

Paying the costs of connection

Human rights in the digital age in Colombia, Ghana, Kenya and Vietnam

In 2025, DHRP published 'Paying the costs of connection: Human rights in the digital age in Colombia, Ghana, Kenya and Vietnam'.¹ The report explores young adults' experiences and opinions of the digital transformation and how it affects their health and human rights. As it uses a participatory action research approach, it helps fill a gap in current knowledge and practice, as young people are often left out of decision-making and policy discussions that affect their lives.

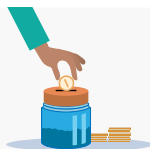
The project engaged study participants throughout the research process, by establishing Community Advisory Teams (CATs) in each country with a mix of over 100 study participants, health advocates and digital rights groups. Researchers conducted 33 focus-group discussions and 14 in-depth interviews with 302 young adults (aged 18-30) living with HIV or belonging to key populations, such as sex workers and LGBTQ+ people.² They also spoke to 41 experts including UN and government officials and community leaders. Most participants lived in urban areas, with approximately half living in rural and peri-urban locations, and 44% percent of the FGD participants identified as females, while 32% identified as males; 24% identified as transgender; 5% identified as non-binary.

Our findings highlight four key themes demonstrating that many factors interconnect to shape young adults' experiences of human rights in the digital age in Colombia, Ghana, Kenya and Vietnam.

01 Digital Divides

Digital inclusion is essential for accessing online health information and services. However, research participants shared experiences of factors causing 'digital divides' including access to technologies themselves and supporting data and internet infrastructure, geographic divides, and cultural barriers such as stigma and gender.

Economic Divides



The cost of smartphones and data bundles was frequently raised as an issue limiting online access for many economically marginalized participants in Kenya and Ghana, and to a slightly lesser degree in Colombia.

Lack of internet access in rural areas



In rural regions, participants described unreliable access to Internet as frequently interrupting their access to health services, such as telemedicine appointments.

Lack of digital literacy



Many participants highlighted gaps in education and digital health literacy for themselves and peers as a form of digital divide that made it difficult for them to access reliable health information.

Social stigma



Stigma was the concern raised most often by focus group discussion participants: fears of being judged and stigmatized, which in turn inhibited participants from searching for health information or services online, particularly in relation to HIV or sexual and reproductive health.

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Let's say we as adults, depending on the country we are living in like Kenya, where the economy is really tough, you find that I have a family to feed, and I get like KES 500 (\$3.85) per day, I have a family to feed, I have my transport there, I have to pay rent. How will I buy the data?

– A 27 year-old man in Nairobi, Kenya

Exclusion from digital spaces affects human rights including the right to health, right to privacy, and economic, social and cultural rights. Our research demonstrates that human rights are at risk when access to health information, services and care is increasingly digitalised. For example, some participants described being driven into debt due to the financial burden of accessing online platforms, or being forced to choose between food and airtime for accessing health services. With many research participants reporting digital divides, it is critical to ensure access to healthcare through non-digital means.

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I use your phone, and I go and search what is this HIV and what are the medications and all that. And I go through, and I leave the phone to you, and you go back, and you also want to search something, and it goes to back to the same page I left. And that means whoever takes that phone sees whatever you browsed earlier, and then goes like: "Why is this person browsing through these questions?"...the person can even stigmatise you from that point, or keep questions in their mind, and start monitoring you."

— A 28 year-old man living with HIV in Accra, Ghana



Recommendations

for national governments, technology companies and funders

- 1 Acknowledge the impact that access to - and ability to use -digital technologies and platforms have on fulfilling human rights;
- 2 Ensure that access to health services, information and care is not dependent on specific technologies or exclusively available through digital means;
- 3 Commit to improve access to digital infrastructure, particularly for those most excluded;
- 4 Work with and through communities to identify barriers to digital inclusion and opportunities to resolve these barriers;
- 5 Integrate digital access and inclusion considerations into the process of developing digital technologies from the design to dissemination.

02 Technology-Facilitated Abuse

An alarming three quarters of focus group participants reported experiences of technology-facilitated abuse (TFA), outlining a diverse experience of abuse occurring in each of the four study countries.

Forms of Technology-Facilitated Abuse

- Cyberbullying
- Fraud
- Hacking
- Stalking
- Blackmail
- Falsified images
- Self-harm



According to the UN Women's Expert Group Meeting Report³ there are significant gaps in both knowledge and the response to technology-facilitated violence against women. Our research provides new evidence that should inform a more expansive and nuanced understanding of TFA which is experienced by women and girls, young men, transgender people, and people living with HIV and others.

