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Youth, Health, and Media: A Review of Digital Influences, Challenges, and Pathways to Well-being

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Abstract
Youth represents a critical window of opportunity for establishing lifelong health trajectories, yet this demographic faces unprecedented health challenges in an increasingly digital and media-saturated world. This review synthesizes current evidence on the intersections of youth health and media, examining how digital technologies, social media platforms, and online information environments shape health outcomes, behaviors, and well-being among young populations. Drawing on interdisciplinary scholarship and global epidemiological data, we examine the dual nature of media influences—both opportunities for health promotion and risks of misinformation, unhealthy content exposure, and adverse mental health outcomes. The review identifies key determinants operating across individual, interpersonal, community, and policy levels, and evaluates intervention approaches for promoting health in the digital age. Special attention is given to the Indian context and the scholarship Sethy and colleagues, which foregrounds structural inequalities, health systems, and the intersections of technology, governance, and development. We argue that addressing youth health in the media era requires moving beyond fragmented approaches toward comprehensive, equity-oriented, and youth-responsive systems that recognize the digital domain as a critical determinant of health.

Keywords: *Youth health, adolescent health, media, digital technology, social media, health literacy, mental health, India, health systems*

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I. Introduction

1.1 The Digital Generation: Youth in the Media Era

Youth, broadly defined as individuals between the ages of 10 and 24 years, constitute approximately one-quarter of the global population, representing the largest cohort of young people in human history (UNFPA, 2023). What distinguishes today's youth from all previous generations is their immersion in digital media from birth. Digital technologies have become pervasive in the lives and interactions of both youth and adults, with the impact of these contemporary digital dynamics being particularly significant during adolescence (Di Natale et al., 2024). The World Health Organization (WHO, 2024) recognizes adolescence as a "unique stage of human development and an important time for laying the foundations of good health." However, the media environment in which youth develop has transformed fundamentally, creating both opportunities and risks for health and well-being. The digital transition, alongside climate change and increasing inequalities, creates a complex risk environment for contemporary youth (Watts et al., 2024).

1.2 The Dual Nature of Media Influences

Research consistently documents the dual impact of digital technologies on youth: they highlight positive potential in shaping youth health behaviors, often linked to sports, nutrition, and active lifestyles, but they also pose risks due to unregulated and misleading content, emphasizing the necessity for enhanced digital literacy and critical engagement with content (Green Tick Study Team, 2024). Five major themes highlight this paradoxical impact: (1) increasing awareness, knowledge and self-efficacy; (2) hazards, misinformation, and credibility; (3) attitudes and behavior change; (4) social comparison; and (5) product promotion (Green Tick Study Team, 2024). This review synthesizes current evidence on youth health and media, examining the multifaceted nature of this relationship and its implications for health promotion, policy, and practice. A distinctive contribution of this review is its integration of scholarship from the Global South, particularly the work of Sethy and colleagues, which foregrounds structural inequalities, health systems, and the intersections of technology, governance, and development.

1.3 The Indian Context

India, with its substantial youth population and rapidly expanding digital infrastructure, represents a microcosm of global challenges and opportunities at the intersection of youth, health, and media. The National

Family Health Survey (NFHS-5) data reveal persistent health challenges among young populations (International Institute for Population Sciences, 2021), while India's digital transformation has brought unprecedented access to information, social connection, and health content—along with risks of misinformation and unhealthy content exposure.

The work of Sethy and colleagues at the Nabakrushna Choudhury Centre for Development Studies (NCDS) has been instrumental in documenting and analyzing intersecting challenges of health, development, and technology. Sethy's research examines structural determinants of inequality in health and nutrition, with particular attention to vulnerable and marginalized populations, and explores emerging questions at the interface of technology, ethics, and development—including societal implications of Artificial Intelligence, digital inclusion, and epistemic justice (Sethy, 2025c; Sethy & Mahapatro, 2025b). His scholarship on health systems, governance, and technology provides crucial frameworks for understanding youth health in the media era (Sethy et al., 2026b; Sethy et al., 2026d; Sethy et al., 2026e).

