ORIGINAL RESEARCH PAPER

Reproductive Medicine

IMPACT OF MEDIA EXPOSURE ON REPRODUCTIVE HEALTH AWARENESS AND BEHAVIOUR AMONG TEENAGERS: A NARRATIVE REVIEW

KEY WORDS: Media Exposure; Reproductive Health; Adolescents; Teenagers; Awareness; Behaviour; Social Media; Health Education.

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ABSTRACT

Adolescence is a formative period in which young people experience physical, emotional and social changes and increasingly seek information beyond the family and school environment. Television, radio, newspapers, magazines, the internet and social media can provide information about puberty, menstruation, reproduction, contraception, sexually transmitted infections (STIs), consent and relationships. At the same time, media exposure may expose adolescents to inaccurate information, unrealistic portrayals, stigma and gender stereotypes. This narrative review examines how traditional and digital media may influence reproductive health awareness and behaviour among adolescents, with attention to evidence from India and international research. The literature indicates that social media exposure is associated with greater odds of knowledge in selected reproductive health domains among adolescent girls in Bihar and Uttar Pradesh, although access and benefits are socially patterned. Reviews of digital interventions generally report improvements in knowledge and attitudes, while behavioural effects are less consistent and may diminish over time. A recent meta-analysis of web-based education among adolescents aged 10–17 years also reported beneficial effects on knowledge, attitudes and some behavioural outcomes, but noted methodological heterogeneity and limitations in the evidence. The review concludes that media can support adolescent reproductive health education when information is scientifically accurate, age-appropriate, culturally responsive, inclusive and linked to trusted adults and adolescent-friendly services. Media literacy and evaluation of behavioural outcomes should be integral to future programmes.

INTRODUCTION

Adolescence is commonly defined by the World Health Organization (WHO) as the period from 10 to 19 years of age. It is a stage of rapid physical, psychological and social development, during which young people form attitudes, acquire health-related knowledge and develop decision-making skills. Access to reliable sexual and reproductive health (SRH) information is important during this period because unanswered questions and misconceptions can affect confidence, safety, relationships and health-seeking behaviour (World Health Organization [WHO], 2018).

Reproductive health education includes information about puberty, reproductive anatomy and physiology, menstruation, fertility, pregnancy, contraception, STIs including HIV, consent, bodily autonomy, gender equality, relationships and access to health services. Comprehensive sexuality education is intended to provide scientifically accurate, age-appropriate and culturally relevant learning that supports informed choices and respectful relationships (UNESCO et al., 2018; WHO, 2026).

Media has become an important part of adolescents' everyday lives. Traditional media such as television, radio, newspapers, magazines and printed educational materials can communicate health messages to broad audiences. Digital media—including websites, mobile applications, social networking platforms, messaging services, videos and online discussion spaces—can provide more immediate, private and interactive access to information. However, the availability of information does not guarantee its accuracy or comprehension. The influence of media therefore depends on the quality of content, the ability of adolescents to evaluate information, their social circumstances and the support available from parents, teachers and health professionals.

Review approach

This paper is presented as a narrative review, not as a registered systematic review or meta-analysis. It synthesizes selected peer-reviewed studies and guidance documents identified through targeted searches of scholarly and public-health sources. The literature considered includes research on social media exposure and reproductive health knowledge in India, reviews of school-based interventions in India, systematic reviews of digital sexual-health interventions, and international guidance on comprehensive sexuality education and media literacy. Priority was given to sources that directly addressed adolescents, media or educational interventions, and reproductive or sexual health outcomes. Because a complete database-by-database search, duplicate screening and formal risk-of-bias assessment were not undertaken for this manuscript, the findings should be interpreted as a narrative synthesis rather than an exhaustive estimate of all available evidence.

Traditional media as a source of reproductive health information

Television and radio can deliver reproductive health messages through educational programmes, public-service announcements, interviews and campaigns. Their broad reach can help introduce topics that may be difficult to discuss openly in some families or communities. Printed materials, including newspapers, magazines, booklets and posters, can provide structured explanations and can be revisited at the learner's own pace. In school and community settings, audiovisual materials may also support classroom teaching by presenting information through images, demonstrations and stories.

