



# Growing up **2030** in a digital world

GOVERNING HEALTH FUTURES  
THE LANCET & FINANCIAL TIMES COMMISSION

## POLICY BRIEF

# Digital Childhoods

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## KEY MESSAGE

Whilst all children and youth are growing up in a digital world, their lived experiences of that world, and its opportunities and risks, are shaped by a range of national, community, and household-level factors. The Governing Health Futures 2030 Commission's research and interactions with young people have informed the creation of a new typology of digital childhoods. Six digital childhood profiles illustrate common features and characteristics of different digital transformations in health as experienced by young people. To enable all children and youth to flourish in a digital world, their different realities must be considered by policymakers and other digital health stakeholders.

Digital technologies and internet connectivity increasingly permeate almost every aspect of young people's lives. Although subjected to a significant digital divide, children and youth below the age of 20 are believed to represent one in three internet users.<sup>1</sup> The consequences of this generational shift of experiences and practices—which the Governing Health Futures 2030 Commission expresses in the notion of 'digital childhoods'—are multi-faceted.

Whilst all children and young people are growing up in a digital world, their lived experiences of that world, and its opportunities and risks, vary dramatically depending on where they live. How young people use digital technologies to learn about and manage their health and wellbeing is also determined by a range of intersecting economic, social, and political factors. The datafication of bodies and activities<sup>2</sup> that represents the dominant aspect of 'growing up in a digital world' also affects the experiences of young people who are unconnected. In other words, their experiences and life opportunities are defined by this very lack of connectivity and access to digital devices.

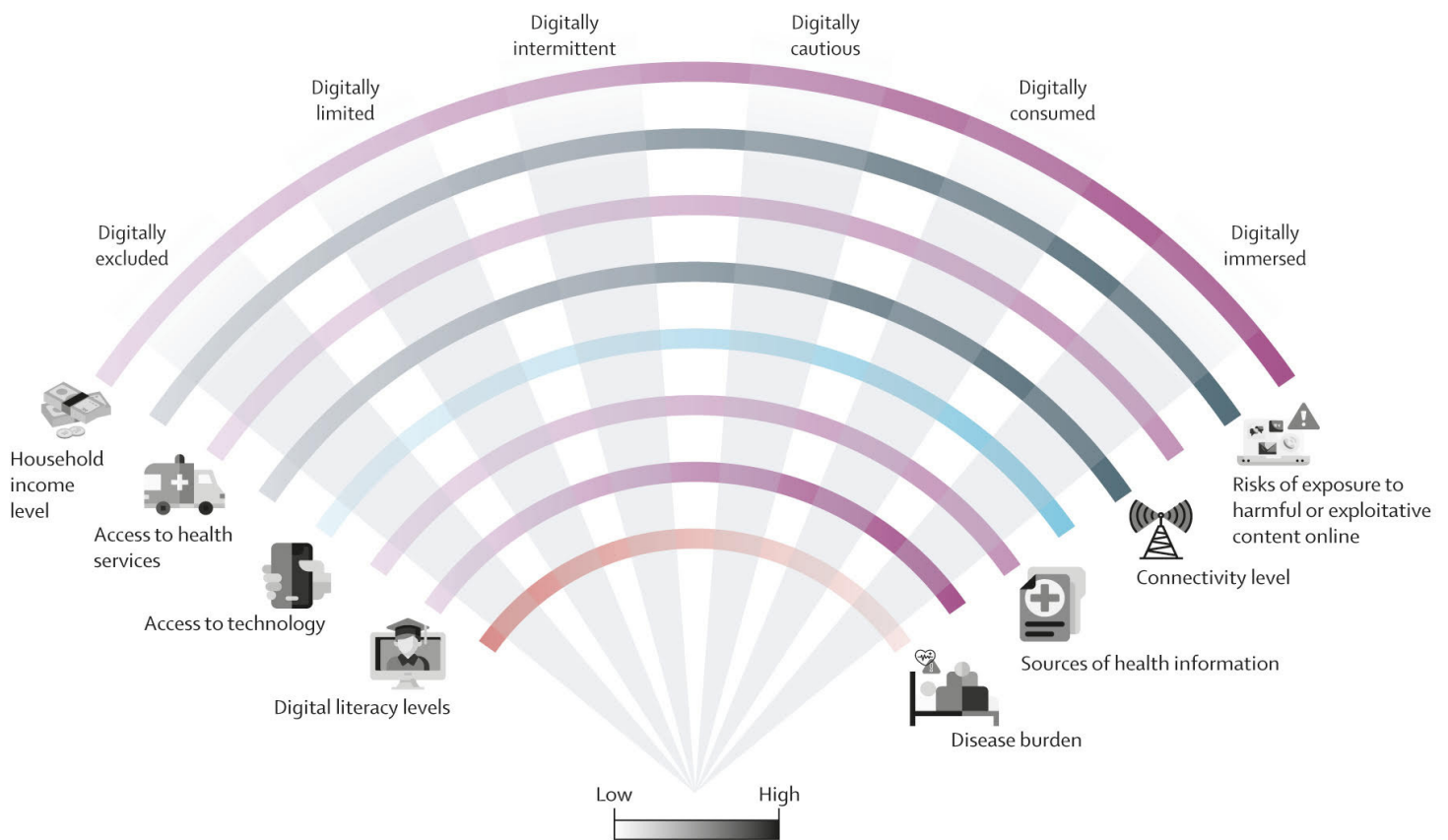
### No universal experience of growing up in a digital world

