Proceedings of the 4th International Conference on Educational Innovation and Philosophical Inquiries
DOI: 10.54254/2753-7048/11/20230733

Research on the Influence of Parental Behavior on Children's Social Media Addiction

Liyun Ma[1,a,*]

[1]Beijing 21st Century International School, Beijing, 100036, China
a. liyunma1123@163.com
**corresponding author*

Abstract: Adolescents who are addicted to social media may trigger anxiety, depression, and lack of sleep. Researches have been studied the factors that might affect adolescents' social media addiction, such as lower self-control, stress, fear of missing out. However, it has been less investigated if parents who play a crucial role in adolescents daily life affect adolescents' social media addiction. Therefore, this study is focused on the factors affecting adolescents' social media addiction from parents' perspective. In other words, if parents' behavior is related to the level of adolescents' social media addiction will be examined. This study used a survey method with a sample of 48 parents. It was confirmed that parents providing offline entertainment and social interaction chances to children is negatively related to adolescents' addiction. Parents' guiding children to apply self-controlled is negatively related to adolescents' addiction. In addition, the time that parents spend with children and the relationship between parents and children are negatively related to adolescents' addiction.

Keywords: social media, addiction, adolescents, parents

1. Introduction

Millennials were born in a digital age. They are the aboriginals of technological equipment, such as computers, smartphones, tablets, etc., and are well-used. Furthermore, as a result of COVID-19, many of them have their classes online at home, which means they have had more opportunities to access the internet and spend more time on social media and online games. According to China Federation of Internet Societies, among adolescents, Internet penetration rate of primary school students has even exceeded 90%. Adolescents tend to have rational cognition of usage of Internet. However, nearly 20% of adolescents might be over-reliance on the web. There are 10% adolescents spend more than 2 hours during each week day, and another 10% adolescents averagely spend more than 5 hours per day during weekends or holidays [1].

Surely there are a great many benefits that social media brings. For example, adolescents access information easily, learn from different platforms and share their thoughts [2]. The consequence of over-reliance social media, however, could be detrimental, including wasting of time, spending less time with real people, lower grades [2]. Even more to the point, some physical and mental health might also be occurred. Adolescents who addict in social media may trigger lack of sleep, anxiety and depression [2-5].

Researches have been studied the factors that might affect adolescents' social media addiction, such as lower self-control, stress [6], fear of missing out [4]. However, it has been less investigated

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if parents who play a crucial role in adolescents daily life affect adolescents' social media addiction. Therefore, this study is focused on the factors affecting adolescents' social media addiction from parents' perspective. In other words, if parents' behavior is related to the level of adolescents' social media addiction will be examined. This study used a survey method with a sample of 48 parents. Regression analyses were conducted. The aim of this study is to give parents who are in need some advices and help their children spending time on social media wisely.

2. Factors That May Affect Social Media Addiction

2.1. Entertainment & Social Interaction

Uses and gratifications theory shows people's needs to use social media from four aspects, including information, personal identity, integration and social interaction and entertainment. Among them, Liang & Gan show that social interaction and entertainment needs are positively related to people's habits of using social media, while information and personal identity are not significantly related to people's habits of using social media [7]. Moreover, the habit of using social media is positively related to social media addiction. In this case, the addiction might decrease if parents provided more entertainment and social interaction opportunities for their children.

H1: Parents providing offline entertainment and social interaction chances to children (PES) is negatively related to adolescents' addiction.

2.2. Self-control

Recent studies have showed that self-control is negatively related to addiction [8], [9]. People who are surrounded by the adolescents, including parents, teachers, experts should guide them to be conscious about applying self-control strategies both proactive and reactive to themselves [10]. According to Brevers & Turel, strategies can be classified into reactive "in-the-moment" behaviors, which means changing one's state to alleviate addition, and proactive strategies, which means changing the environment to help oneself avoid addition [10]. Therefore, if parents guide their children to consider using self-control and take actions to help, as children's proactive strategies, such as agreeing to give the phone to mom, might affect children's addiction.

H2: Parents' guiding children to apply self-controlled (PGC) is negatively related to adolescents' addiction.

2.3. Life Satisfaction

Life satisfaction is also a factor that affects the level of addiction. The addiction will be reduced if one's life satisfaction increases. Inversely, life satisfaction decreases then the degree of addiction will increase [11].