Traditional media have limitations. Broadcast messages are often one-way and may not allow adolescents to ask confidential questions or receive individualized clarification. The amount of detail may be limited, and the language or examples may not reflect the needs of different age groups, genders or local communities. Printed material may be less accessible to adolescents with limited literacy or to those who do not have access to relevant publications. Consequently, traditional media are most useful when they are connected to interactive education, counselling and reliable referral services.

The review of school-based SRH interventions in India by Vincent and Krishnakumar (2022) identified a range of school-based approaches intended to improve adolescents' knowledge, attitudes and behaviours. Their review highlights the importance of organized educational interventions in a context where stigma and social taboos can restrict access to information. Media materials can strengthen such

interventions, but should not be treated as a substitute for trained educators and supportive school environments.

Digital media and social networking platforms

Digital media have expanded the ways in which adolescents can seek and exchange health information. Websites, mobile applications, online videos, social media pages and messaging platforms can make information available at any time and can offer opportunities for anonymous question-asking. Interactive quizzes, animations and short videos may help explain complex topics such as menstrual health, contraception, STI prevention and consent. Digital platforms can also support peer discussion and provide links to adolescent-friendly services.

Evidence from India illustrates both the potential and the inequalities associated with social media. Saha et al. (2022) analysed data from 10,425 adolescent girls in the UDAYA survey in Bihar and Uttar Pradesh. Social media exposure was associated with higher odds of knowledge about sexual intercourse and pregnancy (OR = 1.38), contraceptive methods (OR = 1.46), and HIV/AIDS (OR = 2.18). However, only 28% of the sample had social media exposure, and exposure was more common among urban, more educated and wealthier participants. The study therefore suggests an association, not proof that social media alone caused better knowledge. It also demonstrates that digital access and its potential benefits are unevenly distributed.

A recent formative study among unmarried adolescents and young people in urban slums of Uttar Pradesh reported that online and social media content had become an important source of SRH information, while concerns remained about accuracy and reliability. The study also described gendered differences in information networks and continuing barriers related to stigma, limited communication and access to services (Understanding sexual and reproductive health need..., 2025). These findings reinforce the need for trusted, accessible and non-judgmental sources of information.

Influence on reproductive health knowledge, attitudes and behaviour

Knowledge and awareness

The most consistently reported benefit of media-based SRH education is improvement in knowledge and awareness. Digital content can explain puberty, menstruation, reproductive processes, contraception, STI prevention and available health services. Repetition and self-paced learning may help reinforce information. The 2025 systematic review and meta-analysis by Guo et al. included 11 articles involving 7,876 adolescents aged 10–17 years. It reported a moderate pooled effect on knowledge from web-based SRH education. The authors nevertheless cautioned that risk of bias, heterogeneity and the limited number of databases used in the review affect certainty.

Attitudes and perceptions

Media messages may shape beliefs about gender roles, body image, relationships, consent and help-seeking. Educational content that models respectful communication and gender equality can challenge harmful stereotypes. In contrast, inaccurate or sensationalized content may reinforce myths, objectification, stigma or unrealistic expectations. The WHO's current description of comprehensive sexuality education emphasizes not only factual knowledge but also reflection on attitudes and values, relationship skills, respect and informed decision-making (WHO, 2026).

Behaviour and decision-making

Knowledge does not automatically translate into behaviour change. Adolescents may understand a health message but face social pressure, unequal power relationships, limited access to services or fear of judgment. Aguilar-Quesada et al. (2025), in a systematic review of 27 studies covering 18 digital interventions in school settings, found generally positive effects on knowledge and attitudes, while behavioural effects were less consistent and were not always maintained over time. Guo et al. (2025) also reported an effect on selected behavioural outcomes, but no significant effect on self-efficacy. These findings indicate that media interventions should be combined with skills-based learning, supportive relationships and access to appropriate services.

