

UNDERSTANDING SCREEN DEPENDENCY AMONG ADOLESCENTS: A MULTIPLE CASE STUDY ANALYSIS

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Abstract

Screen addiction among adolescents has become a significant behavioral and psychosocial concern due to the widespread use of digital devices. Adolescence, marked by emotional sensitivity and identity formation, is particularly vulnerable to excessive screen use. While prior research has focused on quantitative trends, this qualitative case study explores the lived experiences of ten adolescents aged 14–18 exhibiting problematic screen behavior. Data were collected through semi-structured interviews with adolescents and parents, behavioral observations, and daily screen-time logs, and analyzed thematically. Findings revealed common patterns including increased screen time, disrupted sleep, declining academic performance, and reduced attention. Emotional effects such as irritability, restlessness, and resistance to device restrictions were frequently reported. Social withdrawal was also evident, with adolescents preferring digital engagement over face-to-face interactions. Family relationships were often strained due to conflicts over screen use, though adolescents viewed digital media as a coping mechanism for stress, loneliness, and academic pressure. The study highlights that screen addiction is multifaceted, linked to emotional regulation and family dynamics rather than merely behavioral excess. It underscores the need for early, empathetic, and individualized interventions, particularly family-centered approaches that promote communication and support. Further research is recommended to strengthen intervention strategies and inform policy Key Words: Screen Addiction; Case Study; Cognitive Functioning; Parent-Child Communications

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Introduction

The rapid growth of digital technologies has transformed the daily

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lives of adolescents, offering new opportunities for education, social interaction, and entertainment. However, alongside these benefits, concerns about excessive screen use—often described as *screen addiction* or *digital dependency*—have intensified. Screen addiction typically involves compulsive and uncontrolled use of digital devices such as smartphones, tablets, computers, and gaming consoles,

Introduction

Often resembling behavioral addiction patterns found in gambling or substance use behaviors. Adolescents are particularly vulnerable due to ongoing brain development, heightened emotional sensitivity, and increased social pressures. Research has linked excessive screen use to a range of negative outcomes, including attention difficulties, disrupted sleep patterns, reduced academic performance, social isolation, anxiety, and depressive symptoms. As screens become increasingly embedded in daily routines, understanding the nuanced experiences of adolescents affected by screen dependency is essential.

Rationale for Case Studies

While large-scale quantitative studies provide valuable statistical insights into the prevalence and correlates of screen addiction, they often fail to capture the lived experiences, personal histories, and contextual factors that shape an individual's relationship with digital technologies. Case studies offer a unique opportunity to examine the phenomenon in depth, highlighting the complexities and variations that standardized measures may overlook. This approach is especially important for adolescents, whose screen-use motivations and vulnerabilities can differ widely depending on family environment, peer dynamics, emotional needs, and academic pressures. By documenting ten distinct cases, this paper seeks to illuminate how screen addiction manifests in everyday life and how it interacts with broader psychosocial factors.

Objectives

The primary objective of this study is to present detailed case analyses of ten adolescents aged 14–18 who demonstrates significant patterns of screen addiction. Through these case studies, the paper aims to:

1. Identify common behavioral, emotional, and academic consequences associated with excessive screen use.
2. Explore individual differences in the types of digital content consumed, triggers for screen dependency, and coping mechanisms.
3. Examine family perspectives and the dynamics surrounding attempts to reduce screen time.
4. Contribute qualitative evidence that may guide educators, parents, clinicians, and policymakers in addressing screen addiction more effectively.

Together, these objectives support a deeper understanding of the multifaceted nature of adolescent screen addiction and provide a foundation for more targeted interventions and future research.

Methodology

Study Design

This study employs a qualitative, multiple-case study design to explore the behavioral, emotional, and social dimensions of screen addiction among adolescents aged 14–18 years. The case study approach allows for in-depth examination of individual experiences and contextual factors, enabling the identification of both shared and unique patterns across participants. A cross-case analytical framework was used to compare findings and develop overarching themes. This methodology is suited for complex psychosocial issues where subjective experiences and environmental influences are central.

