Critical Thinking for Media/Health Literacy: Reaching the Right Information

Can Cemal CİNGİ [1] & Sarosh IQBAL [2]

Abstract

The internet currently serves as the primary source of information in the health sector, much like it does in other fields. Individuals and institutions can create and share content online, leading to the rapid dissemination of personal and institutional opinions, particularly on social media. This occurs with minimal oversight, especially in decentralized, user-generated content environments where editorial control is limited or nonexistent. Consequently, inaccurate or unverified information spreads rapidly on the internet alongside accurate content, resulting in a complex information landscape often referred to as a "high-noise informational ecosystem." This situation requires individuals to shift from passive consumption of information to active, evaluative engagement with digital content to reduce potential public health risks. The direct impact on health decision-making processes and the influence on risk-perception mechanisms are significant public health concerns, as individuals face challenges in accessing information to evaluate the accuracy of scientific and contemporary medical procedures. Individuals' capacity to make informed decisions, protect their health, and effectively use health services depends on their access to reliable and accurate health information and, critically, their ability to interpret and contextualize that information within evidence-based frameworks. Today, health literacy encompasses more than just reading and understanding information; it also includes the capacity to critically examine content, assess sources, and identify reliable information, thus aligning with multidimensional literacy models that integrate cognitive, analytical, and evaluative competencies. People in the modern world need to think critically and be health literate to navigate the abundance of information they encounter, especially in algorithmically curated environments where exposure is shaped by engagement metrics rather than epistemic quality. Critical thinking is currently an essential skill for navigating a complex world,

[1] Anadolu University, Faculty of Communication Sciences, ccc@anadolu.edu.tr, ORCID: 0000-0002-1769-3435

[2] Dr., Forman Christian College (A Chartered University), Faculty of Social Sciences, Department of Sociology, saroshiqbal@fccollege.edu.pk, ORCID: 0000-0001-6495-3036

acting as a metacognitive regulatory mechanism in information processing. The outcomes of daily decisions can vary depending on how much we enhance our cognitive abilities, including analytical reasoning, source evaluation, and bias recognition.

Keywords: Health, news, internet, misinformation, disinformation

1. Introduction

Modern life makes information simpler to get, but finding reliable information is harder a paradox often described as the "information abundance–credibility scarcity dilemma." Access to reliable health information is essential for making educated decisions, safeguarding health, and using healthcare services. Health literacy now includes reading, understanding, critically analyzing, reviewing sources, and finding credible information reflecting an expanded, functional–interactive–critical literacy continuum.

Health literacy improves individual and community health. Access to information is not enough; it must be evaluated through systematic appraisal processes, including source credibility, evidence hierarchy, and contextual relevance. Disinformation and information pollution in the digital age can lead to bad healthcare decisions by distorting risk-benefit assessments and promoting cognitive biases such as confirmation bias.

Insufficient health literacy makes people vulnerable to fraudulent claims and misinformation, particularly in environments where persuasive communication mimics scientific discourse. To prevent disinformation, health literacy and critical thinking must be improved through formal education, digital literacy interventions, and public health communication strategies.

Pandemics raise issues about information pollution, misdirection, and conspiracy theories often described collectively under the concept of "infodemic dynamics." Critical thinking helps people analyze and evaluate information without passively accepting it by engaging higher-order cognitive processes such as inference, evaluation, and reflection.

Media outlets play a crucial role in reporting health changes, but sensational health journalism can inspire optimism or despair often through framing effects and emotional amplification techniques. Health journalism needs to be specialized to avoid commercially oriented news sources and sensational language, which can lead to false optimism and undermine evidence-based public health messaging.

2. Media Literacy and Critical Thinking

Even though it is now easier than ever to obtain information, it is more difficult to obtain and evaluate reliable information due to the exponential growth of heterogeneous, unverified digital content. Consequently, media literacy and critical thinking are essential for individuals to become discerning media consumers able to distinguish among tiers of information quality.

In the information era, the volume of content consumers encounter via media is rising daily driven by continuous content production and platform algorithms prioritizing engagement. This fosters an environment susceptible to information contamination and manipulation, including misinformation, disinformation, and misinformation processes.

Hobbs (2010) asserts, "Media literacy is an essential skill for navigating today's intricate information landscape, where the capacity to access, analyze, evaluate, and convey messages is crucial for being an informed citizen." Consequently, media literacy necessitates not only access to information but also the capacity to assess and interrogate it critically, incorporating both cognitive and socio-cultural analytical dimensions.

