

1 Benefits and risks associated with children's and adolescents' interactions with electronic
2 screens: An umbrella review

3 Taren Sanders¹, Michael Noetel², Philip Parker¹, Borja Del Pozo Cruz³, Stuart Biddle⁴,
4 Rimante Ronto⁵, Ryan Hultheen⁶, Rhiannon Parker⁷, George Thomas⁸, Katrien De Cocker⁹,
5 Jo Salmon¹⁰, Kylie Hesketh¹⁰, Nicole Weeks¹, Hugh Arnott¹, Emma Devine¹¹, Roberta
6 Vasconcellos¹, & Chris Lonsdale¹

7 ¹ Institute for Positive Psychology and Education, Australian Catholic University

8 ² School of Health and Behavioural Sciences, Australian Catholic University

9 ³ Department of Sport Science and Clinical Biomechanics, University of Southern Denmark

10 ⁴ Centre for Health Research, University of Southern Queensland

11 ⁵ Department of Health Systems and Populations, Faculty of Medicine, Health and Human
12 Sciences, Macquarie University

13 ⁶ School of Kinesiology, Louisiana State University

14 ⁷ School of Medicine and Health, Sydney University

15 ⁸ Faculty of Health Sciences, Curtin University

16 ⁹ Department of Movement and Sport Science, Ghent University

17 ¹⁰ Institute for Physical Activity and Nutrition, Deakin University

18 ¹¹ The Matilda Centre for Research in Mental Health and Substance Use, University of

19 Sydney

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Author Note

21 The authors made the following contributions. Taren Sanders: Conceptualization,
22 Data curation, Writing - Original Draft; Michael Noetel: Conceptualization, Writing -
23 Original Draft; Philip Parker: Conceptualization, Writing - Original Draft; Borja Del Pozo
24 Cruz: Writing - Review & Editing; Stuart Biddle: Writing - Review & Editing; Rimante
25 Ronto: Writing - Review & Editing; Ryan Hulteen: Writing - Review & Editing; Rhianon
26 Parker: Writing - Review & Editing; George Thomas: Writing - Review & Editing; Katrien
27 De Cocker: Writing - Review & Editing; Jo Salmon: Writing - Review & Editing; Kylie
28 Hesketh: Writing - Review & Editing; Nicole Weeks: Writing - Review & Editing; Hugh
29 Arnott: Writing - Review & Editing; Emma Devine: Writing - Review & Editing; Roberta
30 Vasconcellos: Writing - Review & Editing; Chris Lonsdale: Conceptualization, Writing -
31 Original Draft, Project Administration.

32 Correspondence concerning this article should be addressed to Taren Sanders, 33
33 Berry St, North Sydney, NSW, Australia. E-mail: Taren.Sanders@acu.edu.au

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Abstract

35 Children's engagement in screen time is a complex issue. While some forms of screen time
36 have consistently been associated with harm, others have been associated with gains,
37 making it difficult to weigh the risks and benefits of use. In this umbrella review, we
38 systematically collate and synthesise meta-analyses examining the effects of screen use on
39 children and youth. We converted results onto a common metric to make comparisons
40 simple, and where possible we reanalysed study-level data to standardise the approach
41 across meta-analyses. We identified 224 meta-analyses, and extracted 275 unique
42 exposure/outcome combinations. These effects represent the findings of 3,103 primary
43 studies comprised of 3,141,213 participants. When focusing on the meta-analyses with the
44 most statistically robust evidence, we found that general screen use (when content was not
45 indicated), was associated with potentially harmful impacts on learning, literacy, body
46 composition, and depression. Like-wise, social media was consistently associated with risks
47 to health, with no identified benefits. However, we also found that these harms could often
48 be mitigated by certain kinds of content (e.g., educational), or by modifying the context
49 (e.g., co-viewing with a parent). In summary, our findings point to the need for careful and
50 nuanced guidelines that support parents to make the best decisions for their children.

51

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52

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54 screens: An umbrella review

55 **Summary**

56 Children's engagement in screen time is a complex issue. Parents, policymakers, and
57 educators needing to weigh the risks that sedentary use of screens present alongside the
58 potential benefits for learning and social connectedness. Hampering efforts to make an
59 informed decision is the lack of comprehensive evidence. As a Lancet editorial¹ suggested,
60 "Our understanding of the benefits, harms, and risks of our rapidly changing digital
61 landscape is sorely lacking." In this study, we systematically harmonize data from existing
62 meta-analyses of screen time on a range of outcomes, including health, education, and
63 psychology, and identify the most statistically robust relationships. We show that some
64 forms of screen time—such as social media—show consistent evidence of harm for children,
65 with no clear evidence of a benefit. Other relationships are more complex. Video games,
66 for example, are associated with poorer body composition and learning outcomes.
67 However, video games for a specific educational purpose (such as numeracy) are associated
68 with improvements in that subject area. Caregivers must therefore weigh the health risk
69 against the educational benefit. The findings of this study provide parents and other
70 caregivers with the information to make these informed decisions.

Background

71 In the 16th century, hysteria reigned around a new technology that threatened to be
72 “confusing and harmful” to the mind. The cause of such concern? The widespread
73 availability of books brought about by the invention of the printing press.² In the early
74 19th century, concerns about schooling “exhausting the children’s brains” followed, with
75 the medical community accepting that excessive study could be a cause of madness.³ By
76 the 20th century, the invention of the radio was accompanied by assertions that it would
77 distract children from their reading (which by this point was no longer considered
78 confusing and harmful) leading to impaired learning.⁴

80 Today, the same arguments that were once leveled against reading, schooling, and
81 radio are being made about screen use (e.g., television, mobile phones, and computers).⁵
82 Excessive screen time use is the number one concern parents have about their children’s
83 health and behaviour, ahead of nutrition, bullying, and physical inactivity.⁶ Yet, the
84 evidence to support parents’ concerns is inadequate. A Lancet editorial¹ suggested that,
85 “Our understanding of the benefits, harms, and risks of our rapidly changing digital
86 landscape is sorely lacking.”

87 While some forms of screen use (e.g., television viewing) may be detrimental to
88 health and wellbeing,^{7,8} evidence for other forms of screen exposure (e.g., video games or
89 online communication, such as ZoomTM) remains less certain and, in some cases, may even
90 be beneficial.^{9,10} Thus, according to a Nature Human Behaviour editorial, research to
91 determine the effect of screen exposure on youth is “a defining question of our age”.¹¹ With
92 concerns over the impact of screen use including education, health, social development, and
93 psychological well-being, a broad overview that identifies potential benefits and risks is
94 needed.

95 Citing the negative effects of screens on health (e.g., increased risk of obesity) and
96 health-related behaviours (e.g., sleep), guidelines from the World Health Organisation¹²

97 and numerous government agencies^{13,14} and statements by expert groups¹⁵ have
98 recommended that young people's time spent using electronic media devices for
99 entertainment purposes should be limited. For example, the Australian Government
100 guidelines regarding sedentary behaviour recommend that young children (under the age of
101 two) should not spend any time watching screens. They also recommend that children aged
102 2-5 years should spend a maximum of one hour engaged in recreational sedentary screen
103 use per day, while children aged 5-12 and adolescents should spend no more than two
104 hours. In contrast, some recent evidence suggests that exposure to electronic entertainment
105 media that exceeds these guidelines (e.g., 3-4 hours per day) may not have meaningful
106 adverse effects on children's behaviour or mental health, and might, in fact, benefit their
107 well-being, as long as this exposure does not reach extreme levels (e.g., 7 hours per day)¹⁶.
108 Some research also indicates that content (e.g., video games vs television programs) plays
109 an important role in determining the potential benefit or harm of youths' exposure to
110 screen-based media.¹⁷ Indeed, educational screen time is positively related to educational
111 outcomes.¹⁸ This evidence has led some researchers to argue that a more nuanced approach
112 to screen time guidelines is required.¹⁹

113 In 2016, the American Academy of Pediatrics used a narrative review to examine the
114 benefits and risks of children and adolescents' electronic media²⁰ as a basis for updating
115 their guidelines about screen use.¹⁵ Since then, a large number of systematic reviews and
116 meta-analyses have provided evidence about the potential benefits and risks of screen use.
117 Yet, no review has synthesised the evidence available across a broad range of outcome
118 domains, such as physical health, education, physical and cognitive development,
119 behaviour, and well-being.

