Future Scenarios in Media and Health: The Impact of New Technologies on Media and Health Literacy

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Abstract

In the digital age, media and health literacy have become indispensable competencies for informed citizenship and public health. Media literacy involves individuals' ability to access, analyze, evaluate, and create messages across various media platforms, while health literacy refers to the capacity to obtain, understand, and use health information effectively. The convergence of these literacies, known as Media Health Literacy (MHL), has grown more critical with the proliferation of digital technologies such as artificial intelligence (AI), mobile health applications, telehealth services, and social media. These technologies offer promising tools for enhancing public health knowledge but also pose challenges such as misinformation, digital inequality, and privacy concerns. Moreover, the digital divide, driven by disparities in internet access, age, gender, and education, threatens to widen health disparities unless addressed through inclusive policies and infrastructure investment. Real-world examples from the UK and Europe demonstrate the power of AI-based campaigns, social media strategies, and VR/AR tools in health communication. However, risks posed by disinformation, deepfakes, and weak digital security call for robust educational strategies and intersectoral collaboration. Integrating media and health literacy into formal education, providing community-based lifelong learning opportunities, ensuring content clarity, and enhancing digital accessibility are essential policy steps. Ultimately, building a society capable of critically navigating digital health information is foundational to promoting both individual well-being and democratic resilience.

Keywords: Media literacy, health literacy, digital divide, misinformation, artificial intelligence

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1. The Importance of Media and Health Literacy

Media literacy is the capacity of humans to critically assess and comprehend communications from diverse media channels and, when required, to generate their own messages. This competence includes abilities such as accessing, analyzing, evaluating, producing communications, and responding appropriately (Kellner & Share, 2007). In the digital era, media literacy has emerged as an essential requirement to address challenges such as information pollution, disinformation, and hate speech. UNESCO (2021) characterizes media and information literacy as a collection of essential competencies necessary to confront the challenges of the 21st century, including the proliferation of misinformation, diminishing faith in media, and advancements in digital technology. In this context, media literacy enhances individuals' capacity to interrogate information sources, comprehend the motives behind media material, and produce their own content within an ethical framework. Consequently, media literacy is essential for fostering a robust democracy and an informed society.

Health literacy refers to an individual's capacity to obtain, comprehend, and proficiently utilize health-related information in decision-making processes. The World Health Organization (WHO, 2016) defines health literacy as the capacity of individuals, families, and communities to acquire, understand, and utilize information essential for safeguarding and enhancing their health. This scope encompasses not just fundamental literacy but also a broad spectrum of competencies, including accessing healthcare facilities, adhering to medical guidance, interpreting labels, and assessing credible information sources regarding diseases (Nutbeam, 2000). Individuals possessing elevated health literacy typically engage in

healthier lifestyles and derive greater benefits from health care. In contrast, low health literacy correlates with improper therapy, insufficient disease management, elevated healthcare expenses, and health disparities (Berkman et al., 2011)

Health literacy is to be regarded as both an individual and a societal obligation. The WHO (2016) underscores that enhancing health literacy empowers citizens to engage more actively in their health, partake in public health programs, and hold policymakers responsible. Improving health literacy throughout society fosters the development of more robust systems in domains from epidemic diseases to chronic ailments. A robust correlation exists between media literacy and health literacy. In the digital era, these two forms of literacy are increasingly interconnected and directly impact individuals' health habits and choices. Individuals pursuing health information now utilize not only conventional media but also platforms such as social media, blogs, online news outlets, and health influencers.

At this juncture, an individual's media literacy is a critical determinant of their capacity to evaluate the veracity of the health information they obtain. The term Media Health Literacy (MHL) delineates this relationship. Levin-Zamir, Lemish, and Gofin (2011) characterize MHL as an individual's capacity to obtain, analyze, evaluate, and generate health-related information via media channels. This ability enables individuals to navigate information pollution in digital environments, make informed health decisions, and safeguard themselves against false content.

