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SOCIOLOGY | RESEARCH ARTICLE

Youth health, gender, and social media: Mauritius as a glocal place

Komalsingh Rambaree^{1*}, Fariba Mousavi², Peter Magnusson^{3,4} and Mikaela Willmer⁵

Abstract: The aim of this study was to investigate associations between social media use, self-reported health, dietary behaviours, and gender among young people living in Mauritius. For this cross-sectional study, questionnaires were distributed to a sample of 492 individuals (of which 64% were females) aged 14–29 year. A linear regression analysis investigating the associations between health problems and social media use, a number of dietary choices and behaviours, and gender was found to explain 49.9% of the variance in the prevalence of health problems, with social media use making the largest unique contribution (beta = 0.48). A MANOVA analysis found that there were significant gender differences in social media use, unhealthy food consumption, and self-reported health problems. This article concludes that the clash between gender, fast technological developments, and the influx of unhealthy foods in a glocal place has effects on young people through social media, and need to be monitored closely by youth and health policy-makers and researchers.

ABOUT THE AUTHOR

Komalsingh Rambaree (PhD) is currently an associate professor of social work at the University of Gävle, Sweden. He has been a youth worker in Mauritius for more than 10 years. His research areas include youth, health, internet, and sexuality.

Fariba Mousavi, Operations Manager at Uppsala Municipality. Her research focuses on drug usage in relation to attitudes towards drugs, impulsiveness and other risk factors, coping, stress and Cloninger's psychobiological model, which measures two dimensions of personality: temperament and character that influence individuals' happiness and well-being.

Peter Magnusson, M.D. is a consultant in cardiology/internal medicine at Gävle hospital. He conducts research within the field of health sciences, especially epidemiology, cardiovascular diseases, and innovation.

Mikaela Willmer is a registered dietitian with a PhD in medical science from Karolinska Institutet, Stockholm, Sweden. Her main research interests lie within the fields of obesity and obesity treatment (especially bariatric surgery), eating disorders, eating behaviours and novel ways of measuring food intake and energy expenditure.

PUBLIC INTEREST STATEMENT

Mauritius, a country which is geographically isolated but globally connected, provides a unique multicultural and multi-ethnic setting to study challenges related to youth health. In the wake of rapid economic development, and with the advent of affordable smartphone technology resulting in increasing use of social media among young people, countries such as Mauritius face new challenges related to youth health. This study shows that there is an association between gender, social media use, and youth health. The recommendations based on the findings from the study are that, (a) youth and health policymakers and researchers need closely monitor the effects of gender and social media on youth health; and, (b) from the gathered evidence develop appropriate models for social media-based interventions in promoting gender equity and health in the country.

Subjects: Sociology of Media;; Gender Studies;; Medical Sociology;;

Keywords: Consumption; food; gender; glocalisation; health; Mauritius; nutrition; social media

1. Introduction

Youth health is a broad and complex concept. It encompasses the social and behavioural factors that influence the health of young people. Given that youth health cannot be measured directly, like height or weight, the process of its measurement relies on indirect assessments using indicators such as young people's subjective reporting on their individual physical and mental health status and their health lifestyle (Hunt et al., 1980; McDowell, 2006).

Health lifestyle is commonly used as a health indicator within health assessment. Practices based on health lifestyle have direct effects on health outcomes (Rambaree & Knez, 2016). From this perspective, youth health lifestyle is associated with habitual health behaviours of young people. In particular, the youth health lifestyle is defined as the collective patterns of health-related behaviours of young people based on the choices that are available to them according to their life chances (Cockerham, 2000). Healthy lifestyle includes, among others, components related to dietary, physical and mental factors such as rest and relaxation, stress management, and physical activity (Dima-Cozma et al., 2014). According to health lifestyle theory, individuals and groups are often constrained by social and structural forces to adopt certain health-related pattern of behaviours and practices. Such social and structural forces emanate from both local and global context.

