

Assessment of Interventions Addressing Social Media Use among Children and Adolescents



A Systematic Review and Ethical Analysis

Final Report

AIHTA Project Report No.: 185 | ISSN: 1993-0488 | ISSN-online: 1993-0496

Vienna, September 2026

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Acknowledgements: Generative AI (e.g. Claude Sonnet 4.5) was used to assist with several tasks such as drafting and formatting. The authors remain fully responsible for all content.

This report should be referenced as follows:

Pleyer JA., Schönegger R. Assessment of Interventions Addressing Social Media Use among Children and Adolescents.

AIHTA Projektbericht Nr.: 185. Vienna: HTA Austria – Austrian Institute for Health Technology Assessment GmbH, 2026.

Available from: <https://eprints.aihta.at/1619>.

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All authors and the reviewers involved in the production of this report have declared they have no conflicts of interest in relation to the technology assessed according to the Uniform Requirements of Manuscripts Statement of Medical Journal Editors (www.icmje.org).

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IMPRINT

Publisher:

HTA Austria – Austrian Institute for Health Technology Assessment GmbH

Josefstädter Straße 39 | 1080 Vienna – Austria

<https://www.aihta.at/>

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AIHTA Project Report No.: 185

ISSN 1993-0488

ISSN online 1993-0496

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List of abbreviations

AE.....	Assessment Element
AVMSD.....	Audiovisual Media Services Directive
BCI.....	Body Change Inventory
BSMAS.....	Bergen Social Media Addiction Scale
CCA.....	Corrected Covered Area
CESD-R-10.....	Centre for Epidemiological Studies Depression Scale Revised
CI.....	Confidence Interval
DEBQ.....	Dutch Eating Behaviour Questionnaire
DSA.....	Digital Service Act
EDE-Q	Eating Disorder Examination Questionnaire
EMA	Ecological Momentary Assessments
EU	European Union
FoMo.....	Fear of Missing out
GAD-7	Generalized Anxiety Disorder-7
GDPR.....	General Data Protection Regulation
HTA	Health Technology Assessment
K10	Kessler Psychological Distress Scale
LLM	Large Language Model
NRCT.....	Non-randomised controlled trial
OECD	Organisation for Economic Co-operation and Development
PROMIS	Patient-Reported Outcomes Measurement Information System
RCT.....	Randomised Controlled Trial
RQ	Research Question
SE	Standard Error
SITBIR.....	Self-Injurious Thoughts and Behaviours Interview-Revised
SMA	Social Media Addiction
SMAS	Social Media Addiction Scale
SMA-T.....	Social Media Addiction Test
SMUQ	Social Media Use Questionnaire
SR.....	Systematic Review
UK.....	United Kingdom
UNICEF	United Nations Children's Fund
US.....	United States
VAS	Visual Analogue Scales
VLOP	Very Large Online Platform
WCS	Weight Concern Scale
WHO.....	World Health Organisation

Zusammenfassung

Hintergrund

Soziale Medien sind im Alltag von Jugendlichen fest verankert: 96 % der 15-Jährigen nutzten im Jahr 2022 EU-weit täglich soziale Medien. In Österreich zählen WhatsApp, YouTube, Snapchat, TikTok und Instagram zu den am häufigsten genutzten Plattformen unter Jugendlichen.

Soziale Medien können die Identitätsfindung, Selbstdarstellung, den Kontakt zu Gleichaltrigen und soziale Unterstützung fördern und dazu beitragen, Isolation zu verringern. Allerdings sind auch negative Effekte dokumentiert: Die Nutzung sozialer Medien kann sich auf die psychische Gesundheit auswirken, insbesondere auf depressive und Angstsymptome. Außerdem werden Zusammenhänge mit Schlaf (kürzere Schlafdauer, Schlaflosigkeit, Tagesmüdigkeit) und geringerer physischer Aktivität dokumentiert. Sozialer Vergleich und die Konfrontation mit bearbeitetem Bildmaterial werden mit Unzufriedenheit mit dem eigenen Körper und gestörtem Essverhalten in Verbindung gebracht. Im Zusammenhang mit Selbstverletzung und suizidalem Verhalten werden unter anderem die Normalisierung durch entsprechende nutzergenerierte Inhalte, soziale Ansteckungseffekte und negative Online-Erfahrungen durch andere diskutiert. Studien berichten von einem U-förmigen Zusammenhang, bei dem sowohl eine sehr hohe als auch eine sehr geringe Nutzung sozialer Medien mit einem höheren Risiko für eine schlechtere mentale Gesundheit von Jugendlichen assoziiert sind als eine moderate Nutzung. Die Risiken können durch die Entwicklungsphase der Adoleszenz erklärt werden. Obwohl die Jugendzeit großes Potenzial birgt, ist sie zugleich eine Phase, in der Jugendliche aufgrund der intensiven neurobiologischen und psychosozialen Entwicklung besonders anfällig für die Auswirkungen sozialer Medien sind. Darüber hinaus ist diese Phase durch Identitätsbildung und ein besonders hohes Risikoverhalten gekennzeichnet. Es ist auch die Phase, in der psychische Erkrankungen wie Depressionen und Angststörungen erstmalig auftreten können.

International werden Maßnahmen zum Schutz von Kindern und Jugendlichen vor den Gefahren sozialer Medien diskutiert und umgesetzt. Dazu zählen Altersbeschränkungen (z. B. ein Verbot sozialer Medien für unter 16-Jährige in Australien), partielle Einschränkungen (z. B. bestimmter Funktionen), Bildungsprogramme (z. B. zur Förderung der sozialen Medienkompetenz) sowie familienbasierte Ansätze (z. B. elterliche Kontrollmöglichkeiten). In Österreich trat am 1. Mai 2025 ein Handyverbot an Schulen bis zur 8. Schulstufe in Kraft, und im März 2026 wurde ein nationales Kinderschutzpaket angekündigt. Dieses Paket sieht ein Mindestalter von 14 Jahren für die Nutzung sozialer Medien sowie eine Reihe weiterer regulatorischer und präventiver Maßnahmen vor, darunter Anpassungen des Lehrplans in der Oberstufe.

Politische Debatten über die Einführung solcher Maßnahmen stützen sich häufig auf den Zusammenhang zwischen sozialen Medien und psychischer Gesundheit. Die zugrundeliegende wissenschaftliche Evidenz stammt allerdings größtenteils aus Querschnittsstudien mit Selbstauskünften und zeigt kleine bis moderate und inkonsistente Assoziationen. Diese hängen davon ab, wer die Plattformen nutzt (Mädchen nutzen soziale Medien beispielsweise häufiger und zeigen eine größere Anfälligkeit für Beeinträchtigungen des Körperbilds und der Stimmung), wie sie genutzt werden (Nutzungsdauer, passives Scrollen, sozialer Vergleich) und wie die Plattform gestaltet ist (manipulative Design-Elemente, Konfrontation mit schädlichen Inhalten, Cybermobbing, Grooming).

Eine fundierte Entscheidungsfindung zu Maßnahmen, die den gesundheitlichen Schaden von sozialen Medien minimieren, und dabei möglichst auch ihren gesundheitlichen Nutzen erhalten, erfordert daher Evidenz zu den Auswirkungen konkreter Maßnahmen und eine systematische Erfassung möglicher politischer Optionen. Eine Bewertung aus ethischer Perspektive ist insbesondere erforderlich, denn das Verständnis von Nutzen und Schaden ist eng mit sozialen und moralischen Werten verknüpft. Maßnahmen sollten dabei ein Gleichgewicht von Schutz- und Teilhaberecht der Kinder und Jugendlichen berücksichtigen.

Daher war das Ziel dieses Berichts, die österreichische gesundheitspolitische Entscheidungsfindung durch eine systematische Zusammenfassung der Evidenz aus ausgewählten Ländern zu unterstützen. Dafür werden folgende Forschungsfragen (FF) untersucht:

- FF 1:** Welche Einschränkungen und Bildungsmaßnahmen gibt es in ausgewählten Ländern hinsichtlich der Regulierung der Nutzung sozialer Medien durch Kinder und Jugendliche, und welche Merkmale weisen diese auf?
- FF 2:** Welche Nutzen und Schäden durch Maßnahmen zur Regulierung der Nutzung sozialer Medien bei Kindern und Jugendlichen werden in der Literatur beschrieben?
- FF 3:** Welche sozialen und moralischen Normen und Werte spielen eine Rolle, wenn es darum geht, Kindern und Jugendlichen den Zugang zu sozialen Medien zu verbieten?

Es gibt keine einheitliche Definition von sozialen Medien. Für diesen Bericht orientierten wir uns an der österreichischen Klassifikation sozialer Medien sowie an deren dokumentierter Nutzung durch österreichische Jugendliche. Bei Messaging-Apps berücksichtigten wir zusätzlich die Überschneidung mit zentralen Funktionen sozialer Netzwerke. Berufliche Netzwerke, Wikis, Online-Spiele sowie die allgemeine Smartphone-Nutzung sind nicht Teil dieser Untersuchung.

Methode

Für den vorliegenden Forschungsbericht untersuchten wir die folgenden Interventionen, die darauf abzielen, die Nutzung sozialer Medien durch Kinder und Jugendliche unter 19 Jahren zu regulieren:

1. vollständige gesetzliche Verbote;
2. partielle Einschränkungen, einschließlich familienbasierter Regulierungen;
3. Bildungsprogramme.

Es wurden alle Länder berücksichtigt, die laut „Global Social Media Age Restriction Tracker“ am Stichtag 11.03.2026 Altersbeschränkungen bereits umsetzten oder beschlossen hatten oder aktiv diskutierten. Insgesamt wurden 23 Länder für die Analyse ausgewählt.

Wir führten eine strukturierte Handsuche zu bestehenden Maßnahmen und deren Merkmalen durch, die in den entsprechenden Ländern angewendet wurden. Eingeschlossen wurden Dokumente, die sich direkt mit der Nutzung sozialer Medien durch Kinder und Jugendliche befassen und mindestens die folgenden drei Merkmale beschreiben: 1. Zielgruppe (Alter); 2. Zuständigkeiten; 3. Operationalisierung oder Konsequenzen. Von den 211 potenziell relevanten Treffern schlossen wir 45 Dokumente in die Analyse ein und extrahierten die zur Beantwortung der Forschungsfrage notwendigen Informationen. Anschließend kategorisierten wir die Informationen zu den Maßnahmen und deren Merkmalen und fassten sie narrativ zusammen.

Außerdem führten wir eine systematische Übersichtsarbeit über Nutzen und Schäden von Interventionen zur Regulierung der sozialen Mediennutzung bei Kindern und Jugendlichen durch. Wir prüften die Auswirkung auf psychische Gesundheit, Wohlbefinden, problematische Nutzung, Schlaf, schulische Leistungen, Medienkompetenz und das Auftreten unerwünschter Ereignisse. Diese Endpunkte wurden auf Basis einer Scoping-Literaturrecherche, einer Schulbefragung (n=39 Befragte) und einer Auftraggeber-Konsultation ausgewählt. Wir führten eine systematische Literatursuche in fünf Datenbanken durch und identifizierten 2.179 Datensätze, die ab 2020 veröffentlicht wurden. Zwei Reviewerinnen übernahmen die Studienauswahl, die Bewertung des Risikos methodischer Schwächen und die Datenextraktion. Bei Uneinigkeit wurde ein dritter Reviewer hinzugezogen. Die Studienergebnisse wurden mittels narrativer Synthese dargestellt. Durch eine ergänzende Suche in Studienregistern und in der grauen Literatur identifizierten wir neun laufende Studien für jene Interventionskategorien, zu denen bislang keine publizierte Evidenz vorlag.

Mithilfe eines geeigneten Bewertungsmodells (EUnetHTA Core Model) stellten wir die aktuell debattierten moralischen und sozialen Konsequenzen eines vollständigen regulatorischen Verbots sozialer Medien dar. Durch die systematische Suche und eine zusätzliche gezielte Handsuche identifizierten wir 42 Dokumente, die das Verhältnis von Nutzen und Schaden eines Verbots sozialer Medien sowie die damit verbundenen Aspekte von Autonomie, Achtung der Person und Gesetzgebung darstellen. Wir übertrugen die entsprechenden Aspekte als direkte Zitate in ein ethisches Bewertungsraster, kategorisierten sie und fassten sie narrativ zusammen.

Ergebnisse

Übersicht von Regulierungsmaßnahmen zur Nutzung sozialer Medien und ihrer Merkmale

Für 17 der 23 untersuchten Länder identifizierten wir offizielle Dokumente zur Regulierung sozialer Medien für Minderjährige, darunter erlassene Gesetze, Leitlinien, Strategien und Gesetzesentwürfe.

Die Dokumente (n=45) zu insgesamt 38 Regulierungen beschrieben überwiegend altersbedingte Zugangsbeschränkungen und Einschränkungen von Plattformfunktionen und Inhalten. Elterliche Kontrollanforderungen, Bildungsmaßnahmen sowie Einschränkungen von Zeiträumen oder Kontexten (z. B. Schulen) kamen seltener vor. Die Altersgrenzen lagen meist bei ≤ 18 oder ≤ 16 Jahren. Hauptverantwortlich für die Umsetzung waren Plattformanbieter, gefolgt von Regierungen und Schulen. Umgesetzt werden die Maßnahmen vor allem durch Altersüberprüfung, Plattformeinstellungen sowie elterliche oder behördliche Kontrollen. Verstöße durch die Plattformanbieter werden überwiegend mit Geldbußen oder rechtlichen Sanktionen belegt.

Vollständige regulatorische Verbote: Die Länder legten ein Mindestalter von meist 15 oder 16 Jahren fest. Die Plattformen müssen diese durch Altersüberprüfung umsetzen. Verstöße werden mit Geldstrafen gegenüber Anbietern sanktioniert.

Partielle Einschränkungen: Diese adressieren insbesondere Jugendliche bis zu 18 Jahren und regeln vor allem die Inhalte sozialer Medien (aber auch Plattformgestaltung, Zeit, die altersgerechte Gestaltung oder elterliche Kontrollfunktionen). Umsetzungsmechanismen sind u. a. Altersprüfungen, Plattformeinstellungen und behördliche Durchsetzungen. Bei Nichteinhaltung werden Betreibern Geldstrafen oder betriebliche Sanktionen angedroht.

Bildungsprogramme: Diese richten sich überwiegend an den schulischen Kontext ohne feste Altersgrenzen. Staatliche und schulische Stellen setzen sie über Lehrpläne, Kampagnen oder Schulungsinitiativen um. Die Nichteinhaltung dieser Maßnahmen sieht keine Konsequenzen vor.

Verhaltenskodex: Der einzige identifizierte Kodex leitet Plattformen, Organisationen und Individuen zur sicheren Nutzung sozialer Medien an. Er adressiert dabei v. a. Inhalte und die Gestaltung von Plattformen. Weder Umsetzungsinstrumente noch Konsequenzen sind darin festgelegt.

Eine Limitation dieser Übersicht besteht darin, dass wir eine strukturierte manuelle Suche in grauer Literatur statt einer systematischen Suche in Datenbanken mit wissenschaftlichen Fachzeitschriften durchführten. Dadurch könnten relevante Dokumente übersehen worden sein. Dieser Ansatz wurde gewählt, weil Regulierungen sozialer Medien selten in begutachteten Fachzeitschriften veröffentlicht werden.

Wirksamkeit und Sicherheit von Interventionen zur Regulierung der Nutzung sozialer Medien

Die Evidenz zur Wirksamkeit und Sicherheit von Interventionen zur Regulierung der Nutzung sozialer Medien ist spärlich und heterogen. Wir identifizierten sieben abgeschlossene Studien zu zwei Interventionsstypen, ergänzt durch neun laufende Studien bzw. Evaluationen.

Vollständige regulatorische Verbote: Wir konnten keine abgeschlossenen Evaluationen identifizieren. Mehrere laufende Studien, überwiegend Beobachtungsstudien, werden sich mit Umsetzung, Einhaltung und Auswirkungen auf die Gesundheit befassen. Bis Ergebnisse vorliegen, lassen sich keine Schlussfolgerungen zu Wirksamkeit oder Sicherheit ziehen.

Partielle Einschränkungen: Hinsichtlich ortsbezogener Einschränkungen untersuchte die einzige geeignete Studie ein schulisches Smartphone-Verbot als Alternative zur Einschränkung der Nutzung sozialer Medien. Für die Endpunkte psychische Gesundheit und Wohlbefinden wurden keine signifikanten Unterschiede zwischen den Gruppen beobachtet. Verbesserungen im schulischen Engagement und ein Rückgang von Mobbing traten in beiden Gruppen auf, jedoch nicht im Gruppenvergleich. Hinsichtlich zeitlicher Einschränkungen untersuchten zwei Studien eine tägliche Nutzung sozialer Medien von einer Stunde im Vergleich zur gewohnten Nutzung bei Jugendlichen mit erhöhten Angst- oder depressiven Symptomen. Die Intervention wies einen leichten Rückgang psychischer Symptome sowie Verbesserungen des Körperbildes und der Schlafdauer auf. Es zeigten sich keine Sicherheitsbedenken.

Hinsichtlich familienbasierter Regulierungsansätze stammte die Evidenz aus einer einzigen Beobachtung-sübersichtsarbeit. Elterliches Vorbildverhalten und elterliche Mediation zeigten einen günstigen Zusammenhang, das heißt, sie waren mit einer geringeren problematischen Nutzung sozialer Medien assoziiert. Die Ergebnisse zu Überwachung und Grenzsetzung waren hingegen gemischt.

Bildungsprogramme: Eine randomisierte kontrollierte Studie zu Medienkompetenztrainings fand keine bedeutsamen Auswirkungen auf die psychische Gesundheit über Nachbeobachtungszeiträume von bis zu zwölf Monaten. Übersichtsarbeiten deuten auf moderate Reduktionen problematischer Nutzung hin.

Die Maßnahmen zeigten über alle Interventionsarten hinweg keinen oder einen geringen Effekt und basierten überwiegend auf kurzen Nachbeobachtungszeiträumen und selbstberichteten Endpunkten. Uneinheitliche Definitionen von „Nutzung“, verzerrte Stichproben, geringe statistische Aussagekraft, sowie methodische Schwächen (z. B. durch Störfaktoren und das Fehlen einer Vorab-Registrierung des Studienplans) könnten die Aussagekraft der Schlussfolgerungen einschränken. Im Allgemeinen lassen sich jedoch Studien mit besserer Aussagekraft (randomisierte kontrollierte Studien) nur schwer zur Evaluierung politischer Public Health Maßnahmen anwenden, da diese in der Regel auf Bevölkerungsebene umgesetzt werden. Eine individuelle Randomisierung und Verblindung sind dann kaum möglich. Zudem handelt es sich um komplexe Maßnahmen, welche in sich wandelnden Kontexten stattfinden, und das Verhalten von zahlreichen Interessensgruppen beeinflusst die Umsetzung und Durchsetzung der Maßnahmen. Zu berücksichtigen ist außerdem, dass die Mehrheit der untersuchten Interventionen partielle (zeit- oder ortsbezogene) Einschränkungen betrifft und nicht vollständige altersbasierte Verbote, die über einen anderen Mechanismus wirken (Reduktion der Gesamtexposition statt bloßer Verschiebung des Konsummusters oder -zeitpunkts). Zudem bezogen mehrere Studien ausschließlich Jugendliche mit erhöhten Angst- oder Depressionssymptomen ein.

Debatte um soziale und moralische Auswirkungen vollständiger regulatorischer Verbote sozialer Medien

Nutzen-Schaden-Abwägung: In Diskussionspapieren wurden Verbote als Schutzmaßnahme für Kinder und Jugendliche vor schädlichen Inhalten, Mobbing und negativen Auswirkungen auf Entwicklung und Gesundheit (individuell und gesellschaftlich) diskutiert. Darüber hinaus wurden sie auch als Schutz der Kinderrechte, etwa der Privatsphäre und Autonomie, thematisiert. Gleichzeitig würde ein Verbot den Nutzenden Vorteile wie Raum für Aktivismus, gesellschaftliche Teilhabe und persönliche Entwicklung entziehen. Durch den abrupten Entzug können Angst, Isolation und Widerstand gegenüber den Freiheitsbeschränkungen ausgelöst werden. Vulnerable Gruppen (z. B. queere Jugendliche oder Jugendliche mit psychischen Erkrankungen) könnten benachteiligt werden, da ihnen Räume zur Identifikation und Unterstützung durch ihre Identitätsgemeinschaft entzogen werden. Als Umsetzungsprobleme wurden die Umgehung der Altersgrenzen, das Ausweichen auf unsicherere Plattformen, die untergrabene elterliche Aufsicht durch provozierte Scham- bzw. Angstgefühle der Kinder, wenn sie die Plattformen verbotenerweise nutzen, sowie wirkungslose Geldstrafen angeführt. Zudem würden Altersbeschränkungen die Verantwortung von Technologieunternehmen für Schäden und die zugrunde liegenden Ursachen (z. B. süchtig machende Funktionen, algorithmisch gesteuerte Inhalte, kommerzielle Anreize) wegverlagern und den Erwerb digitaler Kompetenzen aufgrund mangelnder Nutzung erschweren.

Autonomie: In der Debatte gelten Kinder aufgrund ihrer Entwicklungsphase als besonders anfällig für Online-Gefahren und suchtfördernde Plattformmechanismen, wobei die konkreten Risikofaktoren individuell variieren und sich nicht verallgemeinern lassen. Einschränkungen der Autonomie Jugendlicher wurden als Auslöser für Regelverstöße und Vertrauensverlust angeführt, während Altersprüfungen als Verlust der Anonymität betrachtet werden. Es werden mehrkomponentige Strategien zur Wahrung der Autonomie vorgeschlagen: plattformbezogene Maßnahmen (Transparenz, Werbeverbote, Sorgfaltspflichten), Bildungsmaßnahmen (digitale Kompetenzen, Resilienz, emotionale Regulierung) sowie gesellschaftliche Maßnahmen und Sensibilisierung (Eltern- und Bevölkerungsbildung), ergänzt durch die Beteiligung von Kindern und Jugendlichen an der digitalen Politikgestaltung.

Achtung der Person: Die mit Verboten verbundene Altersverifikation (Ausweisdokumente, Gesichtserkennung, Bankdaten) wurde als ethisches Kernproblem hervorgehoben, da sie erhebliche Risiken für Datenschutz und Datenmissbrauch birgt.

Gesetzgebung: Im Zentrum der Debatte steht die Abwägung zwischen dem Recht der Kinder auf Schutz und anderen Grundrechten, darunter Teilhabe, Meinungsfreiheit, Zugang zu Informationen, Versammlungsfreiheit sowie das Recht auf Bildung, Entwicklung, Gesundheit und Privatsphäre. Ein weiterer Diskussionspunkt ist die Verantwortung privater Plattformen, die im Allgemeinen nicht unmittelbar an Menschenrechtsverpflichtungen gebunden sind. Weitere Aspekte betreffen die durch fehleranfällige Gesichtserkennung verursachte Chancenungleichheit, die begrenzte Übertragbarkeit von Erkenntnissen zwischen unterschiedlichen Kontexten sowie die Verhältnismäßigkeit der Maßnahmen.

Die Ergebnisse sind mit Vorsicht zu betrachten. Wir konzentrierten uns auf Verbote, bei denen kritische Perspektiven meist stärker geäußert werden als befürwortende. Der argumentierte Nutzen von Verboten (Milderung negativer sozialer Medien-Auswirkungen) konnte nicht umfassend berücksichtigt werden. Zudem waren die verschiedenen Aspekte nicht immer eindeutig voneinander abgrenzbar, und die Debatte stützte sich auf durch manuelle Recherche ermittelte Diskussionspapiere ohne Anspruch auf Vollständigkeit.

Bei der Interpretation aller Ergebnisse ist außerdem zu berücksichtigen, dass die Länderauswahl begrenzt war (Länder mit ausschließlicher Fokus auf z. B. Bildungsprogramme blieben unberücksichtigt) und nur Studien eingeschlossen wurden, die sich explizit auf soziale Medien bezogen. Umfassendere digitale Interventionen, die die Nutzung sozialer Medien beeinflussen, könnten daher übersehen worden sein.

Schlussfolgerungen

Die derzeitige Evidenz kann die Wirksamkeit eines bestimmten regulatorischen Ansatzes weder zuverlässig bestätigen noch ausschließen. Dies bedeutet nicht zwangsläufig, dass Altersbeschränkungen nicht funktionieren können, sondern unterstreicht, dass die Wirksamkeit stark von der Umsetzung – insbesondere von einer zuverlässigen Altersüberprüfung – abhängt und nicht allein von der Ausgestaltung der Maßnahme. Aktuell laufende Forschungsarbeiten könnten außerdem die Erkenntnislage ändern. Darüber hinaus deuten die Erkenntnisse darauf hin, dass ganzheitliche Strategien erforderlich sind, die unterschiedliche Perspektiven berücksichtigen und das Problem auf verschiedenen Ebenen angehen (z. B. durch vollständige und teilweise Einschränkungen, familienvermittelte Maßnahmen und Bildungsprogramme). Bei der Entwicklung umfassender Strategien ist es ratsam, Faktoren wie psychische und physische Gesundheit, Menschenrechte, Selbstbestimmung, Privatsphäre und Chancengleichheit zu berücksichtigen. Die Einführung eines Verbots sozialer Medien für unter 14-Jährige in Österreich sollte ethische Abwägung zur Bewahrung der Verhältnismäßigkeit berücksichtigen. Zudem sollte die Einführung durch eine öffentliche Kommunikationskampagne begleitet werden, die sowohl Jugendliche als auch Erziehungsberechtigte erreicht, da das Bewusstsein der Eltern für die Gesetzgebung und die tatsächliche Nutzung durch ihre Kinder andernfalls begrenzt bleiben könnte.

Der österreichische Vorschlag reiht sich in eine international rasch wandelnde und stark diskutierte Regulierungslandschaft ein. Kritik von Datenschutzbehörden, Kinderrechtsorganisationen und Jugendvertretern richtet sich vor allem auf die Umsetzbarkeit, die Vereinbarkeit mit dem EU-Recht sowie das Risiko unbeabsichtigter Einschränkungen des Zugangs von Kindern zu Informationen und ihrer gesellschaftlichen Teilhabe. Befürworter argumentieren mit dem Kinderschutz.

Das Fehlen einer soliden Evidenzbasis spricht nicht per se gegen regulatorische Maßnahmen. Auch in anderen Sektoren wurden Schutzmaßnahmen gegen nachweisbare individuelle Schäden eingeführt, bevor vollständige Wirksamkeitsnachweise vorlagen. Für Österreich, aber auch allgemein, zeigt dies aber die Notwendigkeit, bereits vor der Umsetzung einen unabhängigen und im Voraus festgelegten Bewertungsrahmen zu schaffen. Dieser sollte erfassen, ob das Verbot die tatsächliche Nutzung und den Zugang verringert und die Art der von Jugendlichen konsumierten Inhalte verändert. Zudem sollte untersucht werden, welche Auswirkungen sich über die Zeit auf psychische Gesundheit, Wohlbefinden und digitale Kompetenzen ergeben und ob verschiedene Subgruppen unterschiedlich betroffen sind.

Summary

Background

Social media is an integral part of adolescents' everyday lives: across the EU, 96% of 15-year-olds used social media daily in 2022. In Austria, WhatsApp, YouTube, Snapchat, TikTok and Instagram are the most frequently used platforms among young people.

Social media can support identity exploration, self-expression, peer connection, and social support, and may facilitate help-seeking and reduce isolation. However, harms are documented as well: associations between social media and mental health outcomes are documented for depressive and anxiety symptoms. Social media can also impact sleep (shorter duration, insomnia, daytime fatigue) and physical activity. Social comparison and exposure to altered imagery are linked to body image dissatisfaction and disordered eating. In relation to self-harm and suicidal behaviour, the literature discusses mechanisms including normalisation through relevant user-generated content, social contagion, and negative experiences caused by others online. Studies report a U-shaped relationship, whereby both excessive and overly limited use of social media are associated with a higher risk of poorer mental health in adolescents than moderate use. These risks can be explained by the developmental stage of adolescence. Although adolescence brings great potential, intensive neurobiological and psychosocial development also makes it a vulnerable period for the effects of social media. Furthermore, this period is marked by identity formation and peak risk-taking. It is also the phase in which mental health conditions such as depression and anxiety disorders may first emerge.

Measures to protect children and young people from the dangers posed by social media are being discussed and implemented internationally. These include age restrictions (e.g. a ban on social media for under-16s in Australia), partial restrictions (e.g. on certain functions or settings), educational programmes (e.g. social media literacy) and family-based approaches (e.g. parental controls). In Austria, a ban on mobile phones in schools up to Year 8 came into effect on 1 May 2025, and a national child protection package was announced in March 2026. The package includes a minimum age of 14 for social media use, as well as a range of regulatory and preventive measures. These include adjustments to the upper secondary school curriculum.

Political debates on the implementation of measures are often based on inconsistent scientific evidence linking social media to mental health outcomes. However, the underlying scientific evidence largely stems from cross-sectional studies based on self-reported data and shows small to moderate and inconsistent associations. These are moderated by who uses the platform (e.g., girls use social media more frequently and show greater vulnerability to body image and mood-related harms), how it is used (time spent, passive scrolling, social comparison), and how the platform is designed (persuasive features, harmful content exposure, cyberbullying, grooming).

Informed decision-making on measures to minimise social media harm, whilst also preserving its health benefits as far as possible, therefore requires evidence on the effects of specific measures and a systematic review of possible policy options. An assessment from an ethical perspective is particularly necessary, as the understanding of benefits and harms is closely linked to social and moral values. Measures should strike a balance between the rights of children and adolescents to protection and participation.

This report aims to inform Austrian health policy decision-making by systematically synthesising evidence from selected countries. To this end, the following research questions (RQs) are examined:

- RQ 1:** What restrictions and educational programmes in selected countries address the use of social media by children and adolescents, and what are their characteristics?
- RQ 2:** What benefits and harms of interventions addressing social media use of children and adolescents are described in the literature?
- RQ 3:** Which social and moral norms and values are relevant when banning social media for children and adolescents?

No single agreed definition of social media exists. For this report, we based our approach on the Austrian classification of social media and on previously documented usage patterns among Austrian adolescents. In the case of messaging apps, we took into account the overlap with key social networking features. Professional networks, wikis, online games and general smartphone use were out of the scope of this study.

Methods

For this research report, we examined three types of intervention aimed at regulating the use of social media by children and adolescents under the age of 19:

1. complete regulatory bans;
2. partial restrictions, including family-mediated regulations;
3. educational programmes.

We included all countries that implemented, adopted or were actively discussing age restrictions according to the “Global Social Media Age Restriction Tracker”, as of the cut-off date of 11 March 2026. In total, we selected 23 countries for the analysis.

We conducted a structured manual search to identify literature on existing measures and their characteristics enacted in relevant countries. We included documents that directly addressed the use of social media by children and adolescents and described at least the following characteristics: 1. Target group (age); 2. Responsibilities; 3. Operationalisation or consequences. Of the 211 potentially relevant documents, we ultimately included 45 in the analysis and extracted the necessary information to answer the research question. We categorised and summarised information on the measures and their characteristics in narrative form.

Additionally, we conducted a systematic review to synthesise evidence on the benefits and harms of interventions to address social media use among children and adolescents. We assessed mental health, well-being, problematic use, sleep, academic performance, media literacy, and adverse event incidence. These outcomes were selected via scoping the literature, a school survey (n=39 respondents), and stakeholder consultation. We performed a systematic literature search in five databases and identified 2,179 records published from 2020 onwards. Two reviewers were responsible for selecting the studies, assessing their risk of methodological weakness, and extracting the data. If they disagreed, a third reviewer was consulted. The study findings were presented using a narrative synthesis. Performing a supplementary search of trial registries and grey literature, we identified nine ongoing trials for intervention categories lacking published evidence.

We also outlined the moral and social consequences of a complete regulatory ban on social media, which are currently under debate, using a suitable evaluation model (EUnetHTA Core Model). Through the systematic search and additional targeted manual research, we identified 42 relevant documents outlining the balance between the benefits and harms of a social media ban, as well as the associated aspects of autonomy, respect for persons, and legislation. We transferred these aspects into an ethical assessment framework using direct quotations, then categorised and summarised them narratively.

Results

Characteristics and mapping of interventions addressing social media use

For 17 of the 23 countries examined, we identified official documents on regulating social media use by children and adolescents, including enacted laws, guidelines, established strategies, and draft bills.

The documents (n=45) related to 38 regulations and mainly described age-based access restrictions and limits on platform functions and content. Parental controls, educational measures, and restrictions on specific times or contexts (e.g. schools) were less common. Age limits were mostly set at ≤ 18 or ≤ 16 years. Platform providers bore the main responsibility for implementation, followed by government and schools. They implemented these provisions mainly through age verification, platform settings, parental controls, or regulatory oversight. Violations by the platform provider are mostly sanctioned through fines or legal penalties.

Full regulatory bans: Countries set a minimum age of mostly 15 or 16 years. Platforms must implement this through age verification; non-compliance is sanctioned with financial penalties imposed on providers.

Partial restrictions: These are aimed in particular at young people up to the age of 18 and primarily regulate social media content (but also platform design, time spent on platforms, age-appropriate design and parental control functions). Enforcement mechanisms include age verification, platform settings and regulatory measures. Fines or operational sanctions are to be faced by platform providers in the event of non-compliance.

Educational programmes: These are mostly aimed at the school context without a defined age group. State and school authorities implement them through curricula, campaigns, or training initiatives. Non-compliance with these measures does not entail consequences.

Code of conduct: The only code identified provides guidance for platforms, organisations, and individuals on the safe use of social media, primarily addressing content and platform design. Neither implementation tools nor consequences are specified.

One limitation of this literature mapping is that we conducted a manual, rather than a systematic search of databases containing scientific journals. Consequently, some relevant documents may have been overlooked. This approach was selected because social media regulations are rarely published in peer-reviewed journals.

Effectiveness and safety of interventions addressing social media use

Evidence on the effectiveness and safety of interventions addressing social media use is sparse and heterogeneous. We identified seven completed studies across two intervention types, supplemented by nine ongoing trials.

Full regulatory bans: No completed evaluations were identified. Several ongoing trials, primarily observational studies, will address implementation, adherence, and broader well-being impacts. Until results are available, no conclusions can be drawn regarding their effectiveness or safety.

Partial restrictions: Regarding setting restrictions, the sole eligible study examined a school-level smartphone ban as an alternative to social media restriction. Across mental health and well-being outcomes, no meaningful between-group effects were observed. Improvements in academic engagement and reductions in bullying occurred within both groups, but not between groups. Regarding time restrictions, two trials imposed a one-hour daily social media limit vs normal use in adolescents with elevated anxiety or depressive symptoms. The intervention was associated with small reductions in mental health symptoms and improvements in body esteem and sleep duration. No safety concerns were identified.

Regarding family-mediated regulation, evidence comes from a single observational review. Parental role modelling and mediation showed a favourable correlation, i.e. they were associated with lower levels of problematic social media use. Findings on monitoring and limit-setting were mixed.

Educational programmes: An RCT on media literacy training found no meaningful mental health effects over follow-up periods of up to 12 months. Reviews suggest modest reductions in problematic use.

Findings across intervention types showed little or no effect and were based predominantly on short follow-up periods and self-reported outcomes. Inconsistent definitions of “use,” biased samples, limited statistical power, and methodological weaknesses (e.g., due to confounding and the absence of pre-registration of the study plan) may limit the strength of the conclusions. Generally, however, studies with greater statistical power (randomised controlled trials) are difficult to apply to evaluating public health policy measures because they are typically implemented at the population level. Individual randomisation and blinding are therefore rarely applicable. In addition, these measures are complex and take place in constantly evolving contexts, and the behaviour of numerous stakeholder groups influences their implementation and enforcement. Importantly, the majority of studied interventions involve partial, time- or setting-based restrictions, rather than full age-based restrictions, which operate through a different mechanism (reducing overall exposure rather than merely shifting the timing/pattern of use), and several studies enrolled only adolescents with elevated anxiety or depression.

Debate on social and moral implications of full regulatory social media bans

Benefit-harm balance: Discussion papers have considered bans as a protective measure for minors against harmful content, bullying, and the negative effects on development and health (both individual and societal). Bans were also discussed as a way to protect children's rights, such as privacy and autonomy. However, a ban would also deprive users of benefits such as opportunities for activism, social participation and personal development. Abrupt withdrawal can trigger anxiety, isolation and resistance to the restriction of freedom. Vulnerable groups, such as queer young people and young people with mental health conditions, could be particularly disadvantaged by being deprived of spaces for self-identification and community support. Cited implementation problems include circumventing age limits, shifting to less secure platforms, undermining parental supervision by provoking shame or fear in children when they use the platform in violation, and the ineffectiveness of fines. Furthermore, age restrictions would shift responsibility for harm and its underlying causes (e.g., addictive features, algorithmically driven content, and commercial incentives) away from platform providers and make it harder to develop digital literacy due to a lack of exposure.

Autonomy: In the debate, children are considered particularly vulnerable to online dangers and addictive platform mechanisms due to their stage of development, although the specific risk factors vary from person to person and cannot be generalised. Restrictions on young people's autonomy have been cited as triggers for rule-breaking and a loss of trust, while age verification is viewed as a deprivation of anonymity. Multi-component strategies are proposed to safeguard autonomy. These include platform-related measures (e.g. transparency, advertising bans, duty of care obligations), educational measures (e.g. digital skills, resilience, emotional regulation) and societal measures and awareness-raising (e.g. education for parents and the general public). The participation of children and young people in digital policy-making is also proposed.

Respect for persons: Age verification associated with bans (e.g. identification documents, facial recognition, bank details) was highlighted as a core ethical concern, as it entails significant risks to data protection, and data misuse.

Legislation: The debate centres on balancing children's right to protection with other fundamental rights, such as the rights to participate, self-expression, access to information, freedom of assembly, education, development, good health and privacy. Another issue under debate is the responsibility of private platforms, which are generally not directly bound by human rights obligations. Other issues include inequality of opportunity caused by error-prone facial recognition technology, the limited transferability of findings across contexts, and the proportionality of measures.

The results should be viewed with caution. Our focus was on bans where critical viewpoints tend to be expressed more strongly than supportive ones. The potential benefits of bans (such as mitigating the negative effects of social media) could not be fully considered. Furthermore, the various aspects were not always clearly distinguishable, and the debate was based on discussion papers identified through manual research, and the search was not performed exhaustively.

When interpreting the results overall, consideration should be given to the limitation of country selection (countries focusing exclusively on educational programmes, e.g., were omitted) and the restriction of included studies to those explicitly relating to social media. Therefore, more comprehensive digital interventions that influence social media use may have been overlooked.

Conclusion

The current evidence cannot reliably confirm or rule out the effectiveness of any specific regulatory approach. This does not necessarily mean age bans cannot work, but it underscores that effectiveness depends heavily on implementation, particularly reliable age assurance, rather than on the policy design alone. Ongoing research may also change the current state of knowledge. Furthermore, the findings suggest that comprehensive strategies that consider different perspectives and address the issue at various levels (e.g., full and partial restrictions, family-mediated measures, and educational programmes) are necessary. When developing comprehensive strategies, it is advisable to consider factors such as mental and physical health, human rights, self-determination, privacy, and equal opportunity. Implementing a social media ban for

under-14s in Austria should take into account ethical considerations under the principle of proportionality. Furthermore, the introduction should be accompanied by a public awareness campaign that reaches both adolescents and caregivers, since parental awareness of the legislation and their children's actual use may otherwise remain limited.

The Austrian proposal is part of a rapidly changing and widely debated international regulatory landscape. Criticism from data protection authorities, children's rights organisations, and youth advocacy centres primarily focuses on the proposal's feasibility and compatibility with EU law, as well as the risk of it leading to unintended restrictions on children's access to information and their social participation. Supporters cite child protection as their rationale.

The absence of a robust evidence base does not itself argue against regulatory action. Other sectors have introduced protective measures for demonstrable individual-level harms before full evidence of effectiveness existed. For Austria, and more generally, this highlights the need to establish an independent, pre-defined evaluation framework before implementation. This framework should assess whether the ban reduces actual usage and access, and whether it changes the type of content young people consume. In addition, research should assess the long-term effects on mental health, well-being and digital skills, and whether different subgroups are affected differently.