In conclusion, media literacy and health literacy are essential and complementary competencies crucial to the information ecology of the digital era. The cultivation of these

literacies empowers individuals to safeguard their health while also fostering the creation of healthier, more informed, and resilient communities.

2. The Impact of New Technologies on Literacy

Today, rapidly advancing new technologies have profound effects on media and health literacy. Innovations such as artificial intelligence, mobile health applications, telehealth services, and social media are fundamentally transforming the processes of acquiring and sharing information, reshaping how individuals understand and apply this information.

2.1. Artificial Intelligence and Health Literacy

Artificial intelligence (AI) possesses the capacity to effect transformative alterations in the methods of acquiring and comprehending information within the healthcare sector. AI-assisted programs elucidate intricate medical terminology into comprehensible language, hence enhancing health literacy (Bickmore et al., 2009). AI-driven digital assistants and chatbots can address individuals' health inquiries, rendering medical terminology more comprehensible.

AI applications also provide multilingual support, eliminating communication barriers and contributing to making health services more accessible (Topol, 2019). Especially in rural areas where access to healthcare is limited, AI-based tools can help reduce existing inequalities by providing basic health information. However, despite these advantages, it should not be forgotten that AI also brings with it some significant risks and limitations. The decisions and recommendations offered by AI systems depend largely on the quality and inclusiveness of the data sets they are trained on. A lack of diversity in data sets may cause the systems to produce biased or erroneous

results. For example, a study revealed that an AI model trained with insurance data in the U.S. underestimated the health risks of Black individuals (Obermeyer et al., 2019)

Furthermore, the lack of transparency in the decision-making processes of AI systems, also known as the "black box" problem, raises trust issues. Both patients and health professionals often cannot understand what criteria the system based its recommendation on (Amann et al., 2020). This can create distrust between healthcare professionals and patients. Another important issue is data privacy and security. Since AI systems must work with large amounts of personal health data, there is a risk of this data being captured by malicious actors. Data breaches may lead to violations of individual privacy and misuse of health information (Mesko, 2017).

In conclusion, while AI-supported technologies hold strong potential for improving health literacy, careful strategies must be developed to ensure their fair, inclusive, and secure use. Individuals' ability to approach these technologies with a critical perspective and possess sufficient media-health literacy skills will play an important role in minimizing potential risks.

2.2. Mobile Health Applications and Telehealth

Mobile health applications (mHealth) and telehealth services are the areas where the impact of digital technologies on health literacy is most visible. Mobile health apps that operate through smartphones and tablets offer individuals 24/7 access to health information, allowing them to play a more active role in health-related decision-making processes (Kayser et al., 2015). For example, diabetes management apps offer features such as blood sugar tracking, dietary suggestions, and

medication reminders, thereby increasing individuals' ability to manage their own health. Scientific studies have shown that digital tools can support patient education, self-management, and patient empowerment processes (Dennison et al., 2013).

Telehealth (telemedicine) eliminates spatial barriers and makes health services more accessible. These services, delivered via digital means such as video calls, phone calls, and messaging, facilitate access to healthcare professionals for people living in rural areas or with mobility limitations (Shiferaw & Zolfo, 2012). For instance, a patient can consult a specialist doctor without leaving their location, saving both time and resources while using health information more effectively.

One of the primary benefits of these technologies is their capacity to democratize access to healthcare services for individuals across various socioeconomic strata. While mobile health applications might potentially engage a broad audience, including individuals with limited educational backgrounds, it is essential to recognize that their optimal utilization is intricately linked to digital literacy competencies (van Deursen & van Dijk, 2014). Individuals with inadequate digital proficiency may find it challenging to navigate program interfaces or arrange telehealth consultations. An aged individual lacking familiarity with mobile technology may struggle to utilize a suggested health application. A significant concern is the dependability of the information supplied by digital health applications. Certain mobile applications in app stores may provide health recommendations that are not scientifically substantiated (Biviji et al., 2017). Given that such content may mislead consumers, it is essential for them to possess media and health literacy skills. Mobile applications must not only deliver quality material but also enhance users' capacity

