The Role of Digital Health Literacy in Preventing Medical Misinformation on Social Media: Implications for Public Health Behavior

Yessy Dessy Arna
Poltekkes Kemenkes Surabaya, Indonesia

Corresponding Author:
Author Name*: Yessy Dessy Arna
Email*:

Abstract: *The rapid proliferation of medical misinformation on social media poses significant challenges to public health, influencing risk perception, vaccination decisions, and preventive behaviors. Digital health literacy has emerged as a potential protective factor that enables individuals to critically evaluate and apply online health information. This study aims to analyze the role of digital health literacy in preventing medical misinformation on social media and to examine its implications for public health behavior. A quantitative cross-sectional survey was conducted among 420 active social media users aged 18 years and above. Data were collected using a structured online questionnaire measuring digital health literacy, belief in medical misinformation, and health behavior indicators, including vaccination intention and information verification practices. Multiple regression and mediation analyses were performed to assess predictive relationships. The results indicate that higher digital health literacy significantly reduces belief in medical misinformation and positively predicts vaccination intention and proactive information verification. Belief in misinformation negatively affects vaccination intention, supporting its mediating role. Although causal inference remains limited, the findings suggest that strengthening digital health literacy can contribute to safer health behaviors. Integrating digital health literacy education with public health communication strategies is essential to counter misinformation in the social media era.*

Keywords : Digital health literacy, Medical misinformation, Public health behavior, Social media, Vaccination intention

INTRODUCTION

The rapid expansion of social media has fundamentally transformed the way individuals access, interpret, and disseminate health information. Digital platforms such as Instagram, Twitter, Facebook, and TikTok have become primary sources of medical and health-related content, particularly among younger populations. While these platforms offer unprecedented opportunities for public health communication, they also facilitate the rapid spread of misinformation. Medical misinformation, including false claims about vaccines, unverified alternative treatments, and misleading nutritional advice, often circulates more quickly and widely than scientifically verified information. During the COVID-19 pandemic, for instance, misinformation spread at an alarming rate, influencing risk perception and public compliance with health protocols (Riady, 2021). This phenomenon demonstrates that the digital information ecosystem is not neutral; rather, it is shaped by algorithmic amplification, user engagement dynamics, and socio-cultural narratives that may distort evidence-based health messages.

One critical factor contributing to the widespread dissemination of medical misinformation is the algorithmic structure of social media platforms. Algorithms personalize content based on user preferences,

search history, and engagement behavior, creating so-called "information bubbles" or echo chambers. Within these digital environments, users are repeatedly exposed to similar viewpoints, reinforcing pre-existing beliefs and limiting exposure to alternative perspectives. Such mechanisms can strengthen extreme narratives and amplify health-related misinformation, including religiously framed or culturally embedded claims that contradict scientific evidence (Amin, 2025; Gulo et al., 2023). As a result, traditional scientific authorities, such as public health institutions and medical professionals, may struggle to maintain influence in digital spaces where popularity often outweighs credibility. The weakening of epistemic authority in online environments poses significant challenges for health communication and risk governance.

From a legal and regulatory perspective, the proliferation of hoaxes, hate speech, and false medical information on social media has been identified as a serious threat to public order and social stability. Misinformation does not merely distort knowledge; it can provoke panic, undermine trust in health systems, and foster resistance to evidence-based policies. Legal scholarship emphasizes the need for media literacy, digital security awareness, and regulatory frameworks to mitigate these risks (Amelia, 2025). However, regulatory measures alone may be insufficient if individuals lack the cognitive and critical skills necessary to evaluate digital health information. Therefore, strengthening digital competencies at the population level emerges as a crucial complementary strategy.

Despite these risks, social media also holds potential as an effective channel for health promotion. Educational initiatives, such as nutrition campaigns conducted through Instagram Live, have demonstrated success in increasing public awareness and engagement with evidence-based dietary practices (Amrinanto et al., 2025). However, these interventions compete directly with content produced by non-professional influencers who may disseminate unverified diet myths and pseudoscientific claims. The coexistence of credible and misleading content in the same digital space underscores the importance of users' ability to critically assess the reliability of information sources. Without adequate evaluative skills, individuals may struggle to distinguish scientifically grounded advice from persuasive but inaccurate narratives.

