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Was Kinder heute brauchen. Bedingungen des Lernens und der persönlichen Entwicklung 0 -7-jähriger Kinder im digitalen Zeitalter

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# Familial context influences media usage in 0- to 4-year old children

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**Background:** The use of digital media (e.g., smartphones, tablets, etc.) and the Internet have become omnipresent for every age group and are part of children's and parents' everyday life. Focusing on young children, the availability of media devices, their use as well as associated problems (e.g., in social, emotional and motor development) have increased in recent years. Of particular interest for prevention of these problems in early childhood is the relationship between the familial context (parental digital media use, Problematic Internet Use, school graduation, presence of siblings) and the digital media use of infants and toddlers. The present study's goal was to describe media usage in 0–4-year-old children and to identify the potential relationship between familial context factors and child media usage.

**Methods:** The sample included  $N = 3,035$  children aged 0 to 3;11 years ( $M = 17.37$  months,  $SD = 13.68$ ; 49.13% female). Recruitment took place within the framework of a restandardization study for a German developmental test. The parents of the participants answered a questionnaire on socio-demographics, on child media use, and on parental media use. Questions on parental media use included the full version of the Short Compulsive Internet Use Scale (S-CIUS).

**Results:** Significant increases in media usage times with child age were identified, but no significant gender differences. A multiple regression analysis revealed that increasing maternal total media usage time, a higher parental S-CIUS score, lower school leaving certificate of both mother and father, and increasing child's age led to higher child media usage time. Having siblings diminished young children's media usage in this study. Having more than one child and having children aged over a year was associated with a higher parental S-CIUS score.

**Conclusion:** Family factors such as maternal media use time, Problematic Internet Use and lower school graduation are significantly associated with young children's digital media use. Parents should be aware of their personal influence on their children's media use which might be due their role in terms of model learning.

## KEYWORDS

parental media usage, children's media usage, family factors, Problematic Internet Use, familial context, young children

## 1 Introduction

These days, children and adolescents grow up in homes with media like television, smartphones, computers, tablets, smart watches and gaming consoles being highly present and used, further reinforced by the COVID-19 pandemic (1–9). Due to the progressing digitization, children and adolescents as well as their parents, caregivers, teachers, therapists and doctors are being confronted with new issues and disorders arising from this development like Gaming Disorder (10–13), Internet Addiction or Problematic Internet Use (14–16). As nosology currently cannot keep up with the rapid technological development of digital hardware and applications over the last two decades, literature uses various terms for describing this clinical entity. This results in a multitude of different and partly conflicting conceptualizations of digitization-related disorders with different diagnostic criteria and test procedures.

Excessive media usage can influence a child's or adolescent's development in a way that prevents usual developmental tasks or milestones from being reached. The foundations for functional or dysfunctional and impairing media consumption are not laid in adolescence or childhood, but in preschool, toddlerhood and infancy. Especially social, emotional, cognitive, verbal and motor skill development as well as nutrition and sleep are negatively affected by early digital media usage (17–23). Time spent with using digital media devices can displace the time usually spent with parents or other family members (24) and result in multiple negative consequences (e.g., impaired language and executive functions, impaired caregiver-child relationship, anxiety, behavioral difficulties, cardiovascular risk) especially for infants and preschool children (25–29). Additionally, an increasing amount of parents are using mobile devices as distractions while with their children, resulting in a lack of parenting responsiveness and quality (30, 31). This leads to the assumption that „digital native“ parents are engaging in media use behaviors that affect their children's development, as well as their own sensitivity (32, 33) toward their child, especially in the first year of life. Additionally, parental media use during parent-child-interactions (technoference) may influence the child's externalizing and withdrawal behavior (34) and may lead to “maladaptive technological behaviors” (35).

Currently, the age at which children start using media is shifted to preschool age and infancy (24), partly because of the new interactive media devices (36) accompanied by touch screens' simplified handling and voice control (37). As a result of market development and technical innovations, usage times have skyrocketed, with young children being specifically and more intensely targeted as consumers.

In order to be able to possibly prevent or reduce young children's media usage, it is essential to understand which contextual conditions contribute to this problem. Models that aim to explain the development of Gaming Disorder, Problematic Internet Use or other disorders that are related to digitization are multicausal and include internal factors like structural and functional neurobiological abnormalities, executive disorders and comorbid psychological disorders as well as external (parental modeling of how to interact with media) and social factors (family's socioeconomic situation) (12, 38–40).

Since young children are reliant on their parents for a plethora of things it makes sense to investigate the familial context when addressing influences on children's usage of media and screen time.

Generally, children's media usage patterns have been reported to be similar to their parents' (41): parents who consume a large amount of media themselves are more likely to raise children who are exposed to and use media early on than parents with a more reserved approach to media usage.

Parents' socioeconomic status has been linked to young children's media usage: Children in lower educated, lower income families are reported to have more devices in their bedroom and spend more time using media than children whose parents have a higher socioeconomic status (41–44).

Looking at parents separately as individuals, several studies take the mother's education into account [e.g., (45, 46)]. Rideout and Hamel (43) report that young children with mothers who have not finished a high school education spend more time in front of a screen on a daily basis than children whose mothers have obtained a higher level of education. In line with these findings, Anand and Krosnick (47) found that mothers' lower education resulted in more TV watching in children between 6 months and 6 years, with the same result found for fathers. Hoyos and Jago (48) report that both parents' common education level is moderately negatively associated with screen-time while fathers' education level shows a strong negative correlation with children's screen-time.

While some research suggests that young children who have siblings are more likely to engage in daily media use than only children are (49), other research has not been able to replicate these effects (41). Children with siblings as well as their families might engage in more activities that are alternatives to media and screen time than families with only children do. This could imply that children who do not have siblings might spend comparatively more time using media and more time in front of screens than young children who have siblings. The effect that having siblings may or may not have on young children's media usage is one that has been yielding inconclusive results. De Decker et al. (50) conducted a qualitative interview-study in 6 European countries and found, that parents in Bulgaria, Germany and Spain believe that siblings or friends have a major influence on children's screen time whereas the attitudes of parents from Greece, Poland and Belgium were inconclusive. The conflicting findings found in the literature may be due to the influence of the age of siblings, as older siblings might be seen as role models and might have a stronger influence on the media usage behavior than siblings of the same age. Moreover, gender differences could also influence the relationship between siblings and digital media use, as mentioned by Bagley et al. (51).

In line with developmental progress, age overall is strongly positively associated with screen time in young children (48). Older children are reported to have a higher media consumption than younger children and it can be considered confirmed that a child's age generally is a significant predictor of their usage of media (47).

With regard to gender differences, studies note that there is a preference for gaming among boys and a preference for social media use among girls (52, 53). Regarding younger samples, Green et al. (54) also found gendered differences in the time spend on video game usage. In a longitudinal study spanning 3 years with children of the ages 2 and 4 at the start, they found that boys spend more time playing video games than girls and that these differences increase with age. In line with this finding, a nationwide survey conducted by Ofcom in the United Kingdom in 2014 (55) showed that 30% of boys aged 3 to 4 use a games console, but only 21% of girls aged 3 to 4. The

miniKIM-Studie (6) however does not find any significant gender differences in two- to five-year-old children. It is to be explored whether gender differences may not yet be so pronounced at this early age. Findings on gender differences in younger children and infants are lacking, as is research on gender differences in general digital media use time in this age group.

All these afore mentioned factors have been shown to have some effect on children's and adolescent's media behavior. However, it is still unclear in many ways to what extent this applies for young children as well. In addition, reciprocal relationships between children's and parents' media use could also be possible, in the sense that even young children could have an influence on parental media use. Obtaining more data seemed necessary to identify patterns that might result in or from young children's media usage.

Therefore, in this study, we hypothesize that media usage in children aged 0 to 4 is predicted by familial context. More specifically, our first hypothesis is that parents' increased media usage time and parents' Problematic Internet Use are positively correlated with their young children's time spent using media. An associated research question to be answered by this study is whether there is a reciprocal relationship between child characteristics and parental media use in the sense that child variables could influence parental media use, too. Hypothesis 2 states that parents level of education is a predictor for the amount of time children use media: higher level of education is associated with less time using digital media. The third hypothesis postulates that a child's age positively predicts their media usage time: The older the child, the more it uses digital media.

Concerning the mixed results regarding siblings and their influence in research so far, a research question we aim to answer in this study is how the presence of siblings affects young children's media usage.

## 2 Materials and methods

### 2.1 Study design

The sample was recruited within the framework of a restandardization study for the Münchner Funktionelle Entwicklungsdiagnostik (MFED), consisting of a prospective cross-sectional study. The preparation for the restandardization study project (MFED) started in 2015. The associated media study reported in this paper was prepared from January 2019, and data collection took place from May 2019 to March 2022. This study is monocentric, being conducted by the Chair of Social Pediatrics at the Technical University of Munich, and the kbo Kinderzentrum München.

The aim of the study was to carry out the investigations throughout Germany. The distribution is as follows: 58.6% Bavaria, 21.0% Berlin, 5.6% North Rhine-Westphalia, 4.9% Baden-Württemberg, 2.5% Thuringia, 2.4% Saarland, 2.0% Saxony-Anhalt, 1.3% Lower Saxony, 0.8% Bremen and 0.3% Saxony. 0.8% of the children were examined in Innsbruck (Austria).

Participating families were recruited in pediatrician's practices, hospitals, daycare centers/preschools, and through the distribution of flyers in playgrounds, counseling centers, etc. The children, accompanied by their parents, were invited to participate in the study by the examiners.

The questionnaire was completed by the parents at home or during the child's developmental examination. All participants' parents were informed and asked for written consent for participation in the study.

### 2.2 Participants

The sample used for our study included children aged from a few days postnatal age to 3 years and 11 months whose development had been normal up to that point.

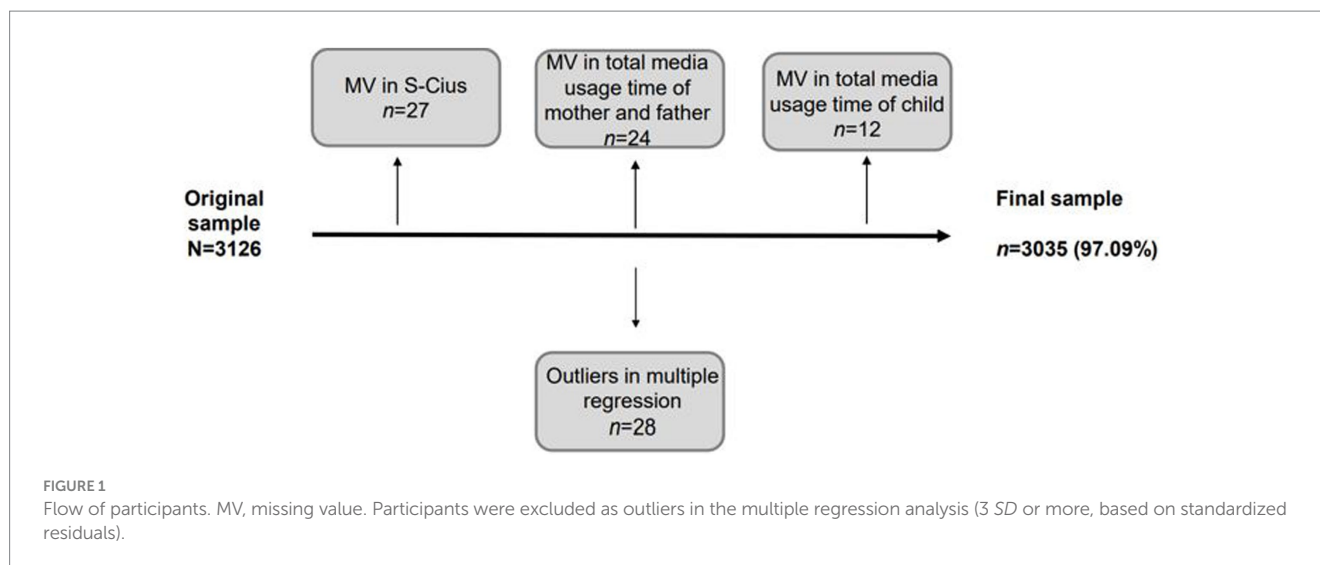
Exclusion criteria were as follows: prematurity (birth weight under 1,500 g), a mother tongue different from German, medication impacting children's cognitive or verbal performance as well as sensory or motor disabilities. Illnesses with a heightened risk of developmental disorders or genetic disorders were also excluded. No people who in any way were dependent on the director of studies or doctor/scientist responsible for this study were included.

The original *ad-hoc* sample consisted of 3,126 children. 12 (0.38%) had to be excluded because of missing values in total media usage time, 27 (0.86%) had missing values in S-CIUS and therefore became ineligible for further analysis and 24 (0.77%) children had to be excluded because of missing values in the total media usage time of their mother and father. Lastly, 28 (0.90%) data sets were excluded as outliers (participants were excluded as outliers in the multiple regression analysis (3 SD or more, based on standardized residuals)), so the final sample consists of 3,035 participants, 97.09% of the original sample. The participants flow can also be found in [Figure 1](#).

### 2.3 Measures

The questionnaire on socio-demographics and on media usage, times of use and contexts of use of children aged 0–4 years and their parents is a questionnaire developed by the Child and Adolescent Psychiatry, Saarland University Hospital in cooperation with the Technical University of Munich in 2019. The questionnaire contains 57 items and was designed to assess general information, such as demographic information, school leaving graduation of mother and father as well as leisure activities and contexts of use and times of use of electronic media (e.g., television, computer/laptop, smartphone, smartwatch, tablet, game console) in children and parents.

Information about the child (10 items; e.g., gender, number of siblings, position of the child in the family, illnesses) and the child's living circumstances (1 item, single-choice; e.g., living with both biological parents; see [Table 1](#)) are asked. Furthermore, the questionnaire asks whether the child attends a nursery/kindergarten and whether digital media are used there (dichotomous response format; yes/no), whether the child is in a club, and which activities the child likes (open response format). The questionnaire asks which media devices are available in the household (e.g., Smarttoy; see [Table 2](#)), which devices the child uses on a daily basis (open response format) and looks at how much time is spent with them (on average per day; indicated in minutes; see [Table 3](#)) as well as in which contexts (e.g., for the child's occupation, at mealtimes, during waiting times, etc.; see [Table 4](#)). The questionnaire also asks whether the child can freely dispose of his or her media time, whether he or she has free



access to the internet and whether safety locks have been installed (dichotomous response format; yes/no).

Information about the highest school-leaving graduation (e.g., High School, University; see Table 1) of the biological parents are asked.

Additionally, the parents' media consumption is recorded in detail, in particular how much time mother and father spend per day on average with different screen media (see Table 5). The Short Compulsive Internet Use Scale (S-CIUS) (56) is a short form of the Compulsive Internet Use Scale (CIUS) (57) and embedded in the above-mentioned questionnaire. It's a screening tool to assess Problematic Internet Use (PIU). It consists of 5 of the original 14 items rated with a five-point Likert scale. The items are as follows: "How often do you find it difficult to stop using the internet when you are online?", "How often do other people (parents, friends) say you should use the internet less?", "How often do you sleep too little because of the internet?", "How often do you neglect your daily obligations because you prefer to go online?" and "How often do you go online when you are feeling down?". The response options for each are "0 = never, 1 = seldom, 2 = sometimes, 3 = frequent, 4 = very frequent". Its reliability of 0.77 (Cronbach's Alpha) is adequate. At a cut-off of 7 which was shown to perform best in case detection, it yields a sensitivity of 0.95 and a specificity of 0.87 (58). In all these psychometric properties it is no worse than its full-length version.

## 2.4 Statistical analysis

The contents of the study were evaluated descriptively and via inferential statistics. A multiple regression analysis was conducted to predict the child's total media usage time. To compare the effect of age group (children) on Problematic Internet Use (S-CIUS total score) (parents) a one-way ANOVA was performed. Because of the violation of the preconditions (such as homoscedasticity and normal distribution) and unequal group sizes, a Brown-Forsythe ANOVA was calculated. Additional t-tests were performed for group analysis of continuous variables. Since the requirements for a t-test for independent samples were not met, a Mann Whitney U Test was calculated.

Data were analyzed using the IBM SPSS Statistics version 26. A significance level of 0.05 was used for all statistical tests.

## 3 Results

### 3.1 Descriptive analysis

#### 3.1.1 Sample

The participants' mean age was 17.37 months ( $SD = 13.68$ , Min. = 0, Max. = 47) with 1,544 (50.87%) of them being male and 1,491 (49.13%) being female. The average maternal age at birth was approximately 32 years ( $SD = 4.73$ , Min. = 14, Max. = 52). The average paternal age at birth 35.16 years ( $SD = 5.76$ , Min. = 15, Max. = 67). 93.40% of the questionnaires were filled out by the mother alone or by the mother with another person (e.g., father/new partner). At the time of data collection 2,843 (93.67%) children lived with both of their biological parents. In case of the biological parents being split up, most children lived with their mothers and not their fathers. Only 10 (0.33%) lived in foster families or with adoptive parents. 1,690 (55.68%) had at least one sibling while 1,345 (44.32%) were only children. 2038 of the mothers (57.15%) had graduated university or a finished high school education, 31.25% finished secondary or intermediate secondary school, and 0.92% had none or a special school certificate. Among fathers, 62.27% had graduated university or a finished high school education, 34.96% finished secondary or intermediate secondary school, and 1.25% had none or a special school certificate (see Table 1).