120 In order to synthesise the evidence and support further evidence-based guideline
121 development and refinement, we reviewed published meta-analyses examining the effects of
122 screen use on children and youth. This review synthesises evidence on any plausible
123 outcome of electronic media exposure. Adopting this broad approach allowed us to provide

¹²⁴ a holistic perspective on the influence of screens on children's lives. By synthesising across
¹²⁵ life domains (e.g., school and home), this review provides evidence to inform guidelines and
¹²⁶ advice for parents, teachers, pediatricians and other professionals in order to maximise
¹²⁷ human functioning.

128

Methods

129 We prospectively registered our methods on the International Prospective Register of
130 Systematic Reviews (PROSPERO; CRD42017076051).

131 **Eligibility criteria.** *Population:* To be eligible for inclusion, meta-analyses needed
132 to include meta-analytic effect sizes for children or adolescents (age 0-18 years). We
133 included meta-analyses containing studies that combined data from adults and youth if
134 meta-analytic effect size estimates specific to participants aged 18 years or less could be
135 extracted (i.e., the highest individual study from the meta-analysis had a mean age was <
136 18 years). We excluded meta-analyses that only contained evidence gathered from adults
137 (age >18 years).

138 *Exposure:* We included meta-analyses examining all types of electronic screens
139 including (but not necessarily limited to) television, gaming consoles, computers, tablets,
140 and mobile phones. We also included analyses of all types of content on these devices,
141 including (but not necessarily limited to) recreational content (e.g., television programs,
142 movies, games), homework, and communication (e.g., video chat). In this review we
143 adopted a population-level perspective, meaning that we examined electronic media
144 exposure that occurs during typical daily living activities (e.g., home, school-based
145 electronic media exposure). Consistent with this population-level approach, we excluded
146 technology-based treatments for clinical conditions. However, we included studies
147 examining the effect of screen exposure on non-clinical outcomes (e.g., learning) for
148 children and youth with a clinical condition. For example, a meta-analysis of the effect of
149 television watching on learning among adolescents diagnosed with depression would be
150 included. However, a meta-analysis of interventions designed to *treat* clinical depression
151 delivered by a mobile phone app would be excluded.

152 *Outcomes:* We included all reported outcomes.

153 *Publications:* We included meta-analyses (or meta-regressions) of quantitative

154 evidence. To be included, meta-analyses needed to analyse data from studies identified in a
155 systematic review. For our purposes, a systematic review was one in which the authors
156 attempted to acquire all the research evidence that pertained to their research question(s).
157 We excluded meta-analyses that did not attempt to summarise all the available evidence
158 (e.g., a meta-analysis of all studies from one laboratory). We included meta-analyses
159 regardless of the study designs included in the review (e.g., laboratory-based experimental
160 studies, randomised controlled trials, non-randomised controlled trials, longitudinal,
161 cross-sectional, case studies), as long as the studies in the review collected quantitative
162 evidence. We excluded systematic reviews of qualitative evidence. We did not formulate
163 inclusion/exclusion criteria related to the risk of bias of the review. We did, however,
164 employ a risk of bias tool to help interpret the results. We included full-text, peer-reviewed
165 meta-analyses published or ‘in-press’ in English. We excluded conference abstracts and
166 meta-analyses that were unpublished.

167 **Information sources.** We searched records contained in the following databases:
168 Pubmed, MEDLINE, CINAHL, PsycINFO, SPORTDiscus, Education Source, Embase,
169 Cochrane Library, Scopus, Web of Science, ProQuest Social Science Premium Collection,
170 and ERIC. We conducted an initial search on August 17, 2018 and refreshed the search on
171 May 13, 2020. We searched reference lists of included papers in order to identify additional
172 eligible meta-analyses. We also searched PROSPERO to identify relevant protocols and
173 contacted authors to determine if these reviews have been completed and published.

174 **Search strategy.** The search strategy associated with each of the 12 databases can
175 be found in Supplementary File 1. We hand searched reference lists from any relevant
176 umbrella reviews to identify systematic meta-analyses that our search may have missed.

177 **Selection process.** Using Covidence software (Veritas Health Innovation,
178 Melbourne, Australia), two researchers independently screened all titles and abstracts. Two
179 researchers then independently reviewed full-text articles. We resolved disagreements at
180 each stage of the process by consensus, with a third researcher employed, when needed.

181 **Data collection process.** From each included meta-analysis, two researchers

182 independently extracted data into a custom-designed database.

183 **Data items.** From each meta-analysis we extracted the following items: First

184 author, year of publication, study design restrictions (e.g., cross-sectional, observational,

185 experimental), region restrictions (e.g., specific countries), earliest and latest study

186 publication dates, sample age (mean), lowest and highest mean age reported, outcomes

187 reported, and exposures reported.

188 **Study risk of bias assessment.** For each meta-analysis, two researchers

189 independently completed the National Health, Lung and Blood Institute's Quality

190 Assessment of Systematic Reviews and Meta-Analyses tool²¹ (see Table ??). We resolved

191 disagreements by consensus, with a third researcher employed when needed. We did not

192 assess risk of bias in the individual studies that were included in each meta-analysis.

193 **Effect measures.** Two researchers independently extracted all quantitative

194 meta-analytic effect sizes, including moderation results. Where possible, they also

195 extracted effect sizes from primary studies included in each meta-analysis. To facilitate

196 comparisons, we converted effect sizes to Pearson's r using established formulae.²²⁻²⁴ We

197 excluded relative risk ratios from this conversion because meta-analyses did not contain

198 sufficient information to meaningfully convert. Effect sizes on the original metric are

199 provided in Supplementary File 2.

200 **Synthesis methods.** After extracting data, we examined the combinations of

201 exposure and outcomes and removed any effects that appeared more than once, keeping the

202 effect with the largest total sample size. In instances where effect sizes from the same

203 combination of exposure and outcome were drawn from different populations (e.g., children

204 vs adolescents) we retained both estimates in our dataset.

205 We excluded effect size estimates when the authors did not provide a sample size. We

206 descriptively present the remaining meta-analytic effect sizes. To remove the differences in

approach to meta-analyses across the reviews, we reran the effect size estimate using a random effects meta-analysis via the metafor package²⁵ in R²⁶ (version 4.2.2) when the meta-analysis's authors provided primary study data associated with these effects. When required, we imputed missing sample sizes using mean imputation from the other studies within that review. From our reanalysis we also extracted I^2 values. To test for publication bias, we conducted Egger's test²⁷ when the number of studies within the review was ten or more,²⁸ and conducted a test of excess significance.²⁹ We contacted authors who did not provide primary study data in their published article. Where authors did not provide data in a format that could be re-analysed, we used the published results of their original meta-analysis.

Evidence assessment criteria. *Statistical Credibility.* We employed a statistical classification approach to grade the credibility of the effect sizes in the literature. To be considered 'credible' an effect needed to be derived from a combined sample of $>1,000^{30}$ and have non-significant tests of publication bias (i.e., Egger's test and excess significance test). We performed these analyses, and therefore the review needed to provide usable study-level data in order to be included.

Consistency of Effect within the Population. We also examined the consistency of the effect size using the I^2 measure. We considered $I^2 < 50\%$ to indicate effects that were relatively consistent across the population of interest. I^2 values of $> 50\%$ were taken to indicate an effect was potentially heterogeneous within the population.

