

Exploring the Intersectionality of Socio-Cultural Factors, Digital Technology and Mental Health Outcomes Among Adolescents in India: A Mixed Study to Develop a Suggestive Framework for Policy and Intervention Strategies

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Abstract

Adolescence is a crucial phase of life marked by swift psychological, emotional, and social growth. In India, this stage is increasingly shaped by a blend of socio-cultural expectations and the widespread use of digital technology. This manuscript examines how socio-cultural factors and digital technology intersect and impact mental health outcomes among Indian adolescents. The paper suggests a framework for policy and intervention strategies that includes digital literacy education, integrating mental health curricula in schools, culturally sensitive awareness campaigns, and community-based mental health support systems. The findings aim to guide future research and policy development to enhance adolescent mental health outcomes in India's rapidly changing social and technological environment.

Keywords

socio-cultural factors, mental health outcomes, adolescents, digital technology

1. Introduction:

In India, adolescents make up 21% of the population, amounting to 253 million individuals. This group is particularly susceptible to various socio-economic factors that affect their mental health (WHO). Mental health is a major public health issue, often described as the state of emotional, psychological, and social well-being that influences our thoughts, feelings, actions, and stress management. During adolescence, mental health is especially important as it is a key developmental phase. Social determinants such as poverty, family dynamics, peer relationship and social isolation during this period significantly impact mental health, reflecting the major changes in development and the living conditions of individuals (Kirkbride et al., 2024). At the same time, the rise of smart phones and widespread internet access has transformed adolescent lifestyles. Although digital platforms provide opportunities for learning and social interaction, excessive use has been linked to negative mental health effects (Taddi et al., 2024). Research in India found that about 96% of adolescents frequently use digital technology, with 30% showing problematic usage and 6% meeting the criteria for technology addiction (Hossien et al., 2021). These dependencies have been associated with higher rates of anxiety, depression, and sleep issues (Taddi et al., 2024). This review employs a quantitative approach to explore the interconnected systems within various social categories, creating unique experiences that affect individual behavior (Guan et al., 2021). The study aims to understand the challenges, experiences, and resilience of adolescents, as well as the different environmental factors influencing their mental health and outcomes, by developing a mixed-method study.

2. Review of literature

2.1. Prevalence mental health issues among adolescents in India context

In India, the mental health of adolescents is becoming an increasingly pressing issue, with numerous studies highlighting significant rates of psychiatric disorders within this age group. Rajkumar et al., 2022, conducted a meta-analysis to explore the mental health challenges faced by rural adolescents in India, including conditions such as depression, anxiety disorders, generalized anxiety disorder, panic disorder, separation anxiety, social anxiety disorder, suicidality, hyperactivity, emotional issues, conduct problems, and peer-related difficulties. The study found that mental health problems were similarly prevalent among both genders, although social anxiety was more common in females. Numerous studies published between 1990 and 2021 have aimed to understand the prevalence of mental health issues among adolescents in rural areas. (Rajkumar et al., 2022)

Psychiatric epidemiology is the study of the distribution and determinants of mental illness in human being. The advantage of this study in countries like India lies in a target on different levels of recognition of minor cases, missing cases and new cases. Here the gap lies in between need and middle income countries and the main cause lies in poor communication of mental health to the community, particularly due to insufficient skill in human resources, low awareness and low priority. A thorough investigation in India found that the prevalence of psychiatric disorder in adolescence has a wide variation in prevalence rate from 0.48% (Nandi et al., 1986) to 29.40% (Singh et al., 1983). The prevalence rate studies by Malhotra and Patra.,2017 of child and adolescent psychiatric disorders in the community has been reported to be 6.46% and in the school it has been found to be 23.33% . (Malhotra and patra ., 2017)