II. Conceptual Framework: Understanding Youth, Health, and Media

2.1 Defining the Media-Health Nexus

Youth health encompasses physical, mental, and social well-being during the developmental period between childhood and adulthood (Sawyer et al., 2018). Media encompasses the full range of digital platforms through which youth access information, connect with others, and engage with content—including social media, digital news, online health information, influencers, and interactive technologies.

The relationship between media and health is bidirectional and complex. Media shapes health through multiple pathways: exposure to health information, social comparison, behavioral modeling, product marketing, and social support. The digital domain has emerged as a "super" social determinant of health, with frameworks now addressing digital determinants across individual, interpersonal, community and societal levels (Raeside, 2025).

2.2 A Social-Ecological Model for the Digital Age

Understanding youth health and media requires a framework that recognizes multiple, interacting influences. A social-ecological model conceptualizes health as shaped by factors operating at individual, interpersonal, community, and societal levels (Bronfenbrenner, 1979; Dahlgren & Whitehead, 2007; Solar & Irwin, 2010). In the digital era, these levels include:

- **Individual factors:** Digital health literacy, media consumption patterns, psychological resources, and health behaviors
- **Interpersonal factors:** Family media use, peer influences on social media, and online social support networks
- **Community factors:** School media environments, digital access and infrastructure, and community health resources
- **Structural/societal factors:** Digital policies, media regulation, health system digital integration, and corporate practices

Sethy's work on structural inequalities and dietary diversity exemplifies this multilevel approach, demonstrating how policy environments, food systems, and social determinants interact to shape health outcomes (Sethy & Mahapatro, 2025a). His research on epistemic justice and technology examines how algorithmic power and digital inclusion/exclusion shape opportunities and vulnerabilities (Sethy, 2025c; Sethy & Mahapatro, 2025b).

2.3 The Life Course and Digital Exposure

A life course perspective recognizes that health is accumulated over time, with experiences during critical developmental periods having lasting effects (Ben-Shlomo & Kuh, 2002). Adolescence and young adulthood represent a sensitive period during which health trajectories are established, and exposure to digital media during this period can have cascading effects throughout life (Halfon et al., 2014).

Digital technologies have emphasized a way of communicating among young people that is "aesthetic," where the power of images and the rigor of representing oneself enhances one's story (Di Natale et al., 2024). Adherence to ideal models reflects cultural beliefs that increase the sense of belonging, but also exacerbates behaviors related to attention and control of the body that adhere to beauty standards.

2.4 Health Equity, Social Justice, and Digital Divides

A central concern in youth health research is the systematic patterning of health outcomes by social position, and this extends to the digital domain. Health inequalities—avoidable, unfair differences in health between social groups—are both reflected and potentially exacerbated by digital divides (Marmot et al., 2020). Sethy's scholarship consistently foregrounds these inequalities, examining how social position, gender, caste, and

geography shape health outcomes (Sethy & Mahapatro, 2025a; Sethy & Mahapatro, 2025b; Sethy et al., 2026a; Sethy & Sahoo, 2026).

The digital divide creates disparities in access to health information, digital literacy, and the benefits of digital health promotion. Without fundamental change to address the digital domain as a determinant of health, the digital divide will only continue to be exacerbated (Raeside, 2025). Frameworks to support the development of digital health tools that are equitable are essential to ensure they do not widen the equity gap. Sethy and Sahoo's (2026) research on gendered inequalities in water, sanitation, and hygiene access highlights how structural inequalities compound time poverty and health risks, providing a framework for understanding how digital and infrastructural exclusions intersect.

III. Media Influences on Youth Health: Evidence and Impacts

3.1 Health Information and Knowledge

Digital news and online health information (OHI) have become primary sources of health information for young adults (Asatryan, 2026). Evidence indicates that OHI can support informed health decisions, such as lifestyle changes and self-care, particularly when individuals possess higher digital health literacy. However, the rise of social media, influencer marketing, and misinformation complicates these effects, making critical evaluation skills essential (Asatryan, 2026).

Trust in digital health news is mediated by source credibility, exposure to misinformation, and individuals' media and health literacy levels. Lower health literacy is associated with increased vulnerability to false or misleading information. Digital platforms also shape health information use through features such as accessibility and regulatory actions aimed at reducing misinformation (Asatryan, 2026).

