

DIGITAL WELL-BEING AND SCREEN-TIME MANAGEMENT AMONG CHILDREN

Dr. Ritu Mehra

Associate Professor

Department of Child Development and Psychology

National Institute of Educational Studies

New Delhi, India

Abstract

Children now encounter digital devices across home, school, transport, recreation, and family communication. Screen-based activities can support learning, creativity, social connection, accessibility, and leisure when they are selected thoughtfully and used in ways that fit a child's age, needs, relationships, and daily routine. At the same time, unstructured or excessive use can displace sleep, outdoor play, physical activity, conversation, concentrated learning, and other experiences that are central to healthy development. Digital well-being therefore concerns more than counting minutes. It concerns whether technology use strengthens or weakens a child's health, emotional security, learning, relationships, and sense of balance.

This study presents an evidence-informed conceptual and comparative examination of children's digital well-being and healthy screen-use routines. It considers six connected dimensions: age-appropriate media selection, quality and purpose of screen use, family routines and co-use, sleep and physical-activity protection, emotional and social well-being, and child-centred guidance from schools, platforms, and public institutions. The paper gives particular attention to the difference between passive, isolated, or late-night use and purposeful, supervised, creative, or socially connected use. It also examines why household conditions, parental work patterns, device availability, educational demands, disability access needs, and peer influences can shape children's media experiences in different ways.

The analysis indicates that practical management is most effective when families and educators use predictable routines, device-free periods, shared expectations, age-sensitive communication, and regular review rather than punishment or rigid rules alone. High-quality content, co-viewing, media literacy, privacy and safety guidance, sleep-protective habits, active play, and supportive adult modelling can help children develop healthier digital routines. The study concludes that digital well-being should be treated as a shared developmental responsibility involving children, parents, caregivers, schools, health professionals, technology providers, and policymakers. Inclusive guidance can help children benefit from digital opportunities while preserving time, attention, relationships, and health-promoting daily activities.

Keywords: Digital Well-Being, Screen Time, Children, Media Use, Parental Mediation, Sleep Health, Physical Activity, Digital Literacy, Family Routines, Child Development

1. INTRODUCTION

Digital media has become a familiar part of childhood. Children may watch educational videos, join online classes, communicate with relatives, play games, create drawings or stories, listen to music, search for information, and participate in school-related learning through connected devices. These activities can be useful and meaningful, but they are not all equivalent. A video call with a grandparent, a collaborative classroom project, an age-appropriate learning activity, a fast-paced game, and late-night scrolling can have different purposes, demands, and consequences. A useful discussion of

children's digital life must therefore move beyond a single question of how many hours a device is used.

Digital well-being refers to a child's ability to participate in digital environments while maintaining physical health, emotional security, learning, relationships, privacy, safety, and a balanced daily routine. It recognises that children need time for sleep, movement, meals, play, conversation, reading, and unstructured exploration. It also recognises that many families rely on digital tools for education, communication, entertainment, and support. The central challenge is not to remove technology from

childhood, but to help families and institutions shape its place in ways that are purposeful, safe, and developmentally appropriate.

Screen-time management is often presented as a household discipline issue, yet children's use is shaped by wider conditions. Parents and caregivers may have limited time, homes may have few safe play spaces, schools may assign online work, and children may use devices to maintain social contact or access assistive tools. Some children have additional learning, communication, or health needs for which technology can be supportive. These realities require guidance that is practical and respectful rather than judgmental. Effective approaches should consider the content, context, timing, and social setting of device use alongside duration.

This paper examines how children's digital well-being can be supported through balanced screen-time practices. It reviews key concepts, identifies common risks and protective practices, compares representative child and family contexts, and develops a conceptual framework for child-centred guidance. The study does not report survey findings from one population or make claims about a single platform. Instead, it synthesises established themes from child development, public-health guidance, media research, and family studies to show how digital routines can be improved across diverse childhood settings.

2. LITERATURE REVIEW

Research on children's digital media use increasingly emphasises that the effects of technology depend on more than total exposure. The child's age, developmental stage, temperament, existing well-being, family context, type of activity, content quality, timing, and level of adult involvement all influence the experience. Evidence on simple dose-response relationships is mixed across outcomes, partly because screen use represents many different behaviours. However, research consistently encourages attention to displacement: when screen use replaces sleep, physical activity, face-to-face interaction, learning, or restorative downtime, concerns are more likely to arise.

