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Barriers to active participation of school-aged children

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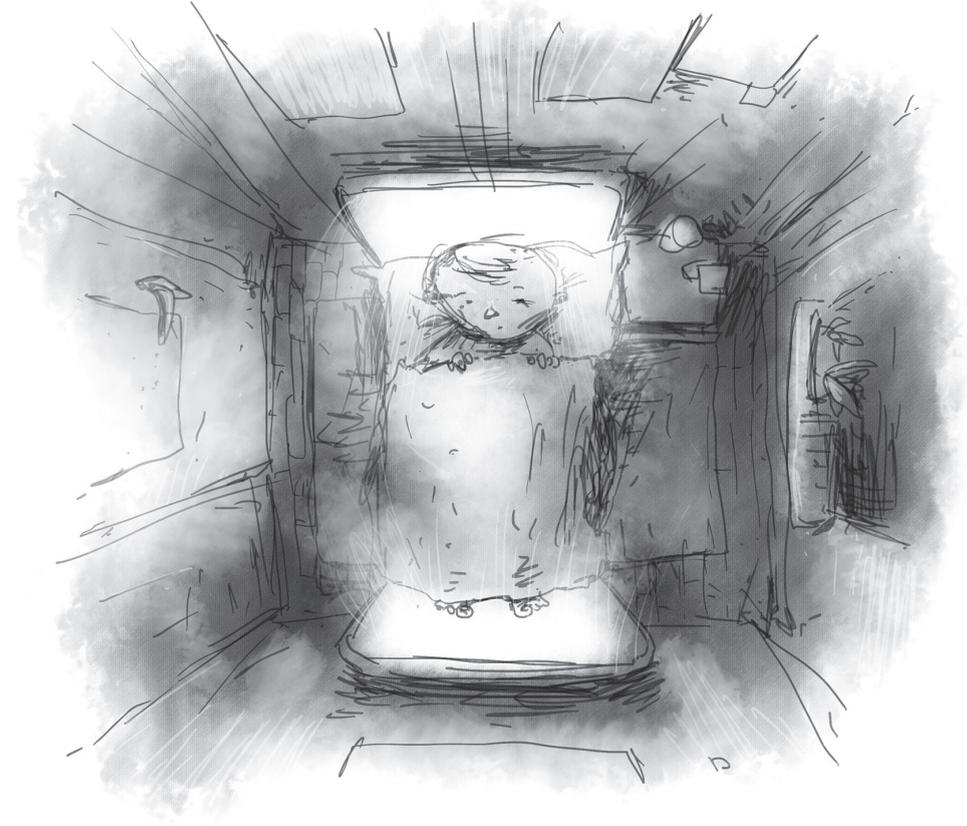
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Table 2.2 Overview of the variables used in this thesis

Measures	Source	Role in analyses	chapters	Short description
Health complaints	HBSC 2010	dependent	4	Indicator for health outcome
Physical activity	HBSC 2010	confounder	4	Indicator for physical activity
Screen-based activities	HBSC 2010, HBSC 2014	independent, dependent	3,4,5,7	Indicator for screen-based behaviour
Parental rules on time spent with computer, TV	Pilot study	independent	7	Indicator for parental rules on time and content of TV programmes and PC work
Family activities	Pilot study	independent	7	Indicator for family shared activities
Availability of TV and computer in bedrooms	Pilot study	independent	7	Indicator for availability of devices
Long-term illness	HBSC 2014	Independent	3	Indicator for the presence of long-term illness, e.g. asthma, learning disabilities
Soft and energy drinks consumption	HBSC 2014	independent	5	Indicator for excessive consumption of soft and energy drinks
Sleeping quality	HBSC 2014	independent	5	Indicator for sleeping pattern
School difficulties	HBSC 2014	dependent	5	Indicator for school problems
Active participation	Out-patient clinics	dependent	6	Indicator for participation
Personal worries	Out-patient clinics	independent	6	Indicator for child's perceived barriers to active participation
Parental worries	Out-patient clinics	independent	6	Indicator for child-reported parent's perceived barriers to active participation of their child

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Screen-based behaviour in school-aged children with long-term illness



Screen-based behaviour in school-aged children with long-term illness

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Abstract

Background: Evidence is lacking on the screen-based behaviour of adolescents with a chronic condition. The aim of our study was to analyse differences in screen-based behaviour of adolescents by long-term illness, asthma and learning disabilities.

