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A STUDY TO ASSESS THE ATTITUDE OF ADOLESCENTS REGARDING THE IMPACTS OF SCREEN ADDICTION

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Abstract: Adolescents are the most susceptible to screen addiction, since they interact with others more often on social media than in person. Worldwide, students are acknowledged to be at risk from excessive Internet use. Stress, depression, anxiety, and other mental health problems have all been connected to screen addiction among students. There is no denying that teenagers' social, mental, and educational development are adversely affected by the amount of time they spend online. This study has been undertaken to investigate the attitude of adolescents regarding the impacts of screen addiction. 200 adolescents were selected from four districts of Punjab using multi-stage sampling. A socio-demographic profile and a structured Likert attitude scale was used to collect the data. The findings revealed that the majority of the participants had a neutral attitude.

Key Terms **– Attitude, Adolescents, Screen Addiction**

I. INTRODUCTION

Screen addiction disorder is characterized by excessive and compulsive use of digital devices, such as a phone, tablet, or laptop. It is categorized under behavioral addictions and can have severe implications on an individual's mental and physical health. Screen addiction can affect an adolescent's relationships, their confidence, and their ability to manage responsibilities like school and work. Screen addiction is a prominent issue among all age groups, but it's particularly concerning in adolescents.[1]

Various easy-to-carry digital devices (smartphones, tablets, laptops, etc.) have emerged rapidly since the turn of this millennium, driving human beings into the "digital era". These digital devices have become daily necessities for human learning and life, influencing children's studies, entertainment, and social interactions.[2]

In the digital playground of today's world, screen addiction has emerged as a common challenge among young adults, often disrupting their daily lives. Adolescents are most vulnerable because of their developing brains and are more prone to the dopamine-driven reward cycle that technology offers. Screen addiction in adolescents is an excessive preoccupation with screens—social media, gaming, streaming videos, browsing the internet—that begins to interfere with daily life. Just as with substance addiction, teens addicted to screens may experience withdrawal symptoms, irritability, and anxiety when they can't get to their devices.[3]

We live in a world where technology is always advancing, and media technology has played a big role in this change. These advances have changed our lives by making it possible for us to work comfortably from home. The quick development of technology, which includes computers, laptops, cell phones, and the Internet, has a particular impact on youth and has made it necessary for communication. It is almost impossible to avoid its impact because it has ingrained itself so deeply into our daily lives.[4]

Adolescence is a crucial time in a person's life when they explore who they are and become less dependent on their parents.[5,6] Adolescents go through a phase of conflicting feelings, such as enthusiasm about becoming independent but also anxiety and uncertainty about the future.[7] To prepare children for maturity, a combination of biological and psychological processes leads to these complex emotions. The teenager sees the world more from a cognitive perspective than from a more grounded perspective of childhood, which is accompanied by a change in psychological perspective.[5] Due to their increasing levels of impulsivity and cognitive development, adolescents are more susceptible to experiencing mental health difficulties and developing addictions.[8]

Today, 20% of people in the world are adolescents, constituting 1.2 billion people worldwide.[9] The internet penetration rate in India rose over 55 percent in 2025, from about 14 percent in 2014.[10] India is home to about 253 million teenagers, so, this topic seems greater relevance.[11]

Overuse of screens has been proven to harm physical health, particularly in kids and teenagers. The human body needs frequent movement and activity during critical developmental periods to maintain healthy growth, coordination, strength, and cardiorespiratory fitness. Prolonged periods of inactivity caused by overindulgence in technology limit the physical activity required for strong health. Certain medical issues, including obesity, incorrect bone development, eyesight impairment, sleep disorders, and metabolic syndrome, are linked to prolonged screen use.[12]

Excessive screen time has detrimental effects on psychological and mental health in addition to the physical ones. Higher-order needs like identity formation, social connection, and emotional control are necessary during critical developmental phases in childhood and adolescence. These processes are hampered by digital immersion, which raises the risk of psychiatric illnesses, addictive behaviors, violence, social impairment, and decreased satisfaction with life.[12]

PROBLEM STATEMENT

A descriptive study to assess the attitude of adolescents regarding the impacts of screen addiction.