Participant Selection

Participants were selected using purposive sampling to ensure the inclusion of adolescents who demonstrated clinically significant signs of screen addiction. Eligibility criteria included:

- Age between 14 and 18 years
- Daily screen use exceeding 5–6 hours beyond school requirements
- Presence of at least three behavioral indicators resembling screen or digital addiction (e.g., loss of control, withdrawal symptoms,

tolerance, neglect of responsibilities)

- Parental confirmation of persistent concerns regarding screen habits
- Ten adolescents meeting these criteria were recruited through school counselors, community youth workers, and referrals by parents. All participants and their guardians provided informed consent, and anonymity was assured through the use of pseudonyms.

Data Collection Methods

To capture comprehensive and triangulated data, several sources and techniques were employed:

Semi-Structured Interviews

Individual interviews were conducted with each adolescent to explore motivations for screen use, emotional triggers, perceptions of dependency, and perceived consequences. Complementary interviews were conducted with at least one parent or guardian to gain insight into family dynamics and observed behavioral changes.

Behavioral Observations

Naturalistic observations were made when possible (e.g., during after-school periods or breaks) to document interaction patterns with digital devices, emotional responses to screen restriction, and social engagement behaviors.

Screen-Time Logs

Participants were asked to maintain a 7-day log documenting:

- Total daily screen time
- Type of activity (gaming, social media, streaming, browsing, messaging)
- Time of day and duration
- Concurrent behaviors (eating, multitasking, isolating)

Supplementary Measures

Where available, informal academic reports, teacher notes, or sleep

tracking data were reviewed to support analysis of school performance and sleep hygiene.

Data Analysis

Data were analyzed using thematic analysis guided by Braun and Clarke's six-phase approach. The procedure included:

1. **Familiarization** with interview transcripts, observation notes, and logs
2. **Initial coding** to identify significant behavioral, emotional, and contextual features
3. **Generating themes** across individual cases
4. **Reviewing themes** to ensure coherence and reliability
5. **Defining and naming themes** that captured cross-case patterns
6. **Producing a narrative synthesis** integrating similarities, differences, and unique case characteristics

A within-case analysis was conducted first, followed by cross-case comparison to identify broader patterns. Reflexive journaling was incorporated to minimize researcher bias.

Ethical Considerations

Ethical guidelines for research involving minors were strictly followed.

- Informed consent was obtained from parents/guardians and assent from adolescents.
- Participants' identities were anonymized and sensitive details were altered to protect privacy.
- Participation was voluntary, with the option to withdraw at any time.
- Potential emotional discomfort was addressed by offering referrals to school counselors when needed.
- This section ensures that the research upholds ethical integrity while handling sensitive behavioral health issues among adolescents.

Case Studies

Case Study 1 – “Ali (Age 14, Male)”

Ali is a fourteen-year-old boy living with his parents and younger sister and attending a public school. He had no prior behavioral concerns and was previously engaged in academics and sports. Over time, however, his daily screen use increased to approximately seven to nine hours outside schoolwork, primarily involving online gaming and YouTube content related to gaming. Most of this activity occurred during late evening hours, often extending into the night.

As his screen engagement intensified, Ali began to display classic signs of behavioral dependency, including difficulty controlling gaming time and heightened irritability when interrupted. Academic responsibilities and household chores were increasingly neglected, and longer gaming sessions were required to achieve the same level of satisfaction. These changes were accompanied by declining academic performance, particularly in mathematics and science, reduced participation in after-school sports, chronic sleep deprivation, and frequent headaches.

Ali’s parents reported daily conflicts over gaming limits and observed a growing pattern of social withdrawal, especially after school hours. Multiple interventions, such as timers, Wi-Fi restrictions, and designated tech-free evenings, were attempted but failed to produce lasting change. Some improvement was noted following the involvement of a school counselor, although Ali continues to struggle with impulse control. This case reflects an early onset of screen addiction, with gaming serving as a coping mechanism for academic pressure and stress.

