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Mediating Health and Democracy: Digital Infrastructures, Youth Agency, and Health in Cameroon

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ABSTRACT **Review Article**

Young people in Cameroon are increasingly using internet platforms to deal with day-to-day issues as the country's healthcare systems deal with structural limitations, persistent political unrest, and low levels of democratic participation. The relationship between young agency, health accessibility, and democratic governance in Cameroon is examined in this study, along with the mediating function of digital infrastructures. 300 young people in the North West and South West Regions were surveyed as part of the study's quantitative approach. With 75.3% of young people saying that digital information influences their own health decisions, the findings show that social media platforms (89%) are the primary source of health information, encouraging a critical and active youth agency. However, there is a notable "participation gap": only 9% have participated in health policy conversations online, despite 86.7% believing they have the ability to influence health policy and 54% considering social media to be the most effective lobbying channel. According to the study's findings, young capacity building and informal health advocacy benefit greatly from digital tools, but formal democratic involvement suffers from structural and political barriers. In order to fully utilise the democratic potential of youth agency for health equity, the study suggests policy initiatives to reduce the participation gap through co-designed digital discourse channels, multi-level digital literacy programs, and infrastructure investment.

Keywords: Mediating, Health, Democracy, Digital, Youth, Infrastructure.

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Introduction

In an era defined by global connectivity and profound democratic challenges, Cameroon's youth are crossing a dangerous landscape where the quest for health and the struggle for political voice are increasingly converging in the digital sphere. Against a backdrop of structural constraints in the health system, ongoing socio-political instability, and limited democratic engagement, young Cameroonians are turning to mobile health applications, social media, and messaging platforms not merely for information, but as vital infrastructures for accessing care, asserting their rights, and demanding accountability. This phenomenon signals a deep shift in the relationship between citizens and the state, suggesting that digital tools are becoming central to the very practice of health and democracy in the 21st century.

The scholarly consensus firmly establishes a complex link between strong democratic governance and positive population health outcomes. As Oyěkólá (2023) empirically demonstrates through a multi-decade analysis of 115 countries, a “one standard deviation increase in the level of democracy is associated with a 0.11 standard deviation increase in life expectancy”. This relationship is not coincidental but causal, rooted in what Ruger (2005) identifies as the core function of democratic institutions: fostering accountability, transparency, and responsiveness, thereby ensuring that state resources and policies are directed toward public goods such as healthcare. This framework suggests that development is the expansion of human capabilities, encompassing both the opportunity for health and the process of participating in political decisions that

shape it (Ruger, 2005). Additionally, two seminal articles, Constantinides et al. (2018) and Logue et al. (2025), offer complementary and evolving perspectives on digital transformation. This review synthesises their insights, focusing on the core concepts of digital platforms and infrastructures, their architectural and governance challenges, and their significant implications for global strategy. Political participation has evolved considerably beyond traditional acts like voting. Haider and Sara (2024) identify a broad spectrum, including digital activism, protests, campaign volunteering, and involvement in policy development. Murthy (2018) affirms this, observing that youth are redefining politics through "activism, advocacy, and the innovative use of digital platforms." This shift is partly a response to disillusionment with traditional political institutions, prompting young people to seek alternative, more direct avenues for their voices to be heard. The implications of robust youth engagement are profound.

Murthy (2018) notes that it is "reshaping policy priorities," forcing traditional parties to adapt their platforms to address issues like climate action, mental health, and education reform. This represents a generational shift towards more progressive values and a demand for diverse representation in leadership. Dooris (2023) explains this background in detail by presenting health and well-being as intrinsically political. He opines that addressing the "commercial determinants of health" and promoting a new economic paradigm that puts the welfare of the community and the planet ahead of unrelenting growth, best represented by the "Doughnut Economics" framework, is necessary to achieve health equity (Raworth, 2017, as cited in Dooris, 2023). Numerous youth-led movements have concerns that are directly addressed by this viewpoint. In addition, a theoretical and organised Framework for Digital Health Equity is provided by Richardson et al. (2022). This academic model adds a "digital environment" category to the National Institute on Minority Health and Health Disparities (NIMHD) Research Framework. The paradigm systematically describes the Digital Determinants of Health (DDoH) at several levels of influence, including social, communal, interpersonal, and individual. Based on the engagement principle, the Friends of the Global Fight (2022) paper explores how digital technology can be used to enhance health systems and equity globally. From mobile phone technology and electronic health records for disease surveillance and self-management to data visualisation for health planning and social media for health promotion, it describes the transformative potential of a variety of digital instruments.

