

The digital generation: Unraveling the impact of screen time on adolescent development, health risks, and well-being

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Abstract

Adolescence is a critical developmental stage characterized by rapid biological, cognitive, and psychosocial transitions. In the digital era, screen time has become an integral part of adolescent life, raising both opportunities and concerns. This review synthesizes global and India-specific evidence on the impact of screen exposure on adolescent development, health, and well-being. The article outlines a conceptual framework that classifies screen use into educational, recreational, social, and gaming domains, emphasizing the need to distinguish between passive and interactive engagement. Evidence suggests that while digital tools can enhance cognitive growth, digital literacy, and peer connectivity, excessive or unregulated use is associated with sleep disturbances, sedentary behavior, ocular strain, musculoskeletal problems, and mental health challenges such as anxiety, depression, and gaming disorder. Neurodevelopmental research further highlights alterations in attention and reward pathways linked to chronic exposure. The Indian context presents unique challenges and opportunities, shaped by an urban–rural digital divide, socioeconomic disparities, gender norms, and rapid technological penetration under initiatives like the Digital India Mission. Interventions must therefore be multidimensional—engaging families through digital parenting, schools through literacy programs, communities through awareness campaigns, and policymakers through regulations and infrastructure development. Technology-driven self-regulation tools also hold promise but require greater awareness and adoption. Current evidence gaps—particularly the lack of large-scale longitudinal studies and underrepresentation of rural populations—underscore the need for culturally tailored, multidisciplinary research. This review concludes that screen time is neither inherently harmful nor wholly beneficial; its impact depends on context, supervision, and balance. A coordinated effort among parents, educators, health professionals, and policymakers is essential to foster healthy digital engagement and safeguard the holistic development of India's adolescents.

Keywords: adolescents, screen time, digital health, cognitive development, mental health, physical health, digital divide, well-being, policy interventions

1 Introduction

1.1 Global context of digitalization and adolescent screen use

The 21st century has been marked by a profound transformation in how individuals interact with technology. Digital devices—smartphones, tablets, computers, and televisions—have become an inseparable part of daily life. Adolescents, in particular, stand at the epicenter of this digital revolution. They are not only early adopters of emerging technologies but also among the most frequent users of social media, video games, and online educational platforms. While digitalization has democratized access to information, learning resources, and global networks, it has simultaneously raised concerns about excessive screen exposure and its unintended consequences on physical, cognitive, and psychosocial development. Globally, evidence indicates that screen time among adolescents has steadily increased, with recent surveys in high-income nations reporting averages exceeding 6–8 hours per day. This trend intensified during the COVID-19 pandemic, as remote schooling, online entertainment, and digital socialization replaced in-person interactions. Although digital access can empower young people, the cumulative screen time raises questions about potential risks, including sleep disruption, sedentary behavior, and compromised mental well-being [1, 2, 3, 4].

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1.2 Importance of adolescence as a developmental window

Adolescence represents a critical window of biological, cognitive, and socio-emotional change. During this period, the brain undergoes structural and functional maturation, particularly in regions responsible for executive function, impulse regulation, and emotional processing. At the same time, adolescents develop autonomy, experiment with social identities, and build lifelong habits [5, 6]. Excessive or unregulated screen use during this phase can therefore exert disproportionate effects. It may alter sleep patterns, influence neurocognitive pathways related to reward and attention, and shape social interactions—sometimes in maladaptive ways. Conversely, when harnessed appropriately, digital tools can enrich learning, support creativity, and foster global connectivity. Thus, adolescence is a dual-edged period where technology use can either catalyze growth or accentuate vulnerabilities [2, 7, 8].

1.3 Why India? (Demographics, digital penetration, cultural context)

India is uniquely positioned to explore the impact of adolescent screen use due to its demographic and technological landscape. With more than 250 million adolescents, India accounts for one of the largest youth populations in the world. The rapid expansion of affordable smartphones, improved internet connectivity, and government initiatives such as *Digital India* have accelerated digital penetration across both urban and rural regions. Recent reports suggest that Indian adolescents spend a significant portion of their leisure time on mobile devices, often without structured parental supervision [9, 10].

Cultural factors also shape the Indian digital experience. While urban families increasingly rely on digital platforms for education and entertainment, rural communities may experience disparities in access, thereby creating a “digital divide.” Gender differences further complicate the picture, as boys may have more freedom to engage in online gaming, while girls are more likely to use digital platforms for social networking and education. These unique contextual realities make India an essential setting for examining both the risks and opportunities of screen exposure among adolescents [11, 12].