Case Study 2 – “Behrein” (Age 15, Female)”

Behrein is a fifteen-year-old girl living with her mother in a single-parent household. Over the past year, her daily screen use has increased to approximately eight to ten hours, largely centered on social media platforms such as Instagram and TikTok, along with constant engagement in messaging applications. Much of this activity takes the form of repetitive checking of notifications and extended periods of late-night scrolling.

Behrein exhibits several indicators of screen-related dependency, including compulsive phone use and heightened anxiety when disconnected from her device. Sleep disruption has become a persistent concern; as nighttime social media engagement frequently extends into the early hours. These patterns have had noticeable effects on her emotional and academic functioning. She reports declining self-esteem driven by social comparison on digital platforms, increasing difficulty concentrating in class, and gradual withdrawal from offline friendships.

From her mother's perspective, attempts to restrict phone use often lead to visible distress and emotional agitation. Interventions such as digital wellbeing applications and requiring the phone to be stored away at bedtime have been implemented but resulted only in temporary compliance. Behrein is currently attending weekly counseling sessions, which have contributed to moderate improvements in sleep hygiene and emotional awareness. Her case highlights the emotional vulnerabilities associated with excessive social media use during adolescence, particularly in relation to self-image and anxiety.

Case Study 3 – “Ilyas” (Age 16, Male)

Ilyas is a sixteen-year-old boy living in a large household where limited personal space shapes much of his daily routine. Over time, his screen use escalated to approximately nine to twelve hours per day, with a strong focus on competitive online gaming and prolonged engagement on Discord platforms. Much of his digital activity was intense and uninterrupted, often extending across long sessions.

Clear signs of behavioral dependency were evident in Ilyas's routine, including skipped meals during gaming periods, aggressive reactions to internet connectivity issues, and increasing secrecy surrounding his device use. These behaviors began to interfere significantly with his daily functioning. He frequently missed school assignments, showed a marked decline in physical activity, and gradually withdrew from interactions with his siblings, preferring isolation in digital spaces. His parents reported persistent irritability and frequent conflicts,

particularly with his younger brothers, which they attributed to frustration arising from disrupted gaming sessions. Attempts to manage his screen use through account bans and temporary device confiscation proved ineffective and often escalated tensions, leading Ilyas to seek alternative devices in secrecy. He has recently been referred to a digital addiction workshop and is in the early stages of behavioral intervention. This case reflects a more severe form of screen dependency, strongly reinforced by the competitive and immersive nature of online gaming environments.

Case Study 4 – “Dalia” (Age 17, Female)

Dalia is a high-achieving student living in a two-parent household who is generally regarded as academically capable and responsible. Her daily screen use ranges between six and eight hours and is primarily devoted to academic browsing and binge-watching television series. While her screen engagement initially appeared purposeful and controlled, it gradually evolved into a habitual pattern, particularly during periods of academic pressure.

Dalia increasingly relied on streaming platforms as an emotional coping mechanism, finding it difficult to stop watching mid-episode or mid-season. This behavior often led to distracted multitasking, with academic work performed alongside screen viewing, reducing overall efficiency. As a result, she experienced growing stress related to incomplete school projects, diminished sleep quality, and a tendency to avoid in-person responsibilities.

Her parents expressed concern that Dalia was using screen-based entertainment to escape academic anxiety rather than addressing underlying stressors directly. Interventions such as structured study schedules and content restrictions produced only short-term improvements. More sustained progress was observed after the introduction of planned study breaks, which helped restore a degree of balance between academic demands and screen use. Dalia’s case illustrates a form of screen dependence rooted in stress avoidance rather than social media or gaming engagement.

Case Study 5 – “Ubaid” (Age 15, Male)

Ubaid is a fifteen-year-old introverted boy who lives with his grandmother, who serves as his primary caregiver. His daily screen use has increased to approximately ten to eleven hours, largely centered on multiplayer online games and live-streaming platforms. Over time, these digital spaces have become central to his social and emotional world.