Globalisation is theorised as a product of technological revolution and the global restructuring of capitalism in which economic, technological, social, political, and cultural features are intertwined (Kellner, 2002). According to Lee (2003) the product of this particular interaction of technology, culture and economics is causing a compression of time (everything is faster), cognition (awareness of the world as a whole), as well as space (geographic boundaries begin to blur). In this sense, the notion of place in the age of globalisation needs to be considered through a technological revolution that brings openness, connections, networks, and flows. For instance, it can be argued that a place is transformed by globalisation mainly through the power of technology, whereby people and territories are largely influenced by the dominant interests in "informational/computerised capitalism" (Castells, 2009; Fuchs, 2013; Gane, 2003). In particular, informational/computerised capitalism is believed to create a new form of global culture based on materialism, individualism, and over-consumerism, which can be detrimental to human health and well-being by setting new lifestyle (Eckersley, 2006).

According to Robertson (1994), glocalisation (the global and local connectivity) is a refined version of globalisation with the definite conceptual advantage of making the concern with "space" as important as the focus upon temporal and historical issues. Within the technological era, there is also a strong interconnection of digital spaces (such as Social Media) with geographical/cultural spaces (such as a country like Mauritius, for instance). Digital spaces are therefore glocalising youth culture. For instance, Social Media, such as Facebook, has further contributed towards the emergence of the "Net Generation" existing in a local place but connected to a "Global Village". The "Net Generation" in the glocal place is said to have a "Cyber-culture"—a particular pattern of beliefs and attitudes about the virtues of being online and connected to the global (Castells, 2009). Today's youth in emerging economy countries are therefore growing up in glocal places.

In the era of glocalisation, young people from all around the world have the opportunity to engage in various different spaces (such as through Social Media) with different forms of cultural interactions. Such opportunities therefore allow some young people not only to understand, but also, to question and challenge socio-cultural aspects such as gender. In particular, the term gender refers to the social differences such as norms, roles and relations between men and women, which are learned, and vary widely among societies, cultures. In essence, gender is an

interactional, institutional and dynamic construct, which depends largely on socio-cultural spaces. Globalisation brings an amalgamation of cultural interactions coming from both physical spaces and virtual spaces, which certainly affect gender and youth health lifestyle. Health studies from different parts of the world often highlight that gender affects the youth population disproportionately. Health disadvantages during youth have a profound impact on health during adulthood (Ferraro et al., 2016). Health programmes and policy-making therefore rely on scientific studies on the effect of social factors such as gender on health for designing corrective measures for promoting health for all. Scientific studies on youth health lifestyle therefore need to consider the dynamics of gender and different culture spaces in a globalising world (Boz et al., 2016).

At a global level, young people between the ages of 16 and 24 years are the heaviest users of social media (Statista, 2017). In recent years, the effects of social media on youth health have become a “hot research topic” (Coleman & Hagell, 2015). Particularly, youth in emerging economic contexts, just like in many established economic contexts, are at the forefront of social media that are transforming social interactions in several ways; and their interactions with new technologies have yet to be fully understood (Odiaga & Doucette, 2017; Zhang et al., 2015; Zollinger-Read, 2013). It is generally argued that social media can be coercive, alienating, expropriating, and therefore potentially detrimental to youth health (Fuchs, 2013). Several studies have also confirmed the association between the use of social media and health-related risk factors and behaviours among young people, such as anxiety and depression, sexual behaviours, and substance misuse (Gebremeskel et al., 2014; Ilakkuvan et al., 2018; Keles et al., 2020; Steers et al., 2016). However, some previous studies have also argued that social media can be a vital tool in healthy lifestyle promotion (Alcântara et al., 2019; Laranjo et al., 2015). Therefore, there is still a need for more empirical studies, particularly from more diverse contexts, in order to have a broader understanding of the effects of social media on youth health (Richards et al., 2015).