The literature also distinguishes between passive consumption, interactive entertainment, creative production, communication, and educational use. High-

quality, age-appropriate material used with an engaged adult can support language, curiosity, and shared learning for some children. In contrast, content that is frightening, advertising-heavy, socially pressuring, violent, or designed to maximise prolonged engagement may create different developmental demands. The quality of interaction around media matters as well. Co-viewing, discussion, and shared rules can help children understand what they see, question misleading content, and transfer learning beyond the screen.

Digital media is also connected to family routines and child self-regulation. Children learn habits from the structure of everyday life: whether devices are used during meals, whether notifications interrupt homework, whether bedrooms are protected from late-night use, and whether adults model the behaviours they request. Management approaches that combine predictable boundaries with explanations, listening, and gradual child participation can build autonomy more effectively than rules that are inconsistent, punitive, or impossible to follow. These findings support a whole-routine approach to digital well-being.

2.1 DIGITAL WELL-BEING IN CHILDHOOD

- Digital well-being includes physical health, sleep, emotional security, learning, relationships, privacy, safety, agency, and the ability to move between online and offline activities without excessive conflict or distress.
- A balanced routine protects developmentally important experiences such as outdoor play, imaginative activity, reading, conversation, family interaction, sport, and adequate rest.
- The benefits and challenges of digital media differ by age. Young children need responsive human interaction and hands-on exploration, while older children also need support with peer communication, online safety, attention, and independent decision-making.
- Well-being is strengthened when children can use technology with purpose, understand basic safety and privacy practices, and seek help from trusted

adults when content, interactions, or habits feel unsafe or overwhelming.

2.2 SCREEN-TIME PATTERNS AND CONTEXT

- Duration is one useful indicator, but it should be interpreted alongside the time of day, the activity involved, the child's mood and functioning, and whether important needs are being displaced.
- Educational tasks, creative projects, video calls with family, and assistive applications may serve different developmental functions from repetitive autoplay viewing, advertising-driven browsing, or unsupervised late-night entertainment.
- Household routines can shape use more strongly than rules alone. Clear device locations, planned breaks, meal-time expectations, and bedtime arrangements provide children with repeated cues for healthy transitions.
- Children may use screens to manage boredom, loneliness, stress, or social exclusion. Supportive adults should explore these underlying needs instead of responding only to the visible device use.

2.3 RISKS, BENEFITS, AND DEVELOPMENTAL VARIATION

- Potential concerns include reduced sleep, sedentary behaviour, eye strain, disrupted attention, exposure to unsuitable content, cyberbullying, privacy risks, commercial persuasion, and conflict within families.
- Potential benefits include access to learning materials, creative expression, communication with supportive people, assistive communication, cultural participation, and development of digital skills needed for school and later life.
- The same activity can have different effects for different children. A child with strong routines and supportive co-use may respond differently from a child experiencing anxiety, social isolation, learning difficulties, limited supervision, or disrupted sleep.
- Guidance should avoid treating every child as equally vulnerable or every form of screen use as equally harmful. Child-centred support requires observation, conversation, and adjustment over time.

2.4 FAMILY, SCHOOL, AND PLATFORM RESPONSIBILITIES

- Parents and caregivers can support children by establishing routines, selecting suitable content, co-viewing when possible, discussing online experiences, and modelling respectful, balanced technology use.
- Schools can integrate digital citizenship, media literacy, attention management, privacy awareness, and age-appropriate online safety into classroom learning and parent communication.
- Technology providers should offer safer defaults, transparent age settings, meaningful parental controls, easy reporting routes, reduced harmful design features, and clear explanations for children and adults.
- Public-health and child-protection systems can provide practical, non-stigmatising guidance that accounts for family resources, disability access, cultural context, and unequal opportunities for safe offline recreation.

3. OBJECT OF STUDY

The present study focuses on children's digital well-being and household screen-use routines. Its central purpose is to examine how children's media experiences are shaped by the interaction of screen-use patterns, content quality, adult support, sleep and activity routines, social context, and technology design. The study treats management as a developmental process through which children gradually learn to make safer and more balanced choices while adults create environments that protect essential needs.

The analysis is conceptual and comparative. It does not claim to calculate a universal safe amount of screen exposure for every child or to evaluate one school, household, platform, or population. Instead, it organises common challenges and protective responses across representative child and family contexts. The framework is intended to support researchers, educators, parents, caregivers, health professionals, and community organisations in identifying priority areas for healthier digital routines.