1 Background

1.1 Definition, prevalence and classification of social media

Social media includes digital media and technologies that allow users to communicate, connect, and exchange information through digital channels [1, 2]. Social media allows two-way communication; it enables users to create and share media content individually, in specific groups, or publicly, and to leave comments, view images, watch videos, and take part in various interactive activities [1, 2].

According to the Austrian governmental classification [2], social media technologies span four principal domains: communication platforms (e.g., social networks, blogs, microblogging); multimedia platforms (e.g., video- and photo-sharing services, livecasting, podcasts); collaboration and knowledge management tools (e.g., wikis); and entertainment platforms (e.g., virtual worlds, online games). Discussion platforms such as Reddit are additionally recognised as a distinct social media form [2]. The classification of messaging services such as WhatsApp as social media is inconsistent; some distinguish them from social media because they are mainly used for personal communication, while others include them because they enable the dissemination of user-generated content to many recipients [1].

Across the EU, 96% of 15-year-olds reported using social media daily in 2022 [3]. In the broader age group of 16 to 29-year-olds, the corresponding figure was 89.3% in 2025, while in Austria it was 96.1% [4]. The Jugend-Internet-Monitor 2026 [5], an initiative conducted by Saferinternet.at in collaboration with the institute for youth culture research (German: Jugendkulturforschung), provides representative data on social media platform usage among 500 Austrian adolescents aged eleven to 17 years. The findings indicate that WhatsApp remains the most widely used platform among Austrian adolescents, with 82% of respondents reporting its use, primarily for messaging, sharing images and videos, group communication, and video telephony. YouTube ranks second at 76%, serving as a platform for video content, livestreams, and increasingly as a search engine. Snapchat and TikTok follow with usage rates of 65% and 64%, respectively, while Instagram, used for photo and video sharing, including stories and reels¹, is also utilised by 64% of respondents. Further used platforms are Discord (18%), Twitch (14%), Facebook (11%), Signal (9%), Reddit (9%) and X (8%). Notably, all platforms have declined significantly compared to 2025; e.g., Snapchat and Instagram each lost nine percentage points, and TikTok eight percentage points. Gender differences are minimal among the most popular social networks [5].

As Valkenburg [7, p. 60] has observed, in the world of social media, everything is “rapidly new and rapidly old”, making it even more important to clearly define the specific types of social media being studied. For the purposes of this assessment, social media is operationalised based on three criteria: (1) alignment with the Austrian governmental classification of social media and (2) the documented use among Austrian adolescents outlined above, and (3) for messaging services, the presence of features that overlap significantly with those

Merkmale von sozialen Medien: zweiseitige Kommunikation, Nutzer:innen-generierte Inhalte

Einteilung nach österreichischer Klassifikation: Kommunikations-, Multimedia-, Kollaborations- und Unterhaltungsplattformen

96 % der 15-Jährigen in der EU benutzen soziale Medien täglich

Jugend-Internet-Monitor 2026 (n=500, 11-17 J.) zu sozialer Mediennutzung: WhatsApp 82 %, YouTube 76 %, Snapchat 65 %, TikTok 64 %, Instagram 64 %

Nutzung insgesamt rückläufig ggü. Vorjahr

Fokus dieses Berichts: YouTube, Snapchat, TikTok, Instagram, Discord, Twitch, Facebook, Reddit, X, Signal, WhatsApp

¹ Short, dynamic videos, usually lasting between 15 and 90 seconds (but can be considerably longer), often featuring music, text and effects [6].

of traditional social networks. Therefore, for this assessment, the primary focus is on platforms, including (but not limited to): YouTube, Snapchat, TikTok, Instagram, Discord, Twitch, Facebook, Reddit, X, Signal and WhatsApp. This list is illustrative and reflects current usage patterns; platform features and use patterns may change over time.

Professional networking platforms such as LinkedIn and Xing are excluded because they are of negligible relevance for the target population of children and adolescents. Collaborative knowledge platforms, including Wikipedia and other wikis, are excluded as they do not incorporate the social networking dynamics, algorithmic content curation, or personalised advertising that characterise the platforms of concern. Finally, online games and virtual worlds are excluded because they constitute a distinct regulatory domain, although some online games incorporate social networking and communication features that overlap with those of social media platforms. We, therefore, acknowledge that boundaries are partly fluid. Moreover, the broader category of smartphone use falls outside the scope of this report as specified in the project aims.

ausgeschlossen:
berufliche Netzwerke
(LinkedIn, Xing),
Wissensplattformen
(Wikipedia),
Online-Spiele/virtuelle
Welten, allgemeine
Smartphone-Nutzung

1.2 Adolescents as a vulnerable group

Adolescence is a dynamic developmental period that offers important opportunities to shape future health, education, and employment [8], but also presents heightened vulnerability [9].

Young people² are considered a vulnerable group in relation to social media use, owing to the distinctive neurobiological and psychosocial characteristics of adolescence [11]. The prefrontal cortex, central to executive function, impulse control, and decision-making, continues to mature into the early to mid-twenties, while socio-emotional networks develop earlier [12, 13], thereby promoting increased environmental sensitivity and vulnerability to risky behaviours [14, 15]. This developmental asynchrony leaves adolescents disproportionately responsive to social rewards and peer feedback [13]. Concurrently, adolescence is a period of identity formation and substantial psychosocial change, including education, relationships, and living circumstances [16], during which self-worth is particularly susceptible to social pressure, peer evaluation, and comparison [17].

Adolescence is therefore the life stage in which risk-taking behaviour peaks, and many mental disorders, including depression and anxiety, typically emerge [7, 17-19].

Since social media plays a major role in children's and adolescents' daily lives, their usage patterns and frequency can potentially become problematic [20]. Problematic social media use or social media addiction (often used interchangeably [21]) is considered a non-substance-related disorder [20], marked by addiction-like features and/or lack of self-control [22]. Problematic social media use involves a lasting preoccupation with social media, an uncontrollable urge to use social media, ongoing neglect of health (such as sleep deprivation), and

**Jugend bringt
Gelegenheiten aber
auch Vulnerabilitäten**

**Jugendliche als vulnerable
Gruppe in Bezug auf
soziale Medien:
präfrontaler Kortex
reift bis Mitte 20,
erhöhte Empfänglichkeit
für soziale Belohnung &
Gruppenfeedback**

**Jugend: viele psychische
Erkrankungen treten
erstmalig auf**

**problematischer
Soziale-Medien-Gebrauch:
nicht-substanzgebundene
Störung**

² The term 'young people' generally refers to individuals in the developmental phase between childhood and adulthood. Young people are often defined as those aged between ten and their mid-twenties; however, these definitions vary [10].

disregard for significant life domains like family, friends, and academic responsibilities [7, 23].

Neuroimaging research indicates that excessive social media use is associated with reduced connectivity in cognitive control structures (attentional and control networks) and heightened activation in reward-related regions [24]. Experimental evidence shows that receiving social feedback activates reward-related brain regions in a manner consistent with monetary reward processing [24], whilst exposure to social exclusion paradigms elicits stronger activation in regions associated with arousal and negative affect, indicating heightened sensitivity to social rejection [25]. Given that affective cognitive control systems are still developing, adolescents may have limited capacity to regulate strong negative emotions [13]. Problematic social media use may further alter developing brain structures, particularly the amygdala, which plays a key role in emotional learning and behaviour, and the prefrontal cortex [17].

Neurobildgebung bei hohem sozialen-Medien-Gebrauch:
verminderte Konnektivität in Kontrollnetzwerken und verstärkte Aktivität in Belohnungsregionen

1.3 Effects of social media on mental health and well-being

The widespread use of social media among children and adolescents has prompted growing research interest in its health effects [7]. Over the past decade, a large body of empirical research has examined associations between social media use and a wide range of outcomes. The evidence base is characterised by considerable heterogeneity, and the relationship between social media use and the (mental) health of youth is neither uniformly harmful nor beneficial [7, 26]. Across reviews, effect sizes are generally small to moderate, and findings are inconsistent [7, 26]. The underlying evidence base relied predominantly on cross-sectional designs and self-reported measures, limiting causal inference [7, 27].

Evidenzlage: heterogen, weder eindeutig schädlich noch förderlich; überwiegend Querschnittsstudien; kleine bis moderate Effektstärken

keine Kausalschlüsse möglich

The relationship between social media use and adolescents' mental health is shaped by three broad categories of intervening factors: individual demographic and psychosocial characteristics, patterns of individual use, and platform content and design as visualised in Figure 1-1 [28].

Einflussfaktoren auf individueller-, Nutzungs-, Plattform-/Inhalt Ebene

At an individual, demographic and psycho-social level, gender plays a role in influencing the relationship between social media use and mental health and well-being. For example, girls tend to engage with social media for relational purposes to a greater extent than boys, which can confer both benefits, such as enhanced online social support, and heightened vulnerability to adverse outcomes, including depressive symptoms, social anxiety, and body image dissatisfaction [28]. Girls also seem to access social media more frequently than boys, according to recent analyses [29]. Exposure to idealised and digitally altered representations of physical appearance, success, and lifestyle is associated with negative self-appraisal, self-objectification and stronger social pressures [28].

individuelle Ebene:
Einfluss von Geschlecht, Mädchen zeigen z. B. stärkere (relationale) Nutzung → mehr sozialer Rückhalt, aber auch mehr Depression, soziale Angst, Körperbildprobleme

Patterns of use further differentiate outcomes [28]. Some reviews suggest that social media use in itself might not inherently threaten adolescent mental health; rather, stronger and more consistent associations with adverse outcomes are observed for problematic use [20, 21, 26]. A recent three-year Australian cohort study of 100,991 students found a U-shaped association between after-school social-media use and well-being, with both heavy users and nonusers showing higher odds of low well-being than moderate users [30]. Passive consumption, such as scrolling and social comparison, is more consistently associated with

Nutzungsebene:
Dosis-Wirkungs-Beziehung: mehr Zeit → mehr negative Effekte;

passive Nutzung:
depressive Stimmung, Körperunzufriedenheit ...

depressive mood, body dissatisfaction, and reduced well-being, whereas active and meaningful interaction is more often linked to positive well-being and social support [17, 26, 28]. Peer feedback mechanisms play a central role: while positive feedback may reinforce self-worth, negative feedback and online ostracism are associated with fear of missing out, impaired self-acceptance, hypervigilance, and rumination [28].

With respect to the platform level, exposure to harmful content, including, among others, pro-eating disorder, self-injury material, hate speech, conspiracy theories, extremist ideologies, sexism, racism, and violent or sexual material, raises concerns regarding desensitisation and social contagion [28]. Furthermore, persuasive design features such as infinite scrolling, push notifications, algorithmic content recommendations, and engagement metrics such as public like counts are described as reinforcing habitual or excessive use by exploiting reward-seeking tendencies and self-control challenges [17, 28, 31]. Social media can also amplify the spread of dangerous viral trends. An example is the lethal Blackout Challenge, which was associated with the deaths of more than 20 young people within two months in the United States (US) [32]. The rapid and algorithmically mediated dissemination of such content may increase the likelihood that young users encounter material they would not otherwise seek out.

Importantly, risks associated with social media are not limited to the amount of time spent on platforms, unregulated social media can increase the risk of cyberbullying, such as online harassment, insults, threats, the spread of rumours, and the sharing of embarrassing content, alongside grooming, where adults with malicious intent use false identities to manipulate children and adolescents into unsafe interactions that may lead to sexual exploitation or abuse [31].

... aktive Nutzung:
eher positiv

Plattformebene:
schädliche Inhalte
(Pro-Ess-Störung,
Selbst-verletzung,
Hassrede u. a.),
Design-Elemente
(endloses Scrollen,
Push-Nachrichten,
Algorithmen)

**unregulierte soziale
Medien Plattformen
erhöhen zudem das Risiko
von Cybermobbing und
Grooming**

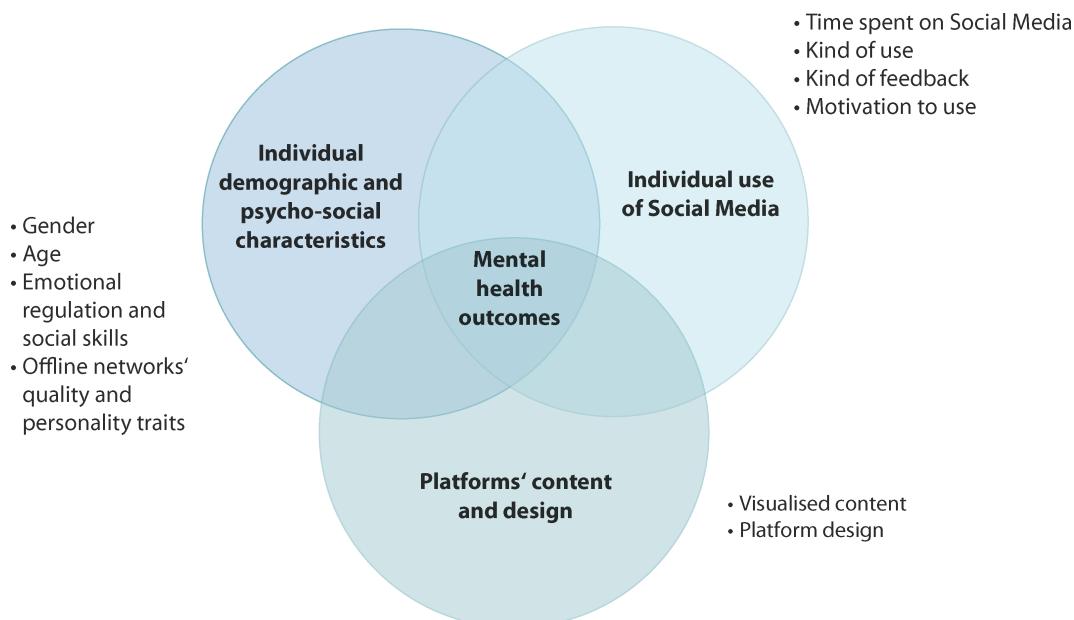


Figure 1-1: Venn diagram of factors influencing the relationship between social media use and mental health well-being. Adapted from: [28]; published under the CC BY license.

Furthermore, longitudinal risk factors for problematic social media use operate at both individual and environmental levels [33]. At the individual level, key predictors include use motivated by boredom or social connection; cognitive-emotional factors, such as negative emotions and maladaptive emotion regulation; poor self-control; sensation-seeking personality traits; poorer baseline mental health, including depressive and anxiety symptoms; lower self-esteem; and adverse childhood experiences [17, 28, 33]. At the social-environmental level, risk is elevated by poor peer relationships and pressure, social comparison, relational aggression, a strong need to connect with peers online, and lack of perceived family support [33]. Protective factors include supportive parenting and robust offline social networks [17, 28, 33].

The effects of social media use are not uniformly negative. For many young people, platforms provide meaningful opportunities for identity development by enabling self-expression, safe identity experimentation, and selective self-disclosure [17, 28]. Social media use further supports the formation and maintenance of social relationships and can provide online social support, including for those who may be marginalised offline, such as racial, ethnic, and sexual and gender minority youth [17, 26, 28]. Social media use has also been associated with reduced isolation and may support help-seeking for mental health difficulties [17, 26, 28].

For depression and anxiety, the majority of studies report positive associations, including a dose-response pattern for time spent on platforms [17, 26, 28]. Problematic social media use is associated with increased symptoms of depression, anxiety, loneliness, and stress [20, 28]. This relationship may be bidirectional: excessive social media use may predict worsening mental health over time, while pre-existing vulnerabilities such as low self-esteem, loneliness, or anxiety may, in turn, be associated with increased or compulsive social media use [17, 28].

Problematic and frequent use has been linked to shorter sleep duration, insomnia, and daytime consequences, such as fatigue, attentional difficulties, and emotional dysregulation [28, 34, 35]. No review identified a positive association between social media use and sleep quality; findings were either null or negative [21]. Heavy use during evening and night hours, and the habitual checking of notifications were identified as proximal contributing factors [34, 35].

Social media use has been associated with body image dissatisfaction, disordered eating, and restrictive dietary behaviours, particularly among girls, with social comparison and exposure to digitally altered imagery as plausible mechanisms [17, 26, 28, 35].

Furthermore, social media use is adversely associated with a range of health risk behaviours, including alcohol, tobacco, and drug use, gambling, sexual risk behaviours, and consumption of unhealthy foods [27, 36]. Increased screen time and prolonged social media use can also correlate with sedentary behaviour and decreased physical activity [37]. Notably, exposure to harmful or risk-promoting marketer-generated content displaying these behaviours appears to be associated with particularly consistent evidence of harm [36].

Risikofaktoren:
Langeweile,
negative Emotionen,
geringe Selbstkontrolle,
niedriger Selbstwert,
Gruppendruck,
sozialer Vergleich,
fear-of-missing-out;
Schutzfaktoren:
unterstützende Eltern,
stabiles Offline-Netzwerk

positive Effekte:
Identitätsentwicklung,
Selbstaussdruck, sozialer
Rückhalt (v. a. für
marginalisierte Gruppen),
weniger Isolation,
erleichterte Hilfesuche

Depression & Angst
am häufigsten untersucht;
meist positive Assoziation,
potenziell bidirektional:
Nutzung ↔ psychische
Probleme

kürzere Schlafdauer,
Insomnie, Tagesmüdigkeit,
Konzentrationsprobleme

Unzufriedenes Körperbild,
gestörtes Essverhalten;
durch sozialen Vergleich,
bearbeitete Bilder

Alkohol-, Tabak-,
Drogenkonsum,
Glücksspiel, sexuelles
Risikoverhalten

Several studies have identified associations between excessive social media use and self-harm and suicidal behaviour [17, 26, 28]. Mechanisms discussed in the literature include normalisation of self-harm through exposure to user-generated content depicting these behaviours, social contagion effects, and online victimisation [17, 28]. Cyberbullying, experienced disproportionately by adolescent girls and sexual minority youth, is consistently associated with depression and anxiety [17, 27].

Zusammenhang mit Selbstverletzung & suizidalem Verhalten; Mechanismen: Normalisierung, soziale Ansteckung, Online-Viktimisierung

1.4 Legal and political situation

1.4.1 Legal situation in Austria and in the EU

Social media use among children and adolescents in Austria is shaped by European data protection law, European Union (EU) platform regulations, international children's rights instruments, and general civil and personality rights protections. The most important legal framework at the EU level is the General Data Protection Regulation (GDPR) [38]. It has been applicable in all member states since 25 May 2018, with the aim of harmonising data privacy laws across Europe [38]. Art. 8 GDPR [39] regulates age-dependent consent to data processing by information services. Specifically, personal data may lawfully be processed only for persons aged 16 years or older. For children under 16, the holder of parental responsibility must provide consent. Member states may individually set a lower national minimum age, down to 13 years [39, 40], which is the official minimum age on most platforms [41]. Austria used this clause by lowering the minimum age for independent consent to the processing of personal data to 14 years through a special provision (Art. 2 (4), GDPR) [42]. Social media platforms necessarily collect personal data [1]; therefore, social media use by children under 14 years without parental consent is prohibited in Austria.

Rechtsrahmen: DSGVO, EU-Plattformregulierung, Kinderrechte

Österreich: Mindestalter 14 J. (§ 2 Abs. 4 DSG) → Soziale-Medien-Nutzung unter 14 J. ohne Zustimmung der Eltern unzulässig

The Digital Services Act (DSA) [43] complements the GDPR framework. The DSA came into effect on 17 February 2024, establishing a clear legal framework for intermediary service providers, including social media platforms [44]. The act regulates platform design, advertising, content moderation, and risk management concerning minors (<18 years). Examples include the restriction of personalised advertising and manipulative designs. Specifically, the DSA requires platforms to ensure a high level of protection for children and adolescents. This may involve restricting account interactions, screenshot and tracking functions, or endless scrolling [1]. Furthermore, Very Large Online Platforms (VLOPs)³ must conduct regular, independent assessments of their platforms for systemic risks to children and adolescents at least once a year [1]. Platforms are also required to establish procedures for reporting and removing illegal content and to provide mechanisms for contesting decisions made by platforms regarding content moderation [44]. The DSA also obliges platforms to formulate terms and conditions that are comprehensible to children and adolescents and to explain recommendation systems [1].

Digital Services Act (DSA): seit 17.2.2024 in Kraft reguliert Plattform-Design, Werbung, Content-Moderation

³ VLOPs: "A term used in the Digital Services Act (DSA) to refer to very large online platforms with at least 45 million monthly users in the EU, which are subject to specific requirements." [1, p. 50] translated by JP.

In addition to the GDPR and the DSA, the UN Convention on the Rights of the Child, to which Austria is a signatory, establishes a more extensive legal framework for the protection of children's rights (including, for instance, the best interests of the child and the right to participation and development [45]). Other specific instruments also offer guidance on digital protection. These include the Audiovisual Media Services Directive (AVMSD) [46] and the EU Code of Conduct for age-appropriate design [40], which outline guidelines for protecting children and adolescents in the digital environment. Furthermore, the AVMSD places particular emphasis on social media platforms that facilitate the public sharing of user-generated videos [1]. The EU directive stipulates that providers must implement "appropriate" measures to safeguard children and adolescents from potentially harmful content, including pornography [1].

Beyond general child protection provisions, EU policy also addresses online harms disproportionately affecting girls. In its strategy on women's rights, it identifies "freedom from gender-based violence" as a guiding principle and declares that "every woman and girl has the right to security and to be treated with dignity, both online and offline, in public and private life" [47, p. 5].

**AVMSD (audiovisuelle Mediendienste),
EU Code of Conduct für altersgerechtes Design**

Schutz v. a. vor schädlichen Inhalten (z. B. Pornografie)

EU-Strategie für Frauenrechte: Schutz vor geschlechtsspezifischer Gewalt auch online

1.4.2 Political situation

To counteract the negative effects of social media use, bans on social media for children and adolescents are being discussed internationally. Notably, Australia was the first country to introduce a nationwide, comprehensive ban on social media use for under-16-year-olds [48]. Other countries have announced that they will follow Australia's example, including France, the United Kingdom, Germany and Spain [49].

Following Australia's example, on March 27, 2026, the Austrian Federal Government published a press release announcing a national child protection package in the digital sphere, with a central proposal to introduce a legally binding minimum age of 14 for the use of social media platforms such as Instagram, TikTok, and Snapchat [50]. The government announced that it would develop a bill by summer 2026, while technical operationalisation and enforcement mechanisms remained to be finalised and aligned with EU-level approaches [50].

The establishment of the mandatory minimum age is contingent upon two factors: first, the legal capacity threshold currently in effect in the Austrian legal framework, and second, the provisions enshrined in the GDPR. The zero-knowledge proof approach⁴ might ensure that age verification complies with data protection regulations and operationalise the age threshold without requiring platforms to collect additional personal data [50]. In addition to the age restriction, the package includes broader regulatory and preventive measures. These involve stronger enforcement of the EU Digital Services Act, the promotion of high-quality journalistic formats tailored to young people, new workshop series on fact-checking in everyday digital life, improved cooperation between platforms and authorities in cases of illegal content, and measures to reduce harmful algorithmic amplification [50].

Australien: erstes Land mit generellem Sozialen Medien Verbot für unter 16-Jährige

Österreich (27.3.2026): Kinderschutzpaket geplant: verbindliches Mindestalter 14 J. für Soziale Medien; Gesetzesentwurf angekündigt, Umsetzung noch offen

Mindestalter abhängig von: Geschäftsfähigkeit + DSGVO-Vorgaben; Altersverifikation mittels Zero-Knowledge-Proof;

weitere regulatorische und vorbeugende Maßnahmen

⁴ The 'zero-knowledge proofs' approach is a technology for verifying age that does not involve collecting sensitive information [51].

As part of the same package of measures, the government also announced a substantial expansion of digital literacy education. This includes introducing a new compulsory school subject, “Media and Democracy”, at the upper secondary general education level for 2 weekly hours per year, covering topics such as the influence of the media on public opinion, disinformation, radicalisation, and their impact on mental health. Additionally, the plan includes expanding informatics teaching with a stronger focus on artificial intelligence, data protection, and the societal impacts of digital technologies. The implementation will take place without increasing the total number of hours, with flexibility for schools to integrate the new content into existing structures [50]. Information on when the minimum age requirement takes effect, which platforms are affected, how the age verification will work technically, and whether the law is compatible with EU law is still to be determined [52].

In Austrian schools, a nationwide ban on cell phones for students up to the eighth grade (approximately ages six to 14) has been in effect since May 1, 2025 [51]. Consequently, students are prohibited from using mobile phones, smartwatches, and comparable devices used for digital communication at school, during classes held off campus, and at school events, although exceptions are possible [51]. Exceptions may include different rules applied by the school, permission granted by teachers or supervisory staff for use in connection with lessons, or necessary use for medical reasons [51]. The University of Klagenfurt has recently reported, through qualitative research accompanying the mobile phone ban in the province of Carinthia, that the ban is viewed predominantly positively by teachers, headteachers and school administrators (e.g. improved social behaviour and increased concentration among children), and that it brings about noticeable improvements in everyday school life (a slower pace) [53]. In particular, challenges were reported with regard to practical implementation [53].

**neues Pflichtfach
„Medien und Demokratie“
(Oberstufe,
2 Wochenstunden) und
mehr Informatikunterricht**

**Handyverbot an
österreichischen Schulen
seit 1.5.2025 bis
8. Schulstufe**

1.5 Policy relevance and research gaps

In national and international contexts, a range of legal and political measures are being implemented and discussed to protect children and adolescents in the digital environment, particularly with regard to social media. These can be broadly grouped into regulatory measures, such as age restrictions or partial restrictions (e.g., on certain functions or settings, such as schools), educational programs (e.g. digital literacy), or family-mediated approaches (e.g. parental controls). In accordance with the normative European framework for children’s rights, regulations should balance children’s and adolescents’ rights to protection and participation, with consideration of their capabilities and autonomy [40]. Informed decision-making is required to achieve a balanced approach that safeguards against potential harm while also acknowledging the benefits of participation.

To enable decision-makers to make informed decisions, structured evidence is needed that outlines the advantages and disadvantages of different regulatory and empowering interventions. Moreover, the comprehension of harm and benefit, and the manner in which these are operationalised, is closely associated with social and moral values. Consequently, evidence alone is insufficient for the assessment of the appropriateness of measures that may possess both negative and positive aspects. Accordingly, it is also necessary to provide informa-

**Maßnahmen zum Schutz
von Kindern/Jugendlichen
im digitalen Raum:
regulatorisch,
familienbasiert, und
Bildungsprogramme;
Balance zwischen
Schutz- und Teilhaberecht
erforderlich**

**fundierte Evidenz
zu Wirkung konkreter
Maßnahmen &
systematische Erfassung
möglicher Politik-Optionen
und ethische Abwägungen
benötigt**

tion to assist in weighing up the relative benefits and harms. Current policy debates frequently focus on the effects of social media use on the health of children and adolescents, drawing on a broad evidence base (see Chapter 1.3). However, this evidence is inconsistent [54] and does not point clearly to either positive or negative effects, which appear to depend on the circumstances [55]. Furthermore, questions of causality remain largely unresolved [56, 57].

It is therefore imperative to augment the extant research on these effects with an overview of potential policy measures addressing social media use. Such measures must be systematically identified and assessed from both empirical and ethical perspectives to determine whether they are suitable for protecting and promoting the health of children and adolescents. The objective of this approach is to establish a framework for well-informed policy decisions that can help balance the potential benefits and consequences of such measures.

Überblick über bestehende politische Maßnahmen zur Regulierung der Nutzung sozialer Medien, deren Auswirkungen und ethischen Implikationen

2 Project aims and research questions

In light of this research gap and the growing need for health policy action in Austria, this report aims to systematically synthesise available evidence from selected countries and provide comprehensive, evidence-based decision support for Austrian health policy. The central focus is on identifying which measures for regulating social media use and educational programmes are suited to protecting the health of children and adolescents and mitigating harmful effects. The findings are intended to inform both scientific and public debate and to map the current evidence base systematically.

The provision of a detailed implementation plan or the assessment of the general impact of social media use itself, or smartphone use more broadly, is outside the scope of this report.

The following research questions (RQ) will be addressed:

- RQ 1:** What restrictions and educational programmes in selected countries address the use of social media by children and adolescents, and what are their characteristics?
- RQ 2:** What benefits and harms of interventions addressing social media use of children and adolescents are described in the literature of selected countries?
- RQ 3:** Which social and moral norms and values are relevant when banning social media for children and adolescents?

**systematische
Evidenzsynthese aus
ausgewählten Ländern
für Entscheidungs-
unterstützung für
österreichische
Gesundheitspolitik**

**nicht Ziel:
Umsetzungsplan,
allgemeine Wirkung**

Forschungsfragen:

3 Methods

To achieve the report's objective, we examined the three RQs using various methodological approaches. First, we mapped interventions using a structured manual search. Second, we performed a systematic review (SR) to analyse the benefits and harms of the interventions. Third, we explored the possible social and moral consequences of a social media ban for children and adolescents through an ethical analysis involving a manual search.

The definitions of interventions, the target population (children and adolescents), and the countries considered remained consistent across all RQs, whereas the eligibility criteria varied.

The research protocol was pre-registered on the Open Science Framework platform (ID: [ZVW7Q](#) [58]) and updated once for finalisation of RQ3. The protocol update on RQ3 was registered without any prior data collection on RQ3. In general, no deviations from the updated protocol occurred. Due to refinements in definitions, there are differences in the terminology used to describe the interventions.

**3 Forschungsfragen,
3 Methoden:
strukturierte Handsuche,
systematischer Review,
ethische Analyse**

**einheitliche Definitionen
(Interventionen,
Zielgruppe, Länder)**

**Präregistrierung auf OSF
(ID: ZVW7Q), 1 Update für
Forschungsfrage 3**

Definition children and adolescents

For this report, a child is defined as any person under the age of 18 years, in accordance with the United Nations Children's Fund (UNICEF) definition [59], while adolescence is defined as extending from 10 to 19 years of age, consistent with the World Health Organisation (WHO) terminology [60]. Infants and younger children outside this age range were not within the scope of this review (see Chapter 3.2 for further information).

**Kind: < 18 Jahre (UNICEF)
Jugendliche: 10-19 Jahre
(WHO)**

Definition and classification of intervention

For this assessment, *Interventions* are defined as both external measures (e.g. legal bans, technical restrictions), internal measures within families (e.g. parental monitoring, or self-defined time caps), and educational approaches aimed at encouraging self-regulation of usage. The following three categories are distinguished in relation to interventions that are intended to moderate children and adolescents' social media use:

**Maßnahmen:
regulatorisch,
familienintern,
Bildungsprogramme**

- **Full regulatory bans:** national, age-based bans enforced at the state level that prohibit access to social media entirely up to a specified age;
- **Partial restrictions:** externally imposed partial restrictions, operating by setting (school phone bans), time (curfews, e.g. 60 min/day cap), or platform/feature (restrict functions, e.g. disabling infinite scroll or push notifications), content-based restrictions (e.g. harmful or age-inappropriate content);
- **Family-mediated regulations:** caregiver-level interventions, such as parenting practices (modelling, monitoring, mediation, limit-setting); classified as partial restrictions because they similarly moderate access or use (e.g. through time limits), although implemented at the family level rather than imposed externally; and
- **Educational programmes:** comprising digital and media literacy curricula, interventions promoting responsible or critical social media use, and parental training or guidance programmes.

Country selection

A Global Social Media Age Restriction Tracker [61], maintained by a non-profit, pro-democracy organisation, lists 41 countries (as of 23 February 2026) that have implemented, passed, considered, proposed, or are currently discussing social media regulations. To our knowledge, this tracker is currently the most comprehensive source providing an overview of international approaches on regulating social media. The countries are listed in Table 3-1 and visualised in Figure 3-1; the data were exported from Tech Policy Press [61] on 11 March 2026. The present review focuses on countries where social media age restrictions have been implemented, passed, or are under consideration ($n=23$), as partisan proposals or bills. Countries in which the proposed ban has been formally announced or is under discussion (e.g. in the form of calls from institutions or public debates) have not been included in the analysis (see Table 3-1).

Länderauswahl basierend auf Global Social Media Age Restriction Tracker (Stand 23.2.2026)

Fokus dieser Reviews: Länder mit umgesetzten, beschlossenen oder aktiv diskutierten Altersbeschränkungen ($n=23$)

Table 3-1: Countries identified by Policy Press Tracker in regard to social media age restrictions [61]

Age restriction	Additional condition	Country	Implementation status	Included for analysis
Under 13	Data processing consent	United Arab Emirates	Passed	✓
	–	United States	In consideration	✓
	–	Belgium	Under discussion	X
Under 14	–	Thailand	In consideration	✓
	–	Austria	Proposed	X
	–	Canada	Under discussion	X
Under 15	–	France	Passed	✓
	Parental consent from 13	Denmark	In consideration	✓
	–	Ecuador	In consideration	✓
	–	Italy	In consideration	✓
	–	Norway	In consideration	✓
	–	Poland	In consideration	✓
	–	Slovenia	In consideration	✓
	–	Turkey	In consideration	✓
	–	Greece	Proposed	X
	–	Czech Republic	Under discussion	X
	–	Finland	Under discussion	X
	–	Netherlands	Under discussion	X
Under 16	–	Australia	Implemented	✓
	Parental registration required	Vietnam	Implemented	✓
	Parental consent required	Brazil	Passed	✓
	–	Indonesia	Passed	✓
	–	Malaysia	Passed	✓
	–	Ireland	In consideration	✓
	–	New Zealand	In consideration	✓
	Parental consent from 13	Portugal	In consideration	✓
	–	United Kingdom	In consideration	✓
	Parental consent from 13	European Union	Proposed	X
	–	Spain	Proposed	X

Age restriction	Additional condition	Country	Implementation status	Included for analysis
	–	Germany	Under discussion	X
	–	India	Under discussion	X
	–	Pakistan	Under discussion	X
	–	South Africa	Under discussion	X
	–	Sweden	Under discussion	X
Under 18	Under 12 banned; parental consent from 13	Philippines	In consideration	✓
Under 8/14/18 (tiered)	–	China	Implemented	✓
No threshold	–	South Korea	In consideration	✓
	–	Albania	Under discussion	X
	–	Egypt	Under discussion	X
	–	Japan	Under discussion	X
	–	Nigeria	Under discussion	X

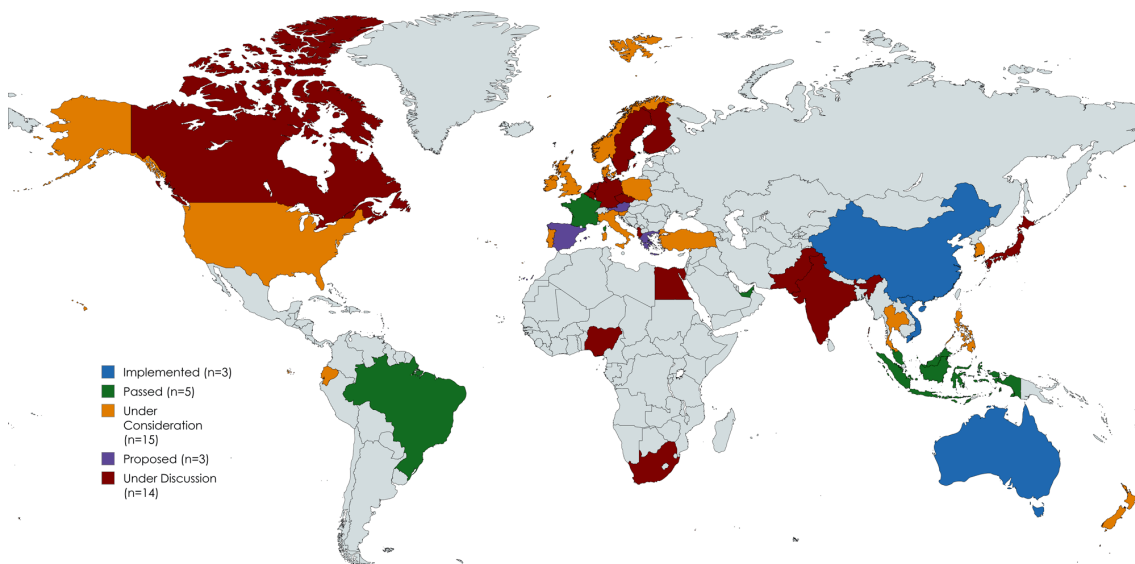


Figure 3-1: Countries included in the literature search (evidence atlas)

3.1 Research question 1: Mapping of restrictions and educational programmes on social media use

The objective of the RQ is to map existing intervention types and their implementation characteristics, rather than to identify all existing policies or verify their implementation status.

Ziel FF1: Mapping von Interventionstypen

Search strategy

To identify regulatory and educational programmes aimed at addressing social media use (intervention) in children and adolescents (population), a structured manual search for grey literature was conducted across various databases (TRIP Database, WHO, Organisation for Economic Co-operation and Development (OECD), Google/Google Scholar). Defined keywords for the population and the intervention were combined and searched for each of the 23 countries individually. To identify additional literature, the large language model (LLM) Claude.ai Sonnet 4.6 (high capacities) was utilised. The search was conducted between March 17th and April 2nd 2026, by one reviewer (JP). Searches were conducted in English and additional searches in the respective local language (e.g., Chinese, Vietnamese) when no or only a few documents in English were expected. Search strategies were translated using DeepL [62]. The detailed search strategies and prompts for the LLM are documented in Appendix 8.1. Where searches were carried out in languages other than English, the results were translated directly into English via the Google Translate tool integrated into the interface. In instances where a database contained more than 100 results, the 100 most relevant ones were screened. This approach was adopted because it was deemed that the search had been exhaustive at this point, and it was not anticipated that more relevant documents would be identified. The database and LLM (Claude.ai) search yielded a total of 3,347 hits, which were screened for compliance with the inclusion criteria.

strukturierte Handsuche:
TRIP, WHO, OECD,
Google/Google Scholar +
Claude.ai pro Land (n=23)

insgesamt 3.347 Treffer

Inclusion criteria

Documents were eligible if they were published by official institutions (e.g., the government, ministries, and institutes) and met the predefined inclusion criteria summarised in Table 3-2.

Einschlusskriterien

Interventions addressing social media use were only eligible if social media was an explicit intervention target or component, rather than merely an illustrative example. For instance, some digital literacy initiatives highlighted the potential dangers of social media and used this to emphasise the importance of digital education. However, these same initiatives did not actually include any modules on social media in their programmes. Since official government documents and press releases are more likely to be published in the national languages, no restrictions were placed on language. Full texts were translated into English using Claude.ai.

Soziale Medien mussten
explizites Ziel/Bestandteil
sein

Table 3-2: Inclusion and exclusion criteria for relevant social media strategies and interventions (RQ1)

Criteria	Inclusion	Exclusion
Population	■ Children and adolescents	■ Adults, toddlers
Concept	Interventions addressing social media use: ■ Full regulatory bans (e.g., age limits/verifications) ■ Partial restrictions (e.g., time; function such as endless scrolling, content restriction; setting restriction, including school) ■ Educational programmes (e.g., digital literacy, parental training) ■ Published by government bodies, national authorities, health organisations, or academic institutions	■ Interventions addressing smartphone use or digital literacy in general – the use of social media must be clearly defined as either an objective or a component (e.g., one module of an educational programme), rather than merely given as an illustrative example. ■ Interventions addressing social media use exclusively among adults ■ Interventions addressing the general effects of social media use ■ Interventions focused solely on specific indications

Criteria	Inclusion	Exclusion
Context	Interventions must report at least the following 3 features: ■ Population/target group (age) ■ Responsibilities (e.g. platforms, legal guardians, teachers) or implementing body ■ Operationalisation (including setting, duration, technical realisation) or consequences (e.g. penalty)	Interventions not addressing all of the characteristics or not in an extractable format.
Countries	Countries where restrictions on social media have been implemented, passed or are under consideration as of March 11 th 2026 [61].	All other countries
Publication Language	No language restrictions (if no official translation is available, a translation generated by a large language model will be used).	-
Publication Period	Documents published in 2020 or later are included.	Policies explicitly marked as outdated or replaced.