Geographically isolated but globally connected countries (like Mauritius) provide researchers from all over the world a unique multicultural and multi-ethnic setting to study challenges related to youth health. Research findings from such settings contribute towards a better understanding of the interactions between the global and the local forces that influence youth health through social media. In fact, interactions on social media are not static; rather, there is an ongoing negotiation on socio-cultural aspects, such as gender, with influential forces from both the local and global environment (Eek-Karlsson, 2019). In this sense, social research on young people needs to continue exploring the link between social media, health and gender in various corner of the world. Such empirical studies are, for instance, vital for evidence-informed health-promoting interventions aiming at ensuring healthy living conditions and lifestyles for young people.

According to health lifestyle theory, the decisions people make with respect to diet, exercise, smoking, and the like are shaped by structural variables, such as gender (Cockerham, 2000, 2005). In particular, previous studies from different parts of the world have shown that there is a strong relationship between health lifestyle and the use of social media (Klassen et al., 2018). Within this context, this study aimed to investigate the associations between social media use, self-reported physical and mental health problems, dietary behaviours in terms of unhealthy food consumptions (such as low consumptions of fruits and vegetables, and high intake of sweets and fast food), and gender among young people living in Mauritius. In relation to the study sample, there was a focus on the following research questions:

- (a) Are there gender differences in self-reported physical and mental health problems and dietary behaviours?
- (b) Which of the two factors—social media or dietary behaviours—is the best predictor of self-reported physical and mental health problems?
- (c) What is the effect of gender on the following variables—social media use, dietary behaviours and self-reported physical and mental health problems?

2. Background: Mauritius

Mauritius is a tropical island nation, located in the South West part of the Indian Ocean. It has a land surface area of 2,040 square kilometres and has a population of approximately 1.2 million. The island had no human settlement before the arrival of the European colonisers. During the French and British colonization period, migration from various parts of Africa and Asia led Mauritius to become a multi-ethnic, multi-religious, and multi-lingual society. As a place, Mauritius is like a world in itself, and it is often described as a “rainbow nation” (Ramtohul, 2015). Within a context of a rapidly emerging globalised economy and society, Mauritius represents an ideal place as a social laboratory to study the diversity of populations and practices based on different religion, cultures and traditions (Eriksen, 1998).

Mauritius, which once used to be one of the poorest countries in Sub-Saharan Africa, has been enjoying an annual average economic growth of about 4% over the last few decades. It has evolved from being a mono-crop-based (sugar cane) economy to a much more diversified one with tourism, textiles, financial services, seafood processing, information and communications technology, and property development. Just like many other emerging economies in a globalising world, Mauritius is experiencing socio-economic changes and challenges with its gradual advancement towards becoming a high-income technology-based society. In particular, new technologies are creating new lifestyles and new forms of behaviours among young people in the country (Rambaree & Knez, 2017; Rambaree et al., 2018). For instance, new mobile technologies and social media are becoming parts of the status and lifestyles of young Mauritians. According to the latest statistics, about 50% of young people aged 12–19 years, and about 70% of young people aged 20–29 years, own a smartphone (Statistics Mauritius, 2017).

Side by side with its economic progress, Mauritius has also invested in developing its welfare state with free health care and free education at all levels. The Mauritian welfare state also provides basic retirement pensions to its citizens and a range of social services and assistance programmes. In addition, young Mauritians from the age of 14 to 29 years old get to choose from a panoply of free sports and recreational activities provided and funded by the Ministry of Youth and Sports (Ministry of Health and Quality of Life, 2011). Despite these efforts, many Mauritians suffer from serious non-communicable health problems. According to the World Health Organization, 65% of the population is overweight or obese, 14% is diabetic, and 26% of the country’s total mortality is attributed to diabetes (World Health Organization, 2016, 2018). Previous studies have shown that for both Mauritian children and adults, the traditional diet is being gradually abandoned in favour of fast-foods that are high in salt, sugar and refined fats and starches, and low in nutrients and dietary fibre (Bhurosy & Jeewon, 2016; Oogarah-Pratap, 2007). In this sense, it is important to examine and identify the possible factors associated with this undesirable transition towards an unhealthier diet, and the devastating diseases that come with it.