Media literacy, misinformation and safeguarding

Media literacy is essential because adolescents encounter information from sources that vary widely in credibility. A message may be scientifically inaccurate, commercially motivated, sensationalized or presented without context. Adolescents need the skills to identify the author or organization behind a message, check whether claims are supported by evidence, compare information with trusted health sources, recognize advertising and manipulated content, and seek professional advice when necessary.

The UNESCO-led International Technical Guidance on Sexuality Education explicitly includes media literacy and sexuality learning objectives. These objectives progress from recognizing that media information may be true or false to critically examining unrealistic portrayals of sexuality, gender stereotypes and the influence of media on values, attitudes and behaviour (UNESCO et al., 2018).

Digital safety must also be addressed. Educational programmes should discuss privacy, consent, cyberbullying, image-sharing risks, online exploitation and how to report harmful content or seek help. Adolescents should be encouraged to use reputable health sources and should not be expected to disclose personal experiences in public online spaces. Moderated platforms, clear safeguarding procedures and referral pathways are important when digital tools are used for health education.

Barriers affecting media-based reproductive health education

Several factors can limit the effectiveness of media-based SRH education. These include unequal access to smartphones and the internet, data costs, low digital literacy, language barriers, disability-related accessibility needs, gender differences in device ownership and restrictions on adolescents' mobility or online activity. Social and cultural taboos may discourage young people from asking questions or discussing reproductive health with adults. Some adolescents may rely on peers or unverified online content when trusted information is unavailable.

The evidence from India indicates that social media exposure is not equally distributed across socioeconomic and educational groups (Saha et al., 2022). Therefore, a digital-only approach may widen existing inequalities. Programmes should retain accessible offline options, use local languages, consider different literacy levels and provide safe opportunities for questions. Parents, teachers, peer educators and health professionals can help adolescents interpret information and connect it to appropriate services.

Implications for education, health practice and policy

First, reproductive health messages should be scientifically accurate, age-appropriate, culturally responsive and consistent with established public-health guidance. Second, media should be integrated into comprehensive sexuality education rather than used as an isolated intervention. Third, schools and community programmes should combine videos, printed materials, radio or television content, mobile resources and facilitated discussion according to local access and learning needs.

Fourth, programmes should strengthen adolescents' ability to evaluate media messages, identify misinformation and

protect their privacy. Fifth, content should be inclusive of boys and girls and should address gender equality, consent, respectful relationships, puberty, menstruation, contraception, STI prevention and help-seeking. Finally, evaluation should measure more than exposure or short-term knowledge. It should assess changes in attitudes, communication, self-efficacy, health-seeking and relevant protective behaviours over an adequate follow-up period.

Research gaps and future directions

The available literature points to several research priorities. More studies are needed in diverse Indian settings, including rural communities and groups with limited digital access. Research should include adolescent boys as well as girls and examine how gender, age, education, family context and socioeconomic status shape media exposure and learning. Studies should distinguish passive exposure to media from structured educational interventions and should document the content, duration, intensity and level of interaction.

Future evaluations should use robust designs, validated measures and longer follow-up periods. They should examine whether improvements in knowledge are sustained and whether they translate into safer decision-making and greater use of adolescent-friendly health services. Researchers should also assess the quality and accuracy of online reproductive health information and the effectiveness of media-literacy components. Qualitative research can help explain why adolescents trust particular sources, what questions remain unanswered and what forms of communication feel safe and acceptable.

CONCLUSION

Media has an important but complex role in shaping adolescents' reproductive health awareness and behaviour. Traditional media can provide broad access to structured health messages, while digital platforms offer immediacy, interaction and opportunities for confidential information-seeking. Research from India shows an association between social media exposure and selected dimensions of SRH knowledge, while international reviews indicate that digital interventions can improve knowledge and attitudes. Evidence for sustained behavioural change is less consistent. Media should therefore be viewed as a supportive component of comprehensive, age-appropriate reproductive health education—not as a replacement for trained educators, trusted adults or adolescent-friendly health services. Combining reliable content, media literacy, safeguarding and inclusive access can help adolescents make informed and responsible health decisions.

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