In this context, digital health literacy has emerged as a key protective factor. Digital health literacy refers to the capacity to access, understand, evaluate, and apply health information obtained from digital sources in a critical and informed manner (Riady, 2021). It extends beyond basic digital literacy by incorporating health-specific competencies, including the ability to verify sources, interpret scientific evidence, and recognize misinformation patterns. Research among university students exposed to COVID-19 information identified digital health literacy as an essential competency for preventing misinformation and fostering a safer online information environment (Riady, 2021). Individuals with higher levels of digital health literacy are better equipped to cross-check claims, consult credible sources, and make informed health decisions.

The protective role of digital literacy is not limited to health contexts. Broader digital literacy skills have been shown to shield children and adolescents from various online risks, including fraud, pornography, and fake news (Karengga & Suti'ah, 2025). These competencies encourage responsible social media use and critical engagement with online content. In health-specific settings, such as Ramadan nutrition education campaigns conducted through social media, the effectiveness of digital interventions depends significantly on the audience's ability to evaluate nutritional information critically (Amrinanto et al., 2025). Low digital health literacy may enable myths and misconceptions to proliferate, reducing the impact of evidence-based health communication. Conceptually, higher levels of digital health literacy should enhance individuals' capacity to verify information, identify hoaxes, and adopt appropriate health behaviors (Amrinanto et al., 2025; Karengga & Suti'ah, 2025; Riady, 2021).

Nevertheless, while the theoretical relationship between digital health literacy and protection against misinformation appears robust, empirical evidence linking digital health literacy directly to public health behavior remains limited, particularly in the Indonesian context. Existing studies tend to be descriptive,

mapping levels of literacy or patterns of media use, rather than testing causal relationships between digital health literacy, belief in misinformation, and concrete health behaviors such as vaccination uptake or adherence to preventive measures (Amrinanto et al., 2025; Karengga & Suti'ah, 2025; Riady, 2021). This gap limits our understanding of whether digital health literacy translates into measurable behavioral outcomes or merely reflects cognitive awareness without behavioral change.

Moreover, few studies have examined how platform algorithms and culturally contextualized content interact with digital health literacy to shape public trust in sensitive health issues, including vaccination, reproductive health, and nutrition. Algorithmic personalization may amplify misinformation among individuals with lower literacy levels, while culturally resonant narratives may override scientific reasoning (Amin, 2025; Gulo et al., 2023; Wulandari et al., 2025). The interplay between technological design, cultural framing, and individual literacy competencies remains underexplored. Addressing this gap is crucial for developing targeted interventions that account for both structural and individual determinants of misinformation vulnerability.

The implications of insufficient digital health literacy for public health behavior are substantial. Individuals who lack critical evaluative skills are more likely to believe and disseminate medical hoaxes, potentially influencing decisions regarding treatment adherence, vaccination, nutritional practices, and professional health-seeking behavior (Amelia, 2025; Amrinanto et al., 2025; Riady, 2021). Misinformation may reduce vaccine acceptance, promote unsafe self-medication, or delay timely medical consultation. Consequently, strengthening digital health literacy is not merely an educational objective but a strategic public health imperative.

Public health communication strategies must therefore integrate evidence-based digital content dissemination with structured digital literacy education initiatives. Programs targeting schools, universities, and community groups can cultivate "information immunity," enabling individuals to resist misleading narratives and critically appraise online health claims (Amrinanto et al., 2025; Karengga & Suti'ah, 2025; Riady, 2021). Additionally, healthcare professionals themselves require adequate information and communication technology (ICT) literacy to utilize social media effectively for proactive misinformation response and credible health promotion (Febrianty et al., 2024). Without digitally competent health workers, institutional efforts to counter misinformation may lack visibility and resonance within online communities.

