DIGITAL LITERACY AS A 'VACCINE' AGAINST ONLINE HEALTH MISINFORMATION AMONG RETIRED TEACHERS IN ANAMBRA STATE, NIGERIA

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Abstract
In the digital age, the proliferation of health misinformation poses a significant threat to public well-being, particularly among populations with limited digital literacy, like the retired teachers in Anambra State, Nigeria. Retired teachers, despite their educational backgrounds and societal influence, may be vulnerable to misleading health content online due to a generational digital technology gap. This study adopted a quantitative research design with a sample size of 383 respondents selected through a non-probability convenience sampling technique to examine digital literacy, metaphorically likened to a vaccine, as a preventive measure against online health misinformation among retired teachers in Anambra State. Data were collected using a Google-based questionnaire and analysed with SPSS (version 23). Reliability of the instrument was confirmed with a Cronbach's Alpha coefficient of 0.75. Findings revealed that retired teachers possess basic digital literacy and confidently use smartphones and social media platforms for communication. In spite of this, their ability to search, verify, and evaluate online health information remains weak. The study further showed high exposure to misleading online health messages, which a significant proportion still disseminates, demonstrating limited

fact-checking behaviour. The study concludes that digital literacy must extend beyond device usage to include evaluation and verification of online health content. The study is anchored on the eHealth Literacy Framework and the Diffusion of Innovations Theory (DIT).
Keywords: digital literacy, vaccine, retired teachers, health misinformation, Anambra State

Introduction

The high prevalence of misinformation, especially health misinformation, in digital spaces poses significant health risks to humanity. Chou, Gaysynsky, and Cappella (2020) believe that health misinformation on social media urgently requires greater action from those working in public health research and practice. A greater action can be declaring health misinformation as a global emergency. While access to health information has expanded, so has the spread of health misinformation, which undermines public health efforts. Social media plays an increasingly important role in spreading both accurate information and misinformation (Gabarron, Oyeyemi & Wynn, 2021).

Individuals consume health misinformation, most likely due to poor digital literacy, which prohibits them from differentiating between factual and non-factual information. Falsehood is said to spread faster and farther than accurate information and can have negative effects in the real world (Chou *et al.*, 2020; Canadian Medical Association, CMA, 2025). One of the researchers, a retired teacher and on the same WhatsApp platform as the teachers, has seen the effect of social media health misinformation play out among the teachers, possibly due to their generational digital gap in technology adoption. This personal experience by the researchers inspired this study.

Retired teachers in Nigeria are respected community figures. However, many of them seem to lack the digital literacy needed to verify online health information. They are therefore at risk of believing and consuming health misinformation. The preventive measure, metaphorically likened to a vaccine in this study, against health misinformation is digital literacy. Confirming this assertion, Gabarron *et al.* (2021) reiterate that, as social media users can easily lose track of which information to trust, teaching them to identify reliable information is important, implying the need to teach digital literacy. The study, therefore, aims to examine the role of digital literacy in combating health misinformation among retired teachers in Anambra State.

Statement of the Research Problem

The increasing prevalence of online health misinformation poses serious threats to public health, particularly among populations with limited digital skills, such as the retired teachers in Anambra State. Research shows that social media plays an increasingly important role in spreading both accurate information and misinformation (Gabarron *et al.*, 2021), including health misinformation. Retired teachers, despite their educational background and relevance, seem to lack the digital skills necessary to identify and verify online health content. This perceived lack leaves them susceptible to health misinformation.

Research also shows a limited focus on retired teachers despite their educational level and societal impact. In Anambra State, they still teach in church and private schools, lead church and village associations. They are seen as retired but not tired, and yet targeted digital literacy programmes are absent for them. Most studies emphasise digital literacy among youth and active professionals, overlooking the vulnerability of retired teachers. This study advocates that digital literacy interventions can empower retired teachers to discern credible online health information, protect themselves, and positively impact their communities. The study addresses the gaps by examining the digital habits and vulnerability of retired teachers in Anambra State.

Research Questions

1. What are the digital literacy levels of retired teachers in Anambra State?
2. What is the extent to which retired teachers are exposed to online health misinformation?
3. What is the extent to which retired teachers identify and verify accurate health information online?
4. What is the disposition of Anambra State retired teachers towards online health misinformation?

Significance of the Study

The study's findings will provide data-driven recommendations for Nigerian policymakers. They can integrate a digital literacy training and data verification workshop into community health outreach programmes, especially for retired teachers. This study strengthens scholarly discourse in development communication, media literacy, and health communication by suggesting that individuals with critical evaluation skills can build resistance before exposure to misinformation.