2 Objectives of the review

This review aims to synthesize the available evidence on screen time and its impact on adolescent development, with a particular focus on the Indian context. Specifically, it seeks to:

1. Provide a conceptual framework to define and classify different forms of screen exposure.
2. Critically analyze the developmental, health, and psychosocial consequences of excessive screen use.
3. Explore contextual factors—such as urbanization, socioeconomic status, and cultural dynamics—that influence digital engagement in India.
4. Identify gaps in current research and propose directions for future inquiry and policy development.

3 Conceptual framework of screen time

3.1 Definitions and classifications

Screen time refers to the duration spent on digital devices such as televisions, computers, tablets, and smartphones. However, it is not a homogeneous construct. Researchers typically classify screen time into:

1. *Educational*: Online classes, digital learning platforms, and academic research.

2. *Recreational*: Streaming videos, movies, and leisure browsing.
3. *Social Media*: Engagement with platforms like Instagram, Facebook, or WhatsApp.
4. *Gaming*: Online and offline video games, ranging from casual mobile games to immersive virtual environments.
5. *Passive vs. Interactive*: Passive use involves content consumption (e.g., watching videos), while interactive use involves active participation (e.g., gaming, video conferencing, coding).

This classification is important because not all screen time exerts uniform effects. For instance, educational screen time may support learning, while excessive recreational use may encourage sedentary habits and reduce physical activity.

3.2 WHO, American academy of pediatrics, and Indian academy of pediatrics guidelines

The World Health Organization (WHO) recommends that children aged 5–17 years engage in at least 60 minutes of moderate to vigorous physical activity daily, with limited recreational screen exposure. The American Academy of Pediatrics (AAP) provides more specific guidelines, suggesting that adolescents should develop personalized screen-time plans that balance educational, social, and recreational use while preserving sleep and physical activity. In the Indian context, the Indian Academy of Pediatrics (IAP) echoes these global concerns but emphasizes cultural realities such as limited outdoor spaces in urban areas and unstructured parental supervision. The IAP recommends that recreational screen time for adolescents should not exceed two hours daily, with priority given to face-to-face interactions and physical activity. Despite these guidelines, adherence remains low, particularly in urban India where academic demands and digital entertainment compete for adolescents' attention [13, 14, 15].

3.3 Evolution of screen time in India

India's screen-time landscape has evolved dramatically in the past two decades. The proliferation of affordable smartphones and data plans has shifted usage patterns from television to mobile devices. While urban adolescents often spend hours on social networking and video streaming, rural adolescents are increasingly adopting digital technologies for both education and leisure, albeit at a slower pace due to infrastructural challenges.

Gender and socioeconomic factors play a significant role. Adolescents from wealthier households may have greater access to multiple devices and high-speed internet, whereas those from lower socioeconomic backgrounds often rely on shared devices or low-end smartphones. Moreover, gender norms influence both access and usage. Boys are more likely to engage in online gaming and prolonged internet use, while girls may experience restrictions on device ownership and internet access, reflecting broader social inequalities. This evolving digital ecosystem underscores the need for nuanced research that accounts for India's diversity and complexity, rather than relying solely on evidence from Western contexts [16, 17, 18].

4 Screen time and adolescent development

4.1 Cognitive development

4.1.1. Attention span, executive functions, and learning outcomes. Adolescence is a sensitive period for the maturation of attention control and executive functions, including working memory, planning, and inhibitory control. Excessive screen exposure, particularly involving rapid, highly stimulating content, has been linked to reduced sustained attention and difficulties in task switching. Several international studies

suggest that prolonged engagement in fast-paced video games or multitasking between multiple digital platforms can overstimulate the brain's reward pathways, potentially undermining long-term concentration. In India, where adolescents are frequently balancing heavy academic workloads with recreational digital use, screen multitasking is common. This has raised concerns about reduced academic performance and diminished classroom engagement. However, evidence is not entirely negative—digital learning platforms, when designed with structured pedagogy, can enhance comprehension, visualization, and problem-solving skills [19, 20].