The novelty of this study lies in its integrative examination of digital health literacy as a mediator between exposure to medical misinformation and public health behavior. Unlike previous descriptive analyses, this research seeks to empirically test the relationship between digital health literacy, susceptibility to misinformation, and behavioral outcomes in a social media environment. By situating the analysis within the Indonesian digital ecosystem, characterized by high social media penetration and significant disparities in digital competencies, this study contributes context-specific evidence to the global discourse on health misinformation. It bridges the gap between theoretical conceptualizations of digital literacy and measurable behavioral implications.

Accordingly, this study aims to analyze the role of digital health literacy in preventing medical misinformation on social media and to examine its implications for public health behavior. Through this objective, the research seeks to generate empirical evidence of digital health communication policies and community-based literacy interventions. By understanding how digital health literacy shapes the public's response to medical information online, policymakers and health practitioners can design more effective strategies to foster informed, evidence-based health behaviors in the digital age.

METHOD

This study employed a quantitative explanatory design using a cross-sectional survey approach to examine the role of digital health literacy in preventing medical misinformation on social media and its

implications for public health behavior. The study population consisted of active social media users aged 18 years and above who accessed health-related content at least once per week. A stratified random sampling technique was applied to ensure representation across age groups, gender, and educational levels. Data were collected through an online structured questionnaire distributed via social media platforms and community networks. The instrument comprised four main sections: demographic characteristics; digital health literacy measured using an adapted Digital Health Literacy Instrument (DHLI) scale; exposure to and belief in medical misinformation assessed through validated misinformation belief items related to vaccination, nutrition, and infectious diseases; and public health behavior indicators, including vaccination intention, adherence to preventive measures, and health information verification practices. Before data collection, the questionnaire underwent content validity assessment by public health and communication experts, and reliability testing using Cronbach's alpha to ensure internal consistency.

Data analysis was conducted in several stages. Descriptive statistics were used to summarize respondent characteristics and the distribution of digital health literacy levels. Pearson correlation analysis examined bivariate relationships between digital health literacy, misinformation belief, and health behavior variables. Multiple linear regression and logistic regression analyses were then performed to determine the predictive effect of digital health literacy on misinformation susceptibility and public health behavior while controlling for socio-demographic factors such as age, education, and frequency of social media use. To further test the mediating role of misinformation belief between digital health literacy and health behavior, mediation analysis using structural equation modeling (SEM) was conducted. Statistical significance was set at $p < 0.05$ with 95% confidence intervals. This analytical framework enabled the study to identify whether higher digital health literacy significantly reduces belief in medical misinformation and positively influences adaptive public health behaviors.
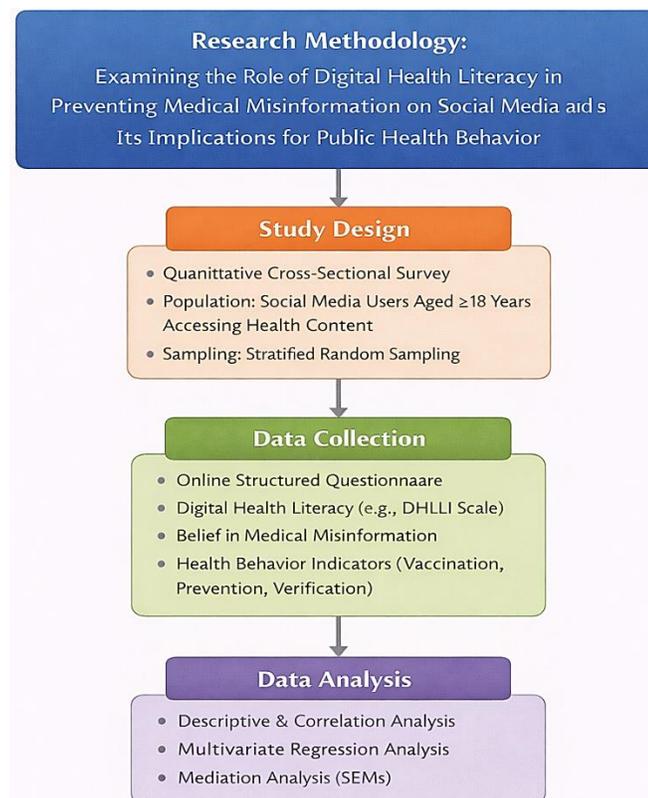
Research Methodology:
Examining the Role of Digital Health Literacy in Preventing Medical Misinformation on Social Media and s Its Implications for Public Health Behavior