However, Cameroon's government structure, which is characterised by heavy centralisation and minimal political competition, is linked to significant health disparities and a pervasive sense of civic exclusion, particularly among its youth. Young people encounter "barriers to their involvement in the republic's significant affairs," which is exacerbated by "unemployment, underemployment, corruption, and poverty," as Mbwoge (2024) demonstrates. According to a baseline report on political participation, younger Cameroonians (those between the ages of 20 and 29) were much less likely to be registered to vote or belong to a political party. Qualitative data also revealed feelings of abandonment and a lack of concrete advantages from getting involved in politics (Murphy et al., 2020). This democratic deficit directly impacts public health, as a government less accountable to its citizens is under less pressure to deliver equitable health services, leading to the neglect of specific youth health needs such as sexual and reproductive health services and mental health support (UNDP, 2013).

Concurrently, the global rise of digital infrastructures, social media, mobile health applications, and online platforms has introduced a powerful, yet misleading, new variable into this equation. International bodies like the WHO (2018) and OECD (2019) highlight the transformative potential of these tools to improve health communication, reduce costs, and foster civic engagement. In Cameroon, evidence suggests that youths are actively embracing these platforms. Zefack et al. (2025) found that 87.5% of young adults use WhatsApp, with a significant majority seeking and sharing health information on topics from infectious diseases to sexual health. This points to a bottom-up, peer-to-peer health communication ecosystem emerging outside formal state channels. However, there are obstacles to this digital involvement, such as a glaring digital gap, poor levels of digital health literacy, and the widespread impact of cultural norms and false information on the reliability of online health information. (Zefack et al., 2025; UNICEF, 2023).

The central problem this research addresses is the three-way crisis of health accessibility, democratic participation, and digital exclusion facing Cameroonian youth. While the links between democracy and health (Ruger, 2005; Oyěkólá, 2023) and the potential of digital tools for health and engagement (WHO, 2018; OECD, 2019) are well-documented in isolation, there is a critical gap in understanding how these three spheres intersect in the specific, complex context of Cameroon. Existing literature often treats these as separate entities. For instance, policy documents like Cameroon Vision 2035 (Ministry of Economy, Planning and Regional Development, 2009) frame youth as passive beneficiaries of development rather than active agents, while studies on digital health often focus on technical implementation without considering the broader political and democratic implications.

This research seeks to fill this gap by investigating the digital infrastructures, youth agency, and health in Cameroon. It moves beyond a technocratic view of digital tools as simple delivery mechanisms. Instead, it examines them as social and political spaces where health rights are pursued, civic identity is performed, and the state-citizen relationship is renegotiated. The study is important because it highlights a crucial, underexplored pathway through which health equity

might be strengthened in challenging governance contexts, not by waiting for top-down democratic reform, but by understanding and supporting the emergent, digitally-enabled agency of youth. This study is guided by the following primary research question: How do digital infrastructures mediate the relationship between youth agency and health accessibility within Cameroon's democratic governance context?

Key Concepts Defined

Mediating Health: This refers to the process by which digital infrastructures act as an intermediary force that shapes, facilitates, and transforms how health information is accessed, how health services are delivered and navigated, and how health rights are understood and claimed. It moves health out of a purely clinical or policy domain and into a dynamic, interactive digital space.

Democracy: Following Ruger (2005) and Yamin and Boghosian (2020), democracy is understood not merely as periodic elections but as a system of governance characterised by accountability, transparency, and substantive citizen participation in the decisions that affect their lives, including health policy. A healthy democracy ensures "equal concern and respect for diverse groups and members of society" in the arrangement of its core social institutions, including the health system (Yamin & Boghosian, 2020, p. 121).

Digital Infrastructures: These are the foundational technologies and platforms that enable digital interaction and information flow. In this study, this includes social media platforms (e.g., WhatsApp, Facebook), mobile health (mHealth) applications, messaging services, and online forums that young Cameroonians use for health-related purposes.

Youth Agency: This concept denotes the capacity of young people to act independently, make their own free choices, and influence their own lives and the world around them. In the contexts of health and democracy, it manifests as the ability to seek health information, advocate for health rights, participate in civic dialogue, and hold powerholders accountable, moving beyond being passive beneficiaries to being active "agents of change" (UNDP, 2013).

