

Social Media and **Adolescent Mental** Health: A Paediatrician's Guide for South Africa





Introduction & Why This Matters

Adolescents as digital natives

- Digital technologies are deeply woven into daily life
- Adolescents = hormonal, cognitive, & social shifts
- Increased sensitivity to social approval, identity, and self-perception



Purpose of this presentation

- Equip paediatricians with tools to understand:
 - Social media and mental health
 - Contextual challenges in South Africa
 - What can paediatricians do?





Social media accessibility & use: Global & SA landscape



Globally

- 1 in 3 internet users is a child
- 79% of 15-24-year-olds use the internet

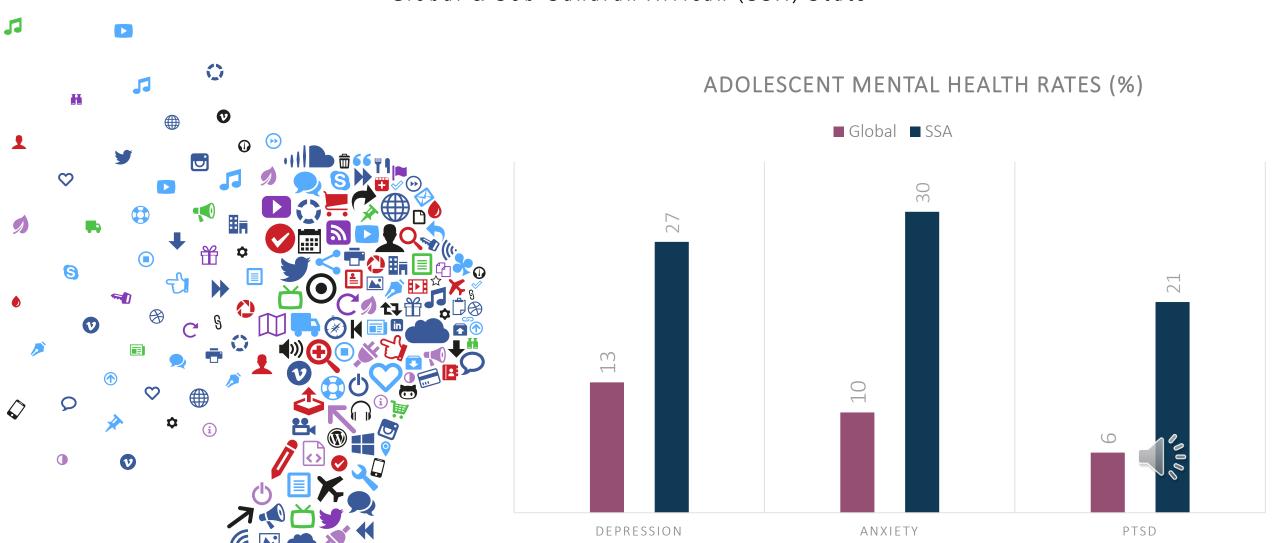
South Africa

- 26.7 million social media users in 2025
- Adolescent internet users (70.4%)
 - Go online using smartphones
 - At home
 - Use mobile data
 - Cell phone plans drive content engagement
 - Engagement increases with age



Adolescent Mental Health

Global & Sub-Saharan African (SSA) Stats



The complex relationship: beyond sensational headlines





Exaggerated Causation

- Social media causes mental health
- Overlooks reverse pathways



Overemphasis on Problematic use

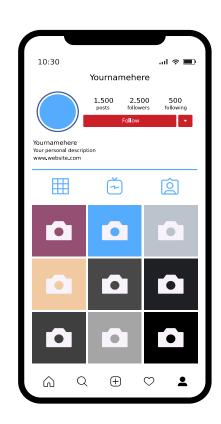
- Ignores benefits such as
 - Social connection
 - Self Expression
 - Access to support



Lack of context and Nuance

- Generalisations ignore
 - diverse experiences
 - offline context
 - Developmental complexities

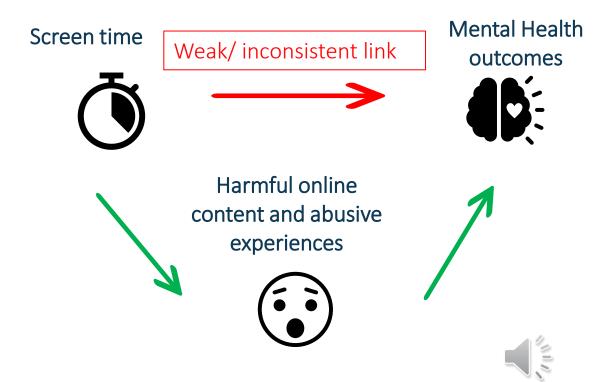




Screen time, content & harm

Key Findings





What matters most:

Its not how much time online; Its what teens encounter

Excessive screen time may still affect

- Sleep
- Eyesight
- Physical activity

Need for a Balanced approach

Live experiences of SA Adolescents

4C's capturing different types of risks & opportunities

CONTENT

Opportunity "I use my phone to browse the internet for information... I also use it for purposes of downloading applications that can teach..."