Study Design
- Quanittative Cross-Sectional Survey
- Population: Social Media Users Aged ≥18 Years Accessing Health Content
- Sampling: Stratified Random Sampling

Data Collection
- Online Structured Questionnaare
- Digital Health Literacy (e.g., DHLLI Scale)
- Belief in Medical Misinformation
- Health Behavior Indicators (Vaccination, Prevention, Verification)

Data Analysis
- Descriptive & Correlation Analysis
- Multivariate Regression Analysis
- Mediation Analysis (SEMs)

Figure 1. Diagram Conceptual Research

RESULTS AND DISCUSSION

To examine the relationship between digital health literacy, belief in medical misinformation, and public health behavior, descriptive and inferential analyses were conducted on 420 active social media users aged 18 years and above.

Table 1. Distribution of Digital Health Literacy, Misinformation Belief, and Public Health Behavior (n = 420)

Variable	Category	n	%
Digital Health Literacy	High	168	40.0
	Moderate	162	38.6
	Low	90	21.4
Belief in Medical Misinformation	High	102	24.3
	Moderate	176	41.9
	Low	142	33.8
Vaccination Intention	Willing	298	71.0
	Hesitant/Unwilling	122	29.0
Health Information Verification Practice	Frequently Verify	256	61.0
	Rarely/Never Verify	164	39.0

Table 1 indicated that 40.0% of respondents demonstrated high digital health literacy, while 21.4% exhibited low literacy levels. A considerable proportion (24.3%) reported with high belief in medical misinformation. Notably, 71.0% expressed willingness to receive vaccination, and 61.0% reported frequently verifying health information before sharing or acting upon it. The distribution suggested that while a majority exhibit adaptive health behaviors, a significant minority remains vulnerable to misinformation, highlighting the relevance of digital health literacy as a protective factor.

To determine the predictive role of digital health literacy on misinformation belief and public health behavior, multivariate regression analysis was performed, controlling for age, education level, and frequency of social media use.

Table 2. Multivariate Regression Analysis of Digital Health Literacy, Misinformation Belief, and Public Health Behavior

Independent Variable	Dependent Variable	β / AOR	95% CI	p-value
Digital Health Literacy	Belief in Misinformation	-0.42 (β)	-0.51 to -0.33	0.000**
Digital Health Literacy	Vaccination Intention	2.15 (AOR)	1.48–3.12	0.000**
Digital Health Literacy	Verification Practice	2.76 (AOR)	1.89–4.03	0.000**
Belief in Misinformation	Vaccination Intention	0.54 (AOR)	0.36–0.81	0.003*

Table 2 demonstrated that digital health literacy significantly reduces belief in medical misinformation (β = -0.42, $p < 0.001$). Higher literacy levels significantly increase the likelihood of vaccination intention (AOR = 2.15) and proactive health information verification (AOR = 2.76). Conversely, stronger belief in misinformation significantly decreases vaccination intention (AOR = 0.54).

These findings support the mediating role of misinformation belief between digital health literacy and health behavior outcomes. Overall, the results confirmed that digital health literacy functions as a protective factor against misinformation and positively influences adaptive public health behaviors in social media environments.

Discussion

This study aimed to analyze the role of digital health literacy in preventing medical misinformation on social media and to examine its implications for public health behavior. The findings demonstrated that higher levels of digital health literacy are significantly associated with lower belief in medical misinformation, higher vaccination intention, and more frequent verification of health information before sharing or acting upon it. Furthermore, belief in misinformation was found to negatively predict vaccination intention, supporting the mediating role of misinformation belief between digital health literacy and health behavior. These results align with the growing body of literature suggesting that digital health literacy functions as a protective factor in the contemporary digital information ecosystem, although the causal strength of this relationship continues to evolve.