Methodology and Theoretical Framework

This research adopts a quantitative method to systematically map and measure the patterns of youth engagement with digital health infrastructures. The study was conducted in the North West and South West Regions between August and September 2025, utilising a structured survey instrument, randomly administered to a representative sample of 300 young people, aged 18-38 (130 male and 170 female). Data collection was done through Google Forms. The survey was designed to collect data on the role of digital infrastructures, youth empowerment and activism, and systemic linkages between health and democracy. The data were analysed using Statistical Package for the Social Sciences (SPSS) to characterise usage practices.

The research is theoretically grounded by a synthesis that draws on Ruger's (2005) capability approach to democracy and health and Yamin et al's (2020) conception of health systems as democratic institutions. Ruger's framework allows us to evaluate digital infrastructures based on their capacity to enlarge young people's practical freedoms (capabilities), both the capability to be healthy and the capability to participate in public life. Yamin et al's (2020) work provides the critical lens through which to view these digital practices not as external to the health system, but as activities that are actively reshaping a core social institution, forcing a re-evaluation of "the way legal determinants of health function and health rights are theorised". This combined theoretical approach moves the analysis beyond a simple survey of technology use to a critical examination of how digital mediation is reconfiguring power, intervention, and rights in the health-democracy relationship in Cameroon.

Presentation of Findings

The presentation of findings examines survey data from 300 Cameroonians from the North West and South West Regions to understand the mediation of health and Democracy in three folds among youths in Cameroon. In the first place, we are grappling with the role of digital infrastructures (e.g., social media, mobile health apps, and online platforms) in shaping health communication and democratic engagement among youths in Cameroon. Secondly, we are presenting data on how youth agency influences health promotion and political participation in the context of public health policies and democratic processes in Cameroon, and thirdly, we are presenting data on the interplay between health accessibility, digital inclusion, democratic governance, challenges and opportunities for strengthening health equity and civic participation in Cameroon.

Digital tools and their impact

The table below provides information on the role of digital infrastructures (e.g., social media, mobile health apps, and online platforms) in shaping health communication and democratic engagement among youths in Cameroon under the following headings: primary digital health information platforms, trust in digital health information, how digital tools affect individual health decisions, how young people participate in health-related advocacy, and difficulties with digital technologies.

Table 1: Role of Digital Tools in Health Communication and Democratic Engagement

Aspects	Variables	Frequency	Percent
Primary digital platforms for health information	Social media (Facebook, X, Instagram etc)	267	89.0
	Online forums or discussion boards	16	5.3
	Government or NGO health websites	17	5.7
		300	**100**
Trust in digital health information	Completely trust	17	5.7
	Trust but verify with other sources	156	52.0
	Somewhat trust, depending on the platform	49	16.3
	Rarely trust (Prefer official sources)	70	23.3
	Do not trust at all	8	2.7
		300	**100**
Influence on personal health decisions	Yes, significantly	111	37.0
	Somewhat, but not a major factor	115	38.3
	No, I rely on medical professionals	57	19.0
	No, I don't engage with digital health content	17	5.7
		300	**100**
Engagement in health-related advocacy	Not sure what counts as advocacy	31	10.3
	Occasionally	107	35.6
	Rarely	73	24.3
	Never	89	29.7
		300	**100**
Challenges in using digital tools	Poor internet access or high data costs	157	52.3
	Misinformation/fake health news	98	32.7
	Lack of digital literacy	18	6.0
	Government censorship	5	1.7
	Lack of interest in health policy discussions	22	7.3
		300	**100**

The data above shows that concerning primary Digital Platforms for Health Information, 89% (267) of respondents use platforms like Facebook, WhatsApp, Instagram, and Twitter/X for health information. This underscores the central role these informal, peer-driven networks play in the health communication ecosystem. In contrast, only 5.7% (17) use government or NGO websites, and 5.3% (16) use online forums. This indicates a significant disconnect between official health communicators and the youth, whose digital habitats are primarily social media. The data reveal a near-total domination of social media as the primary channel for health information among Cameroonian youth. Digital infrastructure for health communication in Cameroon is therefore synonymous with social media.