Again, the study fills a contextual gap in Nigerian scholarship, particularly in Anambra State, where limited empirical literature exists on older adults' digital media engagement and their gullibility toward misinformation. The study challenges age-based digital stereotypes by highlighting the need for age-inclusive digital literacy policies and ensuring that older adults are not excluded from digital capacity-building initiatives. Also, the study supports SDG 3, 4, and 16 goals, which advocate for citizens' ability to discern health information, thus promoting informed participation in public health systems.

Review of Related Literature

Digital Health Literacy

Digital literacy means having the skills to use technology effectively, and the knowledge and skills required to do so safely and responsibly (Team, 2023). It is the ability to navigate and understand various digital platforms (McCarthy & Hendricks, 2016). It involves possessing the skills or the services required to use technology safely, effectively, and ethically. Technology is becoming more relevant in today's world and is mainly used by the younger generations. The older ones seem sceptical, or even afraid of using technology due to a lack of skills or knowledge needed to leverage it. Confirming this, Tambe and Hussien (2023) assert that some demographic differences in digital literacy are consistent, with younger, more educated, and urban residents reporting a higher degree of media empowerment.

Technology has created a digital gap between the literate and illiterate classes, rural and urban dwellers, and older and younger generations, as digital natives see technology as one of the necessities of life and are fluent in using it. In conformity, Team (2023) writes that digital literacy is now seen as an integral life skill. It is needed in virtually every aspect of life: online communication, home management, education, shopping, health care, listening to news, entertainment, businesses, finance, among others. Digital literacy is power, and therefore a must in today's world if one wishes to remain relevant. The retired teachers of Anambra State need to become digitally literate to identify and verify the online health information they consume and share, as individuals who use the internet well are better able to weigh information, detect misinformation, and make decisions guided by sound reasoning (Tambe & Hussein, 2023). Framing digital literacy as a "vaccine" against online health misinformation emphasises its preventive power, building the resilience of teachers before exposure to harmful content.

Health Misinformation

Misinformation is defined as incorrect or false information that is shared without the intent to harm (Gabarron *et al.*, 2021). It is false information spread unintentionally, often through ignorance or misunderstanding (Gans, 2020, cited in Omosotomhe & Olley, 2023). Health misinformation, on the other hand, is any health-related claim of fact that is false based on current scientific consensus (Chou *et al.*, 2020). Health misinformation is too high to ignore, even when it is shared without the intent to harm. The persistence of health misinformation poses a major challenge, especially among vulnerable populations, including possibly retired teachers of Anambra State, whose access to credible health information may be limited, and their digital literacy may be lower.

The consequences of digital illiteracy have led to a decline in vaccines, rejection of public health measures, and use of unproven treatments, according to HHS (2025). Similarly, Africa Check (2018) writes that the impact of half-truths, hoaxes, and misleading health information can be life-threatening, ranging from misapplication of funds to misdiagnosis and death, thus highlighting the economic impact of health misinformation. In Nigeria, misinformation ranges from false information about curing diseases such as Ebola, HIV/AIDS,and COVID-19 to misconceptions in vaccination, contraceptive usage, exclusive breastfeeding, sickle cell anaemia, malaria, cesarean section, and infertility, among others. To curb health misinformation, Adika (2024) recommends more investments in technology and local expertise since significant portions of the population believe in unverified treatments. This technology is nothing but digital technology.

Empirical Review of Literature

A study by Shuaibu, Aliyu, and Babayi (2024), which used a descriptive survey design to investigate the prevalence, sources, impact, and strategies to combat healthcare misinformation at the Federal Teaching Hospital, Gombe, identified social media as the primary source of misinformation, with low health literacy, cultural beliefs, socio-economic factors, and limited access to reliable information as contributing factors.The study revealed that misinformation weakens public trust, delays medical intervention, and perpetuates harmful practices, and recommends, among others, government's investment in health literacy programmes, which invariably include digital health literacy programmes.

Another study by Tambe and Hussein (2023)used a mixed-method approach to investigate how digital literacy empowered people to

develop and apply critical judgments over media content, enabling them to detect misinformation and personally protect their consumption of information. The study revealed that those who use the internet were better able to weigh information, detect misinformation, and make decisions guided by some sound reasoning. The results also showed that some demographic differences in digital literacy were consistent, with younger, more educated, and urban residents reporting a higher degree of media empowerment.