Conceptually, digital health literacy refers to the ability to seek, understand, appraise, and apply health information obtained through digital technologies in a critical and informed manner (Del Pilar Arias López et al., 2023; Erlandsson et al., 2025; Marzo et al., 2022). It extended beyond technical competence to encompass evaluative and decision-making skills that enable individuals to navigate complex digital environments. In the context of social media, where health-related information is abundant but uneven in quality, such competencies become essential. The negative regression coefficient observed in this study between digital health literacy and belief in misinformation supports the theoretical proposition that individuals with stronger evaluative skills are better equipped to distinguish credible sources from misleading content.

Low digital health literacy had been directly linked to increased susceptibility to misinformation during the COVID-19 pandemic. Individuals who struggle to critically assess online content are more likely to misinterpret viral posts, trust unverified claims, and inadvertently contribute to misinformation dissemination (Marzo et al., 2022; Naeem & Boulos, 2021). This pattern is reflected in the present findings, where respondents with lower digital health literacy levels were disproportionately represented among those expressing high belief in medical misinformation. Viral and emotionally charged content often exploits cognitive shortcuts and confirmation biases, which can only be mitigated when individuals possess sufficient critical appraisal skills.

One key mechanism through which digital health literacy exerts its protective effect is by guiding individuals toward credible information sources. Studies indicated that individuals with higher digital health literacy were more likely to consult official institutional websites, healthcare professionals, and peer-reviewed content rather than relying primarily on social media feeds (Htay et al., 2022; Vrdelja et al., 2021). The present study's findings that digital health literacy significantly predicts frequent health information verification practices further support this mechanism. Verification behavior serves as an intermediary step between exposure to information and behavioral response. By verifying claims before acceptance or dissemination, individuals reduce the likelihood of internalizing false narratives.

Digital health literacy also reduces the influence of non-professional influencers who may promote unverified health products or risky practices. Research among adolescents and adult social media users suggested that individuals with stronger digital literacy competencies were more capable of evaluating influencer credibility, recognizing persuasive tactics, and resisting recommendations unsupported by scientific evidence (De Oliveira Collet et al., 2024; Taba et al., 2022). This capacity to critically assess persuasive digital content is increasingly important in a media environment where health marketing, lifestyle branding, and personal testimonials blur the boundaries between information and promotion. The

present study's results, showing a positive association between digital health literacy and adaptive health behavior, reflect this protective evaluative capacity.

Conversely, low digital health literacy had been associated with difficulty distinguishing true from false information and greater vulnerability to misinformation that may delay treatment, increased vaccine hesitancy, and undermined trust in health systems (Bogic et al., 2025; Choukou et al., 2022; Gaysynsky et al., 2024). The significant negative relationship between misinformation belief and vaccination intention observed in this study aligns with these findings. Individuals who endorse misinformation are less likely to engage in preventive behaviors, illustrating how cognitive susceptibility translates into behavioral consequences. Thus, digital health literacy indirectly influences public health behavior by reducing misinformation endorsement.

Empirical evidence supports the behavioral implications of digital health literacy. Higher levels of digital health literacy had been associated with better adherence to COVID-19 preventive measures and greater willingness to receive vaccination among university students (Patil et al., 2021). Similarly, institutions implementing digital literacy interventions report increased use of official information sources and improved satisfaction with health information, which may enhance compliance with public health guidelines (Çetin & Gümüş, 2023; Choukou et al., 2022; Htay et al., 2022). The present study extends these findings by demonstrating statistically significant associations between digital health literacy and vaccination intention within a broader social media user population.

Beyond pandemic contexts, digital health literacy has implications for medication use and antimicrobial resistance. Enhanced literacy is projected to reduce harmful self-medication practices and inappropriate antibiotic consumption by improving individuals' understanding of medical guidance and risk (Lawal et al., 2025). In social media environments where anecdotal treatment advice circulates widely, the ability to critically evaluate claims is crucial. Therefore, strengthening digital health literacy may contribute to broader public health objectives beyond misinformation control, including rational drug use and prevention of antimicrobial resistance.