Concerning trust in digital health information, a significant number, 52% (156), explicitly states they "trust but verify with other sources." This reflects a digital perception and, critical approach to online information by youths. When combined, those who "rarely trust", 23.3% (70) and "do not trust at all", 2.7% (08), account for 26% of respondents. Some preferred to be skeptical, representing 23.3% (70) of the respondents, where a significant minority preferred official sources. Only 5.7% (17) "completely trust" digital health information. The overall data highlight the attitude of Cameroonian youths vis-à-vis digital health information. They are not passive consumers, but are critical actors who use digital tools with caution. Cameroonian youth are not passive consumers; they are critical actors who use digital tools with caution.

With regards to influence on personal health decisions, 37% (111) report that digital information has a "significant" influence on their health decisions. A further 38.3% (115) say it has "somewhat" of an influence. Taken together, three-quarters of Cameroonian youth (75.3%) are influenced to some degree by digital health information in their personal decision-making. Digital health information has a deep impact on the personal health behaviours of the youth. Thus, empowering youth to make informed (or misinformed) choices, potentially reducing sole dependence on traditional medical outlets.

Concerning engagement in health-related advocacy, only 35.6% (107) of participants engage "occasionally." While a vast majority, 29.7% (89), of respondents are either

disengaged ("Never" and 24.3%, (73) participants indicated that they "Rarely" advocate, and those who were unsure of what constitutes advocacy ("Not sure") were 10.3%, (31). This data shows that there is a sharp contrast as far as the youth attitude towards engagement is concerned. Therefore, it can be observed that there is a significant gap in translating digital information consumption into civic action.

With regard to challenges in using digital tools, the data highlights major obstacles that hinder the potential of digital infrastructures. Firstly, 52.3% (157) of the participants cite "Poor internet access or high data costs" as the main challenge. This is a fundamental infrastructural and economic barrier that limits equal participation. The second biggest challenge is "Misinformation/fake health news". This is cited by 32.7% (98). This data is directly related to the trust issues identified earlier that undermine the quality of health communication. Interestingly, only 1.7% (05) see government censorship as a primary challenge, suggesting other barriers are more pressing. We have presented data on how digital infrastructures (such as social media, mobile health apps, and online platforms) shape health communication and democratic engagement among Cameroonian youths. Next, we are going to present data on how youth agency affects political participation and health promotion, especially in light of Cameroonian public health policies and democratic processes.

Youth Empowerment and Activism

To determine how youth agency affects political engagement and health promotion, especially when it comes to public health policy and democratic processes in Cameroon, we are going to present the data as shown in the table below in five different aspects. They are: youths' participation in health promotion, perceived impact of youths on health policies, primary motivations for engagement, challenges to youths' participation in health democracy and most effective platforms for advocacy.

Table 2: The influence of Youth agency on health promotion and political participation

Aspect	Variables	Frequency	Percent
Youth Participation in Health Promotion	Yes, actively (Organised or led initiatives)	42	14.0
	Yes, occasionally (Participated in campaigns)	83	27.7
	No, but interested	132	44.0
	No, I don't see the impact	21	7.0
	No, due to fear of repression or censorship	22	7.3
		300	**100**
Perceived impact of youth on health Policies	Yes, significantly (Youth are key change makers)	186	62.0
	Somewhat, but government resistance is high	74	24.7
	Minimal Impact (policies decided by elites)	15	5.0
	No, youth voices are ignored	21	7.0
	Unsure	4	1.3
		300	**100**
Primary motivations for engagement	Desire for better healthcare access in community	166	55.3
	Personal or family health experiences	93	31.0
	Engagement from Civil Society groups	24	8.0
	Influence of social media	12	4.0
	No interest in health policy engagement	5	1.7
		300	**100**
Challenges to Youth Participation in Health Democracy	Limited knowledge about health policy Processes	103	34.3
	Lack of access to decision-making spaces	100	33.3
	Government repression	54	18.0
	Socioeconomic constraints (time, resources)	35	11.7
	Indifferent to politics	8	2.7
		300	**100**
Most effective platforms for advocacy	Social media (Twitter/X, Facebook, Tiktok)	162	54.0
	Youth-led community organisations	67	22.3
	Online petitions and digital campaigns	34	11,3
	Street protests	27	9.0
	Government consultations	10	3.3
		300	**100**

Concerning the current level of engagement in health promotion, the data reveal that only 14.0% (42) of youth are "actively" engaged in the form of organising or leading initiatives in health promotion, while 27.7% (83) of the respondents "participate occasionally" and engage in health promotion. Above all, the most significant finding shown by the data is that 44.0% (132) are "not currently engaged, but interested." This represents a massive pool of untapped civic

potential. For those not engaged, 7.3% (22) of the respondents indicate fear of repression and 7.0% (21) of respondents do not participate because of perceived lack of impact.