From 2000 to 2019, Mauritius has experienced 824% growth in Internet usage, representing a penetration rate of about 70% of the total Mauritian population (Internet World Stats, 2019). Mauritian Internet users mostly use the medium for information search, communication and social media use (Gopee, 2016). According to previous studies, young people of age 14–35 years old are the highest user-group of social media, and it is estimated that on average, each young person spends more than 35 hours per month on social media sites such as Facebook (Chan-Meetoo & Rathacharen., 2011; Khedo et al., 2013). Moreover, Seebaluck et al. (2015) found that the Mauritian family-related culture influenced the young people’s purpose and amount of social media usage. In particular, Gokulsing (2014) from her study on youth and social networking sites, points out that gender maps the virtual space in terms of self-identity and social interactions and activities. In a similar vein, a recently carried study on young people and Facebook behaviour, reports that males more frequently visit Facebook and have a stronger Facebook identity than do females (Rambaree & Knez, 2017). Thus, it could be argued that social media use among young is gendered in the cultural context of Mauritius.

Indeed, Mauritius has the ambition to become a modern digital nation with technology being one of its main drivers of socioeconomic growth (Ministry of Technology, Communication and Innovation, 2018). However, the embeddedness of patriarchy in Mauritian society is such that the prevailing norms, values and culture constitute a major challenge to the promotion and realisation of gender equity in the country (Ramtohol, 2015, 2017). Women in Mauritius still hit the ceiling when it comes to economic participation and health and political attainment (Gokulsing & Tandrayen-Ragoobur, 2014). In particular, patriarchal cultural settings contribute to the dominance of hegemonic forms of masculinity and to the subordination of femininities (Cislaghi et al., 2019; Connell & Messerschmidt, 2005). It is therefore reported that the gender inequity based on the patriarchal culture that prevails in Mauritius maps onto social media use and also on the health and diets of its young people (Balluck et al., 2016; Oogarah-Pratap, 2007; Rambaree & Knez, 2016). Thus, it becomes important for new research to explore the linkages between gender, social media and youth health in a technological-driven cultural context like Mauritius.

3. Methods

3.1. Sample

This article is based on a survey data set on “Youth issues in Mauritius”. The purpose of the survey on youth issues was to explore various factors affecting the wellbeing of young people in Mauritius. A group of volunteers from Mauritius, consisting of youth officers and educational officers, helped in the organisation and supervision of data collection. The participants were recruited from secondary schools and youth centres located all around the island of Mauritius. Directors of secondary schools and youth centre managers arranged for the data collection with young people. A stratified sample frame by age, gender, and location (urban or rural) was prepared for the study on “Youth issues in Mauritius”. The data collection and input for the study was completed in December 2015. The sample of the data collected consisted of 492 individuals, aged 14–29 years, of whom 64% were females.

3.2. Data collection

All participants were asked to complete a questionnaire that included items concerning health, social media use and dietary habits. The health-related items from the questionnaire were from the WHO survey “Young people’s health in context,” World Health Organization (2004) and Thorlindsson et al. (1990). The items related to social media use were from Michikyan and Subrahmanyam (2012). Some weeks prior to the data collection, questionnaires, consent forms and a sampling guide were sent to the youth centre managers and school directors. The youth centre managers and directors of schools distributed the questionnaires and consent forms to volunteer respondents according to the sample frame. Respondents were given a date for returning the completed questionnaires and consent forms.

3.3. Measurements

3.3.1. Self-reported physical and mental health problems

The questionnaire contained seven items on health, and participants were asked to report the prevalence of specific physical and mental health problems (e.g., Headache, Stomach pains, Back pains, Anxious, Feeling sad or depressed). These items were from Thorlindsson et al. (1990). The items were answered using a 4-point Likert scale (1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Almost every day).