Screening and selection

One reviewer (JP) screened the search results (5,277 hits) against the inclusion criteria and identified 211 potentially eligible documents. A full-text screening was then conducted by two authors (JP and RS), each reviewing 50% of the documents (n= ~104-109). A random subsample of 20% (n= ~18) of the approximately 104-109 full-text articles reviewed by each author was then selected and screened independently by the other author (JP or RS). The agreement between the two reviewers (inter-rater reliability) was 97.2% (35/36), with only one differing decision, which was resolved by consensus. After full-text selection, 45 documents remained for data extraction. The full screening and selection process is documented in the Supplemental Material on OSF (ID: [ZVW7Q](#) [58]).

5.277 Treffer →
211 potenziell relevant
Treffer eingeschlossen
in Volltextprüfung:
2 Reviewer:innen mit 20 %
Zweitreviewer Prüfung
→ 45 Dokumente final
eingeschlossen

Data extraction

To identify the characteristics of the regulations, core categories for the data extraction table were developed a priori, based on the inclusion criteria. One author (JP), with the aid of Claude.ai, extracted information from the original (or translated) documents on the following four core characteristics:

- **Intervention domain:** targeted domains addressed by the regulation
- **Target group:** age group targeted by the regulation
- **Responsible bodies:** organisations responsible for implementation and enforcement of the regulation
- **Operationalisation:** tools or conditions specified for the implementation of the regulation
- **Consequences:** consequences following non-compliance with the regulation

The prompts and data extraction tables are available in the [Supplemental Material](#). Claude.ai Opus 4.7 (extra) was instructed to extract direct quotations only and was not used to interpret or summarise content. One reviewer (JP) verified all text passages extracted by Claude.ai. A second reviewer (RS) checked a 20% subsample of the documents (n=9). Documents in languages other than English or German could only be verified in their translated versions.

Datenextraktion
mit Unterstützung
von Claude.ai
4 Kernbereiche:

Verifizierung:
1. Reviewer:in vollständig,
2. Reviewer:in
20 %-Stichprobe

Synthesis

One researcher (JP) derived categories inductively from the extracted material that represent specific sub-attributes of the respective characteristic. The definitions of these categories were also derived from the material itself. Definitions are presented in the results section, and characteristics are narratively synthesised together with their respective attributes.

**induktive
Kategorienbildung,
narrative Synthese der
Charakteristika**

3.2 Research question 2: Benefits and harms of interventions addressing social media use

To address the second RQ, a systematic review was conducted to assess the benefits and harms of interventions regulating social media use for children and adolescents.

**FF2: systematische Review
zu Nutzen & Schaden von
Interventionen**

Inclusion criteria

Predefined inclusion criteria for relevant studies are summarised in Table 3-3.

Einschlusskriterien

Table 3-3: PICO inclusion criteria

Population	Children and adolescents (<19 years)
Intervention	Interventions addressing social media use among children and adolescents
Comparison	■ Different intervention approaches addressing social media use among children and adolescents compared with one another (intervention vs intervention) ■ No intervention (or waitlist control)
Outcomes	■ Mental health (e.g., symptoms of depression, anxiety, mood disorders, stress, body image*/eating disorder, self-harm) ■ Well-being and quality of life ■ Problematic social media use (e.g., addiction-like behaviour, time spent on social media) ■ Social and behavioural outcomes (e.g., isolation, prosocial/antisocial behaviour) ■ Sleep quality (e.g., bedtime delay, duration, disturbances) ■ (Academic) Performance (e.g., school grades, communication, attention and other developmental disorders) ■ Media literacy ■ Harm incidence (e.g., sexual harassment, cybergrooming, bullying/cyberbullying) Rationale: informed by existing literature (e.g., [63-66]) as well as stakeholder involvement (see Chapter 4.2.1)
Publication type	Reviews (preferred); primary studies (alternatively); ongoing studies (if no evaluative evidence available) Rationale: Iterative, applied separately by intervention type (full regulatory bans, partial restrictions, family-mediated regulations, educational programmes): priority to recent, high-quality reviews (systematic reviews, umbrella reviews, rapid reviews, Health Technology Assessment-reports). If such reviews are unavailable, inclusion will be expanded to primary studies; where no evaluative evidence exists (e.g. for full regulatory bans), ongoing studies/evaluations will be mapped
Publication date	Studies from 2020 Rationale: Broadly, the period during which measures to regulate the use of social media by children and adolescents were developed [67]
Countries	Countries where restrictions on social media have been implemented, passed, proposed or are under consideration or discussion as of March 11 th 2026 [61]

Note: * Body-image-related constructs were adjacent to mental health

The review focused on children and adolescents. In line with the WHO definition (see Chapter 3), studies were eligible if the mean sample age was below 19 years. No separate lower age threshold was imposed, because although most social media platforms set a minimum age of 13, studies indicate substantial social media use below this age [68]. However, evidence that investigates (problematic) social media use of children is relatively scarce [69]. Furthermore, the review focused on social media use relevant to the review question and therefore did not include studies of very young children (e.g., toddlers to the early schooling phase), whose exposure to social media is primarily caregiver-mediated. Studies that focused primarily on clinical populations or individuals with a diagnosed disorder were excluded in order to maintain the review's focus on primary prevention rather than clinical samples.

Eligible interventions directly targeting social media use in children and adolescents. As shown in Chapter 3, four broad categories were considered eligible. Interventions targeting general smartphone or screen use without a specific social media component, as well as studies assessing social media exposure in the absence of a defined intervention and purely descriptive studies reporting prevalence data only, were excluded. Where studies referred to '(digital) media', full texts were examined in detail to determine which intervention types were included.

No established standard of care or comparator exists for interventions aimed at reducing social media use in children and adolescents. In most cases, control groups may have no intervention, or an intervention may be compared to another intervention or waitlist controls.

SRs were prioritised. For included SRs, the proportion of primary studies meeting the eligibility criteria of the present report was assessed. Where not all primary studies within an included review met the population and/or temporal inclusion criteria, findings from that review were classified as indirect evidence. Narrative reviews not meeting the criteria for a SR were excluded. Where review-level evidence was sparse or insufficient for a given intervention category, relevant primary studies were included. This iterative approach was applied separately for each intervention category. Where no evaluative evidence was identified, as was anticipated, particularly for full age-based restrictions due to their recency, ongoing and planned trials and preliminary evidence were identified and described (e.g. study design, outcomes assessed and expected completion date).

The search was restricted to publications from 2020 onwards, as this broadly marks the period during which interventions regulating social media use among children and adolescents began to be developed and documented in the empirical literature [67].

For RQ2, eligibility was broadened to include countries where age restrictions were proposed or discussed, in addition to those implemented, passed, or under active consideration (n=41). This reflects the anticipated scarcity of primary evidence, as binding social media age restrictions remain a recent and rare policy instrument⁵.

Zielgruppe:
 Ø Stichprobenalter
 < 19 Jahre,
 keine separate
 Untergrenze definiert

4 Interventionskategorien

Vergleich:
 keine Intervention oder
 andere Intervention

Priorisierung von SRs;
 iteratives Vorgehen je
 Interventionskategorie

Suche ab 2020

Länderauswahl für FF2
 erweitert (n=41)

⁵ In contrast to RQ1, which maps the policy landscape and therefore requires classification of countries by actual legal status (implemented, passed, or under active consideration), RQ2 addresses the effects of social media restrictions and, therefore, depends on the existence of primary studies.

Stakeholder involvement: outcome prioritisation

To incorporate various perspectives in selecting and prioritising relevant outcomes, a low-intensity stakeholder consultation was conducted with children and adolescents and the topic-submitting institution (Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection) between March and April 2026.

Two school classes from middle and high schools in Vienna (convenience sample, not representative) were invited to participate in a brief online survey (voluntary and anonymous) during regular class time. Participants were presented with a list of the eight candidate outcome domains identified from the scoping search (mental health, well-being, problematic social media use, social and behavioural outcomes, sleep quality, (academic) performance, media literacy, and online harm incidence). Outcome descriptions were adapted for a youth audience. Participants selected the three outcomes they considered most important and could suggest additional outcomes via an open-ended question. Basic demographic information (age, gender) was collected anonymously and voluntarily. A pre-specified threshold of 25% was applied; outcome domains endorsed by fewer than 25% of participants were classified as non-priorities. This activity constituted informal stakeholder consultation rather than formal research and was therefore not subject to ethics committee approval. The consultation was conducted with the support of the classroom teacher. The full survey is available in Appendix 8.4.

Furthermore, representatives of the commissioning body were consulted via a structured online meeting. Participants were presented with the candidate outcome list and asked to identify outcomes relevant to the Austrian context and to flag any missing outcomes.

Findings from both consultations informed the final inclusion of outcomes in the review (see Chapter 4.2.1 for results).

Search strategy

The systematic search was conducted between 16 and 24 March 2026 across five databases: Ovid MEDLINE (PubMed), Embase, PsycINFO, The Cochrane Library, and the INAHTA Database. In total, 2,647 records were identified. The full MEDLINE search strategy is provided in Appendix 8.5 ("Search strategy for MEDLINE via Ovid"); all other search strategies are available on OSF (ID: [ZVW7Q](#) [58]).

Screening and selection

After deduplication, 2,179 citations remained. Title-and-abstract screening was performed by one reviewer (RS) using Rayyan. A second reviewer (JP) independently screened a random 20% subsample of records excluded at this stage (n=427); agreement was reached on 425 of 427 records (99.5%). The two discordant records were resolved by consensus. Full-text screening was performed independently by two reviewers (RS, JP). Disagreements were resolved through discussion; where consensus could not be reached, a third reviewer (RJ) was involved. A comprehensive list of relevant excluded studies, along with reasons for their exclusion, can be found in Appendix 8.9. The selection process is presented in Figure 3-2.

Reference lists of all relevant studies were additionally hand-searched to identify further relevant records.

**Stakeholder-Konsultation
für Endpunkte
Priorisierung**

**2 Schulklassen Wien
(Gelegenheitsstichprobe):
freiwillige, anonyme
Online-Umfrage;**

**Auswahl der 3 wichtigsten
von 8 Outcome-Domänen**

**strukturiertes
Online-Meeting mit
Auftraggeber:in**

**beide Konsultationen
flossen in Auswahl ein**

**systematische Suche:
5 Datenbanken
2.647 Treffer**

**Titel-Abstract-Screening:
1 Reviewer:in +
20 %-Prüfung durch
2. Reviewer:in;
Volltextscreening:
2 Reviewer:innen
unabhängig**

Referenzlisten Suche

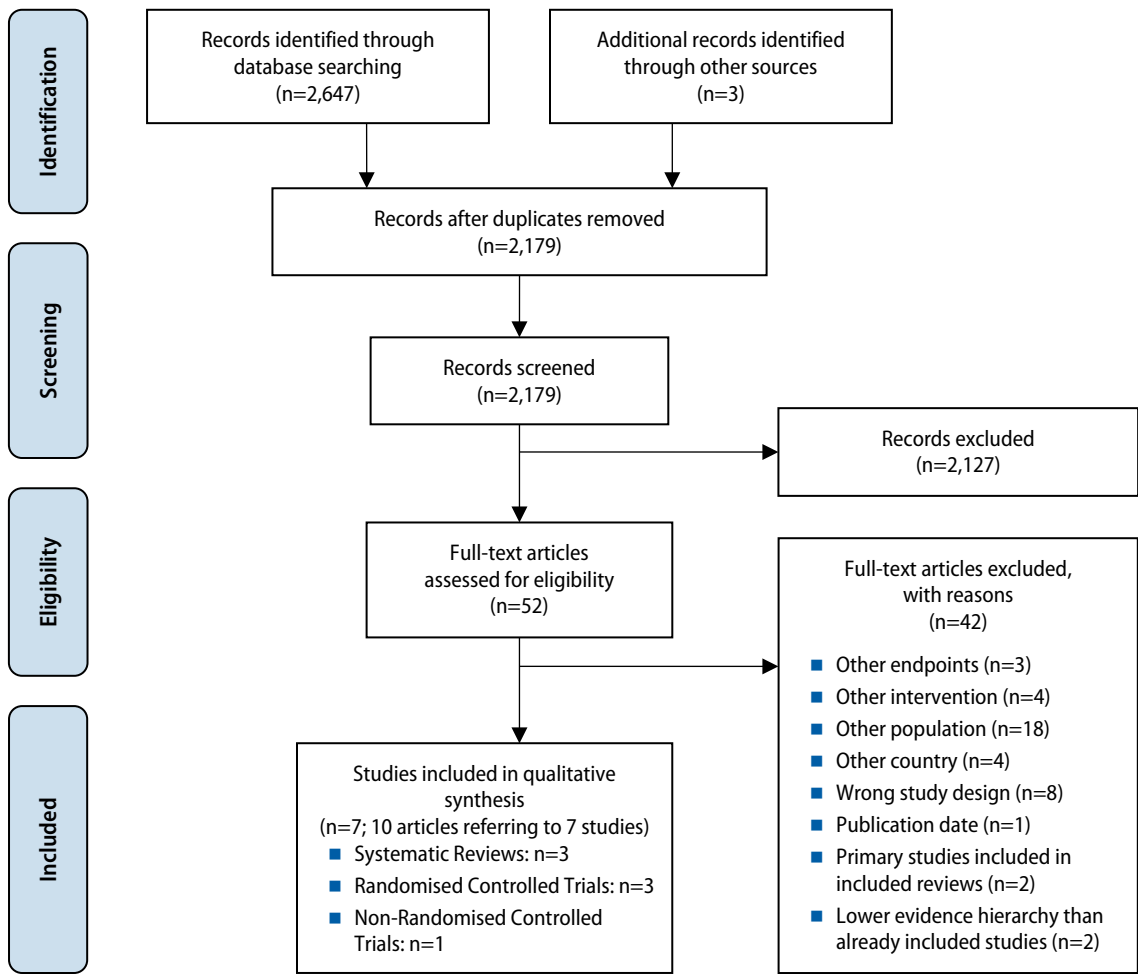


Figure 3-2: PRISMA Flow diagram (RQ2). Adapted from Page 2021 [70]; published under the CC BY license.

Data extraction

Relevant data were extracted into a piloted data extraction table. One reviewer (RS) performed data extraction, and a second reviewer (LMG) independently verified all extracted data for accuracy. The complete data extraction protocol is available in the [Supplemental Material](#).

Datenextraktion:
1 Reviewer:in,
Verifizierung durch
2. Reviewer:in

Risk of bias assessment

Three reviewers (RS, JP, LMG) assessed the risk of bias (RoB) of included studies using the following tools: AMSTAR-2 for systematic reviews; the Cochrane Risk of Bias tool version 2 (RoB v2) for randomised controlled trials (RCTs) and ROBINS-I for non-randomised controlled trials (NRCTs) (see Appendix 8.6). Each included study was assessed by at least two independent reviewers. Disagreements were resolved through discussion.

Risk of Bias durch mind.
2 unabhängige
Reviewerinnen:
AMSTAR-2 (SRs),
RoB v2 (RCTs),
ROBINS-I (NRCTs)

Synthesis

Due to substantial heterogeneity in study design, reporting, and endpoints, a meta-analysis could not be performed. Instead, a narrative synthesis was conducted based on the extracted data. Preliminary findings were subsequently reviewed and discussed with a second researcher (JP). Overlap between primary studies directly included in this review and those covered by included SRs was assessed using a study overlap matrix and visualised using an Euler diagram (see Appendix 8.7).

**narrative Synthese
aufgrund von
Heterogenität der
Studien/Interventionen;
Prüfung von
Studienüberschneidungen
in Reviews**

Supplementary search for ongoing and preliminary evidence

A supplementary search was conducted on 22 April 2026 to identify ongoing and unpublished evaluations in intervention categories for which no published evidence was retrieved. Three clinical trial registries were searched: ClinicalTrials.gov, WHO-ICTRP, and the EU Clinical Trials Register, yielding 37 potentially relevant hits. Additionally, a grey literature search was conducted via Perplexity AI and Google/Google Scholar. Search terms combined social media with intervention-related terms (e.g. ban, age restriction, access restriction), population terms (e.g. adolescent, youth, under 18), and study design terms (e.g. trial, evaluation, RCT). The first 100 results were screened. Overall, nine ongoing trials were included.

**ergänzende Suche zu
laufenden Studien in
3 Studienregister
(37 Treffer)
und grauer Literatur;
9 laufende
Studien/Evaluierungen
eingeschlossen**

3.3 Research question 3: Social and moral implications of full regulatory social media bans

This RQ focuses on full regulatory bans of social media (rather than partial restrictions, educational programmes, or family-mediated regulations), since full prohibitions represent the most severe restrictions on individual freedoms and rights and therefore require a proper weighing of the arguments for and against full bans. Accordingly, RQ 3 aimed to provide a descriptive outline of the social and moral consequences currently debated in relation to full regulatory bans on social media, drawing on the assessment elements (AEs) of the EUnetHTA Core Model 3.0 [71]. The intention was not to conduct an analysis or evaluation beyond summarising the current contributions to the debate, but to outline the potential or debated consequences of banning or permitting social media. The research question was therefore primarily oriented towards a consequentialist perspective, partly because the reviewed literature also relied heavily on negative consequences in its arguments.

**FF3: Fokus auf generelle
Social-Media-Verbote;
ethische Analyse anhand
EUnetHTA Core Model 3.0**

**Darstellung debattierter
Konsequenzen**

Each of the AEs poses a broadly formulated ethical question relating to the intervention under investigation. For this analysis, we adapted the terminology within the AEs to the intervention and population under investigation (e.g., “technology” was replaced with “social media ban” and “patients” with “children and adolescents”)

**Terminologie der
Fragestellungen angepasst**

Two authors (JP, RS) reviewed the 20 assessment elements addressing “benefit–harm balance”, “autonomy”, “respect for persons”, “justice and equity”, “legislation”, and “ethical consequences of the Health Technology Assessment (HTA)”. Drawing on knowledge acquired during RQ 1 and RQ 2, both authors independently identified the most relevant AEs for assessing the consequences of full regulatory social media bans and resolved discrepancies by consensus. Nine relevant AEs were selected across four categories: benefit–harm balance (3 AEs), autonomy (3 AEs), respect for persons (1 AE), and legislation (2 AEs). Detailed information on the AEs and the selection process is available in the [Supplemental Material](#).

**2 Autor:innen prüften
20 die Fragestellungen;
9 relevante Elemente
ausgewählt:
Nutzen-Schaden (n=3),
Autonomie (n=3),
Achtung ggü. Menschen
(n=1), Gesetzgebung (n=2)**

Search strategy

Based on the selected AEs, the referring keywords were defined to screen all the studies identified in the systematic literature search for RQ2. Additionally, a targeted manual search was conducted in Consensus [72] and Google Scholar in June 2026 to identify discussion-oriented publications not necessarily indexed in traditional databases used in health technology assessments. Detailed information about the search can be found in Appendix 8.10. As the aim was to identify scientifically discussed consequences and given that “ethical issues are independent of publication type, status, and study type” [73], the literature search was not restricted by source type; however, the document selection focused on scientific discussion papers (e.g., perspectives, comments, viewpoints, and editorials).

**Suche basierend auf den
ausgewählten Elementen:
Screening der FF2-Studien
+ gezielte Handsuche;
Fokus auf
Diskussionsbeiträge**

Screening and selection

During the targeted search, the authors screened abstracts and included appropriate documents relevant to answering the questions arising from the selected AEs.

**Screening der Abstracts
durch zwei Reviewerinnen**

A total of 53 full-text documents were identified (see [Supplemental Material](#)) and subsequently screened for their relevance to the AEs. Eleven documents were excluded due to an incorrect document type or lack of relevance to full regulatory social media bans or ethical considerations, leaving 42 included documents for the analysis.

**53 Volltexte identifiziert;
42 Dokumente in Analyse
eingeschlossen**

Data extraction and synthesis

All relevant ethical statements were extracted as direct quotes by one reviewer (JP or RS) into a structured ethics matrix (see [Supplemental Material](#)), documented according to:

**Extraktion als direkte
Zitate in Ethik-Matrix**

- EUnetHTA domain
- overarching questions from the revised EUnetHTA Core Model 3.0,
- concrete ethical issues,
- author(s) and year of publication, and
- summarising notes or contextual information.

The ethical issues identified within the AE (core categories) were inductively subcategorised, meaning they were derived from the material and synthesised narratively.

**induktive
Subkategorisierung,
narrative Synthese**

4 Results

4.1 Research question 1: Mapping of restrictions and educational programmes on social media use

4.1.1 Document characteristics

This review included 45 documents from 17 of the 23 countries under investigation (countries with implemented restrictions, passed restrictions or considered restrictions as of 11 March 2026 [61]). No eligible official documents were identified for the following six countries: Malaysia, Ecuador, Poland, Slovenia, South Korea, and Thailand (see Appendix 8.2). The included documents were published between 2020 and 2026. The included documents consisted of enacted laws, submitted bills, strategies or programmes, guidelines for providers, educational guidelines, and press releases. The majority of included documents (24 out of 45) contained measures that have been implemented or fixed; the remaining 21 (bills and press releases) referred to proposed or announced measures:

- Law (enacted)n=12
- Guideline for providers (enacted).....n=5
- Educational Guideline (enacted)n=4
- Strategy/Programme (fixed)n=3
- Bill (submitted)n=16
- Press release (announced)n=5

Document characteristics are summarised in the [Supplemental Material](#).

**45 Dokumente aus 17 der
23 untersuchten Länder
eingeschlossen
(Stand: 11.03.2026)**

4.1.2 Regulation types

Across the 45 documents included in the analysis, 38 regulations, including regulatory or educational programmes, were identified. Of these, 17 were **full regulatory bans** that limited access to social media based on age. Nine of the 17 restrictions combined full bans with additional measures, such as restrictions on platform design, content, or context, parental controls, or educational interventions. 15 regulations addressed **partial restrictions** designed to limit platform design, time, and/or content. These measures were partly supplemented by parental controls (e.g. mandatory linkage of user accounts for those under the age of 16 to a parental account) or educational interventions. Five measures were **educational programmes**. One further measure, a code of conduct, could not be assigned to any of the pre-defined categories, as it aimed to guide providers, organisations, and individuals in promoting safe and healthy social media use. A new category, “**code of conduct**”, was therefore added as an additional regulation type.

**38 Regulierungen
in 45 Dokumenten
identifiziert:
Vollständige Verbote n=17,
Teilbeschränkungen n=15,
Bildungsprogramme n=5,
Verhaltenskodex als neue
Kategorie n=1**

4.1.3 Characteristics of regulations

Five regulatory characteristics of interest were investigated: intervention, target group, responsible body, operationalisation, and consequences of non-compliance. For each of the five characteristics, four to seven sub-attributes were developed inductively based on the extracted data (see Table 4-1). Categories in which characteristics were either not applicable or not available were not counted as attributes.

5 untersuchte Merkmale:
Intervention, Zielgruppe,
verantwortliche Stelle,
Operationalisierung,
Konsequenzen;
4-7 induktiv entwickelte
Sub-Attribute je Merkmal

Table 4-1: Sub-attributes derived from included regulations

Intervention	
Age restriction A statutory or proposed minimum age below which access is prohibited or only permitted under specific conditions (e.g. parental consent). ■ Age thresholds for account creation ■ Use of certain features (e.g. live broadcasting) ■ Processing of personal data	Content Requirements regarding the availability or moderation of content intended for children. ■ Obligations to prevent, label, remove or block harmful/illegal/age-inappropriate/addictive content ■ Mandatory takedown timelines ■ Advertising restrictions ■ Content classification systems
Time Limits on the duration or timing of social media use by minors. ■ Daily caps ■ Curfews (e.g. night-time bans) ■ Mandatory time-management tools ■ "Minor mode" requirements	Platform design Mandatory changes to the design and default behaviour of platform features to protect minors. ■ High-privacy default settings; profiling disabled by default ■ Prohibition of nudge techniques ■ Bans on addictive design (auto-play, infinite scroll, gamification) ■ Restrictions on recommender systems; algorithmic transparency
Parental control Provisions placing decision-making authority or supervisory tools in the hands of parents or guardians. ■ Mandatory parental consent for account creation ■ Linkage to a parental account; parental dashboards ■ Supervision tools; obligations on platforms to provide them	Education Mandates for media and information literacy, digital education, online safety education or public awareness campaigns. ■ Statutory school curricula ■ Awareness programmes for parents and educators ■ Codes of conduct promoting responsible use
Context Restrictions tied to a specific physical or institutional setting rather than a general access prohibition. ■ School-level access bans (e.g. during school hours or on premises, tied to subsidies/institutional duties)	
Target group (children and adolescents)	
Age thresholds ≤ 18 to ≤ 12 years Seven age thresholds (≤18, ≤17, ≤16, ≤15, ≤14, ≤13, ≤12 years) used across documents to delimit the target group. ■ Thresholds are not further defined beyond the numeric age ■ ≤14 years included for completeness, despite no data found, to illustrate this gap	
Responsible body	
Platform providers Providers of social media platforms, online services, social network operators, and content-sharing platforms.	Government Ministries, regulators and competent authorities responsible for oversight, enforcement, rule-making or implementation. ■ General government bodies (ministries, sub-national governments) ■ Dedicated regulatory authorities
Legal guardians Parents or holders of parental responsibility explicitly assigned duties or rights under the framework. ■ Providing consent ■ Supervising minors' accounts ■ Activating control tools	Intervention setting and delivery Schools, head teachers, school authorities or educational institutions named as implementing actors.
Other Other actors named in the documents. ■ Civil society organisations; NGOs; universities ■ Public health bodies; citizens/community organisations	

Operationalisation	
Age-verification (Application, ID, Other) Three distinct methods of verifying a user's age. ■ Application: state-issued/recognised digital identity wallet or app (e.g. national digital ID or EU-style digital identity wallet) ■ ID: government-issued ID document, photo-ID matching, register checks, credit card confirmation ■ Other: age estimation/inference (e.g. facial age estimation, behavioural analytics, biometric inference), telephone-number verification, "reasonable steps" provisions (leaving technical means open)	Parental control Implementation through tools placed in parents' hands. ■ Parental consent flows at registration ■ Parental dashboards; account linkage ■ Supervision tools; platform-side support
Platform setting Implementation through expectations placed on platforms regarding design, features and default configuration. ■ High-privacy defaults; profiling off by default; safe-by-default operational features ■ Prohibition of nudge techniques ■ Safe handling of encrypted services, anonymous accounts ■ Ensuring safe use of generative AI and recommender systems ■ Expectations on terms of use, complaint mechanisms, service design	Regulatory enforcement Implementation through tools wielded by a competent authority, or through systematic monitoring and removal of harmful content. ■ Disabling/takedown orders; formal removal requests; mandatory audits; transparency reporting; blocking by authorities ■ Algorithmic detection (for grooming, deepfakes, exploitation, addictive features) combined with mandatory takedown procedures (e.g. defined timeframes)
Curriculum Implementation through a curriculum, lesson plan or institutional programme.	Other Heterogeneous operational measures that do not fit the standard sub-categories. ■ Negative list of harmful services prohibited/restricted for minors ■ Campaigns, training, partnerships with universities/civil society
Consequences	
Fines Financial sanctions for non-compliance, including administrative or civil financial penalties ■ Fixed amounts (e.g. fines up to £17.5 million) ■ Percentages of turnover (e.g. 4% of global annual turnover) ■ Penalty units	Operational sanctions Non-financial sanctions that affect the platform's ability to operate. ■ Suspension/revocation of licences; prohibition from operating in jurisdiction ■ Content takedown orders ■ Blocking of services
Criminal liability Sanctions involving criminal proceedings against responsible individuals. ■ Imprisonment and other penal sanctions under criminal law	Other Non-financial consequences other than direct sanctions. ■ Enforceable industry standards/codes ■ Supervisory action by the regulator (warnings, undertakings, injunctions) ■ Inspection regimes ■ Loss of public subsidies

The defined sub-attributes of the regulation characteristics may be reflected across different regulation types. The complete distribution of characteristics by regulation type is available in raw data form in Appendix 8.3. The frequency distributions of the sub-attributes for the five characteristics (interventions, target group, operationalisation, responsible bodies and consequences) are explained below and illustrated using heatmaps.

Regulations could integrate multiple **intervention** attributes, meaning that the total number of attributes exceeds the total number of regulations (see Table 4-2). Among the 38 identified regulations, the majority (n=20) restricted access to social media based on age, 13 restricted platform design (features), and 12 regulated the availability or moderation of content. A small proportion of the regulations concerned parental control measures, such as consent requirements or supervision (n=8), or educational measures (including curricula, programmes and campaigns) (n=7); contextual factors, such as bans in schools; and time of use were the least frequently regulated aspects (n=4 and n=3).

Mehrfachzuordnung möglich:
Attribute > Regulierungen

Interventionsattribute:
Altersbeschränkung n=20,
Plattform-Design n=13,
Inhalt n=12,
elterliche Kontrolle n=8,
Bildung n=7,
Kontext n=4,
Nutzungszeit n=3

Table 4-2: Heatmap for the frequency distribution of regulatory interventions

Intervention groups	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
Age restriction*	52.6% 20/38	100.0% 17/17	20.0% 3/15	0.0% 0/5	0.0% 0/1
Platform design	34.2% 13/38	23.5% 4/17	53.3% 8/15	0.0% 0/5	100.0% 1/1
Content	31.6% 12/38	11.8% 2/17	73.3% 11/15	0.0% 0/5	100.0% 1/1
Parental control	21.1% 8/38	23.5% 4/17	26.7% 4/15	0.0% 0/5	0.0% 0/1
Education	18.4% 7/38	5.9% 1/17	6.7% 1/15	100.0% 5/5	0.0% 0/1
Context	10.5% 4/38	5.9% 1/17	0.0% 0/15	60.0% 3/5	0.0% 0/1
Time	7.9% 3/38	0.0% 0/17	20.0% 3/15	0.0% 0/5	0.0% 0/1

Legend (share of column total):

0%	25%	50%	75%	100%
----	-----	-----	-----	------

Note: Percentages are calculated relative to the respective column total (n).

The **target group** of children and adolescents ranged from ≤ 12 to ≤ 18 years (see Table 4-3), while some regulations did not specify an age threshold for their target group of children and adolescents. The majority of the regulations focused on those aged ≤ 18 or ≤ 16 or did not specify an age.

Zielgruppe Kinder und Jugendliche: ≤ 12 bis ≤ 18 Jahre; meist ≤ 18 , ≤ 16 oder ohne Angabe

Table 4-3: Heatmap for the frequency distribution of the target group (children and adolescents) of the regulations

Target groups	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
≤ 18 years	28.9% 11/38	0.0% 0/17	66.7% 10/15	0.0% 0/5	0.0% 0/1
≤ 17 years*	2.6% 1/38	0.0% 0/17	6.7% 1/15	20.0% 1/5	0.0% 0/1
≤ 16 years	23.7% 9/38	35.3% 6/17	20.0% 3/15	0.0% 0/5	0.0% 0/1
≤ 15 years	18.4% 7/38	35.3% 6/17	6.7% 1/15	0.0% 0/5	0.0% 0/1
≤ 14 years	0.0% 0/38	0.0% 0/17	0.0% 0/15	0.0% 0/5	0.0% 0/1
≤ 13 years	10.5% 4/38	23.5% 4/17	0.0% 0/15	0.0% 0/5	0.0% 0/1
≤ 12 years	2.6% 1/38	5.9% 1/17	0.0% 0/15	0.0% 0/5	0.0% 0/1
n.d.	23.7% 9/38	0.0% 0/17	26.7% 4/15	80.0% 4/5	100.0% 1/1

Legend (share of column total):

0%	25%	50%	75%	100%	Abbreviation: n.d. ... no data
----	-----	-----	-----	------	--------------------------------

Note: Percentages are calculated relative to the respective column total (n). Rows are ordered by descending age threshold; n.d. is placed last as it denotes missing data rather than a substantive age category.

As illustrated in Table 4-4, five categories of **responsible bodies** were identified: platform providers, governments, parents, schools, or other actors. In most regulations, platform providers were assigned primary responsibility for implementation, followed by governments. Parents, schools, and other actors were rarely identified as responsible bodies within the regulatory documents, and in one instance, no responsible body was specified.

verantwortliche Stelle:
meist Plattformbetreiber,
gefolgt von Regierungen

Table 4-4: Heatmap for the frequency distribution of responsible bodies for the regulations

Responsible bodies	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
Platform providers	81.6% 31/38	94.1% 16/17	93.3% 14/15	0.0% 0/5	100.0% 1/1
Government	39.5% 15/38	47.1% 8/17	33.3% 5/15	40.0% 2/5	0.0% 0/1
Parents	10.5% 4/38	5.9% 1/17	20.0% 3/15	0.0% 0/5	0.0% 0/1
School	7.9% 3/38	5.9% 1/17	0.0% 0/15	40.0% 2/5	0.0% 0/1
Other	5.3% 2/38	0.0% 0/17	0.0% 0/15	20.0% 1/5	100.0% 1/1
n.d.	2.6% 1/38	0.0% 0/17	0.0% 0/15	20.0% 1/5	0.0% 0/1

Legend (share of column total):

0%	25%	50%	75%	100%
----	-----	-----	-----	------

Abbreviation: n.d. ... no data

Note: Percentages are calculated relative to the respective column total (n).

Rows are sorted by overall frequency (Total, descending)

Table 4-5 presents the five identified attributes for the **operationalisation** of regulations. Most regulations were implemented through mechanisms such as age verification (e.g., applications, identification documents, and other mechanisms), platform settings, parental controls, and regulatory enforcement by a competent authority (e.g., disabling or removal orders, transparency reports). The remainder were realised through other measures (e.g., a negative list of harmful services) or through the curriculum. For eight interventions, no operationalisation instruments could be identified.

Operationalisierung:
v. a. Altersverifikation,
Plattform-Einstellungen,
elterl. Kontrolle,
behödl. Durchsetzung;
8× keine Instrumente

Table 4-5: Heatmap for the frequency distribution of the operationalisations in the regulations

Operationalisation	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
Age-verification – (App, ID, Other)	55.3% 21/38	82.3% 14/17	46.7% 7/15	0.0% 0/5	0.0% 0/1
Platform setting	28.9% 11/38	29.4% 5/17	40.0% 6/15	0.0% 0/5	0.0% 0/1
Regulatory enforcement	28.9% 11/38	35.3% 6/17	33.3% 5/15	0.0% 0/5	0.0% 0/1

Operationalisation	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
Parental control	23.7% 9/38	29.4% 5/17	26.7% 4/15	0.0% 0/5	0.0% 0/1
Other	10.5% 4/38	11.8% 2/17	6.7% 1/15	20.0% 1/5	0.0% 0/1
Curriculum	7.9% 3/38	0.0% 0/17	0.0% 0/15	60.0% 3/5	0.0% 0/1
n.d.	21.1% 8/38	11.8% 2/17	26.7% 4/15	20.0% 1/5	100.0% 1/1

Legend (share of column total):

0%	25%	50%	75%	100%
----	-----	-----	-----	------

Abbreviation: n.d. ... no data

Note: Percentages are calculated relative to the respective column total (n).

Rows are sorted by overall frequency (Total, descending)

Consequences for non-compliance with regulations included fines (financial sanctions), operational sanctions (non-financial sanctions), criminal liability, or other measures, such as enforceable industry standards, supervisory action, or inspection regimes (see Table 4-6). Due to the nature of some interventions (e.g. educational programmes and guidelines), consequences were not applicable in eight cases. For three interventions, no data on consequences were found in the identified documents.

Konsequenzen:
Geldstrafen,
operative/strafrechtliche
Sanktionen u. a.;
8 × nicht anwendbar,
3 × keine Daten

Table 4-6: Heatmap for the distribution of consequences of the regulations

Consequences	Regulation type				
	Total (n=38)	Full bans (n=17)	Partial (n=15)	Education (n=5)	Code of conduct (n=1)
Fines	52.6% 20/38	58.8% 10/17	66.7% 10/15	0.0% 0/5	0.0% 0/1
Operational sanctions	39.5% 15/38	41.2% 7/17	53.3% 8/15	0.0% 0/5	0.0% 0/1
Criminal liability	7.9% 3/38	5.9% 1/17	13.3% 2/15	0.0% 0/5	0.0% 0/1
Other	7.9% 3/38	11.8% 2/17	6.7% 1/15	0.0% 0/5	0.0% 0/1
n.a.	23.7% 9/38	11.8% 2/17	6.7% 1/15	100.0% 5/5	100.0% 1/1
n.d.	7.9% 3/38	11.8% 2/17	6.7% 1/15	0.0% 0/5	0.0% 0/1

Legend (share of column total):

0%	25%	50%	75%	100%
----	-----	-----	-----	------

Abbreviation: n.a. ... not applicable; n.d. ... no data

Note: Percentages are calculated relative to the respective column total (n).

Rows are sorted by overall frequency (Total, descending); n.a. and n.d. are non-substantive categories placed last.

Characteristics and sub-attributes of full regulatory bans

The core of full regulatory bans was the establishment of a **minimum age** for users to access social media (17 out of 17 measures). Twelve of the 17 restrictions also included provisions on content, platform design, parental controls, education, and context. Most full restrictions imposed bans on **persons** under the age of 16 or 15 (6 out of 17 each). The lowest age restriction applied to children under twelve, while no full regulatory bans used an age threshold of under 14 years. In most cases (16 out of 17), designated platform providers were **responsible** for implementing these services, occasionally supported by government entities, parents, or educational institutions. In one case, the government was identified as the sole responsible entity, as it pertained to a national digital strategy committed to reviewing age restrictions. The **operationalisation** of full regulatory bans primarily occurred through the process of age verification (14 out of 17). However, the operationalisation also extended to regulatory enforcement, platform settings, and parental controls. Another proposed measure was creating a blacklist of harmful services. No enforcement instruments were identified for two full regulatory bans. The most common **consequences** of non-compliance were financial penalties/fines, although operational sanctions and criminal liability were also reported. In four cases, the consequences were either not applicable or not mentioned in the documents.

Kern vollständiger
Verbote n=17:
Mindestalter für Zugang

Altersgrenze meist
< 16 oder < 15 Jahre (je 6)

verantwortlich meist
Plattformbetreiber, n=16

Konsequenzen meist
Geldstrafen;
4 × nicht anwendbar/
keine Angabe

Characteristics and sub-attributes of partial restrictions (including family-mediated regulations)

Partial restrictions (including family-mediated regulations) focused primarily on content-related limitations (11 out of 15). However, they also included provisions on platform design, parental control, time management, age appropriateness, and educational requirements. The majority of regulations defined the **target group** as individuals aged 18 years or younger (n=10) or did not specify an age. A total of four partial restrictions targeted age thresholds between ≤17 to ≤15 years. As with full regulatory bans, platform providers were assigned primary **responsibility** (14 out of 15), with government or parental involvement in some cases. Partial restrictions were **implemented** through various mechanisms, including age verification, platform settings, regulatory enforcement, and parental control. Four out of the 15 restrictions provided no data on their operationalisation measures. **Consequences** of non-compliance included fines, operational sanctions, criminal liability, and others. In one instance, the consequences were not applicable; in another, they were not available.

Teilbeschränkungen v. a.
inhaltsbezogen (11 von 15)

Zielgruppe meist ≤18 Jahre
oder ohne Angabe

verantwortlich meist
Plattformbetreiber, n=14

Operationalisierung
uneinheitlich;
4 × keine Angabe

Konsequenzen:
Geldstrafen, Sanktionen

Characteristics and sub-attributes of educational programmes

All educational programmes (n=5) pertained to the field of education, and three related to context (schools). Except for one programme, which defined children and adolescents up to the age of ≤17, **target groups** were not specified by age. Government and school authorities were the primary **responsible bodies**, while data were unavailable for one programme. The programmes were **implemented** through various means, including curriculum integration, targeted campaigns, training initiatives, or the establishment of collaborative partnerships. These mechanisms were not universally employed, as some instances may not explicitly reference any of them. The application of **consequences** was not relevant to educational programmes.

alle 5 Programme im
Bildungsbereich,
3 × Kontext Schule

Zielgruppe meist ohne
Altersangabe

verantwortlich
v. a. Regierung
und Schulbehörden

Characteristics and sub-attributes of code of conduct

The identified code of conduct (n=1) guided providers, organisations and individuals to support safe and healthy social media use, particularly for **children and adolescents** (not further defined). It therefore addressed content and platform design, and assigned **responsibility** to platforms and others. In line with the principles of a code of conduct, the use of **operationalisation** tools was not considered, and **consequences** were not applicable.