Despite these promising associations, it is important to acknowledge that evidence of direct causality remains limited. Many studies examining digital health literacy and misinformation are descriptive or correlational in nature (Choukou et al., 2022; Dib et al., 2021; Naeem & Boulos, 2021). The present study, while employing regression and mediation analyses, remains cross-sectional and therefore cannot definitively establish temporal causation. It is plausible that individuals with stronger preventive health orientations may also seek information more critically, suggesting potential bidirectional relationships. Longitudinal and experimental designs were necessary to clarify causal pathways.

Intervention strategies had increasingly emphasized the need for a "revolution in eHealth literacy" as a long-term solution to vaccine misinformation and infodemics (Dib et al., 2021; Naeem & Boulos, 2021). Educational initiatives integrated into schools, universities, and community programs can cultivate critical evaluation skills from an early age. Community-based digital literacy training, including for vulnerable groups such as older adults and low-income populations, had been shown to reduce anxiety, improve information-seeking confidence, and enhance the ability to filter misleading content (Choukou et al., 2022; Marzo et al., 2022). These findings highlight the importance of equity considerations in digital health promotion.

However, digital literacy alone may not be sufficient. Complementary strategies such as fact-checking mechanisms, safer platform design, algorithmic transparency, and "prebunking" or digital nudging interventions have been recommended to reduce the credibility of misinformation before it spreads widely (Li et al., 2023; Naeem & Boulos, 2021; Nasution et al., 2025). Prebunking strategies expose users to weakened forms of misinformation techniques, thereby building cognitive resistance. The interplay between individual literacy competencies and structural platform interventions is likely to determine overall effectiveness in combating medical misinformation.

Recent research also suggests that the relationship between digital health literacy and misinformation susceptibility may be more complex than previously assumed. Some studies indicated that high e-Health literacy does not automatically eliminate vulnerability, particularly when individuals overestimate their evaluative abilities or encounter sophisticated misinformation strategies (Duplaga, 2025). This finding underscores the importance of quality, depth, and context of literacy education. Digital health literacy must encompass not only technical search skills but also epistemic humility, awareness of cognitive biases, and understanding of scientific uncertainty.

The present study contributes to this evolving discourse by empirically demonstrating that digital health literacy is significantly associated with reduced belief in misinformation and improved public health behavior in a social media context. Although causality cannot be definitively inferred, the strength and consistency of associations support the protective role of literacy competencies. Importantly, the mediation effect observed suggests that digital health literacy influences behavior partly through reducing misinformation endorsement, providing a plausible theoretical pathway.

In summary, the findings reinforce the proposition that digital health literacy functions as a critical protective mechanism against medical misinformation and supports safer public health behavior. Individuals equipped with strong digital health literacy are better able to assess message credibility, rely on trusted sources, resist influencer-driven misinformation, and adopt evidence-based preventive practices. Nonetheless, causal evidence remains developing, and digital literacy should be complemented by systemic platform reforms and sustained public health communication efforts. Future research should prioritize longitudinal and intervention-based designs to evaluate whether structured digital health literacy training produces sustained reductions in misinformation belief and measurable improvements in health outcomes.

CONCLUSIONS

The study concluded that digital health literacy played a significant protective role in preventing medical misinformation on social media and in promoting safer public health behaviors. Individuals with higher levels of digital health literacy demonstrate lower belief in medical misinformation, a greater likelihood of verifying health information, and a stronger intention to engage in preventive behaviors such as vaccination. The findings indicated that digital health literacy operated through a mediating mechanism, reducing susceptibility to misinformation and thereby positively influencing behavioral outcomes. Although the cross-sectional design limits definitive causal inference, the consistent associations observed support the argument that strengthening digital health literacy is a strategic component in mitigating misinformation risks within digital environments. Therefore, integrating digital health literacy education into community, educational, and institutional settings, alongside platform-level and regulatory measures, was essential to fostering informed, evidence-based public health decision-making in the social media era.