The Governing Health Futures 2030 Commission, in collaboration with the International Federation of the Red Cross and Red Crescent Societies (IFRC) and UNICEF, carried out both quantitative and qualitative research with young people to better understand their diverse experiences and views of digital health. Particular attention was given to capturing the perspectives of young people from low- and middle-income countries who are underrepresented in existing research. A U-Report survey with more than 23,000 children and youth from 176 countries provided insights into their use and views of digital health technologies.<sup>3</sup> Interviews with IFRC youth volunteers from Cameroon, Costa Rica, Kyrgyzstan, and Malaysia provided opportunities to learn in greater depth about the digital health practices of young people and the communities they work with.

The Commission's studies confirmed that there is no universal experience of growing up in a digital world. Some young people

- 1 Livingstone S, Carr J, Byrne J. [One in Three: Internet Governance and Children's Rights](#). Innocenti Discussion Paper No.2016-01. Florence: UNICEF Office of Research; 2016.
- 2 van Dijck J. [Datafication, dataism and dataveillance: Big Data between scientific paradigm and ideology](#). *Surveillance & Society* 2014; 12(2): 197-208.
- 3 Governing Health Futures 2030 Commission. [Digital health futures: Insights into young people's use and opinions of digital health technologies. Summary report of a 2020 U-Report poll](#). Geneva; 2021.

## Typology of digital childhoods



remain unconnected and have no access to digital technologies at all, whilst others are overwhelmed by the availability of devices, applications, and online sources of health advice and information. According to UNICEF and ITU, 2.2 billion children and youth below the age of 25 do not have fixed internet access at home. There are huge disparities in home internet access for children and youth in high-income countries (87 percent) and low-income countries (6 percent).<sup>4</sup> Those young people who are least connected are also those who are at highest risk of disease and the least likely to have access to a health worker and essential health services.

Within countries there are also divides between those young people who can leverage digital technologies to support their health needs and those who cannot. Young people from lower socio-economic backgrounds face financial barriers to access and they, and their families, are more likely to have lower levels of digital health literacy. Factors such as household rules set by caregivers, school curricula and availability of technology in education settings, gender, and government regulation of online content can also represent significant enablers or barriers to independent technology use.<sup>5,6</sup>

4 UNICEF and ITU. [How many v and young people have internet access at home? Estimating digital connectivity during the COVID-19 pandemic](#). UNICEF, New York, 2020.

5 Baum F, Newman L; Biedrzycki K. [Vicious cycles: digital technologies and determinants of health in Australia](#). Health Promotion International 2014; 29, (2): 349–360.

6 Kardefelt-Winter D, Twesigye R, Zlámá R, et al. [Digital connectivity During COVID-19. UNICEF Innocenti Research Brief 2020-12](#). United Nations Children's Fund. 2020

In some countries, young people report a high degree of autonomy in how they use digital technologies,<sup>7</sup> but this is not the case for all. Younger children and adolescents in particular rarely have their own devices and must share phones, tablets, laptops, and other devices with their families. Young people who share devices (or whose parents/carers regularly monitor their internet use) therefore fear their search results being scrutinised by others and are more likely to avoid researching more stigmatised health-related topics.<sup>8</sup> The Commission's interviews with young people indicated that, in large families, older siblings will have priority access to devices. Parents can play an active role in moderating internet use, particularly if they worry that it interferes with studying.

Across the world, young people who are connected use a range of digital technologies to seek health information and advice and to improve their wellbeing. Eighty-eight percent of respondents in the Commission's U-Report poll said that they use some form of digital technology for health-related purposes. Smartphone apps and websites are the most used technologies. Young people are concerned about the reliability of health information online and often rely upon family, elders, and health professionals to validate the information they find. Messaging platforms and social media are more popular tools for young people to share health-related information with their peers.