In relation to the perceived impact of youths on health policies, the data show an overwhelming majority of 62.0% (186) where youths believe that they can be "significant" change makers in health policy. A further 24.7% (74) believe youths can have "somewhat" of an impact, though they acknowledge high government resistance. Together, 86.7% of youth perceive at least some potential for their advocacy to be effective as far as health policy is concerned. Only a small minority (12.0%) feel that youths voices are ignored or have minimal impact. This high level of perception of youths concerning their efficiency in advocacy, as far as democratic engagement in health policies is concerned, is a vital advantage. The data indicate that youths do not suffer from an incapacitating sense of hopelessness.

In relation to the primary motivations of the youths to engage in facilitating the role of social media platforms in health-related democratic engagement among youths in Cameroon, the data show that the primary driver for 55.3% (166) of the youths is the "desire for better healthcare access in their community." This echoes a strong sense of civic responsibility and collective concern. For 31.0% (93) of the youth, their engagement is motivated by "personal or family health experiences." This is an indication that individual experiences and/hardship can be turned into a likely driver for public action. Only 8.0% of the participants were motivated by Civil Society groups, and a mere 4.0% by social media influence.

With regards to challenges faced by youths that hinder them from engaging in digital infrastructures (social media) to facilitate democratic processes in the health sector, the top barrier, cited by 34.3% (103) of participants, was "limited knowledge about health policy processes." This indicated that youth are motivated but do not know how to effectively influence policy. The second major barrier, for 33.3% (100), is the "lack of access to decision-making spaces." The youth feel systematically kept out of the rooms where decisions are made, as far as health is concerned. Finally, 18.0% (54) of respondents noted government repression as a barrier.

Concerning the most effective platforms where advocacy can be carried out to inform and encourage youth to engage in digital infrastructures (social media) to facilitate democratic processes in the health sector, more than half of the respondents 54.0%, (162), identify social media (Twitter/X, Facebook, TikTok) as the most effective platform for advocacy. This aligns perfectly with its role as the primary information source found in objective one. Some 22.3% (67) of the respondents indicated that youth-led community organisations were also an important plateform for advocacy information. Another (11.3%) of the respondents said online petitions and digital campaigns are a purely digital tactic for advocating. Even though not very significant, traditional methods are seen as the least effective. For example, data show that street protests (9.0%) and, most notably, government consultations (3.3%) were mentioned by participants to be applicable in advocacy. After presenting data on how youth agency influences health promotion and political participation, particularly in the context of public health policies and democratic processes in Cameroon, we are going to turn our focus and present data on the interplay between health accessibility, digital inclusion, and democratic governance, opportunities and obstacles for enhancing civic engagement and health equity in Cameroon.

Systemic Linkages between Health, Digital Inclusion and Democracy

The data on the interplay between health accessibility, digital inclusion, democratic governance, opportunities and obstacles for enhancing civic engagement and health equity in Cameroon is presented in the table below. The presentation's highlights include the following topics: how internet access affects healthcare, how to participate in discussions about healthcare policy, the most significant digital innovation for health equity, the general barrier that connects healthcare access and democratic participation, and the best policy intervention to support health democracy.

Table 3: Linkages between health, digital inclusion and democracy

Aspect	Variable	Frequency	Percent
Influence of Internet Access on Healthcare	Significantly improves access to health resources	102	34.0
	Somewhat helpful but limited by connectivity issues	149	49.7
	No difference – I rely on traditional health services	16	5.3
	Worsens access due to misinformation risks	29	9.7
	Not applicable-no reliable access	4	1.3
		300	**100**
Participation in Healthcare policy discussions	Yes, through in-person community meetings	77	25.7
	No, but would like to participate	126	42.2
	No, due to a lack of awareness about opportunities	62	20.6
	Yes, through digital platforms	27	9.0
	No, due to distrust in the process	8	2.7
		300	**100**
Most impactful digital innovation for health equity	Mobile health awareness campaigns	100	33.3
	Online platforms for reporting health service issues	96	32.0
	Telemedicine platforms	40	13.3
	None- Priority should be basic infrastructure first	56	18.7
	Digital health records systems	8	2.7
		300	**100**
General barrier linking healthcare access and democratic participation	Digital divide between urban/rural areas	90	30.0
	Corruption in health governance	78	26.0
	Lack of your representation in decision-making	60	20.0
	Economic inequalities limiting access to both	60	20.0
	Censorship of health-related information	12	4.0
		300	**100**
Most Effective Policy Intervention to Strengthen Health Democracy	Digital literacy programs for health participation	113	37.7
	Community-based digital monitoring of health services	62	20.7
	Stronger laws protecting health-related speech	59	19.7
	Transparent online platforms for health budgeting	38	12.7
	Youth quotas in health governance structures	28	9.3
		300	**100**

