

Screen Use and Health Habits of Youth

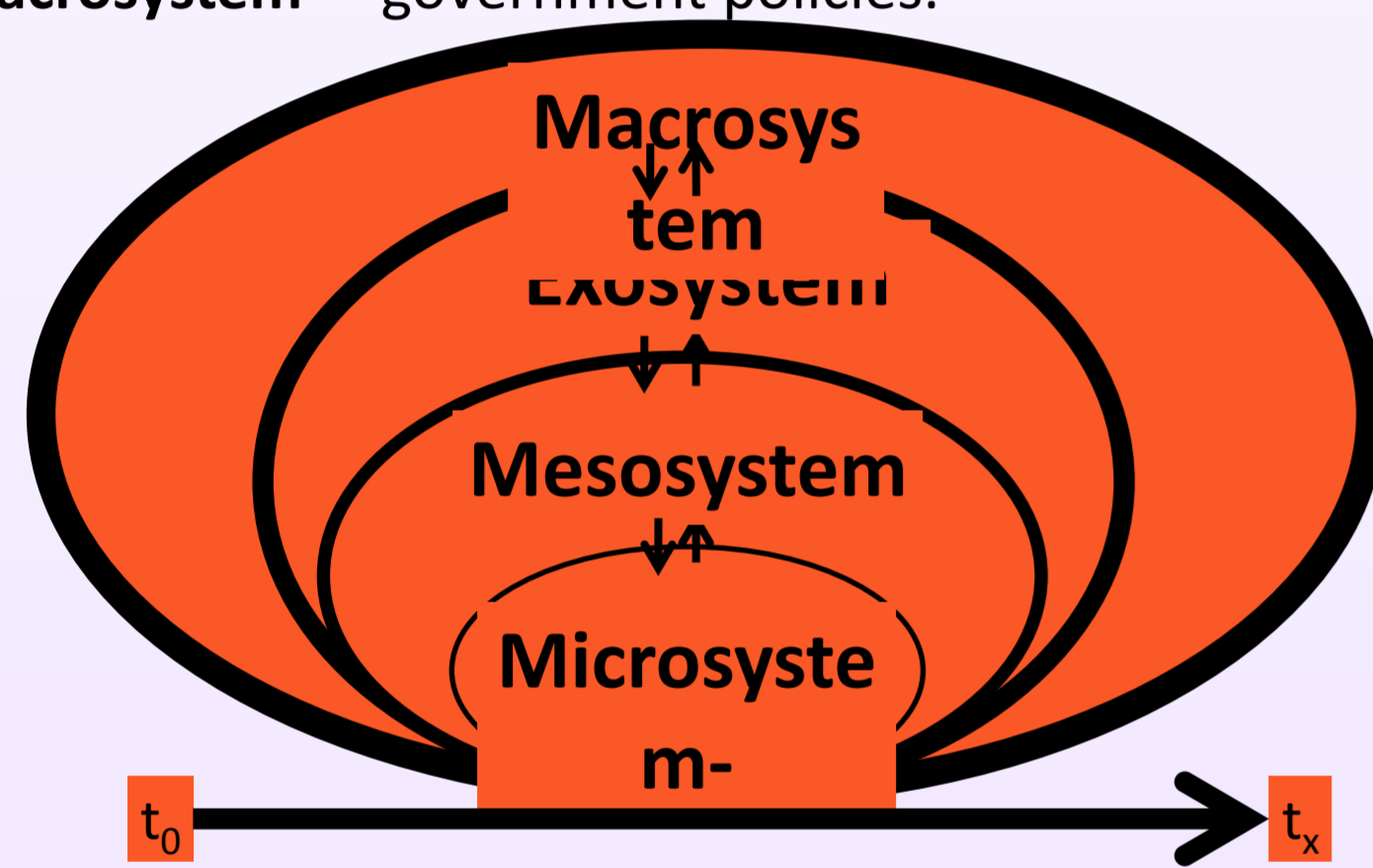
Cheryl Zlotnick RN DrPH, Hadass Goldblatt PhD, Daphna Carmeli PhD, Omer Taychaw MA, Efrat Shadmi PhD

Cheryl Spencer Department of Nursing
Faculty of Health and Welfare Sciences
University of Haifa
Mt Carmel, Israel

Theory.