(11-year-old adolescent-BEACON)

Risk: "most people type sexual things that are not meant for the eyes" (12-year old -GKO)

CONTACT

Opportunity: "I use my phone to browse the internet for information, especially when I also use applications such as WhatsApp which enable us to communicate with others without using airtime" (11-year-old - BEACON)

Risk: "they once sent me a message just here on Facebook and it was addressed in Sesotho where they were asking me to meet them in order to send them my nude pictures" (11-year-old adolescent-BEACON)

CONDUCT

opportunity: "For me I use Facebook to explore how other people live their lives especially in other areas outside South Africa because I stay alone." (13-year-old - BEACON)

Risk: "Mam there is this child who is called [Name], she was doing grade 8. She had many boyfriends...So one day she went out with one of them. So this guy made a sex tape with her and it went viral, she was pregnant by then when people started finding out about that tape and so she ended her life." (13-year-old BEACON)

CONTRACT

Opportunity: "With me I just report all these cases through these social media platforms.
They either block them or deactivate their accounts" (13-year-old adolescent)

Risk: frequently having older strangers inviting me, seeing nude adverts (17-year-old, GKO)



Nuance & Context

Digital Determinants of Mental Health

Individual

Developmental stage, Gender,
 Personality, Affective responses
 (sleep quality, arousal,
 neurodiversity), Digital literacy,
 Coping mechanisms

Household

 Lower SES background, Parental monitoring & mediation, parental modelling, access, parent-child relationships, siblings



Community

 School regulation, online access in public spaces, access to blue & green spaces, exposure to violence, peer interaction, support services

Government

 Regulatory policy, privacy and protection, prioritising children's rights

Factors Shaping Technology Use & Mental Health Outcomes



Risk

Protective

Individual

- existing mental health conditions,
- low self-esteem,
- impulsivity,
- fear of missing out (FOMO),
- uncontrolled technology use,
- maladaptive coping skills (e.g., using social media to avoid negative emotions)

- self-confidence,
- positive motivations for going online (e.g., information-seeking, learning), ,
- adopting strategies to protect privacy and selfregulate use (e.g., turning off notifications),
- developing digital literacy and skills,
- healthy coping skills

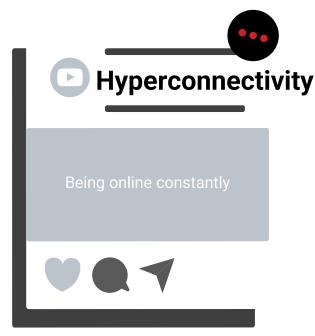
Environmental

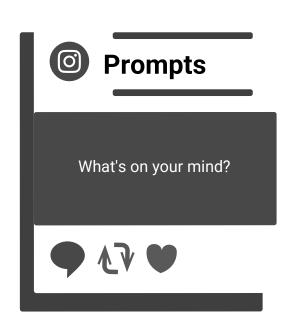
- lack of social support,
- weak family communication,
- experience of offline risks or stressors (e.g., violence, bullying),
- strict parental monitoring (can be less effective if children are not taught self-regulation),
- parental "phubbing" (ignoring immediate social interactions for smartphone engagement)

- parental interest and active mediation of child's technology use (e.g., open discussions, setting boundaries),
- parents modelling healthy digital habits,
- social support (online and offline)
- digital-free spaces (e.g., no devices to bedrooms)

The Impact of Social Media Design Features











What **Paediatricians** Can Do





Routine screening:

Ask about online and offline experiences



Provide evidence informed guidance:

Explain risks & benefits, focus on both content & time spent alone



Promote offline alternatives:

Encourage physical activity, outdoor play, in-person interaction



Identify vulnerable adolescents:

Watch for those at greater risks from digital harm



Facilitate access to care:



Ensure available services for mental health care



Conclusion & call to action

Understanding

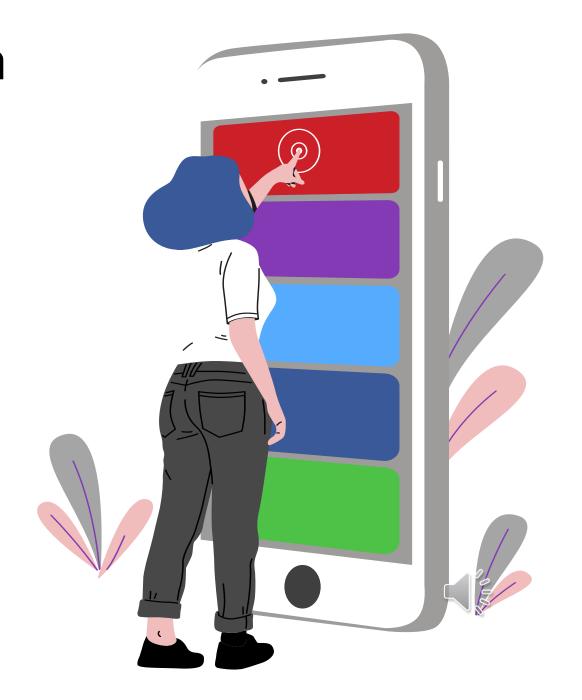
- Digital tech = opportunity + risk for youth wellbeing
- Evidence is complex, calls for nuanced understanding
- Vulnerability varies—tailor approaches, elevate marginalized voices

Responsibility

- Pediatricians lead the way in healthy digital engagement
- Proactive, multi-sectoral response is essential
- Youth voices & policy advocacy must be front and center

Action

- Digital wellbeing shapes our shared future
- We can't wait—action starts today



Get In Touch

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