3.1 THEORETICAL BASIS AND CHILD CONTEXTS CONSIDERED

Children's digital well-being can be understood through the relationship between developmental needs, family routines, adult mediation, content and design features, peer

influences, and access to supportive offline activities. The study considers representative contexts to compare common management challenges and the practical strategies that can help address them.

S.No.	Child / Family Context	Typical Digital Challenge	Priority Support Practice	Key Significance
1	Early childhood (2-5 years)	Autoplay viewing, disrupted routines, and reduced shared interaction	Co-use, age-appropriate selection, and clear transitions to play, meals, and sleep	Protects responsive interaction and daily rhythm
2	Primary-school child	Entertainment use competing with homework, reading, and outdoor play	Planned screen windows, activity breaks, and family media routines	Builds balanced habits and self-regulation
3	Pre-adolescent child	Peer influence, gaming pressure, online content exposure, and device conflict	Open conversation, digital literacy, privacy guidance, and jointly agreed rules	Supports safer independence and trust
4	Child using technology for learning or accessibility	High device dependence because of school requirements or assistive needs	Functional-use planning, ergonomic breaks, and differentiated guidance	Avoids one-size-fits-all restrictions
5	Family with limited time or recreation access	Devices used as a regular calming or supervision tool	Small feasible routines, shared alternatives, and community support	Makes guidance realistic and inclusive

3.2 STUDY OBJECTIVES

- To examine the relationship between children's digital media use, daily routines, and digital well-being.
- To identify common challenges involving sleep displacement, sedentary behaviour, attention, content exposure, peer influence, and family conflict.
- To analyse the role of content quality, co-use, family media plans, physical activity, and age-appropriate guidance in supporting healthier use.
- To compare management priorities across representative childhood and household contexts.

- To develop an integrated conceptual framework for practical, inclusive, and child-centred screen-time management.

4. RESEARCH METHODOLOGY

The study adopts a conceptual and comparative research methodology. It draws on child-development research, public-health guidance, media and communication studies, family scholarship, and digital-safety literature to identify the conditions that influence children's digital well-being. The methodology connects common patterns of screen use with protective practices and institutional responsibilities rather than measuring behaviour in one sample or platform.

A qualitative framework is used to examine the interaction between screen-use purpose, content quality, family routines, sleep, movement, emotional well-being, learning, peer influence, and technology design. The analysis recognises that children differ in age, developmental profile, household resources, school demands, and access to safe offline activities. Guidance must therefore be adapted to context while preserving shared principles of balance, safety, development, inclusion, and respectful communication.

The study does not assume that children benefit from or are harmed by digital media in a uniform manner. Instead, it uses comparative reasoning to identify where specific patterns of use may warrant closer support. This approach is suitable for developing practical frameworks, clarifying priorities, and guiding future empirical studies that may use surveys, interviews, diaries, observation, or longitudinal methods.

4.1 RESEARCH DESIGN

- The study follows an evidence-informed conceptual and comparative design.
- Digital experiences are examined through linked dimensions of duration, timing, content, purpose, co-use, child response, and displacement of essential activities.
- The framework compares representative child and family contexts rather than producing population-specific statistical estimates.
- The analysis emphasises practical routines because management challenges often arise from the interaction of child needs, household pressures, school expectations, and platform design.

4.2 ANALYTICAL FRAMEWORK

- Developmental needs, including sleep, movement, play, concentration, social interaction, and emotional regulation.
- Content quality, purpose of use, device setting, timing, repetition, and the degree of adult participation.
- Family routines, household rules, parent or caregiver modelling, communication style, and access to non-screen alternatives.
- Digital safety, privacy, advertising awareness, cyberbullying prevention, and the child's ability to ask for help.
- School expectations, platform design, public guidance, disability access,

community resources, and institutional accountability.

4.3 DIGITAL WELL-BEING INDICATORS

- Regular sleep timing and adequate opportunity for rest without bedtime device disruption.
- Participation in active play, sport, outdoor time, reading, creative work, family interaction, and other non-screen activities.
- Ability to transition away from devices with reasonable support and without persistent distress, secrecy, or severe conflict.
- Use of age-appropriate content, respectful communication, basic privacy practices, and safe responses to unwanted material or contact.
- Evidence that digital activities are supporting rather than undermining learning, mood, relationships, and everyday responsibilities.

