LIVING WELL

What Screen Time Is Really Doing to Your Health

The strongest evidence points beyond the screen itself-to sitting, lost movement, and small but meaningful associations with health.

The number is not the whole story

You close one screen after work and open another for the evening. Somewhere between the laptop, television and phone, the hours accumulate-and the total can feel like a verdict. But "screen time" bundles together different devices, activities and circumstances. The evidence is more complicated than a single count, and more useful once you separate the screen from what happens around it.

One important distinction is between screen use and sedentary behaviour. Watching television or using a computer often involves sitting, but the health evidence on inactivity does not establish that every minute with a device has the same effect. An inactive lifestyle means a great deal of sitting or lying down with little or no exercise. Screens can contribute to that pattern without being its only source.

Long periods of inactivity are associated with obesity, heart disease, high blood pressure, high cholesterol, stroke, type 2 diabetes, certain cancers, weaker bones and increased feelings of depression and anxiety. Inactivity can also mean using your muscles less, burning fewer calories and having poorer circulation. Those are reasons to take prolonged sitting seriously. They are not proof that the glowing rectangle itself causes every condition on the list.

This distinction matters because a campaign against screens can miss the real target. A desk job, commute and evening television may all add sedentary time. Conversely, simply putting down a phone does not make you active. The question that changes the conversation is not only how long you looked at a screen, but what that time replaced.

Sitting is easier to measure than it looks

Even apparently precise activity numbers depend on how researchers define movement. In one nationally representative study, 2,630 adults aged 60 or older wore an accelerometer for a week. They averaged 8.5 hours a day in sedentary behaviour. But estimates of moderate to vigorous physical activity (MVPA) ranged from 10.8 to 106.8 minutes a day depending on the

accelerometer threshold researchers selected.

That range is not a minor technical disagreement. An accelerometer records movement as counts, then researchers choose cut-offs to classify those counts as sedentary, light, moderate or vigorous activity. Different thresholds can turn the same recorded day into very different estimates. The study's authors concluded that more research was needed to identify appropriate MVPA cut-offs for older adults.

Self-report brings another problem. In earlier national data, far more older adults appeared to meet activity recommendations when asked about their movement than when activity was measured with accelerometers. Recall, question wording and the wish to present yourself favourably can all influence an answer. Asking yourself how many hours you spent on a screen has similar limits: the total may be less dependable than it feels.

Older survey data make another caution clear. A 1997 survey found that four in 10 United States adults reported no exercise, sport or physically active leisure hobby. But it did not assess activity from work, home or transport. A neat statistic may describe only the part of life researchers asked about. Screen-time findings deserve the same scrutiny: what device, what activity, what age group and what outcome were actually measured?

Screen time is therefore neither harmless by definition nor a universal explanation for poor health.

For children, the links are real but small

Parents often encounter screen-time research as a warning about behaviour. A 2022 systematic review and meta-analysis brought together 87 studies covering 159,425 children aged 12 or younger. Longer screen time was correlated with more externalising problems, such as aggression and attention-deficit/hyperactivity disorder symptoms, and more internalising problems, such as depression and anxiety.

The associations were statistically significant, but small. The correlation was 0.11 for externalising problems and 0.07 for internalising problems. Results also varied substantially between studies, and methodological differences helped explain the mixed findings. This does not make the associations meaningless. It means screen duration alone is a weak basis for explaining an individual child's behaviour.

A 2020 review of 114 studies considered physical activity, sedentary behaviour and young people's mental health. Physical-activity interventions had a small overall beneficial effect among those aged 6 to 18, with a significant result for adolescents but not children when analysed separately. Observational studies linked more sedentary behaviour with greater

psychological ill-being and lower well-being. Evidence for preschoolers was nearly nonexistent.

Weight research shows another association, not a guaranteed outcome. A 2020 meta-analysis of 16 studies found that children reporting at least two hours of daily screen time had higher odds of overweight or obesity than those reporting less. The odds were 1.67 times as high. Because this pooled prevalence research, it cannot tell you that crossing a time boundary directly caused weight gain in a particular child.

Screen time may be part of a larger pattern involving sedentary time and physical activity. The research supports noticing that pattern. It does not support using one number to diagnose anxiety, attention problems, depression or obesity. When behaviour, mood, vision, weight or activity becomes a health concern, a screen tally cannot settle what is happening; that has moved beyond a lifestyle score and into a medical conversation.

Eyes provide the clearest screen-specific signal

The strongest recent evidence directly tied to digital screens concerns myopia, or short-sightedness. A 2025 systematic review and dose-response meta-analysis examined 45 studies involving 335,524 participants, whose average age was about nine. Each additional daily hour of digital screen exposure was associated with 21% higher odds of myopia.

The relationship was not perfectly linear. In an analysis of 34 studies, the odds rose from 1.05 at one hour of daily exposure to 1.97 at four hours, compared with no exposure, then increased more gradually. The authors described a possible lower-risk threshold below one hour a day. "Possible" matters: the review identified an association and a dose-response pattern, not a guarantee that restricting screens will prevent myopia.

That precision should not be borrowed for outcomes the evidence measures less directly. The child behaviour review found small correlations and major variation among studies. The inactivity evidence concerns a whole sedentary lifestyle, not one device. The obesity evidence links higher screen exposure with higher odds, but it does not prove that the screen was the independent cause.

Screen time is therefore neither harmless by definition nor a universal explanation for poor health. The useful finding is narrower: more digital-screen exposure is associated with higher odds of myopia, while heavier screen use can also sit inside patterns of inactivity linked with broader risks. The evidence does not justify turning every minute into an emergency.

On Monday, map what the screen replaced

Start with observation rather than a dramatic ban. Take a plain notebook and pen. For each substantial stretch of recreational screen use you notice, write down what was happening around it: sitting, standing or moving; alone or with someone; and whether the screen displaced an active option you realistically wanted to do.

This is not an attempt to calculate a flawless total. Research shows how much estimates can change with definitions, measurement tools and self-report. Your notes have a simpler purpose: finding the screen periods that are also long periods of inactivity. Those are the places where changing the setting may matter more than chasing an abstract daily score.

When you find one, make the swap concrete. Put walking shoes beside the doorway for a walk, an exercise mat where you usually watch television, or hand weights near the chair. Movement can also coexist with a screen: gentle stretching, pedalling an exercise bike or exercising with a video all interrupt the assumption that screen use must mean sitting still.

Do not ask your notebook to diagnose your health. Ask it to reveal one replaceable block of sitting. Then use the object you placed there. The evidence cannot promise what one change will do, but it supports the direction: less sedentary time, more movement, and fewer hours in which a screen quietly makes the choice for you.

Where this comes from

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