to assess this content. The absence of in-person interaction with telehealth services may result in certain issues. The failure to adequately convey non-verbal indicators, such as body language and facial emotions, may adversely impact health communication (Kruse et al., 2017). Moreover, technical difficulties (such as connectivity disruptions) might diminish the quality of consultations and lead to misinterpretation of information provided by patients. In this context, whereas mobile health applications and telehealth services present considerable opportunity to enhance health literacy, effective utilization of these technologies necessitates assistance for users' digital literacy levels and assurance of content dependability.

The table below summarizes the potential positive and negative effects of some new technologies on health and media literacy:

Table 1:

The Impact of New Technologies on Literacy (Contributions and Risks)

Technology	Potential Contributions	Potential Risks
Artificial Intelligence (AI)	Making complex medical information understandable by translating it into simple language patients can grasp (Bickmore et al., 2009). • Providing personalized health advice and overcoming language barriers to improve patient education and treatment compliance (Bickmore et al., 2009). • Bridging healthcare gaps in rural or physician-scarce areas by remotely providing information and support (Shiferaw & Zolfo, 2012).	Biased or incorrect conclusions about disadvantaged groups due to biases in data sets (Obermeyer et al., 2019). • "Black box" nature makes it difficult to understand how results are generated; users may struggle to question AI suggestions (Amann et al., 2020). • Privacy and data security concerns due to reliance on personal health data (Amann et al., 2020). • AI may sometimes misinterpret medical

	• Supporting diagnostic processes by quickly processing big data (e.g., scanning X-ray images to provide preliminary diagnoses to doctors).	context or offer incorrect advice without human oversight.
Mobile Health Applications	• Supporting patient self-management and empowerment by providing educational tools and reminders (Dennison et al., 2013). • Enabling quick 24/7 access to health information with user-friendly interfaces. • Disseminating health information and educational materials broadly regardless of geographic limitations (Kruse et al., 2017).	• Not accessible to everyone: Individuals with poor digital skills or without smart devices may not benefit (van Deursen & van Dijk, 2014; OECD, 2023). • Scientific credibility of information in some apps may be uncertain. • Risks concerning the confidentiality of collected personal health data. • Users may misdiagnose themselves or overly rely on apps, neglecting professional medical help.
Telehealth Services	• Providing healthcare to patients in remote or disadvantaged areas by overcoming geographic barriers; improving access to specialists (Kruse et al., 2017). • Saving time and cost by reducing the need for in-person visits. • Ensuring continuity of care for chronic patients through regular monitoring and counseling.	• Some groups may not benefit due to lack of high-speed internet, appropriate devices, or technical knowledge (OECD, 2023). • Diagnoses may be more difficult or communication incomplete due to lack of physical examination. • Concerns about the confidentiality and security of patient data shared online.
Social Media and Online Platforms	• Rapid dissemination of health campaigns through social networks (WHO Europe, 2022). • Psychosocial support from online patient communities. • Information sharing via educational videos and infographics.	• Distortion of scientific facts and creation of panic (Gallotti et al., 2020). • Unreliable sources and information pollution. • Privacy concerns: Misuse of personal information.

2.3. Social Media and Access to Health Information

The internet, and especially social media, have become the most widespread sources of information in the modern age and have significant positive and negative impacts on health literacy. As of 2024, more than 90% of adults in developed countries have internet access; for example, in the United States, internet access rose from 52% in 2000 to 96% in 2024 (Pew Research Center, 2024).

Therefore, a significant portion of individuals seeking health information turn not to traditional media (television, newspapers, etc.) but to internet search engines, online encyclopedias, or social media groups. Indeed, a study examining youth health information sources found that 48.6% of participants most frequently turned to the internet, followed by television at 33%, newspapers at 8.9%, and smartphone applications at 6.5% (TNS Kantar Health Survey, 2023).