#### 3.1.2 Media characteristics by household and child

The *media devices available in the household* can be found in Table 2. The most owned items used for consuming electronic media among families were smartphones (93.44%), televisions (87.55%), laptops (84.09%) and tablets (61.48%). Consoles were present in 24.65% of households.

Tables 2, 3 show the children's media behaviors, such as total *daily media usage time* in minutes as well as daily media usage time categorized by media type. Out of 3,035 children, about half of them

TABLE 1 Sample characteristics.

Characteristic	<i>M</i>	<i>SD</i>
<b>Siblings</b>	<i>n</i>	%
Single child	1,345	44.32
Has siblings	1,690	55.68
1	1,198	39.47
2	374	12.32
3	76	2.50
4	30	0.99
≥ 5	12	0.40
Multiple birth	137	4.51
<b>Attends nursery/Kindergarten</b>	1,055	34.76
<b>School graduation mother</b>	<i>n</i>	%
Without a school-leaving certificate	23	0.76
Special school certificate	5	0.16
Secondary school	217	7.15
Intermediate Secondary School Certificate (MSA)	750	24.1
High school	531	17.50
University	1,507	49.65
MV	2	0.07
<b>School graduation father</b>	<i>n</i>	%
Without a school-leaving certificate	30	0.99
Special school certificate	8	0.26
Secondary school	390	12.85
Intermediate Secondary School Certificate (MSA)	671	22.11
High school	390	12.85
University	1,500	49.42
MV	46	1.52
<b>Place of residence of child</b>	<i>n</i>	%
Lives with mother and father	2,843	93.67
Lives with mother	150	4.94
Lives with father	1	0.03
Lives with mother and her new partner	27	0.89
Lives with father and his new partner	2	0.07
Does not live with biological parents (e.g., foster family, adopting parents)	12	0.40
<b>Questionnaire answered by</b>	<i>n</i>	%
Mother alone or with another person (e.g., father, new partner)	2,835	93.40
Father	194	6.39
Other (e.g., grandparents)	6	0.20

MV, missing value.

were reported not to be media-users (= parents indicated a daily use of 0 min for their child for all digital media devices indicated) (48.01%). The other 51.99% of children use electronic media for an average of 39.84 min (*SD* = 34.30, Min. = 1, Max. = 300) per day, of which about half is spend on screens (20.65 min; total screen time is defined as the sum of screen time spend with (Video-)Calling/Skype, Internet, movies/series, digital games, apps and digital books and

newspaper). The following usage times occur among the media users: Most popularly used by children are music and audiobooks (19.19 min/day), followed by movies and series (16.88 min/day). Least used were the Internet (0.09 min/day) and digital picture books (0.33 min/day). As can be seen in Table 3, a children's average total media usage time per day increases with their age. There were no missing values for the media characteristics by child.

TABLE 2 Media characteristics by household and child.

Characteristic	Child			
	n	%	MV	
			n	%
Smartphone	2,836	93.44	0	0
TV	2,657	87.55	0	0
Laptop	2,552	84.09	0	0
Tablet	1,866	61.48	0	0
Console	748	24.65	0	0
Alexa	436	14.37	0	0
Smartwatch	398	13.11	0	0
Smarttoy	70	2.31	0	0
Other	182	6.00	0	0

Media user or no media user	n	%	MV	
			n	%
	No media user	1,457	48.01	0
Media user	1,578	51.99	0	0

Internet access child	n	%	MV	
			n	%
	Free access to the internet	4	0.13	15
Internet child safety lock installed	634	20.89	23	0.76

Media use in nursery/Kindergartens	n	%	MV	
			n	%
	Total (n=1,055)	64	6.07	7
Up to 1-year-olds (n=12)	0	0	0	0
1-2-year-olds (n=251)	8	3.19	0	0
2-3-year-olds (n=361, MV=2=0.55%)	18	4.96	2	0.55
3-4-year-olds (n=424, MV=5=1.17%)	38	8.86	5	0.66

MV, missing value; No media user means: parents indicated a daily use of 0 min for their child for all digital media devices indicated.

Only 0.13% of children have free access to the Internet and 20.89% of households have a child safety lock installed.

If we look at *media use in the nursery/kindergarten*, we see that on average 6.07% of those children who attend a nursery/kindergarten also consume media there. However, children under 1 year of age do not consume media in the nursery/kindergarten, the number of consumers then increases across the age groups and reaches 8.86% among the 3- to 4-year-olds.

### 3.1.2.1 Age differences

Among children who use digital media, total digital media usage time averages 28.51 min per day in the first year of life, 35.13 min per

day in the second year of life, 43.71 min per day for 2- to 3-year-olds and 46.99 min per day for 3- to 4-year-olds. Due to the presence of heteroskedasticity [Levene's  $F(3, 3,031) = 184.83, p \leq 0.001$ ], lack of a normal distribution and unequal group sizes, a Brown-Forsythe ANOVA was performed. This showed that there was a statistically significant difference in children's overall media use time between at least two age groups [Brown-Forsythe-  $F(3, 3,031) = 360.69, p \leq 0.001, n = 3,035$ ]. The estimated  $\omega^2 = 0.26$  indicates a large effect. Games-Howell post-hoc procedure showed that the mean value of children's media use differed significantly between all age groups.

The number of those who use *digital games* is increasing rapidly with age: while no digital games are used among the under-one-year-olds, the number of users doubles from the third to the fourth year of age (2- to 3-year-olds: 3.36%; 3- to 4-year-olds: 6.28%). While under-one-year-old media users watch *movies/series* an average of 4.39 min per day, the 1-2-year-olds increase it to 9.89 min, the 2-3-year-olds to 21.23 min and the 3-4-year-olds to 26.41 min.

A similar increase is seen in *total screen time* (up to 1 year old: 7.20 min; 1 to 2 years old: 14.38 min; 2 to 3 years old: 24.90 min; 3 to 4 years old: 30.14 min). Due to the presence of heteroskedasticity [Levene's  $F(3, 3,031) = 338.50, p \leq 0.001$ ], lack of normal distribution and unequal group sizes, a Brown-Forsythe ANOVA was performed. This showed that there was a statistically significant difference in children's screen time between at least two age groups [Brown-Forsythe-  $F(3, 3,031) = 438.02, p \leq 0.001, n = 3,035$ ]. The estimated  $\omega^2 = 0.30$  suggests a large effect. Games-Howell post-hoc procedure showed that the mean value of children's screentime differed significantly between all age groups.

Time spent with music and audio books decreases with age (up to 1 year old: 21.31 min; 3 to 4 years old: 16.85 min). The time spent with ((Video-)Calling/Skype), internet and digital games hardly changes over the age range considered here. Children under the age of one do not use the internet. If we look at single children versus siblings, children with siblings are more often electronic media users (57.05%) than single children (45.65%). A chi-squared test confirmed that the percentage of electronic media users did differ by existence of siblings  $\chi^2(1, 3,035) = 38.93, p \leq 0.001$ . We see in particular that siblings spend more time watching films and series (19.59 min versus single children, 12.61 min).

### 3.1.2.2 Gender differences

In our sample, there are no *gender differences* between users of electronic media: 51.75% of male and 52.25% of female children are users. Looking at gender differences (media users only), boys ( $M = 0.59$  min,  $SD = 4.23$ ) played on average longer *games* than girls ( $M = 0.31$  min,  $SD = 2.33$ ). According to Mann Whitney U test, however, this was not a significant difference ( $U(n \text{ boys} = 799, n \text{ girls} = 779) = 308644.00, z = -0.96, p = 0.34$ ).

Girls ( $M = 0.44, SD = 3.21$ ) read more digital picture *books* than boys ( $M = 0.23, SD = 2.90$ ). However, according to Mann Whitney U test, this was not a significant difference ( $U(n \text{ boys} = 799, n \text{ girls} = 779) = 309810.00, z = -0.62, p = 0.53$ ).

Girls ( $M = 21.18, SD = 23.49$ ) had a higher *screen time* than boys ( $M = 20.13, SD = 23.06$ ). Again, according to Mann Whitney U test, this was not significant ( $U(n \text{ boys} = 799, n \text{ girls} = 779) = 299664.00, z = -1.29, p = 0.20$ ). Girls ( $M = 40.29, SD = 34.43$ ) also had higher average daily *media usage times* than boys ( $M = 39.40, SD = 34.19$ ) but

TABLE 3 Frequency and percentage of children's media use and child average daily media usage time by age, gender, and siblings present or missing.

Child media use	Total	Up to 1 year old	1 to 2 years old	2 to 3 years old	3 to 4 years old	Male	Female	Single child	Has siblings
<b>N</b>	3,035	1,388	703	487	457	1,544	1,491	1,345	1,690
<b>n %</b>	100	45.73	23.16	16.05	15.06	50.87	49.13	44.32	55.68
<b>No media user n</b>	1,457	1,134	271	41	11	745	712	731	726
<b>No media user %</b>	48.01	81.70	38.55	8.42	2.41	48.25	47.75	54.35	42.96
<b>Media user n</b>	1,578	254	432	446	446	799	779	614	964
<b>Media user %</b>	51.99	18.30	61.45	91.58	97.59	51.75	52.25	45.65	57.04
<b>from here on, all data refer to media users only:</b>									
<b>Digital gaming user n</b>	47	0	4	15	28	27	20	19	28
<b>Digital gaming user %</b>	2.98	0	0.93	3.36	6.28	3.38	2.57	3.09	2.90
<b>No digital gaming user n</b>	1,531	254	428	431	418	772	759	595	936
<b>No digital gaming user %</b>	97.02	100	99.07	96.64	93.72	96.62	97.43	96.91	97.10
Child (Video-) Calling/Skype time	1.79	2.25	2.62	1.43	1.10	1.69	1.90	2.42	1.39
Child internet time	0.09	0.00	0.01	0.20	0.10	0.10	0.08	0.07	0.10
Child movies/series time	16.88	4.39	9.89	21.23	26.41	16.56	17.20	12.61	19.59
Child digital games time	0.45	0.00	0.06	0.63	0.90	0.59	0.31	0.58	0.37
Child digital picture books time	0.33	0.00	0.37	0.16	0.67	0.23	0.44	0.24	0.40
Child other media time	1.11	0.55	1.43	1.25	0.97	0.95	1.26	1.45	88
<b>Child total screen time</b>	<b>20.65</b>	<b>7.20</b>	<b>14.38</b>	<b>24.90</b>	<b>30.14</b>	<b>20.13</b>	<b>21.18</b>	<b>17.38</b>	<b>22.73</b>
Child music/audiobook time	19.19	21.31	20.75	18.82	16.85	19.28	19.11	22.35	17.18
<b>Child total media usage time</b>	<b>39.84</b>	<b>28.51</b>	<b>35.13</b>	<b>43.71</b>	<b>46.99</b>	<b>39.40</b>	<b>40.29</b>	<b>39.73</b>	<b>39.91</b>

No media user means: parents indicated a daily use of 0 min for their child for all digital media devices indicated; Total screen time = screen time spend with (Video-) Calling/Skype + Internet + movies/series + digital games + apps + digital books and newspapers; Total media usage time = Total screen time + music/audiobook; All times are in minutes.

also, the difference was not significant according to Mann Whitney U test ( $U(n \text{ boys} = 799, n \text{ girls} = 779) = 310476.00, z = -0.81, p = 0.94$ ).

### 3.1.3 Media characteristics by parents

The vast majority of parents use digital media (mothers: 99.11%; to a slightly lesser extent fathers: 92.36%; see Table 5). The following usage times occur among the media users. Mothers spend on average

192.68 min a day using various media. Looking more closely at the mothers' usage time, on an average day 159.57 min are spent on screen media, 53.20 min on watching films and series and 47.51 min on the internet. Fathers spend a daily average of 268.92 min using media, 240.46 of those on screens. Leading among fathers were movies and series as well as the Internet, each with about 57 min per day.



TABLE 4 Frequency and percentage of children's use of electronic media in different contexts (overall and separated by the first 4 years of life) in parental judgment.

Contexts of use of electronic media in parental rating	Total ( <i>n</i> = 1,578)		Up to 1 year old ( <i>n</i> = 254)		1 to 2 years old ( <i>n</i> = 432)		2 to 3 years old ( <i>n</i> = 446)		3 to 4 years old ( <i>n</i> = 446)	
	<i>n</i> = 1,072 (MV = 506)	67.93% (MV = 32.07%)	<i>n</i> = 111 (MV = 143)	43.70% (MV = 56.30%)	<i>n</i> = 278 (MV = 154)	64.35% (MV = 35.65%)	<i>n</i> = 327 (MV = 119)	73.32% (MV = 26.68%)	<i>n</i> = 356 (MV = 90)	79.82% (MV = 20.18%)
At mealtime	65	6.06	5	4.50	19	6.83	29	8.87	12	3.37
Before bedtime	304	28.36	30	27.03	65	23.38	96	29.36	113	31.74
To occupy/calm the child	403	37.59	58	52.25	119	42.81	112	34.25	114	32.02
During waiting times	205	19.12	11	9.91	48	17.27	71	21.71	75	21.07
When parents have no time (e.g., doing chores etc.)	480	44.78	18	16.22	100	35.97	153	46.79	209	58.71
With other children	160	14.93	17	15.32	65	23.38	45	13.76	33	9.27
<b>Total</b>	<b>1,617</b>	<b>150.84</b>	<b>139</b>	<b>125.23</b>	<b>416</b>	<b>149.64</b>	<b>506</b>	<b>154.74</b>	<b>556</b>	<b>156.18</b>

For media users only; Multiple answers are possible; MV, missing value.

TABLE 5 Frequency and percentage of media use by mother and father and average daily media usage times.

Characteristic	Mother			Father		
	N	%	MV	n	%	MV
No media user	22	0.72	5 (0.16%)	118	3.89	114 (3.76%)
Media user	3,008	99.11		2,803	92.36	

From here on, all data refer to media users only:										
Media usage time	M	SD	Min.	Max.	MV	M	SD	Min.	Max.	MV
(Video-) Calling/Skype	14.09	26.95	0	480	0	22.21	52.44	0	510	0
Internet	47.51	45.65	0	480	0	57.29	59.14	0	720	0
Movies/series	53.20	48.62	0	480	0	56.83	48.42	0	360	0
Digital games	2.49	12.21	0	240	0	12.08	30.46	0	420	0
Apps	24.50	30.76	0	420	0	22.98	30.82	0	300	0
Digital books and newspaper	9.82	20.29	0	300	0	14.71	25.09	0	300	0
Other	7.96	49.68	0	510	2	54.36	138.25	0	720	0
<b>Total screen time</b>	<b>159.57</b>	<b>105.90</b>	<b>0</b>	<b>990</b>	<b>0</b>	<b>240.46</b>	<b>194.61</b>	<b>0</b>	<b>1,290</b>	<b>0</b>
Music/audiobooks	33.11	61.00	0	960	0	28.47	57.21	0	960	0
<b>Total media usage time</b>	<b>192.68</b>	<b>132.21</b>	<b>3</b>	<b>1,080</b>	<b>0</b>	<b>268.92</b>	<b>212.18</b>	<b>7</b>	<b>1,500</b>	<b>0</b>

No media user means: parents indicated a daily use of 0 min for all digital media devices indicated; Total screen time = screen time spend with (Video-) Calling/Skype + Internet + movies/series + digital games + apps + digital books and newspapers; Total media usage time = Total screen time + music/audiobook; All times are in minutes; MV, missing values.

TABLE 6 Descriptive statistics of S-CIUS values (parents) total and by child age, child gender, and siblings present or missing.

Items S-CIUS (parents)	Total	Up to 1 year old	1 to 2 years old	2 to 3 years old	3 to 4 years old	Male	Female	Single child	Has siblings
M	3.03	2.65	3.25	3.50	3.38	3.01	3.06	2.89	3.15
SD	2.78	2.59	2.90	2.89	2.91	2.77	2.81	2.76	2.80
Minimum	0	0	0	0	0	0	0	0	0
Maximum	16	14	16	13	13	16	14	16	15
Cut-off S-CIUS	≥ 7								
n ≥ cut-off	356	124	94	71	67	179	177	148	208
% ≥ cut-off	11.73	8.93	13.37	14.58	14.66	11.59	11.87	11.00	12.31

Looking at the S-CIUS scores (see Table 6), in total, 356 parents (11.73%) had a result above the cut-off 7, which implies Problematic Internet Use. Overall, the average total value was 3.03 (see Table 6).

### 3.1.4 Reciprocal relationship between familial factors and media usage

Parents of multiple children ( $M=3.15, SD=2.80$ ) scored higher in S-CIUS than parents of only children ( $M=2.89, SD=2.76$ ). A Mann Whitney U Test indicated that this difference was statistically significant ( $U(n \text{ multiple children}=1,690, n \text{ single child}=1,345)=1069973.50, z=-2.80, p \leq 0.01$ ). The effect size according to Cohen (59) is Pearson  $r=0.05$  and is below a small effect ( $r=0.10$ ).