Uri Bronfenbrenner's Bioecological theory describes development of learned behavior:

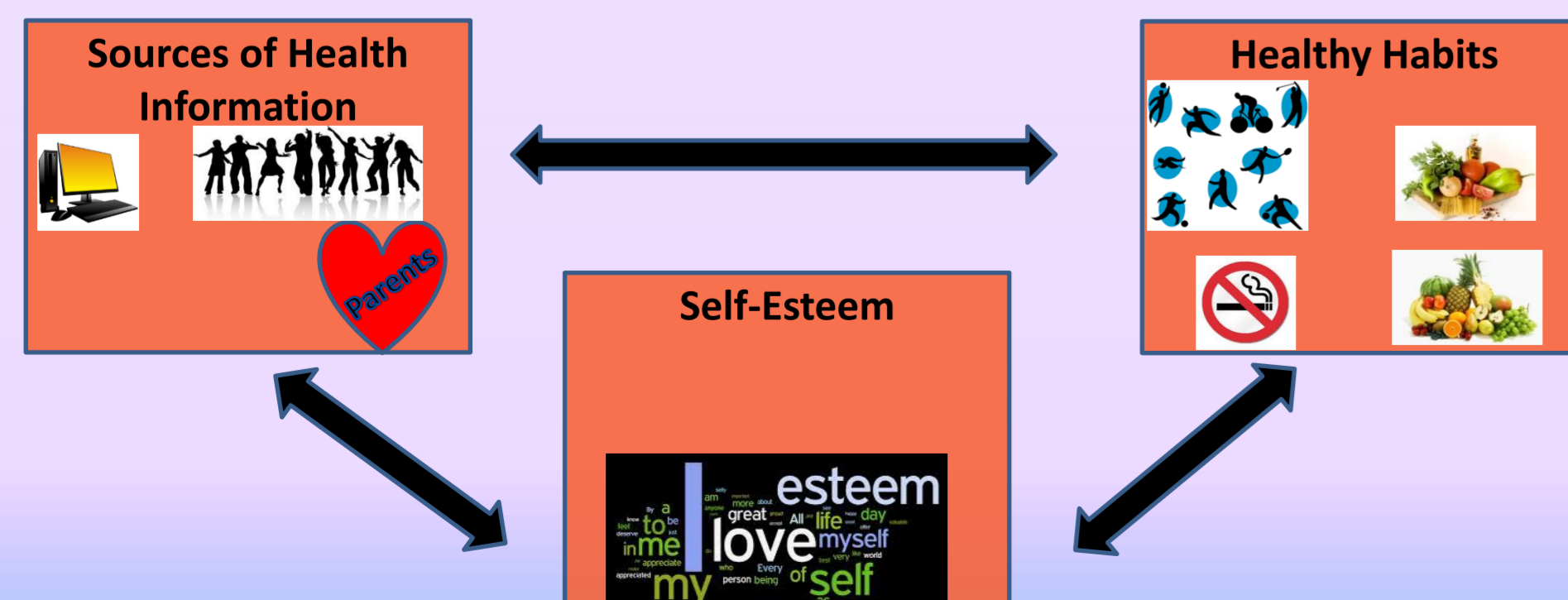
- ↑ frequency and intimacy of contact → ↑ influence on individual behavior
- Microsystem** - child develops/learns behavior from the parents includes child's temperament and personality
- Mesosystem** - less frequent direct contact e.g., peers
- Exosystem** - even less direct/frequent contact doctors/nurses
- Macrosystem** - government policies.



Study Goals.

Using Bronfenbrenner's Theory, this study examined influences on health habits (at least one serving/day of fruit and vegetables; no smoking; 30minutes/day exercise in youth) in youth (ages 15-18 years) by:

- identifying sources of health information (i.e., parents, screen use, others), and
- measuring the contribution of self-esteem on the relationship between sources of information and healthy habits.



Methods.

This poster presents preliminary results of the Youth Survey (3rd component) of a three-component study.