Methods: We used data from the cross-sectional Health Behaviour in School-aged Children study collected in 2014 among Slovak adolescents (age 13 to 15 years old, N=2682, 49.7% boys). We analysed the associations between screen-based behaviour and long-term illness, asthma and learning disabilities using logistic regression models adjusted for gender.

Results: We found no associations between screen-based behaviour and long-term illness, except that children with asthma had a 1.60-times higher odds of excessively playing of computer games than healthy children (95% confidence interval of odds ratio (CI): 1.11–2.30). Children with learning disabilities had 1.71-times higher odds of risky use of the Internet (95% CI: 1.19–2.45).

Conclusion: Adolescents with a long-term illness or with a chronic condition or a learning disability do not differ from their peers in screen-based activities. Exceptions are children with asthma and children with learning disabilities, who reported more risky screen-based behaviour.

Keywords: Long-term illness, Asthma, Learning disabilities, Internet, Watching TV, Playing computer games, Working with a computer, Adolescents

Background

Electronic devices play a major role in the lives of contemporary children, but this may have negative effects on their physical or psychological health (Brindova et al., 2015a; Costigan et al., 2013; Janssen et al., 2012). Recent evidence suggests that children are involved in a wide range of online activities, such as doing school work, playing computer games, social networking and messaging (Livingstone et al., 2011), and many of them exceed the recommended time spent with these activities (Melkevik et al., 2010; Finne et al., 2013). Excessive spending time on the Internet or online gaming, together with other particular personal aspects (Spada, 2014), might precede problematic Internet use with behavioural or social problems (Blinka et al., 2015). Similarly, all these problems can be deepened by problematic Internet use. Therefore, the motivation for excessive and problematic media may be in a reciprocal relationship, as suggested by Valkenburg & Peter (2013) or Slater (2007).

According to the WHO (Michaud et al., 2007), the prevalence of chronic conditions generally among adolescents is high. One of the most common chronic conditions with an increasing trend is e.g. asthma (Pearce et al., 2007). The presence of such a health condition requires management of the condition and patient adherence to daily treatment. This limits many areas of an adolescent's everyday life, including his or her family, peers or school (Lindsay et al., 2011). Moreover, research indicates that children with different types of chronic conditions are highly involved in a sedentary lifestyle (Walker et al., 2015) because of limitations in many other activities (Conn et al., 2009). However, children might not perceive the impact of the chronic condition on their activities and socialization (Denny et al., 2014), which could be associated with a good health care system or with psychosocial factors of the individuals themselves (Santos et al., 2013). Children use of electronic media, including Internet and video gaming, has increased also among children with health condition like ADHD. The Internet environment and virtual reality offers very attractive features for them. It provides very broad content for potential stimulations or various activities in simultaneously open windows, which might lead to fixation to the online world. Furthermore, video games offer immediate rewards with a strong incentive to increase the reward by trying the next level (Weiss et al., 2011; Ko et al., 2012).

Generally speaking, evidence is lacking in regard to screen-based behaviour among children with a chronic condition. In our study we focused on children with long-term illness, asthma and learning disabilities, who are at the greater risks of lower school performance and involvement in sedentary behaviour (Walker et al., 2015; Sibley & Etnier, 2003). Therefore, the aim of the present study was to analyse differences in the screen-based behaviour of adolescents by long-term illness, asthma and learning disabilities.

Methods

Sample and procedure

We used data from the Health Behaviour in School-aged Children (HBSC) study conducted in 2014 in Slovakia. To obtain a representative sample, we used two-step sampling. In the first step, 151 larger and smaller elementary schools located in rural as well as in urban areas from all regions of Slovakia were asked to participate. These were randomly selected from a list of all eligible schools in Slovakia obtained from the Slovak Institute of Information and Prognosis for Education. In the end, 130 schools agreed to participate in our survey (response rate: 86.1 %). In the second step, we obtained data from 10,179 adolescents from the 5th to the 9th grades (response rate: 78.8 %). Questionnaires containing measurement on excessive use of internet were randomly distributed in adolescents 13 years and older (7th, 8th and 9th grade) with aim to keep collect data of at least half of them. Therefore, the final sample comprises 2682 adolescents (mean age: 14.11; 49.7 % boys), who filled the questionnaire which contain also measurement on excessive use of internet.