3.3.2. Dietary choices and behaviours

The questionnaire contained six items regarding eating habits (e.g., You skip breakfast, You eat fast food, You eat sweets or snacks). The items were answered using a 5-point Likert scale (1 = Daily; 2 = Several times a week; 3 = Once a week; 4 = Once a month; 5 = Never). The items were from World Health Organization (2004).

3.3.3. Social media

This part of the form contained 10 items from Michikyan and Subrahmanyam (2012). Participants were asked to indicate how often they use social media (e.g., “Playing computer/video games (e.g., X-Box, Wii, etc.), Playing online games (e.g., MMORPGS like Worlds of Warcraft, Instant Messaging

(e.g., AIM, Gchat, Facebook chat), Sending and Reading Texts”). The items were answered using a 6-point Likert scale (1 = None. 2 = Less than 1 h. 3 = About 1–2 h. 4 = About 2–3 h. 5 = About 3–4 h. 6 = More than 4 h. For the purpose of the present study, the response options were collapsed into two categories (Yes, more than 2–4 h (265 participants) and No, less than 2 hs (124 participants). The Cronbach alpha coefficient for the questionnaire items on social media use was 0.876

3.4. Ethical considerations

The research team including for the larger study on “Youth Issues in Mauritius” was composed of volunteers, and one of the authors as the lead researcher who followed general social research ethical guidelines during the research process (Iphofen, 2011; Kruger et al., 2014). The consent of all the stakeholders, including gatekeepers such as parents, directors of schools, directors of youth centres, and the research participants involved in the study were sought before the data collection.

3.5. Statistics

Descriptive data are presented as frequencies, ranges, percentages, and means (including standard deviation (SD). Chi-squared tests were used for comparison of categorical data, such as gender and high/low consumption of different foods. A linear regression model was used to explain the relationship between one dependent variable and one or more independent variables. In addition, MANOVA was used for multivariable analyses to investigate gender differences, with gender as the independent variable and social media use, dietary choices and behaviours and health problems as dependent variables. The internal validity was estimated using the Cronbach alpha coefficient where appropriate. The analyses were performed using SPSS version 20 (IBM, Armonk, NY).

4. Results

In total, there was 1.2% missing data. Most (77%) of the research participants were from urban areas. The majority (71%) was aged between 14 and 18 years. Eighty-nine per cent of the participants were students. The vast majority of them (94%) lived with their parents and less than 2% were married. The demographic description of the sample is shown in Table 1.

4.1. Self-reported physical and mental health

Frequencies and proportions of participants reporting a number of physical and mental health problems are shown in Table 2, with gender differences assessed with chi-squared test. Participants who replied either “Sometimes” or “Almost every day” to questions about how often they experienced the various health complaints were classified as cases. Female participants were significantly more likely to suffer from all the health problems investigated (Table 2). The Cronbach alpha coefficient for the questionnaire items on physical and mental health complaints was 0.818.

Table 3 shows the frequency and proportion of participants reporting various a number of dietary choices and behaviours, with gender differences assessed with chi-squared test. Those who reported

Table 1. Demographic description of the sample

Variable	N (%)
Male	164 (33.3)
Female	315 (64.0)
Transgender	7 (1.4)
Age 14–18 years	351 (71.3)
Age 19–25 years	103 (20.9)
Age 26–29 years	31 (6.3)
Student	427 (88.8)
Employed	13 (2.6)
Unemployed	47 (9.6)

Table 2. Respondents' self-reported physical and mental health problems

Health complaints	Frequency (%)	Females (%)	Males (%)	p-value*
Headache	319 (66)	238 (76)	75 (46)	<0.001
Stomach ache	236 (49)	181 (57)	49 (30)	<0.001
Back pain	219 (46)	163 (52)	51 (31)	<0.001
Dizziness	95 (20)	74 (23)	17 (10)	0.001
Anxiety	255 (53)	199 (63)	51 (31)	<0.001
Tense/restlessness	269 (56)	197 (63)	67 (41)	<0.001
Sleep problems	182 (38)	126 (40)	52 (32)	0.176
Sad/depressed	234 (49)	171 (54)	59 (36)	<0.001

* p-values calculated with χ^2 test.