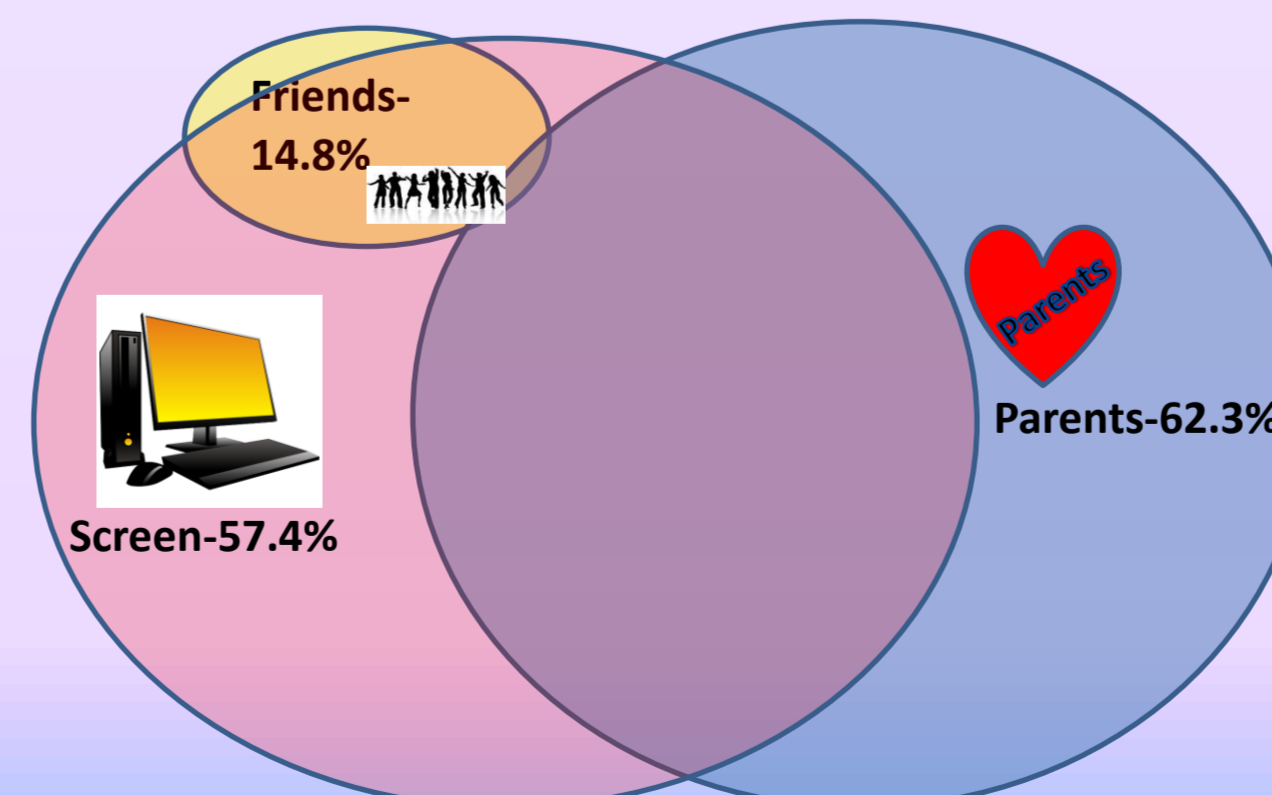
- Instruments were designed with Community Advisory Group assistance.
- Variables /Scales:
 - Demographic Characteristics
 - Rosenberg Self Esteem
 - Ethnicity Self-Identification
 - Hopefulness
 - Service Usage
 - Discrimination
- Sampling Frame - high schools.
- Sample - youth, ages 15-18 years.
- Ethics' Committee Approval (IRB) and Ministry of Education Approval

Results.