4.4 PARAMETERS OF ANALYSIS

The analysis evaluates the following digital well-being parameters:

- Balance between screen-based activity and sleep, movement, outdoor play, meals, reading, conversation, and unstructured time.
- Quality and purpose of content, including educational relevance, creativity, communication value, age suitability, and commercial or persuasive features.
- Timing and location of use, with attention to bedtime, shared family spaces, schoolwork periods, and device use during meals or social interaction.
- Child emotional response, including enjoyment, frustration, social connection, anxiety, fear, boredom, or difficulty disengaging.
- Adult involvement through co-viewing, discussion, modelling, predictable rules, technical settings, and responsive support.
- Availability of clear safety tools, reporting mechanisms, privacy protections, inclusive design, and opportunities for healthy offline alternatives.

4.5 PROCEDURE OF STUDY

- Review child-development concepts, public-health guidance, media research,

digital-safety discussions, and family-routine literature.

- Identify recurring challenges associated with prolonged passive use, late-night use, unsuitable content, reduced physical activity, peer pressure, and digital conflict.
- Organise protective responses into content quality, routine design, co-use, sleep protection, physical activity, safety, literacy, and support dimensions.
- Compare representative child and family contexts to identify context-sensitive priorities and practical constraints.
- Interpret how family practices, school guidance, technology design, and community resources can reinforce or weaken healthier routines.
- Develop implications for parenting support, school communication, public guidance, platform responsibility, and future research.

4.6 ANALYTICAL APPROACH

- Qualitative comparison of common child digital-media contexts and protective routines.
- Assessment of interactions between the child, family environment, school demands, peer relationships, content design, and daily schedules.
- Identification of co-benefits and limitations associated with different management strategies.
- Use of an illustrative digital well-being matrix to demonstrate priority-setting across major areas of child media use.

5. DATA ANALYSIS

The data analysis is based on a structured qualitative synthesis of the dimensions identified in the literature. The purpose is not to claim that all children experience digital media in the same way. Instead, the analysis uses practical questions: What is the child doing with the device? What activity may be

displaced? How does the child feel before, during, and after use? Is the content suitable and understood? Are adults available for guidance? Does the routine protect sleep, movement, learning, and family interaction? These questions create a more useful basis for management than duration alone.

The synthesis indicates that children are more likely to benefit when technology is embedded in a wider routine that includes regular sleep, movement, meal times, social contact, creative play, and age-appropriate responsibilities. A child may use a device for learning or connection without difficulty when transitions are predictable and adults are involved. The same child may struggle when use continues late at night, is driven by autoplay or social pressure, or becomes the main response to boredom, distress, or family conflict. Management must therefore attend to patterns rather than isolated episodes.

The comparative assessment also shows that no single rule or technical control is sufficient. Device limits can protect time, but they do not ensure content quality or emotional safety. Parental controls can reduce some exposure, but they cannot replace conversation, trust, and children's growing capacity to make choices. School guidance can support literacy, but it must be consistent with realistic family circumstances. Effective support combines routines, relationships, safe design, child participation, and opportunities for meaningful offline life.

5.1 ILLUSTRATIVE DIGITAL WELL-BEING ASSESSMENT

Table 2 presents an illustrative matrix for interpreting the contribution of selected management practices. The classifications are conceptual and are intended to show relative priority rather than numerical performance values for one child, household, school, or digital platform.

Digital Well-Being Dimension	Typical Child Challenge	Priority Management Action	Expected Contribution
Sleep and bedtime routine	Late-night viewing, notifications, or device access in bedrooms	Create predictable wind-down routines and keep devices outside the sleep space when feasible	High - protects rest, attention, and mood
Physical activity and play	Long sedentary periods replacing	Use planned breaks, active alternatives, and	High - supports health and regulation

	outdoor play or movement	family routines that protect movement	
Content quality and co-use	Exposure to unsuitable, commercial, or fast-paced material	Select age-appropriate content, co-view, and discuss what the child sees	High - improves understanding and safety
Transitions and self-regulation	Conflict or distress when device use ends	Give advance notice, use predictable stopping points, and offer a next activity	Medium to high - builds flexible habits
Safety and social experience	Peer pressure, cyberbullying, privacy risks, or unwanted contact	Teach help-seeking, privacy basics, respectful communication, and reporting routes	High - strengthens protection and trust

6. DISCUSSION

The analysis confirms that children's digital well-being should be understood as an ongoing developmental and family-life issue rather than a one-time technical decision. Digital environments change as children grow, receive their first personal device, enter new school years, participate in online learning, form peer relationships, and gain greater independence. Household circumstances also change with work demands, care responsibilities, housing conditions, and access to outdoor space. Families therefore need simple routines that can be reviewed and adjusted, not a fixed rule that ignores changing needs.