Table 3. Frequency and proportion of participants reporting unhealthy food consumption, with gender differences tested with χ^2 test

Dietary behaviour	Frequency (%)	Females (%)	Males (%)	p-value*
Breakfast skippers	263 (45)	165 (52)	91 (55)	0.772
Lunch skippers	144 (30)	90 (29)	51 (31)	0.677
Fast food eaters	176 (36)	97 (31)	72 (44)	0.009
Sweets/snacks eaters	310 (63)	190 (60)	114 (70)	0.132
Soft drink consumers	204 (41)	107 (34)	90 (55)	<0.001
Deep fried food eaters	182 (38)	93 (30)	83 (51)	<0.001
Low fruit consumption	123 (26)	85 (27)	33 (20)	0.017
Low dairy consumption	94 (20)	64 (20)	29 (18)	0.753

* p-values calculated with χ^2 test .

engaging in an eating behaviour either “Daily” or “Several times a week” were classified as cases. The Cronbach alpha coefficient for the questionnaire items on unhealthy eating behaviours was 0.736.

The results show that there were significant gender differences with regard to a number of dietary choices and behaviours. Males were more likely than females to consume fast food, soft drinks, and deep-fried foods. They were, however, less likely than females to report low fruit consumption and low physical activity.

Next, a linear regression analysis was performed investigating the associations between the respondents' self-reported health problems and social media use, a number of dietary choices and behaviours and gender. Preliminary analyses were carried out to ensure no violation of the assumptions of normality, linearity, multi-collinearity, and homoscedasticity. The model, which includes total frequent use of social media (TSM/hours) and total unhealthy food (TUNHF), explains 49.9% of the variance in prevalence of self-reported health problems. Of these two variables, social media use makes the largest unique contribution (beta = 0.48); and total unhealthy food also made a statistically significant contribution (beta = 0.34). As can be seen from Table 4, the significant model predicted 24.9% of the variance ($F [3,404] = 44.43, p < 0.001$) and 3 out of 3 predictors made a unique significant contribution: gender, use of social media, and unhealthy food (Refer to Table 4).

4.2. Gender, social media, self-reported health and unhealthy food

A one-way between-groups multivariate analysis of variance was performed to investigate gender differences, with gender as the independent variable. Social media use, dietary choices and behaviours

Table 4. Linear regression analysis predicting self-reported health problems by three interpreters

Model ENTER	R	R ²	Unstandardized Coefficients		Stand Coeff	t	Sig.	Corr.	Collinearity Statistics	
			B	SE					Tolerance	VIF
(Constant)	0.499	0.249	6.861	1.629	Beta	4.213	<0.001	Part		
Gender			3.201	0.404	0.345	7.928	<0.001	0.343	0.988	1.012
Social Media			0.48	0.023	0.094	2.051	0.041	0.089	0.889	1.125
Unhealthy Food			0.342	0.044	0.354	7.694	<0.001	0.333	0.886	1.129

and health problems were set as dependent variables. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multi-collinearity, with no serious violations noted. There was a statistically significant difference between males and females on the combined dependent variables ($F(3, 385) = 27.08, p < 0.001$ Wilks' lambda = 0.83; partial eta squared = 0.17). When the results for the dependent variables were considered separately, the difference to reach statistical significance, using a Bonferroni adjusted alpha level of 0.017, variable: high use of social media (TSM), $F(1, 387) = 7.60, p = 0.006$, partial eta squared = 0.02, and total health problems (THP), $F(1, 387) = 70.68, p < 0.001$, partial eta squared = 0.15 were statistically significant. An inspection of the mean scores indicated that male participants reported slightly higher levels of unhealthy food consumption ($M = 29.48, SD = 4.9$) and social media use ($M = 17.76, SD = 9.33$) than females ($M = 23.47, SD = 4.6$) respective ($M = 16.01, SD = 9.1$). See Table 5 for details.