The S-CIUS score of parental media use also differed depending on the age of the child. In the first year of life, the parents' S-CIUS total score was 2.65 (8.93% above the Problematic Internet Use PIU cut-off), in the second year of life 3.25 (13.37% PIU), in the third year of life 3.05 (14.58% PIU) and in the fourth year of life 3.38 (14.66% PIU). An ANOVA with the 4-fold stepped factor age was calculated on the S-CIUS total values. Due to heteroskedasticity [Levene's  $F(3, 3,031)=8.45, p \leq 0.001$ ], lack of normal distribution and unequal group sizes a Brown-Forsythe-ANOVA was performed. This revealed that there was a statistically significant difference in terms of Problematic Internet Use (S-CIUS total score) between at least two groups [Brown-Forsythe- $F(3, 3,031)=17.53, p \leq 0.001, n=3,035$ ]. The estimated  $\omega^2=0.02$  suggests a small effect. Games-Howell post-hoc procedure revealed that the mean S-CIUS total score differed significantly

TABLE 7 Multiple linear regression analysis results ( $n = 3,035$ ) with “total media usage time of child” (averaged over media and no media users) as criterion.

Criterion: “total media usage time of child”					
Predictors:	<i>B</i>	<i>SE B</i>	$\beta$	<i>T</i>	<i>p</i>
Total media usage time of mother	0.03	0.01	0.11	5.79	0.00**
Total media usage time of father	−0.00	0.00	−0.01	−0.35	0.72
S-CIUS-total-score	0.60	0.18	0.05	3.43	0.00**
School graduation mother	−1.41	0.58	−0.05	−2.45	0.01*
School graduation father	−2.28	0.51	−0.09	−4.46	0.00**
Child gender	0.21	0.96	0.00	0.22	0.83
Child age	1.28	0.04	0.56	34.20	0.00**
Siblings	−2.64	1.00	−0.04	−2.65	<0.01*

$F(8,2,888) = 170.05$ ,  $p < 0.001$ ,  $R^2 = 0.32$ ,  $R^2_{\text{adjusted}} = 0.32$ . *B* represents unstandardized regression weights, *SE B* represents standard error for *B*. Beta indicates standard regression weights; \* $p < 0.05$ ; \*\* $p < 0.001$ .

between parents of infants up to 1 year old and parents of all other age groups [compared to 1–2 year old infants  $p \leq 0.001$ , 95% C.I. = (−0.94;−0.27); compared to 2–3 year old infants  $p \leq 0.001$ , 95% C.I. = (−1.24;−0.47); compared to 3–4 year old infants  $p \leq 0.001$ , 95% C.I. = (−1.13;−0.34)]. Otherwise, there were no statistically significant differences between the older age groups (comparison of 1-2-year-olds with 2-3-year-olds  $p = 0.45$ ; comparison of 1-2-year-olds with 3-4-year-olds  $p = 0.88$ ; comparison of 2-3-year-olds with 3-4-year-olds  $p = 0.92$ ). Further descriptive data concerning the S-CIUS are found in Table 6.

Parents were asked about the contexts of electronic media use using predefined categories (see Table 4). In the total sample of media-using children, 44.78% of children were allowed to use electronic media when parents did not have time, 37.59% of children were occupied with electronic media to calm them down, 28.36% before going to sleep, 19.12% during waiting times, 14.3% with other children and 6.06% at mealtimes. Specifically in the first year of life, media are used to occupy and calm the child (52.25%) in contrast to the following 3 years of life (42.81, 34.25, 32.02%). Additionally, the reason ‘lack of time’ shows an increase with age (16.22% in the first, 35.97% in the second, 46.79% in the third and 58.71% in the fourth year of life).

### 3.2 Multiple contextual influences

A multiple regression analysis (method enter) was used to predict total media usage time of all children (media and no media users) from total media usage time of all mothers, total media usage time of all fathers, parental S-CIUS-Total-score, school graduation mother, school graduation father, child gender, child age and single child versus child with siblings (Table 7). The model explained a statistically significant amount of variance in total media usage time of child,  $F(8,2,888) = 170.05$ ,  $p < 0.001$ ,  $R^2 = 0.32$ ,  $R^2_{\text{adjusted}} = 0.32$ . Significant predictors were: total media usage time of mother ( $\beta = 0.11$ ,  $t = 5.78$ ,  $p \leq 0.001$ ), S-CIUS-Total-score ( $\beta = 0.05$ ,  $t = 3.43$ ,  $p < 0.001$ ), school graduation mother ( $\beta = -0.05$ ,  $t = -2.45$ ,  $p = 0.01$ ), school graduation father ( $\beta = -0.09$ ,  $t = -4.46$ ,  $p < 0.001$ ), child age ( $\beta = 0.56$ ,  $t = 34.20$ ,  $p < 0.001$ ) and siblings ( $\beta = -0.04$ ,  $t = -2.65$ ,  $p < 0.01$ ). Therefore, the final predictive model was: Total media usage time of child = 11.40 + 0.03 (total media usage time of mother) + 0.60 (S-CIUS-Total-score) − 1.41 (school graduation mother) − 2.28 (school

graduation father) + 1.28 (child age) − 2.64 (siblings). Increasing maternal total media usage time, Problematic Internet Use, lower school leaving certificate of mother, lower school leaving certificate of father, increasing age and being an only child lead to higher child media usage time. The  $R^2$  for the overall model indicates a substantial goodness of fit according to Cohen (59),  $f^2 = 0.47$  (large effect). Child’s gender and total media usage time of father were no significant predictors of child’s electronic media usage time.

## 4 Discussion

The present study examined the digital media use and media availability in the first 4 years of life of more than 3,000 children. Young children’s media use was examined in relation to the media use of their parents, their parents’ Problematic Internet Use, the educational attainment of their parents and family composition.

The hypotheses put forward at the beginning were partly confirmed, with mothers’ media usage, level of education of mother and father and children’s age being relevant predictors in the assumed capacities. There are no significant gender differences in the media use times of children at this early age. Siblings in this study are a factor that significantly diminishes young children’s media usage rather than increase it. In the first 4 years of their children’s lives, electronic screen media are used by parents comprehensively and depending on children’s age in different contexts (eating, falling asleep) and with different functions (to occupy/calm the child). In addition, we observed that parents of siblings had a higher S-CIUS score than parents of only children and that there was an increase in S-CIUS scores between parents of children under 1 year and parents of children aged 1 to 3 years.

### 4.1 Media characteristics by child

According to the results of our study, more than half of the 0- to 4-year-old children spend approximately 40 min using electronic media per day. However, of these 40 min of daily electronic media use, the use of music/audiobook with over 19 min makes up the largest part (main share). Listening, singing and dancing are

highly-encouraged activities, which parents can offer to their children from an early age, either in person or through electronic media. Nevertheless, an average total screen time of 20.65 min per day remains for the first 4 years of life.

Ferjan Ramírez et al. (60) report 58 min of daily electronic media exposure in 6- to 24-month-old children and results of the miniKim-Studie (61) show comparable results to the present study, reporting that 2–3-year-olds spend 34 min watching TV. Additionally, 4% of 2–3-year-olds use computer, console or online games at this early age. This is in line with results of the present study, reporting that about 3% of 2–3-year-olds and 6% of 3–4-year-olds use digital games. However, the results of our study reveal a deviation of the current practice from the recommendations of the American Academy of Pediatrics (AAP) (37, 62). Our study shows 18.30% media users in the first year of life and 61.45% media users in the second year (Table 3). If we look at the media usage times of only the media users, we find an average of 4.93 min daily for “child movies/series time” already in the first year of life and an average of 9.89 min daily in the second year of life. As well as an average daily total screen time of 7.20 min in the first year of life and 14.38 min in the second year of life. Even if we take into account that the total screen time in the first year of life includes an average of 2.25 min of (Video-)Calling/Skype daily and in the second year of life an average of 2.62 min of (Video-)Calling/Skype daily, these descriptive results deviate from the recommendations of the AAP. The AAP recommends completely avoiding the use of digital media (with the exception of video-chatting) for children younger than 18 months. If children between the ages of 18 and 24 months are to be introduced to digital media, it should always be with a caregiver and with quality educational digital media content (37).

Looking at *total screen time*, half of the 0- to 4-year-old children in the present study spend approximately 20 min in front of a screen per day. Trinh et al. (63) show an average screen time of 30 min for toddlers and 2 h for 3-year-olds. Kracht et al. (64) report 1 h of screen time per day for 3-month-olds, 1.1 h for 12-month-olds and 1.7 h for 2-year-olds. Tandon et al. (65) found much higher numbers, whereby weekday screen time for preschool children was 4 h per day, in line with the findings of Cheng et al. (66). Tandon et al. (65) points out that the usage times in the nursery/kindergarten and especially in home-based childcare should not be underestimated. As we can see in the present study, 6.07% of the children already use media in the nursery/kindergarten. Since we did not measure the time spent with media in the nursery/kindergarten, we cannot compare it with the results of the study by Tandon et al. (65). However, this shows that media time in the nursery/kindergarten cannot be neglected as it could be one of the reasons for the observed lower usage times in our sample and has the potential to become a significant additional source in the cumulative daily screen time of young children in the future.

By the end of the first year of life, approximately one fifth (18.3% of the children in our sample) are already media users. Durham et al. (67) find much higher frequencies with 45% of children already interacting with digital media in their first year of life. Kiliç et al. (68) report an average age of 12 months for the first use of mobile devices. In the present study, the frequency of media use increases sharply in the second (61.45%) and third (91.58%) years of life and reaches almost full coverage in the fourth year of life at 97.59%. There are considerable increases especially in the second year of life (by more than 40%) and in the third year of life (by about 30%). Significant

course settings in media use seem to take place in the early childhood years.

With increasing age, 0- to 4-year-old children in this study are reported to use media for an increasing amount of time per day, confirming previous findings of age being a predictor of media usage time [e.g., (47, 69)]. Certain and Kahn (70) found that 83% of 0 to 11-month-olds spend less than an hour a day watching TV while 48% of 12- to 23-month-olds spend at least 1 h every day watching TV. Among the 24 to 35 months old, 16% were reported to watch 5 or more hours of TV every day, while 41% of this age group were reported to watch at least 3 or more hours daily. This finding is in line with Duch et al. (24) noting that older children (about 36 months old) have a higher screen time than younger children. As children grow older, they gain more autonomy and independence, possibly to use media by themselves as well as more fine and gross motor skills that facilitate specific and extensive media usage.

Comparisons between our data and existing studies (and between existing studies themselves) are limited by different methodological approaches (e.g., how media use is measured in the different studies or how representative the sample is).

Regarding the varying media characteristics reported in the literature, cultural differences in policy and the different policies on internet use in different countries play an important role (71, 72). In Germany, for example, internet use policies take on a crucial role, as the digitalization campaign by the German government lays the framework for a substantial increase in the use of digital media, especially in the context of schools (73).

Parents were asked in which *contexts* electronic media are used in the first 4 years of life. Results show that media are mainly used to occupy the child, especially when parents do not have time or want to calm the child down, but also before falling asleep, during waiting times, with other children and at mealtimes. This is supported by the findings of Kabali et al. (74) and consistent with findings by Vandewater et al. (9). The results of the present study contrast again with recommendations from the AAP (37), emphasizing that media should not be used to distract the child. In addition, screens are to be turned off at least 1 hour before bedtime (75). Furthermore, mealtimes and parent–child times should be media-free times. Ventura et al. (76) raise the question of whether maternal use of digital media during infant feeding has a negative impact and found that there was a negative association with some aspects of the quality of feeding interaction. In our study, during the first years of life, electronic media are used especially to occupy and calm the child. As children get older, media were used more often when parents do not have time. When it comes to media use during mealtime, we found an inverted U-shaped relationship. It seems that at the time of learning to eat independently (second and third year of life), electronic media are used particularly intensively.

In the present study, no significant *gender differences* were found with regard to screen and media use time. Consistent with previous research on older children [e.g., (53, 77)], this sample of younger children also indicates a tendency for boys to spend more time playing digital games. Girls, on the other hand, spent more time with digital picture books, which is in line with the finding of Jabbar & Warraich (78) reporting that girls are more frequent readers than boys. As girls get older, there is a higher preference for Social Media use in adolescence than in boys (77), and some studies also report more

Problematic Internet Use in girls than in boys (16). To summarize, on the one hand, there is a tendency and direction toward these gender differences known from studies of older children. On the other hand, these gender-specific findings in the present study are not statistically significant. Thus, one could conclude that gender differences are not yet so pronounced at this early age. However, there is a lack of research and comparable studies on infants and young children on this topic.

## 4.2 Family context factors

The aim of the present study was to find predictors for the media use of young children, looking more closely at family factors, as there is a lack of studies for infants and toddlers in this research area. In line with prior research identifying parental media usage as a strong predictor for children's digital media use [e.g., (41, 79, 80)], it was found that one of the major predictors in the sample of 0- to 4-year-old children was *maternal media usage*. Children spend more time watching television, playing video games and generally using screens, when their parents have a higher media consumption themselves [e.g., (42, 81)]. Woodard and Gridina (82) note that this applies especially for those parents who are heavier media users. If, for instance, a parent spends more than 2 h per weekday watching television, young children have been found to be at least 3.4 times more likely to also spend more than 2 h watching TV (83). Durham et al. (67) also point out that family TV time is a major predictor of infant screen time. In previous studies specifically mothers' screen time (e.g., watching TV) has been found to predict the time young children spend in front of screens or engaging in media (24). The positive association between maternal media use and children's media usage might be attributed to the fact that children learn their behavior by observing their caregivers' interaction with the world (41, 84), as described in Bandura's theory of social learning (85). In addition, parents' attitudes toward the effects of media use also play a major role here, as these affect and shape the way in which parents value media in their homes (84). Parents who perceive media use as less harmful to their children may also be more inclined to expose them to more media devices more often.

In our study, the extent of *paternal media usage* was not a significant predictor of the child's screen time. So far there has been little to no research finding comparable results for fathers when looked at outside of a parental dyad and their media usage. This relative lack of literature investigating the paternal influence on children's media usage might be caused by mothers spending more time caring for, interacting with and even just being in the presence of their child than fathers, whose time with their children is often mediated by the presence of the mother (86). This is especially true for the first 2 years of life, when the mother plays a very significant role in parent-child interaction and - at least in the traditional model still predominant in Germany - fathers are less involved. The mother's media consumption seems to be a significant influencing factor for the child's media use in the first years of life, while the father's is not. This implies that mothers are an important target group for early prevention. Kiliç et al. (68) for example showed that there is a great lack of knowledge about the effect of mobile devices: 95% of the parents who participated in their study reported that they have not been informed about the effect of mobile devices on their children by a doctor. Universal prevention programs for mothers during pregnancy and the newborn period could

be implemented to share information about possible adverse effects of maternal media use. At the same time, for mothers as the main caregivers of very young children in most Western societies, there are also opportunities in the use of screens, namely to counteract the dangers of social exclusion (87) through the use of social networks. However, it is certainly favorable if this does not happen during mother-child interaction.

In addition to the mother's screen time, the *parents' Problematic Internet Use (PIU)* also plays a significant role in its effects on the child's media use time, which is in line with the findings of Hefner et al. (88). The positive prediction power of parents' PIU possibly indicates that parents who use the internet problematically also fail to see the dangerous consequences of digital media use for their young children, which is why their children's media usage time might not be a (big) concern for them.

Looking at the difference in S-CIUS scores between *parents with more than one child and parents with only children*, in the present study we found that parents with more than one child have higher S-CIUS scores, indicating more PIU. To the best of our knowledge there are no studies on this topic in the current literature. Possible explanations could be that parents of multiple children have more time to use digital media because the children are engaged with each other and require less attention from parents. It could also be that the use of digital media serves as an emotion regulation strategy (89, 90) or as a coping mechanism (89, 91) due to for example increased stress caused by multiple children [e.g., (92)]. Another explanation might be that parents of several children have less opportunities for activities outside the home.

In addition, the present study found, that the *S-CIUS score of parents of 1- to 4-year-olds* increases sharply compared to the score of parents of under one-year olds. PIU of parents was significantly lower in the first year of life than in the 2 to 4 years of life of their children, increasing sharply in the second year of life. It can be speculated that there is less time and/or need to develop a PIU in the first year of life. Further studies are warranted to confirm this finding and to investigate possible mechanisms and explanations.