The epidemiological research conducted by Srinath et al. in 2005 focused on the mental health of adolescents in both urban and rural areas of Bangalore. The study included a sample of 2,064 children who were 16 years old, drawn from urban middle-class, urban slum, and rural settings. The findings revealed a prevalence rate of 12.5% for psychiatric disorders among the 16-year-old group. An assessment of perceived treatment needs showed that only 37.5% of families believed their children faced any issues. Additionally, a significant correlation was found between psychiatric disorders and factors such as physical abuse and parental mental health conditions. (Srinath et al., 2005)

2.2 Mental health status of adolescents in India

The emergence of most mental disorders are significantly seen in early adolescence. The major gap lies in the identification of the treatment for mental health, lack of professional advice, and identification (Mehra et al., 2022). The National Mental Health Survey (2015–16) found that 7.3% of individuals aged 13 to 17 years experienced mental disorders, with urban areas showing a higher prevalence (13.5%) compared to rural areas (6.9%). A study conducted in Puducherry involving 329 students aged 13-17 years revealed that 25.5% were at an increased risk of mental health issues, considering factors such as family income and parents' occupations. Teachers noted that changes in behavior and declining academic performance were the most common signs. (Gumasekaran et al., 2022). Other research has shown different prevalence rates; for example, a study in Lucknow found a 12.1% prevalence of mental disorders among children and adolescents, while research in Bangalore reported an overall prevalence of 12.5%, with urban areas again having higher rates than rural ones. (Hossain et al., 2019). Mental illness significantly impacts society, yet awareness of its severity is minimal. Specific disorders like major depressive disorder have been identified in 13.7% of school-going adolescents, and attention-deficit hyperactivity disorder (ADHD) is estimated to affect 7.1% of children in India. These findings highlight the urgent need for comprehensive mental health strategies specifically designed for adolescents in India. (Shafi et al., 2023)

2.3 Causes for mental health issues of adolescents

The mental health of adolescence in India has been influenced by many factors such as socio-cultural dynamics , academic pressure and digital exposure . In some cases where these factors have helped the adolescents to overcome the mental issue if used wisely and most of the time being the cause of the mental issue.

2.3.1 Socio- cultural factor and mental health outcomes among adolescents in india

Traditional societal norms and family expectations in India have significantly influenced adolescents' mental health, impacting their personal growth and self-esteem. Alegria et al. (2019) conducted a systematic review to explore how social determinants affect adolescent mental health. Over the past year, it was found that factors like unemployment, unstable jobs, and working conditions have been linked to increased psychological distress (Alegria et al., 2019). A recent sociological study on youth identified four key factors contributing to mental health issues: social class, poverty, education, and work at school or the office. This research also provided evidence that these factors are associated with higher suicide rates among lower-class, migrant, and student youth in India, highlighting the importance of understanding adolescent mental health (Bhat and Rather et al., 2012). The Indian education system significantly contributes to student stress due to its focus on high-stakes exams. According to a study by Deb et al. (2015), about 63.5% of Indian students reported stress from academic pressure. A study involving 314 adolescent girls aged 16 to 19 examined educational stress in relation to family conditions. The findings indicated that girls with

illiterate fathers experienced more stress compared to those with literate fathers, and this was a positive predictor of educational stress. Additionally, the number of siblings negatively impacted adolescents' mental stress (Rentala et al., 2019).

A mixed-method approach was used in a survey of 278 adolescents, along with qualitative interviews with 12 participants, to explore mental health needs. Conducted in two phases, the first phase involved a qualitative survey to capture broad trends in mental health experiences, perceived barriers to seeking help, and preferences for digital media tools. Questions were developed with input from mental health counselors in India. The second phase involved in-depth qualitative interviews for contextual insights, including role-play activities to simulate real-life challenges faced by adolescents. These interviews were conducted via Zoom for 45-60 minutes. This survey provided insights into adolescents' mental health status and attitudes, aiding in triangulating findings and developing culturally inclusive tools. Participants were recruited through a combination of online and school administration, targeting adolescents from diverse backgrounds. After completing the second phase of interviews, participants received a gift card. Descriptive statistics were used to analyze data from the first phase, while thematic analysis was applied to the second phase's data (Sehgal et al., 2025).