Concerning the influence of internet access on healthcare, assessing youth actions in health promotion and political participation in Cameroon, a combined 83.7% of youth see a positive influence, with 34.0% (102) respondents stating that it "significantly improves access to health resources" and 49.7% (149) respondents finding it "somewhat helpful but limited by connectivity issues." A notable 9.7% (29) believe internet access "worsens access due to misinformation risks," highlighting that digital health literacy is a big issue among youths. The data shows that only 5.3% (16) rely solely on traditional services, indicating a broad shift towards digital information seeking.

Concerning participation in healthcare policy discussions, the data shows that while 42.2% (126) are "not participating, but would like to," only 34.7% are currently engaged. This includes 25.7% (77) through traditional "in-person community meetings" and a notably low 9.0% (27) through "digital platforms.". On the other hand, 20.6% (62) of the respondents indicate that the primary barrier to participation is a lack of awareness about opportunities, followed by 2.7% (08) who express distrust in the process. The very low use of digital platforms for policy discussion (9.0%) is outstanding, especially when it is contrasted with its high use for information (89%) from the first objective and also its perceived effectiveness for advocacy (54%) from the second Objective.

In view of the most impactful digital innovation for health equity, the top two choices are mobile health awareness campaigns (33.3%, 100) and online platforms for reporting health service issues (32.0%, 96). The combination of these two represents 65.3% of responses. Direct service innovations like "telemedicine (13.3%)" and "digital health records (2.7%)" are less prioritised as indicated in the table above. A negligible number of respondents, 18.7% (56), believe the priority should be "basic infrastructure first," indicating that for a substantial minority, digital innovations are premature without solving fundamental issues like electricity and physical clinics.

Concerning the general barrier linking healthcare access and democratic participation, the respondents indicated that the leading barrier is the "digital divide between urban/rural areas

(30.0%, 90)," which physically prevents equal participation. This is closely followed by "corruption in health governance (26.0%, 78)," which causes youths not to trust the institutions, thus hindering youth participation because of the poor perception of the institutions. Also, a combined 40.0% cite exclusion from power and poverty: "lack of youth representation in decision-making (20.0%, 60)" and "economic inequalities limiting access (20.0%, 60)." These statistics leave us to conclude that the link between healthcare access and democratic participation is broken by the above barriers.

In view of the most effective policy intervention to strengthen health democracy, the data in the table above show that the most supported intervention, by 37.7% (113), is "Digital literacy programs for health participation." The next tier (20.7%)" participants focus on complete change as a solution: "Community-based digital monitoring of health services. While "Stronger laws protecting health-related speech (19.7%) addresses “fear and censorship”. A least population mentioned by respondents (9.3%), is "Youth quotas in health governance”. The data reveal that youth are advocating for a multi-level approach to strengthening their action. After presenting data on the role of digital infrastructures (e.g., social media, mobile health apps, and online platforms) in shaping health communication and democratic engagement among youths in Cameroon, youth agency influences health promotion and political participation, in the context of public health policies and democratic processes in Cameroon and the interplay between health accessibility, digital inclusion, democratic governance, challenges and opportunities for strengthening health equity and civic participation in Cameroon, we are turning our focus to discuss the data.

Discussion

This research paper, "Mediating Health and Democracy: Digital Infrastructures, Youth Agency, and Health in Cameroon," offers a critical enquiry into how Cameroonian youths are viewed and how they manage the related issues of healthcare access and democratic inequality through digital tools. The study uses a quantitative approach and gathered data from the conflict-affected North West and South West Regions. This discussion synthesises the key findings from its three main objectives, grounds them in the paper's theoretical framework, analyses their importance within the broader literature, and considers their policy implications. The central research question is: How do digital infrastructures mediate the relationship between youth agency and health access within Cameroon's democratic governance? The findings are organised around three objectives, providing a compelling, multi-layered response that highlights digital infrastructures mainly as strong mediators of health information and youth agency, but less as direct channels for formal democratic participation.