4.1.2. *Role of digital learning tools and educational technology.* The rise of online education, especially after the COVID-19 pandemic, has transformed the learning ecosystem in India. Interactive e-learning tools, virtual labs, and gamified educational apps have shown promise in improving knowledge retention and stimulating curiosity among adolescents. Platforms like BYJU's and government-led initiatives such as SWAYAM and DIKSHA have democratized access to learning across socioeconomic groups. Nevertheless, the quality of digital learning outcomes often depends on supervision, content design, and equitable access. Without guidance, educational screen time may blur into recreational use, diluting its intended benefits [21, 22].

4.2 *Emotional and social development*

4.2.1. *Social connectedness vs. isolation.* Digital platforms offer adolescents opportunities to connect with peers, share experiences, and build communities that transcend geographical boundaries. For many Indian youth, especially those in remote or underserved regions, online platforms provide a sense of belonging and access to peer networks otherwise unavailable. However, excessive reliance on virtual connections can erode in-person social skills, leading to loneliness, social withdrawal, and impaired offline relationships [23, 24].

4.2.2. *Impact on empathy, interpersonal relationships, and family bonding.* Research indicates that constant digital engagement may reduce empathy by limiting adolescents' exposure to nuanced, face-to-face interactions. The substitution of digital communication for in-person dialogue can weaken emotional literacy and conflict-resolution skills. In India, where family cohesion traditionally plays a central role in adolescent development, increased screen immersion has been associated with reduced parent-child interaction and weakening of intergenerational bonds. This tension is particularly visible in nuclear urban households, where adolescents often retreat into private screen use, diminishing opportunities for collective family engagement [25, 26].

4.3 *Behavioral development*

4.3.1. *Risk-taking, impulsivity, and online aggression/bullying.* Adolescents, driven by heightened reward-seeking tendencies, are particularly vulnerable to online risks such as cyberbullying, sexting, and unsafe internet challenges. In India, reports of cyberbullying among school-aged children have risen, reflecting both increased digital access and insufficient awareness about online safety. The immediacy of digital feedback and peer comparison on social media platforms further amplifies impulsive behaviors, sometimes with serious psychosocial consequences [27, 28].

4.3.2. *Digital addiction tendencies.* Compulsive digital use is increasingly recognized as a behavioral concern. Adolescents may experience cravings, irritability when offline, and neglect of daily responsibilities, all hallmarks of problematic internet use. Gaming addiction, recently classified by the WHO as a mental health condition, is emerging as a concern in India, particularly among boys in urban areas. Social media

dependency is also widespread, with adolescents often tying self-worth to online validation through “likes” and comments [29, 30].

5 Health risks associated with screen time

5.1 *Physical health*

5.1.1. Sleep disturbances. Screen exposure, especially before bedtime, disrupts circadian rhythms through blue light emission and overstimulation. Adolescents who engage in late-night social media browsing or gaming often report delayed sleep onset, poor sleep quality, and daytime fatigue. In India, where academic pressures already limit sleep, the added burden of late-night screen use further compounds the problem, contributing to chronic sleep deprivation [31, 32, 33].

5.1.2. Sedentary lifestyle and obesity. Increased screen time is directly associated with physical inactivity, reduced outdoor play, and higher caloric intake due to snacking during screen use. Indian studies highlight rising rates of adolescent overweight and obesity, particularly in urban centers, with screen time emerging as a significant correlate. The transition from traditional play-based activities to screen-centered entertainment has accelerated sedentary behaviors among both boys and girls [34, 35, 36].

5.1.3. Ocular health: digital eye strain and myopia trends. Extended screen exposure is associated with digital eye strain, characterized by dryness, blurred vision, and headaches. Indian ophthalmologists have reported a growing incidence of screen-induced myopia among adolescents, paralleling trends observed in East Asia. The “COVID-19 lockdown years” saw a marked increase in screen exposure due to online schooling, leading to reports of worsening refractive errors among school-aged children in India [38, 39].

5.1.4. Musculoskeletal issues (text neck, poor posture). Prolonged use of handheld devices often encourages slouched postures, contributing to musculoskeletal strain. “Text neck”—a condition resulting from sustained forward head posture while viewing devices—has been increasingly documented among Indian adolescents. Poor ergonomic awareness and lack of structured physical activity further exacerbate these risks [40, 41, 42].