OBJECTIVE OF THE STUDY

To assess the attitude level of adolescents regarding the impacts of screen addiction.

II. REVIEW OF LITERATURE

Screen time has increased during the COVID-19 pandemic, especially among children and teenagers. This has come at the expense of their healthy eating habits, physical activity and adequate amount of quality sleep. The excessive use of screen-device can lead to addiction which starts during adolescent years. Reebu John, Aarati Pokale, Amruta Chutke, Arvinder Pal Singh Narula, Supriya Shinde et al (2024) conducted a cross-sectional study to assess the prevalence of excess screen time among 184 secondary school children from 8th to 10th standard and correlate Body Mass Index (BMI), sleep duration, duration of physical activity and food habits with screen time duration. Data was collected using a self-administered, questionnaire. The prevalence of excess screen time among secondary school children was 83.2%. The mobile phone was the most used device (98.9%). There was a significant association between excess screen time and inadequate sleep. The present study reports a high prevalence of excess screen time in rural school-going children in rural India.[13]

A cross-sectional study by Alkalash, S. H., Alshamrani, F. A., Alharthi, S. A., Alzubaidi, M. A., Alqarehi, R. M., Bazaid, A. A., & Asiri, B. (2023) on a convenience sample of 451 parents for assessment of parents' knowledge, attitude, and practice of regulation screen exposure among their under-six-year-old children in the western region of Saudi Arabia. Data were collected by using an online questionnaire, and a link to the survey was distributed to respondents via electronic platforms as well as to primary healthcare visitors. The data were analyzed using SPSS software. Most of the participating parents were female (64.3%), aged 25-34 years (34.8%), married (86.0%), and had completed their university education (56.1%). This study found that 76.4% of parents had adequate knowledge, 73.1% had a positive attitude, and 69.8% had adequate practice of screen time regulation for their children under six years of age. Factors associated with their good knowledge include being married ($p = 0.002$), having government work ($p = 0.020$), having children who use mobile phones, and having children attend kindergarten ($p < 0.001$) for each. Furthermore, highly educated parents showed more positive attitudes than others (p-value = 0.004). Finally, better practice of screen time regulation was noted among highly educated parents ($p = 0.011$), who had government jobs ($p = 0.031$), and children who went to kindergarten ($p = 0.031$) for their children. In this study, parents of under-six-year-old children possessed overall good knowledge and a positive attitude, but their practice of screen time regulation for their children was low. [14]

III. RESEARCH METHODOLOGY

3.1 RESEARCH APPROACH AND DESIGN

The research approach and design used in the present study was quantitative, and the design was non-experimental, i.e. Descriptive.

3.2 VARIABLES UNDER STUDY

The Dependent variables was the attitude of adolescents. The Independent variables were age, gender, class, type of school, daily screen time (in hours), type of device, educational status of father and mother, occupational status of father and mother, area of residence, type of family, and number of siblings.

3.3 SAMPLE SIZE

The sample size for the study was 200 adolescents between 13 and 18 years.

3.4 POPULATION AND SAMPLE

The study comprised of 200 adolescents selected through multi-stage sampling from four districts of Punjab. Punjab is geographically divided into four directions. One district is selected from each direction. The selected district, Amritsar, is in the North-West, Shahid Bhagat Singh Nagar is in the North-East, Bathinda Lies in the South-West, and Fatehgarh Sahib is in the

South-East direction of Punjab. One school is selected randomly from each selected district. A sample of 50 adolescents was selected from each school by systematic sampling technique.

3.5 TOOLS USED FOR DATA COLLECTION

Data was collected using a socio-demographic profile used to seek the demographic information of the participants. It consists of thirteen variables such as age, gender, class, type of school, daily screen time (in hours), type of device, educational status of father and mother, occupational status of father and mother, area of residence, type of family and number of siblings.