Many individuals rely on search engines and social media platforms for health guidance without verifying the

credibility of sources, often using heuristic shortcuts such as popularity cues or visual credibility signals. This behavior contributes to the spread of unverified treatments, conspiracy theories, and anti-vaccine rhetoric, which undermine evidence-based medical practices (Chou et al., 2018) and may lead to measurable public health risks.

A key reason for the rapid spread of such misinformation is the algorithmic amplification of emotionally charged or sensational content rather than scientifically accurate information (Cinelli et al., 2020) as platform algorithms optimize for engagement metrics such as clicks, shares, and watch time.

Nevertheless, media literacy alone is insufficient. "The intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and evaluating information is known as critical thinking" (Facione, 2015, p. 3). Individuals are no longer passive media consumers; they are active participants who query, analyze, and form judgments through their critical thinking, thus shifting from consumption to epistemic participation.

Kellner and Share (2007) emphasize media literacy as a crucial teaching method that promotes critical thinking, enabling individuals to question media messages, recognize underlying ideas, and participate in democratic discussions, especially during times of rapid misinformation dissemination on social media, highlighting its role in sustaining democratic epistemologies.

Similar to the COVID-19 pandemic, information pollution has posed significant public health hazards. The World Health Organization (WHO, 2020) characterized this phenomenon as an "infodemic," describing it as "an overabundance of information—some accurate and some not—that

complicates individuals' ability to locate trustworthy sources and reliable guidance," thereby impairing effective risk communication strategies.

Deceptive content impacts both individuals and society at large. Lewandowsky, Ecker, and Cook (2017) assert, “Misinformation disseminates more rapidly and extensively than corrections and frequently persists in shaping beliefs, even post-refutation.” Thus, it's vital to examine the source, context, and intent of media messages through systematic critical appraisal frameworks.

Potter (2013) emphasizes the importance of media literacy and critical thinking skills in today's complex world. Media literacy helps individuals understand media messages and resist manipulation, while critical thinking encourages a critical approach to information by enabling reflective skepticism rather than passive acceptance. These skills promote democratic participation and informed decision-making, serving as foundational competencies in knowledge societies. By integrating these skills into education, individuals can access and analyze information logically, thereby strengthening democratic societies. Thus, media literacy and critical thinking are crucial for managing information overload and mitigating epistemic vulnerability.

3. Health Information and Misleading Content

The ability to access “accurate information” about health is a fundamental issue for all stakeholders in the field of health, as it directly relates to evidence-based practice, patient safety, and public health outcomes. Different studies evaluate the sources used by individuals seeking health-related information, highlighting the heterogeneity of information

pathways and trust hierarchies. Internet-based approaches have emerged as the primary means of accessing health information, marking a structural shift from institution-centered to user-driven information ecosystems.

The internet and social media provide quick access to medical information, enhancing public health awareness and improving patient care by reducing informational asymmetry between healthcare providers and patients. They also provide opportunities for healthcare professionals to promote and manage their reputation and build patient relationships, often through digital self-branding and professional visibility strategies. Social media enables individuals to evaluate reviews, seek advice, and research diseases, helping them understand and influence sector leaders, thereby transforming patients into active, information-seeking agents within participatory health cultures.

Health news, which significantly affects vast portions of society, is often exploited by contemporary media companies, with reports presented in a sensationalized manner to attract viewers and boost sales, reflecting commercialization pressures and attention-economy dynamics. This news, which advocates a consumption-based lifestyle, caters to established industrial frameworks by prescribing how individuals ought to live, what they should consume, and how they should structure their daily routines, thereby reinforcing normative health behaviors aligned with market interests rather than scientific consensus.

In their pursuit of enhanced advertising revenue, media organizations often resort to overblown and unrealistic narratives in health journalism, a domain intrinsically linked to

human existence, which can lead to epistemic distortion and the misrepresentation of scientific uncertainty.

The media, a highly successful instrument for disseminating breakthroughs, serves a comparable role in the realm of health. Health-oriented publications are meticulously monitored by the intended audience, and the knowledge inside media texts is implemented by individuals in their daily lives (Kaya et al., 2011, p. 51), indicating a strong translation of mediated knowledge into behavioral practices.