Happiness leads to a higher level of life satisfaction. In this case, if adolescents' daily lives are meaningful, accompanied by parents or friends, and centered on love, they may have a higher level of life satisfaction and a lower level of addiction to social media. Therefore, to avoid children's social media addiction, parents' spending more time with their children is needed [12]. The time that parents spend with children and the relationship between parents and children might be a factor that affect children's addiction.

H3: The time that parents spend with children and the relationship between parents and children (TCR) are negatively related adolescents' addiction.

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3. Methods

Participants. The participants were adolescents' parents who are having their children from primary school to high school in Beijing. Of the potential 50 surveys, 49 completed surveys have been received. Among the 49 parents, one's child is too young to be addicted and it was excluded. Therefore, the final sample consisted of 48 parents.

Measures. In this study, addiction, entertainment and social interaction, self-control and life satisfaction were measured. Addiction was assessed by Ye & Xu's scale [4]. Likert scale was used and rated on a 1 ("strongly disagree") to 5 ("strongly agree").

4. Results

As presented in Table 1, the correlation coefficient value between adolescent addiction and child grade is 0.333, which indicates that there is a significant positive correlation between adolescent addiction and child grade. The correlation coefficient between Adolescent addition and PES is -0.760, which indicates that there is a significant negative correlation between adolescent addition and PES. The value of correlation coefficient between additive addition and PGC is -0.811, indicating that there is a significant negative correlation between additive addition and PGC. The correlation coefficient between additive addition and TCR is -0.854, indicating that there is a significant negative correlation between additive addition and TCR.

Table 1: Descriptive statistics and correlations.

	age	gender	relationship to their children	Edu	child grade	PES	PGC	TCR	adolescent addiction
age	1								
gender	0.23	1							
relationship to their children	0.541***	0.625***	1						
Edu	0.24	0.151	0.159	1					
child grade	0.025	0.445***	0.144	-0.065	1				
PES	-0.057	-0.164	-0.002	0.158	-0.057	1			
PGC	0.113	-0.135	0.041	0.212	-0.231	0.800***	1		
TCR	-0.028	-0.042	0.092	0.063	-0.082	0.763***	0.784***	1	
adolescent addiction	0.158	0.13	0.041	-0.181	0.333***	-0.760***	-0.811***	-0.854***	1

* p<0.1 ** p<0.05 *** p<0.01

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From table 2, we can see that age, gender, relationship to children, Edu, child grade, PES as the independent variables, and adolescents' addition as the dependent variable for linear regression analysis. As presented from the table, the model formula is: adolescent addiction=7.893 + 0.352*age-0.428*gender + 0.095* relationship to children-0.033*Edu + 0.188*child grade-1.179*PES, the R-squared value of the model is 0.705, which means age, gender, relationship to children, Edu, child grade, PES can explain 70.5% of the changes in the dosage. When conducting F test on the model, we found that the model passed the F test (F=16.345, p=0.000<0.05), which means among age, gender, relationship to children, Edu, child grade, there is at least one item in PES will have an impact on the adolescents' addition.

Table 2: Regression results (PES).

	Nonstandard coefficient		Standardization coefficient	t	p	R2	Adjust R2	F	Nonstandard coefficient
	B	Standard error	Beta						
constant	7.893	1.327	-	5.949	0.000***	-	0.705	0.662	F (6,41)=16.345,p=0.000
age	0.352	0.271	0.137	1.298	0.202	1.55			
gender	-0.428	0.252	-0.22	-1.7	0.097*	2.329			
relationship to their children	0.095	0.225	0.056	0.422	0.675	2.415			
Edu	-0.033	0.066	-0.045	-0.5	0.62	1.148			
child grade	0.188	0.049	0.373	3.814	0.000***	1.329			
PES	-1.179	0.139	-0.76	-8.505	0.000***	1.11			

* p<0.1 ** p<0.05 *** p<0.01

From table 3, we can see that age, gender, relationship to children, Edu, child grade, PGC as the independent variables, and adolescents' addition as the dependent variable for linear regression analysis. As presented from the table, the model formula is: adolescent addiction=7.768 + 0.788*age-0.173*gender-0.094* relationship to children-0.037*Edu + 0.093*child grade-1.313*PGC, the R-squared value of the model is 0.756, which means age, gender, relationship to children, Edu, child grade, PES can explain 75.6% of the changes in the dosage. When conducting F test on the model, we found that the model passed the F test (F=21.217, p=0.000<0.05), which means among age, gender, relationship to children, Edu, child grade, there is at least one item in PES will have an impact on the adolescents' addition.