Social media has become the primary source of entertainment, information, and news for adolescents (Gell et al., 2023). Influencers play a key role in this new information environment as content providers, with a large number of followers. While they can motivate and inform young people about health topics, they may also share questionable information driven by commercial interests (Gell et al., 2023).

Sethy's research on epistemic justice and technology provides a framework for understanding these dynamics, examining how algorithmic power, digital inclusion, and knowledge systems shape access to reliable health information (Sethy, 2025c; Sethy, 2025g).

3.2 Nutrition and Dietary Behaviors

The digital food environment has become an increasingly important determinant of youth nutrition (Demers-Potvin et al., 2025). Social media marketing of unhealthy food consistently influences children's and adolescents' awareness, consumption, and food intake. The role of social media marketing in influencing high-energy intake, including bypassing cognitive awareness, is consistent with the definition of an obesogenic environment driver (Demers-Potvin et al., 2025).

Research reveals that most results under-report actual exposure due to subtle digital marketing techniques, including celebrity endorsements by influencers, advergames, and other content disguised as entertainment, which is more likely to bypass adolescents' cognitive awareness and not be self-reported (Demers-Potvin et al., 2025). The inability to identify and monitor unhealthy food marketing exposure on social media presents challenges to accurately understanding the scope and impact of the social media industry as a commercial determinant of health (Demers-Potvin et al., 2025).

Sethy's research on dietary diversity and nutritional inequalities documents dietary transitions and the socioeconomic impacts of food-system interventions in India (Sethy & Mahapatro, 2025a). His work on "Beyond Calories: Roots and Tubers for Health Equity and Sustainable Development" (Sethy, 2025f) and "India's Changing Diet: Millets, Processed Foods, and the Nutrition Crisis" (Sethy & Mahapatro, 2025d) highlights how dietary transitions—including the influence of marketing and media—are reshaping nutritional landscapes in the Global South.

3.3 Mental Health and Well-being

Mental health disorders represent a leading and growing cause of disease burden among youth (Patel et al., 2024). The relationship between social media and adolescent mental health has received significant attention, with emerging evidence of associations between excessive screen time and poor mental health, though establishing causality remains complex (Orben & Przybylski, 2019; Twenge et al., 2022).

The vulnerability that young people manifest by engaging in social media can manifest in eating disorders, body aesthetic manipulations, while body dissatisfaction can generate suffering and depressive symptoms as well as self-harm (Di Natale et al., 2024). Particularly young people who are fragile or have body psychological problems are exposed to digital degeneration that uses misleading messages or sites that induce pathological thinness (Di Natale et al., 2024).

Comparing oneself to influencers results in lower body appreciation, higher levels of self-objectification, and self-sexualization, with negative mood and depressive symptoms (Ahrens et al., 2022; Brown, 2016 in Gell et al., 2023). Social media platforms that provide idealized images, peer comparison, and the stimulus to thinness enhance both cultural beliefs and the critical aspects of this developmental stage (Di Natale et al., 2024).

Sethy's research on epistemic justice and technology provides frameworks for understanding the digital dimensions of youth mental health, examining how algorithmic power and digital inclusion/exclusion shape opportunities and vulnerabilities (Sethy, 2025c). His work on indigenous knowledge systems and artificial intelligence explores how technology can be harnessed for equity-oriented health promotion while recognizing risks of algorithmic bias and exclusion (Sethy, 2025c; Sethy, 2025g). Sethy and colleagues' (2026f) research on the circular economy through a feminist lens examines women-led enterprises, highlighting how gender intersects with technology and economic participation.

3.4 Physical Activity and Sports

Digital technologies have positive potential in shaping youth health behaviors, often linked to sports, nutrition, and active lifestyles (Green Tick Study Team, 2024). Mobile health (mHealth) interventions, fitness apps, and online fitness communities have shown effectiveness in promoting physical activity among young people (Patel et al., 2024). However, the quality and credibility of health information on these platforms varies significantly, and unregulated content can also promote unhealthy exercise behaviors or unrealistic body ideals.