1 Verhaltenskodex: sichere Social-Media-Nutzung; verantwortlich Plattformen; Operationalisierung und Konsequenzen nicht anwendbar

4.2 Research question 2: Benefits and harms of interventions addressing social media use

4.2.1 Stakeholder survey

The sample comprised 39 students; based on valid responses, participants had a mean age of 14.3 years (SD 2.31; range 12-19 years; n=32⁶), and 48.6% identified as male, 43.2% as female, and 8.1% as diverse or did not specify their gender (n=37⁶). Entries considered implausible were excluded from the descriptive analysis (e.g., age). The reported sample sizes reflect the number of valid responses after exclusion.

**Stichprobe: n=39
Schüler:innen;
Ø Alter 14,3 J.**

Across participants (n=39), six of the eight candidate outcome domains were endorsed by 25% or more of respondents (see Figure 4-1). The three most frequently endorsed outcomes were mental health, well-being, and sleep quality, by 57.9%, 52.6%, and 44.7% of participants, respectively. Academic performance and media literacy fell below the 25% threshold, with 18.4% and 15.8% of participants selecting these domains, respectively. However, both outcomes were explicitly identified as priorities by the commissioning body, reflecting a discrepancy between youth and commissioner perspectives. Given this divergence, no outcome domain was excluded on the basis of the consultation findings, and all eight domains were retained for the review. Open-text responses were reviewed for recurring themes; however, no additional outcomes were identified that fell outside the existing candidate domains.

**6 von 8 Outcome-Domänen von ≥ 25 % befürwortet;
Top 3: psychische Gesundheit (57,9 %), Wohlbefinden (52,6 %), Schlafqualität (44,7 %); schulische Leistung und Medienkompetenz von Auftraggeber:in priorisiert; daher: alle 8 Domänen beibehalten**

⁶ The reported n represents the number of participants who provided a valid response for the respective variable.

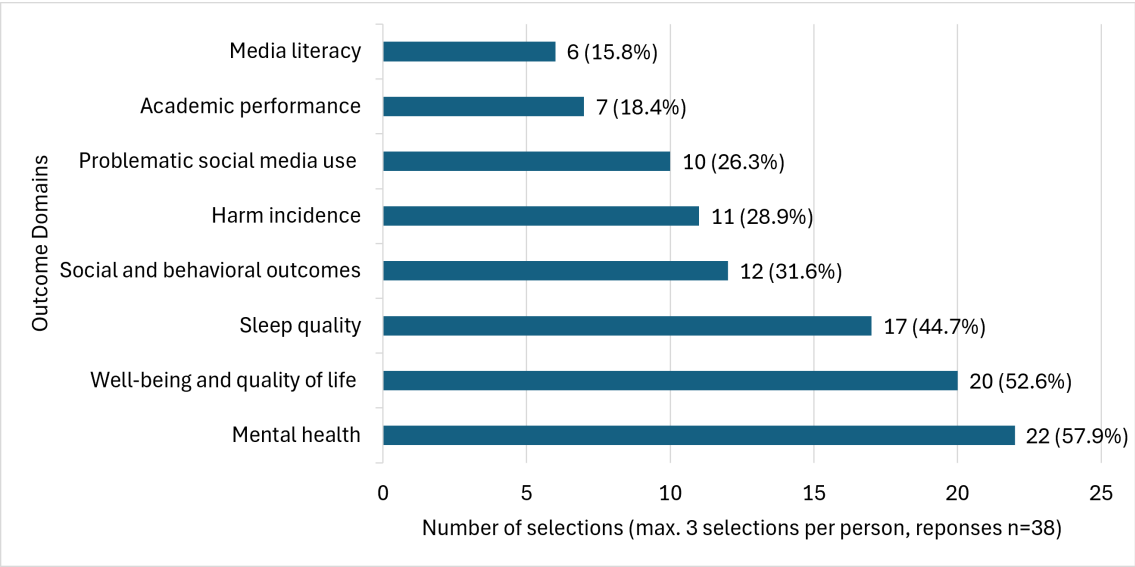


Figure 4-1: Outcome prioritisation of children and adolescents

4.2.2 Systematic Review

Study characteristics

The characteristics of the included studies are presented separately for completed studies and for ongoing or preliminary studies.

Overall, seven studies were included in the review, reported across ten publications, as two studies [74, 75] yielded more than one publication. The studies were published between 2021 and 2026. The evidence base comprised RCTs, cluster-RCTs, NRCTs, and evidence syntheses (systematic and rapid reviews and one meta-analysis). Additionally, eight ongoing trials and one preliminary study were included in the review.

Study characteristics of completed studies

Key characteristics of the included studies are summarised in Table 4-7 and Table 4-8.

Included studies were conducted in Australia [75, 76, 82], Canada [74, 81], Spain [77] and the US [78]. Sample sizes in primary studies ranged from small pilot studies (<50 participants) [81] to large school-based studies with more than 1,200 participants [75]. Review-level evidence synthesised data from several primary studies (each synthesising between 16 and 35 primary studies) with a cumulative sample of 13,562 [77] and 26,337 [76] adolescents, and in one review, individual study sample sizes ranged from nine to 243,957 participants [78].

All studies included children or adolescents, with reported age ranges between ten and 25 years; all studies reported mean ages below 19 years. Where reported, the samples were approximately equally distributed by sex, although some samples contained a higher proportion of females.

Studiencharakteristika separat nach Design

7 (10 (Publikationen) abgeschlossene und 9 laufende Studien eingeschlossen

Charakteristika der abgeschlossenen Studien

Stichprobengrößen: <50 bis >1.200;
Reviews: kumulative Stichproben bis 26.337 Jugendliche; Studien aus Australien, Kanada, Spanien, USA

Alter: 10-25 J.; Geschlechterverteilung ausgeglichen

Eligibility criteria typically included age and language criteria, and some required current or recent social media use and suitable smartphone ownership [74, 76, 81]. Review-level studies included experimental or quasi-experimental designs, and one review also included SRs [78].

The interventions differed in level and intensity, but all aimed to reduce or shape social media use and to improve digital well-being or related health outcomes. Several studies tested restriction-based approaches, such as fixed daily social media time limits [74, 81], and one study evaluated a school mobile phone ban [75], which acted as a broader policy-level restriction on access during school time. Intervention durations ranged from three [74, 81] to several weeks.

Other studies used educational programmes, including two reviews [77, 78], mainly school-based and delivered as structured lessons and brainstorming, discussion or role-playing sessions. Content often focused on social media literacy, digital well-being, body image, critical evaluation of online content, awareness of online risks, and self-regulation strategies. Interventions typically consisted of multiple sessions delivered over several weeks by teachers or trained facilitators.

One review [76] described parent-focused interventions aimed at supporting parental mediation of social media use. These interventions included modeling, rule-setting, monitoring, and communication about digital media.

Most interventions were implemented in school settings [75, 77, 78, 82], followed by home-based [76] or mixed settings delivered virtually [74, 81]. Delivery formats of educational programmes included written materials, workshops, or multi-session structured curricula.

Most interventions targeted adolescents exclusively [74, 75, 81, 82], while others included parents or legal guardians [76-78]. Enforcement of the included interventions was mostly voluntary, with one mandatory school-level mobile phone ban during school hours [75].

All interventions relied on participant adherence, while two [74, 81] also used daily monitoring and adherence reminders.

Comparator conditions included no intervention/usual practice or wait-list control.

Primary outcomes included mental health and well-being measures, such as symptoms of anxiety, depression, fear of missing out, self-harm, body image, and life satisfaction. Studies also assessed problematic social media use, screen time, or indicators of social media addiction. Secondary outcomes included sleep quality, online bullying, self-esteem, and academic engagement. Outcomes were predominantly measured using validated self-report instruments. Follow-up durations were short, ranging from immediate post-intervention assessment to twelve months.

Most protocols were registered, while two studies [74, 81] reported no prospective protocol registration. Funding was mainly provided by public research bodies, foundations, or government sources. Most studies reported no conflicts of interest; where commercial affiliations existed, these were declared [76, 78].

Study characteristics of ongoing and preliminary evidence

Key characteristics of the included ongoing and preliminary evidence are summarised in Table 4-9.

Einschlusskriterien:

Alter, Sprache, Nutzung sozialer Medien, (quasi-)experimentelle Designs

Ziel der Interventionen:

Reduktion oder Regulierung der Nutzung durch u. a. fixe Zeitlimits oder Handyverbot in Schulen für 3-7 Wochen

Schulbasierte/strukturelle

Bildungsprogramme mit Inhalten wie, Medienkompetenz, Körperbild, Risikobewusstsein, Selbstregulation

familienbasierte

Interventionen durch z. B. Modellverhalten, Regeln

Settings: v. a. Schule, auch häuslich/virtuell

Zielgruppe Jugendliche; Durchführung überwiegend freiwillig

Basis zumeist Adhärenz der Teilnehmer:innen

Komparator: Keine Intervention/Warteliste

primäre Outcomes:

psychische Gesundheit, problematische Nutzung; überwiegend Selbstberichtsinstrumente, kurzes Follow-up (bis 12 Monate)

meist prospektiv

registriert; Finanzierung: v. a. öffentlich;

Interessenskonflikte (wo vorhanden) deklariert

Charakteristika der laufenden Studien

For the ongoing trials, publicly available information varied substantially across studies. For several studies, no formal study protocol or clinical trial registry entry could be identified. In these cases, all available online materials were used to extract study characteristics, including study websites, survey invitations to children and adolescents, participant information sheets, and informed consent materials. As a result, some study details remain incomplete or unclear and are reported as such.

All identified studies focus on restriction-based approaches and are conducted in Australia [83-86], the United Kingdom (UK) [88-90], the US [87], and Denmark [91].

Most studies include adolescents aged approximately ten to 17 years. One study additionally involves parents or caregivers [87]. Planned sample sizes range from 269 participants [91] to more than 14,000 participants [89].

Five studies evaluate full regulatory bans [83-87]. Several of these studies assess the impact of the Australian Online Safety Amendment (Social Media Minimum Age) Act 2024 [83-86]. These studies mainly use observational, prospective, or pre-post designs and assess implementation effects, adherence, mental health and well-being, family functioning, and social media use patterns. One planned RCT [87] evaluates complete blocking of social media and smartphone access for three months in adolescents aged ten–14 years.

Four studies evaluate partial restriction approaches [88-91] in healthy adolescents. These interventions mainly focus on reducing time spent on social media rather than complete restriction. Strategies include app-based time limits or access frictions, smartphone curfews, and restricted access periods. Three studies use RCT designs [89-91], including one cluster-RCT [90], and one study is a pilot study [88] to assess outcomes like social media use, screen time, adherence to restrictions, mental well-being, sleep, and self-reported functioning.

Most interventions are implemented at the individual level. One study [89] evaluates a school-level intervention delivered through an app-based programme. Several studies include parental involvement through monitoring, consent procedures, or parent-focused controls.

At the time of the search, most studies are ongoing and have not yet reported results. Planned completion dates range from late 2026 to 2027, while some studies do not report an expected completion date. One of the studies is currently in preprint [91].

unterschiedliche Informationslage, manche Studiendetails unvollständig/unklar

Aus Australien, Dänemark, Vereinigtes Königreich, USA

**Alter: ca. 10-17 Jahre;
Stichprobengrößen:
269 bis > 14.000**

**5 Studien zu Verboten;
Design überwiegend beobachtend
(Vorher-Nachher-Vergleich)**

**4 Studien zu Teilbeschränkungen bei gesunden Jugendlichen;
3 RCTs (davon 1 Cluster-RCT), 1 Pilotstudie**

**meist individuelle Ebene,
1 Studie auf Schulebene**

**geplanter Abschluss:
Ende 2026 bis 2027;
1 Studie als Preprint verfügbar**

Table 4-7: Study characteristics (Systematic Reviews)

Authors, Year	Review Type	N of included Studies	Intervention	Main Results	Intervention Category
Morawska et al., 2026 [76]	Systematic Review	27	Parenting practices (e.g., parent modelling, mediation/communication, monitoring, and limit-setting) and their relationship with adolescent social media use	Parental practices, particularly modelling and mediation/communication, were identified as key factors shaping adolescent social media use behaviours	Family-mediated regulation (parental monitoring)
Arana-Rodríguez et al, 2025 [77]	Systematic Review and Meta-Analysis	16	Health education interventions aimed at internet addiction, internet use time, and social media addiction among adolescents	Health education interventions reduced internet addiction and internet use time among adolescents; evidence on social media addiction specifically remained limited	Educational programmes
Colder Carras et al., 2024 [78]	Rapid Systematic Review	51	Prevention and health promotion interventions to prevent problematic technology use and promote digital well-being	Intervention approaches showed positive effects on digital well-being across multiple prevention strategies	Educational programmes

Table 4-8: Study characteristics (primary studies)

Authors, Year	Design	Population	Intervention	Main Results	Intervention Category
Davis & Goldfield, 2025 [74, 79]	Randomised Controlled Trial	220 undergraduate students with emotional distress	Limiting social media use to 1 hour per day for 3 weeks to evaluate the effects on symptoms of depression, anxiety, fear of missing out (FoMO), and sleep in youth with emotional distress	Reduced social media use significantly decreased symptoms of depression, anxiety, and fear of missing out, and increased sleep duration among heavy users with mental health symptoms compared to controls	Partial restriction (time)
King et al. 2024 (Radunz et al., 2025) [75, 80]	Non-Randomised Controlled, Pre-Post Natural Experimental Study	1,282 students from 5 schools	Statewide mobile phone ban policy implemented in South Australian public high schools in 2023 and its impact on problematic phone use, academic engagement, school belonging, bullying, mental health and related well-being outcomes, and to identify predictors of ban compliance	School mobile phone bans did reduce bullying in both arms over time and academic engagement only in the intervention arm, but not between-arms; however, it did not significantly reduce the risk for disordered eating, life satisfaction, psychological distress or self-harm thoughts and behaviour compared to no-ban conditions at baseline	Partial restrictions (setting)
Thai et al., 2021 [81]	Randomised Controlled Trial	38 undergraduate students with emotional distress	Limiting social media use to 1 hour per day for 3 weeks to evaluate the effects on body esteem among transitional-aged youth with emotional distress	Reduced social media use improved appearance esteem and reduced anxiety among transitional-aged youth with emotional distress at risk for eating and weight-related disturbances	Partial restriction (time)
Gordon et al., 2021 [82]	Cluster Randomised Controlled Trial	892 students	SoMe, a social media literacy, body image, dieting, and well-being program for adolescents	The programme produced modest improvements in dietary restraint and depressive symptoms at 6-month follow-up in girls; few positive effects were observed in boys	Educational programmes

Table 4-9: Study characteristics (ongoing trials)

Identifier/trial name	Population	Intervention/Design	Outcomes	Sample size (planned)	Primary completion date	Intervention Category
Evaluation of the Social Media Minimum Age on Australian Young People [83]	Adolescents who are subject to the new national social media minimum age law (10-16 years)	Australia's Online Safety Amendment (Social Media Minimum Age) Act 2024 Observational before/after evaluation of policy implementation	Adherence to social media minimum age law; digital practices; well-being; functioning; family dynamics; community attitudes	4,121 (baseline; expected 450-560 dyads at 24 month follow up)	November 2027	full regulatory ban
ACTRN12625001056482 Evaluating the impact of national social media age restrictions on measures of adolescent social media use and well-being [84]	Adolescents who are subject to the new national social media minimum age law (12-17 at the time of implementation)	Australia's Online Safety Amendment (Social Media Minimum Age) Act 2024 Prospective observational study (survey)	Social media use (e.g. patterns/ amount of social media use); mental health (anxiety, self-esteem); sleep; well-being outcomes (happiness, life satisfaction); physical activity; parental mediation	500	NI	full regulatory ban
BCFS001778 Online Teens & Social Media Study https://studies.buildclinical.com/bcfs001778-georgetown-kushlev-149-can/ [85]	Adolescents (13-15 years)	Australia's Online Safety Amendment (Social Media Minimum Age) Act 2024 Pre-post study, comparing Australian treatment group with a New Zealand/Canada control group	Adolescent well-being and online experiences	600	Autumn 2026	full regulatory ban
Connected Minds Study: Exploring Social Media Use & Adolescent Development https://redcap.mcrci.edu.au/surveys/?s=HTDLKEPCW8T7R8MR [86]	Adolescents (13-16 years)	Australia's Online Safety Amendment (Social Media Minimum Age) Act 2024 Observational pre/post evaluation comparing under 16s with older teens	Self reported social media use, mental well-being, social connections, sleep, physical activity, academic engagement; parent and child mental health; in a sub study, passive phone use and movement/sleep plus short mood/usage EMAs via EARS app	NI	NI	full regulatory ban
NCT06049888 Does Social Media Impact Adolescent Mental Health? [87]	Adolescents (10-14 years)	Blocking of all social media apps on the adolescent's first smartphone for 3 months Randomised controlled trial	Mental health symptoms (anxiety, depression, cross cutting psychopathology); upward social comparison; offline social connection (quantity, enjoyment); online social interaction (volume, positive/ negative valence); social media use patterns (active vs passive use, time in social media apps)	500	November 2027	full regulatory ban
UK pilots on social media bans, curfews, and apps time limits https://www.gov.uk/government/news/children-and-parents-to-pilot-social-media-bans-time-limits-and-curfews-at-home-as-government-tests-next-steps-to-give-uk-kids-their-childhood-back [88]	Teenage homes	Government pilot in families on home implemented social media ban, 1 hour daily limit, 21:00-07:00 curfew for 6 weeks; control with non-restricted access to social media Pilot interventional study	Sleep; family life; schoolwork; feasibility and workarounds of parental controls	300	Spring 2026	full regulatory ban& partial restriction (time)

Identifier/trial name	Population	Intervention/Design	Outcomes	Sample size (planned)	Primary completion date	Intervention Category
ISRCTN11151579 Changes in social media usage among teenage smartphone users in the UK: a randomised controlled trial of the NOMO app [89]	Healthy adolescents in Year 9 and Year 10 in participating UK secondary schools (12-16 years)	School level NOMO app program (3 month app based intervention to reduce social media use) Randomised controlled trial	Social media use (time spent), distraction from social media, life satisfaction, sleep quality (all self-reported)	14,000	March 2026	Partial restriction (time)
IRL Trial https://bradfordresearch.nhs.uk/the-irl-trial/ [90]	Healthy adolescents (12-15 years)	Smartphone app that caps social media use (daily budget + night time curfew, 6 weeks); control with no limitations Cluster randomised controlled trial	Self reported anxiety (primary); sleep quality; time with friends/family; well-being; body image; social comparison; school absences; bullying; objective app log social media use	4,000	Autumn 2026	Partial restriction (time)
Disrupting Digital Habits Among Danish Adolescence: Evidence from 1.2 Million Social Media Interactions [91]	Healthy adolescents (13-17 years)	App-based access-friction interventions at social media entry (reflection, planning, or brief waiting delays) delivered via one sec app for 4 weeks Randomised controlled trial	Objectively logged daily social media use (minutes/day); app opening frequency, session length, app dismissals; self reported well being, satisfaction, and social connectedness	269	In pre-print	Partial restriction (time)

Quality of the evidence and study overlap

Risk of bias varied across study designs (see Appendix 8.6). Among the three SRs included, one [77] was assessed as low risk of bias across all domains. The remaining two reviews [76, 78] were assessed as having unclear risk of bias. They raised concerns across multiple domains, primarily regarding study appraisal and synthesis. Concerns included insufficient methods to minimise error during quality appraisal, reliance on vote-counting approaches, potential selective emphasis in result interpretation, and potential incompleteness of the search strategy in one review [76].

Both RCTs [74, 81] were assessed as having high risk of bias. Key concerns arose from the absence of intention-to-treat analyses and the use of participant-reported outcomes. Both trials lacked prospective registration of a trial protocol or analysis plan. One trial [81] additionally showed concerns related to missing outcome data.

The cluster-RCT [82] was also assessed as having high risk of bias due to missing data, lack of blinding, reliance on participant-reported outcomes, and substantial attrition at 12-month follow-up.

Both NRCTs [75, 80] were assessed as having serious risk of bias. In both studies, uncontrolled confounding was identified as a major concern. Follow-up began after intervention implementation, leading to the inclusion of prevalent users and the potential omission of early outcome events. One study [80] additionally showed substantial and non-random loss to follow-up associated with baseline mental health. Additionally, the protocol was registered after data collection in one study [75]. In both studies, outcome assessors were aware of intervention status.

Quantitative assessment using the corrected covered area (CCA) indicated slight overlap across all pairwise comparisons ($CCA \leq 4.3\%$) and across all sources combined ($CCA = 3.3\%$). This indicates little overlap in the primary studies included across reviews [76-78]. See Appendix 8.7 for detailed information.

Effectiveness and safety⁷

The results of the SR are presented by intervention type, with all reported outcomes synthesised within each respective section. A total of seven studies were included across four intervention categories: full regulatory bans ($n=0$), partial restrictions ($n=3$; one setting-restriction study [75] and two time-restriction trials [74, 81]), family-mediated regulations ($n=1$, [76]), and educational programmes ($n=3$; two SRs [77, 78] and one RCT [82]).

Two studies examining time-restricted social media use [74, 81] are presented under partial restrictions; however, their classification is complicated by the voluntary nature of adherence within an otherwise study-mandated design. For the purposes of this report, these studies are classified as partial restrictions, given the externally imposed time cap, while acknowledging that adherence was voluntary. Results should be interpreted accordingly.

systematic Reviews:

1 x niedriges Risk of Bias, 2 x unklar Bedenken v. a. bei Qualitätsbeurteilung & Synthese

RCTs: hohes Risk of Bias v.a. wegen fehlenden Intention-to-treat-Analysen oder Präregistrierung

Cluster-RCT: hohes Risk of Bias v. a. wegen fehlender Daten

NRCTs: hohes Risk of Bias v.a. wegen unkontrollierter Confounder, Follow-up erst nach Interventionsbeginn

Studienüberschneidung: gering ($\leq 4,3\%$ paarweise, $3,3\%$ gesamt)

Ergebnisdarstellung nach Interventionstyp: 7 Studien aus 4 Kategorien

Einordnung von 2 Zeitbeschränkungs-Studien als Teilbeschränkung trotz freiwilliger Adhärenz

⁷ Statistical abbreviations (F, df, p, β , 95% CI, η^2 , d, d^2 , M) are explained in Appendix 8.8.

Similarly, one review [78] included educational programmes and time-restriction studies. Regarding the time-restriction component, the review incorporated only two primary studies. Upon closer examination, one of these constituted a sub-study of a time-restriction intervention already included as a primary study in the present report and was therefore not considered separately to avoid double-counting. The second primary study did not meet the population eligibility criteria of the present report because it focused on young adults. Consequently, the time-restriction component of this review was excluded from the evidence assessment, and only the findings pertaining to educational programmes were retained and are assessed in the following sections.

Within each intervention type, findings from published included studies are presented first, followed by an overview of ongoing and preliminary studies for intervention categories in which no published and included studies were identified, specifically full regulatory bans (n=5) and partial restrictions (n=4) targeting the general healthy adolescent population.

Full regulatory social media bans

No completed and published studies were identified for full social media restrictions. As a result, no evidence on effectiveness or safety outcomes was identified for this intervention type.

This finding was expected. Full age restrictions on social media access are a recent policy approach and have so far been implemented in only a small number of countries. Robust outcome evaluations are therefore not yet available.

Despite the absence of completed studies, five ongoing trials were identified for this intervention type. These studies aim to assess how full age-restricted access operates in practice and its potential effects on children and adolescents. They are described below to provide an overview of the emerging evidence base and to indicate which outcomes may become available in the near future.

Evaluation of the Social Media Minimum Age on Australian Young People [83].

This observational before/after evaluation examines the implementation of the national minimum-age law among adolescents aged ten–16 years in Australia. The baseline sample includes 4,121 adolescents with their parents/caretakers, with an expected 450-560 dyads followed up at 24 months. This study will undertake a mixed-methods approach, including five longitudinal parent-child surveys to assess between- and within-person changes over two years, opt-in passive smartphone use tracking, assessment of administrative data, and qualitative interviews, focus groups and diary studies. Planned outcomes include adherence to the minimum-age law, digital practices, well-being, functioning, family dynamics, and community attitudes. Results are expected from November 2027. This study is funded by eSafety, an Australian Commonwealth government entity.

1 Review:

**Zeitbeschränkungs-Anteil
ausgeschlossen → nur
Bildungsprogramm-Anteil
berücksichtigt**

**Struktur: zuerst publizierte,
danach laufende Studien**

**generelle Verbote:
keine Evidenz zu
Wirksamkeit/Sicherheit**

**Altersbeschränkungen
bisher in wenigen Ländern
umgesetzt**

**5 laufende Studien
identifiziert**

Australien:

**Vorher-Nachher-Evaluation
(10-16 J., n=4.121)**

**Mixed-Methods:
Längsschnitt-Befragungen,
passives Smartphone-
Tracking,
qualitative Interviews;
Endpunkte: digitale
Verhaltensweisen,
Wohlbefinden etc.
Ergebnisse: ab Nov. 2027**

Evaluating the Impact of National Social Media Age Restrictions on Measures of Adolescent Social Media Use and Well-Being (ACTRN12625001056482) [84]. This prospective observational study is being conducted in Australia among adolescents aged twelve to 17 years who are subject to the national social media minimum-age law introduced under the Online Safety Amendment (Social Media Minimum Age) Act 2024. The evaluation will assess the potential implications of the national ban by examining adolescent social media use and well-being metrics before and after implementation. Approximately 500 participants will be surveyed via telephone or online at baseline and three and twelve months after implementation. Outcomes include patterns and amount of social media use, mental health indicators (including anxiety and self-esteem), well-being (happiness and life satisfaction), sleep, physical activity, and parental mediation. Most outcomes will be measured using adolescent self-report questionnaires, including validated measures such as the Generalized Anxiety Disorder-7 (GAD-7), Patient-Reported Outcomes Measurement Information System (PROMIS) Sleep Disturbance, and survey items on social media use. The primary completion date has not yet been specified. The evaluation is funded by the University of Newcastle [84].

Evaluation of the Social Media Minimum Age on Australian Young People. This observational before/after evaluation examines the implementation of the national minimum-age law among adolescents aged ten to 16 years in Australia. The baseline sample includes 4,121 adolescents with their parents/caretakers, with an expected 450-560 dyads followed up at 24 months. This study will undertake a mixed-methods approach, including five longitudinal parent-child surveys to assess between- and within-person changes over two years, opt-in passive smartphone use tracking, assessment of administrative data, and qualitative interviews, focus groups and diary studies. Planned outcomes include adherence to the minimum-age law, digital practices, well-being, functioning, family dynamics, and community attitudes. Results are expected from November 2027. This study is funded by eSafety, an Australian Commonwealth government entity.

Online Teens & Social Media Study (BCFS001778) [85]. This pre-post study surveys adolescents aged 13-15 years in Australia, exposed to the minimum-age law, together with their parents/caretakers at baseline and follow-up. The study includes a control group from New Zealand and Canada. The planned sample size is 600 participants. The study focuses on adolescent well-being and online experiences. The primary completion date is expected in autumn 2026. The study is led by the Happy Tech Lab from Georgetown University.

Connected Minds Study: Exploring Social Media Use & Adolescent Development [86]. This pre/post survey is being conducted among adolescents aged 13-16 years affected by the minimum-age law and their parents/caretakers. The study compares younger adolescents affected by the ban to older adolescents unaffected by it. Outcomes include self-reported social media use, mental well-being, social connections, sleep, physical activity, academic engagement, and parent and child mental health. An optional sub-study will assess passive phone-use data, movement and sleep measures, and short ecological momentary assessments (EMA) of mood and usage through a secure mobile research app called "EARS" over two weeks. Sample size and primary completion date were not identified. The study is funded by the Murdoch Children's Research Institute using philanthropic funds.

Australien:
prospektive
Beobachtungsstudie
(12-17 J., n≈500),
Baseline + 3/12 Monate
nach Inkrafttreten des
Mindestalter-Gesetzes

Endpunkte:
Nutzungsmuster,
psychische Gesundheit,
Wohlbefinden, Schlaf,
elterliche Mediation etc.

Australien:
Vorher-Nachher-Evaluation
(10-16 J., n=4.121)
Mixed-Methods:
Längsschnitt-Befragungen,
passives Smartphone-
Tracking, ...

... qualitative Interviews;
Endpunkte:
digitale Verhaltensweisen,
Wohlbefinden etc.
Ergebnisse: ab Nov. 2027

Australien: Prä-Post-Studie
(13-15 J., n=600);
Kontrollgruppe:
Neuseeland, Kanada;
Fokus: Wohlbefinden,
Online-Erfahrungen
Ergebnisse: Herbst 2026

Australien: Prä-Post-Studie
(13-16 J.);
jüngere (betroffene) vs.
ältere (nicht betroffene)
Jugendliche;
Endpunkte:
Nutzungsmuster,
psychische Gesundheit,
körperliche Aktivität etc.
Stichprobengröße/
Abschlussdatum offen

Does Social Media Impact Adolescent Mental Health (NCT06049888) [87]?

This randomised controlled trial recruits adolescents aged ten–14 years and evaluates a full regulatory intervention in which all social media apps are blocked on the adolescent's first smartphone for three months. The planned sample size is 500 participants. Exclusion criteria include severe developmental problems (e.g., autism, severe language delay), a diagnosis of or moderately severe mental illness, or having experienced suicidal ideation. Outcomes include mental health symptoms (anxiety, depression, and cross-cutting psychopathology), upward social comparison, offline social connection (quantity and enjoyment), online social interaction (volume and valence), and social media use patterns (active vs passive time). Outcomes are primarily self-reported (e.g., RCADS-25 and DSM-5 Cross-Cutting Symptom Measure) or measured using EMA (social comparison and offline social interaction patterns), and passive mobile sensing (online social interaction quantity and valence, active versus passive social media use, and time spent in specific social media apps). The primary completion date is expected in November 2027. The study is funded by Georgetown University.

Partial restrictions

Partial restrictions were defined as external limits on social media access, including platform rules, school bans, and time caps.

Setting restrictions

One study met the inclusion criteria for this intervention type regarding restrictions of the setting. The study evaluated a smartphone ban in school settings in Australia [75, 80]. Although smartphone-based interventions that do not explicitly target social media were excluded a priori, smartphone bans in schools represent the only feasible mechanism for effectively restricting social media access during school hours. As such, this study was considered the closest available proxy for the intervention category of partial social media restrictions in school settings. This introduces an issue of indirectness, as the restriction applies to smartphone use broadly rather than exclusively to social media platforms. This has to be considered in the interpretation of effectiveness and safety findings for this intervention type.

... Indirektheit: betrifft Smartphone-Nutzung allgemein

Mental health

Disordered eating risk, assessed with the Weight Concern Scale (WCS), did not differ significantly between students in ban and no-ban (at baseline) schools, based on levels of social media use at follow-up (mean 50 days) with negligible effect sizes for daily (d [Cohen's d] = -0.03 , 95% Confidence Interval [CI] -0.18 to 0.13) and weekly postings (d = -0.02 , 95% CI -0.29 to 0.24) [80].

Similarly, psychological distress, measured using the Kessler Psychological Distress Scale (K10), demonstrated no significant differences between groups at follow-up, with negligible effect sizes for both daily (d = -0.01 ; CI -0.17 to 0.14) and weekly postings (d = -0.02 ; CI -0.29 to 0.25) [80].

Self-harm thoughts and behaviours, assessed with the Self-Injurious Thoughts and Behaviours Interview-Revised (SITBIR-), at follow-up, showed no significant between-group differences for either self-harm thoughts or self-harm behaviours and negligible effect sizes. For self-harm thoughts, d was -0.05 (95% CI -0.20 to 0.11) for daily postings and 0.00 (95% CI -0.27 to 0.27) for weekly postings. For self-harm behaviours, effect sizes were d = 0.00 (95% CI -0.15 to 0.15) for daily postings and 0.01 (95% CI -0.26 to 0.28) for weekly postings [80].

USA: RCT (10–14 J., $n=500$)

Intervention: komplette Sperre aller Social-Media-Apps für 3 Monate;

Endpunkte: psychische Gesundheit, sozialer Vergleich, Offline-/Online-Interaktion, Nutzungsmuster etc.

Abschluss: Nov. 2027

Teilbeschränkungen: externe Limits

Einschränkung des Settings:
1 Studie zu schulischem Handyverbot (Australien)
...

... Indirektheit: betrifft Smartphone-Nutzung allgemein

gestörtes Essverhalten:
kein signifikanter Unterschied,
vernachlässigbare Effektstärken

Psychische Belastung:
kein signifikanter Unterschied

Selbstverletzung (Gedanken/Verhalten):
kein signifikanter Unterschied,
vernachlässigbare Effektstärken

Well-being and quality of life

Life satisfaction was measured using the PISA three-item scale. No significant differences were found between ban and no-ban (at baseline) schools at follow-up (mean 50 days) with negligible effect sizes. For daily social media postings, d was 0.01 (95% CI -0.15 to 0.16), and for weekly postings, d was -0.05 (95% CI -0.32 to 0.22) [80].

Lebenszufriedenheit:
kein signifikanter Unterschied, vernachlässigbare Effektstärken

Academic outcomes

Academic engagement, assessed with the LSAC academic engagement measure, showed no significant main effect of time (i.e., academic engagement did not change significantly over time when both groups are considered together; p [p-value]=0.07) or condition (i.e., the two groups did not differ significantly overall, when averaged across all time points; p =0.17). The condition-by-time interaction was significant (i.e., the two groups changed differently over time; F [F-value] (df [degrees of freedom]=1,608)=9.75, p =0.002), with the ban group showing greater improvement over time than the no-ban at baseline group. Within-group change over time was significant in the ban group (d =0.28, 95% CI 0.17 to 0.39) but not in the no-ban group (d =0.09, 95% CI -0.04 to 0.21). However, the between-group effect size at one-month follow-up was not significant (d =0.03, 95% CI -0.14 to 0.20) [75].

schulisches Engagement:
signifikante Gruppen-Zeit-Interaktion (stärkere Verbesserung in Verbotsgruppe), Gruppenunterschied nach 1 Monat jedoch nicht signifikant

Harms

Bullying, measured using the PISA bullying scale, declined significantly over time across both groups (d =0.33, 95% CI 0.25 to 0.41, p <0.001), and the two groups did differ significantly overall, when averaged across all time points (d =0.14, 95% CI 0.06 to 0.22, p =0.02), with no-ban at baseline schools reporting lower bullying levels overall. The two groups did not change differently over time (p =0.85). Bullying scores declined from mean 1.51 (SE [Standard Error] 0.02) to 1.36 (SE 0.03) in ban schools and from 1.43 (SE 0.03) to 1.28 (SE 0.04) in no-ban schools [75].

Mobbing: Rückgang in beiden Gruppen, kein zusätzlicher Effekt durch Verbot (keine signifikante Interaktion)

Safety

No safety concerns or unintended harms were identified; however, the study did not structurally monitor adverse events [75].

keine Sicherheitsbedenken

The following outcome categories were not assessed in any included studies for this intervention type (setting restrictions); therefore, no evidence is available: problematic social media use, social and behavioural outcomes, sleep, and media literacy outcomes.

keine Evidenz zu: Schlaf, problematischer Nutzung, Sozialverhalten etc.

Time restrictions

In addition, two trials ([74, 79, 92] and [81]) were included that limited social media use to one hour per day but recruited adolescents with elevated anxiety or depressive symptoms. These studies meet the age criteria and address partial restrictions through time caps. However, they introduce population indirectness due to elevated symptoms of depression and/or anxiety. Findings from samples with elevated distress may not generalise to the broader adolescent population addressed in this report. Effects on outcomes such as anxiety or body esteem may be larger or qualitatively different from those in the general population. These limitations are taken into account in the interpretation of effectiveness and safety findings for this intervention type.

Einschränkung der Zeit:
2 Studien zu Zeitlimit (inkl. 1 Pilotstudie; 1 Std./Tag); Indirektheit: Teilnehmende mit erhöhter Angst/Depression

Mental health

Depressive symptoms were assessed in both studies (main trial, $n=260$ [74, 79] and pilot study, $n=47$ [81]) using the 10-item Centre for Epidemiological Studies Depression (CES-D; or its revised equivalent, CES-D-R) scale at baseline and at Day 28 post-intervention. In the main trial, a significant main effect of time was observed ($F(1, 217)=21.42$, $p<0.001$, η^2 [partial eta squared]=0.090), indicating an overall decline in depressive symptoms across both groups. The main effect of condition was not significant (i.e., the two groups did not differ significantly overall, when averaged across all time points; $p=0.06$). The condition-by-time interaction was significant (i.e., the two groups changed differently over time; $F(1, 217)=5.35$ ($p=0.02$, $\eta^2=0.02$), with the intervention group showing a significant decline of -2.36 points ($p<0.001$); however, no statistically significant effect was observed for the control group -0.79 points ($p=0.12$) [74]. In the pilot study, neither the main effect of time ($p=0.27$), the main effect of condition ($p=0.09$), nor the condition-by-time interaction ($F(1, 36)=2.68$, $p=0.11$, $\eta^2=0.07$) were statistically significant, though the interaction trended in the same direction as the main trial [81].

Generalised anxiety was also assessed in both studies [74, 81] using the GAD-7 at baseline and Day 28. In the main trial ($n=260$), anxiety declined significantly over time across both groups ($F(1, 216)=37.17$, $p<0.001$, $\eta^2=0.15$). The two groups also differed significantly overall, when averaged across all time points ($F(1, 216)=4.33$, $p=0.04$, $\eta^2=0.02$), with the intervention group reporting lower anxiety overall. The two groups did change differently over time ($F(1, 216)=5.99$, $p=0.02$, $\eta^2=0.03$), with the intervention group showing a greater reduction in anxiety (-2.35 GAD-7 points, $p<0.001$) than the control group (-1.01 points, $p=0.01$) [74]. In the pilot study ($n=47$), the main effect of time was also significant ($F(1, 35)=6.79$, $p=0.01$, $\eta^2=0.16$) and the main effect of condition was not significant ($p=0.08$). The condition-by-time interaction was significant ($F(1, 35)=4.78$, $p=0.04$, $\eta^2=0.01$), with only the intervention group showing a significant decline ($F(1, 35)=9.65$, $p=0.004$, $\eta^2=0.22$) and no significant change in the control group ($F(1, 35)=0.11$, $p=0.74$) [81].

Fear of missing out (FoMO) was assessed with the 10-item FoMO questionnaire [93] at baseline and Day 28 in the main trial only [74]. FoMo declined significantly over time across both groups ($F(1, 217)=44.60$, $p<0.001$, $\eta^2=0.17$). The two groups did not differ significantly overall when averaged across all time points ($p=0.13$). The two groups did change differently over time ($F(1, 217)=3.95$, $p=0.05$, $\eta^2=0.02$), with the intervention group declining more markedly than controls ($p<0.001$ vs $p=0.002$) [74].