Social media also has positive effects on health literacy. When used correctly and strategically, social media can facilitate the rapid spread of public health messages, thereby increasing the general health knowledge of the public. For example, awareness campaigns about vaccinations or cancer screenings conducted on platforms like Twitter or Instagram can reach thousands of people in a short time (WHO Europe, 2022).

Especially among the young and digitally literate population, social media has become a powerful tool for promoting healthy lifestyles, sharing successful stories of overcoming illnesses, or forming support groups during challenging treatments. For instance, individuals with rare diseases come together in Facebook groups to exchange experiences, receive emotional support, and access practical information about

their conditions. On the other hand, the greatest threat social media poses to health literacy is disinformation and information pollution. The ease and lack of oversight in producing content on digital platforms lead to false information circulating as much as correct information. For example, research has shown that up to 51% of social media posts about vaccines contain incorrect or unverified information; in posts related to COVID-19, the rate of misinformation reached 28.8% (Gallotti et al., 2020; Islam et al., 2020).

Such a high volume of false information in circulation makes it extremely difficult for users to distinguish truth from falsehood. Individuals with poor media literacy may uncritically accept social media content as accurate and make incorrect health decisions. The most effective long-term solution to combating disinformation on social media is to improve individuals' media literacy skills. For instance, media literacy programs targeting adolescents have been shown to make them more resistant to unhealthy body images, substance-promoting content, or harmful behavior suggestions encountered on social media (Jeong et al., 2012).

In conclusion, in the age of social media, strengthening health literacy is largely dependent on improving media literacy. To fully benefit from the opportunities provided by new technologies and to protect against their harms, individuals must develop the skills to use the digital world critically and consciously.

2.4. Digital Divide: Access Inequalities and Literacy

Although technological breakthroughs provide substantial advantages to society, the fact that not all individuals can equally benefit from these innovations has highlighted the

notion of the "digital divide." The digital divide denotes the disparities in access to and proficiency in utilizing the internet and digital technology among specific persons or communities compared to others (van Dijk, 2020). This separation engenders a new echelon of privilege in media and information access, relegating individuals lacking access to information and digital services into multifaceted disadvantages.

Recent evidence unequivocally illustrates the magnitude of the digital divide. Despite the annual increase in worldwide internet penetration, a significant segment of the world's population remains unconnected. In 2024, almost one-third of the global population, or around 2.6 billion individuals, remains without internet access (ITU, 2024). In other terms, billions of individuals globally lack access to the knowledge and services offered by the digital revolution. This problem is most pronounced in poor and developing nations, rural regions, and disadvantaged populations. The digital divide impedes economic progress and exacerbates existing inequalities in education, health, and employment (ITU, 2024). Individuals residing in areas devoid of internet connectivity have multifaceted disadvantages stemming from their lack of access to online educational resources, e-government services, and digital health information. One facet of the digital gap pertains to the disparities between genders and generations. Globally, it is expected that there are 264 million fewer women online than men (ITU, 2023).

This gender-based digital inequality limits women's access to information and opportunities to participate in the digital economy, thereby increasing social gender disparities. Similarly, older adults often lag younger generations in adopting digital technologies. While research shows that most

young people integrate smartphones and the internet into daily life, many older adults struggle to use even basic digital tools (OECD, 2023). People living in rural areas may also have more limited internet infrastructure compared to urban residents, which further restricts their participation in the digital world (OECD, 2023). In conclusion, the digital divide is a multilayered issue influenced by variables such as geographic location, age, gender, and socioeconomic status.