5. Discussion

The results of the present study found significant gender differences in health problems and dietary choices and behaviours. Significantly, more female participants reported suffering from health complaints such as headache, stomach ache, sleep problems and anxiety. Males, on the other hand, reported slightly higher levels of unhealthy dietary behaviours and more use of social media than females. These findings are best understood in relation to the Mauritian socio-cultural context. As mentioned before, Mauritius is a patriarchal society where gender shapes the opportunities and experiences across one's life course (Gokulsing & Tandrayen-Ragoobur, 2014; Ramtohol, 2010) with noticeable gender disparities in the health behaviours and outcomes of men and women (Rambaree & Knez, 2016). Moreover, the opportunity to study food and nutrition through "Home Economics" classes in Mauritian secondary schools is offered solely to girls (Oogarah-Pratap, 2007). Such socio-cultural aspects may explain why more males than females in the sample reported frequent consumption of unhealthy food.

In addition, the socioeconomic development in Mauritius has resulted in a nutrition transition marked by an increased consumption of unhealthy processed foods and significant lifestyle changes such as inadequate time for cooking and eating meals and decreased time spent in physical activity (Oogarah-Pratap, 2007; Ranjana et al., 2013; Bhurosy & Jeewon, 2016). From the differences in opportunities and experiences in life, young people with different genders are exposed to different degrees and types of health-related behaviours and risks in Mauritius. Thus, the sample depicts the gender disparities in the health of young Mauritian men and women, which have also been noticed in several other studies (Oogarah-Pratap, 2007; Rambaree & Knez, 2016).

Table 5. Gender, Social media, health and eating unhealthy as indicated by MANOVA

Source	Dependent Variable	df	F	Sig.	Partial Eta Squared
Corrected Model	THP	1	70.68	<0.001	0.154
	TSM	1	7.60	0.006	0.019
	TUNHF	1	5.17	0.023	0.013
Intercept	THP	1	9726.42	<0.001	0.962
	TSM	1	1119.61	<0.001	0.743
	TUNHF	1	13,966.13	<0.001	0.973
Gender	THP	1	70.68	<0.001	0.154
	TSM	1	7.60	0.006	0.019
	TUNHF	1	5.17	0.023	0.013

a. $R^2 = 0.154$ (Adjusted $R^2 = 0.152$), b. $R^2 = 0.019$ (Adjusted $R^2 = 0.017$), c. $R^2 = 0.013$ (Adjusted $R^2 = .011$). Bonferroni corrected: $p = 0.02$.

Note: Dependent variables, THP (Total health problem), TSM (Total social media) and TUNHF (Total unhealthy food).

Health disadvantages based on gender during youth have a profound impact on individuals' health in the course of adulthood (Ferraro et al., 2016). In this sense, such empirical findings need to be given serious consideration in designing corrective measures for promoting health equities among young people in Mauritius, and elsewhere.

Furthermore, this study found that social media use makes the largest unique contribution ($\beta = 0.48$) to respondents' health problems. Although unhealthy food consumption also made a statistically significant contribution, it was smaller than that for social media. In particular, the communication on social media is not only within the Mauritian cultural context, but also within the global cultural arena. Thus, from a lifestyle theoretical perspective, it is not surprising that social media use makes the largest unique contribution to respondents' health in the study sample. It could be that young people from this study who spent more time on social media have developed unhealthy eating habits.

It has been argued that cyber-culture within the context of globalisation has a profound and powerful influence on the "Net Generation" (Livingstone, 2013; Mesch, 2001). It generates a new lifestyle among young people with new forms and patterns of communication, motivation and behaviour. Lifestyle as a way of living and behaving based on adopted attitudes and values has direct effects on health outcomes. From a technology deterministic and pessimistic perspective, it can be argued that social media are pushing many young people towards sedentary lifestyles (Odiaga & Doucette, 2017; Zhang et al., 2015; Zollinger-Read, 2013). It is well-known that young people are attracted by *Social Networking Sites* and they have high screen time social media than any other age groups (Goodyear et al., 2019). In some cases, high screen time has been linked to a lack of physical activity and an increase in high-calorie snacking, poor sleep habits leading to sedentary lifestyles (Odiaga & Doucette, 2017). Sedentary lifestyles have serious health implications. Conversely, spending long hours on social media might result in distress. Several studies, from other contexts, have confirmed the association between high Internet usage among young people and sedentary lifestyles such as irregular dietary habits, physical inactivity, sleeping disorders and increased use of alcohol and tobacco (Kim & Chun, 2005; Choi et al., 2009; Wang, Luo, Gao & Kong, 2012).