Loneliness was assessed in a secondary publication [79] using the revised 20-item UCLA Loneliness Scale at baseline and follow-up (28 days). The condition-by-time interaction was significant (β [(standardised) regression coefficient]= -0.11 , 95% CI -0.21 to -0.005 , $p=0.04$, $\eta^2=0.02$), indicating a greater reduction in loneliness scores in the intervention group over time. In terms of within-group differences, only the intervention group showed significant improvements, $\beta=-0.14$ (95% CI -0.25 to -0.03 , $p=0.02$) vs $\beta=0.03$ (95% CI -0.09 to 0.15 , $p=0.60$), respectively [79].

depressive Symptome:
stärkerer Rückgang in Interventionsgruppe (signifikanter Unterschied; Hauptstudie);
Pilotstudie: gleiche Effekt-Richtung, aber kein signifikanter Unterschied

generalisierte Angst:
stärkerer Rückgang in Interventionsgruppe (signifikanter Unterschied; Haupt- und Pilotstudie)

Fear of Missing Out:
stärkerer Rückgang in Interventionsgruppe (signifikanter Unterschied)

Einsamkeit:
stärkerer Rückgang in Interventionsgruppe (signifikanter Unterschied)

Appearance and weight esteem were assessed using the Abbreviated Body Esteem Scale for Adults and Adolescents (BESAA) in a secondary publication [92] and in the pilot trial [81] at baseline and follow-up (28 days). For appearance esteem, in the main trial ($n=260$), a significant main effect of time was observed ($d=0.29$, $p=0.02$), indicating an overall increase in appearance esteem across both groups. The main effect of condition was not significant ($p=0.31$). The condition-by-time interaction was significant ($d=0.28$, $p=0.02$), with simple effects showing a significantly greater increase in the intervention group (M [mean]=2.95 to 3.15, $p<0.001$, d^z [Cohen's d_z]=0.33) and no significant change in the control group ($M=2.72$ to 2.76, $p=0.99$, $d^z=0.13$) [92]. Similarly, in the pilot study ($n=47$), a significant main effect of time was also observed ($F(1,36)=10.56$, $p=0.003$, $\eta^2=0.23$). The main effect of condition was not significant ($p=0.29$). The condition-by-time interaction was significant ($F(1,36)=4.25$, $p=0.05$, $\eta^2=0.11$), with only the intervention group showing a significant increase ($F(1,36)=12.18$, $p=0.001$, $\eta^2=0.25$) and no significant change in the control group ($F(1,36)=0.84$, $p=0.37$, $\eta^2=0.02$) [81]. For weight esteem, in the main trial, a significant main effect of time was observed ($d=0.37$, $p=0.004$), indicating an overall increase in weight esteem across both groups. A significant main effect of condition was also observed ($d=0.37$, $p=0.004$), with the intervention group reporting higher weight esteem overall. The condition-by-time interaction was significant ($d=0.27$, $p=0.03$), with the intervention group showing a significant increase ($M=3.16$ to 3.32, $p<0.001$, $d^z=0.27$) and no significant change in the control group ($M=3.01$ to 3.02, $p=0.654$, $d^z=0.06$) [92]. In the pilot study, a significant main effect of time was observed ($F(1,35)=4.56$, $p=0.04$, $\eta^2=0.12$), but neither the main effect of condition ($p=0.61$) nor the condition-by-time interaction ($p=0.38$) was statistically significant [81].

Sleep

Sleep was evaluated using a questionnaire that asked about bedtime and wake-up times on both weekdays and weekends at baseline and at Day 28 in the main trial only [74]. Sleep duration did not improve significantly over time across both groups ($p=0.28$), and the two groups did not differ significantly overall, when averaged across all time points ($p=0.71$). The condition-by-time interaction was significant ($F(1, 176)=9.52$, $p=0.002$, $\eta^2=0.05$), with sleep duration increasing by approximately 30 minutes per night in the intervention group ($p=0.002$) and declining by approximately 15 minutes per night in the control group ($p=0.18$) [74].

Safety

No safety or feasibility concerns were reported [81].

The following outcome categories were not assessed in any included studies for this intervention type (time restrictions), and therefore, no evidence is available: well-being and quality of life, problematic social media use, social and behavioural outcomes, academic outcomes, media literacy and harms.

Given the limited published evidence and the indirectness of the available completed studies, three ongoing trials, as well as one preliminary study addressing partial restrictions, were also included. These primarily examine external limits on access to social media, including access frictions, time-based restrictions, smartphone curfews, and restricted access periods in specific settings. However, one ongoing study [88], besides primarily evaluating time restrictions and curfews, also emulates a full social media restriction; it therefore falls between intervention types. They are described below to provide an overview of the emerging evidence base.

Erscheinungs-Selbstwert:
Zunahme nur in Interventionsgruppe, kein Effekt in Kontrollgruppe (signifikanter Unterschied) (Haupt- und Pilotstudie)

Gewichts-Selbstwert:
Hauptstudie: Zunahme nur in Interventionsgruppe, kein Effekt in Kontrollgruppe (signifikanter Unterschied), Pilotstudie: kein signifikanter Unterschied

Schlafdauer: Zunahme in Interventionsgruppe (+30 Min./Nacht), Abnahme in Kontrollgruppe (signifikanter Unterschied)

keine Sicherheitsbedenken

keine Evidenz zu: Wohlbefinden, Sozialverhalten, Medien-kompetenz etc.

3 laufende Studien + 1 Vorabstudie zu Teilbeschränkungen

UK Pilot on Social Media Bans, Curfews, and App Time Limits [88].

This government-led pilot trial is being conducted in approximately 300 teenage households across all four countries in the UK to assess the impact of restrictions on children. It uses a six-week home-based implementation of three restriction models: a simulated full social media restriction via parental controls, a one-hour daily limit on selected social media apps, and a night-time curfew (21:00-07:00), alongside a control condition with non-regulated or restricted access to social media. Interviews with children and adolescents and their parents/caretakers will be performed. Outcomes focus on sleep, family life, schoolwork, and feasibility of implementation, including potential work-arounds. The primary completion date was planned for spring 2026⁸.

Changes in Social Media Usage Among Teenage Smartphone Users in the UK: a Randomised Controlled Trial of the NOMO App (ISRCTN11151579; [89]).

This school-based cluster randomised controlled trial includes adolescents aged twelve to 16 years in UK secondary schools (Years nine and ten). The intervention is a 3-month app-based programme called “NOMO” designed to reduce social media use through structured digital behaviour change support, including peer support, shared challenges, and rewards (e.g., earning points redeemable for rewards). The study will assess the effectiveness of the mobile application by comparing schools that use it with those that do not (waitlist control arm), using pre- and post-survey data. The planned sample size is 14,000 students. Outcomes include time spent on social media, distraction from social media, life satisfaction, and sleep quality. These will be assessed using self-reported metrics (e.g., 9-point questionnaire item measure of social media use, an item adapted from the Online Homework Distraction Scale, etc.). Planned completion date was March 2026⁸. The study is funded by the Behavioural Insights Team.

IRL Trial (Smartphone App-Based Social Media Restriction Intervention) [90].

This cluster randomised controlled trial includes adolescents aged twelve to 15 years. The intervention consists of a smartphone app that caps social media use through a daily budget (e.g., one hour per day) and a nighttime curfew (e.g., from 9 pm–7 am) over a six-week period. The control group will have no limitations on social media use. The intervention will be evaluated through pre- and post-intervention questionnaires and in-depth interviews with a subsample of the participants. The sample includes approximately 4,000 participants. Outcomes include self-reported anxiety (primary outcome), sleep quality, time spent with friends and family, well-being, body image, social comparison, school absences, bullying, and objectively logged app-based social media use. Additionally, specific effects of the intervention within participants with pre-existing symptoms of anxiety will be assessed. The primary completion date is expected in autumn 2026. This study is funded by the Wellcome Trust.

UK: Pilotstudie (~300 Haushalte, 6 Wochen)
3 Modelle: simuliertes Verbot, 1-Std.-Limit, Nacht-Sperrzeit;
Endpunkte:
 Schlaf, Familienleben, Schule, Umsetzbarkeit
Abschluss: Frühjahr 2026

UK: Cluster-RCT (12-16 J., n=14.000)
App-basiertes Programm „NOMO“ (3 Monate):
Verhaltensänderung via Peer-Support, Challenges, Belohnungen

Kontrolle: Warteliste

Endpunkte: Nutzungszeit, Ablenkung, Schlaf, Lebenszufriedenheit,
Abschluss: März 2026

Cluster-RCT (12-15 J., n=4.000)
App-basiertes Tageslimit + Nacht-Sperrzeit (6 Wochen);
Kontrolle:
normale Nutzung

Endpunkte:
 Angstzustände, Schlafqualität, Schulabsenzen etc.
Abschluss: Herbst 2026

⁸ Results were not available at the time of this review.

Disrupting Digital Habits Among Danish Adolescents: Evidence from 1.2 Million Social Media Interactions [91]. As this study remains in pre-print and has not undergone peer review, results are presented descriptively only and are not incorporated into the effectiveness assessment. This randomised controlled trial includes 269 adolescents aged 13-17 years. The intervention consists of app-based access-friction strategies (design hurdles to slow down user behaviour) implemented at the point of social media entry (reflection prompts, planning steps, or short waiting delays⁹), delivered via the OneSec smartphone application. Participants' smartphone activity was continuously logged for four weeks following a two-week unobserved baseline phase. At baseline, participants spent a mean of three hours and 19 minutes per day on social media across more than ten tracked platforms. Both the planning and waiting interventions produced statistically significant reductions in daily social media use of 33.8% and 38.0%, respectively, whereas the reflection condition showed no significant effect. Reductions were driven primarily by fewer daily app-opening attempts and higher dismissal rates at the point of access, with remaining sessions consolidated into fewer but longer episodes. Intervention effects were largest among adolescents with the highest baseline use and limited self-control in planning-based interventions, whereas brief waiting delays proved more effective for adolescents who already had greater self-control, and in reflection interventions, self-control did not moderate the outcomes. No statistically significant changes in self-reported well-being, social connectedness, or satisfaction were observed across conditions.

Family-mediated regulations

For family-mediated approaches, evidence was derived from a SR of observational studies examining problematic social media use associations among adolescents [76]. As this is not an interventional review, it will not contribute to the efficacy synthesis; however, it does provide contextual information on the relationship between parental monitoring behaviours and outcomes and was therefore included. The review reported directions and statistical significance of associations but did not provide pooled quantitative effect sizes.

Problematic social media use

Problematic social media use was defined broadly as risky behaviour and/or time spent on social media. Across included studies, risky behaviour was operationalised in multiple ways, including problematic use assessed with the social media Disorder Scale, online privacy-related behaviours, online aggression, victimisation, and perpetration, risky online experiences, social media literacy, and exposure to tobacco and alcohol content on social media. Time spent on social media was measured using self-reported hours per day, weekday or week-

end use, or Likert-scale ratings of use frequency. Across studies, parental mediation strategies were associated with adolescent social media use in mixed patterns. Parent modelling of social media behaviour was consistently associated with more favourable social media use outcomes. Parental mediation and communication were mostly positively associated with more favourable adolescent social media use. Parental monitoring and limit setting showed mixed associations, with more proactive approaches appearing more protective [76].

⁹ Reflection prompts ask users to think briefly about their intentions and mood before access; Planning condition requires users to set a session length first; Waiting condition adds a six-second delay before response [91].

**Dänemark (Preprint, nicht peer-reviewed)
RCT (13-17 J., n=269):
App-basierte
Zugriffs-Erschwernisse
durch Planungs-/
Warte-Interventionen und
Reflektionsprompts**

**Ergebnisse (deskriptiv):
signifikante Reduktion der
Nutzung (-33,8 %/-38,0 %),
keine signifikanten Effekte
auf Wohlbefinden, soziale
Verbundenheit oder
Zufriedenheit**

**familienbasierte Ansätze:
1 SR zu
Beobachtungsstudien
Richtung/Signifikanz
von Assoziationen,
keine Kausalannahmen**

**problematische Nutzung:
elterliches
Modellverhalten:
konsistent günstige
Nutzung; ...**

**... Kommunikation und
Mediation: überwiegend
positive Nutzung;
Monitoring/Grenzen
setzen: gemischte
Ergebnisse**

The following outcome categories were not assessed in any included studies for this intervention type (family-mediated regulations), and therefore, no evidence is available: mental health, well-being and quality of life, social and behavioural outcomes, sleep, academic outcomes, media literacy, harms, and safety.

Educational programmes

Two SRs were included for this intervention type. The included primary studies within these reviews only partially met the population and/or geographic eligibility criteria of the present report; in one [78] of the three primary studies reporting outcomes regarding social media outcomes, two would have met our inclusion criteria [94, 95], and one would have been excluded because the mean age was over 19 years [96]. Findings from these reviews are therefore considered indirect evidence. In one of the systematic reviews [77], two primary studies were included for the outcome of problematic social media use/SMA. Of these, one would have met the inclusion criteria of the present report; the other would have been excluded because it was published prior to 2020 [97]. Findings from this review are therefore also considered indirect evidence.

Although recent SRs were available for educational programmes (substantially focused on problematic use outcomes), one additional randomised trial [82] was included because it assessed outcomes or intervention formats that were insufficiently covered by the reviews and was not included in either of the reviews.

Mental health

Mental health outcomes were assessed only in the RCT [82].

For depressive symptoms, assessed with 9-items of the CESD-R-10, one-week post-intervention, six-month follow-up, and twelve-month follow-up no between-group differences were observed in change scores at post-intervention ($d=0.04$; $p=0.52$), six months ($d=-0.10$; $p=0.18$), or twelve months ($d=0.12$; $p=0.12$, marginally favouring the control arm) with negligible to very small effect sizes [82].

Body image outcomes were assessed with the 12-item Weight and Shape Concern subscales of the Eating Disorder Examination Questionnaire (EDE-Q) at baseline, post-intervention and follow-up. No between-group differences in change scores were observed post-intervention ($d=0.00$; $p>0.99$), six months ($d=0.05$; $p=0.45$), or twelve months ($d=0.03$; $p=0.66$), with negligible effect sizes. Similarly, body dissatisfaction, measured using three 100-point visual analogue scales (VAS), showed no between-group differences in change scores at post-intervention ($d=0.05$; $p=0.38$), six months ($d=0.002$; $p=0.96$), or twelve months ($d=0.06$; $p=0.36$) [82].

keine Evidenz zu:
psychischer Gesundheit,
Schlaf, Wohlbefinden,
Medienkompetenz etc.

Bildungsprogramme:
2 systematic Reviews
eingeschlossen;
inkludierte Primärstudien
erfüllen Inklusionskriterien
nur teilweise

zusätzlich 1 RCT inkludiert
(nicht in Reviews enthalten,
ergänzende Endpunkte)

psychische Gesundheit:
depressive Symptome:
keine signifikanten
Gruppenunterschiede,
vernachlässigbare
Effektgrößen

**Körperbild &
Körperunzufriedenheit:**
keine signifikanten
Gruppenunterschiede,
vernachlässigbare
Effektgrößen

Dietary restraint was assessed with the 10-item restraint subscale of the Dutch Eating Behaviour Questionnaire (DEBQ), and strategies to increase muscle size were assessed with the 5-item Body Change Inventory (BCI) subscale at baseline. For dietary restraint, no between-group differences in change scores were observed at post-intervention ($d=0.03$; $p=0.63$), six months ($d=-0.06$; $p=0.33$), or twelve months ($d=0.03$; $p=0.65$), with negligible effect sizes. The drive to increase muscle size showed no significant between-group differences at post-intervention ($d=0.03$, $p=0.60$) or six months ($d=0.08$, $p=0.25$). At twelve months, a significant group-by-time difference was observed ($d=0.19$, $p=0.02$). There was a decline from baseline to follow-up for the overall sample ($b=-1.31$, $p<0.001$), with a weaker decline in the intervention arm [82].

Self-esteem was measured with a single item of the Self-Esteem Scale and 3 items from the Rosenberg Self-Esteem Scale. No between-group differences in change scores and negligible effect sizes were observed at post-intervention ($d=-0.05$; $p=0.38$), six months ($d=0.08$; $p=0.31$), or twelve months ($d=0.06$; $p=0.46$) [82].

Problematic social media use

Two systematic reviews assessed problematic social media use [77, 78]. Because not all primary studies within the included reviews met the eligibility criteria of the present report, findings are treated as indirect evidence throughout. Problematic social media use was measured using the Bergen Social Media Addiction Scale (BSMAS) and the Social Media Addiction Test (SMA-T) [77], and using the Social Media Addiction Scale (SMAS), the Social Media Use Questionnaire (SMUQ), and a modified BSMAS [78]. In both reviews, the evidence was synthesised narratively rather than pooled.

Arana [77] found limited but generally favourable evidence based on two included studies: one reported a statistically significant decrease in SMA, and one reported reduced social media use time but not addiction scores. Colder Carras [78] also reported a generally favourable pattern, with educational programmes targeting social media use time resulting in an average reduction of 40.9 minutes per day, the largest reduction observed across digital screen time categories, including gaming and general smartphone use. In children and adolescents, one study showed significantly reduced use time at weekends but not on weekdays. For problematic use among adolescents and youth, two studies reported significantly lower scores, particularly for interventions incorporating mindfulness or awareness components [78].

Safety

Safety and unintended consequences were rarely addressed. Only one of the three included studies discussed harms, and the review noted that primary studies generally did not report adverse effects.

The following outcome categories were not assessed in any included studies for this intervention type (educational programmes), and therefore, no evidence is available: well-being and quality of life, social and behavioural outcomes, sleep, academic outcomes, media literacy, and harms.

The two tables (Table 4-10 and Table 4-11) provide an overview of the outcomes evaluated in the included studies and the outcome domains planned in the ongoing studies.

Diätverhalten:
keine signifikanten
Gruppenunterschiede,
vernachlässigbare
Effektgrößen;
Muskelaufbau-Drang:
signifikanter Unterschied
nach 12 Monaten –
schwächerer
Rückgang in
Interventionsgruppe

Selbstwert:
keine signifikanten
Gruppenunterschiede,
vernachlässigbare
Effektgrößen

problematische Nutzung:
2 systematic Reviews –
indirekte Evidenz

überwiegend günstige,
aber begrenzte Evidenz
zu Suchtverhalten;
günstige Reduktion
der Nutzungszeit
(Ø 40,9 Min./Tag),
v. a. bei Achtsamkeits
komponenten und an
Wochenenden

Sicherheit: meist keine
Nebenwirkungen berichtet

keine Evidenz zu:
Wohlbefinden, Medien-
kompetenz, Schlaf etc.

**Überblick untersuchte
Outcomes**

Table 4-10: Overview of the direction of effects reported for each intervention type across the included studies

Outcome	Studies reporting it ¹⁰	Full regulatory bans ¹¹	Partial restrictions		Family-mediated interventions	Educational programmes
			Setting restriction	Time restriction		
Mental health	4/7	-	↔ Disordered eating risk ^Q ↔ Psychological distress ^Q ↔ Self-harm thoughts and behaviours ^Q	▲ Depressive symptoms ^R ▲ Generalised anxiety ^R ▲ Loneliness ^R ▲ Fear of missing out ^R ▲ Appearance and weight esteem ^R	-	↔ Depressive symptoms ^R ↔ Body image ^R ↔ Dietary restraint ^R ↔ Self-esteem ^R ▼ Muscle drive ^R
Well-being	1/7	-	↔ Life satisfaction ^Q	-	-	-
Problematic social media use	3/7	-	-	-	↔/▲ Problematic social media use ¹²	▲ Problematic social media use ^{SR}
Social & behavioural outcomes	0/7	-	-	-	-	-
Sleep	1/7	-	-	▲ Sleep duration ^R	-	-
Academic performance	1/7	-	↔ Academic engagement ^{Q13}	-	-	-
Media literacy	0/7	-	-	-	-	-
Harm incidence	1/7	-	↔ Bullying (declined in both groups; no differential change) ¹⁴	-	-	-

▲ favours intervention, ▼ favours control, ↔ no significant difference between groups, – not assessed;

Notes: ^Q Quasi-experimental, ^R Randomised controlled trial, ^{SR} Systematic review

Table 4-11: Overview of the outcomes that will be assessed in the ongoing studies by intervention type

Outcome category ¹⁵	Example outcome measures	Full regulatory bans (n=6)	Partial restrictions (n=3)
Mental health	Anxiety, depression, self-esteem, psychopathology, body image, social comparison	3/6	1/3
Well-being	Happiness, life satisfaction, general well-being	3/6	3/3
Problematic social media use	Social media use patterns/time, logged app use, digital practices	4/6	2/3
Social & behavioural outcomes	Social comparison, offline/online social interaction, family dynamics, physical activity, social connectedness	5/6	2/3
Sleep	Sleep quality/duration (self-report and objective)	3/6	2/3
Academic performance	Academic engagement, school absences	2/6	1/3
Media literacy	-	0/6	0/3
Harm incidence	Bullying, online experiences	1/6	1/3

¹⁰ n/7 counts unique studies, not publications.

¹¹ No completed studies for full regulatory bans (n=0); 5 ongoing trials in progress.

¹² Non-interventional, directions of associations only, not causal effects.

¹³ Significant improvement over time in the intervention group, but the difference compared to the control group was not statistically significant.

¹⁴ Significant decline in both groups over time, but the difference compared to the control group was not statistically significant.

¹⁵ Mapping of endpoints involved judgment; “e.g., physical activity” and “family dynamics” were classified under social & behavioural outcomes; “school absences” and “distraction from social media” were classified under academic performance; “online experiences” was classified under harm incidence.

4.3 Research question 3: Social and moral implications of full regulatory social media bans

Research question 2 identified research gaps that are also cited in the debates surrounding social media bans. Fatt and Fardouly [55, p. 415] highlighted the ambiguity surrounding the consequences of age restrictions on social media, emphasising the necessity for further research to evaluate their potential efficacy, benefits, and unintended harms for adolescents. Furthermore, Wu [98, p. 204ff.] emphasised the necessity to investigate the long-term health effects. As Nogrady [99, p. 1] asserted, the absence of sufficient scientific evidence to support policy or legislative decisions is a significant concern for social media regulations. Nevertheless, the debate on social media regulation has already revealed arguments both for and against such measures. Social and moral questions have arisen that need to be discussed from an ethical perspective to enable a balanced assessment of whether social media should be banned for children and adolescents. The following section provides a concise summary of the relevant ethical considerations. However, the discussion is not intended to be exhaustive.

Nine out of twenty assessment elements from the EUnetHTA core model were included in the ethical assessment (see Table 4-12), for which 42 documents were analysed. Included documents were published between 2020 and 2026 and covered scientific viewpoints, legal analyses, editorials, perspectives, comments, policy papers, news features, monographs, case studies and social science articles.

Based on the EUnetHTA approach [71], we identified ethical issues and allocated them to the relevant AEs (see [Supplemental Material](#) for details).

All categorisation elements are shown in Table 4-12, which provides the structure for reporting the results.

Debatte unterstreicht Forschungslücken:
Wirksamkeit, Langzeitfolgen, unzureichende Evidenz

Überblick über ethische Aspekte (nicht erschöpfend)

9 von 20 EUnetHTA-Assessment-Elementen (AE); 42 Dokumente (2020-2026) analysiert

Ethische Aspekte identifiziert und AEs zugeordnet

Table 4-12: Specific ethical issues based on EUnetHTA Approach

Assessment categories	Modified overarching question from the EUnetHTA Core Model (Assessment Elements)	Specific ethical issues (subcategories determined from collected data)
Benefit-harm balance	What are the known and estimated benefits and harms for children and adolescents when implementing or not implementing full regulatory social media bans?	Benefits of full regulatory social media bans ■ Bans mitigating social media harms ■ Bans deprive social media benefits: social & political participation, personal growth, education/learning, community & health promotion
	What are the benefits and harms of full regulatory social media bans for relatives, other people, organisations, commercial entities, society, etc.?	Harms and concerns of full regulatory social media bans ■ Bans potentially promote negative effects: promotion of isolation, reactance, impact on self-determination, withdrawal-type states ■ Bans result in harms for vulnerable groups and those who benefit from social media (LGBTIQ+, marginalised groups, remote youth, disadvantaged or offline vulnerable children) ■ Bans may have negative impact on inequality ■ Concerns about safety and harms from circumvention and migration to alternative platforms ■ Bans may reduce opportunities for parental supervision ■ Concerns regarding industry responsibilities, accountability and compliance ■ Concerns regarding digital skills development and transition to the digital space ■ Societal consequences (e.g loss of communication channels)
	Are there any other hidden or unintended consequences of full regulatory social media bans and its applications for children and adolescents, relatives, other patients, organisations, commercial entities, society, etc.?	

Assessment categories	Modified overarching question from the EUnetHTA Core Model (Assessment Elements)	Specific ethical issues (subcategories determined from collected data)
Autonomy	Are full regulatory social media bans used for individuals that are especially vulnerable?	■ Children & adolescents are especially vulnerable
	Does the implementation or use of full regulatory social media bans affect children's and adolescents' capability and possibility to exercise autonomy?	■ Bans limit autonomy ■ Bans limit free expression & participation
	Is there a need for any specific interventions or supportive actions concerning information in order to respect children's and adolescents' autonomy when full regulatory social media bans are implemented?	■ Multiple-component strategies on different levels (Platforms, Education, Population) ■ Participative approaches ■ Other measures
Respect for persons	Do full regulatory social media bans invade the sphere of privacy of children and adolescents?	■ Collection and transfer of personal data ■ Privacy invasion ■ (Mis)use and security risk ■ Risk of surveillance
Legislation	Does the implementation of full regulatory social media bans affect the realisation of basic human rights?	■ Right on participation ■ Freedom of expression and access to information ■ Freedom of assembly and association ■ Right on health, education, leisure and play ■ Right to privacy
	Can the use of full regulatory social media bans pose ethical challenges that have not been considered in the existing legislation and regulations?	■ Equity ■ Transferability of insights ■ Provider rules circumvention ■ Complexity and balance

4.3.1 Benefits-harm balance

Bans mitigate social media harms

Coyne [100, p. 2] and Fardouly [101, p. e235-e236] both posit that social media bans could serve as a potential measure to curtail children's and adolescents' exposure to potentially harmful online content, communities and bullying, and to mitigate their potential negative effects on development and health [101, p. e235-e236].

In academic discourse, the case for social media bans is driven primarily by concerns about the negative consequences (perceived harms) of social media rather than by arguments that justify a prohibition per se, based on direct violations of rights or duties of social media access for children and adolescents. Mirza [102] argued that minimising exposure to social media platforms could mitigate the harm associated with social media, thereby promoting the health and development of children and adolescents.

Argumente für Verbote:
Expositionseinschränkung
und Schadensminimierung

Pro-Argumente basieren
v. a. auf Bedenken bzgl.
Social Media

Digression: Harms from social media

The included discussion papers cite a range of potential social media-related harms that the proposed social media ban is intended to address. Several of these reasons are outlined below to reflect the balanced nature of the debate. For a comparison with the existing evidence, see Chapter 1.3.

Mental and physical health

- Depression, anxiety, sleeplessness, addiction, suicidality, eating disorders [54, p. 653, 103, p. 339]
- Rise in emotional dysregulation, self-harm, suicidal ideation/attempts [54, p. 653, 56, p. 49]
- Increased risk of mental health problems [54, p. 651]
- Exacerbation of vulnerabilities and hindrance of emotional and psychological health by problematic social media use and cyberbullying [104, p. 243]
- Excessive focus on individual appearance, food restriction/excessive exercise, excessive screen time, sleep deprivation, concentration difficulties [54, p. 653]
- Context-factors for mental health harms:
 - Girls especially affected, but boys not immune [105, p. 2288]
 - Impact on mental health depends on context and individual [55, p. 414]

Societal/Public health

- Fuelling of vaccine hesitancy through misinformation [106, p. 106]
- Small effects accumulate into substantial consequences for society and public health if exposure is widespread [107, p. 1f]
- Effects on societal attitudes towards body size, life expectations and cultural values influencing non-users as well [107, p.2]

Risky and harmful behaviour

- Viral danger trends (e.g. lethal “Blackout Challenge”); positive relationship between posting risky behaviour and increased engagement in risky behaviour [32, p.1]
- Exposure to harmful content: violence, substance abuse, suicide and self-harm content, cyberbullying, contact with online predators [103 p. 338]

AI-driven content, influencer economy

- Dominance of LLMs, algorithmically curated and AI-generated content; unreliable information landscape beyond conventional media literacy [108p. 2, 109, p.7]
- Influencer marketing with information asymmetry [109, p.6]
- Commercialisation of personal data; opaque, emotion-intensifying recommendation systems govern perceptions and relationships [110, p. 2]
- Adolescents do not adjust behaviour despite understanding algorithms [67, p.3]
- Algorithms push vulnerable users toward extremist content (e.g. influencers promoting misogyny) [105, p. 2288]

Human rights

- Restriction of the human right to freedom of expression through the dissemination of misinformation, fake news and hate speech, as well as online censorship and the use of bots and AI to manipulate online debate [111, p.13]
- Substantial restriction of the human right to privacy through communications surveillance, hacking, data theft, unlawful access to personal data, and cross-border data flows [111, p. 25f.]

Autonomy

- Undermining of autonomy through e.g. personalised algorithms (exploitation of emotional triggers), infinite-scroll mechanisms (deliberate suppression of natural stopping cues), and variable reward loops (likes, streaks, push notifications used to shape behaviour) [109 p. 11f.]
- Potential impairment of autonomy competence [112, p. 20]

Bans deprive social media benefits

The benefits of social media bans as a protective measure are discussed in scientific debates alongside a range of negative and unintended consequences. However, bans also restrict some of the potential benefits associated with social media. Social media is regarded as a space for activism, civic engagement [100, p.2], social and political participation [99, p. 1], social connection [113, p. 409], learning and personal growth [100, p. 2], and an educational, community and health promoting resource [99, p. 1, 114, p. 5]. These potential losses of opportunities were identified as relevant ethical concerns in the analysis of social media bans.

**Verbote entziehen
Social-Media-Nutzen
(Teilhabe, Bildung,
Vernetzung,
persönl. Entwicklung)**

Bans potentially promote negative effects

Sudden bans could lead to withdrawal symptoms such as anxiety or irritability and could affect emotional regulation due to a lack of alternative coping strategies [102]. In addition, authors such as Wiederhold [115, p. 296], Köhler-Dauner et al. [110, p. 7], and McAlister et al. [67, p.1] noted that restrictive measures have the potential to engender feelings of isolation, loneliness and dissatisfaction, and may trigger psychological reactance processes in response to perceived restrictions on freedom. Furthermore, Köhler-Dauner et al. [110, p.7] argued that the allure of prohibition may increase risk-taking behaviour, because forbidden acts become more appealing.

**mögliche negative Effekte:
Entzugssymptome,
Isolation,
Reaktanz,
mehr Risikoverhalten**

Bans result in harm to vulnerable groups and affect equity

Social media bans can pose risks to children and adolescents, for whom social media can be beneficial [99, p1]. This includes marginalised groups, including young LGBTQIA+ people, those with mental health conditions or offline vulnerabilities (e.g. individuals with autism or neurodivergence), and members of remote communities [31, p. 6, 102, p. 768, 116, p. 2, 117, p. 519]. As Campbell et al. [117, p. 519] and Volz [31, p. 5f.] note, the utilisation of social media has been shown to facilitate the establishment of communities with which marginalised individuals can identify, even without physical proximity. These online spaces frequently function as a lifeline for children and adolescents, facilitating mutual support, communication, and self-expression. The withdrawal of this environment may result in a range of social, emotional, and psychological consequences [102, p. 768]. As Köhler-Dauner et al. [110, p. 3, 7], Goodyear et al. [65, p. 1] also emphasise, children from socio-economically disadvantaged families, children from migrant backgrounds, children suffering from mental health issues, and children with disabilities are more frequently exposed to digital risks. However, they simultaneously benefit less from preventive protective measures [65, p. 1, 110, p. 3, 7].

**Schaden für
vulnerable Gruppen;
Online-Räume oft
essenziell für
Marginalisierte
(z. B. LGBTQIA+,
psych. Erkrankte)
zur Identitätsbildung,
Community-Support,
Kommunikation,
Selbstausdruck**

Furthermore, certain age verification measures may lead to the erroneous exclusion of certain groups, according to Livingstone & Sylwander [40, p. 301, 308]. For example, people may be excluded because they are wearing face coverings [101, p. e235], which may exacerbate existing inequalities.

**Altersverifikation kann
Gruppen fälschlich
ausschließen → verstärkt
Ungleichheit**

Bans raise concerns about safety and harms from circumvention and push for social media alternatives

In general, excluding individuals from social media platforms can have consequences. As posited by Wu [98, p. 204] and Fatt & Fardouly [55, p. 414], children and adolescents are capable of circumventing age restrictions and verification mechanisms. According to Fardouly [101, p. e235] and Carah et al. [118, p. 1], digital natives find this particularly easy. Circumvention can be achieved through the use of alternative devices, virtual private networks (VPNs), or the creation of fake accounts or identities [31, p. 7, 100, p. 2, 108, p. 3, 5, 119, p. 206]. It has been demonstrated that children may seek out less secure and less regulated online environments [101, p. e235, 110, p. 1, 120, p. 1f.]. As asserted by Hecktor & Stapf [121, p. 132], this can result in unintended consequences if bans can be readily circumvented [121, p. 132].

In their 2026 article, Lind et al. [114, p. 5] also advanced the argument that social media can be used anonymously (as permitted in Australia). Access without registration, namely access without an account and without the provision of personal data, may be less secure than a registered account. This is because active algorithms continue to direct users toward harmful content, and safety features such as restricted modes and parental controls are lacking, as argued by Wu [98, p. 204].

Furthermore, the imposition of age-based restrictions has been demonstrated to be an ineffective measure in enhancing the safety of social media platforms [55, p. 415]. In any case, children and young people are entering an online space where platforms may have fewer incentives or obligations to implement child protection measures or to moderate content [31, p. 7, 122, p. 11]; children who circumvent social media restrictions will not be protected. Moreover, Fatt & Fardouly [55, p. 414 ff.] and Lind et al. [114, p. 5] have raised questions about the efficacy of bans in better protecting children and young people from harmful content and cyberbullying.

Bans may prevent children from parental supervision

Moreover, Volz argued that “age restriction laws risk offering parents and caregivers a false sense of security” [31, p. 7], while bans can lead children to avoid open communication with their parents or other trusted adults [31, p. 7, 122, p. 11]. This may reduce parents’ ability to supervise their children through the digital landscape [31, p. 7, 55, p. 414, 122, p. 11]. The fear of punishment could also prevent children and adolescents from officially reporting negative experiences [101, p. e235]. Champignon et al. [120, p. 2] argued that maintaining open communication channels is crucial to reassuring children that they can seek help even if they break the rules. Feelings of shame can increase safety risks due to the taboo surrounding social media use [121, p. 132], as children may internalise distressing content or harmful experiences without sharing them or receiving support [100, p. 2]. This is particularly concerning because restrictive measures are likely to place significant strain on the bond of trust between parents and children [100, p. 2].

Umgehung leicht möglich (VPN, Fake-Accounts); Ausweichen auf unsicherere Räume

Anonyme Nutzung ohne Account: weniger sicher (fehlende Schutzfunktionen)

Altersgrenzen ineffektiv: weniger Anreize für Plattformen zur Sicherheit; Umgehende bleiben ungeschützt

Verbote können elterliche Aufsicht mindern; Angst vor Strafe kann das Melden neg. Erfahrungen hemmen

Bans raise concerns regarding industry responsibilities, accountability and compliance

While the introduction of bans may appear to be a straightforward solution, it carries the risk of deflecting responsibility from technology companies and diverting policymakers' attention from the underlying drivers of harm, such as addictive features, algorithmically driven harmful content, and commercial incentives [118, p. 2, 123, p. 1]. Age restrictions could diminish technology companies' accountability, relieving them of their responsibility to safeguard the interests of children and adolescents [31, p. 7f., 122, p. 19]. This could be accompanied by reduced investment in safety mechanisms, moderation, and protective design features, while the ban creates a false sense of security [31, p. 8]. Furthermore, The Lancet Public Health [124, p. e137] argued that financial penalties do not dissuade technology companies from making business decisions that prioritise profit over the safety of children and adolescents, even after Australia implemented the social media ban. This is evident in the persistent development of engagement-maximising algorithms, providing access without an account, the continued presence of advertising material harmful to health, and the slow removal of harmful content [124, p. e137]. Fines are frequently deemed ineffective in this regard, as they generally do not exceed the costs of compliance, thereby failing to bring about a change in behaviour, as argued by Hall et al. [125, p. 1110].

Verantwortung wird von Tech-Konzernen abgelenkt; Geldstrafen meist wirkungslos

Bans raise concerns regarding digital skills development and transition to the digital space

Social media bans may also hinder the development of critical digital skills and the cultivation of a healthy interaction with digital spaces [65, p. 1, 100, p. 2]. Without the necessary skills and with unsafe digital spaces remaining, the inevitable transition into the digital world (upon reaching the prescribed age) can be even more challenging and riskier for children and adolescents [55, p. 415, 113, p. 409].

Verbote können Entwicklung digitaler Kompetenzen hemmen; erschwelter Übergang ins Netz

Societal consequences resulting from bans

Restricting children's or adolescents' access to social media platforms can have wider social implications. For instance, clubs, youth organisations, and schools could lose significant communication channels [114, p. 5], and the right to privacy for all users could be restricted. Therefore, proof of identity, age estimates, facial recognition or self-declaration of age would be required of everyone setting up or holding a social media account [31, p. 6, 40, p. 301].

gesellschaftliche Folgen: Verlust von Kommunikationskanälen; Eingriff in die Privatsphäre aller Nutzer:innen

4.3.2 Autonomy

Vulnerability of children & adolescents

Age-based social media bans have been introduced, passed, or are under consideration for children and adolescents of varying ages (see 4.1). According to Chen [103, p. 361] and Hecktor & Stapf [121, p. 135], childhood is a developmental phase characterised by heightened vulnerability, requiring particular care to protect children's well-being and rights.

Kindheit als Phase erhöhter Vulnerabilität

As previously outlined in the background (see Chapter 1.3), also a number of authors from the current debate, including Wesley-Smith & Fleming [107, p. 1]

Risikofaktoren individuell, nicht generalisierbar

and Wiederhold [115, p. 296] argued that risk factors are individual rather than uniform, thus precluding the possibility of generalising vulnerability across all children and adolescents [40, p. 304].

Because of children's and adolescents' reward sensitivity (see chapter 1.2) they find it more difficult to recognise manipulative intent and tend to respond strongly to social feedback, which renders them particularly vulnerable to the dangers of social networks, such as problematic online experiences, contact with perpetrators, or manipulative platform mechanisms [110, p. 2]. Children and adolescents are more susceptible to addictive design factors [99, p. 1]. Grant [56, p. 52] posits that the rationale for this phenomenon lies in the ongoing process of neurological maturation, particularly with regard to emotional regulation and impulse control. This suggests that children and young individuals may possess diminished capacity to self-regulate their social media use in comparison to adults [56, p. 52] (see also chapter 1.2).

The developmental vulnerability of children and adolescents (see chapter 1.2) may be further influenced by social media use [56, p. 52f.]. The adolescent pursuit of recognition, ordinarily supportive of social-skill development, becomes precarious once it takes on a permanent, public character online [56, p. 53]. Wilksch [54, p. 651] referred to a study identifying particularly vulnerable age ranges for harmful effects: girls aged 11-13 years and boys aged 14-15 years [126].

Social Media ban affects autonomy of children and adolescents

Bans imposed by authorities may provoke resistance among adolescents, owing to their heightened need for autonomy and sensitivity to status and respect [114, p. 4]. This may result in increased rule-breaking, concealment, loss of trust, and heightened conflict between adults and children. Blanket bans that restrict adolescents' autonomy could, therefore, do more harm than good, as argued by Moreno & Radesky [127, p. 857]. Also, anonymity may be lost through age verification, thereby denying adolescents the opportunity to explore their identity independently [118, p. 1].

Children and adolescents are also entitled to a space in which they can freely express themselves and participate in public discourse without being exposed to harm [110, p. 2, 118, p. 2].

Multiple-component strategies on different levels to respect autonomy

The debate proposes **multi-component strategies** to respect the autonomy of children and adolescents and to assume ethical responsibility when introducing social media restrictions. The Leopoldina research community considered age restrictions alone as insufficient, advocating a "combined, age-differentiated protection strategy" [121, p. 135f.] that integrates measures at multiple levels (platforms, education, population), together with societal awareness-raising, and the combination of different responsibilities across various stakeholders [121, p. 135f.]. Engels & Potthoff [109, p. 16] cite the equal sharing of responsibility by parents, schools, platforms and influencers as an example.

Accompanying **regulatory measures** concerning **platform** design and algorithmic transparency, as well as a ban on personalised advertising, are called for [108, p. 3]. Furthermore, duty-of-care obligations should be introduced, encompassing monitoring, enforcement standards, and liability for non-compliance [107, p. 2, 108, p. 5]. Stevens et al. [108, p. 3] further called for monitoring

Kinder: höhere Belohnungssensitivität und Anfälligkeit für Suchtdesign; geringere Selbstregulation

Online-Charakteristika verstärken Vulnerabilität

besonders vulnerable Alter: Mädchen 11-13, Buben 14-15 J.

Verbote beeinträchtigen Autonomie; pauschale Verbote evtl. Schädlich

kann unabhängige Identitätsfindung erschweren

Debatte fordert mehrstufige Strategien (Plattform, Bildung, Bevölkerung)

begleitende Regulierung: Plattformdesign, Transparenz, Sorgfaltspflichten, Haftung

platform compliance and sustained political engagement against industry pressure. Strengthening the legal framework for prosecuting online exploitation would also be significant, as suggested by The Lancet Digital Health [128, p. e232].