3.5 Sexual and Reproductive Health

Sexual and reproductive health (SRH) information is increasingly accessed online, with young people turning to digital sources for information about contraception, sexually transmitted infections, and relationships (Chandra-Mouli et al., 2021). While digital platforms can provide accessible, confidential SRH information, they also pose risks of misinformation and harmful content. Indian government programs, including the Rashtriya Kishore Swasthya Karyakram (RKSK), have increasingly incorporated digital components to reach young people with SRH information (Ministry of Health and Family Welfare, 2022).

Sethy's research on gender and health inequalities provides important context for understanding SRH disparities and digital access, examining how gendered norms, economic marginalization, and social exclusion shape health outcomes (Sethy et al., 2026a; Sethy & Mahapatro, 2025b). Sethy and Sahoo's (2026) work on gendered inequalities in WASH access demonstrates how infrastructural exclusions compound health risks and socioeconomic exclusion, with implications for digital health access.

IV. Determinants of Youth Health in the Media Era

4.1 Individual-Level Determinants

Digital Health Literacy: The capacity to obtain, process, and understand health information from digital sources is a key individual resource that shapes health behaviors and outcomes (Sørensen et al., 2019). Digital health literacy encompasses both traditional health literacy and media literacy—the ability to critically evaluate online health information, identify misinformation, and navigate digital health environments effectively.

Sethy's work on epistemic justice and knowledge systems examines how access to and validation of knowledge shapes opportunities and vulnerabilities, providing a framework for understanding digital health literacy disparities (Sethy, 2025c; Sethy, 2025g).

Media Consumption Patterns: The amount, type, and nature of media consumed shape health outcomes. Active, intentional media use—seeking out health information, engaging with health communities—differs from passive consumption in its health impacts. Research on the "knowledge-action gap" highlights complex pathways between health knowledge and behavior, with psychological well-being, self-efficacy, and social support mediating this relationship.

4.2 Family and Peer Influences

Family Media Use: Family relationships and household media environments shape youth media consumption. Parental monitoring of media use, family media rules, and parental modeling of healthy media use protect against health risk behaviors (Centers for Disease Control and Prevention, 2023). Family socioeconomic position shapes digital access and literacy (Marmot et al., 2020).

Peer Influences on Social Media: Peer influences are amplified in digital spaces, with peer norms, online friendships, and social networks shaping health behaviors (Brechwald & Prinstein, 2011). Positive online peer relationships can promote well-being and provide social support, while peer pressure and social exclusion online can contribute to health risk behaviors and poor mental health.

4.3 School and Community Environments

School Media Environments: Schools are critical settings for building digital health literacy, providing opportunities for media literacy education, health education, and digital citizenship programs (Langford et al.,

2015; Wang & Degol, 2016). In India, the School Health and Wellness Programme and the National Education Policy 2020 incorporate digital literacy components (Ministry of Health and Family Welfare, 2022; Sethy & Mahapatro, 2025c).

Community Digital Infrastructure: Access to digital technologies, internet connectivity, and community resources shapes youth media engagement. Digital divides, particularly in rural and marginalized communities, compound health vulnerabilities and limit access to digital health resources.

4.4 Health Systems and Digital Health Services

Health systems play an increasing role in youth health through digital health services, including telehealth, mHealth interventions, and online health information (WHO, 2024). However, youth often face barriers to digital healthcare access, including confidentiality concerns, cost, and lack of youth-friendly digital platforms (Chandra-Mouli et al., 2021; Resnick et al., 2023).

Sethy and colleagues' research on health systems in low- and middle-income countries examines performance determinants and pathways to Universal Health Coverage, providing evidence for strengthening health systems to serve vulnerable populations including through digital health innovations (Sethy et al., 2026d). Their analysis of health production functions and inequality decomposition (Sethy et al., 2026b) demonstrates the value of advanced quantitative methods for understanding health systems and interventions.

4.5 Structural Determinants and Policy Environments

Digital Policy and Regulation: Policies governing digital media—including data protection, content regulation, marketing restrictions, and platform accountability—shape the media environment and youth health. The lack of global coordination on regulations enables large companies to operate in jurisdictions with the most favorable regulations, while social media allows advertising to reach an audience beyond the operating jurisdiction (Demers-Potvin et al., 2025).