One of the most important findings is the role of context. A learning activity completed with a caregiver, a video call with distant relatives, a creative project, and a late-night entertainment stream may all count as screen use, yet they may have different effects on routine, learning, and relationships. This does not mean that duration is irrelevant. Long periods without movement, sleep disruption, repeated device conflict, or persistent withdrawal from offline activity can be meaningful warning signs. However, responses are more likely to help when adults consider why the child is using the device, what need it is meeting, and what supportive alternative is available.

Family communication is central to sustainable management. Children are more likely to accept boundaries when expectations are clear, adults explain the reason for rules, and the rules are modelled consistently. Jointly developed routines can give older children a

voice while retaining adult responsibility for safety and development. Helpful practices may include family device agreements, screen-free meal times, charging devices outside bedrooms, planned active breaks, age-appropriate content settings, and regular conversations about online experiences. These practices should be adapted for families with different schedules, resources, and support networks.

The discussion also highlights the responsibility of schools and technology providers. Children cannot be expected to manage every persuasive design feature, social pressure, privacy setting, or inappropriate recommendation on their own. Schools can teach critical media literacy and create reasonable expectations for digital assignments. Platforms can offer safer defaults, clearer age protections, less intrusive notifications, transparent advertising labels, effective reporting tools, and design choices that do not rely on prolonged engagement. Public guidance should avoid blame and provide accessible advice that supports families in building realistic, health-promoting routines.

7. CONCLUSION

This study presented a conceptual and comparative examination of child digital well-being and family screen-use practices. The analysis showed that children's media experiences are shaped by the combined effect of content quality, timing, family routines, adult support, sleep, movement, child development, social context, safety, and technology design. Challenges may arise when

device use displaces essential activities, becomes difficult to interrupt, exposes children to unsuitable content, or contributes to stress and conflict. Positive outcomes are more likely when digital activity is purposeful, age-appropriate, supported by adults, and integrated into a balanced daily routine.

The study emphasises that management should help children develop healthy habits rather than simply reduce device time in isolation. Parents, caregivers, schools, health professionals, platforms, and policymakers can

support this goal through practical routines, co-use, media literacy, privacy and safety guidance, sleep-protective habits, active play, inclusive support, and child-centred communication. Future research can apply the proposed framework to specific age groups, family contexts, educational settings, and digital platforms through longitudinal studies, interviews, diaries, observations, or intervention-based research. Such work can strengthen evidence-informed guidance for children's healthier participation in digital life.