The impact of the digital divide on health literacy is a matter that must be taken seriously. Individuals who lack access to the internet or digital devices, or cannot use them effectively, fall behind in accessing modern health information sources and services. For example, one of the skills assessed within the scope of health literacy is the ability to find accurate sources of information when needed. A person without an internet connection has limited options for researching a health symptom or accessing up-to-date information on health services, they may have to ask people around them or search through books at a library. Meanwhile, someone with online access can reach WHO guidelines, current medical research, or online consultation services within a few clicks. This dramatic difference can result in poorer health knowledge and self-care among those affected by the digital divide. In crisis situations such as pandemics, lack of access to vital online information (e.g., quarantine rules, vaccine schedules) can disproportionately harm those left out of the digital sphere. Similarly, as health services become digitized (e.g., electronic health records like e-Nabız, online appointment systems, telehealth applications), individuals with low digital literacy may struggle to access healthcare.

For instance, an individual unable to utilize an online appointment system may be compelled to visit the hospital in person, enduring lengthy wait times, or may be unable to secure an appointment altogether, thereby delaying access to care. Such circumstances transform digital literacy into a novel metric of health disparity. Consequently, those deficient in digital skills derive diminished advantages from the healthcare system.

To alleviate the adverse impacts of the digital divide and provide universal access to the benefits of the digital realm, numerous solution proposals have been put up. Community-oriented technology initiatives seek to establish infrastructure in regions deficient in internet access and digital gadgets, while also offering digital skills training to the populace (OECD, 2023). In certain nations, public libraries or mobile digital education centers are built in remote regions to instruct individuals in fundamental computer and internet skills. Moreover, ensuring inexpensive internet access is a crucial measure in addressing the digital divide (UNESCO, 2022).

Offering subsidized internet packages to low-income families or creating free public Wi-Fi zones can reduce economic barriers and enable more people to get online. All these efforts are seen as essential not only for economic and social development but also for improving health literacy. As the digital divide narrows, people's ability to access accurate health information in a timely manner, use digital health services, and thus protect their health will increase. In summary, achieving digital and health literacy goals largely depends on including all segments of society in the digital world.

2.5. Real World Examples

New technologies, especially social media and AI-driven health initiatives have had a big effect on health literacy in the UK and Europe. There are many real-world examples and case studies that show how these technologies are creatively getting people involved and teaching them about health. The COVID-19 pandemic is one of the best illustrations of how social media may affect health literacy. In the UK, Public Health England used Facebook and Twitter a lot to communicate real facts on the virus, the progress of the vaccine, and laws for public health. "Every Mind Matters" was a major campaign that provided mental health information and guidance on several platforms, reaching millions of people and getting them to talk about mental health (Gunasekeran et al., 2021; Francombe et al., 2022). The NHS employed YouTube to disseminate films that clarified misconceptions regarding COVID-19 vaccinations. The objective of this campaign was to encourage individuals reluctant to receive vaccinations, particularly in neighborhoods with historically low immunization rates. Research indicated that viewing these films enhanced individuals' understanding of the safety and efficacy of vaccines, resulting in an increased vaccination rate (Adegboye, 2024; Kerr et al., 2023).

Adding AI to health ads has been quite advantageous in making them more personal and reaching more people. For instance, in 2020, the UK's National Health Service started an AI-powered messaging campaign to raise awareness of breast cancer and encourage early identification. This campaign used machine learning algorithms to deliver targeted reminders to women in certain age groups based on their health data. This led to more screenings (Mahi et al., 2024; Adebayo,

2024). The results indicated a significant increase in the number of people attending screenings, demonstrating that the campaign successfully raised awareness about preventative care.

The European Commission's "AI for Health" program intends to use AI technology to improve public health in all its member states. In 2021, several pilot projects were started. These initiatives focused on things like using predictive analytics to help with chronic diseases and making the best use of resources during health crises. For example, AI was used to look at health data and guess where COVID-19 would be most likely to spread. This helped nations like Italy and Spain to become ready for outbreaks by making sure they had enough health resources available (Feng et al., 2025; Nicol et al., 2022).

