# **Project title**

# Communications release content

Date

## Summary of research background and context

An approximately 250-word summary of the research project’s background and context, for example:

New Zealand children have unprecedented access to personal screen based devices such as phones, gaming devices and tablets for educational and entertainment purposes. International research also shows excessive use of screen-based devices can increase the likelihood of several health and behavioural outcomes.

The *Effects of screen time on preschool health and development* study is the first to look at children’s screen time usage based on New Zealand-only data. Screen-time data was analysed for more than 5,000 pre-schoolers from the [Growing Up in New Zealand study](http://www.growingup.co.nz/en.html), New Zealand’s largest longitudinal study of child development.

The researchers set out to understand trends in the duration and type of screen usage at 24 months (2 years of age), 45 months (3.75 years of age) and 54 months (4.5 years of age). They also sought to determine the association between screen usage at 2 years of age and a range of physical, behavioural and social outcomes at 4 years of age.

The research was conducted in association with the Ministry of Health, Sport NZ, the Health Promotion Agency and the Ministry of Education. In 2017, the Ministry of Health released national screen time guidelines for under-fives (see [Active Play Guidelines](https://www.health.govt.nz/system/files/documents/publications/active-play-guidelines-for-under-fives-may17.pdf), 2017).

The Ministry of Social Development funds Growing Up in New Zealand and administers and funds the [Children and Families Research Fund](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/research/children-families-research/index.html), which funded this research. Through the research fund, $750,000 is made available each year for policy-relevant research projects using Growing Up in New Zealand data.

## Key findings

Key findings and implications of the research, for example:

* This study suggests that adhering to the current screen time guidelines from the Ministry of Health ([Active Play Guidelines](https://www.health.govt.nz/system/files/documents/publications/active-play-guidelines-for-under-fives-may17.pdf), 2017) is linked to better health profiles in NZ children.
* Children who exceeded the 1 hour per day screen time guidelines at two years of age are more likely to be obese, visit the doctor more, have lower physical motor skills, and may exhibit hyperactivity problems when they reached around four and a half years of age.
* Time spent on screens tends to increase as preschool children age. The average time preschool children spent using screens is about 1.5 hours each day at 2 years of age, which increased to 2 hours per day when children were 3.75 years of age.
* NZ European ethnicity, household screen time rules, fewer televisions, and lower socioeconomic deprivation were consistently associated with meeting NZ screen time guidelines at the 24 and 54 month time-points.
* Children from areas of greater deprivation, those with more televisions in the house, and those with parents who did not regularly enforce screen time rules were less likely to meet the Ministry of Health’s screen time guidelines.

## Anticipated Q&As

Examples of questions that media and others might ask about the research – for example:

**Q. Why is this research important?**

**A.** These findings represent the first evidence that adhering to the NZ government’s screen time guidelines is linked to better health profiles in New Zealand children. The study will be an important contributor to on-going screen time policies that can protect and benefit New Zealand children.

**Q. How was “screen time” defined for the purposed of the study?**

**A.** ‘Screen time’ included time spent with televisions, DVDs and videos, computers, laptops, smart phones, gaming devices. Screen ‘exposure’ refers to when children are in a room where the television is on (regardless of whether the child was actively watching it).

**Q. How many children were involved in the study?**

**A.** This research report is informed by 5,241 children whose parents participated in the GUiNZ study.

**Q. Why wasn’t the full GUINZ cohort of over 6,000 included in the study?**

**A.** The analysis was restricted to singleton cases (ie removal of 132 twins or triplets).

**Q. What ages were the children studied?**

**A.** Children at24, 45 and 54 months.

**Q. What are the current guidelines around screen time and pre-schoolers?**

**A.** In 2017 the Ministry of Health’s *Active Play Guidelines* recommended: **no sedentary screen time for children younger than two years, and less than one hour per day for children aged between 2 and 5 years.**

**Q. What were the main findings of the research?
A.** The study showed that the average time preschool children spent using screens is about 1.5 hours each day at 24 months, which then increased to 2 hours per day when children were 3.75 years of age.

**Q. What were the findings around gender and screen time?**

**A.** There was no difference in total screen time between boys and girls at 24 months, but at 54 months girls were 15% less likely to exceed screen time guidelines compared to boys.

**Q. What were the findings around ethnicity and screen time?**

**A.** Māori, Pacific Island and Asian children were all more likely than NZ European children to exceed screen time guidelines at 24 months and at 54 months.

**Q. What were the findings around deprivation and screen time?**

**A.** Children living in the highest deprivation areas (as per the New Zealand Deprivation Index) were twice as likely to exceed screen time guidelines at 54 months as those living in the lowest two deciles of deprivation.

**Q. What are the effects of excessive screen time according to the study?**

**A.** Exceeding government guidelines (no sedentary screen time for children under two years and less than an hour for children between two and five years) was linked to obesity, more illnesses and visits to the doctor, and elevated behavioural problems (specifically hyperactivity).

**Q. Does the study suggest here are any advantages to screen time among pre-schoolers?**

**A.** The limited use of screens can be beneficial for learning. Studies have shown that interactive media like e-books and learn to read apps can assist with literacy skills.

**Q. How was this research funded?**

**A.** The report was funded by the Children and Families Research Fund, administered by the Ministry of Social Development. The Children and Families Research Fund supports policy-relevant research using data from the Growing Up in New Zealand longitudinal study.

**Q. What’s next?**

**A.** The data suggests that the Ministry of Health Screen time guidelines are apt and needed. Possible next steps include examining how screen time patterns affect on-going child health and development using *Growing Up in New Zealand* data.