

PREDICTING WELLBEING IN CHILDREN’S USE OF SMART SCREEN DEVICES

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INTRODUCTION



Media consumption,
there is a need to devise systems and methods to measure, monitor and evaluate the use and consumption habits on smart screens of children and adolescents.



Child audiences,
use the tablet and the TV set supervised by their parents and, as they become more independent, the more autonomous devices, the smart phone and the game console are imposed.



Health and ICTs,
analyse the impact of media use on adolescent weight and health and research on emotional well-being related to consumption of and exposure to digital media.

METHODOLOGY

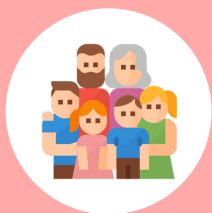
National Health Survey
(2017)
6,106 children < 15 years
Ordinary Linear Regression



- Dependent variables:
- 1) emotional
 - 2) company
 - 3) behaviour
 - 4) sleep time
 - 5) body mass index
 - 6) obesity

Table 4. Detected Weaknesses, Threats, Strengths and Opportunities for the OLS modelling	
Weaknesses of the OLS and results	Threats to children youth and families
1. There is a need to run the OLS (Ordinary Linear Regression) models in a longitudinal pattern, analysing the effect and relations detected regularly. We will only have access to data from 2022, since the National Health survey is undertaken every 5 years, the next <u>microdata</u> set will be available in 2023. 2. The model has not detected significant weakness; however, we consider that contrasting within gender, regional and family income differences between households and cohabiting minors may be an interesting fostering second phase given the availability of these data.	1. The average impact of the use of screen devices (understood as the average use in hours during the week and the weekend) increases the probability of suffering emotional, behavioural or social interaction problems for the children with their peers. 2. The average use of screen devices has a positive impact on the body mass index and the probability of suffering from obesity. In other words, the more screen devices are used, the higher the body mass index among children. 3. The coefficient relation on the total sleep time is statistically significant and negative, thus more hours in front of screens has a direct impact on the reduction of children's sleep time, with further implications for their health. 4. The non-formation of families and the use of parental controls or safeguards for children on the Internet (<u>Yubero et al. 2018</u> ; <u>Valcke, 2010</u>) and in particular on smart screens.
Strengths	Opportunities
1. Robustness of the data set provided by the National Health and robustness of the five applied OLS models. 2. The possibility to run <u>cross variable</u> inferences and effects in a longitudinal manner in Spain, and the possibility to carry out a national and European comparison.	1. Continue to detect connections on the analysed variables within the OLS modelling. 2. Continue to evaluate the evolution of the threats detected in a longitudinal manner. 3. To analyse data contrasting gender, regional and family income differences. 4. The possibility to run European and Global OLS models where data may be available from equivalent National Health Survey.

CONCLUSIONS



Parents who do not supervise and/or control usage time on smart screens can experience a significant increase in perceived misbehaviour in their children.



Accessibility to content and the direct protection and supervision provided to our children and teenagers while they spend time on the smart screens is key to understanding the transformation variable of present and future generations.



The need to protect the health and well-being of children in relation to the allocation of screen time, and also access to content, among others, has an end result.

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