2.3.2 Role of digital technology in mental health outcomes among adolescents in india

The impact of technology on adolescents has affected their mental health, reflecting both causal and selection effects. Several meta-analyses have demonstrated the connection between technology, adolescent well-being, and mental health. A systematic review indicated that most adolescents experienced either mixed or no effects from social technology. It highlighted benefits such as increased self-esteem, perceived social support, and social capital; safe identity experimentation; and enhanced ability to self-disclose. However, specific harms identified included heightened social isolation, depression, social comparison and body image issues and cyber bullying. Additionally impacting on the behavioural changes causing the social media addiction and decrease in attention span (Jenssen et al., 2019) (Taddi et al., 2024)

The usage of social media and smart phones in west India has had a great impact on mental health and development in adolescence. A study by Moradiya. 2024 has investigated the multifaceted impacts of smart phones on the aged group of 10-19 focusing on mental health , physical well-being, and social development. A mixed study method revealed nuanced insights into the interplay of socio-cultural factors, smart phone addiction, and mental health outcomes. Positive effects such as improved access to educational tools and communication are contrasted against negative consequences, including increased anxiety, depression, and diminished physical activity. (Moradiya, 2024).

A qualitative study by Taddi et al., 2024, aimed to understand the mental health of Indian adolescents. This study involved 204 participants aged 14-23 years. For data collection, questionnaires via Google Forms were distributed through social media, focusing on mental health outcomes among adolescents. The study adhered to two criteria: the inclusion criteria involved individuals aged 14-23 who were active social media users (e.g., Facebook, Instagram, Twitter, Snapchat, YouTube, etc.) for a certain period and were proficient in the survey language. The exclusion criteria encompassed individuals under 14 or over 23, those not actively using social media or who hadn't used it in the past six months, those not proficient in the survey language, and those undergoing treatment for severe mental health issues. Correlation analysis was employed to explore the relationship between social media use and the well-being of Indian adolescents. The findings indicated that excessive social media use is linked to increased stress, anxiety, and depression. Adolescents who browse social media late at night experience negative impacts on their mental health, including sleep deprivation. A significant number of adolescents refrain from posting their opinions on social media due to fear of judgment or criticism, leading to anxiety or stress related to social media participation (Taddi et al., 2024).

2.3.3 Intersectionality of socio-cultural factors, digital technology and mental health outcomes among adolescents

Intersectional theory is employed to examine adolescent mental health, emphasizing the interplay of various social groups in influencing mental well-being. This approach, which emerged from Black feminist scholars in the USA and introduced the term in 1989, critiques how discrimination law overlooked individuals marginalized in multiple ways. It highlights that inequality is more than just a collection of individual risk factors. Stigmatization directly affects outcomes such as psychological health, job prospects, housing stability, and overall life quality, and is viewed not as an inherent identity but as part of social norms (Link et al., 2001) (Feingold, 2021). A recent study in India explored the disclosure of mental health, focusing on participants' perceptions and expressions of emotional, psychological, and social well-being. Social media platforms have positively contributed by providing significant spaces for people to engage with mental health content, access professional help, share personal experiences, and foster community discussions. However, sharing mental health details and sensitive content can be risky, potentially leading to rejection and harassment (Griffith et al., 2021). Based on this, a study on Mumbai adolescents was conducted. A research study notes that in India, cis-heterosexual marriage is a dominant socialization goal, which can intensify prejudice and overt discrimination against alternative genders and sexualities, creating a challenging environment for queer individuals. Additionally, prevailing views on sexuality and gender roles reinforce the idea that a man's worth is tied to reproduction, while women are denied sexual agency and desires. Online harassment is more prevalent in non-Western countries like India, where experiences of harassment and discrimination are often seen as symptoms of mental health issues, and adolescent relationships with family are deeply rooted, impacting individual growth (Pinch et al., 2024).