The Netherlands' "Chatbot for Mental Health" project is another intriguing example. It used an AI-based chatbot to provide cognitive behavioral therapy (CBT) to people who were having mental health problems during lockdowns. The chatbot was able to talk to users and give them quick, evidence-based psychological guidance. This helped lower reported levels of anxiety and sadness in young adults (Torous et al., 2021; Morgenstern et al., 2021). The project demonstrated the potential of AI to enhance mental health literacy and facilitate access to care in a connected world. These technologies facilitate enhanced understanding of health issues and promote participation in preventative health initiatives. As health discourse progresses, these technologies are crucial to integrate, enhancing public health literacy and outcomes.

Health Education Through Augmented Reality (AR) and Virtual Reality (VR): In future health communication, augmented reality and virtual reality technologies are expected to play

a significant role. AR/VR applications have the potential to turn abstract or complex health topics into concrete and interactive experiences. For example, a medical student wearing a virtual reality headset could experience all the stages of a surgical operation as if present, even without being in the operating room. The same technology can be used to help a patient overcome pre-surgery anxiety: the patient could take a virtual tour of the operating room and visually learn about the procedure.

Augmented reality can also support health knowledge in everyday life. For example, a diabetes patient wearing smart glasses could see in real time the carbohydrate content of the food in front of them and its effect on blood sugar. These kinds of applications promise to improve health literacy through experiential learning. UNESCO and other international organizations also consider VR/AR, the Internet of Things (IoT), and wearable sensors as components shaping the future health ecosystem (UNESCO, 2022).

In such a future, our media usage habits will also transform health-related news or educational content may be presented not as plain text, but as interactive simulations. This will lead to an expansion in the definition of literacy itself; the ability to interact not only with text, but also with virtual and visual information will become increasingly important.

Deepfakes and New Forms of Misinformation: Unfortunately, advancing technology does not only bring positive scenarios; the increasingly sophisticated forms that misinformation may take in the future are also a major concern. Deepfake video and audio technologies, which can mimic a person's image and voice in highly realistic ways, enable the creation of false content. In the future, malicious actors may

circulate videos that appear to show a famous doctor giving health advice but are in fact entirely fake. Or a fabricated public health announcement, seemingly issued by an official institution and bearing its logo, could reach thousands and cause panic.

In such scenarios, media literacy skills will be of critical importance. Individuals will need to be able to assess whether a video they are watching is genuine and verify the accuracy of health news they hear through multiple sources. Otherwise, waves of technology-enabled disinformation could lead to serious delusions and dangerous behavior in society.

As preparation for such a future, some technology companies and researchers are already working on algorithms to detect deepfakes and make it easier to verify digital content. For example, blockchain-based systems that certify the authenticity of a video and add a "credibility seal" are being proposed. Governments are also expected to take a more active role in regulating this area in the future.

In conclusion, the future of media and health will be filled with both opportunities and risks. To benefit from these and to protect against threats, raising individuals with high levels of media and health literacy will become one of the most important priorities for societies.

3. Disinformation, Misinformation, and Digital Security Issues

3.1. The Spread of Disinformation and Misinformation

Disinformation (intentionally false information) and misinformation (unintentionally incorrect information) are major threats to health communication in the digital age. During

crises, an "infodemic", the rapid spread of both true and false information, can emerge, as seen during the COVID -19 pandemic. Conspiracy theories, unproven remedies, and anti-vaccine narratives weakened trust in science and harmed public health efforts. (World Health Organization, 2020). (Levin-Zamir et al., 2011). The impact of disinformation goes beyond individuals; it increases social division, creates confusion, and undermines trust in authorities. Persistent myths, like vaccines causing autism, have led to the return of preventable diseases. Some patients even reject effective treatments due to misleading information. cures (Tasnim et al., 2020).

Media literacy is a powerful tool against disinformation. Those with critical thinking skills are more likely to question sources and avoid falling for false claims. Studies show that early education in media literacy reduces belief in fake news and conspiracy theories. Therefore, integrating media literacy into education is key. (Chou et al., 2020). Social media platforms and policymakers also play a vital role. Tech companies are increasingly using algorithms and fact-check labels to limit false content, while governments enforce legal actions and centralize official communication. Global initiatives, like the UN and WHO's "Verified" campaign, aim to promote information accuracy. (Farhud et al., 2021) (World Health Organization, 2020; World Health Organization, 2022)

In summary, disinformation is an unavoidable aspect of the digital world. Strengthening media literacy and ensuring collaboration among all stakeholders is essential to protecting public health and maintaining trust in information systems.