In addition to regulatory measures directed at platforms, accompanying **educational measures** are called for to equip children with the knowledge and skills necessary for healthy, safe, and responsible digital engagement [102, p. 768, 107, p. 2, 123, p. 2, 128, p. e232]. McAlister et al. [67, p. 3] and Volz [31, p. 7] call for education on how platforms work, as well as the teaching of practical strategies for using social media, to equip children with this essential resilience and the ability to regulate their emotions. Such approaches are reflected in the empowerment-based model, which holds that empowering children is a central principle [100, p. 2].

At the **population level**, the discussion covers regulating smartphone use in schools and creating sufficient offline opportunities [107, p. 2], as well as alternative support systems [102, p. 768]. Skinner & Foljambe [116, p. 2] and Blake et al. [119, p. 206] also called for public health measures to raise awareness of the risks associated with social media and strengthen the ability of parents and the public to use social media safely and healthily. According to Holly [123, p. 2], such measures should promote a supportive environment consistent with adults' healthy technology use, as adults serve as role models for children and young people.

Children and adolescents should be actively involved in, and recognised within, digital policy-making (**participative approaches**). Participation in policy design can help ensure respect for their right to freedom of expression and strengthen their sense of autonomy [102, p. 768, 109 p. 15, 19, 124, p. e137].

Further measures, such as default age-appropriate design settings ("Young User Mode") [109, p. 21], tiered models for access to social media by age groups [110, p. 2], and screening for social media use during health consultations [116, p. 2] are additionally proposed in the discussions.

begleitende
Bildungsmaßnahmen;
Empowerment als Prinzip

Bevölkerungsebene:
Schulregeln,
Offline-Angebote,
Public-Health-Maßnahmen

partizipative Einbindung
in die Politikgestaltung

weitere Vorschläge:
„Young User Mode“,
Altersstufenmodelle,
Screening

4.3.3 Respect for persons

As identified by Fardouly [101, p. e235], another ethical concern in the context of social media bans relates to age verification, which can be facilitated through the use of identity documents, facial recognition data, or bank account registration details [101, p. e235, 114, p. 4]. Consequently, questions regarding who can access, store, and process this highly sensitive information arise [101, p. e235]. The collection of personal data through age verification, as well as the use and disclosure of this data, poses risks to data protection and individual privacy [31, p. 6, 118, p. 1] and entails security risks, as well as the risk of surveillance [118, p. 1, 129, p. 70]. Apthorpe et al. [129, p. 92–97] also highlighted the potential for services to collect more data than is necessary for the age-verification process itself, and the possibility of this data being misused for other purposes. Stevens et al. [108, p. 2] argued that “ethically, legitimate concerns exist regarding data privacy and the surveillance infrastructure required for age-verification compliance”. Even where regulations limit secondary use of collected data, concerns remain regarding how platforms obtain and manage user consent [31, p. 6].

Altersverifikation erfordert
hochsensible Daten
(Ausweis,
Gesichtserkennung);
Risiken für Datenschutz,
Privatsphäre u. Sicherheit;
Überwachungsgefahr;
Gefahr übermäßiger
Datensammlung und
Missbrauch

offene Fragen zur
Einwilligung der
Nutzer:innen

4.3.4 Legislation

Social media ban affects basic human rights

“Human rights are supranational, inherent rights that belong to every human being regardless of origin, gender, religion, or age” [130]. Debates centre on how to balance children’s rights to protection with other fundamental human rights potentially affected by social media bans.

Chen [103, p. 304f.] demonstrated that the ban is consistent with the **protection of the child** from information and materials that may be harmful to their well-being, as well as with the state’s obligation to adopt legislative measures to “protect children from all forms of harm, abuse, and exploitation” [103, p. 305]. However, in the context of children’s need for protection, their status as **active rights-holders** is frequently overlooked, as Köhler-Dauner et al. [110, p. 7] noted. This includes not only involvement in decisions that affect them, but also the **right to participation and empowerment** [110, p. 7, 121, p. 130]. Further human rights currently discussed as being affected by the ban include: freedom of expression and access to information; freedom of association and peaceful assembly; rights to education, development, culture, leisure, and play; the right to health; and the right to privacy [103, p. 306, 122, p. 12, 131, p. 17].

Various authors, including Volz [31], Finlay & Hooton [122], Stevens et al. [108, p. 2] and Livingstone & Sylwander [40, p. 30] argued that the **right to freedom of expression** and the **right to access information** are restricted. As stated by Rahman [111, p. 11], Finlay & Hooton [122, p. 16] and Stasiak [131, p. 18ff.], prohibitions on social media can lead to the forfeiture of numerous favourable developments pertaining to the enhancement of conditions for the fulfilment of human rights. These include the fostering of diverse opinions, the facilitation of networking and the exchange of knowledge and ideas (including health-related information), the establishment of a safe environment for social interaction and self-expression, and the strengthening of the voice of minorities [111, p. 11, 122, p. 16, 131, p. 18f.].

Furthermore, by suspending social media accounts, children and adolescents lose an important means of organising assemblies, thereby substantially impairing their **right to freedom of assembly and association** [31, p. 6, 131, p. 20f.].

Restricted access to information also affects the **right to the highest attainable standard of health**, as well as the **rights to education and development**, since access to health information enables children and adolescents to make informed decisions regarding their health, or to be involved in such decisions [31, p. 6, 131, p. 19f.]. Moreover, the digital environment provides children with access to educational and learning opportunities, as well as to entertainment and relaxation, which may additionally impair children’s **right to culture, leisure, and play** [31, p. 6].

As already discussed in detail in chapter 4.3.3 “Respect for persons”, age restrictions and the associated age-verification technologies may compromise privacy and the corresponding **right to privacy** [122, p. 20f.].

Chen [103, p. 297f.] further noted that child safety experts and human rights organisations have opposed the ban on the grounds of fundamental shortcomings and its presumed violation of children’s rights [103, p. 297f.]. Volz [31, p. 6] argued that “any measures or policies that are implemented with the objective of limiting human rights must be both lawful and necessary and must be proportionate to the circumstances”. The author questioned the necessity of age restrictions and called for the examination of less restrictive measures of-

**Abwägung: Schutzrechte
vs. andere Grundrechte**

**Verbot deckt
Schutzauftrag;
Kinder aber auch aktive
Rechtsträger:innen**

**betroffene Grundrechte:
Teilhabe, Meinung,
Information,
Versammlung, Bildung,
Gesundheit, Privatsphäre**

**Einschränkung von
Meinungs- und
Informationsfreiheit**

**Beeinträchtigung der
Versammlungsfreiheit**

**Folgen für Rechte auf
Gesundheit, Bildung,
Kultur u. Freizeit**

**Beeinträchtigung
der Privatsphäre**

**Verbote müssen
verhältnismäßig sein;
mildere Maßnahmen
prüfen**

fering equivalent protection [31, p. 6]. Furthermore, the discussions argued that the Australian social media ban fails to pursue a rights-based approach oriented towards the best interests of children [103, p. 306].

Beyond the rights of children and adolescents, discussions also raise questions regarding the responsibilities of private platforms. Online platforms, as private actors, are not bound by international human rights law. National or regional legal frameworks are therefore required to ensure appropriate regulation [131, p. 14]. As Stasiak [131, p. 15] noted, the United Nations Guiding Principles adopted by the Human Rights Council call on states to oblige private companies, through legislative measures, to respect human rights. The Guiding Principles likewise address companies directly, calling on them to respect human rights [131, p. 15]. The Council of Europe, the European Commission, and the European Parliament have endorsed the Guiding Principles and have accordingly called on companies to comply with them [131, p. 15]. However, this does not constitute a binding legal framework and leaves platforms with discretion in their decision-making [131, p. 15].

Ethical challenges have not yet been considered in the social media ban

Beyond human rights, further ethical dimensions were discussed that have thus far received little consideration in the context of social media bans.

Age verification, for instance, through facial recognition technologies, raises questions of ethics, such as discrimination and inclusion, as the identification of women, people of colour, or ethnic minorities is more error-prone and, consequently, less reliable [31, p. 6, 114, p. 4, 122, p. 21]. Age verification may furthermore have disproportionate effects on individuals without state-issued identification documents, or on individuals whose identity does not match their official documents, such as transgender or non-binary people [114, p. 4]. This runs counter to efforts towards **equity**.

Livingstone & Sylwander [40, p. 305] raised the question of the **transferability of existing findings** on social media and related restrictions across different regions, cultures, socioeconomic conditions, levels of access, digital literacy, and digital cultures. According to the authors, overlooking such cultural differences may lead to considerable **inequities** [40, p. 305].

Stevens et al. [108] noted that platforms quickly identify and circumvent regulatory obstacles. Furthermore, foreign operators may ignore national laws, and compliant operators may be displaced by new entrants [108, p. 3].

Redlich et al. [113, p. 408] highlighted the **complexity of the effects** of social media use on mental health, which is influenced by individual and contextual factors, concluding that generalised policy measures may be difficult to justify. Similarly, Finlay & Hooton [122 p. 18] maintained that social media restrictions must be proportionate to their intended objective, namely the protection of children's and adolescents' physical and mental health from the harms associated with social media.

Plattformen nicht an Menschenrechte gebunden; erfordert nationale Regelung

UN-Leitprinzipien: unverbindlich, Ermessen bei Plattformen

Altersverifikation fehleranfällig bei Frauen, People of Colour, Minderheiten → Diskriminierung

Übertragbarkeit über Kulturen fraglich; Ungleichheiten möglich

Plattformen umgehen Regulierung; ausländische Anbieter schwer erfassbar

Wirkung kontextabhängig; angemessenes Verhältnis von Maßnahme und ihrem Ziel erforderlich

5 Discussion

5.1 Summary

This report aimed to support informed decision-making on the regulation of social media use among children and adolescents. It structurally mapped existing interventions from selected countries and assessed measures to regulate social media use and educational programmes designed to protect children and adolescents' health and mitigate associated harms. It also presented the ethical aspects of the currently discussed possible social and moral consequences of full regulatory social media restrictions.

Characteristics and mapping of interventions addressing social media use

For 17 of the 23 countries investigated, official documents on regulatory measures could be identified that varied in their state of implementation. These ranged from enacted laws and educational guidelines to fixed strategies or programmes, submitted bills and measures announced via press releases. In particular, they could be categorised as full regulatory bans, partial restrictions and educational programmes; one code of conduct was additionally identified. Full regulatory bans were often combined with partial restrictions or educational interventions.

Regulations differed in their type of intervention (especially age-based access limitations, platform design restrictions, and content moderation), target group (≤ 12 to ≤ 18 years), responsible bodies (in particular platform providers), operationalisation (especially age verification or platform settings), and consequences of non-compliance, such as fines or operational sanctions. They were characterised as follows:

Full regulatory bans: A minimum age for user access – mostly 16 or 15 years – was specified, often combined with partial restrictions, implemented primarily through age verification by designated platform providers; non-compliance was sanctioned with financial penalties.

Partial restrictions (including family-mediated regulations): Content-related and platform design limitations predominated for youth aged 18 years or younger, implemented mainly through age verification, platform settings, and parental control by platform providers, at times with government or parental involvement; non-compliance could, e.g. result in fines or operational sanctions.

Educational programmes: Measures mostly targeted the school context without a defined age group, implemented by government and school authorities through curricula, campaigns, or training initiatives; consequences were not applicable.

Code of conduct: The single identified code of conduct addressed content and platform design to support safe and healthy social media use; implementation tools and consequences were not applicable.

Ziel:
Entscheidungsgrundlage

**systematische Erfassung
& Bewertung von
Regulierungsmaßnahmen
für soziale Medien**

17/23 Länder:
unterschiedl. Stand
(Gesetz bis
Presseaussendung)
v. a. Vollverbote &
Teilbeschränkungen

Unterschiede:
Interventionsart,
Zielgruppe (≤ 12 - ≤ 18 J.),
Verantwortliche,
Umsetzung, Sanktionen

Vollverbote: Mindestalter
15-16 J., Altersverifikation,
Geldstrafen

Teilbeschränkungen:
Inhalt/Design, ≤ 18 J.,
Altersverifikation/elterl.
Kontrolle

Bildungsprogramme:
Schulkontext,
keine Altersgrenze,
keine Sanktionen

Verhaltenskodex:
1 Beispiel, keine Sanktionen

Effectiveness and safety of interventions addressing social media use

A systematic review was conducted to synthesise the evidence on benefits and harms of interventions addressing social media use in children and adolescents. Seven completed studies were identified, spanning three intervention categories: partial restrictions (setting- and time-based), family-mediated regulations, and educational programmes. The evidence is characterised by small effect sizes, high risks of bias and indirectness. Some indication of benefit was found for a one-hour daily time limit on social media use with small but consistent reductions in mental health symptoms and improvements in body esteem and sleep duration among adolescents with elevated anxiety or depressive symptoms. Parental modelling of social media use and mediation also showed favourable associations with adolescent social media use among the family-mediated approaches examined. Educational programmes were linked to modest reductions in problematic social media use. No clear safety or feasibility concerns were evident.

For other approaches, the available evidence did not point to meaningful effects. A school-level smartphone ban, used as a proxy for social media setting restriction, showed no between-group differences in mental health or well-being outcomes; academic engagement improved only within schools that introduced the ban, but not between groups, and bullying declined in both arms without a differential effect either. A randomised trial of a social media literacy programme found no meaningful impact on mental health outcomes, and one muscularity-related outcome favoured the comparison group, which raises questions about possible unintended effects. Parental monitoring and limit-setting produced mixed results; however, no direct evidence linked these family-mediated approaches to mental health or well-being outcomes.

No completed evaluations were identified for full regulatory bans of social media. A number of trials are ongoing and are expected to address implementation, adherence, and broader well-being impacts, though results are not anticipated before late 2026. Until results are available, no conclusions can be drawn regarding their effectiveness. Additionally, ongoing research on partial restrictions extends to the general child and adolescent population. Across all intervention types, evidence remains insufficient to support firm conclusions about effectiveness. Substantial ongoing research might reshape these conclusions.

Social and moral implications of full regulatory social media bans

An ethical analysis outlines the current debate on the social and moral consequences of full regulatory bans on social media use.

Bans on social media were argued to protect children and adolescents from harmful content, communities and bullying, and to mitigate negative effects on their mental and physical health, exacerbated by artificial intelligence and the influencer economy. Given their developmental stage, children and adolescents were considered particularly vulnerable to manipulative platform mechanisms and addictive design features, with puberty-related difficulties potentially compounded by online exposure. Bans were further framed as safeguarding children's right to protection, one of several human rights potentially at stake alongside participation, expression, and privacy.

systematischer Review:

7 Studien aus

3 Interventionskategorien;

Nutzenhinweise:

Zeitlimit → leichte

Verbesserungen

(Psyche, Körperbild, Schlaf)

elterliches Modellverhalten

& Bildungsprogramme

→ günstig bzgl.

Nutzungsmuster;

keine erkennbaren

Sicherheitsbedenken

kein klarer Effekt

bei anderen Ansätzen

wie Settingverbot und

Bildungsprogramme auf

psychische Gesundheit

und Wohlbefinden

Evidenz unzureichend

für belastbare

Schlussfolgerungen

laufende Forschung

könnte Bild verändern

pro Verbot: Schutz vor

schädl. Inhalten/Mobbing,

psych./körperl. Gesundheit

bes. Vulnerabilität in

Entwicklung;

Schutz des Kindeswohls

Conversely, bans were argued to deprive users of social media's benefits, including activism, civic and political participation, learning, personal growth, and social support, while abrupt withdrawal may trigger anxiety, isolation, and psychological reactance. Vulnerable groups, including LGBTQIA+ adolescents and those with mental health issues, were considered disproportionately affected, with age verification raising further equity concerns through lower facial-recognition accuracy for people of colour, women, and ethnic minorities, and through erroneous exclusion of individuals with face coverings. Implementation concerns included circumvention risks, migration to less secure platforms, undermined parental communication, and ineffective financial penalties, while responsibility was seen as shifting away from technology companies and their addictive, algorithmically driven, commercially incentivised designs. Age verification itself was viewed as ethically problematic, given the privacy risks of identity documents, facial recognition, and bank data. Restricting adolescents' autonomy was further argued to provoke rule-breaking and loss of trust, and bans more broadly were seen as infringing on freedom of expression, association, education, health, and privacy; while their transferability across heterogeneous contexts, and platforms' capacity to circumvent regulation or relocate abroad, were called into question, the need for proportionate measures was underscored.

contra Verbot:
Verlust an Nutzen, Isolation/
Reaktanz bei Entzug;
vulnerable Gruppen
bes. betroffen;
Altersverifikation:
Gleichheits-/Privatsphären-
probleme;
Umsetzung schwierig;
Grundrechtseingriffe
→ verhältnismäßige
Maßnahmen nötig

5.2 Internal and external validity

Internal validity

Differences in the results of the mapping of restrictions and educational programmes addressing social media use reflect the nature of the subject matter itself, as regulatory characteristics were specific to individual measures and national contexts. Where multiple documents were included for a single measure, however, they complemented one another and showed a high degree of consistency.

Unterschiede in Mapping-
Ergebnissen: bedingt ,
durch Maßnahmen-/
Länderspezifität

The evidence base on the benefits and harms of social media regulations was highly heterogeneous in terms of coverage of intervention categories and the outcomes measured, and was marked by indirectness, short follow-up, reliance on self-report, and predominantly small or negligible effects. Interpretation was further limited by uncertainty about how consistently and completely the interventions were implemented as intended, as well as by the potentially limited statistical power of some studies to detect meaningful effects. Key outcome domains, including problematic social media use, social functioning, academic outcomes, media literacy, and safety and harms, were sparsely or not assessed.

Evidenzbasis heterogen,
indirekt, kurzes Follow-up,
Selbstbericht,
geringe Effekte;
Umsetzungstreue unklar;
zentrale Outcomes
kaum erfasst

The ongoing studies identified in this review will partially fill this gap by generating evidence from general adolescent samples, including direct evidence on full regulatory bans on social media, such as evaluations of the social media ban in Australia. Examined endpoints will focus on well-being and mental health, as well as sleep, social connectedness, adherence, and more. However, media literacy and potential harms remain unaddressed in the identified ongoing studies. Partial restrictions, like the interventions included in this review (either setting- or time-wise), are often not comparable to a full age-restricted ban because they change when adolescents use social media more than whether they use it overall. In full regulatory social media bans, the mechanisms of change are not only time, but also reductions in harmful content exposure [132].

laufende Studien:
teils direkte Evidenz
zu Vollverboten
(z. B. Australien)
Fokus: Wohlbefinden,
psych. Gesundheit, Schlaf,
soziale Bindung;
Medienkompetenz/
Schäden unbeforscht ...

Mental health effects could therefore often remain unchanged or hard to detect. As demonstrated, harm might depend on social comparison, problematic use, feedback sensitivity, and platform design rather than time alone, which could explain the missing or small effects shown in this review. The ongoing studies will also provide comparison groups from comparable jurisdictions without similar interventions to approximate the counterfactual and isolate policy from broader trends [108].

Overall, the risk of bias was high across all randomised, cluster-randomised, and non-randomised controlled trials. Only one of the three systematic reviews was rated as low risk, while the others had unclear risks related to evaluation and synthesis methods. Taken together, this suggests that the effects demonstrated in this review may not fully capture the true magnitude or direction of intervention effects due to several identified sources of bias, like lack of blinding, self-reported outcomes, and poor control of confounding and attrition. Therefore, the findings of this review should be interpreted with caution and viewed as temporary until more rigorously conducted studies can provide further evidence.

External validity

The interventions included in the systematic review introduced indirectness by targeting smartphone use broadly [75, 80], rather than social media specifically, or by including only adolescents with elevated anxiety or depression symptoms [74, 79, 81], which limits the interpretability of these findings. Generalising to the wider adolescent population is, therefore, not justified based solely on this evidence. The field's general reliance on adult and university students should be interpreted in light of the fact that adolescents differ systematically from adults in reward processing, peer sensitivity, and identity development (for further information, see Chapter 1.21.2), which is directly relevant to the effects of social media interventions on the lives and health of young people. It is further possible that the effects of social media reduction interventions might be stronger for children and adolescents with higher problematic social media use. However, within the studies included in this report, problematic social media use and social media literacy were measured as a baseline rather than as an outcome. Effects may also vary between different subgroups (see Chapter 1.3), but results are inconsistent. For example, in a randomised controlled trial [82], the effects of a social media literacy, body image, dieting, and well-being program showed modest positive intervention effects in dietary restraint and depressive symptoms in girls, but few positive effects emerged for boys. Similarly, for age, parental internet-use rules predicted lower onset of problematic social media use before about age 12.3, and higher risk after about age 15.7 [133]. Social media may be less central to social connectedness in early adolescence but increasingly important for peer relationships, identity expression, and belonging in middle and late adolescence [29]. Greater attention to age and sex/gender differences within adolescent samples is therefore warranted.

Also, findings from included systematic reviews are indirect due to the limited eligibility of underlying studies [77, 78], or no causal inference can be supported, as no interventional data were available [76].

**... Vollverbote wirken zusätzlich über reduzierte Schadinhalt-Exposition
→ Effekte bei Teilbeschränkungen ggf. unterschätzt**

**Verzerrungsrisiko hoch in allen kontrollierten Studien;
nur 1/3 SRs niedriges Risiko**

Ergebnisse vorläufig, vorsichtig interpretieren

**Indirektheit:
Interventionen zielen z. T. auf Smartphone-Nutzung allg. (nicht SM-spezifisch) oder nur auf ängstl./depressive Jugendliche
→ Generalisierbarkeit eingeschränkt;
Feld stützt sich oft auf Erwachsene/Studierende; Jugendliche entwicklungsbedingt anders (Belohnung, Peer-Sensitivität, Identität)
Subgruppeneffekte inkonsistent: Geschlecht (Mädchen > Buben), Alter (Elternregeln wirken unterschiedl. <12 vs. >15 J.)
→ mehr Beachtung von Alter/Geschlecht nötig**

eingeschlossene SRs indirekt, keine kausalen Aussagen möglich

The persistent inconsistency of findings on social media and well-being could be attributed to five design flaws common across social media intervention studies: underspecified theory, an unwarranted assumption of a linear dose–response relationship, biased (over- or under-motivated) samples, vague operationalisations of “social media use”, and poorly justified intervention durations and dosages [134]. Furthermore, any randomised controlled trial depends on the Stable Unit Treatment Value Assumption, that one participant’s outcome is unaffected by others’ treatment status [135]. Because social media is an inherently networked technology, abstaining participants remain exposed to its effects indirectly through their social world, the media, past use, and any aspect of their lives that has been changed by the presence of social media [135]. In general, randomised controlled trials are difficult to apply to such policy interventions because they are mostly implemented at a population level, which limits the feasibility of individual-level randomisation, and participants and those enforcing the intervention generally cannot be blinded to their exposure [136, 137]. Additionally, experimental evidence involving a control group with no intervention might cause negative mental health effects due to feeling socially excluded in children who cut back on social media while their friends continue using it normally [132]. Therefore, the inconsistent results do not necessarily imply that no true effect exists.

Also, the limited experimental evidence may partly reflect the methodological challenges of evaluating social media policies. Policies such as age restrictions are complex interventions that involve multiple components and stakeholder groups, require varied behaviours, and operate within dynamic contexts that shape implementation, enforcement, and responses by platforms, parents, and adolescents [138].

Furthermore, evidence indicates that in-school bans reduce use during school hours but show no consistent effect on total daily use; use may shift towards evenings and weekends [65]. Although reductions in in-school use may be beneficial if they facilitate greater engagement and connectedness within the school environment, they do not necessarily translate into reduced overall daily exposure. A similar pattern was observed in a recent evaluation of Australia’s Online Safety Amendment (Social Media Minimum Age Act 2024), which found limited evidence that the regulation substantially reduced overall social media use. Early evidence suggests that social media age restrictions alone have not yet substantially reduced adolescent platform use. A prospective evaluation found only limited short-term changes in use [139]. 85% of adolescents under 16 still accessed regulated social media platforms three months after implementation, with 54–68% reporting use via their own accounts. Age verification was reported by 66% of those, most commonly with self-declared age (24–39%) or picture-based verification (13–27%). Circumvention was also common, including fake accounts (15–19%) and access via private browsers (6–11%) [139]. Changes in use over time were small. Daily social media use declined slightly among 14–15-year-olds (from 78% to 69%), remained stable among 12–13-year-olds, and increased among those over 16 (from 80% to 89%). Also, the time spent per day on social media was stable for most groups [139]. A recent evaluation of the policy among 4,100 adolescents and their caregivers reported similar findings [140]. Although the proportion of 10–15-year-olds with an account on restricted platforms declined from 52% before implementation to 42% three months later, access remained common. This reflected gaps in age assurance and circumvention. Online activity partly shifted towards unrestricted platforms, messaging services, and online games. The evaluation also found few changes in offline behaviour, overall online engagement and well-being. Some

**Inkonsistenz z. T. durch
5 methodische
Designschwächen
erklärbar (Theorie,
Dosis-Wirkung,
Stichproben,
Operationalisierung,
Dauer/Dosis)**

**RCTs bei SM schwierig:
Unabhängigkeitsannahme
verletzt, Populationsebene,
keine Verblindung**

**inkonsistente Ergebnisse
≠ kein wahrer Effekt**

**policy-Evaluation
methodisch anspruchsvoll:
komplexe Interventionen,
viele Akteure,
dynamischer Kontext**

**Schulverbote:
weniger Nutzung in
Schule, kein Effekt auf
Gesamtnutzung
(Verschiebung auf
Abend/Wochenende)**

**Australien (Minimum
Age Act 2024): bislang
kaum Reduktion der
Gesamtnutzung;
85 % der <16-J. weiterhin
aktiv, 54–68 % mit
eigenem Account;
Umgehung häufig
(Fake-Accounts,
privater Browser)**

**2. Evaluierung (n=4.100):
Account-Anteil
52 % → 42 %,
Zugang bleibt verbreitet;
Verlagerung zu
unregulierten Plattformen;
kaum Änderung bei
Wohlbefinden**

adolescents reported less pressure to use social media, but others reported greater difficulties communicating with peers and feeling socially connected. Caregivers, on the other hand, reported being less aware of what their children are doing online [140].

These findings need to be interpreted in the context of the early implementation of a population-level regulatory intervention. Limited effects of public health policies may arise because of limitations in the intervention itself, but also because implementation, compliance, enforcement, or population responses differ from what was anticipated [141]. In the Australian case, it remains doubtful if the intended mechanism, the reliable age assurance, was reliably activated, which limits what can be inferred about the effectiveness of the restriction itself [141]. Continued access may reflect limitations in companies' age-assurance and compliance processes, adolescent circumvention, or both. The findings therefore provide limited evidence about the effectiveness of age restrictions under conditions of early implementation [141]. This distinction is important because implementation challenges should not be equated with policy failure [141]. Australia's experience suggests that implementation is a core determinant of whether legislative action translates into measurable public health impact [141]. Also, Christensen and Mackinnon [142] argue that, importantly, null results should not be interpreted as evidence that the policy is ineffective, given the methodological limitations of evaluating population-level interventions.

The mapped characteristics of international regulations and the findings of the ethical analysis represent key features of regulatory approaches and debates across countries, and thus provide a comprehensive picture that may be of relevance beyond the national context.

**Ergebnisse im Kontext
früher Umsetzungsphase
interpretieren;
fraglich ob
Altersverifikation
zuverlässig griff,
Umsetzungsprobleme ≠
policy-Versagen;
Nullresultate nicht als
Wirkungslosigkeit werten**

**Mapping & ethische
Analyse: Kernmerkmale,
über nationalen Kontext
hinaus relevant**

5.3 Embedding findings into existing research

To our knowledge, this is the first research project to conduct a cross-national analysis of regulatory measures and their characteristics across four intervention types (full regulatory bans, partial restrictions – including family-mediated measures –, educational programmes, and codes of conduct). At the time of this review, Australia was the only country with an implemented age-based ban on social media. Mekonnen et al. (2026) [143] also compared international approaches in a narrative review; however, they did not consider educational programmes. Consistent with our findings, their results show that global approaches range from partial restrictions, such as parental consent (family-mediated) or screen-time control measures, to guidelines, such as platform duty-of-care obligations. The results further align in demonstrating that platforms, and in some cases governments, are predominantly held responsible for implementing or enforcing these measures [143]. Additionally, a scoping review from 2025, which focused on “published recommendations for social media companies and governments in relation to children and adolescents” [144, p. 1], identified five interconnected core themes in social media recommendations: 1. Protection from online harm through legislation and independent oversight; 2. Maximising safety through collaboration between platforms and stakeholders; 3. Provision of information on best practices by the platforms; 4. Enhancing safety by promoting user autonomy, privacy, and content moderation; 5. Access restrictions for children and adolescents.

**erste länderübergreifende
Analyse zu
4 Interventionstypen;
Australien einziges Land
mit implementiertem
Vollverbot**

**1 narratives Review (2026):
ähnliche Ergebnisse, ohne
Bildungsprogramme;
Plattformen/Regierungen
meist verantwortlich**

**Scoping Review (2025):
5 Kernthemen zu
Empfehlungen (Schutz,
Kooperation, Information,
Autonomie/Moderation,
Zugangsbeschränkung)**

As demonstrated by our systematic review findings, the experimental evidence in children and adolescents on social media reduction/abstinence is poor. However, for adult and university student samples, the evidence is stronger. A recent review of key studies [132] showed that, in evidence from adults, one meta-analysis examining social media abstinence in adults found small positive effects (mean age = 28.82; [145]), while another found no significant effects on well-being (mean age=30.21; [146]). Additionally, one meta-analysis examining social media reduction interventions found a small, significant effect for subjective well-being (mean age: 23; [64]), while another found that short-term restrictions (1-2 weeks) resulted in negative outcomes, whereas longer restrictions (several weeks to months) resulted in positive outcomes [147].

In terms of natural experiments, a large Austrian school-based experiment tested the effects of a three-week break from smartphones and social media among more than 72,000 children and adolescents. Around 46,000 participants took part in the scientific evaluation conducted alongside the ORF programme Dok1. The results showed improvements in sleep, psychological well-being, and depressive symptoms after follow-up. Problematic internet use also declined, while feelings of social integration remained unchanged. After three weeks without Snapchat, TikTok, and Instagram, around two-thirds of the students supported restrictions on social media use for children and adolescents [148]. Another smaller Austrian experiment, the FM4 Screentime Challenge, also examined the effects of reduced screen exposure on mental health. Around 250 participants were asked to limit their daily smartphone use to under two hours over a three-week period. The study, conducted with scientific support from the Danube University Krems, found consistent improvements in mental health outcomes. Depressive symptoms, stress, sleep problems, and loneliness decreased, while overall well-being increased. The benefits were strongest while reduced screen time was maintained, with effects diminishing once usage returned to previous levels [149]. However, in both experiments, students were asked to limit their overall smartphone use to a maximum of one hour per day over three weeks. The intervention was therefore broader than those included in our systematic review, which did not consider general smartphone limitation studies but focused specifically on social media use restrictions.

In terms of general screen-time, a small body of randomised trials has investigated screen-time reduction in adolescents, but the evidence is still limited, mostly short-term and has yielded mixed findings on mental health outcomes. One trial [150] reported improvements in mental health outcomes, especially by mitigating internalising symptoms (emotional symptoms and peer problems) and promoting prosocial behaviour, whereas another trial [151] found no significant effects. Similarly, no significant effects were observed on physical activity and body mass index [151], or on sleep [152], although one recent trial [153] demonstrated improvements in sleep hygiene.

Despite the absence of compelling evidence, the discourse surrounding social media bans remains contentious, as illustrated above. On the one hand, full regulatory social media bans provide benefits, as they mitigate the negative impact of social media on the health of children and adolescents (see Chapter 1.3); on the other hand, they may carry harmful implications. The implications of this phenomenon extend beyond the immediate impact on the health of children and adolescents, encompassing their autonomy, privacy, and various human rights, as well as the broader societal consequences. The aforementioned concerns align with the conclusions of a narrative review by Mekonnen et al. [143]. The authors similarly express concerns regarding the Australian ban and its effects on child development, public health, and potential human rights

Experimentelle Evidenz bei Kindern/Jugendlichen schwach, bei Erwachsenen stärker (uneinheitlich je nach Meta-Analyse)

**Natürliche Experimente (Österreich):
3-Wochen-Handy-Verzicht (n≈46.000 ausgewertet)
→ besserer Schlaf, Wohlbefinden, weniger Depression/problem. Nutzung;
2/3 für Einschränkungen**

**FM4 Screentime Challenge (n≈250, <2h/Tag):
Verbesserung psych. Gesundheit (Schlaf, Stress, Einsamkeit, Wohlbefinden);
Effekte nur bei Beibehaltung**

**beide Experimente:
allg. Smartphone-Limit, nicht SM-spezifisch**

**Screentime-RCTs:
begrenzt, kurzfristig, gemischte Befunde (kaum Effekte auf Aktivität/BMI/Schlaf)**

**Diskurs trotz schwacher Evidenz kontrovers:
Vollverbote bergen Nutzen und Schäden (Autonomie, Privatsphäre, Rechte)**

deckt sich narrativem Review: Bedenken zu Australien-Verbot, Kindesentwicklung, Menschenrechten; ...

issues. They further argue that balanced and sustainable harm reduction depends on combinations of measures that integrate parental involvement, platform accountability, and digital literacy education [143]. Similarly, our ethical analysis indicated the need for multi-component strategies to protect the autonomy of children and adolescents. Further research on the Australian social media prohibition also reveals, in addition to our findings, that social networking is a key source of news for young Australians [154]. Therefore, an effective ban may be associated not only with a decline in civic engagement, but also with restricted access to news for children and adolescents [154]. Finally, our findings from the ethical analysis align with previous research identifying age verification as a major ethical challenge [155]. Concerns include the processing of sensitive personal data, risks to privacy and data security, and the possibility that restrictive measures may have unintended consequences without necessarily improving the protection of minors [155].

When weighing the arguments for and against full regulatory bans, it should be considered that evidence may play a subordinate role in certain ethical aspects. For example, infringing a right by restricting a freedom (e.g. restricting freedom of assembly) is a normative legal argument rather than an empirical one (i.e. actual harm or benefit). Distinguishing between these lines of argument appears meaningful, as the mere restriction of legally protected scope for action constitutes an infringement of that right, regardless of whether the freedom in question (e.g. freedom of assembly) is exercised by those affected (i.e. whether it is empirically proven). At most, an empirical finding of actual occurrence or non-occurrence would be relevant for assessing the severity of the infringement of rights as part of a balancing test, but not for disputing the infringement of rights as such. This is evident in the recent overturning of the social media ban by the French Constitutional Council [156]. The court argued that the ban disproportionately interfered with the freedom of expression and communication of children and young people in France, whilst also recognising the constitutional protection of the child's best interests [156]. Accordingly, empirical effects must be weighed against human rights.

In addition to the findings of the present report, another research report examined further regulatory measures and their impact on children's digital lives [157]. The findings of this report demonstrate the limited effectiveness of partial restrictions involving parental control tools, owing to the low levels of observed use. Furthermore, the implementation of partial regulations on social media platforms has been identified as a catalyst for change in the domain of children's data protection and safety. During the period under consideration (2017-2024), a total of 128 changes were documented across a variety of social media platforms. These changes included restrictions on targeted advertising and the default setting of social media accounts to "private". The authors concluded that legislation and regulation drive platform operators to implement such changes. However, it is also noted that the implications of the European Digital Services Act and the Online Safety Act remain unclear, as these legislative instruments were enacted after the study was conducted [157]. This lends further credibility to the argument for a multi-component approach, as evidence indicates that measures other than full regulatory bans can indeed achieve effects. Nevertheless, implementing effective policies on children's and adolescents' engagement with social networks remains a considerable challenge [158].

... Multikomponenten-Ansatz empfohlen, ähnlicher ethischer Analyse

Einschränkung Nachrichtenzugang

Altersverifikation bestätigt als zentrale ethische Herausforderung (Datenschutz, unbeabsichtigte Folgen)

Ethische Aspekte z. T. normativ, rechtl. Argumente – unabhängig von Evidenz;

mögliche Menschenrechtsverletzung

Beispiel Frankreich (gekipptes Verbot);

Abwägung Evidenz vs. Recht

Weitere Studie: elterl. Kontrolltools wenig wirksam (geringe Nutzung)

Teilregulierungen als Katalysator für Plattformänderungen: 2017-2024 128 Änderungen (Werbung, Standard privat)

DSA/Online Safety Act-Wirkung noch unklar; stützt Multikomponenten-Ansatz

In a policy brief, the World Health Organisation presented eight recommendations for policy priorities regarding the mental health and well-being of children and adolescents [159]. These include the establishment of digital well-being as a policy priority; the development of evidence-based guidance for policy, health practice, children and adolescents, and families; the holding of industry accountable; the expansion of legislation for healthy online environments; the building of the capacity of the health workforce to support digital well-being; and the investment in research and in offline alternatives to screen-based parenting, play, and entertainment.

Further international recommendations for managing social media's impact on youth mental health align with, and go beyond, the WHO's policy recommendations. Digital and media literacy are considered primary prevention strategies [108]. According to international recommendations, schools should prioritise digital literacy and mental health education to equip adolescents with skills for critical engagement with social media [26, 35], but also emotional literacy and self-regulation training [35]. Therapeutic assessment and intervention should be integrated into educational programs to identify and support those vulnerable to problematic social media use [21]. Families and primary care/mental health professionals play a critical early-detection role when it comes to watching for warning signs such as sudden weight change, appearance preoccupation, fatigue, or academic decline [35]. However, our results show only modest effects of educational programmes. As discussed, this is most likely due to heterogeneous intervention designs, populations included, and outcomes defined.

Finally, multiple sources converge on the idea that no single intervention suffices for managing health. Effective change and preventive measures require integrating individual, educational, technological, structural and policy-driven strategies together, alongside urgent action from stakeholders to create safe digital environments during critical developmental stages [17, 160, 161].

WHO Policy Brief:
8 Empfehlungen (digitales Wohlbefinden als Priorität, Leitlinien, Industrie-Verantwortung, Gesetzgebung, Personalkapazität, Forschung, Offline-Alternativen)

Internationale Empfehlungen:
Medienkompetenz als Prävention; Vermittlung via Schulen; therapeutische Angebote in Bildungsprogrammen integrieren

unsere Ergebnisse:
nur moderate Effekte von Bildungsprogrammen (Heterogenität)

Fazit:
keine Einzelmaßnahme ausreichend – integrierte, mehrstufige Strategien nötig

5.4 Fast-moving policy landscape and contextualisation for Austria

While this study was being conducted, and therefore after our defined deadline for country inclusion, several countries, including Canada, the UK and Austria, announced policy discussions or measures related to national restrictions of social media use among children and adolescents [50, 162, 163]. This demonstrates the fast-moving policy landscape.

As outlined in the Background (see Chapter 1.4.2), Austria's proposed package combines an age threshold of 14 for major social media platforms with curriculum reform ("Media and Democracy", expanded AI/informatics teaching) and stricter DSA enforcement.

The measure remains politically and legally contested, with criticism focusing on feasibility, EU compatibility, limited details and potential unintended consequences for children's access to information and social participation by data protection organisations, political parties and Children's rights organisations like UNICEF Austria [52, 164] (see also Chapter 4.3). Children's and youth advocates from the nine federal states had also expressed strong criticism. The Austrian law would apply only to platforms based in Austria. However, the major digital corporations have their European headquarters in Ireland and could, therefore, ignore the national law.

Rasch wandelnde Politiklandschaft: Kanada, UK, Österreich kündigten nach Cut-off weitere Maßnahmen an

Vorschlag Ö:
Mindestalter 14 J. + Lehrplanreform

umstritten:
Kritik zu Machbarkeit, EU-Konformität, unbeabsichtigten Folgen; ausländische Konzerne könnten Gesetz umgehen

In response, experts in digital technologies and algorithmic systems are expected to be involved in the policy design process, alongside the integration of young people's experiences and perspectives into the ongoing discussion [165]. As a result, implementation is now expected no earlier than 2027 [166].

Beyond these points, the introduction of the compulsory subject "Media and Democracy" at the upper secondary general education level might not extend to all school types, and it might not reach younger pupils, meaning the population most directly affected by the age requirement would receive no corresponding preparatory education.