Similarly, a study on digital education during COVID-19 among older persons in Nigeria by Oyinlola (2021) examined the need for tailored digital literacy programmes that address the personal needs of older adults, promote social inclusion, and encourage autonomy in learning.The study revealed that digital education is crucial for older persons, enhancing their access to e-health, e-learning, and e-government services.

Ugoala and Udenze's (2022) study examined the impact of social media on older adults' and elderly people's online health information-seeking behaviour in the face of the global COVID-19 health crisis in Nigeria. The study employed Krejcie and Morgan's (1970) technique for ascertaining the sample size for a given population, and arrived at a sample of 384 quantitatively surveyed through a questionnaire.The study found that social media positively impacted the health behaviour of the respondents and that the information sought on social media was reliable and influenced their behaviour positively. The authors recommended,among others, that online health information seekers should verify any information with health professionals.

Bada (2025) investigated how older adults engaged with social media and how they dealt with misinformation and disinformation. The study focused on why older adult users struggle to identify false information online and how digital literacy, trust in information sources, and emotional responses factor into their decisions using a mixed-method approach. The researchers distributed copies of the questionnaire to 20 elderly users aged 60 years and older and interviewed the same participants to add more depth. The results indicated that many elderly users struggle with fact-checking and sometimes believe messages passed along by friends or family. The author suggests the need for basic, practical media literacy education for older adults,to help them fact-check and avoid being misled.

In their study, Gonde, Madrid-Morales, Tully, and Wasserman (2025) examined the extent to which digital inequalities shape media users' exposure to and engagement with misinformation. The researchers used

data from 24 focus group discussions conducted in 6 African countries (Ghana, Kenya, Nigeria, South Africa, Zambia, and Zimbabwe) to describe media users' diverse experiences with false information and to discuss whether these experiences could be understood if inequalities in access to digital technology and digital literacy skills could be taken into account. Findings revealed that while some older media consumers living in rural areas felt less exposed to misinformation online, they still accessed online falsehoods through other means. Those in rural areas were often perceived as vulnerable to misinformation because of assumed lower digital literacy.

Peng, Meng & Issaka (2024) explored how and why older adults fall into the persuasive trap of online health misinformation, and how they manage their encounters with it, using semi-structured interviews with 29 older adults who were exposed to articles employing 12 common persuasive strategies. Thematic analysis revealed that while some participants fell for the persuasive strategies, others saw them as cues to pin down misinformation. Also, while some older adults detected the persuasive strategies as red flags, others were tricked by them. The result showed that older adults were more susceptible to online misinformation, not because of their declining cognitive abilities but because they had less knowledge of online information, implying low level of digital literacy.

Furthermore, Munyaka, Hargittai, and Redmiles (2022) investigated the misinformation experiences of older adults (59+ from the US, Netherlands, Bosnia, and Turkey). The result showed that people with decades of potential exposure or experience with both online and traditional news media have reached a state of media cynicism in which they distrust most, or even all, of the news they consume. Despite media cynicism, older adults rarely fact-check the media they see and continue to read and share the news they distrust.

A qualitative exploratory research approach was adopted by Vivion, Reid, Dube, Coutant, Benoit, and Tourigny (2024) to explore the effects of misinformation and information overload on older adults and to present the management strategies put in place to deal with such effects in the context of COVID-19. A total of 36 semi-structured interviews were conducted with older adults living in Quebec, Canada. Results revealed that older adults could easily spot misinformation online and condemned the information overload released largely by the media.

Seo, Blomberg, Altschwage, and Vu (2021) examined how low-income African-American older adults, one of the groups most vulnerable to

misinformation online, assess the credibility of online information. To examine this, the researchers conducted both face-to-face interviews and a survey, and then analysed how their digital media use, demographics, self-efficacy, and involvement with particular topics were associated with their credibility assessments of online information. The findings suggested that education and topic involvement are statistically significant factors associated with assessments of message content and source credibility. Moreover, assessments of content credibility, as opposed to those of source credibility, were far more challenging.

A study by Sathianathan, Ali, and Chong (2025) explored the approaches used by the general public for identifying and responding to health misinformation on social media. Semi-structured interviews were conducted with 22 respondents from the Malaysian general public. The findings showed that the approaches to identifying health misinformation on social media included examining message characteristics and sources. Messages were deemed to be misinformation if they contradicted credible sources or exhibited illogical and exaggerated content. Respondents described multiple response approaches to health misinformation based on the situation. Verification was chosen if the information was deemed important, while misinformation was often ignored to avoid conflict.