Ubaid demonstrates a strong emotional dependence on online gaming communities, often prioritizing virtual interactions over offline activities. Extended gaming sessions are frequently accompanied by reduced appetite and a persistent mental preoccupation with game strategies, even during non-screen hours. These patterns have contributed to withdrawal from outdoor play, missed school deadlines, and noticeable mood swings.

His grandmother reports difficulty enforcing screen limits due to limited familiarity with digital technologies. Attempts to restrict access through brief internet shutdowns resulted in increased secrecy rather than behavioral change. Ubaid is currently participating in a school-based mentorship program aimed at improving engagement and support. His case highlights how digital communities can function as emotional substitutes for offline relationships, particularly in the absence of consistent adult supervision and peer interaction.

Case Study 6 – “Farah” (Age 18, Female)

Farah is an eighteen-year-old student preparing for college entrance examinations and living with her parents. Her daily screen use ranges between seven and nine hours and is divided among social media platforms, study applications, and online educational videos. Although much of her screen engagement appears academically oriented, it is characterized by frequent switching between tasks and platforms.

Farah exhibits signs of screen dependency through compulsive multitasking and procrastination disguised as productive activity. She reports anxiety when separated from her phone, even during short breaks. These patterns have led to inefficient studying, increased mental fatigue, and elevated stress levels. Her parents have observed

a noticeable decline in family interaction, along with recurring conflicts related to time management and screen boundaries.

Interventions such as app timers and structured “study-with-me” sessions yielded limited results. More consistent improvement was noted after the introduction of offline study blocks, which helped reduce distractions and improve focus. Farah’s case illustrates a form of screen dependence rooted in constant connectivity and habitual task-switching rather than overt recreational overuse.

Case Study 7 – “Aaqib” (Age 14, Male)

Aaqib lives with both parents and has a diagnosed attention-deficit/hyperactivity disorder, which significantly influences his daily routines and behavior. His screen use ranges between eight and ten hours per day and is primarily focused on fast-paced video games and short-form video content that provide rapid stimulation.

Aaqib displays a strong craving for constant sensory input, often becoming intensely absorbed during screen use and experiencing marked difficulty transitioning to non-screen activities. This hyperfocus, while temporarily engaging, has contributed to a worsening attention span in academic settings, persistent struggles with homework routines, and heightened emotional reactivity. His parents report frequent meltdowns when screens are removed, particularly when transitions are abrupt or unstructured.

Various behavioral strategies, including charts and reward systems, have been implemented with limited success. Aaqib is currently working with a therapist to develop self-regulation and transition management strategies.

His case illustrates how neurodevelopmental conditions can amplify vulnerability to screen dependency, underscoring the need for tailored and supportive intervention approaches.

Case Study 8 – Hajira” (Age 17, Female)

Hajira lives with her parents and two siblings and spends approximately six to seven hours daily engaged with screens. Her primary activities include social media browsing and the use of digital

art applications, which initially served as creative outlets but gradually became central to her emotional routine.

Hajira demonstrates a persistent need for online validation, often seeking feedback and affirmation for her creative work. She finds it difficult to disengage from creative apps and becomes irritable during connectivity disruptions. These patterns have led to delayed homework completion, reduced in-person social interactions, and physical complaints such as eye strain and fatigue. Her parents observe a growing emotional reliance on online responses and engagement.

Attempts to redirect her interest toward offline creative activities yielded only partial success. More noticeable improvement occurred after Hajira joined an offline art club, which provided social interaction and validation beyond digital platforms. Her case illustrates how screen dependence can be closely linked to identity formation and creative expression during adolescence.

Case Study 9 – “Imran” (Age 16, Male)

Imran lives with his father and older sister and spends approximately nine to eleven hours each day engaged with digital devices. His screen use is largely devoted to gaming, online shopping, and participation in internet forums, often extending late into the night.

Imran exhibits compulsive browsing behavior, accompanied by impulse spending on in-game purchases and difficulty maintaining concentration during offline activities. These patterns have contributed to academic decline, financial strain within the household, and a noticeable reduction in meaningful interaction with family members. His father reports increasing secrecy surrounding device use, particularly during nighttime hours.