Instead of informing and reporting, health-related texts in the media are presented by specialists in a guiding and regulating manner, which may blur the boundary between information and normative prescription. Through their expertise, health professionals can influence public health, and their information is considered accurate and precise, although this perceived authority may also be exploited in cases of pseudo-expertise.

The media's dissemination of health information raises concerns about its authenticity and potential harm to patients, particularly when preliminary findings are framed as definitive outcomes. Social media platforms often share patient experiences and expert insights, leading to widespread acceptance of such information without sufficient methodological scrutiny. For example, obesity-related diet lists and weight reduction medications can pose significant risks and complications when promoted without individualized clinical assessment. The media's portrayal of unfinished research as conclusive treatments is detrimental, as it undermines the principles of scientific validation and peer review processes.

4. Health Information on Social Media

Social media is continuously gaining new users and increasing its influence every day, resulting in expanding network effects and intensified information diffusion dynamics. It provides vital information in all aspects of life. Health is vital, and social media is an important channel for health information increasingly embedded in everyday decision-making processes.

Health communication, crucial for public health, now actively involves the target audience by incorporating their feedback into the process, reflecting a shift from top-down communication models to interactive and participatory paradigms. Social media platforms like Facebook, Twitter, and LinkedIn connect health information suppliers and seekers (Çınarlı, 2012), thereby creating hybrid communication environments that combine expert and lay knowledge.

Health information is crucial for public health, and social media is used for health communication to reach larger audiences. However, disinformation and misinformation can cause harm, such as the COVID-19 pandemic, where information disorder significantly affected public compliance and risk perception. Health misinformation on the internet, often deceptive, can make it difficult for people to prioritize health and avoid disease by distorting the perceived efficacy and safety of interventions.

Public health information is increasingly available on social media. Health information sharing and consumption have changed due to billions of users on Facebook, Twitter (X), YouTube, and TikTok (Wang et al., 2019) leading to a decentralized and highly accelerated information ecosystem. These platforms enable rapid transmission and accessibility, but

reliability, accuracy, and regulation are affected by limited editorial oversight and platform governance challenges.

Some health professionals and institutions use social media to disseminate accurate, accessible medical content, but misinformation and disinformation spread faster (Vosoughi et al., 2018) as false information is often more novel, emotionally engaging, and algorithmically amplified. Health misinformation can cause harm and damage trust in health systems (Chou et al., 2018), potentially reducing adherence to medical recommendations.

To avoid misinformation, we must ask relevant questions about the messages we receive, engaging in reflective and critical evaluation processes. We must stop actors from intentionally spreading misleading information for economic, social, and political gain highlighting the role of strategic disinformation campaigns. This inquiry involves understanding the most common types of misinformation, the security reviews the message source will undergo, and the ability to distinguish between legitimate and fraudulent content before sharing or rejecting messages on social media, requiring both cognitive skills and digital literacy.

Awareness of the misinformation epidemic, particularly during the COVID-19 pandemic, will help stop its physical and psychological spread by strengthening individual and collective resilience against information disorder.

5. Source Verification Methods

The contemporary cyberspace has created an information ecosystem characterized by a cacophony of diverse opinions, verified truths, pervasive falsehoods, and an unprecedented quantity of data, often described as an epistemically

saturated environment. Seeking online health information (OHI) requires the aptitude to critically discern reliable sources from unreliable ones for effective media and health literacy (MHL) (Chou, Oh & Klein, 2018), making source evaluation a core competency rather than an optional skill.

While the proliferation of online content provides unparalleled access to information, it also presents significant challenges in identifying credible sources amid a vast amount of misinformation and disinformation due to a signal-to-noise imbalance. Source verification is a fundamental skill in MHL, enabling individuals to identify accurate, most relevant, and evidence-based information rather than unsubstantiated claims through systematic evaluation criteria.

This critical skill goes beyond a superficial glance at a headline; it demands a systematic evaluation of information sources and the rigor of their assertions (Metzger & Flanagin, 2013), including methodological soundness, citation practices, and institutional credibility.

OHI source verification is more important than ever due to media fragmentation and digitization, which have undermined authority structures. The rise of social media platforms (SMPs) has changed how information is created, shared, and consumed, decentralizing knowledge.

The influx of OHI on SMPs has disrupted traditional hierarchies of expertise, making effective source discernment pivotal for public health outcomes (Mackert et al., 2016) as authority signals are often obscured or simulated. Robust source verification requires critical criteria, such as evaluating the evidence base, authoritativeness, institutional backing, and transparency, to distinguish reliable OHI from

speculation, rumors, or intentional falsehoods that form the basis of evidence-informed decision-making.