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“I am a victim. There is someone, I don't know where they got the information that I am HIV positive. So, they sent me a text and what was in the text was so hurtful I cannot talk about them here”
— A female participant living with HIV in Mombasa

Research participants in Ghana reported instances of TFA specifically targeting sexual minorities. Participants shared that TFA sometimes translates into offline, in-person harms and this makes it difficult to monitor TFA as well as making existing laws difficult to navigate - especially for people who are criminalised and may not feel safe to report abuse. As a result, participants shared that they sought community-based solutions to TFA as they did not trust other options to report and seek redress for online harm.

They hack my Facebook or Zalo [a social chat app, like WhatsApp] and then they take my pictures to edit them into sensitive images. They send those pictures to my family and friends, or they blackmail me. If I transfer money to them, they want more money, but if I don't transfer money, they will post those pictures on social networks

— A 27 year-old male participant in Hanoi, Vietnam

To protect young adults, governments need to develop and implement effective laws and policies to address TFA that are responsive to new technologies and to the needs of young adults. The response to TFA must be grounded in a survivor-centred approach that centres autonomy, confidentiality and human rights. It should include provision of medical care, psychosocial and mental health care, and access to justice, including legal aid services.



Recommendations

for national governments, technology companies and funders

- 1 Recognise that TFA affects women, men and gender-diverse people as well as people living with HIV, sex workers, gay men and other men who have sex with men; and that individuals may experience diverse forms of TFA that connect online and offline harassment and violence;
- 2 Conduct further research and collect disaggregated data to understand the extent, nature and root causes and lived experience of survivors of TFA;
- 3 Adopt a survivor-centred approach to prevention and response of TFA, upholding right to privacy and autonomy of survivors, and ensuring their access to support services, including medical care, mental health care, psychosocial support, and access to justice;
- 4 Introduce and enforce laws and policies to address TFA in line with international human rights standards, while ensuring adaptability to keep up with evolving technologies.

03 Privacy in the Digital Age

Research participants raised concerns that relate to the undermining of the right to privacy in the digital age, including fears of third-party data sharing, government surveillance and community vigilance (or monitoring). The right to privacy is crucial to the realisation of the right to health; lack of digital trust may discourage patients from accessing health information and services.

"In general, now it is said that if you don't want your information to be disclosed, you should not use any device"

— A participant in Vietnam

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Personally, I wouldn't like it at all. I don't know if they already have our data or not—I imagine they probably do—but it makes me very uncomfortable, and I find it dangerous. We never know when we might go from an apparently liberal, pluralistic regime—supposedly what we have—to more autocratic regimes, as has happened in other countries”

— A participant in a group of men living with HIV in Cali, Colombia

Our study also shows that threats to privacy vary based on gender, HIV status, sexual orientation, and socio-economic status. Study participants who were living with HIV, sex workers, gay men or transgender people said that as a result of their personal data being compromised, they faced risks of expulsion from the home, loss of job, social isolation, and more. Here again, an intersectional lens is needed to understand the different risks and to ensure a nuanced approach that meets the needs of diverse populations in the digital transformation of health.



Recommendations

for national governments, technology companies and funders

- 1 Uphold and strengthen the right to privacy by fulfilling obligations within international human rights treaties and standards to protect, respect and fulfil the right to privacy online and regarding the use of new and emerging digital technologies;
- 2 Enforce and strengthen data protection laws to ensure the lawful and responsible use of personal data, and to prohibit privacy breaches;
- 3 Ensure that any public-private partnerships in the delivery of digital health services and/or health information uphold and expressly incorporate human rights standards and include human rights due diligence and mechanisms for effective oversight;
- 4 Ensure that members of the public are aware of their rights under data protection laws, and how they can file complaints and seek redress.

04 Resilience, Digital Literacy⁴ and the Future

Despite their concerns, most young adults in the study displayed resilience, and were keen to shape their digital futures. In Ghana and Vietnam in particular, many expressed interest in receiving training on new technologies including AI, how to safely and effectively use digital technologies, and how to protect their privacy online. When asked for their views of the future, many held a positive outlook that included greater digital rights awareness, better regulation of the Internet, and accountability for harms. Peer support on digital platforms and online rights campaigns were shared as a source of inspiration and resilience.

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“One key thing is digital rights education. Because some of us, we use technology, but we don't know our rights when it comes to accessing information online”

— A 24 year-old non-binary participant in Accra, Ghana

Empowering young adults and historically marginalised communities by building their digital literacy skills is a key way to build digital resilience and tackle other issues raised in this study regarding digital divides, TFA and the right to privacy.