5.2 *Mental health*

5.2.1. Anxiety, Depression, Stress, and Self-Esteem Issues. Screen time, particularly on social networking sites, can intensify psychological vulnerabilities. Constant peer comparison, exposure to idealized lifestyles, and fear of missing out (FOMO) contribute to heightened anxiety and reduced self-esteem. Indian adolescents, navigating both academic stress and social expectations, are particularly susceptible to these pressures. Several urban surveys have documented correlations between excessive social media use and depressive symptoms in secondary school students [43, 44].

5.2.2. Screen time and suicidality among Indian adolescents. While global evidence links excessive digital exposure to increased suicidality, Indian case studies have highlighted disturbing associations between online gaming challenges and self-harm behaviors. The infamous “Blue Whale Challenge” and similar online phenomena underscored the risks of unmonitored digital activity. These incidents highlight the urgent need for regulatory frameworks and parental vigilance in India [45, 46].

5.2.3. Gaming disorder and social media overuse. The WHO's recognition of gaming disorder reflects growing international consensus on the addictive potential of digital entertainment. In India, the popularity of games such as PUBG and Free Fire has fueled intense engagement, with reports of disrupted academics, social withdrawal, and even instances of aggression linked to excessive gaming. Social media overuse, similarly, has been tied to compulsive checking behaviors, distraction during studies, and psychological dependence [30, 47].

5.3 *Neurodevelopmental concerns*

5.3.1. Neurobiological alterations in attention and reward pathways. Emerging neuroimaging research suggests that chronic screen exposure can alter the brain's dopaminergic pathways, particularly those regulating attention, impulse control, and reward sensitivity. Adolescents, whose prefrontal cortices are still developing, may be especially vulnerable to these shifts. Over time, this may contribute to difficulties in sustaining attention and heightened sensitivity to digital rewards, fueling compulsive behaviors [48, 49].

5.3.2. Early exposure vs. long-term consequences. The timing of exposure is critical. Early, unregulated screen use during childhood can establish maladaptive patterns that persist into adolescence and adulthood. Long-term consequences may include reduced academic achievement, impaired social functioning, and increased vulnerability to behavioral addictions. In the Indian context, where digital exposure often begins at a younger age due to the affordability of smartphones, these risks warrant urgent investigation and preventive interventions [7, 50].

6 Screen time and well-being

6.1 *Positive dimensions: digital literacy, access to health information, and peer support*

When used purposefully, screen time can play a transformative role in adolescent well-being. Digital platforms have expanded opportunities for digital literacy, equipping adolescents with the skills required to navigate an increasingly technology-driven society. In India, where the digital economy is growing rapidly, early exposure to technology can enhance problem-solving, creativity, and technical fluency, which are essential for future employability [51, 52].

Access to health-related information is another critical benefit. Adolescents can seek knowledge about nutrition, mental health, reproductive health, and hygiene through online portals and mobile health apps, often overcoming cultural taboos that restrict open conversations in traditional households. Platforms offering telehealth consultations and mental health support groups have further empowered adolescents to make informed health decisions [53, 54].

Equally important is the peer support dimension. Digital communication enables adolescents to maintain social networks, form interest-based groups, and participate in communities of support. For marginalized or geographically isolated youth, online forums can offer a sense of belonging and validation, contributing positively to emotional resilience.

6.2 *Negative dimensions: cyberbullying and exposure to harmful content*

Despite these benefits, the risks associated with unmonitored digital exposure are substantial. Cyberbullying has emerged as a pressing concern, with victims often experiencing anxiety, depression, or social withdrawal. In India, several surveys have reported growing prevalence of online harassment among school-aged adolescents, exacerbated by the anonymity and reach of digital platforms [28, 55].

Exposure to harmful or age-inappropriate content—including violence, pornography, or misinformation—further complicates the picture. Adolescents, with their exploratory tendencies and limited media literacy, may struggle to filter credible information from harmful material. In the absence of robust parental guidance and regulatory oversight, such exposure can negatively shape values, attitudes, and behaviors.

6.3 Balance between risks and benefits

The impact of screen time on adolescent well-being is not uniformly detrimental or beneficial—it is largely context-dependent. Structured, supervised, and purposeful digital use can expand opportunities for learning, social connection, and empowerment. Conversely, unregulated or excessive use can harm mental, emotional, and physical well-being. For Indian adolescents, the balance is influenced by multiple contextual factors such as family support, school environment, socioeconomic background, and cultural values. The challenge lies in maximizing the potential benefits while minimizing risks through education, parental involvement, and evidence-based policies [56, 57].