The present study shows that maternal and paternal *education level* significantly predicts children's media usage time. Children of parents with higher education levels spend less time using media than children of non-academic parents, which is in line with findings of Anand and Krosnick (47) and Kiliç et al. (68). More educated parents reported less leisure media usage (81) and higher family income was negatively associated with parental media use as well (93). This is in line with the findings of Rey-López et al. (94), noting that not only parental education but also occupation influences time spent watching television. Looking specifically at maternal education, almost double the amount of mothers who had not graduated high school than of mothers who were college graduates reported that their 2 year olds watched at least 3 h of television a day (70). A woman who had not graduated from high school was almost 4 times as likely as a woman who had graduated from college to report that her 0- to 11-month-old watched at least 1 h of television per day. Overall, families with young children who have a comparatively high or even very high media intake are significantly lower educated and have a lower annual income than families who report a moderate or low usage of media. This could stem from parents with a higher level of education being more knowledgeable and educated about adverse effects of early life media

usage and also being more likely to seek advice from doctors (95). Therefore, parents with a higher socioeconomic status might establish more and stricter rules regulating their children's media and screen time and might develop these rules in a participatory joint conversation with their children (96), which could lead to a sustainable pursuit of these rules. Sebre et al. (97) highlight the importance of rules regarding social media use noting that reported rules for internet use by children were linked to lower ratings of problematic use of the internet. Additionally, parents with a higher socioeconomic status appear to be providing a reduced availability of media devices to their children compared to lower educated parents as Nikken and Schols already found in 2015 (42). Kabali et al. (74) report that young children in an urban, low-income, minority community had almost universal exposure to mobile devices, and most had their own device by the age 4. Furthermore Tandon et al. (44) note that children from lower income households are provided with a greater access to media in their bedroom and at the same time have lower access to other play equipment which promote physical activities, such as for example bikes.

In contrast Mollborn et al. (98) found that higher-socioeconomic children spend a similar amount of time with digital media devices to other groups and at the same time do not have more rules, than children from socio-economically disadvantaged families, regarding the use of digital media. This contradicts previous findings. One possible explanation the authors refer to is a theoretical perspective stating that more "advantaged" parents tend to follow an "individualistic parenting approach" (99).

When looking at specific types of media usage, Anand and Krosnick (47) found that children with fathers who either had some college education or who were college graduates were shown to spend more time using computers than children whose fathers had no high school education. This pattern is also evident in relation to playing video games or watching DVDs/videos. This could raise the question if and how various types of media usage differ and how they might be predicted or influenced by varying factors to varying degrees.

The results of our study, like those of many others state that low parental education and a low socioeconomic status are associated with children spending more time watching TV [e.g., (70, 100)]. Mollborn et al. (98) confirm this finding and note that children brought up by a college-educated primary caregiver spend less time watching TV, but more time with non-TV technology. In conclusion, one could assume that a poorer level of education could be passed on transgenerationally to the children of these families through more intensive exposure to screen media.

The present study found that *siblings* turned out to be a protective factor regarding media usage time, having siblings decreased the daily average time spend on media. As for why this is the case, it can be speculated that children who are and have siblings spend part of their leisure time with their sibling(s) instead of using media. This is in line with the findings of Bagley et al. (51) and Davies and Gentile (101). However, there are also other studies that show the opposite: Hardy et al. (102) for example found that the presence of siblings increased the time spend watching TV. The presence of other people, including siblings, during screen time is a contextual feature and thus a situational influence that could affect young children's media-related behavior (103). As children often spend a lot of time with their siblings, even more so than with their parents [McHale and Crouter (104) as quoted in Davies and Gentile (101)] it is highly relevant to conduct further research on topics such as the potential function of

the sibling as a role model, the effects of age differences between siblings, their impact on media use, and the effects of sharing digital devices (101).

## 5 Strengths and limitations

The inclusion of a relatively large data set of infants and toddlers and their parents offered the possibility to relate the children's media use to that of their parents. In addition, other family factors such as the parents' level of education and the number of siblings were included. The recording of media time for the child as well as for the mother and father was not done as a total value, but very differentiated according to individual categories [e.g., (Video-)Calling/Skype, internet, movies, games, picture books, audiobook]. These are all strengths of this study and extend the current literature.

As for limitations, the present study is a cross-sectional study identifying correlations, but ultimately no causal relationships. Nevertheless, we consider it more likely that family factors such as parents' media use time, income or parental PIU score have an impact on the very young child's media use time rather than vice versa. However, it seems that eventually there are reciprocal relationships, thus the parental PIU is lower in the first year of the child's life than in the 2nd-4th year of the child's life.

Critically it was only recorded whether children watch television and whether there is a television in the house, but not how much television is watched (only generally "watch movies/series"). Therefore, it is problematic to distinguish whether the time spent watching films and series is spent on the television or perhaps on the computer, smartphone or tablet, which makes it difficult to compare the present results with other studies. Similarly, the item "playing digital games" did not distinguish between educational and non-educational games. However, at present there is little research distinguishing „high-quality" (37) educational games versus non-educational games.

With 49% of both parents having a university degree and over 90% of the children living with their mother and father, the question arises as to the representativeness of the sample studied (even though it is very large). It could be assumed that more educationally distant family systems would tend to result in higher media use times.

The questionnaires used in the present study were self-report questionnaire which could lead to response biases such as under- and over-statements, as well as socially desirable answers. Furthermore, only the parents filled in the questionnaire, so there are no other data sources. Parents' perceptions of their children's time spent using media may be biased, inaccurate and underestimated, especially for parents with high S-CIUS scores as they may have no insight into their own or their children's problematic behavior. Additionally, PIU was assessed only using 5 out of the 14 original items with the short version of the CIUS (S-CIUS) (56). Another issue is that the socioeconomic status of the parents was only measured through educational attainment and not through further factors such as income, profession, or resources in the household.

## 6 Conclusion and outlook

In conclusion, this study yields indications for a possible problematic media consumption in early childhood in respect of the

high percentage of media use in early childhood (51.99%), the average total daily screen time (20.65 min) and the context (e.g., pacifying in absence of parental resources even before bedtime) of media use. In light of the results of the present study, it is important to keep the plentiful adverse effects of media consumption in very early childhood in mind, such as negative repercussions on social, emotional, cognitive, verbal and motor skill development as well as nutrition and sleep (17–22, 81, 104–106). Excessive use of digital media can also lead to the neglect and abandonment of activities like physical exercise (107). However, some studies fail to find a negative effect (108, 109). As for the possible positive effects of using digital media at a young age, there is currently little evidence (110, 111). The AAP recommends parental interaction with the child during media use in order to provide support and guidance and to prevent excessive digital media use (37).

Because of the high educational level of the study population and the fact, that low education is correlated with high media consumption this study is very likely to underestimate the situation in the normal population. Preventive efforts to reduce the use of digital media especially among infants and toddlers seem mandatory, as early life is potentially highly relevant for further media socialization, as well as the family. There is a risk that kindergartens are playing an increasingly important part in digital socialization, however, they could also be targeted as a starting point for prevention. From the data of our study, first conclusions for prevention strategies may be drawn. The role model function of parents has to play a central role, access by the less educated population has to be assured and communication programs through pediatric practitioners should be established. Overall, this seems to be of particular relevance in order to compensate for the plethora of adversities encountered by socially disadvantaged children. Recognizing that media are a potential mediator for the transgenerational transmission of educational attainment (and ultimately Socioeconomic status SES) offers further starting points for specifically tailored indicated prevention programs.

Future research should focus on longitudinal studies to examine possible reciprocal relationships between parental PIU and the age of the child, as well as consider age of the child as a moderating factor in the relationship between parental PIU and child media use. In addition, a broader range of participants with a more diverse parental educational background as well as different living circumstances (e.g., lives with the mother and her new partner, lives with father) is needed. Regarding the contradictory findings on siblings, more research is needed on topics such as the influence of siblings' age, the impact of sharing digital devices and also possible gender effects. In general, there is a need for more studies on infants and toddlers on the topic of digital media.

The qualitative criteria mentioned for PIU or IA or GD of adults are not transferable to toddlers and infants, for whom primarily quantitative time criteria are recorded. However, pure screen time, which was used as a quantitative measure in this study and in many other studies, does not appear to be sufficient. Future research should develop the qualitative structure and criteria of dysfunctional and disturbed media consumption in infants and children beyond the time of use.

A next step would then be to include corresponding age-appropriate criteria in the DC:0–5 (112). [The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5) is a multiaxial classification system for mental disorders in early childhood providing a framework for standardizing clinical practice and research (113)].

Qualitative criteria for screen use such as educationally valuable applications, age appropriateness of the programs and level of quality of the programs need to be considered and researched more extensively. Only then will we be able to better understand what really happens during children's screen time and how screens ultimately affect children's development and parent–child interactions.

## Data availability statement

The datasets presented in this article are not readily available because the data that support the findings of this study are available from VM (Munich) upon reasonable request. Requests to access the datasets should be directed to VM, [Volker.Mall@kbo.de](mailto:Volker.Mall@kbo.de).

## Ethics statement

The studies involving humans were approved by Ethics committee of the Technical University of Munich (No. 278/18S-AS; date 16.08.2018). The studies were conducted in accordance with the local legislation and institutional requirements. The participants provided their written informed consent to participate in this study.

## Author contributions

FP: Conceptualization, Data curation, Methodology, Supervision, Visualization, Writing – original draft, Writing – review & editing. JJ: Data curation, Formal analysis, Methodology, Software, Visualization, Writing – original draft. AF: Data curation, Investigation, Project administration, Resources, Validation, Writing – review & editing. TF: Data curation, Investigation, Project administration, Resources, Writing – review & editing. EM: Supervision, Writing – review & editing. VM: Conceptualization, Investigation, Methodology, Project administration, Supervision, Writing – review & editing.

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## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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# Vorschulkinder und digitale Medien in der Zweiten Moderne

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## In diesem Beitrag

- Das Erscheinen und Verschwinden der Kindheit
- Vorschulkinder und digitale Medien
- Deskriptive Daten zum Medienkonsum der 0- bis 5-Jährigen
- Psychosoziale und emotionale Entwicklung
- Einflüsse elterlichen Medienkonsums

## Zusammenfassung

Digitale Medien durchdringen zunehmend den Alltag von Vorschul-, Kleinkindern und Säuglingen. Das Elternhaus, aber zunehmend auch Krippe und Kindergarten sind zentrale Orte für die frühe Mediensozialisation. Eltern sind Modell der Mediennutzung für ihre Kinder, stellen Mediennutzungsregeln auf und verfolgen diese nachhaltig (oder nicht). Die Digitalisierung birgt neben Fortschritt auch Risiken. Die Nutzung digitaler Endgeräte kann nachweislich die psychosoziale und emotionale Entwicklung des Kindes negativ beeinflussen, aber auch das Schlaf- und Essverhalten sowie die kognitive, sprachliche und motorische Entwicklung. Die Studien zur Verfügbarkeit und zu den Nutzungszeiten digitaler Medien von Kindern im Alter zwischen 0 bis 5 Jahren stehen im Widerspruch zu den Empfehlungen pädiatrischer Fachverbände. Gesamtgesellschaftlich fehlt es an einer nachhaltigen Umsetzung dieser Empfehlungen zum Wohle des Kindes, zur Wahrung seiner Chancen auf eine gesunde Entwicklung und Entfaltung seines Potenzials und zur Unterbrechung der Armutsspirale.

## Schlüsselwörter

Digitalisierung · Säugling · Kleinkind · Entwicklung · Elterliche Mediennutzung

## Das Erscheinen und Verschwinden der Kindheit

„Kindheit“ als Entwicklungsphase ist eine „Erfindung“ der Renaissance und der Aufklärung, gewissermaßen der ersten Moderne in den Menschheitsepochen. Zu dieser Schlussfolgerung kommt der französische Historiker Philippe Ariès [3] in seinem Werk über die Geschichte der Kindheit. Ariès analysierte historische Quellen wie Kindesbeschreibungen und Familiendarstellungen in der Literatur (z. B. Madame de Sévigné) und in den Bildenden Künsten. Noch im Mittelalter hörte das Kindsein auf, sobald das Kind sich selbstständig fortbewegen und angemessen verständlich machen konnte. Das Kind war dann Teil der Erwachsenen-Welt (z. B. ihrer Kleidung, Arbeit, Spiele). Kinder waren *unfertige* kleine Erwachsene. Der Kindheit wird ab der Neuzeit dann eine eigene Gefühlswelt zugestanden, eigene Kleidungsgewohnheiten, eigene Spiele (z. B. Bewegungsspiel, Puppenspiel, Verkleiden) etc.

Der Kommunikationswissenschaftler Neil Postman [30] zeigte bereits 1983 auf, wie das Aufkommen digitaler Medien den sozialen Wandel in der Gesellschaft beeinflusst hat. Eine Kernfrage der Zweiten Moderne, die in der zweiten Hälfte des 20. Jahrhunderts begann, ist die Suche nach Lösungen für die neu entstandenen Herausforderungen durch Globalisierung, Beschleunigung des Lebens, Arbeitslosigkeit, Umweltbelastung sowie den Abbau ehemals funktionierender politischer und sozialer Systeme. Die Zweite Moderne kann als Reaktion auf die Digitalisierung betrachtet werden. Postman beschreibt die Folgen elektronischer Medien auf die Kindheit, die er in der Konsequenz als eigenständige Entwicklungsphase verschwinden sieht. Wissen und Darstellungen aus der Welt der Erwachsenen über Gewalt, Sexualität, Politik, Ideologien und Waren werden allen zugänglich, was die Grenzen zwischen Kindern und Erwachsenen auflösen lässt.



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Zu fragen ist: Stellt der Prozess der Digitalisierung den Rahmen einer Zweiten Moderne der Menschheit her, in der Kindheit als Entwicklungsphase wieder verschwindet?

### Vorschulkinder und digitale Medien

Digitale Medien sind längst ein fester Bestandteil des Alltags von Kindern und Jugendlichen, mit steigender Tendenz [4] und zuletzt zusätzlich verstärkt durch die COVID-19-Pandemie [17]. Bereits im Vorschulalter wachsen Kinder in einem mediengeprägten Umfeld auf. Elektronische Medienpräsenz zeigt sich im häuslichen Bereich und aktuell – ohne entsprechende Risikoanalyse – zunehmend im Kindergarten/Betreuungskontext [7, 35]. Die Nutzung digitaler Medien kann die sozioemotionale Entwicklung, das Schlaf- und Essverhalten und die motorische Entwicklung gerade des jungen Kindes beeinträchtigen [27]. Zudem birgt die Digitalisierung im weiteren Entwicklungsverlauf der Kinder und Jugendlichen mannigfaltige Risiken, wie beispielsweise Cybergrooming und Cybermobbing, Computerspielabhängigkeit oder auch exzessives Messaging [26, 29]. Risiken digitalen Medienkonsums entfalten sich, wenn eine exzessive Nutzung dieser elektronischen Medien...

- a) die weitere bio-psycho-soziale Entwicklung des Kindes beeinträchtigt und infolgedessen zu einem Nichterwerb oder einem verzögerten Erwerb entwicklungsphasentypischer Kompetenzen führt,
- b) sekundäre körperliche Probleme (z. B. Schlaf, Ernährung, Hygiene) bedingt,
- c) auf der Basis einer bestehenden psychischen Störung zum dysfunktionalen Lösungsansatz oder zur aufrechterhaltenden Bedingung für ebendiese psychische Störung wird oder
- d) zu einer eigenständigen Störung im Sinne einer Computer- oder Internetabhängigkeit führt [22, 23, 29].

### Deskriptive Daten zum Medienkonsum der 0- bis 5-Jährigen

Viele Kinder wachsen in einem medial geprägten Umfeld auf. Forschung zur Me-

diennutzung im Vorschulalter zeigt eine breite Verfügbarkeit von Mediengeräten, lange Nutzungszeiten sowie einen starken Anstieg dieser Hardware und Anwendungsprogramme in den letzten Jahren [27]. Kılıç et al. [13] berichten beispielsweise, dass die Erstnutzung eines mobilen Geräts im Mittel im Alter von 12 Monaten erfolgte und 15,9% der Kleinkinder im Alter zwischen 1 bis 60 Monaten einer türkischen Stichprobe bereits ein Tablet in ihrem Zimmer hatten. Kabali et al. [12] berichten, dass aus einer amerikanischen Stichprobe 97% der Kinder im Alter zwischen 6 und 48 Monaten ein mobiles digitales Gerät nutzen und weisen darauf hin, dass bereits fast 50% der 1-Jährigen täglich ein mobiles digitales Gerät nutzen und zudem 28% der 2-Jährigen ohne elterliche Hilfe ein mobiles digitales Gerät bedienen können. Eine repräsentative Studie aus Deutschland berichtet, dass 2 bis 3-Jährige im Durchschnitt 34 min und 4- bis 5-Jährige 52 min am Tag Fernsehen schauen und 14% der 4- bis 5-Jährigen einen Kindercomputer besitzen [9].

Die Nutzung von Touchscreens in den ersten drei Lebensjahren steigt gleichermaßen an [5]. Cristia & Seidl [8] befragten 453 Eltern von Kindern im Alter zwischen 5 und 40 Monaten aus Frankreich zu deren Nutzung von Touchscreengeräten. Ergebnisse zeigen, dass unter den Kindern im Alter zwischen 5 und 14 Monaten 66% keine Touchscreengeräte nutzen. Im zweiten Lebensjahr sinkt jedoch der Anteil der Nichtnutzer auf 33% ab und stabilisiert sich bei 9 bis 13% ab etwa 2 Jahren. Übereinstimmend mit diesen Ergebnissen berichten Ahearne et al. [2], dass 71% der Kinder im Alter von 12 bis 36 Monaten aus einer nordirländischen Stichprobe im Median 15 min pro Tag Zugang zu Touchscreengeräten haben. Darüber hinaus verfügen bereits viele Kleinkinder im Alter von 24 Monaten über spezifische Fähigkeiten zur Interaktion mit Touchscreengeräten, wie zum Beispiel „Wischen“, „Entriegeln“ und „aktives Suchen nach Touchscreen-Funktionen“.