Theoretical Framework

The study is anchored on the e-Health Literacy Framework and Diffusion of Innovation Theory (DIT). The e-Health Literacy Framework (EHLF) was propounded by Ole Norgaard and a team of co-authors in a 2015 publication (Norgaard, Furstrand, Klokker, Karnoe, Batterham, Kayser, & Osborne, 2015). It is a model that outlines the competencies needed to use digital technologies effectively, encompassing the users' abilities, the technology itself, and the interaction between the two. The e-Health Literacy Framework is structured around 7 key domains:

- Ability to process information, which emphasizes the need to train retired teachers on how to search for health information and use fact-checking tools.

- Engage in one's health, which highlights especially the importance of making complex health information clear.

- Actively engage with digital services. This domain focuses on the confidence and motivation that teachers have in order not to feel intimidated by digital platforms

- Feeling safe and in control. This implies feeling safe to access and evaluate health information without being manipulated or scammed.
- Motivation. Retired teachers are more likely to engage with digital health tools if they see tangible benefits.
- Access to functional systems. This emphasizes that digital literacy cannot be separated from digital equity. Retired teachers should have the tools they need to participate in the digital health network.
- Systems that suit individual needs. This posits that digital literacy efforts must be flexible, inclusive, and tailored to individual differences and needs.

These domains present good measures for understanding how retired teachers in Anambra State can be empowered to resist health misinformation. The eHLF highlights the importance of training retired teachers in basic digital skills; how to search for health information, recognize platform algorithms, and use browser extensions or fact-checking tools. Without this skill set, they remain vulnerable to health misinformation.

Diffusion of Innovation Theory

The Diffusion of Innovation Theory was developed by E.M. Rogers, a communication theorist at the University of New Mexico, in 1962 (Halton, 2025). The theory explains how a new idea spreads over time among people through stages of adoption. The theory posits that individuals adopt innovations in stages: innovators, early adopters, early majority, late majority, and laggards. Retired teachers may fall into the early majority (people who support the use of an innovation within a society) or late majority categories (people who follow the early majority in adopting the innovation as part of their daily life and are also part of the general population) because they are open to change if they see clear benefits and social proof. This assumption implies that digital literacy programmes should start with a few influential early adopters (e.g., retired principals or union leaders), who can then model and advocate for change within their networks.

Methodology

This study adopts the quantitative research design. The population for the study comprises all retired teachers in Anambra State. According to

the Anambra State Office of the Accountant General of Local Government, the population size for this group of people is 4,165. The sample size for this study is 383, calculated using Krejcie and Morgan's (1970) sample size calculation for a 95% confidence level. Data were collected using a structured Google Forms questionnaire. Data collection was discontinued once the target sample size of 383 respondents was reached by closing the form to further responses. The data gathered were analysed using SPSS 23 version.

The study employed a pretest (pilot study involving 15 respondents) and the Cronbach's alpha method to test the reliability of the instrument. The instrument for the research scored 0.75, which, according to Cronbach's alpha method, is an acceptable score of 0.70.

Data Presentation and Analysis

Research questions One: What are the digital literacy levels of retired teachers in Anambra State?

Table 1: Respondents' Digital Literacy Levels

S/N	Variable	SA	A	SD	D	MEAN	Decision
1	I can confidently use digital devices, such as smartphones, tablets, and computers, to access information online.	180	150	40	13	3.29	Accepted
2	I can effectively use social media platforms (e.g., WhatsApp, Facebook) to share or receive information.	160	155	50	18	3.19	Accepted
3	I can identify and use search engines (e.g., Google) to find specific health-related information online.	145	160	55	23	3.12	Accepted

Source: Researchers' field work 2025

The data above reveal that retired teachers in Anambra State have a high level of digital literacy, with all mean scores ranging between 3.12 and 3.29 on a 4-point scale. This indicates that the majority of respondents confidently use digital devices and social media platforms for communication and information access, which produced mean scores of 3.29 and 3.19, respectively. However, the relatively lower mean (3.12) for using search engines to find health-related information suggests that while general digital literacy is strong, information search skills are moderately low.

Research Question Two: What is the extent to which retired teachers are exposed to online health misinformation?