5.1. Mass Media Channel Diversity in the OHI Landscape

Digitalization has increased online health information (OHI) and paradoxical effects. Using digital, mass media, and face-to-face communication increases MHL and illness understanding. However, the amount of OHI, disintermediation, absence of quality control, and disguised authority signs make information evaluation difficult in the digital world. The web's hyperlinked structure and channel convergence generate a psychological 'leveling effect' that hinders source evaluation. Online reliability evaluation involves the website, content, authors, and contributors.

5.2. Expert Opinion vs. Social Media Commentary: A Critical Distinction

Reliable Medical Health Information (MHL) sources are primarily from government health organizations, academic institutions, and nonprofit organizations which operate within regulated, evidence-based frameworks. These sources provide foundational resources for assessing OHI in the digital realm.

Expert opinion (EO) is a professional judgment of qualified practitioners, used to contextualize and interpret available evidence, often grounded in clinical experience and scientific literature. Social media commentary, on the other hand, is often anecdotal, unverified, and largely devoid of scientific or medical rigor, frequently influenced by personal experience, belief systems, or commercial motives.

The confusion between these two forms of information can lead to ill-informed health decisions, delayed medical treatment, or the adoption of hazardous practices based on unscientific claims posing direct risks to patient safety and public health.

The explosion of online content has increased the complexity of credibility judgment, particularly in health contexts where the consequences of misinformation are more severe. Heuristic evaluation (HE) is an expert-based method that reflects cognitive skills in shaping how individuals verify the reliability of sources, often relying on mental shortcuts such as authority cues or familiarity.

However, heuristics can introduce significant bias, such as the endorsement and self-confirmation heuristics, which can spread misinformation and erode public trust by reinforcing pre-existing beliefs rather than encouraging critical reassessment.

The social media industry, a commercial determinant of health (CDoH), operates outside established norms, with sponsored advertising and influencers monetizing content, blurring the boundary between information and marketing. This largely unregulated social media environment often breaches SMPs' community guidelines and misleads OHI, contributing to poorer health outcomes, especially among vulnerable populations.

To effectively combat the confusing proliferation of OHI, it is imperative to critically distinguish between authoritative EO and unverified social media commentary. Table 1 highlights a clear epistemic and structural divide between expert opinion and social media commentary in the context of health information. Expert sources are characterized by institutional

authority and evidence-based information. Expert sources are defined by institutional authority, evidence-based reasoning, regulatory oversight, and systematic evaluation, all of which support reliable and safe health decision-making. In contrast, social media commentary is largely driven by reasoning, regulatory oversight, and systematic evaluation, which collectively support reliable and safe health decision-making. In contrast, social media commentary is largely driven by non-expert actors, anecdotal content, minimal regulation, and higher susceptibility to bias, often lacking transparent verification mechanisms. The table also underscores a sociological dimension, showing that trust in expert information is associated with higher health literacy, whereas social media tends to be more influential among less literate or younger populations. Overall, the comparison shows that while expert knowledge operates within a structured and accountable framework, social media operates in a visibility-driven, less-regulated environment, increasing the risk of misinformation and its possible negative impact on public health.

Table 1:
Key distinction between reliable expert opinion and social media commentary

Feature	**Expert Opinion**	**Social Media Commentary**
Author Expertise	Health professionals, established institutions, researchers	Often laypeople, influencers, or anonymous users
Evidence-based	Cites peer-reviewed studies, evidence-based, systematic	Frequently anecdotal, lacks transparent evidence
Regulatory oversight	Subject to professional/ethical regulations	Minimal or no regulation or editorial control

Bias & Objectivity	Strives for impartiality, disclosures common	Driven by personal opinions, high risk of bias
Content Currency	Regularly updated, responsive to new research findings	May contain outdated/recycled or persistent misinformation
Trust by demographics	Higher among more educated, high MHL users	Higher among less literate/younger users
Evaluation Tools	Evaluated by validated and reliable tools like the Health Literacy Index	Largely unevaluated or unverified
Potential Impact	Supports informed, safe health decisions and public well-being	Can propagate health rumors and widespread misinformation

6. Conspiracy Theories and Anti-Science

Conspiracy theories and anti-science sentiments have become prevalent in digital health discourses, particularly within polarized and distrustful information environments, involving topics such as vaccine skepticism, cancer cures, and uncritical promotion of natural remedies.

