


Screen use in childhood: what changed in the COVID-19 pandemic and which lessons do we still have to learn?

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Digital screens or media, especially cell phones, smartphones, computers, notebooks and also television, have become frequent companions of children nowadays. Even before the COVID-19 pandemic, their impact on childhood development was deeply questioned.

At a first moment, the studies on the topic attempted to place great emphasis on the issue of whether using screens and for how long; therefore, Pediatrics societies from different countries provided guidelines restricting screen use by children younger than 2 years of age, and allowing it only for a few hours in the age group from 2 to 5 years old⁽¹⁾. Few societies adopted a more reflexive stance, such as the British Royal

Academy of Pediatrics⁽²⁾, which suggested that each family should assess screen use based on 4 questions, namely: Is screen use controlled in your household? Does screen use interfere in what your family wants to do? Does screen use interfere in your sleep? Do you control your consumption of sweets while using screens? Similar questions can help families choose the best way to use screens, as prohibition does not work, even when recommended by pediatricians and other health care professionals, in addition to often making parents feel guilty when providing these resources to small children.

More recently, it has been noticed that the impact of the screens is much more complex, encompassing not only time of use but also the type of content accessed, whether use is more passive or active, digital safety, and mediation by an adult. The WHO⁽³⁾ strongly recommends thinking about the lost opportunities

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related to screen use and suggests a balance between physical activities, sleep routines and attention to childhood sedentary behavior. Although maintaining the age-based restrictions, the 2019 update of the Brazilian Society of Pediatrics also invited to reflect upon children's eating and sleeping routines⁽¹⁾, which are exactly those during which significant screens use by them is noticed.

The so-called technointerference has been investigated as a factor that disrupts the caregiver-child interactions. Inattentive caregivers in front of a screen may not notice when children are engaged in risk behaviors or even encourage children to spend more time using screens and with less monitoring of the content accessed. However, use is less harmful if children access the media together with an adult, who can not only monitor the content accessed but also use the media as a way to play and connect.

The COVID-19 pandemic also imposed many changes in adults' and children's screen use. Forced to stay at their homes due to social distancing rules, often unable to rely on family members or professionals to take care of the children and, in the case of Brazil, with the prolonged closure of schools, the families often had few options regarding how to take care of their children.

Especially thinking about the impact of the pandemic on mothers of small children, a survey conducted by our research group indicated that, although the reasons for offering screens have not changed much, frequency has experienced a significant increase, both in the time of use reported by the mothers and in the routines in which they felt the need of using screens. In 2018, before the pandemic, the main reasons for the mothers to use these resources were as follows: doing household chores (51%), dealing with some work situation (25%), or resting (17%). During the pandemic, the main reasons alleged were the same, although with frequency values of 75%, 45% and 26% respectively. Having a bath was ranked in the third position, with 27%. In fact, given these data it is not surprising that the study during the COVID-19 pandemic found a high incidence of common mental disorders (75%) and a self-reported perception of stress in 94% of the participants. Before the pandemic, a recent longitudinal study had already indicated a bidirectional association between children's externalizing behaviors, parental stress, and screen use in early childhood⁽⁴⁾, which shows that assessing mental health can be crucial in the provision of screens in early childhood.


Another study⁽⁵⁾ found that mothers with higher anxiety and depression rates according to the SRQ-20 instrument tended to offer more digital media to their children, both before and during the pandemic. With these higher rates of mental health problems during the pandemic, which has not ended by the time this editorial was written, it is reasonable to think that screen use by small children continues to be intense. Although the studies reported are related to families recruited online, with a significant proportion of highly educated individuals who mostly had incomes of more than 3 minimum wages, there is already indication of intense distress. The COVID-19 pandemic has exerted different impacts on the different strata of the population; we are definitely on the same boat, but all of us suffered with school closures, social distancing, significant losses of income, jobs and support networks, in addition to the fear of not having anyone to take care of the children in the case of professionals who continued to work or who had increased demands, with the home-office modality often poorly organized and with increased screen time.

In any case, our relationship with screens has deeply changed; therefore, new studies will eventually answer many of the aforementioned questions, in addition to others that emerged. For the time being, it is important that we remain alert to the children's and caregivers' manifestations, so that a good quality environment can be promoted in their interactions, with or without screen use.

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