The study was approved by the Ethics Committee of the Medical Faculty at the P. J. Safarik University in Kosice. Procedure of approval includes assessment of the protocol of the HBSC study which contains information about the passive consent procedure. Parents were informed about the study via the school administration (explanation of study and consent through the children or on parent-teachers meeting) and could opt out if they disagreed with their child's participation. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. Questionnaires were administered by trained research assistants in the absence of a teacher during regular class time.

Measures

Screen-based activities, represented by watching TV, playing computer games and working with a computer, were assessed using three separate items. Watching TV was measured by the question: "How many hours a day, in your free time, do you usually spend watching television, videos (including YouTube or similar services), DVDs and other entertainment on a screen?" Computer gaming was measured by asking: "How many hours a day, in your free time, do you usually spend playing games on a computer, gaming console, tablet (like iPad), smartphone or other electronic devices (not including moving or fitness games)? And computer work was assessed by asking: "How many hours a day, in your free time, do you usually spend using electronic devices such as computers, tablets (like iPad) or smartphones for other purposes, for example, homework, e-mailing, tweeting, facebook, chatting, surfing the Internet" (Currie et al., 2014). Responses were dichotomized into two categories of children: those

who spent less than 2 h per day and those who spent 2 or more hours per day on screen-based activities, as AAP recommended that children should not spend time with media no more than 1 to 2 h per day (AAP, 2001).

Moreover, *excessive Internet use* was measured using five items focused on different types of behaviour as a consequence of spending excessive time on the Internet. Participants indicated how often they experience the following situations in the last 12 months: “I did not eat or sleep because of the Internet.”; “I felt uncomfortable when I could not be on the Internet.”; “I found myself surfing the Internet, even though I did not enjoy it.”; “I neglected my family, friends, school work or hobbies because of the time spent on the Internet.”; “I tried to reduce the time spent on the Internet, but without success.” Responses were measured on a 4-point scale: very often, often, rarely, never (Skarupova et al., 2015). Those who reported to experience the particular situation very often or often during past year were considered to “have a symptom”. Then we divided adolescents on those who do not have any symptom excessive use of internet and those who have at least one symptom of excessive use of internet.

Long-term illness prevalence was assessed using the item: “Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?” with “yes” and “no” as the response categories (Mazur et al., 2013). The response used in statistical analyses referred to the occurrence of long-term illness.” Besides this question we asked adolescents if they have asthma and learning disabilities (dyslexia, dysgraphia, orthography, dyscalculia) confirmed by a doctor.

Statistical analysis

First, we described the sample using descriptive statistics. Next, the relationships between screen-based behaviour and long-term illness, asthma and learning disabilities were explored separately using logistic regression models adjusted for gender. Interactions of the effects of gender and health condition (e.g. long-term illness, asthma, learning disability respectively) on screen-based behaviour were assessed, but none of them were found to be significant (not presented). All analyses were performed using SPSS version 21.0.

Results

Around 20 % of adolescents had a long-term illness or medical condition that has been diagnosed by a doctor (Table 1). Moreover, more than half of adolescents exceeded the recommended time for screen-based activities, such as watching TV, playing PC games and computer work. The

prevalence of screen-based activities and excessive use of the Internet was relatively similar for children with and without a chronic condition or learning disability (Table 2). Children with a long-term illness and learning disability did not differ from their peers in screen-based activities, such as watching TV, playing computer games and working with a computer. However, children with asthma had 1.59-times higher odds of excessive playing of computer games in comparison with their peers (Table 2). Children reporting learning disabilities, but not reporting long-term illness or asthma, had 1.71-times higher odd of excessive use of internet. Interactions of the effects of gender and long-term illness, asthma or learning disabilities were not statistically significant (not shown).