Table 2: Respondents' Exposure to Health Misinformation

S/N	Variable	SA	A	SD	D	MEAN	Decision
1	I frequently come across health-related messages online that later turn out to be false or misleading.	170	145	50	18	3.22	Accepted
2	I often receive health information from unverified online sources, such as social media groups or forwarded messages.	185	140	40	16	3.29	Accepted
3	I am exposed to conflicting health advice on the internet that makes it difficult to know which is true.	160	155	45	23	3.18	Accepted

Source: Researchers' field work 2025

The data show that retired teachers in Anambra State experience a high level of exposure to online health misinformation, with all the mean scores between 3.18 and 3.29. The highest-rated item (M = 3.29)

confirms that respondents encounter misleading or unverified health information regularly, especially through social media and forwarded messages.

Research Question Three: What is the extent to which retired teachers identify accurate health information online?

Table 3: Respondents' Ability to identify and verify accurate health information online

S/N	Variable	SA	A	SD	D	MEAN	Decision
1	I can recognize credible health information based on the source (e.g., government, WHO, reputable media).	165	150	50	18	3.21	Accepted
2	I can distinguish between factual health information and opinions, or rumours shared online.	150	160	55	18	3.15	Accepted
3	I usually check whether online health information cites experts or scientific evidence before believing it	65	23	155	140	1.95	Rejected

Source: Researchers' field work 2025

The data suggest that retired teachers in Anambra State have a moderate overall ability to identify accurate online health information. While respondents generally recognize credible sources (Mean = 3.21) and can distinguish factual content (Mean = 3.15), a large proportion do not verify expert or scientific citations (Mean = 1.95). This reveals a weakness in deep verification practices, suggesting that teachers tend to rely on source familiarity rather than evidence-based validation.

Research Question Four: What is the disposition of Anambra State Retired Teachers towards online health misinformation?

Table 4: Respondents' disposition towards online health misinformation

S/N	Variable	SA	A	SD	D	MEAN	Decision
1	I avoid sharing health information online unless I am sure it is accurate.	43	70	130	140	1.88	Rejected
2	I am cautious about accepting health advice from unverified online sources.	125	135	80	43	2.85	Accepted
3	I actively warn friends and family when I notice false or misleading health information online.	110	120	90	63	2.69	Accepted

Source: Researchers' field work 2025

The data on the item with a mean score of 1.88 indicates that very few retired teachers actively avoid sharing health information unless it is verified. This means that they help circulate unverified health misinformation. Combined with items two and three, with mean scores of 2.85 and 2.69, respectively, the overall disposition shows a moderate positive tendency toward careful engagement with online health information. This suggests that while some teachers exercise caution, a significant number may still share unverified information.

Discussion of Findings

Findings from Table 1 reveal that retired teachers in Anambra State exhibit a relatively high level of digital literacy, with mean scores ranging from 3.12 to 3.29 on a 4-point scale. Most can confidently use smartphones, tablets, and social media platforms like WhatsApp and Facebook, indicating strong basic digital skills and active participation in online communication. However, their ability to search for specific health-related information online is moderately limited, suggesting a gap in higher-order digital skills such as evaluating and verifying online content.

These findings align with Team (2023) and McCarthy & Hendricks (2016), who define digital literacy as both access and the ability to use

digital platforms responsibly. The study supports Tambe and Hussein's (2023) findings that digital literacy empowers users to detect misinformation and make informed decisions. Yet, the fact that retired teachers struggle with information searching supports research that older adults often have basic digital access but lack deeper navigation skills required for verification (Bada, 2025; Seo et al., 2021).

The findings agree with existing literature that highlights a generational digital divide Gabarron, Oyeyemi & Wynn, 2021; Bada, 2025; Seo *et al.*, 2021), where older adults often have access to digital tools but struggle with advanced navigation and critical evaluation.

The results also reflect the generational digital gap discussed by Gabarron, Oyeyemi & Wynn (2021) and Tambe and Hussein (2023), who argued that younger and more technologically exposed demographics demonstrate higher digital competence than older adults. Although these teachers are educated and influential, age-related technological shifts appear to affect their ability to locate or validate credible health information.

The findings support the e-Health Literacy Framework (Norgaard *et al.*, 2015). Two of its domains (the ability to process information and actively engage with digital services) are only partially achieved. Retired teachers can engage (use phones, social media), but weaker search and verification skills show gaps in processing and critical evaluation of online content. This suggests vulnerability to health misinformation, as individuals who cannot search and compare credible sources may depend mainly on forwarded messages or peer-generated content. The finding also supports the Diffusion of Innovation Theory of Rogers (1962). Retired teachers appear to be in the late majority stage, adopting and using digital tools primarily because society has moved toward digital communication.