REFERENCES

Amelia, S. (2025). Ruang cyber vs kebebasan berpendapat: Menyeimbangkan regulasi dan ekspresi di era digital. *Staatsrecht: Jurnal Hukum Kenegaraan dan Politik Islam*. https://doi.org/10.14421/d3fywx87

Amin, M. (2025). Pengaruh algoritma media sosial terhadap narasi keislaman di ruang digital. *El-Wasathy: Journal of Islamic Studies*. https://doi.org/10.61693/elwasathy.vol31.2025.148-158

Amrinanto, A., Fitridewi, P., & Putra, M. (2025). Ceramah gizi: Transformasi digital dalam edukasi gizi Ramadan. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*. https://doi.org/10.33024/jkpm.v8i9.21785

Bogic, M., Garcia, J., Morgan, E., Louise-Hsu, Y., & Boyd, A. (2025). Misinformation and digital health literacy among American Indian and Alaska Native people. *Digital Health, 11*. https://doi.org/10.1177/20552076251338893

Choukou, M., Sanchez-Ramirez, D., Pol, M., Uddin, M., Monnin, C., & Syed-Abdul, S. (2022). COVID-19 infodemic and digital health literacy in vulnerable populations: A scoping review. *Digital Health, 8*. https://doi.org/10.1177/20552076221076927

Çetin, M., & Gümüş, R. (2023). Research into the relationship between digital health literacy and healthy lifestyle behaviors: An intergenerational comparison. *Frontiers in Public Health, 11*. https://doi.org/10.3389/fpubh.2023.1259412

De Oliveira Collet, G., De Morais Ferreira, F., Ceron, D., De Lourdes Calvo Fracasso, M., & Santin, G. (2024). Influence of digital health literacy on online health-related behaviors influenced by internet advertising. *BMC Public Health, 24*. https://doi.org/10.1186/s12889-024-19506-6

Del Pilar Arias López, M., Ong, B., Frigola, X., Fernández, A., Hicklent, R., Obeles, A., Rocimo, A., & Celi, L. (2023). Digital literacy as a new determinant of health: A scoping review. *PLOS Digital Health, 2*. https://doi.org/10.1371/journal.pdig.0000279

Dib, F., Mayaud, P., Chauvin, P., & Launay, O. (2021). Online mis/disinformation and vaccine hesitancy in the era of COVID-19: Why we need an eHealth literacy revolution. *Human Vaccines & Immunotherapeutics, 18*, 1–3. https://doi.org/10.1080/21645515.2021.1874218

Duplaga, M. (2025). Does health literacy mitigate vulnerability to health-related misinformation? *The European Journal of Public Health, 35*. https://doi.org/10.1093/eurpub/ckaf161.855

Erlandsson, L., Bocchino, A., Palazón-Fernández, J., Lepiani, I., Rebollo, E., & Alonso, R. (2025). Validation of the adapted eHEALS questionnaire for assessing digital health literacy in social media: A pilot study. *Nursing Reports, 15*. https://doi.org/10.3390/nursrep15090330

Febrianty, I., Antoni, D., Syamsuar, D., & Diana, D. (2024). Analisa tingkat kematangan literasi TIK pada tenaga kesehatan dalam pelayanan kesehatan berbasis TIK di Puskesmas Kota Palembang. *Jurnal Teknologi Informasi dan Ilmu Komputer*. https://doi.org/10.25126/jtiik.1166513

Gaysynsky, A., Everson, N., Heley, K., & Chou, W. (2024). Perceptions of health misinformation on social media: Cross-sectional survey study. *JMIR Infodemiology, 4*. https://doi.org/10.2196/51127

Gulo, A., Agama, I., & Tarutung, K. (2023). Revitalisasi budaya di era digital dan eksplorasi dampak media sosial terhadap dinamika sosial-budaya di tengah masyarakat. *Jurnal Pendidikan dan Kebudayaan (JURDIKBUD)*. https://doi.org/10.55606/jurdikbud.v3i3.2655