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Table 3: Regression results (PGC).

	Nonstandard coefficient		Standardization coefficient	t	p	R 2	Adjust R 2	F	Nonstandard coefficient
	B	Standard error	Beta						
constant	7.768	1.193	-	6.513	0.000***	-	0.756	0.721	F (6,41)= 21.217,p= 0.000
age	0.788	0.244	0.307	3.23	0.002***	1.518			
gender	-0.173	0.224	-0.089	-0.774	0.443	2.218			
relationship to their children	-0.094	0.202	-0.055	-0.466	0.644	2.349			
Edu	-0.037	0.06	-0.051	-0.614	0.542	1.14			
child grade	0.093	0.045	0.184	2.053	0.046**	1.349			
PGC	-1.313	0.134	-0.803	-9.806	0.000***	1.128			

* p<0.1 ** p<0.05 *** p<0.01

From table 4, we can see that age, gender, relationship to children, Edu, child grade, TCR as the independent variables, and adolescents' addition as the dependent variable for linear regression analysis. As presented from the table, the model formula is: adolescent addiction=8.530 + 0.359*age-0.177*gender + 0.138* relationship to children-0.105*Edu + 0.142*child grade-1.218*TCR, the R-squared value of the model is 0.841, which means age, gender, relationship to children, Edu, child grade, PES can explain 84.1% of the changes in the dosage. When conducting F test on the model, we found that the model passed the F test (F=36.082, p=0.000<0.05), which means among age, gender, relationship to children, Edu, child grade, there is at least one item in PES will have an impact on the adolescents' addition.

Table 4: Regression results (TCR).

	Nonstandard coefficient		Standardization coefficient	t	p	R 2	Adjust R 2	F	Nonstandard coefficient
	B	Standard error	Beta						

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Table 4: (continued).

constant	8.53	0.978	-	8.725	0.000***	-	0.841	0.817	F (6,41)=36.082,p=0.000
age	0.359	0.199	0.14	1.806	0.078*	1.542			
gender	-0.177	0.181	-0.091	-0.98	0.333	2.214			
relationship to their children	0.138	0.166	0.081	0.834	0.409	2.415			
Edu	-0.105	0.048	-0.143	-2.19	0.034**	1.103			
child grade	0.142	0.036	0.281	3.922	0.000***	1.323			
TCR	-1.218	0.094	-0.829	-12.994	0.000***	1.048			

* p<0.1 ** p<0.05 *** p<0.01

As hypothesized, the results of regression analyses showed that PES (B=-1.179, t=-8.505, p=0.000<0.01), PGC (B=-1.313, t=-9.806, p=0.000<0.01) and TCR (B=-1.218, t=-12.994, p=0.000<0.01) are negatively related to adolescents' addiction.

5. Conclusion

This study, from the parents' view, examined whether parents' behaviors, to some extent, affect adolescents' social media addiction. As the results showed, parents' providing offline entertainment and social interaction opportunities to children (PES) is negatively related to their addiction. Parents' guiding children to apply self-controlled (PGC) is negatively related to adolescents' addiction. The time that parents spend with children and the relationship between parents and children (TCR) are negatively related adolescents' addiction. Social media addiction can be harmful to both children's physical and mental health. Therefore, parents have to take actions to prevent or alleviate their children's addiction.

First, parents should make an effort to provide children with sufficient offline entertainment and social interaction opportunities. Once children have enough opportunities offline, their reliance on the internet will be reduced. Second, parents should guide children to apply self-control. Children as juveniles need their parents to guide, to suggest before or while facing difficulties or problems [12]. Parents need to talk to their children, analyzing the advantages and disadvantages of using social media and give them strategies to control themselves spending time online.

Besides, spending more time with children is crucial to be done [12]. Children would seek for other ways to substitute for enough love and companionship if they cannot get from their parents. Thus, spending time and making the moments loving and meaningful with their children would be one of the efficient ways to avoid children's addiction.

There are also some limitations to this study. The result would be more precise if there were opportunities to access and ask their children to complete questionnaires at the same time. Despite the limitations, this study can help parents of children who are already social addicts to reduce their children's access time in some ways.

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