As established in RQ2, no completed evaluation of a full regulatory ban was identified, and the existing evidence for this category consists exclusively of ongoing trials, with results not anticipated before late 2026. The Austrian proposal for a minimum age of 14 therefore goes beyond the scope of the currently available empirical evidence; the limited evidence available focuses on partial restrictions, which differ substantially from a full ban in scope and mechanism (as discussed in Chapter 5.2). However, uncertainty regarding policy effectiveness does not necessarily preclude regulatory action. Studies that demonstrate only minor effects at the individual level can nevertheless make a valuable contribution at the population level, provided that interventions are implemented on a large scale [167]. In other sectors, evidence of serious individual-level harms has similarly contributed to protective measures for products such as toys, vehicles, and gambling [132]. Additionally, as reported before, in Austria, this policy context is also relevant in light of the apparent high level of support among young people themselves that was demonstrated in the field experiment [148].

The currently available Austrian regulation is still at the proposal stage and therefore subject to further development. The mapped characteristics of international regulations and the identified ethical concerns may therefore provide useful points of orientation for further developing the strategy in Austria. In this context, it will be important not only to weigh the benefits against potential harm, but also to assess the proportionality of any potentially positive benefit-harm ratio in relation to human rights violations. Furthermore, it may be worthwhile to direct one's attention to Australia, where the issue of the appropriate age for restriction and the implementation aspects of the ban are already assuming a more significant role than the question of the ban itself [168].

The Australian findings show (see Chapter 5.2) that a ban's successful implementation hinges on reliable age verification. For Austria, this suggests robust age verification should be a priority from the outset. However, as the results from RQ3 demonstrate, the methods generally considered more reliable, such as ID documents, could violate data protection rules and the protection of minors [169]. Furthermore, successful implementation ultimately depends on platform company compliance. Without this, even a well-designed age verification system may not achieve its intended effect and should, therefore, be considered before the introduction of such a ban. Another consideration should be that a social media ban for children and adolescents could reduce pressure on platforms to address design features that may contribute to harm, such as infinite scrolling, personalised algorithms, and push notifications (see Chapter 4.3.1). This concern is particularly relevant in light of current legal action against Meta. In the United States, 29 states are pursuing a lawsuit against the technology group Meta, alleging that Instagram and Facebook were designed to foster addictive use among young people [170]. In the European Union, the European Commission also preliminarily concluded in July 2026 that Meta's

Einbindung Expert:innen & Jugendliche; Umsetzung erwartet frühestens 2027

Lehrplanreform nicht für alle Schüler:innen → keine digitale Vorbereitung

kein abgeschlossener Evaluierungsbericht zu Vollverboten (RQ2); Vorschlag Ö (14 J.) geht über verfügbare Evidenz hinaus;

Unsicherheit schließt Regulierung nicht aus

hohe Zustimmung bei Jugendlichen selbst

Österr. Regelung noch im Entwurfsstadium; Mapping & Ethikanalyse als Orientierung; Abwägung Kosten-Nutzen-Verhältnis vs. Menschenrechtsverletzungen erforderlich

Blick nach Australien:

Ausweispflicht datenschutzrechtlich bedenklich

Prüfung von Einhaltung der Regulierungen durch Plattformunternehmen selbst

ein Verbot sozialer Medien könnte Druck auf Plattformen verringern, potentiell schädliche Designmerkmale, wie endloses Scrollen, ...

addictive design of Instagram and Facebook breaches the Digital Services Act, and found that their existing measures to mitigate the risks were insufficient [171]. A ban should therefore be considered alongside measures that hold platforms accountable for reducing harmful design features.

For Austria, it remains unclear whether an evaluation of the proposed age-restricted social media ban is planned. An evaluation framework should therefore be established before implementation, with close collaboration between researchers and government to enable appropriate evaluation design and baseline measurement [108]. It will be fundamental to evaluate whether age-restricted social media bans have achieved their intended goals. Lind et al. [114] introduced five crucial questions that evaluations must address: First, evaluations should determine whether bans effectively reduce children and adolescents' access to social media and overall use, which underpins all subsequent questions. Second, evaluations should assess whether bans alter the type of online content and experiences adolescents encounter. This is important because, as described, the quality of online engagement may be more important than the amount of time spent online. Third, robust evidence is needed on the short- and long-term effects of bans on mental health and well-being. As demonstrated in this review, current findings remain inconclusive. Fourth, future evaluations should examine whether restricting access during adolescence affects the development of digital skills required to navigate online environments in adulthood. Finally, as reported, studies should investigate whether the effects of bans differ across population subgroups [114]. Christensen & Mackinnon [142] argue that evaluating (Australia's) social media bans will require analyses of routinely collected health data, repeated national surveys, and existing longitudinal cohorts. Christensen & Mackinnon [142] further emphasise that, once available, findings should be interpreted cautiously, as changes in adolescent mental health may reflect broader societal trends, and natural experiments cannot establish causality. Furthermore, it would be worthwhile to investigate links with other regulatory measures, such as bans on mobile phones in schools, to potentially uncover indirect effects of general bans and their feasibility in specific settings.

Reliable evidence on whether the ban actually reduces social media use is considered essential; these data could be obtained from social media platforms and telecommunication companies, but they are not obliged to provide it [142]. There is widespread concern within the scientific community that limited data access and transparency from technology companies have hindered the comprehensive understanding of the scale of social media's impact on youth mental health and well-being [17]. For example, as part of the 'Facebook Papers' disclosed by Frances Haugen, internal documents revealed problematic health impacts of platforms such as Instagram, but, according to reports, the relevant findings were intentionally not made public by the companies [172]. However, ongoing studies show that social media use can also be measured objectively with other methods, for example, using device-level usage data collected directly from participants.

Additionally, an independent evaluation framework is essential to ensure that evidence on the effects of social media regulations is not influenced by commercial interests. This is particularly important given the history of industries such as tobacco, alcohol, and gambling, where companies have sought to weaken or avoid regulations through lobbying and other strategies to protect their commercial interests [108].

... personalisierte Algorithmen und Push-Benachrichtigungen, zu minimieren

unklar, ob Evaluierung des ö. Verbots geplant; Evaluierungsrahmen vor Umsetzung nötig (Forschung + Regierung)

Lind et al.: 5 zentrale Evaluierungsfragen (Zugang/Nutzung, Inhaltsqualität, psych. Gesundheit, digitale Kompetenz, Subgruppen)

Christensen & Mackinnon: Evaluation braucht Routinedaten/Kohorten, vorsichtige Interpretation (gesellschaftl. Trends, keine Kausalität)

mögliche Wechselwirkung mit anderen Maßnahmen (z. B. Schul-Handyverbote) prüfen

verlässliche Evidenz zu Nutzungsreduktion nötig;

mangelnder Datenzugang/ Transparenz erschwert Verständnis

laufende Studien: z. T. objektive Messung via Gerätedaten

unabhängiger Evaluierungsrahmen nötig, um Einfluss kommerzieller Interessen zu vermeiden

Further important for Austria is that implementation of social media age restrictions should also be accompanied by a targeted public communication campaign [173]. These should address both parents or caregivers and adolescents under the age threshold, as parental awareness of the legislation and of their children’s social media use may be limited, and reliance on parents alone to convey information may reduce reach and acceptance among children and adolescents [173].

On a European Union level, the expert committee on children’s online safety submitted its recommendations on social media regulation to the European Commission, as stated in a press release dated July 13, 2026 [171]. Accordingly, the President of the European Commission set out three priorities: enforcing, and where necessary adapting, platforms’ duty-of-care obligations under the EU’s safety-by-design principle; improving online safety through age-appropriate restrictions, to be delivered via a privacy-protecting European application; and protecting children from the risks of age-inappropriate content and addictive design features through a stepwise, tiered system of access to social media platforms based on age group [171]. However, the EU recommendations do not cover all aspects of a multi-component approach; rather, they focus on restricting specific features and on full age-based restrictions with graduated access permissions by age group. Notably, education and guidelines, among others, are not addressed.

**Umsetzung
sollte mit gezielter
Kommunikationskampagne
einhergehen**

**EU-Ebene:
Expertengremium legte
Empfehlungen vor
(13.07.2026);
3 Prioritäten:
Sorgfaltspflichten
(Safety-by-Design),
altersgerechte
Beschränkung via EU-App,
gestuftes Zugangssystem
nach Alter**

**kein vollständiger
Multikomponenten-Ansatz**

5.5 Limitations

In addition to the dynamic development of the regulatory landscape, the scientific discourse on social media regulation is likewise highly dynamic. Accordingly, the timeliness of this report cannot be guaranteed, as relevant findings may change rapidly.

hoch dynamisches Thema

Furthermore, several limitations should be considered when interpreting the findings of this report. The selection of countries was limited. The Social Media Age Restriction Tracker [61], used for country selection, did not include countries that focused solely on educational programmes or other non-restrictive measures. Educational programmes were therefore only available in countries where they existed, in addition to social media age restrictions that had already been implemented, passed, or considered.

**Länderauswahl
eingeschränkt: Fokus
SM-Alterseinschränkungen,
keine reinen
Bildungsprogramm-Länder**

The conceptual distinction between the intervention categories was theoretically meaningful, but its practical implementation across various reviewed studies and documents was found to be challenging.

**praktische Abgrenzung
von Kategorien schwierig**

Furthermore, documents and studies were only considered when they specifically targeted social media use or included a clear social media component. This approach was chosen to maintain conceptual relevance but may have excluded broader digital interventions that could indirectly influence social media use or related outcomes.

**nur SM-spezifische
Dokumente/Studien
berücksichtigt**

In RQ1, the use of a structured manual search of grey literature – including databases, search engines, and an LLM – rather than a systematic search, poses a risk of missing relevant documents across the regulation mapping. This approach was chosen based on the expectation that data on social media regulations are often not published in peer-reviewed journals.

**RQ1: manuelle Graue-
Literatur-Suche statt
systematischer Suche
→ Risiko übersehener
Dokumente**

For the systematic search in RQ2, differences in terminology and definitions across the literature (e.g., social media, social networking sites, and related terms) may have affected the identification of relevant studies. Also, given the broad and inconsistently defined terminology used in the field, highly sensitive searches generated a very large number of records with limited relevance. Therefore, a more focused search approach was applied, which may have introduced the risk of missing some eligible studies. In addition, abstract screening was conducted primarily by one reviewer, with a second reviewer independently checking a random 20% sample of excluded records. Although this approach provided a quality check of screening consistency, it may have increased the risk of missing eligible studies.

Substantial heterogeneity across interventions (e.g., intervention components, outcome measures) limited the comparability of findings in the benefits and harms assessment. The limited number of available studies and their methodological diversity also restricted the possibility of performing a certainty of evidence assessment and quantitative synthesis across intervention categories. Moreover, a considerable discrepancy was observed in the quantity and quality of publicly accessible documentation across various countries.

The ethical analysis for RQ3 focused on full regulatory bans and did not extend to other regulatory approaches. Consequently, the implementation of comprehensive regulatory bans as an integral component of a multicomponent approach was not contemplated.

Furthermore, the literature search for the ethical analysis was targeted to selected assessment elements but was not systematic. Consequently, there is a risk that some documents, and therefore specific aspects (for example, children's access to news via social media [174]), were not given due consideration. Furthermore, the manual search focused on scientific discussion papers, including perspectives, comments, viewpoints, and editorials, as identified through systematic searches from RQ2 in Consensus or Google Scholar. This approach was selected in light of the assumption that discussion-oriented publications are not necessarily indexed in traditional databases for Health Technology Assessments (HTAs). The potential for validation through consultation with relevant databases within the field of ethics (e.g. BELIT or PhilPapers) is acknowledged as a future direction for research.

The selection of assessment elements focused on the arguments for and against a social media ban that were most relevant. However, it would also have been interesting to include additional assessments. For instance, AE H00012 considers the factors that could prevent individuals or groups from accessing the technology. This would allow us to consider whether certain groups or individuals could circumvent a social media ban, and whether the ban would be beneficial overall and, if so, why these advantages would not be realised. Furthermore, AE F0103, which addresses the ethical consequences of assessing technology, could critically reflect on the use of HTA reports, which are not always free of problems. In this case, the report could be used politically to argue for or against a ban. Individuals or interest groups who oppose a full ban could suffer setbacks in the pursuit or protection of their interests if a full ban were to be implemented in Austria on the basis of this HTA report. Furthermore, economic interests may be at stake, for example those of providers of media literacy courses, who may either benefit from or be disadvantaged by the report's findings. In any case, this report need not be entirely devoid of ethical implications in this context.

RQ2: uneinheitliche Terminologie erschwerte Studienidentifikation; fokussierte statt sensitive Suche → Risiko übersehener Studien

Abstract-Screening v. a. durch 1 Reviewer, 20 %-Stichprobenkontrolle

hohe Heterogenität limitiert Vergleichbarkeit; keine Vertrauenswürdigkeits-/ quantitative Synthese möglich

RQ3: Ethikanalyse nur zu Vollverboten → Vollverbot im Multikomponenten-Kontext nicht betrachtet

Ethik-Literatursuche gezielt, nicht systematisch → Risiko übersehener Aspekte; Fokus auf Diskussionspapiere

Ethik-spezifische Datenbanken nicht genutzt → für Zukunft empfohlen

Auswahl der Assessment Elements (AEs) auf relevanteste Argumente fokussiert

weitere interessante AEs: Umgehungsmöglichkeiten, ethische Implikationen des Berichts selbst)

Assessment elements are conceptually interrelated (e.g. human rights protect autonomy, while autonomy is the goal of human rights) and categorising the collected information was challenging. Despite efforts to ensure consistent data allocation, some thematic boundaries remain fluid, and some ethical issues could be assigned to multiple assessment elements. Nevertheless, ethical analytical methodologies exist that offer stronger discrimination and reduce redundancies more efficiently than the EUnetHTA core model.

The decision to employ the EUnetHTA model for ethical analysis invariably imposes certain constraints. The approach was selected given the project's capacity constraints; however, it includes, for example, a relatively narrow assessment checklist (e.g., compared to the Socratic approach [71]). This restricted approach means that only the ethical aspects the approach explicitly specifies or addresses through a query are identified; other aspects may become invisible. Such 'blind spots' may therefore not only result from the literature search and selection process, but may also be (partly) caused by the analytical framework used. Moreover, using a constrained analytical framework invariably creates redundancies and indistinct boundaries with other domains. Furthermore, the EUnetHTA Core Model does not explicitly address proportionality, despite this being a pivotal consideration from both ethical and legal perspectives when assessing different courses of action, particularly in cases involving comprehensive bans. This raises the question of whether the planned or existing interventions are genuinely necessary, given their scope, to achieve the associated objectives, and whether less intrusive alternatives exist.

Finally, it is important to interpret the results of the ethical analysis with caution. The discourse focused primarily on the possible or plausible harms of social media bans, with the benefits of such measures discussed mainly in terms of their potential to mitigate social media's negative effects. Because the effects of social media were outside the research scope, these aspects were only briefly mentioned in a 'discourse box' and were not comprehensively addressed. It is important to acknowledge that a negativity bias is to be expected, as negative voices often predominate over positive ones. A critical issue with the EUnetHTA Core Model in this context is its approach to assessing potential benefits and harms. The model primarily involves the documentation of these effects, without engaging in a systematic evaluation of their relative importance – in other words, determining which carries greater weight. In the event that a moral judgement is to be made on the basis of this report, as to whether a full ban is justified or not, this must be borne in mind.

5.6 Future evaluation and research

Future research should address the substantial uncertainties regarding the effectiveness, implementation, and unintended consequences of social media age restrictions. Longitudinal evaluations are needed to examine whether such policies result in sustained changes in adolescents' social media use, mental health, and broader patterns of engagement. Future research should also further investigate the relationship between social media use and health outcomes, including which patterns of use, mechanisms, and population groups may be associated with potential benefits or harms. A better understanding of these pathways is essential to interpret the effects of regulatory measures, as interventions aimed at reducing social media use may not be expected to produce

AEs inhaltlich verschränkt, Kategorisierung schwierig, Grenzen z. T. fließend, andere ethische Methoden ggf. trennschärfer/effizienter als EUnetHTA-Modell

EUnetHTA-Modell: enge Checkliste → nur vom Modell erfasste Aspekte sichtbar, „blinde Flecken“ möglich

Redundanzen/unklare Abgrenzung zu anderen Domänen

Verhältnismäßigkeit nicht explizit erfasst, obwohl zentral (v. a. bei Vollverboten)

Ergebnisse vorsichtig interpretieren: Diskurs betont v. a. mögliche/plausible Schäden, Nutzen nur knapp behandelt

Negativitätsbias zu erwarten

Core Model dokumentiert Effekte, gewichtet sie aber nicht

Zukünftige Forschung: Wirksamkeit, Umsetzung, unbeabsichtigte Folgen adressieren; Langzeitevaluierungen zu Nutzung/psych. Gesundheit nötig Zusammenhang Nutzung–Gesundheit besser verstehen ...

consistent health outcomes if the relationship between use and health is heterogeneous or context-dependent. Since these policies are often justified by the assumption that reducing social media use will encourage healthier offline activities, evaluations should assess whether reduced social media use translates into increased offline participation, in-person social contact, or whether it is replaced by other forms of screen-based activity, such as gaming, streaming, or migration to alternative platforms [108]. Evaluations should also consider whether the activities replacing social media use are themselves beneficial or potentially harmful to adolescents' well-being.

Research should also investigate heterogeneous effects across population groups, age and gender, adolescents' social circumstances, specific indications, vulnerabilities, and reliance on online networks. Particular attention should be given to groups who may benefit from digital communities and support, including LGBTQ+ youth, adolescents in remote areas, and children and adolescents experiencing social exclusion (while also recognising that these groups may also face specific vulnerabilities that could increase their risk of harm from social media use). Potential harms arising from reduced access to these resources should be considered alongside possible benefits [108].

Based on the findings of the ethical analysis and the limited insights into potential harms of regulations from the benefits and harms assessment, future evaluations should examine the identified potential unintended consequences of implementation. This includes assessing circumvention behaviours, migration to less regulated platforms, and associated risks such as increased exposure to unsafe online environments. In order to address questions of weighting and (permissible) balancing, it would also be important to conduct an ethical and legal analysis of the severity of the benefits and harms, as well as the extent to which autonomy is restricted, or rights are infringed. For example, human rights violations carry greater weight than empirically proven health benefits. The broader implications of age-verification systems should also be investigated, particularly regarding privacy, digital rights, and the potential normalisation of surveillance mechanisms [108].

Beyond assessing age restrictions as a general measure, research should identify which features of social media environments (e.g., algorithmic recommendation systems, late-night use, and appearance-focused content) contribute to potential harms, both directly or by displacement (e.g. loss of sleep, loss of physical activity). This could help determine whether targeted platform-level interventions may be more effective or proportionate than broad access restrictions. Research should also identify which groups of adolescents are particularly vulnerable to potential harms and under which circumstances, to support more targeted interventions. As the evidence base expands, future studies should directly compare age restrictions with less restrictive approaches (platform regulation, digital literacy, parental support, safer-by-design approaches) on social media use and health outcomes.

Adolescents inhabit a media environment that frames social media overwhelmingly as harmful. A 2025 content analysis of UK newspaper coverage found that 58% of headlines were negatively framed, 98% of articles discussed risks, and only 16% mentioned benefits [175]. Fewer than one-third of the newspaper articles drew on any empirical evidence. The authors noted that coverage was systematically more negative than the evidence warranted and likely amplifies public anxiety [175]. Future research could examine whether such media framing influences adolescents' perceptions of social media, their use of social media, or their responses in studies relying on self-reported outcomes.

**... prüfen:
mehr Offline-Teilhabe oder
Verlagerung zu anderem
Screen-Verhalten**

**heterogene Effekte
nach Alter, Geschlecht,
sozialen Umständen,
Vulnerabilität untersuchen;
bes. Aufmerksamkeit für
Gruppen mit Nutzen aus
digitalen Communities**

**unbeabsichtigte Folgen
der Umsetzung prüfen**

**ethisch-rechtliche
Abwägung von Nutzen/
Schäden & Autonomie-/
Rechtseinschränkung nötig**

**Altersverifikation:
Privatsphäre, digitale
Rechte, Überwachung**

**Beitrag SM-Merkmale
(Algorithmen, Spätnutzung,
Aussehensfokus) zu
Schäden**

**verhältnismäßiger
Vergleich:
Altersbeschränkung vs.
mildere Ansätze**

**Medienbild überwiegend
negativ: Berichterstattung
negativer als Evidenz
nahelegt → könnte Ängste
verstärken;
künftige Forschung:
Einfluss auf
Wahrnehmung/
Selbstbericht Jugendlicher**

Future work should also consider emerging challenges related to artificial intelligence, including adolescents' exposure to synthetic content, AI-generated misinformation, and their ability to distinguish authentic from manipulated information [108].

Finally, more empirical data are needed on national contexts, including Austria, to understand perceived benefits and harms of planned regulatory approaches, such as national age restrictions on social media, as well as their potential impacts. Clarity is also needed on the costs of various interventions to use public funds efficiently. Additionally, assessments are required to evaluate how different policies are implemented, enforced, and experienced by adolescents, caregivers, schools, and platforms.

KI-Herausforderungen

**mehr Daten zu
nationalen Kontexten
(inkl. Österreich) nötig**

6 Conclusion

This report provides evidence to inform decision-making and contributes to the understanding of how social media regulations may affect children and adolescents. Rather than providing policy recommendations, the aim was to present the available evidence base and associated ethical considerations.

Existing and proposed regulations vary considerably in their design and characteristics. The current evidence is inconclusive to draw firm conclusions about the effects of social media restrictions on health outcomes. Small effect sizes, high risks of bias and indirectness characterise the evidence. For full regulatory social media bans, evidence is currently lacking, and ongoing trials and policy evaluations will be essential to address this evidence gap. Comprehensive regulatory restrictions may mitigate some harms associated with social media, but they may also lead to unintended consequences for health and development, disproportionately affect marginalised groups, and raise concerns about autonomy, privacy, and human rights.

The various consequences of regulatory measures (particularly full regulatory bans) must be carefully weighed against one another. Even if the benefit-risk ratio in terms of health is positive, the principle of proportionality must still be upheld concerning the extent to which, for example, personal rights are infringed. The overall evidence indicates that no single intervention can, on its own, protect and promote the health and well-being of children and adolescents. Instead, the current debate demands for multi-component approaches and effective measures are likely to require holistic strategies that consider various perspectives, including those on mental and physical health, human rights, autonomy, privacy, and equity (marginalised groups) and that operate at different levels (including full regulatory bans, partial platform restrictions, and family-mediated measures, as well as educational programmes for different target groups and codes of conduct for providers).

If regulatory measures are implemented, accompanying research and evaluation are essential to provide a solid foundation for iterative adaptation. Consequently, the evaluation design should be planned from the outset. It is imperative that measures are subject to continuous adjustment with a view to ensuring the mitigation of harmful effects and protecting the health of children and adolescents.

**Bericht liefert
Entscheidungsgrundlage,
keine Politikempfehlung**

**Regulierungen sind sehr
unterschiedlich in Design;
Evidenz ist uneindeutig;
generelle Verbote können
mögliche unbeabsichtigte
Folgen mit sich bringen
und Autonomie und
Privatsphäre einschränken
→ Mehrkomponenten-
Ansätze gefordert**

Verhältnismäßigkeit nötig

**ganzheitliche Strategien
nötig, die verschiedene
Perspektiven
berücksichtigen und auf
verschiedenen Ebenen
ansetzen**

**begleitende Forschung bei
Umsetzung essenziell und
laufende Anpassung der
Maßnahmen erforderlich**

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8 Appendix

8.1 RQ1 – Structured search strategy per country

Table 8-1: Structured search strategy by country

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Australia	Date: 17.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Australia Filter: Aus. & NZ Guidelines, Regulatory Guidelines Results: 33	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 19.03.2026 Search String: Search 1: ("social media" OR "social network*" OR "online platform*" OR "digital health" OR "digital literacy") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Australia Search 2: ("digital literacy" OR "digital health" OR "social media") AND "education" AND Australia ("social media" OR "digital health" OR digital literacy") AND ("action plan" OR "strateg*" OR "regulation*" OR "education program*") AND (children OR adolescent OR minor* OR teenager*) AND Australia Results: 100+	Date: 23.03.2026 Prompt: I m looking for all AUSTRALIAN strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 22
China	Date: 17.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND China Filter: Other Guidelines, Regulatory Guidelines Results: 21	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 26.03.2026 Search String: Search 1: ("social media" OR "social network*" OR "online platform*" OR "digital health" OR "digital literacy") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND China Search 2: ("digital literacy" OR "digital health" OR "social media") AND "education" AND China ("social media" OR "digital health" OR digital literacy") AND ("action plan" OR "strateg*" OR "regulation*" OR "education program*") AND (children OR adolescent OR minor* OR teenager*) AND China Date: 31.03.2026 中国且("社交媒体监管"或"社交媒体限制"或"社交媒体政策*" OR "社交网络监管*" OR "社交网络限制" OR "社交网络战略*" OR "社交媒体战略*" OR "社交媒体禁令" OR "社交媒体教育" OR "数字素养战略" OR "数字健康战略*" OR "社交媒体战略" OR "数字教育") AND (儿童 OR 青少年 OR 未成年人* OR 青少年* OR 青春期) Results: 100+	Date: 24.03.2026 Prompt: I m looking for all Chinese strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 20

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Vietnam	Date: 17.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Vietnam Filter: Other Guidelines, Regulatory Guidelines Results: 7	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 26.03.2026 Search String: ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent) AND Vietnam Việt Nam VÀ (quy định về mạng xã hội* HOẶC hạn chế mạng xã hội* HOẶC chính sách mạng xã hội* HOẶC quy định về mạng xã hội* HOẶC hạn chế mạng xã hội HOẶC chiến lược mạng xã hội* HOẶC chiến lược truyền thông xã hội* HOẶC cấm truyền thông xã hội HOẶC giáo dục truyền thông xã hội HOẶC chiến lược kỹ năng số HOẶC chiến lược sức khỏe số* HOẶC chiến lược truyền thông xã hội HOẶC giáo dục số) VÀ (trẻ em HOẶC thanh thiếu niên HOẶC vị thành niên* HOẶC thiếu niên* HOẶC thanh thiếu niên) Results: 100+	Date: 24.03.2026 Prompt: I m looking for all VIETNAMESE strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 20
Brazil	Date: 17.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Brazil Filter: Other Guidelines, Regulatory Guidelines Results: 20	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 26.03.2026 Search String: ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent) AND Brazil Results: 100+	Date: 26.03.2026 Prompt: I m looking for all Brazilian strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 24
France	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND France Filter: Guidelines, Europe, Other Guidelines, Regulatory Guidelines Results: 33	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 26.03.2026 Search String: ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent) AND France Results: 100+	Date: 26.03.2026 Prompt: I m looking for all French strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 24

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Indonesia	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Indonesia Filter: Other Guidelines, Regulatory Guidelines Results: 16	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 31.03.2026 Search String: (Indonesia AND ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent)) OR Indonesia AND ("regulasi media sosial" OR "pembatasan media sosial" OR "kebijakan media sosial*" OR "regulasi jaringan sosial*" OR "pembatasan jaringan sosial" OR "strategi jaringan sosial*" OR "strategi media sosial*" OR "larangan media sosial" OR "pendidikan media sosial" OR "strategi literasi digital" OR "strategi kesehatan digital*" OR "strategi media sosial" OR "pendidikan digital") AND (anak-anak OR pemuda OR anak di bawah umur* OR remaja* OR adolesen) Results: 100+	Date: 31.03.2026 Prompt: I m looking for all Indonesian strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training). Can you please provide me an overview table, including the references? Results: 26
Malaysia	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Malaysia Filter: Other Guidelines, Regulatory Guidelines Results: 5	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 31.03.2026 Search String: (Malaysia AND ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent))) OR (Malaysia DAN ("peraturan media sosial" ATAU "pembatasan media sosial" ATAU "dasar media sosial" ATAU "peraturan rangkaian sosial*" ATAU "pembatasan rangkaian sosial" ATAU "strategi rangkaian sosial*" ATAU "strategi media sosial*" ATAU "larangan media sosial" ATAU "pendidikan media sosial" ATAU "strategi literasi digital" ATAU "strategi kesihatan digital*" ATAU "strategi media sosial" ATAU "pendidikan digital") DAN (kanak-kanak ATAU belia ATAU kanak-kanak bawah umur ATAU remaja ATAU akil baligh)) Results: 100+	Date: 31.03.2026 Prompt: I m looking for all Malaysian strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school) – Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 22
United Arab Emirates	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND United Arab Emirates Filter: Other Guidelines, Regulatory	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries"	n.a.	Date: 31.03.2026 Search String: (United Arab Emirates AND ("social media regulation" OR "social media restriction" OR "Social media polic*" OR "social network regulation*" OR "social network restriction" OR "social network strateg*" OR "social media strateg*" OR "social media ban" OR "Social media education" OR "digital literacy strategy" OR "digital health strateg*" OR "social media strategy" OR "digital education") AND (children OR youth OR minor* OR teen* OR adolescent))) OR	Date: 31.03.2026 Prompt: I m looking for all strategies, programmes, laws, guidance, interventions addressing social media use among children and adolescents of the United Arab Emirates, e.g.: – Full restriction/ban (e.g. age limits/age verification) – Partial restriction (e.g. time; function such as endless scrolling, content restriction; setting restriction, including school)

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
United Arab Emirates (cont.)	Guidelines Results: 1	Results: 77		الإمارات العربية المتحدة و "تنظيم وسائل التواصل الاجتماعي" أو "تقييد وسائل التواصل الاجتماعي" أو "سياسة وسائل التواصل الاجتماعي" أو "تنظيم الشبكات الاجتماعية" أو "تقييد الشبكات الاجتماعية" أو "استراتيجية الشبكات الاجتماعية" أو "استراتيجية وسائل التواصل الاجتماعي" أو "حظر وسائل التواصل الاجتماعي" أو "التقييد في مجال وسائل التواصل الاجتماعي" أو "استراتيجية نحو الأمية الرقمية" أو "استراتيجية الصحة الرقمية" أو "استراتيجية وسائل التواصل الاجتماعي" أو "التعليم الرقمي" و (الأطفال أو الشباب أو القاصر * أو المراهق * أو المراهقين) Results: 100+	– Educational programmes (e.g. digital literacy, parental training) Self-regulation (no external action). Can you please provide me an overview table, including the references? Results: 18
Denmark	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Denmark Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 15	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", "smartphone", "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: denmark digital literacy education children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 5
Ecuador	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Ecuador Filter: Other Guidelines, Regulatory Guidelines Results: 1	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", "smartphone", "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: ecuador digital literacy education children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 3
Ireland	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", "smartphone",	Date: 18.03.2026 Search Strategy: Browse by topics →	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: ireland digital literacy education children and adolescents; ireland social media regulation children and adolescents	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Ireland (cont.)	"children and adolescents" OR teenager*) AND Ireland Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 81	"digital health", "digital literacy", digital, media → "all countries" Results: 77	online safety and well- being Results: 2	Results: 100+	Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 5
Italy	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Italy Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 19	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well- being Results: 2	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: italy digital literacy education children and adolescents; italy social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 4
New Zealand	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND New Zealand Filter: Aus. & NZ Guidelines, Other Guidelines, Regulatory Guidelines Results: 50	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well- being Results: 2	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: New Zealand digital literacy education children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 4
Norway	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Norway Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 14	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well- being Results: 2	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Norway digital literacy education children and adolescents; Norway social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 3

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Philippines	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Philippines Filter: Other Guidelines, Regulatory Guidelines Results: 10	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 01.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Phillipines digital literacy education children and adolescents; Phillipines social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 3
Poland	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Poland Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 6	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Poland digital literacy education children and adolescents; Poland social media regulation children and adolescents; social media age regulation poland Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 4
Portugal	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Portugal Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 39	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Portugal social media regulation children and adolescents; social media regulation for minors in Portugal by the government Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 2
Slovenia	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone,	Date: 18.03.2026 Search Strategy: Browse by topics →	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
Slovenia (cont.)	adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Slovenia Filter: Guidelines Europe, Other Guidelines, Regulatory Guidelines Results: 16	"digital health", "digital literacy", digital, media → "all countries" Results: 77	online safety and well-being Results: 2	■ Search: Slovenia digital literacy education children and adolescents; Slovenia social media regulation children and adolescents; social media age regulation Slovenia Results: 100+	Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 4
South Korea	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND South Korea Filter: Other Guidelines, Regulatory Guidelines Results: 8	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: South Korea digital literacy education children and adolescents; South Korea social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 5
Thailand	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Thailand Filter: Other Guidelines, Regulatory Guidelines Results: 51	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	n.a.	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Thailand digital literacy education children and adolescents; Thailand social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 3
Turkey	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND Turkey Filter: Other Guidelines, Regulatory Guidelines Results: 66	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", smartphone, "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: Turkey digital literacy education children and adolescents; Turkey social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 4

Country	TRIP Database	WHO MINDbank	OECD	Google/Google Scholar	Claude
United Kingdom	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND United Kingdom Filter: Guidelines UK, Other Guidelines, Regulatory Guidelines Results: 100+	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", "smartphone", "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: UK digital literacy education children and adolescents; UK social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 6
United States	Date: 18.03.2026 Search String: ("social media" OR "social network*" OR "online platform*") AND (regulation* OR restriction* OR ban OR polic* OR legislat* OR strateg* OR program* OR intervention*) AND (children OR adolescents OR minors OR youth OR "children and adolescents" OR teenager*) AND United States Filter: Guidelines US, Other Guidelines, Regulatory Guidelines Results: 100+	Date: 18.03.2026 Search Strategy: Browse by research types/topics → "social media", "smartphone", "digital health", "digital literacy", digital, media → "all countries" Results: 77	Date: 18.03.2026 Search Strategy: Browse by topics → online safety and well-being Results: 2	Date: 02.04.2026 ■ Checking of the reference list of https://www.techpolicy.press/tracking-efforts-to-restrict-or-ban-teens-from-social-media-across-the-globe/ ■ Search: US digital literacy education children and adolescents; US social media regulation children and adolescents Results: 100+	Date: 01.04.2026 Prompt: I m looking for all official Educational programmes (e.g. digital literacy, parental training) from governments. ministries or public authorities from Denmark Ecuador Ireland Italy New Zealand Norway Philippines Poland Portugal Slovenia South Korea Thailand Turkey United Kingdom United States Austria Can you please provide me an overview table, including the listed countries, their programmes and the relevant sources? Results: 5

8.2 RQ1 – Included documents and regulations by country

Table 8-2: Included documents and regulations by country

Country (n=23)	No. Regulation (No. documents)	Type of regulations (no. of regulations)
Australia	5 (9)	Full restriction (1); Partial restriction (3); Educational programmes (1)
China	2 (2)	Partial restriction (2)
Vietnam	3 (4)	Full restriction (1); Partial restriction (1); Code of conduct (1)
Brazil	4 (5)	Partial restriction (3); Educational programmes (1)
France	2 (2)	Full restriction (1); Educational programmes (1)
Indonesia	1 (1)	Partial restriction (1)
Malaysia	0 (0)	-
United Arab Emirates	1 (1)	Partial restriction (1)
Denmark	1 (1)	Full restriction (1)
Ecuador	0 (0)	-
Ireland	3 (4)	Full restriction (1); Partial restriction (1); Educational programmes (1)
Italy	1 (1)	Full restriction (1)
New Zealand	1 (1)	Full restriction (1)
Norway	1 (1)	Full restriction (1)
Philippines	6 (6)	Full restriction (5); Partial restriction (1)
Poland	0 (0)	-
Portugal	1 (1)	Full restriction (1)
Slovenia	0 (0)	-
South Korea	0 (0)	-
Thailand	0 (0)	-
Turkey	1 (1)	Full restriction (1)
United Kingdom	3 (3)	Partial restriction (2); Educational programmes (1)
United States	2 (2)	Full restriction (2)
Total	38 (45)	Full restriction (17); Partial restriction (15); Educational programmes (5); Code of conduct (1)

8.3 RQ1 – Distribution of regulations' characteristics and sub-attributes by regulation type

Table 8-3: Distribution of regulations' characteristics and sub-attributes by regulation type

Characteristics and sub-attributes	Existing regulation type				
	Total (n=38)	Full regulatory bans (n=17)	Partial restriction (including family-mediated) (n=15)	Educational program (n=5)	Code of conduct (n=1)
Intervention					
Age restriction*	20/38 (52.63%)	17/17 (100.00%)	3/15 (20.00%)	0/5 (0.00%)	0/1 (0.00%)
Content	12/38 (31.58%)	2/17 (11.76%)	11/15 (73.33%)	0/5 (0.00%)	1/1 (100.00%)
Time	3/38 (7.89%)	0/17 (0.00%)	3/15 (20.00%)	0/5 (0.00%)	0/1 (0.00%)
Platform design	13/38 (34.21%)	4/17 (23.53%)	8/15 (53.33%)	0/5 (0.00%)	1/1 (100.00%)
Parental control	8/38 (21.05%)	4/17 (23.53%)	4/15 (26.67%)	0/5 (0.00%)	0/1 (0.00%)

Characteristics and sub-attributes	Existing regulation type				
	Total (n=38)	Full regulatory bans (n=17)	Partial restriction (including family-mediated) (n=15)	Educational program (n=5)	Code of conduct (n=1)
Education	7/38 (18.42%)	1/17 (5.88%)	1/15 (6.67%)	5/5 (100.00%)	0/1 (0.00%)
Context	4/38 (10.53%)	1/17 (5.88%)	0/15 (0.00%)	3/5 (60.00%)	0/1 (0.00%)
Target group (children and adolescents)					
≤ 18 years	11/38 (28.95%)	0/17 (0.00%)	10/15 (66.67%)	0/5 (0.00%)	0/1 (0.00%)
≤ 17 years	1/38 (2.63%)	0/17 (0.00%)	1/15 (6.67%)	1/5 (20.00%)	0/1 (0.00%)
≤ 16 years	9/38 (23.68%)	6/17 (35.29%)	3/15 (20.00%)	0/5 (0.00%)	0/1 (0.00%)
≤ 15 years	7/38 (18.42%)	6/17 (35.29%)	1/15 (6.67%)	0/5 (0.00%)	0/1 (0.00%)
≤ 14 years	0/38 (0.00%)	0/17 (0.00%)	0/15 (0.00%)	0/5 (0.00%)	0/1 (0.00%)
≤ 13 years	4/38 (10.53%)	4/17 (23.53%)	0/15 (0.00%)	0/5 (0.00%)	0/1 (0.00%)
≤ 12 years	1/38 (2.63%)	1/17 (5.88%)	0/15 (0.00%)	0/5 (0.00%)	0/1 (0.00%)
n.d.	9/38 (23.68%)	0/17 (0.00%)	4/15 (26.67%)	4/5 (80.00%)	1/1 (100.00%)
Responsible Body					
Platform providers	31/38 (81.58%)	16/17 (94.12%)	14/15 (93.33%)	0/5 (0.00%)	1/1 (100.00%)
Government	15/38 (39.47%)	8/17 (47.06%)	5/15 (33.33%)	2/5 (40.00%)	0/1 (0.00%)
Parents	4/38 (10.53%)	1/17 (5.88%)	3/15 (20.00%)	0/5 (0.00%)	0/1 (0.00%)
School	3/38 (7.89%)	1/17 (5.88%)	0/15 (0.00%)	2/5 (40.00%)	0/1 (0.00%)
Other	2/38 (5.26%)	0/17 (0.00%)	0/15 (0.00%)	1/5 (20.00%)	1/1 (100.00%)
n.d.	1/38 (2.63%)	0/17 (0.00%)	0/15 (0.00%)	1/5 (20.00%)	0/1 (0.00%)
Implementation					
Age-verification – (App, ID, Other)	21/38 (55.26%)	14/17 (82.35%)	7/15 (46.67%)	0/5 (0.00%)	0/1 (0.00%)
Parental control	9/38 (23.68%)	5/17 (29.41%)	4/15 (26.67%)	0/5 (0.00%)	0/1 (0.00%)
Platform setting	11/38 (28.95%)	5/17 (29.41%)	6/15 (40.00%)	0/5 (0.00%)	0/1 (0.00%)
Regulatory enforcement	11/38 (28.95%)	6/17 (35.29%)	5/15 (33.33%)	0/5 (0.00%)	0/1 (0.00%)
Curriculum	3/38 (7.89%)	0/17 (0.00%)	0/15 (0.00%)	3/5 (60.00%)	0/1 (0.00%)
Other	4/38 (10.53%)	2/17 (11.76%)	1/15 (6.67%)	1/5 (20.00%)	0/1 (0.00%)
n.d.	8/38 (21.05%)	2/17 (11.76%)	4/15 (26.67%)	1/5 (20.00%)	1/1 (100.00%)
Consequences					
Fines	20/38 (52.63%)	10/17 (58.82%)	10/15 (66.67%)	0/5 (0.00%)	0/1 (0.00%)
Operational sanctions	15/38 (39.47%)	7/17 (41.18%)	8/15 (53.33%)	0/5 (0.00%)	0/1 (0.00%)
Criminal liability	3/38 (7.89%)	1/17 (5.88%)	2/15 (13.33%)	0/5 (0.00%)	0/1 (0.00%)
Other	3/38 (7.89%)	2/17 (11.76%)	1/15 (6.67%)	0/5 (0.00%)	0/1 (0.00%)
n.a.	9/38 (23.68%)	2/17 (11.76%)	1/15 (6.67%)	5/5 (100.00%)	1/1 (100.00%)
n.d.	3/38 (7.89%)	2/17 (11.76%)	1/15 (6.67%)	0/5 (0.00%)	0/1 (0.00%)

Abbreviations. n.d ... no data; n.a. ... not applicable

Note: Existing regulations may be assigned to more than one sub-attribute, hence sub-attribute counts may exceed the total number of regulations. Values are shown as absolute count/column total (percentage of column total).