8. REFERENCES

1. American Academy of Pediatrics Council on Communications and Media. (2016). Media and young minds. *Pediatrics*, 138(5), e20162591. doi:10.1542/peds.2016-2591
2. American Academy of Pediatrics Council on Communications and Media. (2016). Media use in school-aged children and adolescents. *Pediatrics*, 138(5), e20162592. doi:10.1542/peds.2016-2592
3. Anderson, D. R., & Subrahmanyam, K. (2017). Digital screen media and cognitive development. *Pediatrics*, 140(Suppl 2), S57-S61. doi:10.1542/peds.2016-1758C
4. Barr, R. (2013). Memory constraints on infant learning from picture books, television, and touchscreens. *Child Development Perspectives*, 7(4), 205-210. doi:10.1111/cdep.12041
5. Domingues-Montanari, S. (2017). Clinical and psychological effects of excessive screen time on children. *Journal of Paediatrics and Child Health*, 53(4), 333-338. doi:10.1111/jpc.13462
6. Gottschalk, F. (2019). Impacts of technology use on children: Exploring literature on the digital well-being of children and young people. OECD Education Working Papers, No. 195. OECD Publishing, Paris.
7. Hale, L., & Guan, S. (2015). Screen time and sleep among school-aged children and adolescents: A systematic literature review. *Sleep Medicine Reviews*, 21, 50-58. doi:10.1016/j.smrv.2014.07.007
8. Hutton, J. S., Dudley, J., Horowitz-Kraus, T., DeWitt, T., & Holland, S. K. (2020). Associations between screen-based media use and brain white matter integrity in preschool-aged children. *JAMA Pediatrics*, 174(1), e193869. doi:10.1001/jamapediatrics.2019.3869
9. Livingstone, S., & Blum-Ross, A. (2020). Parenting for a digital future: How hopes and fears about technology shape children's lives. Oxford University Press.
10. Madigan, S., Browne, D., Racine, N., Mori, C., & Tough, S. (2019). Association between screen time and children's performance on a developmental screening test. *JAMA Pediatrics*, 173(3), 244-250. doi:10.1001/jamapediatrics.2018.5056
11. Madigan, S., McArthur, B. A., Anhorn, C., Eirich, R., & Christakis, D. A. (2020). Associations between screen use and child language skills: A systematic review and meta-analysis. *JAMA Pediatrics*, 174(7), 665-675. doi:10.1001/jamapediatrics.2020.0327
12. McArthur, B. A., Volkova, V., Tomopoulos, S., & Madigan, S. (2022). Screen time and developmental and behavioral outcomes among children and adolescents: A systematic review. *JAMA Pediatrics*, 176(11), 1133-1142. doi:10.1001/jamapediatrics.2022.3543
13. Nesi, J., Choukas-Bradley, S., & Prinstein, M. J. (2018). Transformation of adolescent peer relations in the social media context: Part 1 - A theoretical framework and application to dyadic peer relationships. *Clinical Child and Family Psychology Review*, 21, 267-294. doi:10.1007/s10567-018-0261-x
14. Odgers, C. L., & Jensen, M. R. (2020). Annual research review: Adolescent mental health in the digital age: Facts, fears, and future directions. *Journal of Child Psychology and Psychiatry*, 61(3), 336-348. doi:10.1111/jcpp.13190
15. Orben, A., & Przybylski, A. K. (2019). The association between adolescent well-being and digital technology use. *Nature Human Behaviour*, 3, 173-182. doi:10.1038/s41562-018-0506-1

16. Pagani, L. S., Fitzpatrick, C., Barnett, T. A., & Dubow, E. (2013). Prospective associations between early childhood television exposure and academic, psychosocial, and physical well-being by middle childhood. *Archives of Pediatrics & Adolescent Medicine*, 167(5), 425-431. doi:10.1001/jamapediatrics.2013.569
17. Przybylski, A. K., & Weinstein, N. (2017). A large-scale test of the Goldilocks hypothesis: Quantifying the relations between digital-screen use and the mental well-being of adolescents. *Psychological Science*, 28(2), 204-215. doi:10.1177/0956797616678438
18. Radesky, J. S., Schumacher, J., & Zuckerman, B. (2015). Mobile and interactive media use by young children: The good, the bad, and the unknown. *Pediatrics*, 135(1), 1-3. doi:10.1542/peds.2014-2251
19. Rideout, V., & Robb, M. B. (2019). *The Common Sense Census: Media use by tweens and teens, 2019*. Common Sense Media, San Francisco, CA.
20. Stiglic, N., & Viner, R. M. (2019). Effects of screentime on the health and well-being of children and adolescents: A systematic review of reviews. *BMJ Open*, 9(1), e023191. doi:10.1136/bmjopen-2018-023191
21. Twenge, J. M., & Campbell, W. K. (2018). Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study. *Preventive Medicine Reports*, 12, 271-283. doi:10.1016/j.pmedr.2018.10.003
22. UNICEF. (2017). *The state of the world's children 2017: Children in a digital world*. UNICEF, New York.
23. Viner, R. M., Gireesh, A., Stiglic, N., Hudson, L. D., Goddings, A.-L., Ward, J. L., & Nicholls, D. E. (2019). Roles of cyberbullying, sleep, and physical activity in mediating the effects of social media use on mental health and wellbeing among young people in England: A secondary analysis of longitudinal data. *The Lancet Child & Adolescent Health*, 3(10), 685-696. doi:10.1016/S2352-4642(19)30186-5
24. World Health Organization. (2019). *Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age*. World Health Organization, Geneva.
25. World Health Organization. (2020). *WHO guidelines on physical activity and sedentary behaviour*. World Health Organization, Geneva.
26. Zosh, J. M., Hopkins, E. J., Jensen, H., Liu, C., Neale, D., Hirsh-Pasek, K., Solis, S. L., & Whitebread, D. (2018). *Learning through play: A review of the evidence*. The LEGO Foundation, Billund, Denmark.