Findings from Table 2 reveal that retired teachers in Anambra State are highly exposed to online health misinformation, with mean scores between 3.18 and 3.29. They most frequently encounter misleading or unverified health messages through forwarded content and social media platforms, as highlighted by Shuaibu, Aliyu, and Babayi (2024), who identified social media as the most dominant source of health misinformation in Nigeria. The highest-rated item (Mean = 3.29) shows that health information circulating through forwarded messages and unverified social media sources is common, which aligns with Gabarron, Oyeyemi, and Wynn (2021), who state that social media platforms have become major channels for both authentic and false health information.The exposure to conflicting online health advice (Mean =

3.18) reinforces Chou *et al.* (2020), who argue that misinformation spreads faster than verified facts and can mislead vulnerable audiences.

From a theoretical perspective, the e-Health Literacy Framework suggests that individuals lacking the ability to verify credibility or differentiate scientific evidence are more susceptible to misinformation. Similarly, the Diffusion of Innovation Theory explains that these retired teachers, mainly functioning as late adopters of technology, rely on existing social networks rather than expert sources, making them more exposed to manipulated or exaggerated content.

Findings from Table 3 reveal a moderate ability of retired teachers in Anambra State to identify accurate health information online, with mean scores of 3.21 and 3.15 showing that many respondents can recognise credible sources such as WHO, government agencies, and reputable media, and can generally distinguish factual content from rumours. However, the sharply lower mean score of 1.95 for checking expert citations or scientific evidence indicates that most retired teachers do not verify the authenticity of information before believing or sharing it. This aligns with Bada (2025) and Peng, Meng & Issaka (2024), who found that older adults often struggle with fact-checking due to limited digital confidence and tend to trust messages shared by peers or familiar sources. It also supports Ugoala and Udenze (2022), who warned that without verification, online health information seekers are more likely to accept exaggerated, misleading, or conspiratorial claims.

From the lens of the e-Health Literacy Framework, this weakness signals a deficit in the "ability to process information" and "feeling safe and in control" domains, since respondents rely on surface-level cues rather than objective evaluation tools. Within the Diffusion of Innovation Theory, retired teachers appear to adopt digital content passively rather than critically, suggesting late-stage adoption without full adaptation to digital norms of verification. The implication is that although retired teachers can identify credible sources, poor verification practices leave them vulnerable to persuasive misinformation, increasing the risk of believing or sharing inaccurate health content.

Findings from Table 4 reveal that retired teachers in Anambra State show a mixed attitude toward online health misinformation. While some are cautious about unverified advice (mean scores of 2.85 and 2.69), many still share health information without verifying its accuracy, as reflected in a low score of 1.88. This reflects a behavioural gap that even when teachers know misinformation exists, many do not apply verification before sharing. The pattern supports Chou *et al.* (2020) and Africa Check (2018), who found that misinformation persists because individuals unknowingly spread unverified health claims, believing

them to be true. It also aligns with Bada (2025), who noted that older adults often trust forwarded messages from family or social groups and only rarely fact-check before sharing.

The e-Health Literacy Framework explains this as limited "confidence" and "feeling safe and in control" in digital spaces, where individuals rely on intuition or social cues rather than systematic verification. The findings agree with Diffusion of Innovation that retired teachers behave as late adopters who participate in information flow but do not yet adopt the critical screening practices common among experienced digital users. The implication is that their positive reputation in communities means that when they share misinformation, it spreads faster and gains credibility, potentially influencing health behaviour and decision-making among families, churches, and village associations.

Conclusion

In conclusion, retired teachers in Anambra State show basic digital literacy and actively engage with online platforms. However, without strong verification and critical evaluation skills, they remain vulnerable to health misinformation. To ensure they contribute positively to public health discourse, targeted digital health education and improved access to credible resources are essential. Digital literacy becomes truly protective only when paired with the ability to assess and share accurate information.

Recommendation

The study recommends the following:

1. Government agencies, teacher unions, and NGOs should organize continuous digital literacy programmes focusing not only on device usage but on advanced skills such as searching for authentic health information, using official health websites, and recognizing misinformation tactics.

2. Public health educators should introduce practical fact-checking tools and demonstrations showing how to verify medical claims before believing or sharing them.

3. Credible health institutions such as NCDC, WHO, and the Ministry of Health should
   provide simplified digital content, short videos, infographics, and FAQs that people, especially the older ones, can easily access and trust. This will reduce dependence on forwarded and unverified messages.

4. The State government and educational bodies should create online hotlines where older adults can ask questions about suspicious health information.

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