Direction of Effect. Finally, we examined the extent to which significance testing suggested screen exposure was associated with benefit, harm, or no effect on outcomes. We used thresholds of $P < .05$ for weak evidence and $P < 10^{-3}$ for strong evidence. An effect that was neither significant at $P < .05$ or 10^{-3} that also passed the criteria for statistical credibility was taken to indicate no association of interest.

Deviations from protocol. We initially planned to include systematic reviews but meta-analyses in a narrative summary alongside the main meta-analytic findings. However, we determined that combining results from the meta-analyses allowed readers to compare relative strength of associations more easily. Readers interested in the relevant systematic reviews (i.e., without meta-analysis) can consult the list of references in Supplementary File 3.

We altered our evidence assessment plan when we identified that, as written, it could classify precise evidence of null effects (i.e., from large reviews with low heterogeneity or risk of publication bias) as ‘credible’ because a highly-significant P -value was a priority. This would have significantly harmed knowledge gained from our review as it could have restricted our ability to show where the empirical evidence strongly indicated there was no association between screen time and a given outcome.

Results

Search Results. The searches yielded 50,656 results, of which 28,675 were duplicates. After screening titles and abstracts, we assessed 2,557 full-texts for inclusion. Of those, 224 met the inclusion criteria and we extracted the data from all of these analyses. Figure 1 presents the full results of the selection process.

The most frequently reported exposures were general screen use ($n = 45$), general TV programs and movies ($n = 28$), physically active video games ($n = 22$), and literacy (cadabra; in schools) intervention ($n = 15$). Supplementary File 4 provides a list of all measures identified. The most frequently reported outcomes were general learning ($n = 30$), body composition ($n = 37$), general physical activity ($n = 22$), depression ($n = 17$), and sleep duration ($n = 15$). In most cases (175/375), there was only one exposure/outcome combination for an age group, with 37 appearing twice, 26 appearing three or more times. Full characteristics of the included studies are

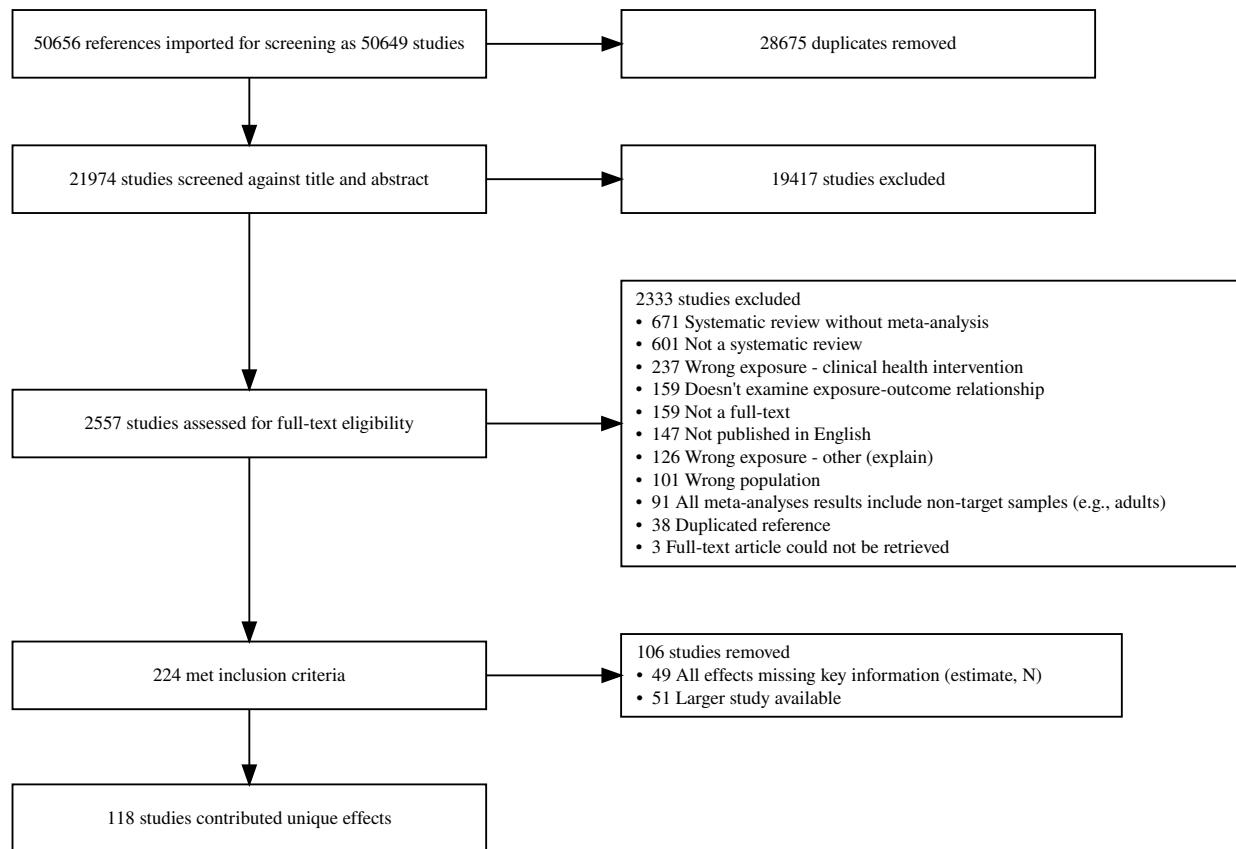


Figure 1. PRISMA Diagram

257 provided in Table ???. After removing reviews with duplicate exposure/outcome
 258 combinations, our process yielded 275 unique effect/outcome combinations contributed
 259 from 106 reviews. These effects represent the findings of 3,103 primary studies comprised
 260 of 3,141,213 participants.

Review characteristics for studies providing unique effects

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Abrami	2020	Include: Experimental designs	None specified	2009 - 2019	Pre K to Grade 3	Literacy: Listening comprehension Literacy: Phonics Literacy: Phonemic awareness Literacy: Reading comprehension Literacy: Reading fluency Literacy: Vocabulary knowledge	Intervention: Literacy (Abracadabra; in schools)
Adelantado-Renau	2019	Include: Cross-sectional studies	None specified	1982 - 2019	Children; Adolescents	Learning: General Literacy: General Numeracy: General	Screen use: General TV programs and movies; General Video games: General
Aghassi	2020	Include: Observational	None specified	2007 - 2016	All	Body composition	Internet use: General
Andrade	2019	Include: Interventions	None specified	2010 - 2017	Children; Adolescents	Healthy behavior: Self-efficacy Psychological health: Depression Psychological health: Enjoyment Self-perceptions: General Self-perceptions: Self-esteem	Video games: Physically active Video games: Physically active Learning: Behavior Learning: Motivation Intervention: Education (via touch screen)
Arztmann	2022	None specified	None specified	2008 - 2020	K - Grade 8	Learning: Behavior Learning: Motivation	Video games: Educational (with competition)
Aspiranti	2020	Include: Interventions	None specified	2013 - 2015	School-age Children (Primary/Elementary)	Learning: General	Intervention: Education (via touch screen)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Baradaran Mahdavi	2021	Include: Observational Exclude: Experimental	None specified	1999 - 2019	None specified	Physical health: Lower back pain	Screen use: General (excluding TV) TV programs and movies; General
Bartel	2015	None	None specified	2004 - 2014	Adolescents	Sleep: Bedtime Sleep: Duration Sleep: Time to fall asleep	Computer use: General Internet use: General Screen use: General (mobile phone) TV programs and movies; General Video games: General
Beck Silva	2022	Include: Randomised controlled trials and quasi-RCTs.	None specified	1999 - 2019	10 - 19 years	Diet: Fat consumption	Intervention: Nutrition (in schools)
Benavides-Varela	2020	Include: Randomised controlled trials	None specified	2006 - 2018	Children	Numeracy: Mathematics	Intervention: Mathematics
Blok	2002	None	None specified	1990 - 2000	All	Literacy: Reading fluency	Intervention: Literacy
Bossem	2020	Include: Randomised controlled trials	None specified	2011 - 2018	Children	Body composition Cardiometabolic health: Fitness Physical activity: General Physical health: Muscular fitness	Video games: Health promoting content
Boyland	2016	Include: Experimental	None specified	2004 - 2015	Children; Adolescents	Diet: Food intake	Advertising: Unhealthy food