A structured Likert Attitude Scale was used to assess the attitude level of adolescents regarding the impacts of screen addiction. This is a five-point Likert scale to assess attitudes regarding the impacts of screen addiction. It contains 20 items. The options are 'Strongly Agree', 'Agree', 'Uncertain', 'Disagree', and 'Strongly Disagree'. Items are classified into Positive and Negative. Ten items are positively worded and ten are negatively worded statements.

3.6 CRITERION MEASURE OF LIKERT ATTITUDE SCALE

For the Positive Items, scoring will be: 5 for opting 'Strongly Agree', 4 for 'Agree', 3 for 'Neutral', 2 for 'Disagree', and 1 for 'Strongly Disagree'.

For the Negative Items, scoring will be: 1 for opting 'Strongly Agree', 2 for 'Agree', 3 for 'Neutral', 4 for 'Disagree', and 5 for 'Strongly Disagree'. It means these items will be scored in a reverse manner.

Based on the scores, attitudes will be divided into neutral, negative, positive and highly positive.

Table 1: Criterion Measure of Likert Attitude Scale

Maximum Score - 100 Minimum Score- 20

Attitude	Score
Negative Attitude	20-39
Neutral Attitude	40-59
Positive Attitude	60-79
Highly Positive Attitude	80-100

3.7 RELIABILITY OF THE TOOL

After establishing the validity of the tool, the final tool was made, and then the reliability of the tool was tested in the study population by the test-retest method. Reliability of structured Likert Attitude Scale is 0.7.

3.8 DATA COLLECTION PROCEDURE

A written permission was taken from the principal of the selected schools of Punjab. The list of selected adolescents was prepared by the investigator. Written informed consent was taken from the parents of the selected adolescents.

First of all, self-introduction was given to the sample, and the purpose of gathering information was explained. They were assured that their responses will be kept confidential. Difficult questions were explained for the ease of the students. Approximately 20-25 mins was taken by each respondent to fill the questionnaire.

3.9 ETHICAL CONSIDERATIONS

- Written permission was taken from the head of the selected schools of Punjab for conducting the study.
- Subjects were provided with the knowledge regarding the purpose of the research study and the duration of involvement.
- Anonymity of subjects was maintained.
- The subjects were assured of the confidentiality of subjects.

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statistics of Study Variables

Organization of the data for analysis

Section 1: Sample characteristics

Section 2: Findings related to the attitude scores regarding the impacts of screen addiction among adolescents

SECTION 1: SAMPLE CHARACTERISTICS

Table 2: Frequency and percentage distribution of sample characteristics

N= 200

Sr.No.	Variable	Frequency	Percentage
1	**Age (in years)**		
	a) 13-14	43	21.5
	b) 15-16	79	39.5
	c) 17-18	78	39
2	**Gender**		
	a) Male	97	48.5
	b) Female	103	51.5
	c) Transgender	0	0
3	**Type of school**		
	a) Government	100	50
	b) Private	100	50
	c) Aided	0	0
4	**Availability of Device**		
	a) Personal Device	90	45
	b) Shared Device	110	55
5	**Class**		
	a) 7^{th}-8^{th} Standard	41	20.5
	b) 9^{th}-10^{th} Standard	82	41
	c)11^{th}-12^{th} Standard	77	38.5
6	**Daily Screen Time (in hours)**		
	a)0-2 hours	25	12.5
	b)3-5 hours	53	26.5
	c)6-8 hours	77	38.5
	d)Above 8 hours	45	22.5
7	**Educational Status of Father**		
	a) No Formal Education	7	3.5
	b) Secondary Education	43	21.5
	c)Senior Secondary Education	66	33
	d)Graduate or Above	84	42
8	**Educational Status of Mother**		
	a) No Formal Education	11	5.5
	b) Secondary Education	54	27
	c)Senior Secondary Education	75	37.5
	d)Graduate or Above	60	30
9	**Father's Occupation**		
	a) Unemployed	20	10
	b) Laborer	49	24.5
	c)Private or Government Job	80	40
	d) Businessman	51	25.5
10	**Mother's Occupation**		
	a) Homemaker	44	22

	b) Laborer	49	24.5
	c)Private or Government Job	64	32
	d) Businesswoman	43	21.5
11	**Type of Family**		
	a) Nuclear Family	85	42.5
	b) Joint Family	88	44
	c) Extended Family	27	13.5
12	**Area of Residence**		
	a) rural	111	55.5
	b) urban	89	44.5
13	**Number of siblings**		
	a) Zero	37	18.5
	b) One or more	163	81.5

Table 2 depicts the frequency and percentage distribution of demographic characteristics of selected adolescents.