These beliefs are influenced by individual cognitive characteristics, societal, cultural, and media determinants that cultivate skepticism towards scientific consensus and institutional authorities, including distrust in expertise and perceived lack of transparency. These theories often disregard official explanations and use counter-evidence as proof of a reasoning pattern associated with motivated reasoning and the reduction of cognitive dissonance.

Common themes include suppressed cures, vaccine-induced harm, or disease fabrication for financial gain, which resonate with narratives of institutional distrust. These beliefs significantly impact psychological, social, and behavioral

outcomes, leading to less participation in biomedical research, increased anxiety and depression, as well as reduced adherence to public health interventions.

The marginalized population is particularly vulnerable, as these beliefs widen health inequalities and limit access to reliable health information, exacerbating existing structural disparities. Social media platforms (SMPs) have facilitated the spread of conspiracy theories by prioritizing content designed to maximize engagement over factual accuracy or transparency, thereby amplifying extreme or emotionally charged narratives.

6.1. Alternative Medicine Myths and Disinformation

Conspiracy theories and myths of complementary or alternative medicine (CAM) undermine public understanding of evidence-based health. CAM, a popular approach to managing symptoms and enhancing well-being, is susceptible to misinformation and overt disinformation. Local companies often promote the widespread availability and accessibility of CAM, leading to unverified claims about its efficacy. Direct scientific intervention is ineffective, and misinformation can influence decision-making even after correction. Effective counter-strategies must be proactive and multilateral, such as 'prebunking' and enhancing mental health literacy (MHL). Deconstruction of conspiracy theories requires rebuilding public trust in scientific and public health institutions, addressing emotional, cultural, and identity concerns. Critical thinking is crucial, as claims of 'faster recovery' or 'fewer complications' from CAM can lead to ill-informed decisions and adverse health outcomes. Encouraging critical evaluation

of CAM information and highlighting potential pitfalls are vital building blocks for mental health literacy.

7. The Role of Digital Platforms in Health

The extensive digitalization of health data has radically reshaped how individuals access, process, and interact with OHI, redefining MHL at the structural level by transforming information access from hierarchical systems to decentralized, platform-mediated environments. Modern SMPs serve as the main channels for OHI, offering unique access to diverse health resources such as Google, YouTube, Facebook, TikTok, Instagram, and X (formerly Twitter), thereby functioning as primary epistemic infrastructures in contemporary society.

This shift contrasts with traditional methods of information acquisition, in which advice was sought through in-person professional consultations, specialized textbooks, or established organizations representing a transition from expert-mediated knowledge systems to algorithmically curated knowledge exposure.

While SMPs democratize access to OHI, they also come with a significant challenge in the form of an overwhelming volume of available content and persistent concerns regarding its trustworthiness and veracity (Merga, 2024; Ottosen, Mani & Fratta, 2019), often described as "information overload" coupled with "credibility uncertainty". Therefore, individuals must possess critical media health literacy (MHL) to navigate this complex digital ecosystem effectively, which requires both analytical and metacognitive competencies.

Google is a crucial gatekeeper for users seeking Online Health Information (OHI), with many health inquiries starting

with a simple search query, positioning search engines as algorithmic intermediaries in knowledge acquisition. However, the Search Engine Results Page (SERP) presents unique complexities, with advertisements, anecdotal blogs, and less reliable sources often appearing, blurring the distinction between sponsored content and evidence-based information.

The term "Dr. Google" is more prevalent among women, especially those with children, reflecting gendered patterns in health information-seeking behavior. YouTube is another influential platform for OHI consumption, impacting individuals' health beliefs and behavioral intentions through audiovisual persuasion and narrative-driven communication. It provides broader dissemination of OHI through various content creators and influencers, enhancing cognitive abilities and enabling more informed decisions when the content is accurate and evidence-based. However, the prevalence of misinformation on YouTube is a concern, with health-related content often of moderate to low quality, raising questions about content regulation and verification mechanisms.

Along with YouTube, video-based SMPs such as TikTok and Instagram are rapidly growing platforms in the instant dissemination of OHI and provide frequent exposure to users (Eghtesadi & Florea, 2022), particularly among younger demographics with shorter attention spans. The global user base of these SMPs frequently encounters OHI, whether actively retrieved or passively encountered via algorithmic feeds (Merga, 2025) indicating both intentional and incidental exposure patterns.

