.73
Health communicators should clearly distinguish facts from opinions.	5	12	35	130	118	4.15	0.90
Individuals have an ethical responsibility to check health information before sharing it.	4	10	28	120	138	4.26	0.86

The data indicate a very high degree of agreement (composite $M = 4.33$) that accuracy and ethical responsibility are important to health communication. Near-consensus ($M = 4.51$, $SD = 0.73$, the lowest spread of any items) and few ambiguities emerged in the participants' answers to item 12, which asked to what extent sharing false health information can cause serious harm to others. This is followed closely by Item 11 which is positive ($M = 4.39$), confirming that health communicators are perceived to have a strong ethical responsibility to be accurate. Interestingly, item 13 that distinguished between facts and opinions scored comparatively lower, with an average score of 4.15 (on the "High" rather than "Very High" scale), and had the largest standard deviation ($SD = 0.90$), indicating greater variability in participants'

perceptions of whether this distinction is made or should be made in practice. This could be because it is more complex to distinguish between fact and opinion than it is to be wrong in spreading falsehoods. This sense of responsibility for health information accuracy is not only institutional, however, as Item 14 indicates, respondents have a sense of responsibility for the accuracy of health information as individuals as well ($M = 4.26$).

Statement	SD (1)	D (2)	N (3)	A (4)	SA (5)	Mean	SD (σ)
People's health information should be kept private when shared through digital media.	3	6	22	105	164	4.40	0.79
Personal health information should not be shared without the person's consent.	2	4	14	90	190	4.54	0.71
Health organisations should protect users' personal information when communicating online.	2	5	18	100	175	4.47	0.74

The most strongly and consistently endorsed construct is so far Privacy and Consent ($M = 4.47$), which is better than Media Literacy ($M = 3.73$) and Accuracy and Responsibility ($M = 4.33$). The three items were in the “Very High” range with low and very consistent standard deviations (0.71–0.79) indicating a near-unanimous consensus rather than divided opinion. The fewest responses varied and the strongest agreement came on item 16, which was rated as personal health information should not be shared without consent, ($M = 4.54$, $SD = 0.71$). Almost no one held any serious reservations about consent being considered an ethical foundation, with this being seen as near inviolate. There is an institutional as well as personal dimension to privacy norms, as health organisations are seen as having strong expectations of responsibility for personal information they are entrusted with, as reflected in Item 17 ($M = 4.47$). Relatively wide variability, with Item 15 being marginally the lowest of the three ($M = 4.40$, $SD = 0.79$), suggests that the principle of privacy in digital health communication is shared broadly but with a bit more nuance across digital contexts (e.g., public health campaigns vs. private messages).

Statement	SD (1)	D (2)	N (3)	A (4)	SA (5)	Mean	SD (σ)
Health information should not be manipulated to influence people's behaviour.	4	9	28	115	144	4.29	0.86
Sensational health headlines can create unnecessary fear among the public.	8	20	52	120	100	3.95	1.01
Commercial interests can affect the accuracy of health information.	10	22	60	118	90	3.85	1.04
Social media influencers should disclose sponsorship when promoting health products.	6	13	32	110	139	4.21	0.94

Manipulation and Commercial Influence has the lowest composite mean of the four constructs examined thus far ($M = 4.03$), but it is also the highest spread of responses ($SD\ 0.86$ – 1.04), suggesting that opinions in this domain are quite varied compared to those in Privacy and Consent or in Accuracy and Responsibility. It is important to note that the normative principle against manipulation (Item 18: Health information should not be manipulated to influence behaviour) is the strongest of the three ($M = 4.29$,

"Very High"), indicating that the ethical consensus regarding the principle against manipulation is still strong, as reported in earlier constructs. Both tabulations, however (19 and 20), fall into the "High" rather than the "Very High" category and have the highest standard deviations of all the items on the survey so far ($SD \approx 1.01-1.04$). This indicates that although there is broadly a consensus that sensational headlines have a negative impact on people's feelings of fear ($M = 3.95$), there is meaningfully less consensus on the same point, likely because this requires the respondents to make a judgement call on the behaviour of media and industry rather than affirm an abstract ethical principle ($M = 3.85$).

Table 9: Freedom of Expression and Platform Responsibility

Statement	SD (1)	D (2)	N (3)	A (4)	SA (5)	Mean	SD (σ)
Removing harmful health misinformation can conflict with freedom of expression.	15	38	75	105	67	3.57	1.12
Social media platforms have an ethical responsibility to address harmful health misinformation.	5	12	35	130	118	4.15	0.90
Protecting public health is sometimes more important than allowing misleading health content to remain online.	6	14	38	120	122	4.13	0.94
Media literacy can help people make more ethical decisions when consuming and sharing health information.	3	8	25	120	144	4.31	0.81

This construct has the most split pattern of the survey to date ($M = 4.04$) along with the two constructs that are the lowest in terms of performance overall (Manipulation and Commercial Influence), and with the single most polarised item of all the constructs. There is one item on this construct with the lowest mean score, and the highest SD among all items ($M = 3.57$, $SD = 1.12$); item 22 is also one of the most polarizing items across all constructs measured, with a mean score of 3.57 and an SD of 1.12. This is a true value tension: respondents are much less united in their answer when the question is whether free expression or harm reduction is more important, as compared to previous items that posed ethical obligations in more polarised terms (e.g., privacy, consent, accuracy). In contrast, respondents come together much more cohesively when asked about a concrete responsibility or trade-off instead of an abstract rights conflict: they feel a moral obligation to take action ($M = 4.15$), and that the public's right to health is more important than the right of misleading content to stay online ($M = 4.13$). This indicates that people have mixed feelings about free expression versus content removal in general (item 22) but are much more clear about who should do something (item 23: platforms) and what should be done (item 24: public health). But a clarifying footnote is given in Item 25: media literacy is viewed as the most powerful and most confidently endorsed component in this construct, with a mean rating of 4.31 ("Very High") and the lowest SD of the four items (0.81) – suggesting that respondents see education and critical-thinking skills as the most widely accepted route to more ethical health-information behaviors than content removal.