Htay, M., Parial, L., Tolabing, M., Dadaczynski, K., Okan, O., Leung, A., & Su, T. (2022). Digital health literacy, online information-seeking behaviour, and satisfaction of COVID-19 information among university students of East and South-East Asia. *PLoS ONE, 17*. https://doi.org/10.1371/journal.pone.0266276

Karengga, F., & S. (2025). Analisis tantangan pengembangan media serta bahan ajar berbasis teknologi dalam peningkatan kompetensi literasi digital siswa MI. *MUBTADI: Jurnal Pendidikan Ibtidaiyah*. https://doi.org/10.19105/mubtadi.v6i2.17153

Lawal, O., Olayiwola, H., Kelenna, I., Chioma, F., Oyefeso, E., Adeyemi, B., Foster-Pagaebi, E., & Fidelix, E. (2025). A review on usage of digital health literacy to combat antibiotic misuse and misinformation in Nigeria. *Journal of Pharma Insights and Research*. https://doi.org/10.69613/dja1jc18

Li, X., Liu, M., Lian, J., Zhu, Q., & Song, X. (2023). A mild approach to prebunking health misinformation in social media: Digital nudging. *Proceedings of the Association for Information Science and Technology, 60*. https://doi.org/10.1002/pra2.938

Marzo, R., Chen, H., Abid, K., Chauhan, S., Kaggwa, M., Essar, M., Jayaram, J., Changmai, M., Wahab, M., Ariffin, I., Alwi, M., Head, M., & Lin, Y. (2022). Adapted digital health literacy and health information seeking behavior among lower income groups in Malaysia during the COVID-19 pandemic. *Frontiers in Public Health, 10*. https://doi.org/10.3389/fpubh.2022.998272

Naeem, S., & Boulos, M. (2021). COVID-19 misinformation online and health literacy: A brief overview. *International Journal of Environmental Research and Public Health, 18*. https://doi.org/10.3390/ijerph18158091

Nasution, R., Purba, A., Siregar, H., Sihombing, J., Raja, R., & Harahap, A. (2025). Health misinformation on social media: A review of management and innovation perspectives. *South Sight: Journal of Media and Society Inquiry*. https://doi.org/10.14710/southsight.202526055

Patil, U., Kostareva, U., Hadley, M., Manganello, J., Okan, O., Dadaczynski, K., Massey, P., Agner, J., & Sentell, T. (2021). Health literacy, digital health literacy, and COVID-19 pandemic attitudes and behaviors in U.S. college students: Implications for interventions. *International Journal of Environmental Research and Public Health, 18*. https://doi.org/10.3390/ijerph18063301

Riady, Y. (2021). Perilaku pencarian informasi dan literasi kesehatan digital mahasiswa Universitas Terbuka yang terpapar COVID-19. *IKOMIK: Jurnal Ilmu Komunikasi dan Informasi*. https://doi.org/10.33830/ikomik.v1i2.2046

Taba, M., Allen, T., Caldwell, P., Skinner, S., Kang, M., McCaffery, K., & Scott, K. (2022). Adolescents' self-efficacy and digital health literacy: A cross-sectional mixed methods study. *BMC Public Health, 22*. https://doi.org/10.1186/s12889-022-13599-7

Vrdelja, M., Vrbovšek, S., Klopčič, V., Dadaczynski, K., & Okan, O. (2021). Facing the growing COVID-19 infodemic: Digital health literacy and information-seeking behaviour of university students in Slovenia. *International Journal of Environmental Research and Public Health, 18*. https://doi.org/10.3390/ijerph18168507

Wulandari, A., Mariyana, W., & Sukmawati, E. (2025). Hubungan penggunaan media sosial promosi kesehatan sebagai sarana holistik terhadap pengetahuan dan perilaku kesehatan reproduksi remaja. *Jurnal Rumpun Ilmu Kesehatan*. https://doi.org/10.55606/jrik.v5i2.5504