3.2. Digital Security and Privacy

As healthcare becomes more digital, protecting personal data and privacy is increasingly critical. Devices and apps collect sensitive health data from step counts to heart rates, which can be valuable when used ethically, but risky if leaked or misused. Health data should never be shared without consent. However, apps may sell user information without proper anonymization, leading to targeted ads or biased insurance decisions. Cyberattacks, such as the 2017 WannaCry ransomware on the UK's NHS, show how digital security failures can disrupt healthcare services.

Digital literacy is essential for personal data protection. Individuals must learn to use strong passwords, enable two-factor authentication, understand privacy policies, and recognize phishing attempts. These skills help protect their health information online.

AI and big data technologies further complicate privacy issues. While they offer benefits in diagnosis and care, poor encryption or weak ethical standards can lead to serious data breaches. WHO reports highlight growing concerns around privacy in AI-based healthcare tools. Addressing these issues requires joint efforts. Individuals must improve their digital hygiene, while healthcare providers and tech firms must invest in cybersecurity. Regulations like the EU's GDPR set strong standards by requiring explicit consent and enforcing penalties for violations. (Farhud et al., 2021).

In conclusion, digital privacy and security are vital elements of health and media literacy. People must be equipped not only to access reliable health information but also to safeguard their personal data. Without widespread awareness and

robust infrastructure, trust in digital health tools may erode, slowing progress in digital transformation.

4. Policy and Educational Recommendations

Enhancing media and health literacy cannot be left solely to individuals. A holistic approach involving education, policy, infrastructure, and professional training is necessary:

- **Curriculum Integration:** Media and digital health literacy should be embedded in education from primary school to university. In Türkiye, studies recommend teaching digital skills and information analysis to strengthen digital health literacy in students. (van Dijk, 2020).
- **Public and Lifelong Learning:** Community-based training programs are essential, particularly for older adults, rural residents, and people with limited formal education. Mobile libraries and training vehicles can help close the digital divide by providing basic digital skills. (WHO, 2021).
- **Clear and Simple Communication:** Health messages must be accessible and easy to understand. Institutions should avoid technical jargon and use everyday language to ensure that all individuals, regardless of literacy level, can comprehend critical health information. (WHO, 2021).
- **Digital Access and Infrastructure:** To improve digital literacy, governments must invest in internet infrastructure, especially in underserved areas. With over 2.6 billion people globally still offline, digital inclusion should be addressed as a matter of social justice. (ITU, 2024).

- **Combatting Disinformation:** Policymakers should implement legal and regulatory measures against those spreading health-related falsehoods. Social media platforms should adopt transparent algorithms and take action against fake accounts. (Wardle & Derakhshan, 2017; WHO, 2020).
- **Training for Professionals:** Health professionals should be trained in clear, patient-centered communication. Media professionals also have a responsibility to report accurately on health topics, avoiding sensationalism and misinformation. (Baş & Güler, 2022).

5. Conclusion

Media and health literacy are crucial competencies that every individual must acquire in the contemporary and future information society. The swift progression of emerging technologies amplifies the significance of these literacies. The capacity of individuals to critically assess traditional media and digital platforms, obtain correct health information, and incorporate this into decision-making would enhance public health and the democratic framework of countries.

Realizing this objective necessitates collaborative endeavors among the education, technology, health, and media sectors. Enhancing curricula, closing the digital divide, executing multi-sectoral measures to combat misinformation, and increasing public awareness can foster a more literate and healthier future. A literate society is characterized not merely by its ability to obtain information, but by its capacity to utilize that information judiciously to improve well-being. This is feasible only if media and health literacy are extensively embraced and consistently updated.

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