Corporate Practices: The social media industry functions as a commercial determinant of health, with practices including promoting unhealthy food products, influencing policy debates, and co-opting public health narratives (Demers-Potvin et al., 2025). Social media provides an incomparable medium for facilitating corporate actions to advance stakeholders' interests.

Sethy's research on governance, fiscal policy, and institutional change provides models for understanding policy environments and their influence on health outcomes (Sethy, 2025e; Sethy & Mahapatro, 2025c). Sethy and Sahoo's (2026) research on gendered inequalities in WASH access highlights how policy and infrastructural failures compound health risks and socioeconomic exclusion.

4.6 Emerging Threats: Misinformation and Algorithmic Power

Health Misinformation: The spread of health misinformation on digital platforms poses significant threats to youth health, including vaccine hesitancy, adoption of harmful health practices, and erosion of trust in health systems. Lower health literacy increases vulnerability to false or misleading information (Asatryan, 2026).

Algorithmic Power: Algorithms shape the content youth see, influencing health information exposure, social comparison, and behavioral modeling. Sethy's work on artificial intelligence and epistemic justice examines how algorithmic curation can marginalize diverse perspectives and reinforce health disparities (Sethy, 2025c).

V. Interventions and Strategies for Health Promotion in the Digital Era

5.1 Digital Health Literacy Interventions

Building digital health literacy is essential for enabling youth to navigate online health environments safely and effectively. Interventions include media literacy education in schools, digital health literacy programs in community settings, and online resources for critical evaluation of health information. Research demonstrates the effectiveness of comprehensive media literacy programs, particularly when they are sustained, adequately resourced, and integrated with broader health education approaches (Langford et al., 2015; Bundy et al., 2021).

Sethy's work on epistemic justice and education policy provides frameworks for understanding how education systems can promote critical thinking, digital literacy, and health equity (Sethy & Mahapatro, 2025c; Sethy, 2025c).

5.2 Governance and Regulation

Stronger governance of digital media is needed to protect adolescents while allowing safe digital access (Raeside, 2025). Effective regulation may include:

- Regulation on the quality of health information on social media platforms
- Regulation on marketing of unhealthy products
- Strengthening data protection and privacy safeguards
- Platform accountability for health misinformation

Unhealthy food regulations for children and adolescents have not kept up with the changing digital marketing landscape, particularly with the rise of social media, and it is evident that the same regulations and regulatory approaches that were employed for traditional media sources will not be effective across the digital world (Demers-Potvin et al., 2025).

5.3 Youth Engagement and Participatory Approaches

Adolescents are powerful advocates for change (Raeside, 2025). Engaging youth in the development of digital health tools, policies, and interventions is essential for ensuring relevance, effectiveness, and equity. Youth engagement frameworks that are comprehensive, developed with youth, and applicable across multiple contexts are needed (Raeside, 2025). Involving youth in decision-making ensures programs align with their needs and rights (Bundy et al., 2021; Patton et al., 2025).

Sethy's work on indigenous knowledge systems and inclusive innovation provides frameworks for participatory, community-engaged approaches to health and technology (Sethy, 2025c; Sethy, 2025g). His research on the circular economy through a feminist lens (Sethy et al., 2026f) demonstrates participatory approaches to understanding women-led enterprises and sustainable development.

5.4 Nutrition-Sensitive Digital Interventions

Addressing the double burden of malnutrition in the digital era requires interventions that address both traditional determinants of nutrition and the digital food environment. Sethy's research on the Odisha Millets Mission (NCDS Study Team, 2021) provides important evidence on nutrition-sensitive agriculture, while his work on "Beyond Calories: Roots and Tubers for Health Equity and Sustainable Development" (Sethy, 2025f) explores the potential of traditional foods to address nutritional inequalities—suggesting that digital health promotion can complement food-system interventions.

5.5 Mental Health Digital Supports

Digital mental health interventions offer opportunities for accessible, scalable mental health support for youth. Mobile health (mHealth) interventions have shown effectiveness for mental health among young people (Patel et al., 2024). However, quality, safety, and effectiveness vary, and vulnerable youth may be more susceptible to harmful content.