Table 1 Prevalence of screen-based behavior and long-term illness among school-aged children

		N (%)
watching TV	≥2 hours	1,723 (71.1)
playing PC games	≥2 hours	1,198 (49.3)
computer work	≥2 hours	1,483 (61.1)
excessive use of internet	at least one symptom	810 (35.2)
long-term illness	yes	574 (21.6)
asthma	yes	158 (6.0)
learning disability	yes	174 (6.6)

Table 2 Prevalence and odds ratios (95% CI) for excessive screen-based behaviour among adolescents with and without long-term illness, asthma and learning disabilities

	watching TV (≥2 hours)		playing PC games (≥2 hours)		computer work (≥2 hours)		excessive use of internet (≥1 symptom)		
	N (%)	OR (95% CI)	N (%)	OR (95% CI)	N (%)	OR (95% CI)	N (%)	OR (95% CI)	
long-term illness	yes	369 (72.4)	1.08 (0.87-1.35)	256 (50.5)	1.12 (0.91-1.38)	306 (60.4)	0.96 (0.78-1.17)	190 (38.9)	1.23 (0.99-1.51)
	no	1,346 (70.8)	1 (ref)	936 (49.0)	1 (ref)	1,168 (61.3)	1 (ref)	615 (34.1)	1 (ref)
asthma	yes	104 (74.8)	1.23 (0.83-1.82)	81 (57.4)	*1.59 (1.11-2.30)	92 (65.7)	1.23 (0.86-1.77)	48 (35.8)	1.02 (0.71-1.47)
	no	1,600 (70.9)	1 (ref)	1,101 (48.7)	1 (ref)	1,370 (60.7)	1 (ref)	86 (64.2)	1 (ref)
learning disability	yes	90 (67.2)	0.82 (0.56-1.19)	71 (52.6)	0.95 (0.66-1.37)	85 (63.4)	1.13 (0.79-1.63)	60 (46.9)	**1.71 (1.19-2.45)
	no	1,607 (71.2)	1 (ref)	1,110 (49.1)	1 (ref)	1,373 (60.9)	1 (ref)	740 (34.6)	1 (ref)

* p<0.05 ** p<0.01

N=number of children with and without long-term illness, asthma and learning disabilities in each screen-based behaviour and excessive use of internet

Discussion

Our objective was to explore the association between screen-based behaviour and the occurrence of long-term illness, asthma and learning disabilities among school-aged children. We found that adolescents with asthma were more likely to play computer games than their peers without any chronic conditions. The study also showed adolescents with a learning disability were at greater risk of excessive Internet use.

Our findings corroborate prior research that children with chronic conditions incline toward sedentary behaviour (Walker et al., 2015) and expand current knowledge by identifying which screen-based activities stand for their preferred sedentary behaviours. The association between asthma and playing computer games poses a new question of whether involvement in computer games represents an alternative leisure activity that parents offer to their children in order to have them under greater surveillance. However, the explanation may also lie in the motivation of the children. Some studies suggest a relationship between asthma and increased sedentary behaviour e.g. leading to obesity (Gennuso et al., 1998; Lang et al., 2004; Kim et al., 2011). Due to a lack of physical activities, asthmatic children may have lower self-esteem and self-efficacy and greater mood difficulties, which has been partially shown in the literature (Seigel et al., 1990; Vila et al., 2000). Computer gaming is often classified as a mood-management activity which increases one's own feelings of competence (Ryan et al., 2006; Reinecke, 2009; Reinecke et al., 2012) and which may be popular among asthmatic children due to the substitution and coping strategy.

More than half of school-aged children exceed recommended time spent on screen-based activities, and adolescents with chronic conditions were rather similar to their peers. Other studies on children have also shown an increased amount of time devoted to screen-based activities (Brindova et al., 2015a; Milde-Busch et al., 2010). This pattern of spending their leisure time thus seems to be a general trend characteristic for this young generation. It may be a result of the development of new technologies surrounding adolescents in everyday life, including school or family, which may increase the risk of sedentary behaviour.

In addition, the present study showed that adolescents with a learning disability are at higher risk of developing symptoms of excessive Internet use in comparison with their peers. There might be two alternative explanations. According to the first one, learning disability and excessive Internet use may have a common denominator that is impaired executive functions (Bull & Scerif, 2001; Kuss & Griffiths, 2012). It is also possible that excessive Internet use is an outcome of a maladaptive coping strategy in the sense that these children might be compensating for their shortcomings by being active online. There is a growing body of literature