7 Contextual factors in India

7.1 Urban vs. rural divide

India presents a unique digital ecosystem characterized by stark urban–rural disparities. Urban adolescents typically enjoy high-speed internet, multiple device ownership, and access to diverse digital platforms. Their screen use often spans education, entertainment, and social media engagement. In contrast, rural adolescents face barriers such as inconsistent internet connectivity, shared device usage, and limited exposure to digital literacy programs. Cultural attitudes toward technology also differ. Urban parents may encourage digital use for academic advancement but struggle with monitoring recreational excess, while rural families may view technology with skepticism, often prioritizing traditional modes of learning and interpersonal engagement. Bridging this divide requires infrastructure investment, culturally sensitive digital education, and tailored awareness campaigns [58, 59].

7.2 Socioeconomic determinants

Socioeconomic status strongly shapes patterns of screen use among Indian adolescents. Families with higher income and parental education levels typically provide greater access to personal devices, private schooling, and structured online learning opportunities. Adolescents in such households are more likely to benefit from the positive dimensions of screen time, including digital literacy and academic support [60, 61].

Conversely, adolescents from lower socioeconomic backgrounds may rely on inexpensive smartphones with limited functionality, often shared among multiple family members. Their digital engagement may skew more toward entertainment rather than educational enrichment. These disparities risk reinforcing existing social inequalities, with digital access becoming both a marker and a driver of socioeconomic stratification.

7.3 Gender perspectives

Gender dynamics significantly influence adolescent screen use in India. Boys often have greater freedom to engage in gaming, online communities, and recreational digital activities. They are also more likely to access private devices, reflecting broader gender privileges in mobility and autonomy. Girls, on the other hand, may face restrictions on internet use due to concerns about safety, reputational risks, or cultural expectations. Even when they do access digital platforms, their usage is often directed toward academic purposes or socially acceptable forms of communication [62, 63]. However, digital platforms also offer girls unique opportunities

to overcome barriers, providing access to health information, online education, and virtual peer networks that may not be available offline. Recognizing and addressing gender disparities in screen use is therefore crucial for ensuring equitable adolescent development.

7.4 Policy and regulatory environment

7.4.1. Current guidelines from Indian authorities. The Indian Academy of Pediatrics (IAP) has issued recommendations on healthy screen use, including limiting recreational screen time to less than two hours daily, encouraging regular physical activity, and prioritizing family interactions. However, implementation remains inconsistent due to limited parental awareness and competing academic and social demands [64].

7.4.2. Digital India mission and implications for adolescents. Government initiatives such as the Digital India Mission have expanded internet penetration, improved infrastructure, and promoted e-learning platforms, dramatically reshaping adolescents' digital exposure. While these efforts enhance educational access, they also inadvertently increase the risk of excessive and unmonitored screen use. Policymakers now face the dual challenge of expanding digital opportunities while safeguarding adolescents against associated risks. Future regulatory frameworks may need to focus on digital literacy programs, age-appropriate content monitoring, and collaborative efforts between schools, families, and technology providers [65].

8 Interventions and mitigation strategies

8.1 Role of parents and families (parental mediation, digital parenting)

Families remain the cornerstone of adolescent digital regulation. Parental mediation, whether through active discussion about online behaviors or co-viewing digital content, has been shown to reduce exposure to harmful material and promote healthy usage patterns. In the Indian context, where adolescents often rely on shared devices, digital parenting practices—such as setting rules, guiding online choices, and modeling balanced behavior—are critical. Importantly, restrictive approaches alone may backfire, increasing adolescents' curiosity about prohibited content. Instead, collaborative strategies that combine monitoring with trust-building appear most effective [66, 67].

8.2 Role of schools and educators (digital literacy programs, screen-time monitoring)

Schools occupy a unique position to influence adolescents' relationship with digital technology. Incorporating digital literacy programs into the curriculum can equip students with skills to critically evaluate online information, recognize cyber risks, and use technology responsibly. Teachers can also monitor excessive device use during academic hours and promote structured breaks to reduce screen fatigue. In India, initiatives such as the Central Board of Secondary Education's (CBSE) digital literacy campaigns highlight the potential of educational institutions to promote balanced digital habits. However, sustained training for teachers and integration into mainstream pedagogy remain ongoing challenges [51, 68].