The short, multimodal video format characteristic of these platforms is especially appealing and accessible to users with varied levels of reading comprehension or attentional

capacity, potentially simplifying complex OHI (Merga, 2025) but also risking oversimplification and the loss of scientific nuance. Nonetheless, the existence of OHI on TikTok or Instagram does not equate to its credibility, as visibility is not synonymous with validity.

Most of the OHI on such platforms is of low quality and represents both misinformation and disinformation, and in most cases, users exhibit higher engagement with lower-quality content (Alter, Charney & Karle, 2024; Jafri et al., 2023) due to novelty bias and emotional engagement mechanisms.

Although TikTok has implemented safeguards, including categories for misleading information and content guidelines, the platform continues to serve as a conduit for false OHI and misinformation (Costa-Sánchez et al., 2023; Merga, 2025), highlighting the limitations of platform governance. The limited presence of qualified health professionals compared to laypersons or influencers further highlights the challenges in discerning reliable OHI (Alter et al., 2024; Morse et al., 2024), resulting in an imbalance between expertise and visibility.

In addition to these platforms, Facebook and X (formerly Twitter) also serve as significant sources of OHI for the general public. These platforms facilitate rapid information exchange and public discussion, often enabling real-time diffusion of information during health crises. However, the utility of these SMPs is critically tempered by persistent concerns about user privacy, equity, and access to reliable information, alongside an explosion of misinformation and disinformation, which creates structural vulnerabilities in digital health communication ecosystems.

This dual nature highlights the paramount importance of critical thinking and robust MHL. Without these

competencies, individuals risk misinterpreting or falling victim to unverified claims, making ill-informed health decisions, and eroding trust in evidence-based healthcare, ultimately undermining public health systems.

8. Conclusion

Critical thinking is crucial for mental health literacy (MHL) and social resilience in the digital world, serving as a foundational cognitive mechanism for navigating complex information environments. Individuals with higher MHL are more likely to trust reliable sources such as government agencies, nonprofit organizations, and healthcare professionals for health information (OHI) than those with limited health literacy, indicating a strong relationship between literacy level and trust calibration.

This trust is influenced by demographic profiles, cognitive orientations, and health knowledge and behavior, suggesting a multidimensional interaction between socio-cognitive factors and information evaluation processes. Research shows that trust in universities, research centers, and federal health agencies is higher among populations with greater educational attainment and a strong orientation towards health information, reflecting the role of formal education in shaping epistemic trust.

Conversely, lower socioeconomic groups tend to express higher trust in local hospitals or physicians, indicating reliance on proximal and experiential sources of authority. Low MHL is a risk factor for overreliance on low-quality sources, as individuals with limited MHL are less able to evaluate online information, trust it indiscriminately, and use fewer rigorous

criteria for credibility, thereby increasing vulnerability to misinformation and disinformation.

In this context, strengthening MHL and critical thinking should be considered a public health priority that requires systemic interventions at the educational, institutional, and policy levels. Educational systems must integrate media literacy and critical thinking as core competencies to equip individuals with the tools they need for informed decision-making.

Furthermore, digital platforms should be held accountable for the dissemination of health information by improving algorithmic transparency, strengthening content moderation, and collaborating with health authorities. Public health institutions must also adopt proactive communication strategies to counter misinformation, including prebunking, fact-checking, and accessible evidence-based messaging.

Ultimately, the intersection of media literacy, critical thinking, and digital health ecosystems defines individuals' and societies' capacity to respond effectively to contemporary health challenges, positioning these competencies as essential determinants of both individual well-being and collective resilience.

References

Alter, I. L., Charney, S. A., Karle, W. E., Born, H., & Chern, A. (2024). An Evaluation of Quality, Reliability, and Accuracy of Vocal Health Content on TikTok. Journal of voice ,official journal of the Voice Foundation, https://doi.org/10.1016/j.jvoice.2023.12.022

Chou, W. Y. S., Oh, A., & Klein, W. M. (2018). Addressing health-related misinformation on social media. JAMA, 320(23), 2417–2418. https://doi.org/10.1001/jama.2018.16865

Cinelli, M., Quattrociocchi, W., Galeazzi, A., et al. (2020). The COVID-19 social media infodemic. Scientific Reports, 10(1), 16598.

Çınarlı, İ. (2012). Sosyal Medya, Web 2.0 ve Sağlık, Workshop Dergisi.