Gründe, warum Eltern ihren Kindern mobile Geräte geben, sind zum Beispiel: um den Haushalt führen zu können, um das Kind auf öffentlichen Plätzen zu beruhigen, um Besorgungen tätigen zu können oder auch um das Einschlafen des Kindes zu er-

leichtern [12]. Empfehlungen der AAP [1] weisen kontrastierend mit diesen vielfältigen internationalen Studien darauf hin, dass Medien nicht zur Ablenkung des Kindes verwendet werden sollen. Richtlinien zur Mediennutzung für Kleinkinder empfehlen für 2- bis 5-Jährige nicht mehr als eine Stunde Bildschirmzeit und für unter 2-Jährige überhaupt keine Bildschirmzeit. Außerdem sollten Bildschirme mindestens eine Stunde vor der Zubettgehzeit ausgeschaltet werden, auf altersangemessene Inhalte geachtet und auch die eigene Bildschirmzeit vor allem in Anwesenheit des Kindes im Sinne einer Vorbildfunktion reduziert werden [6].

### Psychosoziale und emotionale Entwicklung

Durch die Nutzung digitaler Mediengeräte wird neben dem Schlaf- und Essverhalten (z. B. [11, 15, 16, 19]) sowie der kognitiven und sprachlichen (z. B. [34, 36]) sowie der motorischen Entwicklung (z. B. [5, 10]) auch die psychosoziale und emotionale Entwicklung beeinflusst. So berichten Poulain et al. [31] beispielsweise, dass eine höhere Computer- und Internetnutzung mit mehr Verhaltens- und emotionalen Problemen in Verbindung steht. Andererseits sind Selbstregulationsprobleme, wie zum Beispiel Probleme mit der Selbstberuhigung, Schlafschwierigkeiten und Probleme mit der emotionalen Regulierung und Aufmerksamkeit in der frühen Kindheit (9 Monate) mit einer später erhöhten Medienexposition mit 2 Jahren verbunden [32]. Dies bestätigen Paulus et al. [25] und berichten, dass Emotionale Dysregulation (Schwierigkeiten im Verständnis und in der Akzeptanz von Emotionen, Mangel an Flexibilität und eigener Emotionskontrolle) im Alter von 4;3 Jahren eine statistisch bedeutsam intensivere zeitliche Nutzung digitaler Medien und signifikant höhere Werte an Computerspielabhängigkeit 5 Jahre später (mit 9;3 Jahren) vorhersagt. Zudem zeigen Kinder im Einschulungsalter mit erhöhten ADHS-Symptomwerten zugleich höhere Werte in der Computerspielabhängigkeit und auch höhere Computernutzungszeiten [28].

## Einflüsse elterlichen Medienkonsums

Das elterliche Mediennutzungsverhalten spielt eine wichtige Rolle für das Nutzungsverhalten des Kindes. Die Mediennutzung der Kinder verhält sich analog zur Mediennutzung der Eltern [21]: Eltern, welche einen hohen Medienkonsum zeigen, ziehen mit größerer Wahrscheinlichkeit auch Kinder auf, die schon im Kleinkindalter mit Medien in Berührung kommen, im Vergleich zu Eltern mit einem eher reservierten Umgang mit Medien. Kinder von Eltern mit dem höchsten Medienkonsum zeigen selbst auch die höchsten Mediennutzungszeiten in ihrer Altersgruppe, dies spricht für eine starke Vorbildfunktion der Eltern. Auch die Einstellungen der Eltern zur Nutzung verschiedener Medienarten fungieren als starker Prädiktor für das Ausmaß der Nutzung dieser Medienarten durch das Kind. Einstellungen der Eltern beeinflussen deren Regeln bezüglich des Medienkonsums und somit auch die Nutzung selbst [14].

## Fazit

Die vorhandenen Studien zur Verfügbarkeit und zu den Nutzungszeiten digitaler Medien von Kindern im Alter zwischen 0 und 5 Jahren stehen in einem deutlichen Spannungsverhältnis zu den Empfehlungen pädiatrischer Fachverbände. Wirkmechanismen eines möglichen negativen Einflusses elektronischer Medien auf die Entwicklung von Kindern sind Auswirkungen auf die Eltern-Kind-Beziehung (z. B. Feinfühligkeit, soziale Rückversicherung), Überreizung, Ablenkung, Verdrängung oder auch das Ersetzen von Spiel-, sozialen und körperlichen Aktivitäten. Das Elternhaus, aber auch die Krippe/Kindergarten sind die zentralen Orte für die frühe Mediensozialisation der Kinder. Eltern und Betreuungspersonal nehmen dort die Position als Modell der Mediennutzung für die Kinder ein, gleichermaßen kommt ihnen auch die Aufgabe zu, Mediennutzungsregeln aufzustellen und nachhaltig durchzusetzen.

Die zunehmende Nutzung digitaler Medien steht einer Abnahme von Bewegung, Naturerleben, multisensorischen Erfahrungen, sozialen Kompetenzen und einem ge-

sunden Schlaf- und Ernährungsverhalten gegenüber. Die Ahnungslosigkeit der Eltern zum Thema digitale Mediennutzung im Kleinkindalter und auch die Gleichgültigkeit darüber scheint immer noch beeindruckend, gleichzeitig auch der Mangel an Wissen über die digitalen Aktivitäten des eigenen Kindes. Digitale Medien sind überall vorzufinden, sei es im Schlafzimmer, Kinderzimmer oder sogar im Esszimmer, dies unterstreicht die Dringlichkeit konkreter Mediennutzungspläne, welche medienfreie Räumlichkeiten und auch Tätigkeiten definieren. Es fehlen einheitliche diagnostische Kriterien und ein Konsensus bezüglich eines Störungsbegriffs. Die Vermittlung von Medienkompetenz ist eine primär an der Machbarkeit und Umsetzung orientierte Wissensvermittlung, welcher es an einer reflektierten und kritischen Auseinandersetzung mangelt. Das Thema Digitalisierung nimmt in der frühen Kindheit immer mehr Raum ein.

Leitlinien vor allem pädiatrischer Fachgesellschaften liegen vor, jedoch fehlt es an einer nachhaltigen Umsetzung und Implementierung dieser, sowie an universellen und indizierten Präventions- und Interventionsangeboten. Generell liegt ein Mangel an Forschung zum Thema digitale Medien im Alter von 0 bis 5 Jahren vor [24]. In Familien mit geringerem sozioökonomischen Status werden digitale Medien schon im Vorschulalter eher mehr und länger genutzt [20, 21, 33]. Bei Berücksichtigung der oben genannten Auswirkungen früher digitaler Mediennutzung auf die kognitive, sprachliche, motorische, schlaf- und essbezogene sowie sozioemotionale Entwicklung [27] ist zu fragen, ob moderne digitale Medien nicht einen zusätzlichen Transmissionsmechanismus darstellen zur Replikation eines schlechten Bildungsniveaus von Kindern und zur transgenerationalen Weitergabe eines niedrigen sozioökonomischen Niveaus und letztendlich Armut? Dann wären – dysfunktional genutzt – digitale moderne Medien im Säuglings-, Kleinkind- und Vorschulalter tatsächlich das neue „Opium des Volkes“ [18] in der Zweiten Moderne und Ausdruck gesellschaftlichen Elends. Hier besteht ein Ansatzpunkt (auch) einer politischen Kindermedizin zur Wahrung von Chancengleichheit für gesellschaftlich benachteiligte Kinder.

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## Einhaltung ethischer Richtlinien

**Interessenkonflikt.** F.W. Paulus und I. Gerstner geben an, dass kein Interessenkonflikt besteht.

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## Preschool Children and Digital Media in the Second Modernity

Digital media increasingly permeate the everyday life of preschoolers, toddlers and infants. The parental home, but increasingly also the nursery and kindergarten, are central places for early media socialisation. Parents model media use for their children, set media use rules and follow them sustainably (or not). In addition to progress, digitalisation also entails risks. The use of digital end devices can demonstrably negatively influence the psychosocial and emotional development of the child, but also the sleeping and eating behaviour, as well as the cognitive, linguistic and motor development. Studies on the availability and usage times of digital media of children aged 0 to 5 years contradict the recommendations of paediatric associations. Society as a whole lacks a sustainable implementation of these recommendations for the benefit of the child, to preserve their chances for a healthy development and the development of their potential and to interrupt the poverty spiral.

## Keywords

Digitalization · Infant · Toddler · Development · Parental media use

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# Emotional Dysregulation in Preschool Age Predicts Later Media Use and Gaming Disorder Symptoms in Childhood

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**Background:** The aim of this study was to evaluate the role of early Emotional Dysregulation (ED) at preschool age as a risk factor or predictor of later media use behavior and Gaming Disorder (GD) in school age.

**Methods:** 80 patients (63.7% male; mean age = 4.2, SD = 1.23) who had attended a special outpatient program for preschoolers at measuring point time t1 were contacted at measuring point time t2 (mean age = 9.2, SD = 2.03). At t1, the comprehensive clinical assessment comprised Child Behavior Checklist—Dysregulation Profile (CBCL-DP). At t2, parents completed a questionnaire on their children's media availability, usage times, and GD.

**Results:** ED predicts a more intense use of digital media in the future. The daily average screen-use time at t2 varies significantly between the groups (148 min for children with ED at t1 and 85 min for children without ED at t1). The intensity of media use can be considered a significant predictor for the presence of a GD in dimensional assessment. When GD is classified categorically, according to the DSM-5 criteria, there is no significant correlation between ED and later GD diagnosis, neither between screen-use time and GD diagnosis. However, at dimensional level, preschool children with ED show significantly higher GD symptom scores at 9 years of age.

**Conclusion:** ED at preschool age is strongly associated with time spent video gaming and GD symptoms 5 years later. Our results strongly indicate that emotion dysregulation in preschool children is a risk factor for later problematic video game playing behavior. This strengthens the concept of ED in the etiology of media use and provides potential targets for early GD prevention.

**Keywords:** Emotional Dysregulation, Gaming Disorder, media use, preschool age, school age

## INTRODUCTION

Emotional Dysregulation (ED) is characterized by difficulties in understanding, accepting, and dealing with emotions [i.e., emotion regulation; (1)]. Due to these deficits, children and adolescents with ED symptoms often show little flexibility and spontaneity, with a lack of control and disruptive behavior (2). Findings suggest that ED may influence the development and course of various disorders, including different substance use disorders [e.g., alcohol, cocaine, or nicotine dependencies; (3–8)] as well as behavioral addictions [e.g., pathological gambling; (9)].

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These named deficits in emotion regulation also lead to assume that some individuals try to mitigate, facilitate, or avoid (especially unpleasant, negative) emotional experiences by engaging in video games as distraction (10, 11). More specifically, it is believed that children and adolescents with ED use video game playing as a maladaptive coping strategy to deal with negative emotions (10). In addition, the disruptive and often poorly controllable behavior of children with ED can also make them less likely to socialize in preschool and school, which may lead to uncertainty in face-to-face interactions. In this respect, the lack of direct interaction with others in video games can reduce social insecurity in such situations. This probably leads to a tendency for children with low social skills and especially children with ED to prefer the internet in general but also video games in particular as a place for social interactions rather than real-life interactions (12).

With regard to early media use, some studies indicate that use of digital media might positively influence attitudes to learning and reading skills (13–18). At the same time, digital media and especially computer games are entertainment products *with clinical relevance*.

Various studies suggest that the use of digital media can also affect children negatively in their physical, social, and psychological development [(19–29); for current reviews, see (30–32)].

Especially video gaming has increased enormously in recent years (33). Gentile et al. (34) showed in a longitudinal design that more time spent gaming is a significant predictor of a later Gaming Disorder (GD). The Internet Gaming Disorder (IGD) was first recorded in the DSM-5 and is characterized by nine diagnostic criteria: excessive involvement in Internet gaming, withdrawal symptoms, tolerance development, loss of interest in previous activities, loss of control, continued gaming despite knowledge of negative consequences, deceiving significant caregivers about the gaming's extent, use of Internet gaming to end or reduce negative feelings, and endangerment or loss of an important relationship (35). Furthermore, GD has now been included in the ICD-11 (36) which includes the main diagnostic criteria listed in the DSM-5. Whereas, population-based studies estimate the representative prevalence of IGD at 2% [a mean value of representative studies from different countries: Germany, the Netherlands, Norway, Spain, UK, the USA, and one Europe-wide study; for a systematic review, see (32)], some studies conclude that the prevalence in schoolchildren is about 8–9% or more (34, 37, 38) and likewise in healthcare utilization groups.

High prevalence rates, increased usage times, dynamic development of digital technology, and the physical, social, and psychological consequences of GD pose an increasingly important public health problem in the understanding of the development and etiology of GD, including risk factors and precursors to GD. Although playing video games seems to be more and more integrated in everyday life, there is little research on the risks of the GD development in schoolchildren.

Studies have found indications that ED seems to have a significant impact on media usage and GD (12, 39–41). Hollett and Harris (40) investigated the relationship between

ED and problematic video gaming using a sample of 928 adult subjects. They identified two dimensions of ED, i.e., difficulties with impulse control and limited access to emotion-regulation strategies, as significant predictors of problematic video gaming. Hormes et al. (42) assumed in undergraduate students (20 years of age) that disordered online social networking (“craving Facebook”) endorsed more ED, including non-acceptance of emotional responses, reduced emotion regulation strategies, and poor impulse control. In addition, Wichstrøm et al. (12) also found indications that symptoms of GD in 10-year-olds could be predicted by social skills and emotion regulation deficits in children at age 8, a rare research result in childhood.

Despite the increased research interest in the correlation of ED symptoms in children and the development of GD in adolescents, to our knowledge, no study has investigated whether ED symptoms in preschool age can predict GD or GD symptoms in school age. Our basic assumption is that the relation between ED and GD starts even earlier in development.

More specifically, we investigated the following hypotheses:

1. Preschool-aged children with ED meet the criteria of GD or show higher GD symptom scores in school age compared with children without ED in pre-school age.
2. Children with ED in preschool age will use media in school age longer than children without ED at preschool age. The duration of media use is a significant predictor for the presence of a GD in school age.

## MATERIALS AND METHODS

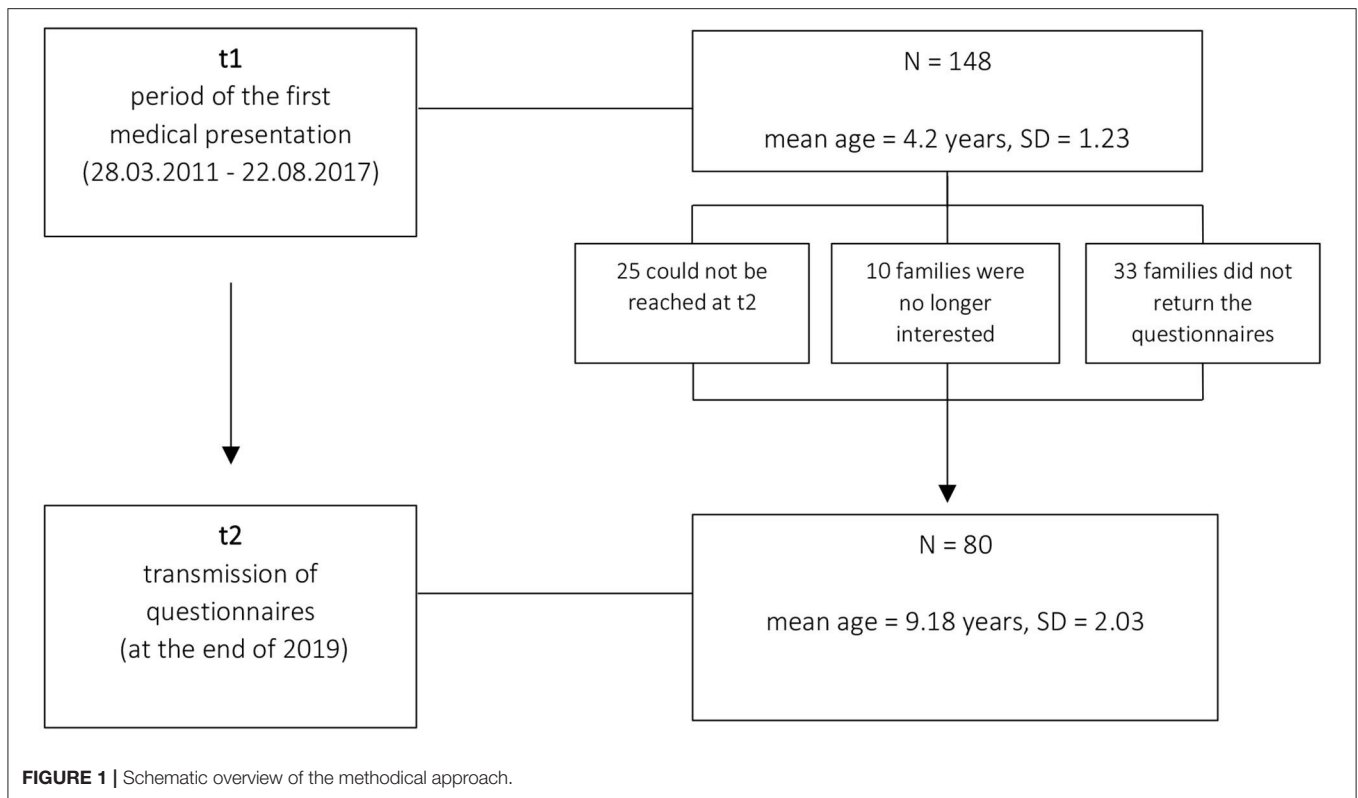
### Participants

Participation in the study was voluntary and there was no financial compensation. All children and their parents gave informed consent. The local ethics committee approved the study.