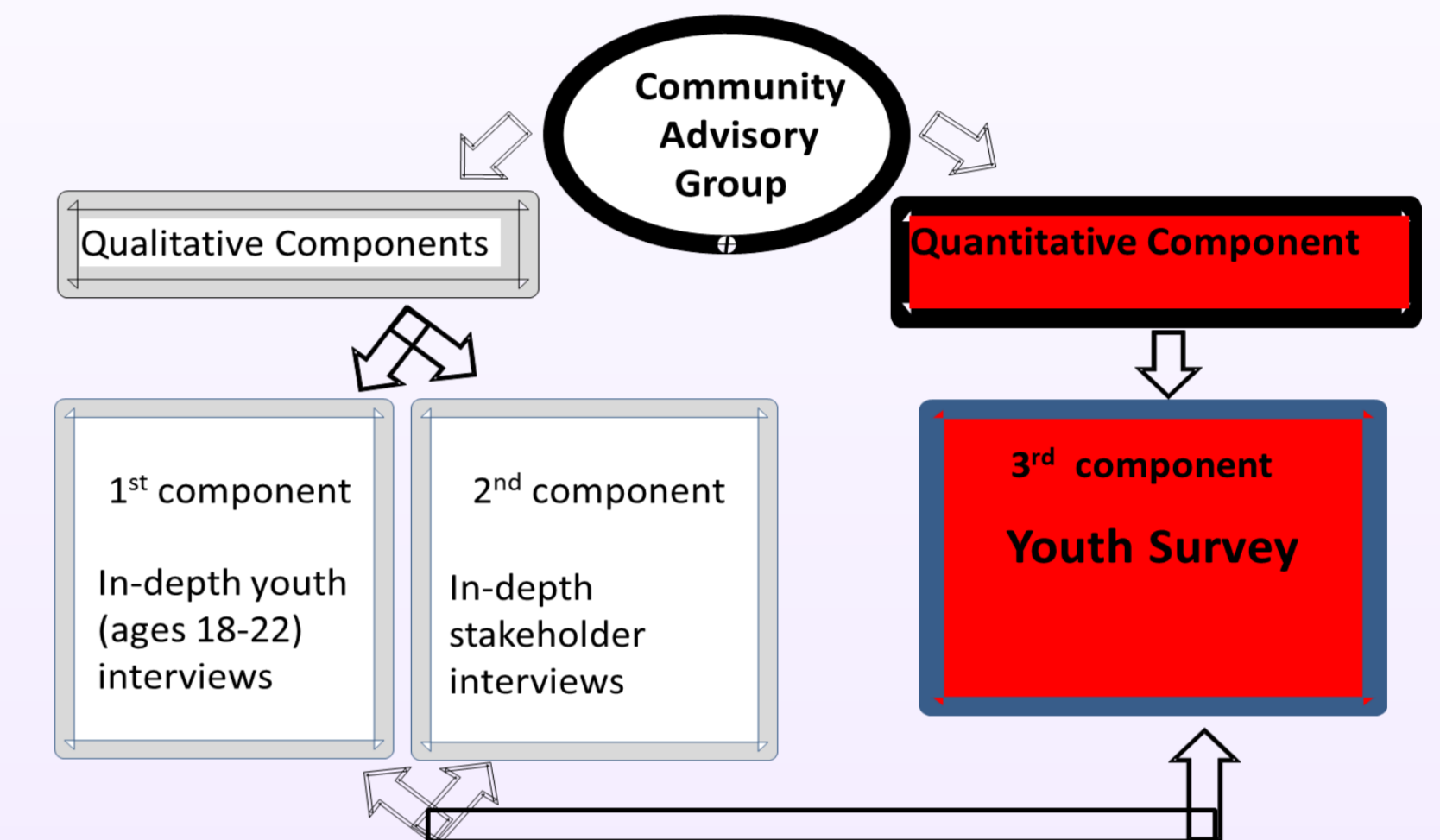
Preliminary Results

- Although the vast majority of youth (n=122) had access to the computer internet, television or cell phones (98%), the amount of screen use varied between 1-19 hours per day (mean=4.22, SD=2.99).
- Screen use was the most common source of health information for youth (57.4%). Among youth who obtained health information from friends (14.8%), 88.9% of them also obtained information from screen use, while among those who obtained health information from their parents (62.3%), only 56.6% of them also obtained health information from screen use.
- Neither screen use nor self-esteem were related to health habits.

Sources of Health Information Among Youth



Mixed-Methods Approach



Conclusions.

- Youth use health information from many sources.
- These preliminary data do not support previous studies' findings that longer hours of screen use or poorer self-esteem are associated with poorer health habits.
- For youth, screen use is so endemic that it qualifies as being part of the mesosystem; consequently, influence on youth is weak.
- Information dissemination must include parents and the internet, as youth glean information from all these sources.

References.

Aeberli I, Henschen I, Molinari L, Zimmerman MB. (2010) Stabilisation of the prevalence of childhood obesity in Switzerland. *Swiss Medical Weekly*. epub date -10 March, 1-9.

Kahan-Strawczynski P, Levi D, Kostantinov V. (2010). *Immigrant Youth in Israel-the Current Situation*. Jerusalem, Myers-JDC-Brookdale Institute, Engelberg Center for Children and Youth.

Livingstone S, Brake DR. (2010). On the rapid rise of social networking sites, new findings and policy implications. *Children & Society* 24(1),75-83.

Shtarkshall R, Baynesan F, Feldman B. (2009) A socio-ecological analysis of Ethiopian immigrants' interactions with the Israeli healthcare system and its policy and service implications. *Ethnicity & Health* 14(5),459-478.

Tudge JR, Mokrova I, Hatfield BE, Karnik R. (2009) Uses and misuses of Bronfenbrenner's Bioecological theory of human development. *Journal of Family Theory & Review* 1(December 2009),198-210.

Zlotnick C, Wright M, Sanchez RM, Murga-Kusnir R, Te'o-Bennett I. (2010) Adaptation of Community Based Participatory Research Methods to Gain Community Input on Identifying Indicators of Successful Parenting. *Child Welfare* 89(4),9-27.