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design Restrictions	Regions Restrictions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
Byun	2018	Include: All quantitative designs	None specified	2006 - 2014	School-age Children	Numeracy: General	Video games: Numeracy
Cao	2020	Include: designs with control groups	None specified	2002 - 2019	3-12 years	Cognition: Executive functioning Cognition: Executive Functioning (cognitive flexibility) Cognition: Executive Functioning (inhibition) Cognition: Executive Functioning (working memory)	Computer use: Executive functioning training
Carter	2016	Include: All quantitative designs	None specified	2011 - 2015	Children; Adolescents	Sleep: Inadequate duration Sleep: Lethargy Sleep: Poor quality	Screen use: General (mobile phone at bed time)
Champion	2019	Include: Randomised controlled trials	None specified	2003 - 2017	School-age Children	Body composition Diet: Fat consumption Diet: Fruit and vegetable intake Diet: Fruit intake Diet: Sugary drinks and snacks	Intervention: Lifestyle risk behaviour (at school)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Chan	2014	Include: Experimental; Quasi-experimental	None specified	2002 - 2012	School-age Children	Numeracy: General	Intervention: Dynamic geometry software
Chauhan	2017	Include: pre-post designs with or without control group	None specified	2001 - 2016	Elementary school students	Learning: General	Screen use: General (in schools)
Chen	2020	Include: Experimental designs	None specified	2008 - 2019	None specified	Learning: General	Video games: Educational (with competition)
Cheung	2012	Include: Randomised controlled trials	None specified	1982 - 2010	School-age Children	Literacy: Reading	Intervention: Reading (in schools)
Cheung	2013	Include: Quasi-experimental	None specified	1980 - 2010	School-age Children	Numeracy: General	Intervention: Mathematics (in schools)
Cho	2018	Include: Experimental; designs with control group	None specified	2008 - 2013	None specified	Learning: Second language	Screen use: General (mobile phone for language learning)
Claussen	2022	Include: Longitudinal; Retrospective	None specified	2004 - 2018	None specified	Psychological health: ADHD Psychological health: ADHD Symptoms (Inattention)	Screen use: General

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Clinton	2019	Include: randomised experimental designs	None specified	2011 - 2016	None specified	Literacy: Reading performance	Screen use: Reading (vs paper)
Comeras-Chueca	2021	include: randomized and non-randomized controlled trials (control group with no intervention or traditional exercise intervention)	None specified	2008 - 2019	Under 18	Body composition: BMI Cardiometabolic health: Fitness	Video games: Physically active
Comeras-Chueca	2021	Include: randomized and non-randomized controlled with control group with no intervention or traditional exercise intervention	None specified	2010 - 2020	Under 18	Body composition: BMI Body composition: BMI π -score	Video games: Physically active
Coyne	2018	None	None specified	1975 - 2017	Children; Adolescents	Prosocial Behavior: General content	Screen use: Prosocial content
Cushing	2010	Include: All quantitative designs; Experimental	None specified	1989 - 2009	Children; Adolescents	Healthy behavior: General behaviours	Intervention: Health behaviours

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Darling	2017	Include: Intervention	None specified	2006 - 2016	Children; Adolescents	Body composition Diet: Healthy dietary behaviour Physical activity: General	Intervention: To promote health (via mobile phone)
Birich	2022	Include: experimental or observational	None specified	1978 - 2021	12 or under	Psychological health: Externalizing Psychological health: Internalizing	Screen use: General
Fang	2019	Include: Cohort; Case-control; Cross-sectional	None specified	2006 - 2019	Children; Adolescents	Body composition	Computer use: General Screen use: General TV programs and movies; General
Feng	2021	Include: Quantitative designs	None specified	2017 - 2019	1 month - 4.99 years old	Body composition: BMI z-score	Computer use: General Screen use: General (meeting guidelines)
Ferguson	2017	None	None specified	2005 - 2017	Children; Adolescents	Risky behavior: Sexual activity Risky behavior: Sexual activity (initiation of sex)	Screen use: Sexual content
Ferguson	2020	Include: Experimental, correlational, or longitudinal	None specified	2009 - 2013	None specified	Aggression: General Video games: Violent content	Advertising: Advergames
Folkvord	2018	Include: Interventions	None specified	2007 - 2018	Children; Adolescents	Diet: Food intake (calories)	Advertising: Advergames
Foreman	2021	Include: observational and intervention studies	None specified	2015 - 2020	None specified	Eye health: Myopia	Screen use: General Screen use: General (phone or tablet)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Furenes	2021	Include: experimental or quasi-experimental	None specified	2002 - 2019	1-8 years old	Literacy: Reading comprehension Literacy: Vocabulary learning	e-Books: General Internet use: Cyberbullying victimization Learning: School attendance problems
Gardella	2017	Include: Cross-sectional	Include: North America	2006 - 2014	Adolescents	Learning: Educational achievement problems Learning: School attendance problems	Internet use: Cyberbullying victimization Learning: School attendance problems
Gazón	2019	Include: Experimental with control group	None specified	NA - NA	None specified	Learning: General reality (in schools)	Internet use: Augmented reality (in schools)
Ghobadi	2018	Include: Cohort; Case-control; Cross-sectional Exclude: Interventions	None specified	2009 - 2014	Children; Adolescents	Body composition TV programs and movies Mealtime	Intervention: Augmented reality (in schools)
Graham	2015	Include: Experimental; Quasi-experimental	None specified	2004 - 2011	School-age Children (Primary/Elementary/Middle School)	Literacy: Writing feedback	Intervention: Writing feedback
Haghjoo	2022	Include: observational designs	None specified	2008 - 2021	10-20 years old	Body composition: Overweight/obesity	Screen use: General healthy weight (obesity prevention)
Hammersley	2016	Include: Randomised controlled trials	None specified	2003 - 2013	Children; Adolescents	Body composition	Intervention: To promote healthy weight (obesity prevention)
Hao	2021	Include: Experimental with control group	None specified	2012 - 2018	preschool-college	Learning: Second language vocabulary	Intervention: English as foreign language

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Hassan-Saleh	2019	Include: Experimental; Quasi-experimental	None specified	2008 - 2016	Children; Adolescents	Literacy: Pronunciation	Intervention: Pronunciation
He	2021	Include: Randomised controlled trials	None specified	2009 - 2018	6-18 years	Physical activity: General	Intervention: To promote physical activity (via mobile phone)
Hernandez-Jimenez	2019	Include: Experimental; Quasi-experimental	None specified	2009 - 2017	Children; Adolescents	Body composition	Video games: Physically active
Hurwitz	2018	None	Include: North America	1997 - 2018	Early childhood/pre-school; School-age Children (Early Primary/Elementary)	Literacy: General	Intervention: Literacy videos
Ivie	2020	Include: Correlational studies	None specified	2012 - 2019	11-18 years	Psychological health: Depression	Social Media: General
Janssen	2020	Include: Experimental; Cross-sectional; Longitudinal	None specified	2007 - 2019	Children	Sleep: Duration	Screen use: General
Kates	2018	None	None specified	2008 - 2016	School-age Children	Learning: General	Screen use: General (mobile phone)
Kim	2021	Include: experimental or quasi-experimental	None specified	2010 - 2018	Preschool to Grade 3 (3-9 years old)	Learning: Literacy and numeracy Literacy: General Numeracy: General	Screen use: Educational apps