In the present study, we used a quasi-experimental design with two measurement points. The study group included all young children who had attended the preschool special outpatient clinic of a Clinic for Child and Adolescent Psychiatry between 2011 and 2017, regardless of the diagnosis made (measuring point time t1). These families were contacted again at measurement time t2 (at the end of 2019) with a cover letter and a questionnaire. Of the original 148 children, 25 families could not be reached at t2. Of the remaining 123 children, 10 families expressed no interest, 113 families confirmed their participation by telephone, of which 33 did not return the documents despite repeated reminders and inquiries (for a schematic overview of the methodical approach, see **Figure 1**). The study was finally conducted with  $N = 80$  (70% of the original children) subjects (63.7% male; mean age (t1) = 4.2, SD = 1.23, min = 1.4, max = 6.9). These 80 patients were contacted again at the end of 2018 (mean age = 9.2, SD = 2.03, min = 4.6, max = 13); there was no further personal patient presentation at measuring time t2. The average time difference t1 – t2 is therefore  $M = 4.9$  years (SD = 1.64).

Because all the children had previously attended child and adolescent psychiatry, most participants ( $N = 76$ ) in the study





at t1 had a diagnosis with at least one disorder defined by ICD-10. The most frequent diagnosis was that of the Oppositional Defiant Disorder with  $N = 31$  (ICD-10: F91.3), followed by Attention Deficit Hyperactivity Disorder with  $N = 21$  (ICD-10: F90). In addition,  $N = 19$  children suffer from non-organic insomnia (ICD-10: F51),  $N = 15$  children suffer from specific developmental disorder of motor function (ICD-10: F82), and  $N = 13$  children had a diagnosis of specific speech articulation disorder (ICD-10: F80.0). Other diagnoses that were given multiple times include the expressive language disorder with  $N = 10$  (ICD-10: F80.1), the receptive language disorder with  $N = 4$  (ICD-10: F80.2), feeding disorder of infancy and childhood with  $N = 6$  (ICD-10: F98.2), and social anxiety disorder of childhood with  $N = 4$  (ICD-10: F93.2).

In addition, IQ data were available for 71 of 80 subjects in t1 (mean IQ (t1) = 100.61, SD = 17.16). Due to the large variability in age, different test procedures were used to measure IQ [WIPPSI-III (56.3%), K-ABC-II (13.8%), SON-R 2,5–7 (8.8%), and other tests (21.2%)].

At t2, most children were attending elementary school (51%), followed by high school (19%), community schools (13%), day care (10%), special schools (6%), and Waldorf schools (1%). The majority of the children (68%) are living with both their biological parents; 24% of them are living with only their mother (and her partner) and one child is living with only its father (and his partner). Also, 5% of the children are living in foster care and 3% are living in a different living situation.  $N = 11$  (13.8%) of the participants were taking medication, including Methylphenidate (3.8%), Atomoxetine (1.3%), or other

medication (11.3%), including Asthma spray (1.3%), Guanfacine (1.3%), Opipramol (1.3%), Melatonin (1.3%), MTX (1.3%), Naproxen (1.3%), Dekristol (1.3%), Sulgen (1.3%), Vomex, and Salbutamol (1.3%).

## Instruments and Procedure

### Assessment of Emotional Dysregulation

We used the Child Behavior Checklist [CBCL 1½–5; (43)] to assess ED in pre-school children at t1. CBCL 1½–5 is one of the most commonly used tools for assessing developmental psychopathology in children and adolescents (43–47). From the 99 items of CBCL 1½–5, seven scales (Emotional Reactivity; Anxiety/Depressive; Physical Complaints; Social Withdrawal; Sleep Problems; Attention Problems and Aggressive Behavior) and three superordinate scales are formed, which represent External, Internal, and Total Problem Score. Good reliability and validity have been reported for the CBCL/1.5–5; Cronbach's alpha of the superordinate scales is above 0.86 (43). We assessed deficits in emotional regulation with the Deficient Emotional Self-Regulation Profile (DESR), which is characterized by simultaneous increases (between 1 and 2 SDs) on the three syndrome scales anxiety/depression, aggression, and attention (48, 49). Furthermore, we used the Child Behavior Checklist—Dysregulation Profile (CBCL-DP) as a more severe form of the ED profile. CBCL-DP is described by simultaneous extreme values (more than 2 SD) on the three syndrome scales [(49–51), S. 192]. For categorization, the respective  $T$ -values were used,  $T$ -value  $>60$  and  $<71$  for DESR profile and  $T$ -value  $>70$  for Dysregulation profile. In general, the DESR profile, as well as the

CBCL-DP, are established diagnostic procedures for identifying ED (50–55).

### Assessment of Media Usage Behavior

At t2, parents were sent a questionnaire assessing media use and GD. The questionnaire included items referring to media use (i.e., time spent with TV and computer or video games during the week and on weekends, availability of computer access, child's ownership of a video game console or a handheld video game) and items measuring GD. To assess media usage time, parents were asked how long their child used electronic devices such as computers, laptops, smartphones, tablets, or game consoles on average every day—separately for working days and the weekend (with the following response categories: 0, 1–30, and 30–60 min; 1–2, 2–3, 3–5 h, 5–7 h, and more than 7 h). The calculation of the media usage time in minutes was done by determining the respective category mean (0 min, 15 min, 45 min, 90 min, 150 min, 240 min, 360 min) and 450 min for “more than 7 h” at the presumption, that the mid point of each interval is used as the best and most robust estimate of the answer category.

For GD, parents should answer nine questions (e.g., “Does your child become restless, irritable, moody, angry, anxious or sad when he or she has no opportunity to play?”) on a four-level Likert scale from “never” to “always.” The questions were formulated according to the criteria proposed by Petry et al. (56), with each question comprising one of the DSM-5 criteria relating to IGD. A total score was calculated by adding up the nine items, and mean values by dividing the sum value by nine; missing items were replaced by mean values. To assess the performance of nine GD-items and the GD total score, an item analysis was performed and the reliability was determined.

Reliability was high with Cronbach's  $\alpha = 0.883$ . As confirmed by a reliability analysis, total reliability did not increase significantly by eliminating any of the nine items. In addition, discriminatory power analyses ensured a value of  $r > 0.5$  for every item. Thus, all nine items remained in the scale for the calculations. Since each item of the questionnaire includes one of the DSM-5 criteria regarding IGD, the DSM-5 classification criteria were applied, according to which at least five of the nine items must be fulfilled to comply with GD. An item was considered fulfilled if either “often” or “always” was selected on the four-level Likert scale (categorical value: GD yes or not). Besides this categorical assessment (GD: yes or no), a dimensional conceptualization

**TABLE 2 |** Listing of ICD-10 diagnoses per subject with ED.

Subjects with ED	ICD-10 diagnoses	Type of ED
1	F90.1, F93.0	DESR
2	F91.3, F51.0	CBCL-DP
3	F91.3	DESR
4	F51.0, F80.0, F45.8, F93.2	CBCL-DP
5	F91.3, F90.0V, F80.0V	DESR
6	F82, F80.0, F51.0, F52.0, F91.3	DESR
7	F91.3, F90.0V	CBCL-DP
8	F93.8, F34.1V	DESR
9	F91.3, F90.0V	DESR
10	F34.1, F91.3, F90.0, F51.5, F80.0	CBCL-DP
11	F90.0, F91.3	DESR

2 children had a total of 5 disorders, 1 child had a total of 4 disorders, 1 child had a total of 3 disorders, 6 children had a total of 2 disorders, and 1 child had 1 disorder in t1.

**TABLE 1 |** Item characteristics of the nine GD criteria ( $N = 80$ ).

DSM-5 criteria: Gaming disorder (GD)	M (SD)	Item difficulty	Discriminatory power	Cronbach's alpha*
1 Preoccupation: The child thinks about gaming when it is not playing	1.50 (0.827)	0.17	0.716	0.875
2 Withdrawal symptoms: The child is irritable, anxious, sad when devices are taken away	1.41 (0.706)	0.14	0.737	0.869
3 Tolerance: Impression of intensified media usage	1.90 (0.963)	0.30	0.627	0.895
4 Addictiveness: Child wants to play less, but does not manage	1.21 (0.520)	0.07	0.777	0.866
5 Loss of other interests: Child quits other activities	0.136 (0.767)	0.12	0.872	0.852
6 Psychosocial problems: occurrence of sleep deprivation, unpunctuality, disputes, neglect of chores	1.24 (0.621)	0.08	0.777	0.864
7 attempt to deceive: Child hides gaming from family members	1.28 (0.477)	0.09	0.630	0.877
8 Escapism: Child uses gaming to escape or relief negative mood	1.14 (0.470)	0.05	0.638	0.877
9 Impairment: Child has jeopardized or lost school performance or social relationships	1.24 (0.641)	0.08	0.864	0.855

\*The value of Cronbach's alpha of each item indicates the value of Cronbach's alpha when that particular item is taken out of the equation. Cronbach's alpha for all nine items equals  $\alpha = 0.883$ .

of GD was calculated by adding up the nine items for a GD symptom score (never = 1; sometimes = 2; often = 3; always = 4 with individual values between 9 and 36). For more details on psychometrics properties of the used nine GD-items, see **Table 1**.

## Statistical Analysis

Data were analyzed by IBM SPSS Statistics Version 26. Categorical variables were analyzed by Fisher–Yates test (ED and media devices) and binary logistic regression (ED as predictor of a future GD diagnosis). *T*-tests were performed for group analyses of continuous variables. If the requirements for a *t*-test for independent samples were not met, a Mann–Whitney *U*-test was calculated (ED and ordinal scaled daily average media usage). For modeling the relationships within the data, univariate linear regression was conducted (ED as predictor of media usage times, media usage times as predictor of GD). A significance level of 0.05 was used for all statistical tests.

## RESULTS

### Emotional Dysregulation

*N* = 11 children (14%) had deficits in the regulation of emotions (mean age = 8.91 years, *SD* = 1.49, min = 7.08, max = 11.25). Of these, *N* = 7 (9% of all participants) showed increased

values of between 1 and 2 *SD*s on the three syndrome scales anxiety/depression, aggression, and attention of CBCL, thus fulfilling the criteria of the Deficient Emotional Self-Regulation Profile (DESR). *N* = 4 children (5%) showed simultaneous extreme values (more than 2 *SD*) on the three syndrome scales and thus corresponded to the CBCL-DP. The gender comparison showed that *N* = 9 boys (18%) and *N* = 2 girls (7%) had deficits in the regulation of emotions. However, this descriptively discernible difference of ED between boys and girls did not reach statistical significance (Fisher's exact test: *p* = 0.31). With regard to medication, only one child with ED was taking medication (i.e., Opipramol). All children with ED (*N* = 11) had at least one disorder defined by ICD-10. The most common diagnosis was the conduct disorder with oppositional defiant behavior (ICD-10: F91.3; *N* = 8), followed by attention deficit hyperactivity disorder (ICD-10: F90.0; *N* = 5). For more details on comorbidities of children with ED, see **Tables 2, 3**.

### Access to Media Devices and Usage Time

In terms of access to a computer/laptop (*p* = 0.974), smartphone (*p* = 0.933), Smartwatch (*p* = 0.362), tablet (*p* = 0.751), stationary game console (*p* = 0.169), portable game console (*p* = 0.726), and television (*p* = 0.100), there were no significant differences between children with and without ED (for more details, see **Table 4**). As shown in **Figures 2, 3**, children with deficient emotional regulation used media significantly longer on weekdays (*U* = 211.5, *Z* = -2.413, *p* < 0.05) as well as on weekends (*U* = 214.5, *Z* = -2.36, *p* < 0.05) than children without ED, confirming the second hypothesis. The calculation of media usage time at t2 presented children with at t1 diagnosed ED to have elevated usage times compared with those cases, when an ED was not determined. On weekdays, children with ED used media for averagely 124 min per day (vs. 68 min for children without ED, *p* = 0.003). On the weekend, media was used more frequently by children with ED, averaging 209 min per day (vs. 129 min for children without ED, *p* = 0.019). For details, see **Table 5**.

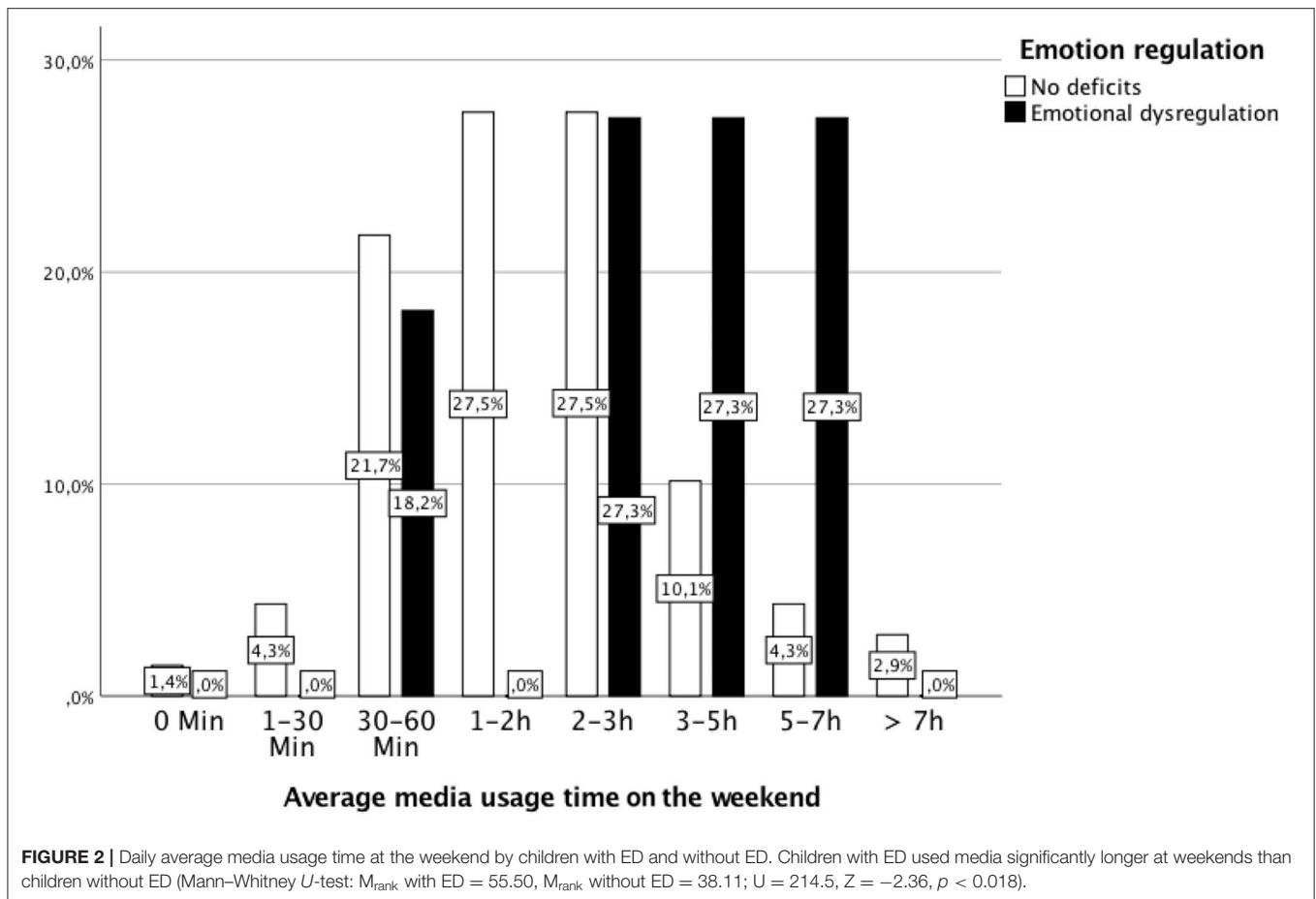
Based on the finding that longer usage times (34) as well as ED (39, 40) are significant predictors of GD, we investigated exploratively whether ED at t1 is also predictive for longer media usage times at t2. A linear regression with dimensional conceptualization of ED as predictor and the metric scaled variable of the subjects' duration of media use during the daily average as criterion showed that preschool ED at t1 significantly

**TABLE 3** | Frequency of individual ICD-10 diagnosis in children with ED.

Disorders in children with ED in t1 (diagnosed with ICD-10)	Frequency
F91.3	8
F90.0	5
F80.0	4
F51.0	3
F34.1	2
F90.1	1
F93.0	1
F45.8	1
F93.2	1
F82.0	1
F52.0	1
F93.8	1
F51.5	1

**TABLE 4** | Access to different media devices in children with ED and children without ED.

Media devices	Children with ED ( <i>n</i> = 11)	Children without ED ( <i>n</i> = 69)	Statistics (Fisher's exact test)
Computer/laptop	<i>n</i> = 5 (45.45%)	<i>n</i> = 31 (44.93%)	<i>p</i> = 0.974
Smartphone	<i>n</i> = 7 (63.64%)	<i>n</i> = 43 (62.32%)	<i>p</i> = 0.933
Smartwatch	<i>n</i> = 1 (9.09%)	<i>n</i> = 2 (2.90%)	<i>p</i> = 0.362
Tablet	<i>n</i> = 7 (63.64%)	<i>n</i> = 39 (56.52%)	<i>p</i> = 0.751
Stationary game console	<i>n</i> = 6 (54.55%)	<i>n</i> = 21 (30.43%)	<i>p</i> = 0.169
Portable game console	<i>n</i> = 4 (36.36%)	<i>n</i> = 20 (28.99%)	<i>p</i> = 0.726
Television	<i>n</i> = 11 (100%)	<i>n</i> = 64 (92.75%)	<i>p</i> = 0.100



predicts usage times of digital media use per week ( $F_{(1)} = 8.698$ ,  $p = 0.004$ ,  $R^2 = 0.100$ ,  $R^2_{\text{adjusted}} = 0.089$ ) 5 years later at t2. To test our second hypothesis, that duration of media use is a predictor of a GD, further linear regression analyses were carried out, which showed that the time criterion of media usage behavior is a significant predictor for the presence of a GD dimensionally ( $F_{(1,78)} = 22.863$ ,  $p = 0.000$ ,  $R^2 = 0.227$ ,  $R^2_{\text{adjusted}} = 0.217$ ). Categorically, it did not explain a significant amount of the variance in GD ( $F_{(1,78)} = 2.679$ ,  $p = 0.106$ ,  $R^2 = 0.033$ ,  $R^2_{\text{adjusted}} = 0.021$ ).