The summary of the study's main findings will be examined in three different ways, depending on the three objectives. First, in terms of the function of digital infrastructures, the data unequivocally shows that social media (89%) is the primary source of health information, surpassing official sources by a significant margin. A serious but active youth agency is fostered by this mediation. 52% of young people actively "trust but check" information, indicating a type of digital literacy that was formed out of need, even while 75.3% of them say that internet information influences their own health decisions. However, just 35.6% of people occasionally engage in health-related lobbying, indicating that this high level of knowledge engagement does not directly convert into civic action. The issues identified are limited internet access, stated by (52.3%) of the respondents and misinformation, mentioned by (32.7%), who stress the harmful nature of this digital mediation.

Second, the study reveals a compelling paradox when looking at young agency. With 86.7% of young people believing they can influence health policy, there is a significant conviction in self-efficacy. Strong grassroots incentives, chiefly a "desire for better healthcare access in their neighbourhood" (55.3%), are the driving force behind this organisation. But structural obstacles impede this untapped potential. Just 14% of people are currently actively involved in health promotion, and a noteworthy 44% have expressed interest but are still passive. The two biggest obstacles, "lack of access to decision-making spaces" (33.3%) and "low understanding about health policy procedures" (34.3%), indicate a significant disconnect between opportunity and motivation.

Thirdly, the examination of systemic connections shows the connections between democracy, health, and digital inclusion. The internet's importance as an empowering tool is confirmed by the fact that 83.7% of young people believe it improves access to healthcare. A "participation gap" is glaringly apparent, though, since only 9% of respondents have used digital platforms for policy conversations, despite 54% of respondents believing social media to be the most effective venue for lobbying. This suggests that digital platforms like as Facebook, Twitter/X, and WhatsApp are very effective in integrating top-down policies because they enable young people to communicate with one another, voice their complaints, increase awareness, and exert collective pressure from below. They do not, however, consistently link this popular sentiment with the official, institutional decision-making processes of the government, making them mainly incompetent as conduits for bottom-up advocacy. This perspective is supported by the general constraints that exist between democratic engagement and healthcare access. The information on the following variables demonstrates this: A triangle of elimination is created by the "digital divide between urban/rural areas" (30%), "corruption in health governance" (26%), and "lack of youth representation" (20%), which restricts youths' access to healthcare and democratic engagement at the same time.

A dual theoretical framework provides a strong foundation for the findings. First, Ruger's (2005) capability perspective is evident in the manner that digital technologies increase young people's "practical freedoms." Their ability to make educated health decisions is improved by having access to internet health information, and peer-to-peer networks established by apps like WhatsApp increase their capacity to ask for help. However, the challenges that have been identified, such as excessive data fees and misleading information, are "capability deprivations," which directly limit the ability of youth to act on their health knowledge. Ruger's emphasis on the "capacity to engage," even if it hasn't been realised yet, is a strong incentive to develop the community.

Second, the information clearly demonstrates how health systems are viewed as democratic institutions by Yamin et al. (2020). In addition to being a technical workaround, youths' use of social media for health is a political act that is "actively reshaping a core social institution." By avoiding the insufficient health information provided by the state and establishing their own communication ecosystems, youths are challenging the state's monopoly on health knowledge and accountability. Their demand for "digital literacy programs" (37.7%) and "community-based digital monitoring of health services" (20.7%) can be interpreted as a call to review health rights in the digital age, insisting that accountability and transparency be included in the health system's digital and physical institutions. The low trust in official sources and the preference for social media advocacy is a de facto critique of the existing health system's lack of democratic accountability.

The study supports the "transformative potential" of digital technologies, as demonstrated by the high rates of use for health information, which is consistent with the views of international organisations such as the WHO (2018) and OECD (2019). Additionally, it supports the findings of Zefack et al. (2025) about the prevalence of WhatsApp in Cameroon for peer-to-peer health communication.