8.3 Community-level interventions (NGOs, awareness campaigns)

Community-based organizations and non-governmental organizations (NGOs) play a pivotal role in raising awareness about healthy screen practices, particularly in underserved areas. Campaigns on cyber safety, digital addiction, and mental health conducted in collaboration with schools and local leaders have shown promise. In rural India, where digital literacy often lags, community-driven initiatives are essential for bridging awareness gaps and empowering families to guide adolescents effectively [69, 70].

8.4 *Government and policy interventions (guidelines, regulations, infrastructure)*

Policy frameworks are integral to shaping safe digital environments. The Indian government, through agencies such as the Ministry of Electronics and Information Technology, has issued guidelines to regulate content, enhance cyber safety, and promote responsible digital citizenship. Additionally, the Indian Academy of Pediatrics provides recommendations for parents and schools regarding screen time. However, implementation gaps persist. A stronger regulatory ecosystem that ensures age-appropriate content filtering, responsible gaming practices, and equitable digital infrastructure is essential for safeguarding adolescents [71].

8.5 *Technology-driven solutions (apps for self-monitoring, digital detox strategies)*

Ironically, technology itself offers tools to mitigate its risks. Mobile applications that track and limit screen time, promote digital detox challenges, and provide reminders for breaks can help adolescents develop self-regulation. Innovations such as AI-driven parental control apps and gamified self-monitoring platforms are increasingly popular in India. However, these tools require widespread awareness, affordability, and adolescent engagement to be truly effective [72, 73].

9 Research gaps and future directions

9.1 *Lack of large-scale longitudinal studies in India*

Much of the existing research on screen time and adolescent health is cross-sectional, limiting causal inferences. India urgently needs longitudinal studies that track digital habits and developmental outcomes over time. Such research could illuminate how screen exposure influences academic performance, emotional resilience, and long-term health trajectories.

9.2 *Underrepresentation of rural populations*

Current evidence disproportionately reflects urban adolescents, who typically have greater access to technology. Rural youth, who face different patterns of access, parental supervision, and cultural attitudes, remain understudied. Without their inclusion, national policy may fail to capture the diversity of India's adolescent experiences.

9.3 *Need for culturally tailored interventions*

Most digital well-being strategies are modeled on Western frameworks, which may not fully align with Indian cultural realities such as joint family systems, academic pressures, and gender-based restrictions. There is a pressing need for context-specific interventions that resonate with Indian adolescents and their families.

9.4 *Integration of neuroscience and public health research*

Emerging studies suggest that screen exposure alters neural pathways related to attention and reward. However, such findings are scarce in India. Integrating neuroscientific insights with large-scale public health research would allow a deeper understanding of biological, behavioral, and environmental interactions, strengthening the evidence base for intervention.

9.5 Multidisciplinary collaboration (medicine, psychology, education, public health)

Screen time is a multidimensional phenomenon, spanning health, psychology, education, and social sciences. Future research and policy development must adopt a multidisciplinary lens, bringing together pediatricians, psychologists, educators, and public health experts. Collaborative efforts would ensure that interventions are evidence-based, comprehensive, and sustainable.

10 Conclusion

Adolescents today inhabit a world where screens are not merely tools but extensions of social, educational, and recreational life. Evidence indicates that while screen time can enrich learning, connectivity, and empowerment, its unregulated or excessive use carries risks to physical health, emotional well-being, and cognitive development. In India, the impact is particularly complex, shaped by the country's vast demographic diversity, socioeconomic inequalities, cultural norms, and rapid digital expansion.

A balanced perspective is critical. Screen use, in itself, is neither inherently harmful nor wholly beneficial—it is the context, duration, content, and level of supervision that determine outcomes. By empowering families, schools, communities, and policymakers to adopt informed and collaborative strategies, India can harness the positive potential of digitalization while minimizing risks.

This review calls for urgent action:

1. Policymakers must frame evidence-based regulations that prioritize adolescent well-being while advancing the goals of the Digital India mission.
2. Parents and educators must model and promote healthy digital behaviors, combining supervision with trust.
3. Health professionals must recognize and address screen-related risks as part of routine adolescent care.
4. Researchers must fill critical evidence gaps with robust, culturally relevant studies.

By uniting efforts across sectors, India can create a digital environment that nurtures resilient, informed, and healthy adolescents—a generation equipped to thrive in both online and offline worlds.

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