### Media Use Behavior

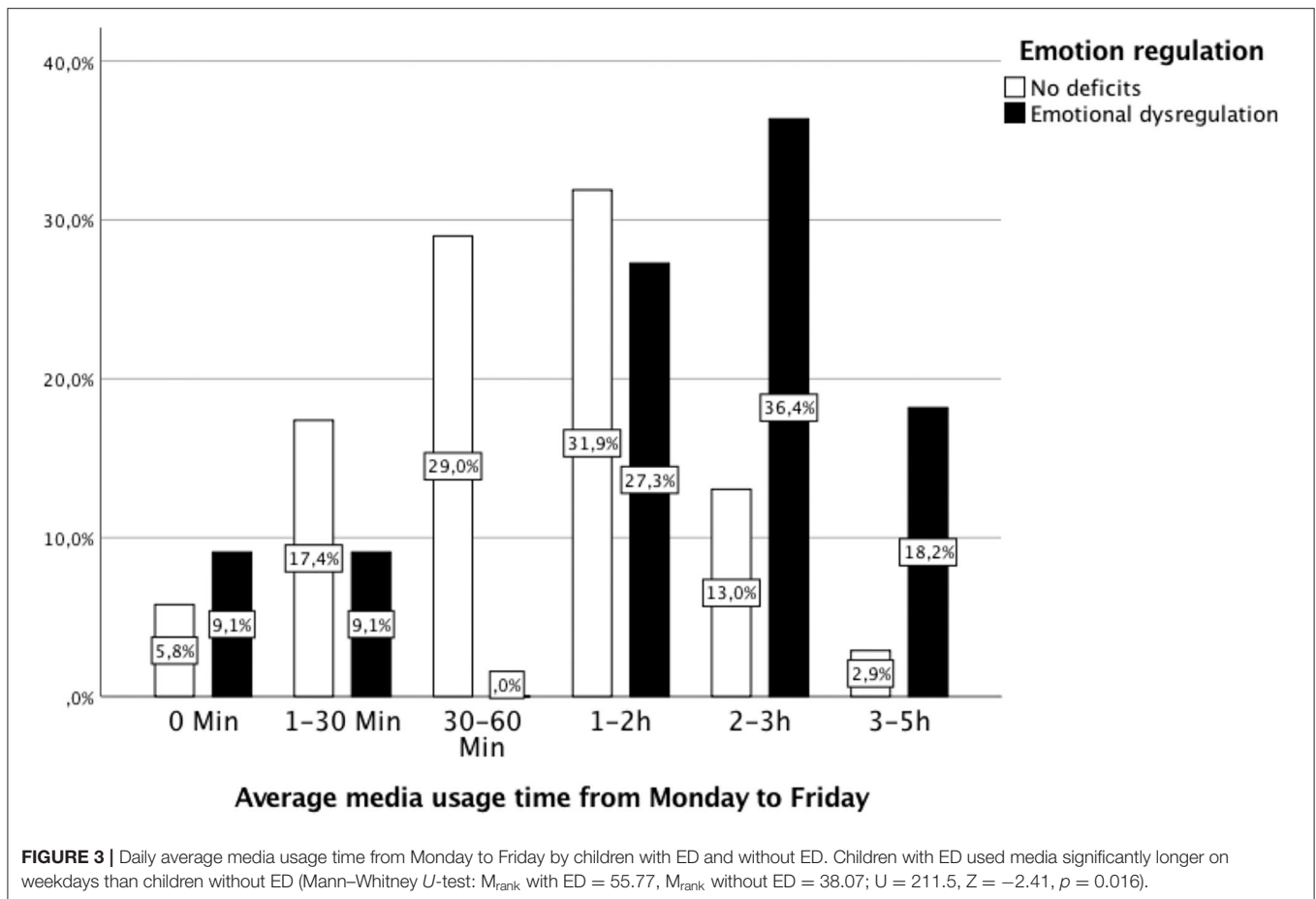
If gaming behavior is assessed dimensionally and the mean values of the two groups are compared, a descriptive difference between children with ED ( $M = 15.82$ ,  $SD = 4.08$ ) and children without ED ( $M = 11.71$ ,  $SD = 5.05$ ) is already apparent. This difference is also statistically significant ( $t = -3.0$ ;  $p = 0.004$ ;  $d = 0.895$ ). However, if gaming behavior is categorically classified according to the DSM-5 criteria for GD (diagnosis when  $>4$  criteria from 9), only one of the 11 children with ED (9.09%) and three of the 69 children without ED (4.35%) met the criteria for a diagnosis of GD. A binary logistic regression showed no significant correlation between ED and future GD diagnosis (Wald(1) = 31.989,  $p = 0.51$ ; n.s.). The differences between

children with ED and children without ED on dimensional and categorical assessment of gaming disorder are listed in **Table 6**.

## DISCUSSION

In recent years, the everyday use of digital media and especially the increase in playing video games seems to have a huge, and potentially negative, impact on child and adolescent development, to the point of a manifest GD (35, 36). A potential factor, which probably affects the development of GD, is ED (12, 40). All studies carried out on this subject so far investigated the influence of ED in schoolchildren, adolescents, or young adults on the development of GD. To the best of our knowledge, this is the first study to examine the impact of preschool ED on media use and GD in later childhood. To potentially find early prevention possibilities, we conducted the study with the aim of examining the predictive value of ED in preschool age for the development of GD in school age.

In summary, the results show higher GD symptom scores (dimensionally) in school age for children with preschool ED compared with children without ED in preschool age. ED does not predict a diagnosis of GD (categorically) (hypothesis 1). Children with ED at preschool age have significantly longer media use times 5 years later, than preschool children without



**TABLE 5 |** Differences in media usage time in minutes in children with ED and without ED.

Period of usage time	Children with ED ( $n = 11$ )	Children without ED ( $n = 69$ )	Statistics ( <i>t</i> -test)
Weekdays (Monday–Friday)	M = 124 min (SD = 77.68)	M = 68 min (SD = 52.76)	$t(78) = -3.075$ ; $p = 0.003$ ; $d = 0.851$
Weekends (Saturday and Sunday)	M = 209 min (SD = 122.91)	M = 129 min (SD = 98.27)	$t(78) = -2.421$ ; $p = 0.018$ ; $d = 0.719$
Daily average*	M = 148 min (SD = 88.31)	M = 85 min (SD = 62.06)	$t(78) = -2.949$ ; $p = 0.004$ ; $d = 0.828$

\*Daily average usage time was calculated by adding up five times the usage time on weekdays and two times the usage times on weekends divided by seven.

emotion regulation difficulties. Temporal excessive video game playing behavior at school age is correlated with higher GD symptom scores (dimensionally), but not with the presence or absence of a GD diagnosis (categorically) (hypothesis 2).

It amounts to a difference between a dimensional and a categorical approach to GD. ED in preschool age, as well as screen time use predict higher GD symptom scores on a dimensional scale, but do not predict a GD diagnosis on a categorical scale. Possible explanations for these differences could lie in (a) larger required samples to yield sufficient statistical power. (b) It may be speculated that the GD criteria of the DSM-5 do not apply as well to the according age group (9 years) compared with adolescents or young adults (developmental adequacy). The item analysis of

the nine GD criteria supports this speculation: the means lie in the lower range (see **Table 1**). The item difficulties are all with one exception under 0.20. (c) A reflection of the differences between the dimensional and the categorical approach of diagnostic and psychopathology is fundamental. A dimensional approach allows the clinician more latitude in assessing the severity of a condition and does not imply a concrete threshold between “normality” and the disorder, such as GD (57–59).

The reported increase of usage time in children with ED can be attributed to the ED profile because in general, children with psychiatric disorders use digital media significantly longer (60). Children with ED may use video game playing as a maladaptive coping strategy to deal with negative emotions. Because ED

**TABLE 6 |** Differences between children with emotional dysregulation and children without emotional dysregulation on dimensional and categorical assessment of gaming disorder.

Assessment of GD	Children with ED (n = 11)	Children without ED (n = 69)	Statistics (t-test)
Dimensional GD	M = 15.82 (SD = 4.08)	M = 11.71 (SD = 5.05)	t(68) = -3.0; p = 0.004; d = 0.895
Categorical GD	Children with GD n = 1 (9.09%)  Children without GD n = 10 (90.90%)	Children with GD n = 3 (4.35%)  Children without GD n = 66 (95.65%)	Wald(1) = 31.989 p = 0.51; n.s.

Dimensional GD was calculated by adding up the response characteristics of 9 GD symptoms to the GD symptom score (1 = never, 2 = sometimes, 3 = often, 4 always). A categorical GD was diagnosed only if at least 5 out of 9 items were answered with "often" or "always."

is characterized by difficulties in understanding and accepting unpleasant emotions, it is assumed that children with ED often try to avoid such emotional experiences, e.g., by using excessive video gaming to escape psychological difficulties (10, 11, 40, 42). Therefore, young children with ED should be seen as being at risk of developing a GD. This risk may be further increased by the game-associated induction of positive feelings. During the game, children and adolescents feel particularly free and heroic, which in turn leads to a stabilization of their self-esteem. They have a direct sense of achievement and self-efficacy, make social contacts more easily than in real life, and are able to escape the emotional difficulties of the real world, whereas the latter may be a maladaptive coping strategy leading to more excessive gaming (10). Considering all these aspects, in regard to future prevention, it could be a promising approach to limit the time spent on video games. More specifically, children prone to difficulties in dealing with negative emotions should be restricted or monitored more closely in their video game playing behavior. This falls in line with the proposition of Donald et al. (61) to reduce video gaming by restricting access to devices (despite them having considered ED as a result of GD instead of ED predicting GD, as we have found). At the same time, more adequate coping and action alternatives should be offered that both act as an adaptive strategy for dealing with negative emotions and can contribute to experiencing positive feelings.

Furthermore, in the context of the assessment of our second hypothesis, the analyses show that the time criterion of media usage behavior in school age is associated with the existence of a GD, in dimensional GD conceptualization. Therefore, our second hypothesis and the findings from Gentile et al. (34) could be confirmed, whereby the time criterion could be assumed as a manifest risk factor for the development of a GD. We conclude that the time aspect of video game playing behavior should be considered as playing a more prominent role in the development of GD. The tolerance development in DSM-5 is time associated (e.g., feeling the need to play for increasing amounts of time, augmentation of play time). This assumption is strengthened by various findings of other authors, which show a significant

association between the usage time of video games and GD (62–66). Again, the time limitation of video game usage behavior, as well as the usage of alternative and adaptive activities, could be useful for the prevention of GD. To our knowledge, there are no efficient studies of possible prevention measures for GD in the context of ED. Therefore, it would be of great interest to undertake further research on prevention measures, e.g., time limitation. Studies indicate that daily use of digital media is not limited to school age and adolescence but also widespread in pre-school age, e.g., Vandewater et al. (67) reported 16% of 5–6-year-old pre-school children playing video games daily. Mendoza et al. (68) reported that already 2–5-year-old children used a computer daily. Thus, effectiveness studies on prevention programs for GD in the context of ED would also be highly relevant for children of younger age. To explore the relation between ED and GD (hypothesis 1), we used a dimensional (i.e., symptom score of GD), as well as a categorical (i.e., diagnosis of a GD), assessment of this construct. In the dimensional assessment of video game playing behavior, children with ED in preschool age show a higher GD symptom score at school age than those without ED. These findings largely confirm our hypothesis 1, as do the findings of Hollett and Harris (40) and Wichstrøm et al. (12). These findings suggests that early detection and treatment of ED could have a preventive effect on the development of GD. Especially in young age, increasing social support with a family- and parent-based approach could reduce Internet addiction (41). Nevertheless, to make more detailed statements in this regard, further research is needed.

## LIMITATIONS

One restriction of the present study is the limitation to parental reports. Parents may report their children spending less time using media, either because of underestimation or because of omitting time spent on media outside home, e.g., with friends. They may also react biased toward social desirability, being aware that their children should not spend that much time online. Furthermore, for future research it would be interesting to consider parents' media use as a mediator variable.

Another limitation of this study is that we only assessed the total usage time of modern electronic media, without differentiating for computer/laptop, smartphone, smartwatch, tablet, gaming consoles, and television. It was also not differentiated between pedagogically valuable content and problematic content. For the calculation of the media usage time in minutes based on the assessed answer categories, we performed a transformation of each category in an average value in minutes with the presumption, that the mid point of the interval serves as the best estimate of the answer category.

Our study does not provide any data on socioeconomic status (SES) and psychiatric family history; therefore, an influence of SES and psychiatric family history can neither be demonstrated nor excluded. Patients of our preschool program are living in the surrounding regions which are characterized by a quite homogenous socioeconomic status. Future studies considering

SES and psychiatric family history as an important variable are underway.

In addition, the group of children actually meeting criteria for ED was small. Retention rate from the original sample was 70% only; however, a time span of 5 years was covered. Also limiting this study in its generalizability is the fact that we investigated a clinical sample. Finally, our study uses a quasi-experimental design. It would be of great value to conduct an a priori defined experimental long-term study with a larger sample, in which the course of possible development of GD in the context of ED would be recorded. In addition, the gender comparison in children with ED did not reach statistical significance and medication use was also unevenly distributed across the sample, which is probably due to the small size of the sample. Therefore, a larger sample would possibly also allow the examination of these variables as covariates in statistical analyses, which would allow the results of the present study to be illuminated against the background of further potential influencing variables.

## CONCLUSION

Our results suggest that preschool ED symptoms and duration of media use predict a higher score of GD symptoms in schoolchildren. Therefore, identifying ED could be the first step for parents to reduce the likelihood for the emergence of GD in schoolchildren. For example, parents should strive to convey the value of self-control and offer training in self-reflection with the aim of promoting self-regulated behavior. Therefore, one noteworthy strength of the present study is that it explores the rarely investigated and relevant area of risk factors of children's

video gaming behavior. Excessive computer use and GD becomes a dysfunctional solution or an inadequate coping for pre-existing ED. Therefore, preventing ED contributes to the prevention of GD.

Regardless of the significant associations between ED in pre-school and later media use and GD in childhood, the question of the relationship between ED and ICD-10 nosology arises, which has not been clarified as yet. Would ED be the "Grand Unifying Theory" of psychological symptoms and disorders?

## DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

## ETHICS STATEMENT

The studies involving human participants were reviewed and approved by Ethikkommission der Ärztekammer des Saarlandes Ha 147/19. Written informed consent to participate in this study was provided by the participants' legal guardian/next of kin.

## AUTHOR CONTRIBUTIONS

FP: conceptualization, implementation, data collection, statistical analysis, text creation, and discussion. KH: data collection, data entry, and ethics application. FM: statistical analyses and text creation. EM: discussion and correction. All authors contributed to the article and approved the submitted version.