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Kroesbergen	2003	Include: Within subject design; between subject design	None specified	1985 - 1999	School-age Children (Primary/Elementary)	Numeracy: General	Intervention: Mathematics (via computer in classrooms)
Kucukalkan	2019	Include: Experimental	None specified	2007 - 2016	School-age Children (Primary/Elementary)	Numeracy: General	Intervention: Mathematics
Lanca	2020	Include: Cohort; Case-control; Cross-sectional; Intervention trials. Exclude: Case reports; Retrospective studies.	None specified	2007 - 2016	Children; Adolescents	Eye health: Myopia	Screen use: General
Li	2010	Include: Experimental; Quasi-experimental	None specified	1991 - 2005	School-age Children	Numeracy: General	Intervention: Mathematics
Li	2020	None specified	None specified	2005 - 2019	Infants, toddlers, and preschoolers (0-7 years)	Body composition: Overweight/obesity	Screen use: General
Li	2022	Include: Randomised controlled trials	None specified	2012 - 2020	3-18 years	Developmental: Gross motor (locomotor) games for motor skills	Intervention: Active video games for motor skills
Li	2022	Include: experimental or quasi-experimental	None specified	2014 - 2021	None specified	Developmental: Gross motor (non-locomotor) motor (object control skills)	Developmental: Gross motor (object control skills)
						Learning: Computational thinking	Computer use: Programming exercises

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Liao	2008	Include: All quantitative designs	Include: Taiwan	1990 - 2003 (Primary/Elementary)	School-age Children	Learning: General	Intervention: Education (via computer)
Liao	2014	Include: Randomised controlled trials	None specified	1999 - 2012	Children; Adolescents	Body composition	Intervention: Screen-time reduction
Liu	2016	Include: Cross-sectional; Case-control; Longitudinal	None specified	2001 - 2014	All	Psychological health: Depression	Screen use: General
Liu	2019	Include: All quantitative designs	None specified	2007 - 2014	All	Psychological health: Anxiety Psychological health: Depression Psychological health: Satisfaction	Social Media: Instant messaging Video games: General
Liu	2022	Include: studies with control group	None specified	NA - NA	None specified	Cognition: Creativity	Screen use: General
Liu	2022	Include: Observational	None specified	2012 - 2021	10-19 years	Psychological health: Depression	Social Media: General (duration)
Liu	2021	Include: Cross-sectional only	China	2014 - 2018	Adolescents	Psychological health: Negative coping style Psychological health: Positive coping style	Screen use: General (mobile phone addiction)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Madigan	2020	Include: Observational Exclude: Qualitative	None specified	1973 - 2019	Children	Literacy: General Intervention: Education (general) Screen use: General Screen use: General (coviewing)	Intervention: Education (general) Screen use: General Screen use: General (coviewing)
Major	2021	Include: Randomised controlled trials	Low- or middle-income per World Bank	2007 - 2020	5-18 years Learning: General Intervention: Literacy (Abracadabra; in schools)	Cognition: Cognitive Functioning Developmental: General Developmental: Language or speech Psychological health: Psychosocial factors Psychological health: Self-regulation Sleep: General	Screen use: General (mobile phone or tablet)
Mallawaarachchi	2022	Include: Cross-sectional or longitudinal	None specified	2014 - 2020	1-6 years and prior to school entry	Cognition: Cognitive Functioning Cognition: Executive Functioning Developmental: General Developmental: Language or speech Psychological health: Psychosocial factors Psychological health: Self-regulation Sleep: General	

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Mares	2005	None	None specified	1969 - 1989	Children	Aggression: Towards peers Cognition: Reducing stereotypes Prosocial Behavior: Altruism	TV programs and movies; General
Mares	2013	Exclude: Experimental	Exclude: North America	1973 - 2010	Children	Cognition: Moral reasoning and perception of out-groups Learning: General Learning: Literacy and numeracy Learning: Physical and social environment	Intervention: Sesame Street
Marker	2022	None specified	None specified	2001 - 15	None specified	Body composition	Video games: General
Marshall	2004	None	None specified	1985 - 2002	Children; Adolescents	Body composition Physical activity: General	TV programs and movies; General
Martins	2019	Include: All quantitative designs	None specified	2003 - 2018	All	Aggression: Towards Peers	Screen use: General
Martins	2022	Include: Cross-over or parallel randomized controlled trials	None specified	2006 - 2017	1-18 years	Diet: Food intake (calories) Mealtimes	TV programs and movies; Mealtimes
Mazeas	2022	Include: Randomised controlled trials	None specified	2015 - 2019	None specified	Physical activity: General	Intervention: To promote physical activity (via gamification)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
McArthur	2012	Include: Randomised controlled trials and quasi-RCTs.	None specified	1994 - 2009	All	Literacy: Phonics	Intervention: Literacy (phonics; via computer)
McArthur	2018	Include: Randomised controlled trials and quasi-RCTs.	Include: English speaking countries	1994 - 2015	Children; Adolescents	Literacy: General	Intervention: Literacy
Mei	2018	Include: cross-sectional, case-control, and cohort studies	None specified	2004 - 2018	11-20	Sleep: Duration Sleep: Problems Sleep: Time to fall asleep	Screen use: General (excessive)
Merchant	2014	Include: Experimental with control group	None specified	NA - NA	K-12	Learning: General	Screen use: Virtual reality simulations (Educational) Screen use: Virtual reality worlds (Educational) Video games: Virtual reality (Educational)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions Restrictions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
Mori	2019	None specified	None specified	2013 - 2018	<18 years	Psychological health: Internalizing Risky behavior: Alcohol consumption Risky behavior: Delinquency Risky behavior: Drug use Risky behavior: Sexual activity Risky behavior: Sexual activity (contraception use) Risky behavior: Sexual activity (multiple partners) Risky behavior: Smoking	Screen use: Sexting
Neitzel	2022	Include: random assignment or quasi-experimental	Include: United States, Europe, Israel, Australia, and New Zealand	2004 - 2020	Kindergarten- Grade 6	Literacy: Reading	Intervention: Reading (technology supported)
Ohrdrati	2020	Include: Group-control experimental design	None specified	2006 - 2018	School-age Children	Cognition: Cognitive Functioning Cognition: Executive Functioning Cognition: Verbal skills Cognition: Visuospatial skills Numeracy: General Psychological health: Adjustment	Intervention: Cognitive training
Pak	1994	None	None specified	N/A - NA	Children; Adolescents	Antisocial Behaviour: General Violent content	TV programs and movies:

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Pearce	2016	Include: All quantitative designs	None specified	1986 - 2012	Children; Adolescents	Psychological health: Internalizing	TV programs and movies; Scary content
Peng	2011	None	None specified	2001 - 2010	Children; Adolescents	Cardiometabolic health: Maximum oxygen consumption Physical activity: Energy expenditure Physical activity: Heart rate	Video games: Physically active
Poornalajal	2020	Include: Observational	None specified	1995 - 2018	Children; Adolescents	Body composition	TV programs and movies; General
Powers	2013	Include: Experimental or quasi-experimental designs	None specified	1985 - 2012	None specified	Cognition: Information processing	Video games: General
Prescott	2018	Include: Longitudinal	None specified	2008 - 2017	All	Aggression: Towards peers	Video games: Violent content
Reynard	2022	None specified	None specified	2016 - 2020	8-14 years	Psychological health: Emotion experience Psychological health: Emotion regulation	Intervention: To improve emotional regulation Intervention: To improve emotional regulation (via digital games)
Rodriguez-Rocha	2019	Include: Experimental; Quasi-experimental	None specified	1999 - 2018	All	Diet: Fruit and vegetable intake	Intervention: Fruit and vegetable