3. Methods

This review article primarily examines the mental well-being of adolescents. Information was collected from numerous sources, such as PubMed, Science Direct, Crossref, Google Scholar, and ProQuest. The results reveal that there is little difference in the occurrence of most mental health problems between male and female teenagers. Nevertheless, it is observed that social anxiety is more prevalent among females than males. This review analyzed studies published from 1983 to 2025, and all selected articles were in English without any translations.

4. Discussion and conclusion

The review explores various research methods employed by the researcher to assess the mental health of adolescents in India, considering different parameters. The survey provided insights into how social media affects adolescents and its impact on their mental well-being. It highlighted the detrimental effects of social media, particularly concerning the culture of comparison and beauty standards (Taddi et al., 2024) (Khalaf et al., 2023). Furthermore, it revealed that 27% of adolescents strongly agree and 37.3% agree that they have witnessed cyber bullying on social media, indicating that these platforms are becoming hazardous for young individuals (Guan et al., 2021). Socio-cultural barriers among adolescents showed a lack of awareness about mental health services and professional assistance. Due to the fear of judgment, adolescents often avoid discussing social stigma and self-stigma with their families, which significantly affects their mental health, especially in cases of harsh parenting, family abuse, and financial constraints. The prevalence of depression can lead to increased suicidal thoughts and, in severe cases, result in oppositional defiant disorder (ODD) and Attention deficient hyperactivity disorder (ADHD), (Singh et al., 2017) (Samanta et al., 2012) (Rajmani et al., 2021) (Mohta et al., 2020) often leading to unhealthy lifestyles and addictions to alcohol, cigarettes, and tobacco. The mixed study helped analyze the factors contributing to mental stress and suggested better strategies to address it. (Rajkumar et al., 2022) (Nair et al., 2017) (Dwivedi et al., 2020) (Ali et al., 2015) (Kharod et al., 2015)

4.1. Conclusion:

The influence of socio-cultural factors and digital technology has affected the mental health of Indian adolescents. It is crucial to understand both the positive and negative aspects of these factors and implement effective strategies to reduce mental stress. Through meta-analysis of various sample sizes and parameters, it was found that most adolescents experience mental stress due to unemployment, anxiety, social media, inequality, and fear of judgment. It was also noted that rural Indian adolescents have a significant incidence of mental health issues. Therefore, it is

essential to understand the causes of mental stress and help mitigate it by educating about implemented policies, providing online professional guidance, and consulting psychiatrists for better treatment. Further studies are needed to improve the understanding of the relationship between social stigma and digital media influence on mental health and to develop effective strategies.

4.2. Policies implementation:

To address the gap in adolescent mental health awareness and access to professional support, various medical information strategies are being implemented. These policies primarily aim to raise awareness about the significance of mental health across work, education, housing, and healthcare sectors. During adolescence, mental health literacy is crucial as it forms a fundamental life skill that should be taught. Schools are also encouraged to incorporate mental health education into their curricula (Bhat and Rather et al., 2012). A narrative review by Girase et al., 2022, identified 20 initiatives, policies, and programs affecting the mental health of young people in India. Five ministers have acknowledged mental health as vital for the overall development and well-being of youth, ensuring universal access to quality mental health services. These include the National Mental Health Policy 2014, National Health Policy 2017, and Mental Healthcare Act 2017 (MHCA). The National Youth Policy (2014), National Education Policy (NEP) 2020, and the Scheme for Adolescent Girls (SABLA) 2010 aim for the comprehensive development of young people and advocate for integrating mental health into existing programs like the Integrated Child Development Services (ICDS), Nehru Yuva Kendra Sangathan (NYKS), and National Service Scheme (NSS) for children and adolescents in educational institutions. Future research and policy reviews should investigate the application of transdisciplinary approaches and consider expanding the scope of these policies and programs to incorporate key features of such approaches. This initiative helps reshape the perspective of Indian youth towards mental stress, promoting respect for dignity and rights by encouraging meaningful digitalization. (Girase et al., 2022)

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