According to age, 39.5% (79) of participants belonged to the 15-16 years age category, followed by 39% (78) participants belonging to the 17-18 years of age group, and least 21.5% (43) participants belonged to the 13-14 years age group.

Based on gender, it was found that 51.5% (103) of adolescents were females, and 48.5% (97) were males. No participants were transgender.

As per the year of study, the majority, 41% (82) of the participants were in the 9th-10th standard, 38.5% (77) participants were in the 11th-12th standard, and 20.5% (41) participants studied in the 7th-8th standard.

Based on the type of school, 50% (100) participants were in government schools, and 50% (100) participants studied in private schools. No Participants study in aided schools.

55% (110) used someone else's device, followed by 45 % (90) used a personal device.

As per Daily Screen time (in hours), the majority of the participants 38.5% (77) have screen time of 6-8 hours, 26.5% (53) have screen time of 3-5 hours, 22.5% (45) have screen time of 3-5 hours, and 12.5% (25) have screen time of 0-2 hours.

Based on the educational status of the father, the majority 42% (84) of the fathers of the participants have graduation or above the level of education, 33% (66) have senior secondary education, 21.5% (43) have secondary education and 3.5% (7) have no formal education.

Based on the educational status of the mother, the majority, 37.5% (75) of the mothers of the participants have senior secondary education, 30% (60) have graduation and above education, 27% (54) have secondary education and the least 5.5% (11) have no formal education.

According to the occupation of the father,10% (20) of fathers were unemployed, 40% (80) had Private Jobs or Government Jobs, 24.5% (49) worked as Labourers, and 25.5% (51) were Businessmen.

As per the occupation of the mother, 22% (44) of mothers were homemakers, 32% (64) had Private Jobs or Government Jobs, 24.5% (49) worked as Labourers, and 21.5% (43) were Businesswomen.

The collected data showed that 42.5% (85) had nuclear families, 44% (88) had joint families, and 13.5% (27) lived in extended families.

Most of the adolescents reside in the rural area, i.e., 58% (116) and 55.5% (111) respectively, whereas 42% (84) and 44.5% (89) of adolescents live in the urban area.

Based on the number of siblings,18.5% (37) had 0 siblings, and 81.5%(163) had 1 or more siblings.

SECTION 2: FINDINGS RELATED TO THE ATTITUDE SCORES REGARDING THE IMPACTS OF SCREEN ADDICTION AMONG ADOLESCENTS

Objective 1: To assess the attitude level of adolescents regarding the impacts of screen addiction.

Table 3: Frequency and Percentage distribution of Adolescents in terms of the level of attitude

Level of Attitude	Range of Scores	f	%
Negative	20-39	35	17.5
Neutral	40-59	115	57.5
Positive	60-79	50	25
Highly Positive	80-100	0	0

Table 3 shows that 57.5% (115) of adolescents had a neutral attitude level (40-59 score), followed by 17.5% (35) of adolescents had a negative attitude score (20-39 score). Further data shows that 25% (50) of participants had a positive attitude level (60-79) and 0% (0) had a highly positive attitude.

Table 4: Mean and standard deviation of attitude score of adolescents

Maximum- 100 **Minimum- 20**

Mean	51.44
S.D.	14.121
Maximum	79
Minimum	21

Table 4 shows that the mean of the attitude is 51.44 and S.D. is 14.121. The Maximum Score for the group is 79, and the minimum score is 21.

Conclusion

The majority of the participants had a neutral attitude regarding the impacts of screen addiction.

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