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Sadeghirad	2016	Include: Randomised controlled trials	None specified	1978 - 2014	Children; Adolescents	Diet: Unhealthy food choice	Advertising: Unhealthy food
Scherer	2020	Include: Experimental or quasi-experimental designs	None specified	1973 - 2017	None specified	Learning: Programming skills	Intervention: Education (programming)
Schroeder	2013	Include: Experimental; Quasi-experimental	None specified	2001 - 2009	All	Learning: General	Intervention: With digital characters
Sciorti	2019	Include: Interventions	None specified	2009 - 2019	Children	Cognition: Executive functioning	Intervention: Cognitive training
Shin	2019	Include: Interventions	None specified	2013 - 2018	Children; Adolescents	Body composition Diet: Sugary drinks Physical activity: General Screen time: General	Intervention: To promote health (via mobile phone app) Intervention: To promote health (via mobile phone) Intervention: To promote health (via text message)
Slavin	2014	Include: Randomised controlled trials; Quasi-experimental;	None specified	2000 - 2011	School-age Children (Primary/Elementary)	Science: General	Intervention: Science (in schools)
Strouse	2021	Include: experimental and quasi-experimental designs	None specified	1994 - 2019	Average 6 years, all must be less than 8 years	Learning: General	Screen use: Video (vs face-to-face)

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Takacs	2014	Include: Experimental; Quasi-experimental	None specified	1980 - 2014	All	Learning: General	e-Books: Narration
Takacs	2019	Include: Randomised controlled trials and quasi-RCTs.	None specified	2001 - 2016	Children	Cognition: Executive Functioning (accuracy) Cognition: Executive Functioning (cognitive flexibility) Cognition: Executive Functioning (inhibition) Cognition: Executive Functioning (working memory)	Intervention: Education (via computer)
Tekedere	2016	None	None specified	2010 - 2015	All	Learning: General	Intervention: Augmented reality (in schools)
Tokac	2019	Include: designs with a control group	None specified	2006 - 2016	PreK-12th grade	Numeracy: Mathematics	Video games: Educational
Vahedi	2018	Include: Interventions (pre-post or controlled). Exclude: Cross-sectional	None specified	2015 - 2016	School-age Children (Middle/High School)	Risky behavior: Media literacy Risky behavior: Risk taking (attitude)	Intervention: Media literacy (web-based)
Vannucci	2020	Exclude: Qualitative; Case studies	None specified	2011 - 2018	Adolescents	Risky behavior: Risk taking (general) Risky behavior: Risky sexual behaviour	Social Media: General abuse

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design Restrictions	Regions Restrictions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
Wang	2020	Include: longitudinal, cohort, case-control, cross-sectional, or controlled trials	None specified	2016 - 2020	<=18 years	Eye health: Visual impairment	Screen use: General (mobile phone)
Wouters	2013	Include: experimental designs	None specified	2005 - 2012	None specified	Learning: Motivation	Video games: Educational
Wouters	2013	Include: Experimental with control group	None specified	1993 - 2007	None specified	Learning: General	Video games: Educational (with instructional support)
Xie	2018	Include: Experimental; Quasi- experimental; Pre-test post-test	None specified	2010 - 2018	Children	Learning: General	Intervention: Education (via touch screen)
Xie	2018	Include: experimental, quasi- experimental, or pre-post test	None specified	2010 - 2018	0-5	Learning: General	Screen use: Touchscreens
Yin	2019	None specified	None specified	2006 - 2016	None specified	Psychological health: General Psychological health: Positive mental health	Social Media: General
Zhang	2016	Include: Cohort; Case-control; Cross-sectional	None specified	2001 - 2014	Children	Body composition	TV programs and movies: General

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Zhang	2022	Include: longitudinal or cohort designs	None specified	2001 - 2021	2-19 years	Psychological health: Other mental health problems	Screen use: General
Zhang	2022	Include: Observational or experimental designs	Mainland China, Hong Kong, Macau and Taiwan	2009 - 2020	6-18 years (or grade 1-12)	Body composition Cardiometabolic health: Poor fitness Cardiometabolic health: Risks Eye health: Myopia Physical health: Health Issues Psychological health: Emotion problems	Screen use: General
Zhou	2020	Exclude: Non-empirical studies; Qualitative; Systematic reviews or meta-analyses	None specified	2009 - 2018	All	Healthy behavior: General Healthy behavior: Self-efficacy Psychological health: Enjoyment	Video games: Health promoting content
Zou	2021	Include: observational cross-sectional, case-control, or longitudinal designs	None specified	2009 - 2021	<20 years	Psychological health: Depression	Computer use: General Screen use: General Screen use: General (mobile phone) TV programs and movies: General Video games: General

Review characteristics for studies providing unique effects (continued)

First Author	Year	Design	Regions	Study Range	Sample Age Restrictions	Outcomes Assessed	Exposures Assessed
		Restrictions	Restrictions				
Zucker	2009	Include: Randomised controlled trials; Quasi- experimental; Observational	None specified	1997 - 2006	School-age Children (Primary/Elementary)	Literacy: Decoding Literacy: Reading comprehension	e-Books: General
de Oliveira	2016	Include: Observational	None specified	2010 - 2014	Adolescents	Cardiometabolic health: Metabolic Syndrome	Screen use: General

*

The quality of the included meta-analyses was mixed (see Table ??). Most assessed heterogeneity (n low risk = 110/118, 93% of meta-analyses), reported the characteristics of the included studies (n low risk = 102/118, 86%), and used a comprehensive and systematic search strategy (n low risk = 86/118, 73%). Most reviews did not clearly report if their eligibility criteria were predefined (n unclear = 84/118, 71%). Many papers also did not complete dual independent screening of abstracts and full text (n high risk = 21/118, 18%) or did not clearly report the method of screening (n unclear = 42/118, 36%). A similar trend was observed for dual independent quality assessment (n high risk = 54/118, 46%; n high risk = 28/118, 24%). Overall, only 8 meta-analyses were graded as low risk of bias on all criteria.

Education Outcomes. There were 80 unique effects associated with education outcomes, including general learning outcomes, literacy, numeracy, and science. We removed 20 effects that did not provide individual study-level data, 19 effects with samples $< 1,000$, and 17 effects with a significant Egger's test or insufficient studies to conduct the test. Effects not meeting one or more of these standards are presented in Supplementary File 5. The remaining 28 effects met our criteria for statistical credibility and are described in Figure 2. These 28 effects came from 19 meta-analytic reviews analysing data from 372 empirical studies with 265,648 individual participants.

Among the statistically credible effects, general screen use, television viewing, and video games were all negatively associated with learning. E-books that included narration, as well as touch screen education interventions, and augmented reality education interventions were positively associated with learning. General screen use was negatively associated with literacy outcomes. However, if the screen use involved co-viewing (e.g., watching with a parent), or the content of television programs was educational, the association with literacy was positive and significant at the 95% confidence level (weak evidence). Numeracy outcomes were positively associated with screen-based mathematics interventions and video games that contained numeracy content.