However, some studies have reported a positive association between young people's use of social media and their online and offline engagement in healthy leisure activities and social participation (Leung & Lee, 2005; Niland et al., 2015). For instance, social media is found to be an important channel for young people to meet, interact and engage in positive experiences, relaxation, and "fun times together" with their peers, as well as to improve their social skills, social support, self-efficacy, and self-worth using online methods (Argyris & Xu, 2016; Austin-McCain, 2017; Lehenbauer et al., 2013).

In the current technologically driven era, social media is often referred to as one of the most important structural variables of youth health (Zhang et al., 2015). In countries with emerging economies and technological advancements, like Mauritius, social media has become an integral part of contemporary youth culture. In such a context, social media sites provide young people with new opportunities as well as threats towards modifying health behaviours (Güleç et al., 2020; Holmberg et al., 2016). In this sense, future studies need to focus more attention on such issues and factors.

6. Implications and limitations

There is growing evidence on social media being a powerful agent of change for youth behaviour and practices (Garcia et al., 2018; Kranzler & Bleakley, 2019). Previous studies have also shown that youth unhealthy behaviours and practices could be tackled through social media-based interventions (Hsu et al., 2018; Ramo et al., 2018). For instance, there is evidence confirming the effectiveness of the use of digital technologies for promoting healthy eating habits, mental health and physical activity among young people (Alcântara et al., 2019; Laranjo et al., 2015). In this sense, youth and health workers, and policymakers from Mauritius can further explore the use of social media in designing effective and preventive youth health interventions. Current studies from other parts of the world are proposing several social media-based intervention models (Ramo et al., 2018; Ridout & Campbell, 2018; Santesteban-Echarri et al., 2017) that could be adapted in the promotion of youth health in

Mauritius. Sadly, there are still very limited studies that have focused on developing models on how social media can effectively be used in tackling gender stereotypes and inequalities in society (Bailey et al., 2013). In this sense, there is a need for more in-depth, experimental and longitudinal studies for meta-analysis and for developing models of social media-based interventions for tackling gender inequalities, before formulating policy suggestions (Garcia et al., 2018).

This study needs to be considered with some important limitations. Given that cross-sectional data have been used for generating the findings, no causal direction can be specified between variables such as the use of social media, health problems and dietary choices and behaviours among the studied sample. Another limitation relates to the number of female participants, which was almost double the number of male participants; the results, therefore, need to be generalised with caution. Furthermore, the findings are based on subjective measures from the questionnaire that might have been affected by both personality traits and the inability to respond honestly (Watson et al., 1988). Finally, the questionnaires were in English, which means that the participants answered questions in a language that was not their native tongue. Nevertheless, it is important to note that most young people in Mauritius have a good proficiency in English.

7. Conclusion

In the wake of rapid economic development, with the advent of affordable smartphone technology and increasing use of social media, countries such as Mauritius face new challenges related to youth health. The present study shows that females report high levels of health problems, and there is a gender effect on the high prevalence of unhealthy foods in their dietary choices and behaviours among the Mauritian young people. The study also reveals a strong association between the use of social media and self-reported health. In particular, social media have the potential to impact the health of the young people, either negatively or positively. This article, therefore, concludes that, there is a need to continue exploring the possibilities, as well as the underlying challenges, of the use of social media in promoting youth health.

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Availability of data

Data set can be made available upon request - contact corresponding author.

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