5.6 Addressing Structural Inequalities

Addressing youth health inequalities in the digital era requires structural interventions that tackle upstream determinants (Solar & Irwin, 2010). These include policies for digital access, education, social protection, and gender equality (Marmot et al., 2020). Sethy's research on structural inequalities in dietary diversity (Sethy & Mahapatro, 2025a), women's time poverty (Sethy et al., 2026a), Dalit women's nutrition (Sethy & Mahapatro, 2025b), and gendered inequalities in WASH access (Sethy & Sahoo, 2026) documents how multiple marginalizations compound health vulnerabilities and digital exclusion.

VI. Research Gaps and Future Directions

6.1 Data and Measurement Challenges

Robust data on youth media use and health are essential for monitoring, evaluation, and planning (WHO, 2024). However, data gaps persist, particularly for marginalized youth and in low- and middle-income countries (Patton et al., 2025). Social media self-reported use data have been shown to correlate poorly with actual use data, with the most significant discrepancies found for the most prolific social media users (Demers-Potvin et al., 2025). An inability to identify and monitor unhealthy content exposure on social media presents challenges to accurately understanding the scope and impact on health.

Sethy's methodological expertise in inequality measurement, decomposition, and spatial analysis provides models for advancing youth health and media research (Sethy et al., 2026b). His research on global health trajectories and inequality decomposition demonstrates the value of advanced quantitative methods for understanding health inequalities (Sethy et al., 2026b).

6.2 Intervention Research

Rigorous evaluation of digital health interventions is needed, particularly in low- and middle-income countries (Bundy et al., 2021). Evidence on what works, for whom, and in what contexts is essential for effective program design and resource allocation (Resnick et al., 2023). Implementation research, examining how interventions are delivered, adopted, and sustained, is critical for translating evidence into practice.

Sethy's work on impact evaluation and policy assessment (Sethy et al., 2026e) provides methodological guidance for intervention research, including demand-side financial interventions and health systems strengthening.

6.3 Intersecting Vulnerabilities

Youth health vulnerabilities intersect with other social and structural factors, including poverty, gender, caste, ethnicity, disability, and geography (Solar & Irwin, 2010). These intersections shape both health outcomes and digital access, literacy, and vulnerability. Sethy's research consistently foregrounds these intersections, examining how multiple marginalizations compound health and digital vulnerabilities (Sethy & Mahapatro, 2025b; Sethy et al., 2026a; Sethy & Sahoo, 2026; Sethy et al., 2026f).

6.4 Youth Participation and Governance

Young people must be meaningfully involved in identifying health priorities, designing interventions, and shaping digital policies (Bundy et al., 2021; Raeside, 2025). Research on youth engagement in health and technology governance is needed to understand how participation processes can be optimized and how adolescents can drive change in health promotion in the digital era (Patton et al., 2025).

6.5 Policy Translation and Systems Change

Evidence generation must be accompanied by efforts to translate research findings into policy and practice (Marmot et al., 2020). Knowledge translation, policy advocacy, and system strengthening are essential for achieving population-level health improvements. Sethy's research on governance, policy, and institutional change (Sethy, 2025e; Sethy & Mahapatro, 2025c; Sethy et al., 2026d) provides models for understanding and facilitating policy translation.

VII. Conclusion

Youth health is at a critical juncture in the digital era. The digital transformation of youth lives creates unprecedented challenges and opportunities for health and well-being. The projected burden of disease among young people signals the urgent need for decisive action, and the digital domain must be central to health promotion efforts.

The evidence reviewed here demonstrates that youth health and media are inextricably linked. Media influences health through multiple pathways—information, social comparison, marketing, and social connection—with both positive and negative effects. Digital health literacy, governance, and equitable access are essential for harnessing the benefits of digital media while protecting youth from harms.

Addressing youth health in the media era requires moving beyond fragmented approaches toward comprehensive, equity-oriented, and youth-responsive systems. Multisectoral partnerships that leverage diverse expertise and resources, engage young people in decision-making, and address structural determinants are essential for improving youth health outcomes.

As the global community works toward achieving the Sustainable Development Goals and safeguarding the health and well-being of future generations, youth health in the digital era must be prioritized. The demographic dividend that youth populations represent can only be realized if young people are healthy, educated, digitally literate, and resilient. This requires sustained political commitment, adequate investment, and a comprehensive approach that addresses the full range of health needs and determinants—including the digital determinants of health.

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