Despite being framed as passive recipients in Cameroon Vision 2035, this study shows that young people are engaged "agents of change" (UNDP, 2013), but with limitations. The results also cast doubt on the academic consensus that democracy and health are related (Oyěkólá, 2023; Ruger, 2005). The study identifies a different approach in Cameroon's democratic deficit: young people are not waiting for top-down democratic transformation to enhance their health. Instead, they are demanding accountability and exercising their rights in a space where traditional democratic institutions have failed them by enacting a type of "health citizenship" from the bottom up through digital means. Although it places it in a far more difficult governance setting where such efforts entail higher dangers, this is consistent with Murthy's (2018) assessment that millennials are changing politics through digital advocacy. The main lesson for readers is that implementing technology alone is not enough for digital health initiatives in places like Cameroon. They must be viewed as profoundly political initiatives that engage with and are influenced by democratic inadequacies, power dynamics that now exist, and the newly discovered agency of marginalised groups. Ignoring this sociopolitical aspect could lead to the perpetuation of current injustices or the loss of the chance to use these instruments' democratic potential.

The most significant unexpected result is the explicit "participation gap", the minimal use of digital platforms for policy discussion (9%) compared to their high use for information (89%) and perceived effectiveness for advocacy (54%). This discrepancy is vital to the research question as it describes the limits of digital mediation in the current context. A reasonable interpretation for this is a combination of structural and political factors. Firstly, the barriers of "limited knowledge about health policy processes" and "lack of access to decision-making spaces" suggest that the formal policy arena is perceived as cloudy and inaccessible. Second, a deep-seated mistrust of the state's readiness to actually listen is indicated by the low priority placed on "government consultations" (3.3%) as an effective platform. In this context, social media advocacy might be viewed as a more effective way to exert outside pressure than participating in what is thought to be a pointless, government-run consultation process. The fact that only 1.7% of respondents are concerned about government censorship further indicates that the issue is not active suppression but rather the passive exclusion of young people and the absence of effective institutional channels.

The research has several shortcomings despite its insightfulness. Its exclusive reliance on quantitative methods limits the scope of understanding. The "why" behind the acts, such as the specific reasons for mistrust or persistent worries of repression, has not yet been investigated. Qualitative interviews would have substantially improved the data. Second, the geographic focus on the North West and South West Regions, which are undergoing sociopolitical instability, limits the findings' generalizability to Cameroon's more stable regions. The growing sense of marginalisation and infrastructure challenges in these areas may exacerbate the reliance on digital solutions as well as the barriers to formal involvement.

Clear recommendations are made in light of the aforementioned findings. In order to fully realise the democratic potential of digital health strategies and public health policies in Cameroon, they must go beyond their technological execution. This comprises:

- To bridge the participation gap, policymakers should actively incorporate youth voices into health governance by co-creating and implementing formal, transparent digital platforms for youth policy feedback and discussion.
- To invest in Multi-level Digital Literacy, public campaigns should be launched by policymakers to

educate young people on how to navigate and influence policy processes, as well as digital health literacy (to counteract disinformation) and digital civic literacy.

- To reduce the Barriers to Youth Participation, policies should tackle the root issues, such as lowering data costs and the urban-rural divide by investing in public internet infrastructure, establishing legal procedures for youth involvement, and imposing quotas in health committees.

Conclusion

In conclusion, this study significantly advances our understanding of the intricate, mediating role that digital infrastructures play in the interplay between democracy, health, and youth agency in Cameroon. Its most important finding is that this mediation is dual in nature: Cameroonian youth are resourceful agents who use digital tools to expand their health capabilities and carry out acts of citizenship. However, at the moment, this digitally-enabled agency is more successful at influencing informal advocacy networks and personal health behaviours than it is at infiltrating formal democratic structures.

The implications of this study are profound. It demonstrates that in contexts of democratic deficit, the relationship between health and democracy does not simply disappear; it migrates. It moves into the digital sphere, where the struggle for health rights becomes a foundational element of the struggle for democratic voice. For policymakers, the message is clear: ignoring this digitally-mediated, youth-led political engagement is to overlook a crucial force for health equity.

For scholars, this study provides a robust framework and empirical evidence for understanding how technology is reshaping citizenship and health systems from the ground up, not just in Cameroon, but across the Global South, where similar conditions of constrained democracy and entrepreneurial youth agency prevail. It firmly places digital health within the political sphere, arguing that to improve health, we must also engage with the democratic and undemocratic contexts in which it is sought.

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