Associations Between Exposures and Education Outcomes

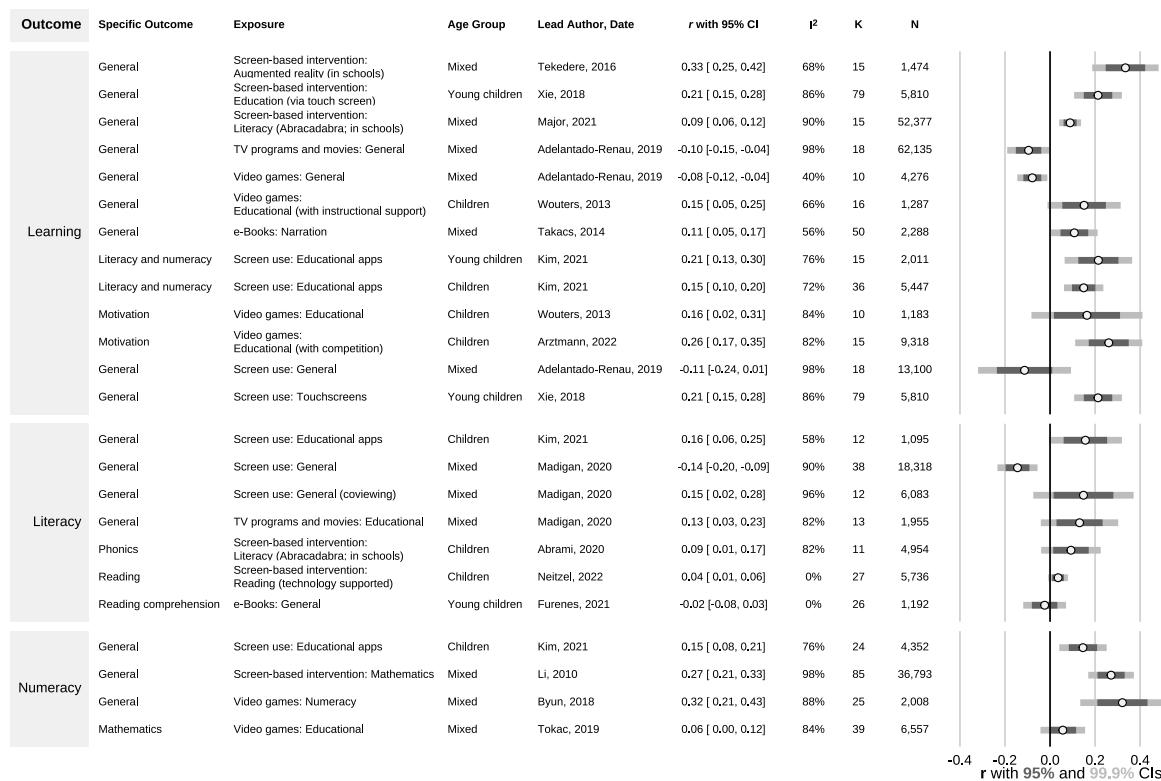


Figure 2. Education outcomes

As shown in Figure 2, most of the credible results (16 of 28 effects) showed statistically significant associations, with 99.9% confidence intervals not encompassing zero (strong evidence). The remaining nine associations were significant at the 95% confidence level (weak evidence). All credible effects related to education outcomes were small-to-moderate. Screen-based interventions designed to influence an outcome (e.g., a computer based program designed to enhance learning³¹) tended to have larger effect sizes than exposures that were not specifically intended to influence any of the measured outcomes (e.g., the association between television viewing and learning³²). The largest effect size observed was for augmented reality-based education interventions on general learning ($r = 0.33, k = 15, N = 1,474$). Most effects showed high levels of heterogeneity (24 of 28 with $I^2 > 50\%$).

299 **Health and Health-related Behaviours.** We identified 195 unique
 300 outcome-exposure combinations associated with health or health-related behaviour
 301 outcomes. We removed 35 effects that did not provide individual study-level data, 50
 302 effects with samples < 1,000, and 81 effects with a significant Egger's test or insufficient
 303 studies to conduct the test. No remaining studies showed evidence of excessive significance.
 304 Effects not meeting one or more of these standards are presented in Supplementary File 6.
 305 The remaining 40 meta-analytic associations met our criteria for credible evidence and are
 306 described below (see also Figure 3). These 40 effects came from 24 meta-analytic reviews
 307 analysing data from 449 empirical studies with 1,293,284 individual participants.

Associations Between Exposures and Health-related Outcomes

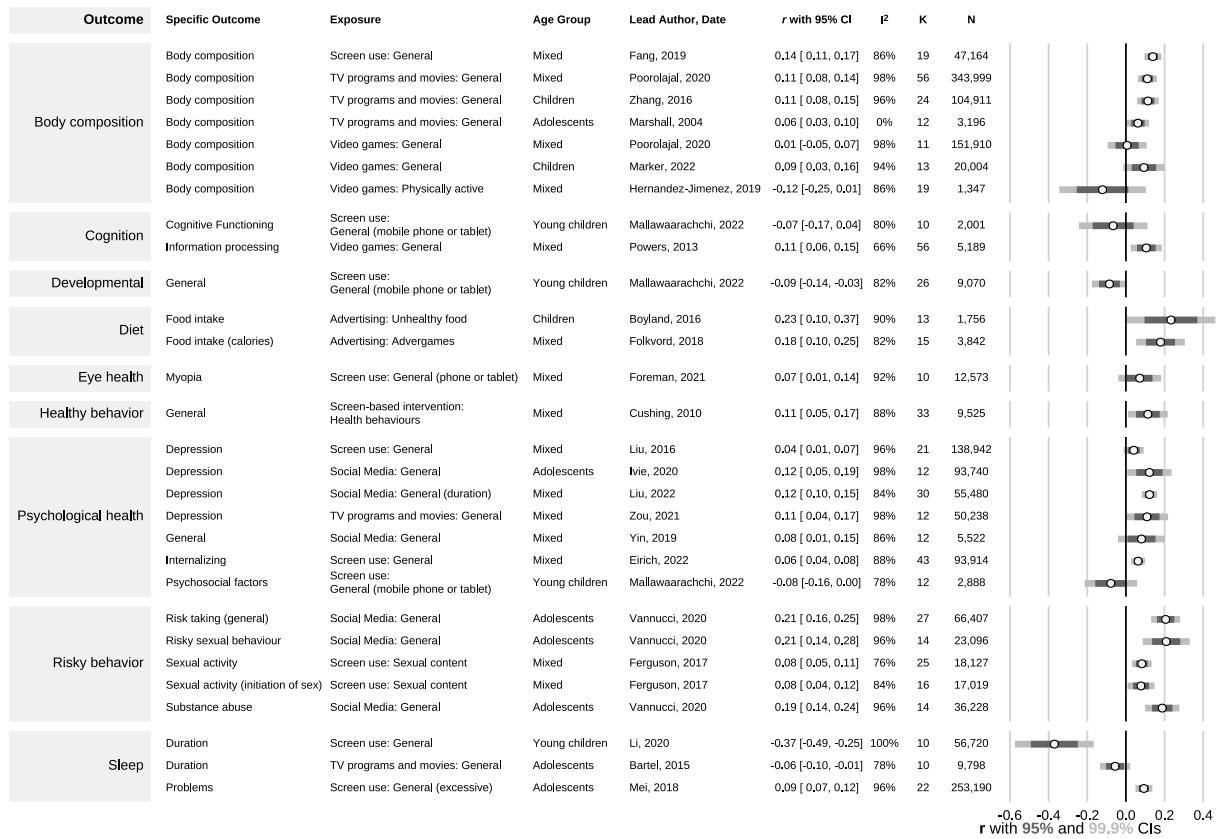


Figure 3. Health and health-related behaviour outcomes

308 Digital advertising of unhealthy foods—both traditional advertising and video games
 309 developed by a brand for promotion—were associated with higher unhealthy food intake.

310 Social media use and sexual content were positively associated with risky behaviors (e.g.,
311 sexual activity, risk taking, and substance abuse). General screen use was positively
312 associated with depression. Television viewing was negatively correlated with sleep
313 duration, but only at the 95% confidence level (weak evidence). All forms of screen use
314 (general, television, and video games) were associated with body composition (e.g., higher
315 BMI), although the association was smaller for children than for adolescents or for
316 combined populations. Screen-based interventions which target health behaviours appeared
317 effective.

318 Across the health outcomes, most (25 of 40) effects were statistically significant at the
319 99.9% confidence interval level, with the remaining ten significant at 95% confidence.
320 However, most of the credible effects exhibited high levels of heterogeneity, with all but one
321 having $I^2 > 75\%$. Additionally, most effects were small, with the association between
322 unhealthy food advertising and intake the largest at $r = 0.25$ ($k = 13, N = 1,756$). Most of
323 the effect sizes (36/40) had an absolute value of $r < 0.2$.