Costa-Sánchez C, Vizoso Á. and López-García X (2023) Fake news in the post-COVID-19 era? The health disinformation agenda in Spain. Societies 13(11): Article e242.

Eghtesadi, M. and Florea, A. (2020). Facebook, Instagram, Reddit and TikTok: A proposal for health authorities to integrate popular social media platforms in contingency planning amid a global pandemic outbreak. Canadian Journal of Public Health, 111(3), 389–391. https://doi.org/10.17269/s41997-020-00343-0

Facione, P. A. (2015). Critical Thinking: What It Is and Why It Counts (Updated ed.). Insight Assessment.

Hobbs, R. (2010). Digital and Media Literacy: A Plan of Action. The Aspen Institute.

Jafri, F.I., Ancha, N., Roy, A., Ahmad, S., Riaz, H. and Hyman, C. (2023). TikTok and irritable bowel syndrome (IBS): a crosssectional study of social media content quality. Journal of Public Health https://doi.org/10.1007/s10389-023-02062-5

Kaya, A., Yüksel.E. and Öğüt. P. (2011). Sağlık haberlerinde mucize tedaviler. Selçuk İletişim, 7(1), 49-64.

Kellner, D. and Share, J. (2007). Critical media literacy is not an option. Learning Inquiry, 1(1), 59–69. https://doi.org/10.1007/s11519-007-0004-2

Lewandowsky, S., Ecker, U. K. H. and Cook, J. (2017). Beyond misinformation: Understanding and coping with the "post-truth" era. Journal of Applied Research in Memory and Cognition, 6(4), 353–369.

Mackert, M., Mabry-Flynn, A., Champlin, S., Donovan, E. E. and Pounders, K. (2016). Health Literacy and Health Information Technology Adoption: The Potential for a New Digital Divide. Journal of medical Internet research, 18(10), e264. https://doi.org/10.2196/jmir.6349

Merga, M. K. (2025). TikTok and digital health literacy: A systematic review. IFLA Journal, 51(2), 490-501. https://doi.org/10.1177/03400352241286175

Metzger, M. J. and Flanagin, A. J. (2013). Credibility and trust of information in online environments: The use of cognitive heuristics. Journal of Pragmatics, 59(Pt B), 210–220. https://doi.org/10.1016/j.pragma.2013.07.012

Morse, E., Odigie, E., Gillespie, H. and Rameau, A. (2024). The Readability of Patient-Facing Social Media Posts on Common Otolaryngologic Diagnoses. Otolaryngology--head and neck surgery : official journal of American Academy of Otolaryngology-Head and Neck Surgery, 170(4), 1051–1058. https://doi.org/10.1002/ohn.584

Ottosen, T., Mani, N.S. and Fratta MN (2019) Health information literacy awareness and capacity building: Present and future. IFLA Journal 45(3): 207–215. https://doi.org/10.1177/0340035219857441

Potter, W. J. (2013). Media Literacy (6th ed.). SAGE Publications.

Vosoughi, S. Roy, D. and Aral, S. (2018). The spread of true and false news online. Science, 359(6380), 1146–1151. https://doi.org/10.1126/science.aap9559

Wang, Y., McKee, M., Torbica, A. and Stuckler, D. (2019). Systematic literature review on the spread of health-related misinformation on social media. Social Science & Medicine, 240, 112552. https://doi.org/10.1016/j.socscimed.2019.112552

World Health Organization. (2020). Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation.

Biographies

Can Cemal Cingi was born in 1985, in Istanbul. Upon completing his high school education in Eskisehir, he received his Bachelor and Master's degree from Yeditepe University, Faculty of Communication in İstanbul. Then, he has recently obtained his Ph.D. degree in Communication Science from Anadolu University, Eskisehir in 2013. Now, he is working at Anadolu University/Faculty of Communication as an associate professor.

Dr. Sarosh Iqbal is an Associate Professor of Sociology at the Forman Christian College (A Chartered University)'s School of Social Science. She has over two decades of experience in research and teaching. Her research interests include the Sociology of Health & Illness – particularly women's and adolescent health, Sociology of Family, and Digital Sociology. She has experience managing research projects in collaboration with international development partners, including the World Bank, USAID, the World Health Organization, DFID/UKHSA, and UN agencies. She has authored multiple research manuscripts published in high-impact, Scopus-indexed, and HEC-recognized journals.