* Except for the full regulatory bans category, the 'Age' sub-attribute is only coded for regulations that target age groups other than ≤18 years.

8.4 RQ2 – Stakeholder Consultation Questionnaire (German)

Was ist dir wichtig? Deine Meinung zu sozialen Medien und Gesundheit

*Wir vom Austrian Institute for Health Technology Assessment (AIHTA) untersuchen, wie sich Regeln oder Maßnahmen zur Nutzung von sozialen Medien auf Kinder und Jugendliche auswirken könnten. **Deine Meinung hilft uns, die richtigen Fragen zu stellen!***

Teil 1: Was sollen wir untersuchen?

Wir möchten wissen, welche Auswirkungen für dich am wichtigsten sind, wenn Forschende Maßnahmen zur gesünderen Nutzung sozialer Medien untersuchen. Unten findest du eine Liste von möglichen Auswirkungen. Kreuze die 3 Themen an, die dir am wichtigsten sind.

- ☐ Psychisches Wohlbefinden (z. B. Ängste, Stimmung, Selbstbild)
- ☐ Allgemeines Wohlbefinden (z. B. Lebenszufriedenheit, wie gut es dir generell geht)
- ☐ Suchtähnliches Verhalten (z. B. Gefühl, die Nutzung von Social Media schwer kontrollieren zu können)
- ☐ Soziale Beziehungen (z. B. Freundschaften, Einsamkeit, Zugehörigkeitsgefühl)
- ☐ Schlaf (z. B. Einschlafprobleme, zu wenig Schlaf)
- ☐ Schule & Konzentration (z. B. Noten, Lernmotivation, Konzentration)
- ☐ Umgang mit Social Media verstehen (z. B. Wissen wie Algorithmen funktionieren, Inhalte kritisch einschätzen)
- ☐ Negative Erfahrungen online (z. B. Mobbing, Belästigung, unangenehme Kontakte)

Teil 2: Fehlt etwas?

Gibt es Auswirkungen von Social Media, die dir wichtig sind und die in der Liste nicht vorkommen?

Teil 3: Kurze Angaben zu dir

Freiwillig & anonym

Alter: _____

Geschlecht:

- ☐ Weiblich
- ☐ Männlich
- ☐ Divers
- ☐ Keine Angabe

Vielen Dank für deine Mithilfe!  Deine Ideen helfen bei echter Forschung.

*Deine Antworten sind anonym und werden nur zusammengefasst ausgewertet.
Es handelt sich hierbei um eine Konsultation, nicht um eine wissenschaftliche Studie.*

8.5 RQ2 – Medline Search Strategy

Database: Ovid MEDLINE(R) ALL <1946 to March 20, 2026>	
Search date: 23.03.2026	
ID	Search Strategy
1	exp Child/ (2320328)
2	exp Child, Preschool/ (1063836)
3	exp Adolescent/ (2394230)
4	child*.mp. (3039382)
5	adolesc*.mp. (2513804)
6	minor?.mp. (297044)
7	teen*.mp. (40456)
8	(young adj (person? or people)).mp. (48764)
9	youth?.mp. (127739)
10	juvenile*.mp. (117914)
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 (4677697)
12	exp Social Media/lj, og, st, sd [Legislation & Jurisprudence, Organization & Administration, Standards, Supply & Distribution] (1043)
13	(restrict* or regulat* or limit or limits or limiting or reduc* or "responsible use" or control or control?ing or ban* or rule or ruling or cap or caps or prohibit* or suspend or suspension or curfew* or program* or intervention* or campaign* or measure*).mp. (16811726)
14	12 and 13 (468)
15	(social media adj5 (restrict* or regulat* or limit or limits or limiting or reduc* or control or control?ing or ban* or rule or ruling or cap or caps or prohibit* or suspend or suspension or curfew* or program* or intervention* or campaign* or measure*)).mp. (3967)
16	14 or 15 (4345)
17	11 and 16 (1397)
18	(social media adj (restrict* or limit or limits or limiting or reduc* or ban* or cap or caps or prohibit* or suspend or suspension or curfew*)).mp. (48)
19	17 or 18 (1430)
20	Developing Countries/ (85431)
21	(Afghanistan or Albania or Algeria or Angola or American Samoa or Armenia or Armenian or Azerbaijan or Bangladesh or Benin or Byelarus or Byelorussian or Belarus or Belorussian or Belorussia or Belize or Bhutan or Bolivia or Bosnia or Herzegovina or Hercegovina or Botswana or Bulgaria or Burkina Faso or Burkina Fasso or Upper Volta or Burundi or Urundi or Cambodia or Khmer Republic or Kampuchea or Cameroon or Cameroons or Cameron or Camerons or Cape Verde or Central African Republic or Chad or Colombia or Comoros or Comoro Islands or Comores or Mayotte or Congo or Zaire or Costa Rica or Cote d'Ivoire or Ivory Coast or Cuba or Djibouti or French Somaliland or Dominica or Dominican Republic or East Timor or East Timur or Timor Leste or Egypt or United Arab Republic or El Salvador or Eritrea or Ethiopia or Fiji or Gabon or Gabonese Republic or Gambia or Gaza or Georgia Republic or Georgian Republic or Ghana or Gold Coast or Grenada or Guatemala or Guinea or Guinea-Bissau or Guam or Guiana or Guyana or Haiti or Honduras or India or Maldives or Iran or Iraq or Jamaica or Jordan or Kazakhstan or Kazakh or Kenya or Kiribati or Korea or Kosovo or Kyrgyzstan or Kirghizia or Kyrgyz Republic or Kirghiz or Kirgizstan or Lao PDR or Laos or Lebanon or Lesotho or Basutoland or Liberia or Libya or Macedonia or Madagascar or Malagasy Republic or Malaya or Malay or Sabah or Sarawak or Malawi or Nyasaland or Mali or Marshall Islands or Mauritania or Mauritius or Agalega Islands or Mexico or Micronesia or Middle East or Moldova or Moldavia or Moldovan or Mongolia or Montenegro or Morocco or Ifni or Mozambique or Myanmar or Myanma or Burma or Namibia or Nepal or Netherlands Antilles or Nicaragua or Niger or Nigeria or Pakistan or Palau or Palestine or Panama or Papua New Guinea or Paraguay or Peru or Romania or Rumania or Roumania or Rwanda or Ruanda or Saint Lucia or St Lucia or Saint Vincent or St Vincent or Grenadines or Samoa or Samoan Islands or Navigator Island or Navigator Islands or Sao Tome or Senegal or Serbia or Sierra Leone or Sri Lanka or Ceylon or Solomon Islands or Somalia or Sudan or Suriname or Surinam or Swaziland or Syria or Principe or South Sudan or Tajikistan or Tadjikistan or Tadjikistan or Tadjik or Tanzania or Timor-Leste or Togo or Togolese Republic or Tonga or Tunisia or Turkmenistan or Turkmen or Tuvalu or Uganda or Ukraine or Uzbekistan or Uzbek or Vanuatu or New Hebrides or West Bank or Yemen or Zambia or Zimbabwe or Rhodesia).hw,ti,ab,cp. (2178249)
22	((developing or less* developed or under developed or underdeveloped or underserved or under served or deprived or poor*) adj (countr* or nation? or state? or population? or world)).ti,ab. (107416)
23	((developing or less* developed or under developed or underdeveloped) adj (economy or economies)).ti,ab. (1060)
24	third world.ti,ab. (3240)
25	20 or 21 or 22 or 23 (2277240)
26	19 not 25 (1294)
27	limit 26 to yr="2020 - 2026" (990)
28	limit 27 to (english or german) (985)
29	remove duplicates from 28 (983)
Total hits: 983	

8.6 RQ2 – Risk of Bias

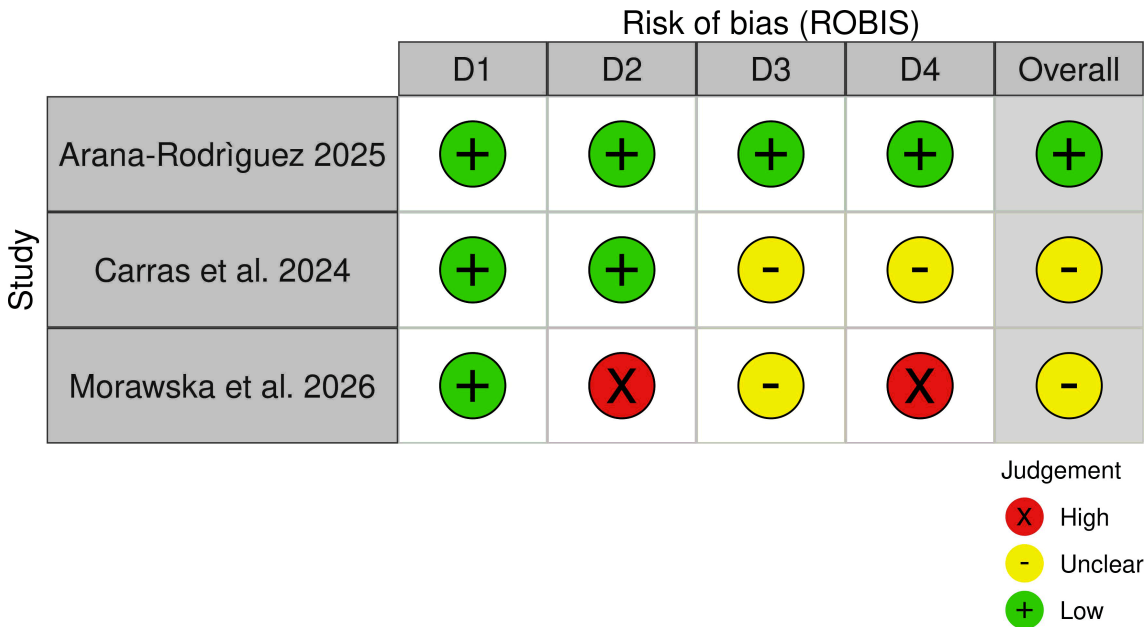


Figure 8-1: ROBIS risk of bias assessment of systematic reviews¹⁶. Created with [robvis-visualization-tool](#).
Domain 1: Study eligibility criteria; Domain 2: Identification and selection of studies;
Domain 3: Data collection and study appraisal; Domain 4: Synthesis and findings.

¹⁶ Colder Carras et al. (2024) [78]: limitations in study appraisal and data extraction procedures (Domain 3), reliance on vote counting and limited robustness checks in the synthesis (Domain 4), and potential selective emphasis of results in the interpretation of findings (Overall).
Morawska et al. (2026) [76]: potential incompleteness of the search strategy (Domain 2), limited efforts to minimise error in appraisal of individual studies (Domain 3), and insufficient integration in synthesis of findings (Domain 4); implications are partially addressed, but do not fully resolve these concerns (Overall).

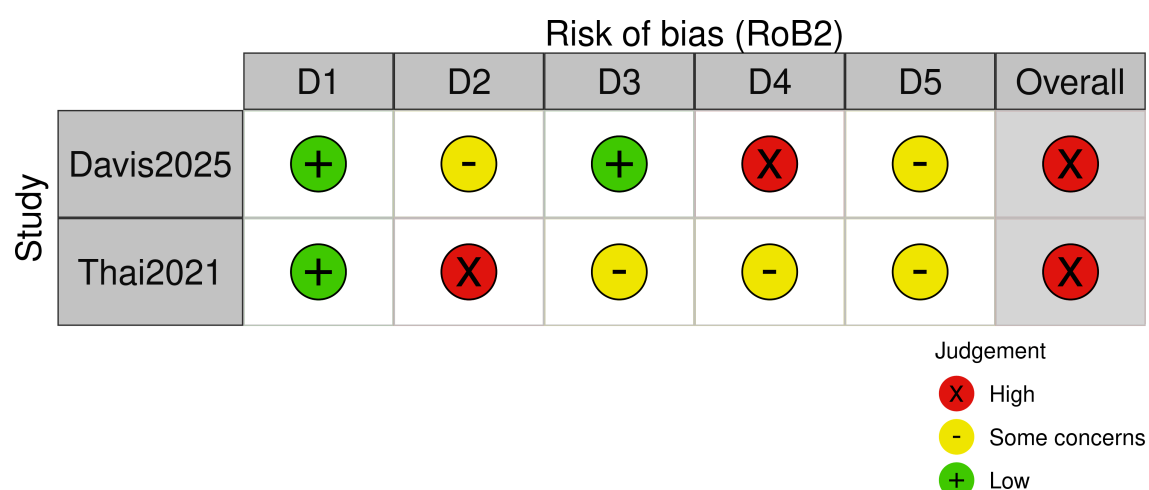


Figure 8-2: RoB2 risk of bias assessment of randomised controlled trials^{17,18}. Created with [robvis-visualization-tool](#).
 Domain 1: Randomisation process; Domain 2: Deviations from intended interventions; Domain 3: Missing outcome data; Domain 4: Measurement of the outcome; Domain 5: Selection of the reported result.

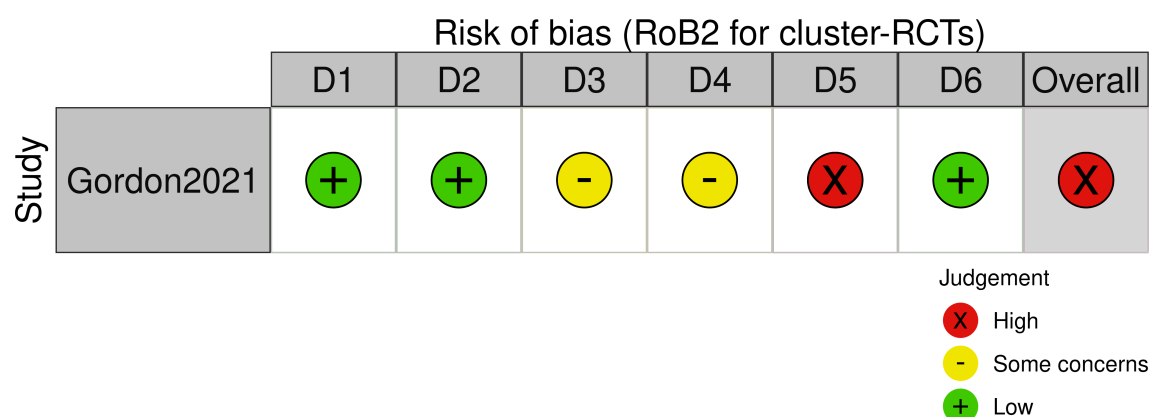


Figure 8-3: RoB2 risk of bias assessment of cluster-randomised controlled trials^{19,20}. Created with [robvis-visualization-tool](#).
 Domain 1a: Randomisation process; Domain 1b: Timing of identification or recruitment of participants;
 Domain 2: Deviations from intended interventions; Domain 3: Missing outcome data;
 Domain 4: Measurement of the outcome; Domain 5: Selection of the reported result.

¹⁷ In Davis et al. (2025; [74, 79]) and Thai et al. (2021; [81]), the assessed outcomes were self-reported psychosocial and well-being outcomes.

¹⁸ Davis et al. (2025; [74, 79]): absence of an intention-to-treat analysis (Domain 2), open-label design with self-reported outcomes (Domain 4), and lack of pre-registration of the trial or analysis plan (Domain 5).

Thai (2021; [81]): absence of an intention-to-treat analysis (Domain 2), missing outcome data with exclusion of participants who discontinued the intervention (17%) (Domain 3), open-label design with self-reported outcomes (Domain 4), and lack of pre-registration of the trial or analysis plan (Domain 5).

¹⁹ In Gordon et al. (2021; [82]), the assessed outcomes were self-reported psychosocial outcomes.

²⁰ Gordon et al. (2021; [82]): lack of blinding due to the nature of the school-based classroom and lecture interventions (Domain 2), substantial attrition at 12-month follow-up ($\approx 30\%$) with missing data addressed using multiple imputation (Domain 3), and reliance on participant-reported outcomes where the participant acts as the outcome assessor (Domain 4).

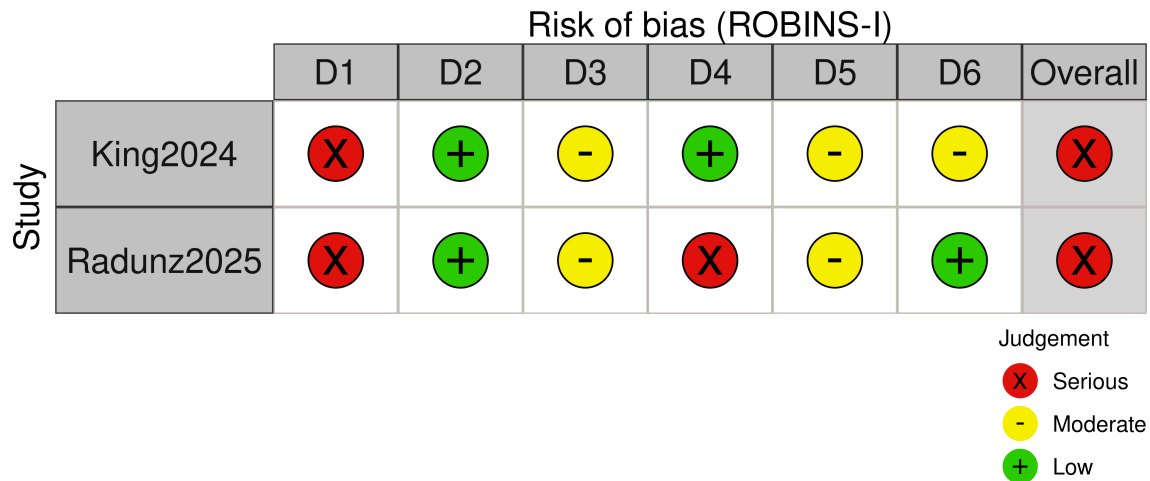


Figure 8-4: ROBINS-I risk of bias assessment of non-randomised controlled trials^{21,22}.
Created with [robvis-visualization-tool](#).
Domain 1: Bias due to confounding; Domain 2: Bias in classification of interventions;
Domain 3: Bias in selection of participants into the study (or into the analysis);
Domain 4: Bias due to missing data; Domain 5: Bias in measurement of the outcome;
Domain 6: Bias in selection of the reported result.

8.7 RQ2 – Overlap of Studies

Two of six directly included primary studies were identified within one included Systematic Review each: Favini 2023 (Arana-Rodriguez 2025), Thai 2024 (Colder Carras 2024); these were attributed accordingly and counted once in the synthesis. Cross-Systematic Review overlap was quantified using the corrected covered area (CCA; [154]; see Figure 8-5 and Table 8-4). Two primary studies, Bonnaire 2019 and Tang 2021, were identified in both Arana-Rodriguez 2025 and Colder Carras 2024 but were not directly included in the present review. No overlap was identified with Morawska 2026. Study identification was based on title matching.

²¹ In King et al. (2024; [75]), the assessed outcomes were academic performance and bullying; in Radunz et al. (2025; [80]), the assessed outcomes were mental health.

²² King et al. (2024; [75]): uncontrolled confounding with potential impact on effect estimates (Domain 1), follow-up initiated after the intervention was already in place, resulting in inclusion of prevalent rather than incident users and potential omission of early outcome events (Domain 3), awareness of intervention status among outcome assessors without evidence of systematic over- or under-reporting attributable to this awareness (Domain 5), and post hoc registration of protocol after data collection (Domain 6).

Radunz et al. (2025; [80]): uncontrolled confounding with potential impact on effect estimates (Domain 1), follow-up initiated after the intervention was already in place, resulting in inclusion of prevalent rather than incident users and potential omission of early outcome events (Domain 3), substantial and non-random loss to follow-up associated with baseline mental health indicators (Domain 4), and awareness of intervention status among outcome assessors without evidence of systematic over- or under-reporting attributable to this awareness (Domain 5).

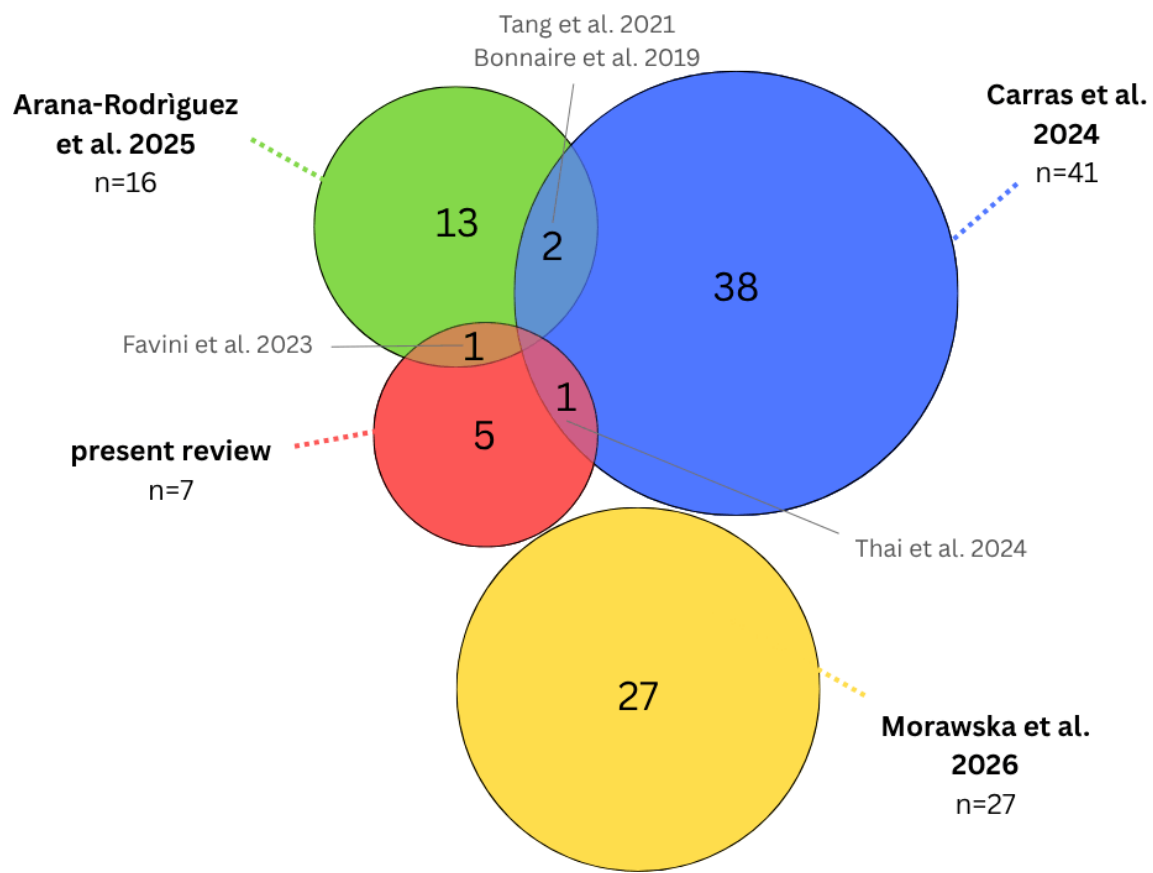


Figure 8-5: Euler diagram illustrating overlap in primary study evidence bases across three included systematic reviews and the directly included primary studies ($n=6$) of the present review. Circle area is approximately proportional to the number of primary studies (n). Numbers within each region indicate the count of primary studies exclusive to that region.

Table 8-4: Corrected covered area

Comparison	n1	n2	N	r	Shared (n)	Shared studies	CCA (%)	Interpretation
Arana-Rodriguez et al., 2025 $\cap$ Colder Carras et al., 2024	16	41	57	55	2	Tang et al., 2021 Bonnaire et al., 2019	3.6	Slight
Arana-Rodriguez et al., 2025 $\cap$ present review	16	8	24	23	1	Favini et al. 2023	4.3	Slight
Colder Carras et al., 2024 $\cap$ present review	41	8	49	48	1	Thai et al. 2024	2.0	Slight
All 3 sources	-	-	65	61	4	All studies above	3.3	Slight
Morawska et al., 2026 $\cap$ present review	27	8	35	33	0	-	0.0	None
Arana-Rodriguez et al., 2025 $\cap$ Morawska et al., 2026	16	27	43	43	0	-	0.0	None
Colder Carras et al., 2024 $\cap$ Morawska et al., 2026	41	27	69	69	0	-	0.0	None

CCA [154]: $CCA = (N-r)/((r \times c)-r) \times 100$, where N = total primary study inclusions summed across all compared sources; r = number of unique primary studies; c = number of sources compared. For pairwise comparisons ($c=2$).

Benchmarks: <5%, slight; 5-10%, moderate; 11-15%, high; >15%, very high. n_1, n_2 : number of primary studies in each source (pairwise rows only). Pairwise comparisons involving Morawska et al. (2026) are presented for completeness, which addresses a distinct research question from the remaining sources.

8.8 RQ2 – Statistical Abbreviations

Table 8-5: Statistical abbreviations (results RQ2)

F	F-value
df	Degrees of freedom
p	p-value
β	(Standardised) regression coefficient
CI	Confidence interval
ηp	Partial eta squared
d	Cohen's d
d^z	Cohen's dz
M	Mean

8.9 RQ2 – Excluded Studies

Table 8-6: Excluded studies with reason (RQ2)

Lfd. Nr.	First author	Year	Journal	Title	Reason exclusion (Code)	Reason exclusion (text)
1	Alshakhsi	2025	Annals of the New York Academy of Sciences	Psychological inoculation against problematic social media use among adolescents: An experimental study	E5	Study conducted in Qatar; country outside the defined geographical scope of the review
2	Borgen	2023	Journal of Contemporary Psychotherapy	Developing Healthy Social Media Practices: An Outpatient Caregiver-Adolescent Group Intervention	E4	Intervention development report only; no quantitative evaluation of pre-specified outcomes was conducted
3	Brandhorst	2023	International Journal of Environmental Research and Public Health	Randomized Controlled Evaluation of a Group-Based Training for Parents of Adolescents with Gaming Disorder or Social Network Use Disorder	E2	Target population comprised adolescents with gaming disorder or social network use disorder; clinical sample does not correspond to the review's eligibility criterion for general adolescent populations
4	Brockmeier	2025	Applied Psychology: Health and Well-Being	Effects of an intervention targeting social media app use on well-being outcomes: A randomized controlled trial	E2	Study population restricted to adults aged 18-45 years; does not meet the minimum age eligibility criterion for children and adolescents
5	Calvert	2025	JAMA Network Open	Social Media Detox and Youth Mental Health	E2	Study population restricted to adults aged 18-24 years; does not meet the minimum age eligibility criterion for children and adolescents
6	Collis	2022	PLoS ONE	Effects of restricting social media usage on wellbeing and performance: A randomized control trial among students	E2	Study population comprised university students; does not satisfy the inclusion criterion for children and adolescents
7	Culcasi	2025	Behavioral Sciences	Fostering Digital Well-Being Through (e-)Service-Learning: Engaging Students in Responsible and Inclusive Digital Practices	E1	Narrative synthesis of case studies; study design does not meet the minimum methodological criteria for inclusion
8	de Hesselde	2024	BMC psychology	Effects of a 14-day social media abstinence on mental health and well-being: results from an experimental study	E2	Study population restricted to adults aged 18 years and older; does not meet the minimum age eligibility criterion for children and adolescents
9	El-Khoury	2021	Libyan Journal of Medicine	Characteristics of social media 'detoxification' in university students	E2	Study population restricted to adults aged 18 years and older; does not meet the minimum age eligibility criterion for children and adolescents
10	Gazmararian	2025	Journal of School Health	Implementation of Social Media Initiative in 2 Middle Schools: Be Focused. Be Present. Be Somebody	E4	Ongoing implementation initiative without a comparative evaluation design; social media use was not included as an assessed outcome in the student health survey
11	Geurts	2023	Journal of Youth & Adolescence	Predicting Adolescents' Problematic Social Media Use From Profiles of Internet-Specific Parenting Practices and General Parenting Dimensions	E5	Study conducted in the Netherlands; country outside the defined geographical scope of the review
12	Geurts	2022	Comprehensive Psychiatry	Rules, role models or overall climate at home? Relative associations of different family aspects with adolescents' problematic social media use	E5	Study conducted in the Netherlands; country outside the defined geographical scope of the review
13	Goodyear	2025	The Lancet Regional Health – Europe	School phone policies and their association with mental wellbeing, phone use, and social media use (SMART Schools): a cross-sectional observational study	E1	No eligible intervention study
14	Graham	2021	Cyberpsychology, behavior and social networking	Taking a Break from Social Media Improves Wellbeing Through Sleep Quality	E2	Study population restricted to adults aged 18-61 years; does not meet the minimum age eligibility criterion for children and adolescents

Lfd. Nr.	First author	Year	Journal	Title	Reason exclusion (Code)	Reason exclusion (text)
15	Hunt	2023	Journal of Social and Clinical Psychology	Follow friends one hour a day: Limiting time on social media and muting strangers improves well-being	E2	Study population restricted to adults aged 18-29 years; does not meet the minimum age eligibility criterion for children and adolescents
16	Kumkronglek	2023	Clinical Practice and Epidemiology in Mental Health	Effects of a Life Skills Enhancement Program on the Life Skills and Risk Behaviors of Social Media Addiction in Early Adolescence	E7	Evidence for this intervention category is already represented by two included systematic reviews and two randomised controlled trials of more recent publication, which occupy a higher position in the evidence hierarchy; inclusion would not contribute additional independent evidence
17	Lindenberg	2026	Sucht	Reducing Problematic Internet Use in Adolescents and Young Adults Using a Smartphone-Based Approach-Avoidance Training (PROTECTapp): A Randomized Controlled Pilot Study	E3	The intervention was not specifically directed at social media use
18	Lindenberg	2025	Sucht	Guideline on Early Interventions for Internet Use Disorders	E2	Guideline addressing interventions for formally diagnosed internet use disorders; clinical sample does not correspond to the review's eligibility criterion for general adolescent populations
19	Maerevoet	2025	Frontiers in Public Health	Causal effects of social media use on self-esteem, mindfulness, sleep and emotional well-being: a social media restriction study	E2	Study population restricted to students; does not meet the minimum age eligibility criterion for children and adolescents
20	Mahalingham	2023	Journal of Behavior Therapy and Experimental Psychiatry	Assessing the effects of acute reductions in mobile device social media use on anxiety and sleep	E2	Study population restricted to adults aged 17-43 years; does not meet the minimum age eligibility criterion for children and adolescents
21	Marciano	2024	Pediatrics	Digital Detox and Well-Being	E2	Study population restricted to adults; does not meet the minimum age eligibility criterion for children and adolescents
22	Mendonça	2025	Children	A Comparative Study of Short-Term Social Media Use with Face-to-Face Interaction in Adolescence	E3	Study design compared social media exposure to face-to-face interaction; no intervention targeting a reduction or regulation of social media use was evaluated
23	Mikami	2025	Journal of Experimental Psychology: General	Logging out or leaning in? Social media strategies for enhancing well-being	E2	Study population restricted to students; does not meet the minimum age eligibility criterion for children and adolescents
24	Mirza	2025	Australasian Psychiatry	Balancing risks and resilience: Evaluating the impact of Australia's social media ban on adolescent mental health	E1	Editorial commentary; no original intervention data or outcome measurements reported
25	Moreno	2021	JAMA pediatrics	Effect of a Family Media Use Plan on Media Rule Engagement Among Adolescents: a Randomized Clinical Trial	E3	Intervention targeted general media use rather than social media specifically; does not correspond to the review's defined intervention scope
26	Nagata	2025	Current Psychiatry Reports	Problematic Social Media Use Interventions for Mental Health Outcomes in Adolescents	E1	Narrative review describing available intervention approaches without reporting quantitative outcome data from eligible primary studies; does not meet the inclusion criterion for study design
27	Nagata	2025	Current Opinion in Pediatrics	What we know about screen time and social media in early adolescence: A review of findings from the Adolescent Brain Cognitive Development Study	E1	Review of observational associations and cross-sectional trends; no intervention was implemented or evaluated
28	Nagata	2025	Pediatric Research	Associations between media parenting practices and early adolescent screen use	E1	Secondary analysis of pre-existing data; does not constitute an eligible primary study for inclusion in this review

Lfd. Nr.	First author	Year	Journal	Title	Reason exclusion (Code)	Reason exclusion (text)
29	Rasmussen	2020	BMC public health	Short-term efficacy of reducing screen media use on physical activity, sleep, and physiological stress in families with children aged 4-14: study protocol for the SCREENS randomized controlled trial	E1	Study protocol only; results have been published separately and assessed accordingly. The intervention targeted recreational screen media use broadly, and effects attributable specifically to social media could not be disaggregated
30	Seekis	2025	Body image	To detox or not to detox? The impact of different approaches to social media detox strategies on body image and wellbeing	E2	Study population restricted to adults aged 17-35 years; does not meet the minimum age eligibility criterion for children and adolescents
31	Theopilus	2025	International Journal of Medical Informatics	Persuasive strategies in digital interventions to combat internet addiction: A systematic review	E3	Social media was not the primary intervention target; children and adolescents were not analysed as a distinct subgroup; reported outcomes did not align with the pre-specified outcome domains of the review
32	Thrul	2025	Psychology of Popular Media	Social Media Reduction or Abstinence Interventions Are Providing Mental Health Benefits-Reanalysis of a Published Meta-Analysis	E2	Re-analysis of a published meta-analysis predominantly comprising adult participants; effects for children and adolescents were not separately estimable; original meta-analysis was assessed and also found to be ineligible
33	Unlu	2025	Children	Mindfulness-Based Intervention in Schools: Addressing Social Media Burnout and Enhancing Well-Being in Adolescents	E7	Study contributes no outcomes beyond those already captured by included evidence for this intervention category, and represents a lower position in the evidence hierarchy relative to studies already included in the review
34	Vally	2019	Perspectives in psychiatric care	Abstinence from social media use, subjective wellbeing, stress, and loneliness	E6	Publication date (2019) predates the defined search start date; outside the temporal scope of the review
35	Valyan	2025	medRxiv : the Preprint Server for Health Sciences	Treatment Approaches for Problematic Usage of the Internet (PUI): A Dual-Level Meta-Analysis of Meta-Analyses and Randomized Controlled Trials	E4	Preprint manuscript without peer review; additionally, the primary outcome was problematic internet use broadly defined, which does not correspond to the review's focus on social media use specifically
36	van den Eijnden	2021	International Journal of Environmental Research and Public Health	Social media use and adolescents' sleep: A longitudinal study on the protective role of parental rules regarding internet use before sleep	E5	Study conducted in the Netherlands; country outside the defined geographical scope of the review
37	van Wezel	2021	Addictive Behaviors Reports	Does a 7-day restriction on the use of social media improve cognitive functioning and emotional well-being? Results from a randomized controlled trial	E2	Mean participant age of 20.95 years; does not meet the minimum age eligibility criterion for children and adolescents
38	Walsh	2024	PLoS ONE	Does putting down your smartphone make you happier? the effects of restricting digital media on well-being	E2	Mean participant age of 19.4 years; does not meet the minimum age eligibility criterion for children and adolescents
39	Wood	2023	BMJ Open	Smartphones, social Media and Adolescent mental well-being: the impact of school policies Restricting daytime use-protocol for a natural experimental observational study using mixed methods at secondary schools in England (SMART Schools Study)	E1	Study protocol only; results have been published separately and are included into the review
40	Yam-Ubon	2023	JMIR Pediatrics and Parenting	Using a Design Thinking Approach to Develop a Social Media-Based Parenting Program for Parents of Children With Attention-Deficit/Hyperactivity Disorder: Mixed Methods Study	E2	Target population comprised children with ADHD; clinical sample does not correspond to the review's eligibility criterion for general adolescent populations

Codes: E1=Studydesign, E2=Population, E3=Intervention, E4=Outcome(s), E5=Country, E6=Publication date, E7=Other

8.10 RQ3 – Targeted search strategy

Table 8-7: Targeted search strategy (RQ3)

Keywords searched in	Questions asked in	
Rayyan (identified literature from systematic search RQ2)	Google Scholar	Consensus
Date: 29.05.2026 + 02.06.2026 right/s consequence/s vulnerable/vulnerability norm/s value/s privacy ethic/s/al consent surveillance autonom/y/autonomously respect moral personal data data protection	Date: 02.06.2026 what are the benefits and harms of the social media ban for children and adolescents, other people, organisations, commercial entities, society, etc.? what are the benefits and harms of the full social media bans on other people, organisations, commercial entities, society, etc.? benefits and harms of full social media bans for children and adolescents benefits and harms of social media bans for children and adolescents age-restricted social media bans consequences on other people age-restricted social media bans consequences on society society consequences of age-restricted social media bans commercial entities consequences of age-restricted social media bans age-restricted full social media ban human rights age-restricted full social media ban and "human rights" "human rights" and age-restricted full social media ban "ethic" and age-restricted full social media ban "ethical challenge" and age-restricted full social media ban "ethical challenge" and "social media ban" Date: 03.06.2026 <i>Google Scholar:</i> ("social media" OR "social network*") AND (child* OR adolescent* OR minor*) AND (ban* OR restriction* OR "age restriction*" OR "age-based restriction*" OR "age based restriction*") AND (autonom* OR privacy OR "data protection" OR datafication OR vulnerab* OR ethic* OR moral*) <i>Google:</i> ("social media" OR "social network*") AND (child* OR adolescent* OR minor*) AND (ban* OR restriction* OR "age restriction*" OR "age-based restriction*" OR "age based restriction*") AND (autonom* OR privacy OR "data protection" OR datafication OR vulnerab* OR ethic* OR moral*) AND (comment OR discussion OR debate OR statement OR view OR viewpoint) ethical considerations social media bans	Date: 29.05.2026 Does a social media age-restriction (ban) invade the sphere of privacy of the user? How do age-restriction social media bans balance child protection and data minimisation? Does an age-restricted social media ban affect the patient's capability and possibility to exercise autonomy? Is there a need for any specific interventions or supportive actions concerning information in order to respect patient autonomy when having an age-restricted social media ban? What supportive actions are needed in order to respect patient autonomy when having an age-restricted social media ban? Date: 02.06.2026 What are the known and estimated benefits and harms for children and adolescents when implementing or not implementing full Social Media bans? Which benefits and harms of full social media bans for children and adolescents are discussed? What are the benefits and harms of the social media full bans for relatives, other patients, organisations, commercial entities, society, etc.? Date: 03.06.2026 Are there any other hidden or unintended consequences of full social media bans and its applications for children/adolescents, relatives, other persons, organisations, commercial entities, society etc.? Does the implementation of full social media bans for children and adolescents affect the realisation of basic human rights? Date: 05.06.2026 Can the use of the age-restricted social media bans for children and adolescents pose ethical challenges that have not been considered in the existing legislations and regulations?



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