DIGITAL EMPOWERMENT

DHRP has developed the phrase “digital empowerment” to describe *the knowledge, skills and competencies people develop to advocate for their rights in the digital age. These include knowledge about legal rights, advocacy skills, and digital security.*

In 2024, we launched our [Digital Empowerment Hub](#) – a collection of hundreds of training tools and resources to enable everyone to know and share their human rights in the digital age. This includes a [Digital Literacy Toolkit](#) developed by STOPAIDS and the Global Network of People Living with HIV (GNP+).

In addition, research participants often described turning to communities, rather than duty-bearers, for support when it came to online harm. Digital empowerment training can help support communities to advocate for their rights, but this must be paired with the political will to enforce regulation and redress mechanisms for online harm and to create opportunities for the meaningful participation of young adults and historically marginalised communities in decision- and policy-making spaces.

“So, as my two colleagues said...I believe our communities should lead, let our communities be at the positions of power. In the sense that when we are there...at the end of the day we understand what we need, we understand what our problems are. So, in developing these strategies or things for us, we the community must be there, we must be involved in every single process”

— Research participant in Accra, Ghana



Recommendations

for national governments, technology companies and funders

- 1 Recognise digital literacy as an essential aspect of the right to education and the right to benefit from scientific progress;
- 2 Ensure funding for digital literacy and empowerment training, for all ages, that is responsive to emerging needs and technological developments (including AI), works with and through community-based and civil society organisations, and integrates training into broader healthcare and education service provision;
- 3 Uphold the right to participation by ensuring the meaningful engagement of communities, particularly young adults, women, people living with HIV and historically marginalised populations in the decisions that affect their lives, including the development and governance of digital technologies and the systems they depend on, using meaningful participation principles agreed by community-led organisations and civil society.

What is Next for Digital Health and Human Rights?

Our research demonstrates that while digital technologies are increasingly used to improve health and wellbeing, their use also presents serious risks to human rights. Despite this, young adults are resilient and remain optimistic for the digital future. We urge key stakeholders in digital health to take action to protect human rights in the digital age and ensure that young adults are empowered to meaningfully engage in these processes, including in digital governance.

We share this call to action in a context in which many stakeholders are struggling to respond to rapidly evolving technologies.

Many countries and international organisations do not have strong policies or strategies to manage digital health. Emerging international political challenges are making it harder to keep these governance issues on the global health agenda, despite approval of the Global Digital Compact, key opportunities such as the renewal of the World Health Organisation's Global Strategy on Digital Health and publication of the UN Special Rapporteur's report to the UN Human Rights Council on Digital Innovation, Technologies and the Right to Health.^{5,6,7}

Private actors, such as social media companies, are increasingly politicising digital platforms and pushing back on their regulation.⁸ Finally, research has demonstrated that key funders do not prioritise key digital health issues such as digital literacy and human rights in their investments.⁹

We call all stakeholders to act to close digital divides, prevent and respond to technology-facilitated abuse and build digital resilience to ensure a human rights-based digital future that is accessible for all, including those most marginalised.

Endnotes

- 1 Digital Health and Rights Project, 2025 <https://digitalhealthandrights.com/report-paying-the-costs-of-connection/>
- 2 In the HIV response, key populations include gay men and other men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs, and transgender and gender-diverse people.
- 3 Op. Cit, UN Women and World Health Organisation (March 2023).
- 4 'the ability to access, manage, understand, integrate, communicate, evaluate and create information safely and appropriately through digital technologies for employment, decent jobs, and entrepreneurship. It includes competencies commonly referred to as computer literacy, ICT literacy, information literacy and media literacy', UNESCO, 'What you need to know about literacy', 2025
- 5 <https://www.un.org/digital-emerging-technologies/global-digital-compact>
- 6 <https://www.who.int/docs/default-source/documents/gd4dhdad2a9f352b0445bafbc79ca799dce4d.pdf>
- 7 <https://www.ohchr.org/en/documents/thematic-reports/ahrc5365-digital-innovation-technologies-and-right-health>
- 8 <https://www.theguardian.com/technology/2025/jan/07/meta-facebook-instagram-threads-mark-zuckerberg-remove-fact-checkers-recommend-political-content>
- 9 <https://stopaids.org.uk/our-work/why-hiv-matters/health-and-rights-in-the-digital-age/>

digitalhealthandrights.com

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