324 Discussion

325 The primary goal of this review was to provide a holistic perspective on the influence
326 of screens on children's lives across a broad range of outcomes. We found that when
327 meta-analyses examined general screen use, and did not specify the content, context or
328 device, there was strong evidence showing potentially harmful associations with general
329 learning, literacy, body composition, and depression. However, when meta-analyses
330 included a more nuanced examination of exposures, a more complex picture appeared.

331 As an example, consider children watching television programs—an often cited form
332 of screen time harm. We found robust evidence for a small association with poorer
333 academic performance and literacy skills for general television watching³². However, we
334 also found evidence that if the content of the program was educational, or the child was

335 watching the program with a parent (i.e., co-viewing), this exposure was instead associated
336 with better literacy.³³ Thus, parents may play an important role in selecting content that is
337 likely to benefit their children or, perhaps, interact with their children in ways that may
338 foster literacy (e.g., asking their children questions about the program). Similar nuanced
339 findings were observed for video games. The credible evidence we identified showed that
340 video game playing was associated with poorer body composition and learning.^{32,34}
341 However, when the video game were designed specifically to teach numeracy, playing these
342 games showed learning benefits.³⁵ One might expect that video games designed to be
343 physically active could confer health benefits, but none of the meta-analyses examining this
344 hypothesis met our thresholds for statistical credibility (see Supplementary Files 5 & 6)
345 therefore this hypothesis could not be addressed.

346 Social media was one type of exposure that showed consistent risks to health, with no
347 indication of potential benefit. Social media showed strong evidence of harmful associations
348 with risk taking in general, as well as unsafe sex and substance abuse.³⁶ These results align
349 with meta-analytic evidence from adults indicating that social media use is also associated
350 with increased risk of depression.^{37,38} Recent evidence from social media companies
351 themselves suggest there may also be negative effects of social media on the mental health
352 of young people, especially teenage girls.³⁹

353 One category of exposure appeared to consistently confer benefits: screen-based
354 interventions designed to promote learning or health behaviours. This finding indicates
355 that interventions can be effectively delivered using electronic media platforms, but does
356 not necessarily indicate that screens are more effective than other methods (e.g.,
357 face-to-face, printed material). Rather, it reinforces that the content of the screen time
358 may be the most important aspect. The way that a young person interacts with digital
359 screens may also be important. We found evidence that touch screens had strong evidence
360 for benefits on learning,³¹ as did augmented reality.⁴⁰

361 Largely owing to a small number of studies or missing individual study data, there
362 were few age-based conclusions that could be drawn from reviews which met our criteria
363 for statistical certainty. If we expand to include those reviews which did not meet this
364 threshold, there remained no clear pattern although there were some age-specific
365 differences in associations (data available in Supplementary Materials). For example,
366 advertising of unhealthy food was associated with unhealthy food choice for young
367 children, but was not statistically significant for other age groups.⁴¹ Conversely, TV
368 programs and movies were more strongly associated with lower physical activity for
369 adolescents than for younger age groups.⁴²

370 Among studies that met our criteria for statistical certainty heterogeneity was high,
371 with almost all effects having $I^2 > 50\%$. Much of this heterogeneity is likely explained by
372 differences in measures across pooled studies, or in some cases, the generic nature of some
373 of the exposures. For example, “TV programs and movies” covers a substantial range of
374 content, which may explain the heterogeneous association with education outcomes.

375 Implications for Policy and Practice

376 Broadly, our findings align with the recommendations of others who suggest that
377 current guidelines may be too simplistic, mischaracterise the strength of the evidence, or do
378 not acknowledge the important nuances of the issue.^{43–45} Our findings suggest that screen
379 use is a complex issue, with associations based not just on duration and device type, but
380 also on the content and the environment in which the exposure occurs. Many current
381 guidelines simplify this complex relationship as something that should be minimised in all
382 instances.^{12,13} We suggest that future guidelines need to embrace the complexity of the
383 issue, to give parents and clinicians specific information to weigh the pros and cons of
384 interactions with screens.

385 Implications for Future Research

386 Screen use research is extensive, varied, and rapidly growing. Reviews tended to be
387 general (e.g., all screen time) and even when more targeted (e.g., social media) nuances
388 related to specific content (e.g., Instagram vs Facebook) have not been meta-analysed or
389 have not produced credible evidence. Fewer than 20% of the effects identified met our
390 criteria for statistical credibility. Most studies which did not meet our critiera failed to
391 provide study-level data (or did not provide sufficient data, such as including effect
392 estimates but not sample sizes). Newer reviews were more likely to provide this
393 information than older reviews, but it highlights the importance of data and code sharing
394 as recommended in the PRISMA guidelines.⁴⁶ When study level data was available, many
395 effects were removed because the pooled sample size was small, or because there were fewer
396 than ten studies on which to perform an Egger's test. It seems that much of the current
397 screen time research is small in scale, and there is a need for larger, high-quality studies.

398 Screen time research has a well-established measurement problem, which impacts the
399 individual studies of this umbrella review. The vast majority of screen time research relies
400 on self-reported data, which not only lacks the nuance required for understanding the
401 effects of screen time, but may also be inaccurate. In one systematic review on screen time
402 and sleep,⁷ 66 of the 67 included studies used self-reported data for *both* the exposure and
403 outcome variable. It has been established that self-reported screen time data has
404 questionable validity. In a meta-analysis of 47 studies comparing self-reported media use
405 with logged measures, Parry et al⁴⁷ found that the measures were only moderately
406 correlated ($r = 0.38$), with self-reported problematic usage fairing worse ($r = 0.25$).
407 Indeed, of 622 studies which measured the screen time of 0—6 year-olds, only 69 provided
408 any sort of psychometric properties for their measure, with only 19 studies reporting
409 validity.⁴⁸ While some researchers have started using newer methods of capturing screen
410 behaviours—such as wearable cameras⁴⁹ or device-based loggers⁵⁰—these are still not

411 widely adopted. It may be that the field of screen time research cannot be sufficiently
412 advanced until accurate, validated, and nuanced measures are more widely available and
413 adopted.

414 **Strengths and Limitations**

415 Our primary goal for this umbrella review was to provide a high-level synthesis of
416 screen time research, by examining a range of exposures and the associations with a broad
417 scope of outcomes. Our results represent the findings from 3,103 primary studies comprised
418 of 3,141,213 participants. To ensure findings could be compared on a common metric, we
419 extracted and reanalysed individual study data where possible.

420 Our high-level approach limits the feasibility of examining fine-grained details of the
421 individual studies. For example, we did not examine moderators beyond age, nor did we
422 rate the risk of bias for the individual studies. Thus, our assessment of evidence quality
423 was restricted to statistical credibility, rather than a more complete assessment of quality
424 (e.g., GRADE⁵¹). As such, we made decisions regarding the credibility of evidence, where
425 others may have used different thresholds or metrics. For this reason, we provide the
426 complete results in the supplementary material, along with the dataset for others to
427 consider alternative criteria. In addition, reviews provide only historical evidence which
428 may not keep up with the changing ways children can engage with screens. While our
429 synthesis of the existing evidence provides information about how screens might have
430 influenced children in the past, it is difficult to know if these findings will translate to new
431 forms of technology in the future.

432 **Conclusions**

433 Screen time is a topic of significant interest, as shown by the wide variety of academic
434 domains involved, parents' concerns, and the growing pervasiveness into society. Our

435 findings showed that the impact of screen time can be both positive (e.g., educational video
436 games were associated with improved literacy) and negative (e.g., general screen use was
437 associated with poorer body composition). The interplay of these findings show that
438 parents, teachers, and other caregivers need to carefully weigh the pros and cons of each
439 specific activity for potential harms and benefits. However, our findings also suggest that
440 in order to aid caregivers to make this judgement, researchers need to conduct more careful
441 and nuanced measurement and analysis of screen time, with less emphasis on measures
442 that aggregate screen time and instead focus on the content, context, and environment in
443 which the exposure occurs.

444

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