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**Conflict of Interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## Digitale Medien im Kita-Alltag

Schlagwort	Link
Konsultationskita zum Thema Digitale Bildung	Angebot des NA.KINDER.GARTEN SieKids in Siemensstadt (Berlin-Spandau) <a href="https://konsultationskitas.de/konsultationskitas/inakindergarten-siekids">https://konsultationskitas.de/konsultationskitas/inakindergarten-siekids</a>
Gute Gründe für digitale Medien	Argumente und Ausschlusskriterien für den Einsatz digitaler Medien <a href="https://klax.de/de/kitas/digitale-technik">https://klax.de/de/kitas/digitale-technik</a>
Kita Digital: <i>Bilden, Lernen, Arbeiten</i> mit digitalen Medien	Wie digital kann Kita sein - und vor allem sinnvoll digital? Fachkräfte und Digital-Expert:innen berichten von ihren Erfahrungen und teilen ihre Ideen. Es gibt exklusive Einblicke in die Apps, E-Learning-Angebote und digitalen Verwaltungstools von FRÖBEL. <a href="https://www.youtube.com/watch?v=Ngzz-aDlrydY&amp;list=PLpXMi_ytvMo3PHPS-yK8HoyQbplje1JdT">https://www.youtube.com/watch?v=Ngzz-aDlrydY&amp;list=PLpXMi_ytvMo3PHPS-yK8HoyQbplje1JdT</a>
Das passende Medium für jedes Alter	Übersicht zum altersgerechten Einsatz verschiedener Medien (auditive, visuelle, audiovisuelle, interaktive) und Geräte (PC, Tablet, Smartphone) <a href="https://medienkindergarten.wien/medienpaedagogik/kind-und-medien/das-passende-medium-fuer-jedes-alter">https://medienkindergarten.wien/medienpaedagogik/kind-und-medien/das-passende-medium-fuer-jedes-alter</a>
<i>Gleiche Chancen</i> in der Bildung durch Medienerziehung	Wie und warum Kitas durch frühe Medienerziehung einen wichtigen Beitrag zur Bildungschancengleichheit leisten können <a href="https://medienkindergarten.wien/medienpaedagogik/medienerziehung-im-kindergarten/bildungschancengleichheit-durch-medienerziehung">https://medienkindergarten.wien/medienpaedagogik/medienerziehung-im-kindergarten/bildungschancengleichheit-durch-medienerziehung</a>
Konkrete Beispiele für den <i>Einsatz im Kita-Alltag</i>	Medienerziehung im Kindergarten <a href="https://medienkindergarten.wien/medienpaedagogik/medienerziehung-im-kindergarten">https://medienkindergarten.wien/medienpaedagogik/medienerziehung-im-kindergarten</a>

## BzGA: Empfehlungen und Ratgeber für Eltern

Schlagwort	Link
Medien im Familienalltag	<a href="https://www.kindergesundheit-info.de/fileadmin/user_upload/kindergesundheit-info.de/Download/Medienumgang/Empfehlungen-Medien-im-Familienalltag_BZgA_kindergesundheit-info_.pdf">https://www.kindergesundheit-info.de/fileadmin/user_upload/kindergesundheit-info.de/Download/Medienumgang/Empfehlungen-Medien-im-Familienalltag_BZgA_kindergesundheit-info_.pdf</a>
Tipps und Informationen für Eltern zum Thema „Mediennutzung in der Familie“	<a href="https://shop.bzga.de/pdf/20281000.pdf">https://shop.bzga.de/pdf/20281000.pdf</a>
Tipps und Regeln für Fernsehen und Computer	<a href="https://www.kindergesundheit-info.de/fileadmin/user_upload/kindergesundheit-info.de/Download/Medienumgang/Tipps-und-Regeln_Fernsehen_Computer_BZgA_kindergesundheit-info.pdf">https://www.kindergesundheit-info.de/fileadmin/user_upload/kindergesundheit-info.de/Download/Medienumgang/Tipps-und-Regeln_Fernsehen_Computer_BZgA_kindergesundheit-info.pdf</a>
Elternratgeber für TV, Streaming & YouTube	Unterstützung und Orientierungshilfen für Eltern bei der Auswahl von Fernsehangeboten für Kinder. Besprechungen von Sendungen sowie aktuelle Tagestipps und -flops. <a href="https://www.flimmo.de/">https://www.flimmo.de/</a>
SCHAU HIN! Was Dein Kind mit Medien macht	Informationen und praxisnahe Hilfen für Eltern zum Umgang mit den verschiedenen Medien in der Familie und zur Medienerziehung <a href="https://www.schau-hin.info/">https://www.schau-hin.info/</a>
<b>BZGA <a href="http://www.kindergesundheit-info.de">www.kindergesundheit-info.de</a></b>	
Wegweiser Kinder und Medien	<a href="https://www.kindergesundheit-info.de/themen/medien/medienarten/wegweiser-medien/">https://www.kindergesundheit-info.de/themen/medien/medienarten/wegweiser-medien/</a>
Medien im Alltag von Kindern	<a href="https://www.kindergesundheit-info.de/themen/medien/mediennutzung/kinder-und-medien/">https://www.kindergesundheit-info.de/themen/medien/mediennutzung/kinder-und-medien/</a>
Wie Medien Kinder fördern können	<a href="https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medien-chancen/">https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medien-chancen/</a>
Wie Medien Kinder schaden können	<a href="https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medien-gefahren/">https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medien-gefahren/</a>
Wie Kinder Medienkompetenz erlangen	<a href="https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medienerziehung/">https://www.kindergesundheit-info.de/themen/medien/mediennutzung/medienerziehung/</a>

## BpB: Digitalisierung und Medienkompetenz

Die **Bundeszentrale für politische Bildung** hat zu Digitalisierung und Medienkompetenz Materialien für verschiedene Zielgruppen erstellt: Kinder, Jugendliche, Eltern, pädagogische Berufe, Wissenschaften. *Spiele, kindgerechte Medien, Zeitschriften und Ausstellungen*. Wir haben eine Auswahl zusammengestellt. Die Medien werden meist kostenfrei abgegeben.

**Medienkompetenz in einer digitalen Welt** für die gesellschaftliche Teilhabe und den Zusammenhalt in der Demokratie ist Medienkompetenz wichtig. Ein Überblick zum Thema Medienkompetenz, beleuchtet dabei die **historische Entwicklung** und die **theoretische Perspektive** und blickt auch auf aktuelle Herausforderungen. Aufsatzsammlung, PDF, als Buch kostenlos bestellbar



<https://www.bpb.de/shop/zeitschriften/izpb/medienkompetenz-355/>

Informationen zur politischen Bildung: Medienkompetenz in einer digitalen Welt; Informationen zur politischen Bildung Nr. 335/2023 Henrike Friedrichs-Liesenkötter. Frühe Medienbildung und **Medienkompetenzförderung in Kindertagesstätten**

<https://www.bpb.de/shop/zeitschriften/izpb/medienkompetenz-355/539982/fruehe-medienbildung-und-medienkompetenzfoerderung-in-kindertagesstaetten/>

Big Data für die Kinder- und Jugendbildung

- Spiel für Vorschulkinder: GEHEIMNISvolle Bilder
- Geheimnisse - Wem verrate ich was? Was erzähle ich fremden Personen?



<https://www.bpb.de/lernen/medienpaedagogik/big-data-kinder-und-jugendbildung/267160/geheimnisse-wem-verrate-ich-was/>

<https://www.bpb.de/lernen/medienpaedagogik/big-data-kinder-und-jugendbildung/>

BpB: Digitales Kinderzimmer medienkritisch betrachtet: Aktionsraum für Kinder und Eltern

<https://www.bpb.de/lernen/medienpaedagogik/big-data-kinder-und-jugendbildung/287050/digitales-kinderzimmer-medienkritisch-betrachtet-aktionsraum-fuer-kinder-und-eltern/>

**Schulkinder**; Medienkompetenz: Dossier "Medienpädagogik" liefert Material, um digitale Medien in die Bildungsarbeit einzubinden.

<https://www.bpb.de/lernen/medienpaedagogik/>

**Life Profiler** Dokumentarisches **Theater** als "Live Statistik" mit gesellschaftlich repräsentativen Rollen. Jugendliche ab 14; Alles, was gebraucht wird, um zu spielen, zum Download



<https://www.bpb.de/lernen/medienpaedagogik/big-data-kinder-und-jugendbildung/253471/life-profiler/>

**Bundeszentrale für Kinder- und Jugendmedienschutz (BzKJ)**: Kinderrechte auf Schutz, Befähigung und Teilhabe Kinder- und Jugendmedienschutz

Kinder- und Jugendmedienschutz als intelligentes Chancen- und Risikomanagement zu gestalten, sichert die Kinderrechte auf Schutz, Befähigung und Teilhabe in der digitalisierten Gesellschaft.

*Zukunftswerkstatt*: Materialien zu "Sexuelle Gewalt und Belästigung im digitalen Raum" ([PDF](#)).

<https://www.bzkg.de/>

## Literaturübersicht

### Internationale Studien & Schriften zu den Auswirkungen digitaler Mediennutzung auf die kindliche Entwicklung \*

zusammengestellt von BITS 21 im fjs e.V.

Titel, Autor*innen, Jahr	Zusammenfassung der Ergebnisse
<p data-bbox="188 728 485 981"><a href="#">Nutzung digitaler Medien für die pädagogische Arbeit in der Kindertagesbetreuung. Kurzexpertise im Auftrag des Bundesministeriums für Familie, Senioren, Frauen und Jugend</a></p> <p data-bbox="188 1057 416 1122">Cohen &amp; Hemmerich (2020)</p>	<p data-bbox="517 728 1220 1912">Die vorliegende Expertise beleuchtet den (inter-)nationalen empirischen Forschungsstand zu Auswirkungen der Nutzung digitaler Medien im institutionellen frühpädagogischen Kontext auf die sprachliche und die sozial-emotionale Entwicklung von Kindern. In einigen Studien ließen sich bereits sprachförderliche Potenziale bestimmter digitaler Technologien (z.B. PC-Software oder digitale Bilderbücher) nachweisen. Auch was Aspekte der technischen Gestaltung entsprechender digitaler Produkte angeht, die sich als besonders sprachförderlich erweisen, ermöglichen einige Studien bereits wertvollen Aufschluss. Zu Auswirkungen der pädagogischen Nutzung digitaler Medien auf die sozial-emotionale kindliche Entwicklung existieren bisher vergleichsweise wenig Studien. Deren Befunde lassen zwar teilweise gewisse positive Aspekte, wie z.B. einen Anstieg kindlicher Kooperationen, erkennen, sind mit Blick auf die zugrundeliegenden teils sehr kleinen Stichproben und die Vielfalt der jeweils untersuchten sehr unterschiedlichen digitalen Technologien jedoch mit Vorsicht zu betrachten. Zudem werden in den Studien meist nur kurzfristige Effekte untersucht. Inwiefern also z.B. die Häufigkeit der Nutzung digitaler Medien in Kitas langfristig womöglich zur Reduktion oder aber zu einem Anstieg sozialer Interaktionen von Kindern führt, muss aus empirischer Sicht gegenwärtig als nicht klar zu beantwortende Frage betrachtet werden. Insgesamt ist sowohl mit Blick auf Auswirkungen digitaler Medien auf die sozial-emotionale als auch sprachliche Entwicklung noch ein eindeutiger Bedarf an weiterer Forschung zu verzeichnen. Ein zentraler Grund hierfür ist darin zu sehen, dass sich einige der bisherigen Studien durch das Fehlen angemessener Kontroll- bzw. Vergleichsgruppen auszeichnen und sich dadurch nur sehr eingeschränkt für Aussagen zur tatsächlichen Wirksamkeit der jeweils untersuchten digitalen Technologien eignen.</p>

\* Die vorliegenden Inhalte und Ergebnisse sind eine Zusammenstellung aus verschiedenen Studien. Die Darstellung dient lediglich der Übersicht; die Originalinhalte stammen von den genannten Autor\*innen und Publikationen.

<p><a href="#">Toddlers Using Tablets: They Engage, Play, and Learn</a></p> <p>Courage et al. (2021)</p>	<p>Kleinkinder konnten einfache zielgerichtete Berührungsgesten und die manuellen Interaktionen, die für die Bedienung des Tablets erforderlich waren, ausführen; nach Kontrolle der Vorerfahrungen mit der Formzuordnung steigerten die Kleinkinder ihren Erfolg und ihre Effizienz, machten weniger Fehler, verkürzten die Bearbeitungszeit und benötigten weniger Hilfestellung bei den Versuchen; sie erkannten mehr Geschichteninhalte aus dem E-Book und waren weniger abgelenkt als aus dem Papierbuch; die exekutiven Funktionen trugen bei beiden Apps zu einer einzigartigen Varianz der Ergebnismessungen bei und die Dreijährigen übertrafen die Zweijährigen bei allen Messungen. Die Ergebnisse werden im Hinblick auf das Potenzial interaktiver Geräte zur Unterstützung des Lernens von Kleinkindern diskutiert.</p>
<p><a href="#">Young children's learning from media</a></p> <p>Kirkorian &amp; Horgan (2022)</p>	<p>Die Forschung zeigt, dass kleine Kinder mit Bildungsmedien („educational media“), die mit dem ausdrücklichen Ziel entwickelt wurden, zu lehren, lernen können und dies auch tun. Darüber hinaus können junge Kinder Wissen und Fähigkeiten in einer Vielzahl von kognitiven und sozio-emotionalen Bereichen erlernen und das Gelernte auf neue Kontexte übertragen. Einige Korrelationen deuten sogar darauf hin, dass der Nutzen von Bildungsmedien von Dauer sein kann. Dennoch ist das Lernen nicht garantiert. Um mit Medien zu lernen, müssen Kinder die richtigen Informationen zur richtigen Zeit aufnehmen, die beabsichtigte Lektion verstehen und eine ausreichend flexible mentale Repräsentation der Kernlektion schaffen, damit sie auf neue Kontexte übertragen werden kann.</p>
<p><a href="#">Screen media exposure and young children's vocabulary learning and development: A meta-analysis</a></p> <p>Jing &amp; Ye &amp; Kirkorian &amp; Mares (2023)</p>	<p>63 Studien zusammengefasst   N insgesamt = 11,413</p> <p>Die Analysen ergaben einen geringen positiven Gesamtzusammenhang zwischen Bildschirmmediennutzung und dem Wortschatz der Kinder (<math>r = .23</math>).</p>

\* Die vorliegenden Inhalte und Ergebnisse sind eine Zusammenstellung aus verschiedenen Studien. Die Darstellung dient lediglich der Übersicht; die Originalinhalte stammen von den genannten Autor\*innen und Publikationen.

<p><a href="#">Young children and screen-based media: The impact on cognitive and socio-emotional development and the importance of parental mediation</a></p> <p>Swider-Cios et al. (2023)</p>	<p>In dieser Literaturübersicht beschreiben wir [die Autor*innen] die Risiken und Vorteile der Nutzung von Bildschirmmedien auf die kognitive und sozioemotionale Entwicklung, indem wir die seit 2010 veröffentlichten Forschungsergebnisse überprüfen. Insbesondere konzentrieren wir uns auf den Einfluss von Bildschirmmedien auf Kinder im Alter von 0 bis 5 Jahren, da dies ein Zeitraum ist, in dem sich die Gehirnentwicklung beschleunigt und kognitive Fähigkeiten in verschiedenen kognitiven Bereichen entstehen und wachsen. Wir beschreiben Ergebnisse zu inhaltsbasierten, inhaltsunabhängigen, formbasierten und sozialbasierten Theorien über den Einfluss von Bildschirmmedien auf die Entwicklung und heben die Rolle hervor, die Eltern in der Beziehung ihrer Kinder zu Bildschirmmedien spielen. Abschließend geben wir Empfehlungen für künftige Forschung und praktische Leitlinien für Eltern, Mediziner, politische Entscheidungsträger und die Medienindustrie.</p>
<p><a href="#">Early Childhood and Digital Media</a></p> <p>Barr et al. (2024)</p>	<p>In diesem Element erörtern die Autoren die Notwendigkeit, den Blickwinkel von der Messung der Bildschirmzeit auf die Messung der familiären Medienökologie zu verlagern, beschreiben den neuen dynamischen, relationalen, ökologischen Ansatz für die Medienwirkungsforschung (DREAMER) und umfassendere Bewertungen der digitalen Medien. Die Autoren schließen dieses Element mit einem Fahrplan für die künftige Forschung unter Verwendung des DREAMER-Rahmens, um besser zu verstehen, wie die Nutzung digitaler Medien mit der Entwicklung von Kindern zusammenhängt.</p>
<p><a href="#">Digital dement vs. medienkompetent? Lohnt es sich mit der Publikation „Digitale Demenz“ des Hirnforschers Manfred Spitzer näher zu beschäftigen? Oder lohnt es nicht?</a></p> <p>GMK (2012)</p>	<p>Zwei Gründe, warum es sinnvoll sein kann, sich eingehender mit den Thesen zur so genannten digitalen Demenz auseinanderzusetzen &amp; Acht Gründe, warum es sich kaum lohnt, sich eingehender mit den Thesen der so genannten digitalen Demenz des Hirnforschers Manfred Spitzer auseinanderzusetzen.</p>

\* Die vorliegenden Inhalte und Ergebnisse sind eine Zusammenstellung aus verschiedenen Studien. Die Darstellung dient lediglich der Übersicht; die Originalinhalte stammen von den genannten Autor\*innen und Publikationen.