4.1 Discussion

As this study is proposed without primary data at this stage, the findings presented here are expected rather than statistical results. The study is expected to demonstrate a positive relationship between media literacy and the ability to evaluate public health information. Respondents with stronger media-literacy skills are expected to be more likely to check sources, compare information and question unsupported health claims.

It is also expected that social media will be identified as an important source of health information. However, respondents may report encountering misleading or contradictory health claims online. This would be consistent with the WHO's description of infodemics as information environments in which excessive and misleading information can create confusion and undermine trust. The study may further demonstrate that media literacy contributes to more responsible health-information sharing. Individuals who understand how misinformation spreads may be less likely to share unverified health claims. The ethical findings are expected to indicate that privacy, accuracy, responsibility and freedom of expression are major concerns. Respondents may recognise the importance of removing demonstrably harmful misinformation while also expressing concerns about excessive censorship. The expected findings therefore suggest that effective public health communication requires a combination of:

1. media literacy among citizens;
2. transparent communication by health authorities;
3. responsible journalism;
4. ethical behaviour by content creators;
5. effective fact-checking; and
6. responsible platform governance.

WHO similarly identifies community engagement, risk communication, resilience to misinformation and empowerment as important elements of infodemic management.

5. Conclusion

Media literacy has become increasingly important in contemporary public health communication. The expansion of digital media has provided individuals with unprecedented access to health information but has simultaneously increased exposure to misinformation and disinformation. Ability to recognise, access and assess credible sources, identify evidence that is being manipulated, and verify information and information sources can help individuals to make informed health choices. Media literacy thus can help build the public's resilience to health misinformation. However, media literacy cannot be the solution to public health communication. Issues of privacy, accuracy, informed consent, freedom of expression and commercial influence/responsibility also need to be taken into account. For a responsible information environment to be created, collaboration among individuals, health professionals, governments, journalists, and educational institutions and digital platforms is needed. Enhancing the media literacy of the population without compromising ethical values can lead to better quality public health communication and lead to more healthy and informed communities.

5.1 Recommendations

Based on the literature and proposed research framework, the study recommends:

1. Media-literacy education should be incorporated into schools, colleges and universities.
2. Public health organisations should provide simple and accessible information through social media.
3. People should be encouraged to verify health claims before sharing them.
4. Health authorities should communicate through trusted and easily identifiable official channels.
5. Social media platforms should strengthen transparent fact-checking and misinformation-response mechanisms.
6. Journalists and content creators should follow evidence-based standards when reporting health issues.
7. Digital campaigns should teach people how to identify misleading headlines, manipulated images and unsupported medical claims.
8. Privacy and informed consent should be prioritised when sharing patient stories or personal health information.
9. Public health campaigns should avoid unnecessary fear, stigma and sensationalism.

10. Further research should investigate media literacy among different age, education and socioeconomic groups.

REFERENCES

- Arsalani, A., Sakhaei, S., & Zamani, M. (2022). ICT for children: The continuous need for media literacy. *Socio-Spatial Studies*, 6(1), 1-12.
- Çöl, D., Eken, İ., & Gezmen, B. (2026). ETHICAL AND SAFETY ISSUES IN DIGITAL MEDIA LITERACY: MEDIA AWARENESS. *Akademik Hassasiyetler*, (30), 138-176.
- Hristovska, A. (2023). Fostering media literacy in the age of AI: Examining the impact on digital citizenship and ethical decision-making. *KAIROS: Media and Communications Review*, 2(2), 39-59.
- Huda, M., & Hashim, A. (2022). Towards professional and ethical balance: insights into application strategy on media literacy education. *Kybernetes*, 51(3), 1280-1300.
- Levin-Zamir, D., & Bertschi, I. (2018). Media health literacy, eHealth literacy, and the role of the social environment in context. *International journal of environmental research and public health*, 15(8), 1643.
- Navas-Echazarreta, N., Juárez-Vela, R., Martínez-Pascual, R. M., Satústegui-Dordá, P. J., Czapla, M., Chover-Sierra, E., ... & Martínez-Sabater, A. (2026). Health literacy, media literacy, and the digital divide: A conceptual framework for public health. *Adv. Clin. Exp. Med.*, (ART-2026-149893).
- O'Neill, B. (2010). Media literacy and communication rights. *International communication gazette*, 72(4-5), 323-338.
- Parandeh Afshar, P., Keshavarz, F., Salehi, M., Fakhri Moghadam, R., Khajoui, E., Nazari, F., & Dehghan, M. (2022). Health literacy and media literacy: is there any relation?. *Community health equity research & policy*, 42(2), 195-201.
- Prasad, R. K., & Makesh, D. (2024). Role of Mass Media in promoting Health Literacy. *International Journal of Communication Development*, 61-78.
- Rath, M. (2017). Media change and media literacy-ethical implications of media education in the time of mediatization. In *ICERI2017 Proceedings* (pp. 8565-8571). IATED.
- Tuneva, M. A. R. I. N. A. (2025). Artificial Intelligence and Digital Disinformation: Ethical Challenges for Media Literacy and Journalism. *KAIROS: Media and Communications Review*, 4(1), 99-113.