Many of the issues that young people research or track with apps and devices are those that they consider to be more lifestyle and everyday issues, rather than serious 'health issues', for example, fitness, sexual and reproductive health, menstruation, and mental health. These are often topics that

are not adequately addressed in school-based health education programmes and can be difficult to talk about face-to-face. Since the start of 2020, getting accurate information about COVID-19 has also been a concern for young people.

## Developing a typology of digital childhoods

The Governing Health Futures 2030 Commission's research and interactions with young people have informed the creation of six digital childhood profiles. The profiles are constructed by considering how young people's experiences of growing up in a digital world might differ across eight dimensions (see Figure above).

This typology recognises that, across the world, children and youth's access to digital health technologies, and their ability to use them in support of their health and wellbeing, is mediated by several intersecting factors.

The typology of digital childhoods captures the spectrum from 'digitally excluded' young people who are disconnected from both the online environment and formal health systems to 'digitally immersed' young people who have access to a wide range of digital tools and services and can use them effectively to support their health and wellbeing. Whilst not illustrating the diversity and complexity of children and youth's lived experiences of growing up in a digital world, particularly at different ages, the typology illustrates common features and characteristics of different digital transformations in health as described by young people themselves. The six profiles within the typology are characterised further on the next page.

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7 Rich, E., Lewis, S., Lupton, D., Miah, A., Piwek, L. Digital Health Generation?: Young People's Use of 'Healthy Lifestyle' Technologies. University of Bath, Bath, UK; 2020.

8 Girl Effect and Women Deliver. [Going online for sexual and reproductive health. Meaningfully engaging adolescent girls and young women for smarter digital interventions.](#) 2020.

## Digital childhood profiles

### Digitally excluded young person

Has never experienced a digital environment. Lives in an extremely poor household that cannot afford digital devices and is not served by the basic infrastructure required to get online. Local health systems are weak so most health information and care is provided by the community. Households may have limited access to community health workers equipped with basic smartphones.



### Digitally limited young person

Has very limited experience of digital environments. Lives in a household with a single, shared device that can connect to the internet, but the young person's access is severely limited due to demand for the device, irregular power or connectivity, and the financial costs of data and charging the device. Digital technology may play a role in communicating with health providers and acquiring health information.



### Digitally intermittent young person

Experiences of digital environments are increasingly frequent but irregular. Their household can afford digital devices and connectivity but access is restricted due to distance from mobile networks and overall weak ICT infrastructure. Digital literacy is generally low, meaning that young person receives limited guidance on how to navigate the digital environment in ways that support their health and wellbeing.



Has regular access to digital environments with minimal infrastructure or cost-related barriers. Personal anxieties and caregiver concerns about online risks limit the young person's use of digital technologies and services in support of their health and other interests.



Spends excessive amounts of time in digital environments leading to significant exposure to commercial marketing and potentially harmful content and interactions. Young person receives little support or guidance from caregivers to help them moderate their technology use or deal with any negative impacts to their health and wellbeing.



Can transition seamlessly between online and offline environments and effectively use digital tools to support their health and wellbeing. Whilst continuing to be exposed to online risks, adequate levels of digital literacy and a supportive environment allow the young person to understand and mitigate any risks they encounter.



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## Implications for policymakers

Digital transformations, or the exclusion from them, constitute critical determinants of health and wellbeing for young people. To enable all young people to flourish in a digital world, their different realities must be considered by policymakers and other stakeholders committed to harnessing digital transformations to support universal health coverage. Governance of digital transformations in health and other sectors must **consider children as a heterogenous group** with different needs, experiences, and evolving capacities.

**Further research is required** to uncover exactly how many children and youth fall within each of the six profile groups. For example, current disaggregated data is lacking on the number of young people who remain digitally excluded and who have adequate levels of digital literacy.

Better understanding the digital childhood profiles of children and youth within a country or sub-national region will help policymakers to make investments and address gaps in policy or legislation that best serve current and future generations. For example, in contexts with weak health systems and large numbers of digitally excluded young people, priority must be given to **closing the digital divide and investing in the foundational building blocks of digitally-enabled health systems.**

In countries at all levels of digital health readiness, policymakers and their partners must also build an enabling environment that **protects young people from digital harms** whilst **building their literacy, skills, and agency** to take full advantage of digital technologies. Young people representing diverse experiences of digital childhoods should be fully **engaged in architecting these new models of digital health governance.**

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