Interventions such as parental control settings and budgeting restrictions have led to some reduction in impulsive spending. However, Imran continues to struggle with persistent browsing urges and difficulty disengaging from online content. His case highlights the intersection between screen addiction and impulse control difficulties, emphasizing the need for strategies that address both

behavioral regulation and financial awareness.

Case Study 10 – “Jehangir” (Age 18, Female)

Jehangir is an eighteen-year-old living in a blended family environment, where adjustments to changing family dynamics form part of his daily experience. He spends approximately seven to nine hours each day engaged with screens, primarily through streaming platforms, social media, and online chatting. These digital spaces have gradually become his primary source of social connection and emotional comfort.

Jehangir shows difficulty initiating offline activities and demonstrates a growing emotional reliance on online peer groups. Late-night screen use has disrupted his sleep routine, resulting in persistent fatigue and difficulty waking up for school, which has led to missed morning classes. Over time, he has also reduced engagement in hobbies that previously provided enjoyment and balance.

Stepparents report that Jehangir becomes withdrawn and disengaged when offline, particularly during periods of restricted screen use. Interventions such as family screen-free nights and counseling referrals have been introduced, with structured routines contributing to gradual improvement. This case illustrates how screen addiction can function as a form of social escape, especially within complex family settings.

Cross-Case Analysis and Discussion

An integrated analysis of the ten adolescent case studies reveals a set of consistent and interrelated patterns that collectively illuminate the nature of screen addiction during adolescence. Despite variations in age, gender, family structure, and preferred digital activities, excessive daily screen use emerged as a defining characteristic across all cases. Screen engagement consistently exceeded recommended limits, ranging from approximately six to twelve hours per day outside of academic requirements. Gaming, social media use, and streaming content dominated screen activity, often serving not only as entertainment but also as emotional regulation tools and social substitutes.

Behavioral indicators commonly associated with addictive patterns

were evident in nearly all participants. Adolescents demonstrated a progressive loss of control over screen time, frequently continuing use beyond intended limits despite negative consequences. Withdrawal-like symptoms were widely reported, including irritability, anxiety, restlessness, and emotional outbursts when access to devices was restricted or interrupted. Many adolescents also displayed increased tolerance, requiring longer or more intense engagement to achieve the same level of satisfaction. These behavioral shifts were accompanied by neglect of routine responsibilities, such as schoolwork, household chores, personal hygiene, and family interaction, signaling functional impairment rather than casual overuse.

The emotional and psychological impact of excessive screen engagement was particularly pronounced. Mood instability, irritability, and heightened anxiety were recurrent features, often closely linked to disrupted or denied access to digital devices. Adolescents primarily engaged in social media exhibited vulnerability to social comparison and validation-seeking behaviors, contributing to diminished self-esteem and emotional dependence on online feedback. In contrast, those focused on gaming frequently demonstrated frustration, aggression, or emotional dysregulation when gameplay was interrupted or unsuccessful. Across both groups, screens functioned as coping mechanisms for stress, boredom, loneliness, or academic pressure, reinforcing dependency cycles.

Academic consequences were evident in all cases, although the severity varied. Screen use interfered with sustained attention, effective study habits, and task completion, leading to delayed assignments, declining grades, and reduced classroom engagement. Multitasking with screens during study time emerged as a particularly detrimental pattern, creating an illusion of productivity while undermining learning efficiency. Over time, academic stress further reinforced screen use as an avoidance strategy, creating a self-perpetuating loop of distraction and underperformance.

Sleep disruption and physical health complaints formed another shared dimension across cases. Late-night screen use delayed sleep

onset and reduced overall sleep duration, resulting in chronic fatigue and difficulty waking for school. Several adolescents reported headaches, eye strain, reduced appetite, or prolonged sedentary behavior, reflecting the physical toll of sustained screen engagement. These physiological effects often compounded emotional and cognitive difficulties, further impairing daily functioning.

Family dynamics played a central role in both the manifestation and management of screen addiction. Parents and caregivers consistently described heightened conflict surrounding device use, including arguments, resistance to limits, secrecy, and emotional withdrawal. While most families attempted interventions such as screen-time restrictions, parental controls, or device confiscation, these strategies were typically short-lived or met with circumvention. The need for constant monitoring placed additional strain on family relationships, particularly in households with limited supervision capacity, blended family structures, or caregivers unfamiliar with digital technologies.

Alongside these shared patterns, meaningful differences across cases highlight the heterogeneity of adolescent screen addiction. The type of digital activity significantly influenced symptom expression, with competitive gaming linked to impulsivity and aggression, social media use associated with emotional dependency and self-esteem issues, and streaming behavior connected to stress avoidance and procrastination. Underlying motivations for screen use varied, including the need for social connection, emotional escape, stimulation, or identity exploration. Adolescents with neurodevelopmental conditions such as ADHD or with introverted personality traits demonstrated heightened vulnerability to compulsive patterns, often requiring more specialized intervention approaches.

Responsiveness to intervention was uneven across cases. Adolescents who received supportive guidance, structured routines, and professional counseling showed more consistent improvement than those exposed primarily to restrictive or punitive measures. Interventions that acknowledged emotional needs and provided alternative sources of engagement were more effective than device-focused control strategies alone. Conversely, complex family

dynamics, limited adult supervision, or inconsistent enforcement were associated with slower progress and higher relapse risk.

When situated within the broader research landscape, these findings align with existing literature linking excessive adolescent screen use to sleep disruption, academic decline, emotional dysregulation, and social withdrawal. However, the present case series extends prior knowledge by illustrating how individual contexts such as family environment, psychological vulnerabilities, and preferred digital platforms shape both the trajectory and expression of screen addiction. Unlike large-scale quantitative studies that emphasize prevalence and correlation, this qualitative approach captures the lived experiences, motivations, and coping mechanisms that sustain problematic screen behavior.

The findings carry important implications for parents, educators, and clinicians. Early identification of behavioral warning signs, including irritability, withdrawal, and neglect of responsibilities, is essential for timely and effective intervention. Holistic approaches that integrate parental involvement, counseling support, structured daily routines, and digital literacy education appear more sustainable than restrictive measures alone. Personalized intervention strategies, tailored to the adolescent's emotional triggers, digital preferences, and family context, are likely to enhance compliance and long-term outcomes. Promoting healthy offline alternatives such as physical activity, creative pursuits, and face-to-face social interaction can help reduce reliance on screens as the primary source of comfort or identity formation.

Despite the insights generated, the study is not without limitations. The small sample size restricts generalizability, and reliance on self-reported data introduces the possibility of bias or underreporting. Additionally, the relatively short observation period may not capture long-term behavioral trajectories or relapse patterns. Nevertheless, these case studies offer valuable qualitative insight into the complexity of adolescent screen addiction and provide a nuanced foundation for future research, prevention strategies, and

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intervention models.

Conclusion

This study presents ten detailed case studies of adolescents aged 14–18 who exhibit significant patterns of screen addiction, highlighting both commonalities and individual differences. Across cases, excessive screen use was linked to behavioral, emotional, academic, and social consequences, including loss of control, irritability, sleep disruption, declining academic performance, and family conflicts. Despite these shared patterns, differences emerged in preferred digital activities, underlying triggers, and responsiveness to interventions, emphasizing the multifaceted nature of adolescent screen dependency.

The findings underscore the importance of early identification, personalized intervention strategies, and family engagement in mitigating the negative effects of screen addiction. Holistic approaches that combine structured schedules, counseling, digital literacy, and promotion of offline activities appear to be more effective than device restrictions alone.

Future research should examine larger and more diverse adolescent populations, explore long-term outcomes, and evaluate the efficacy of tailored intervention programs. By providing in-depth qualitative insights, these case studies contribute to a deeper understanding of how screen addiction manifests in real-life contexts and offer guidance for parents, educators, and clinicians aiming to support adolescents in developing healthier digital habits.

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