



# The relationship between parental mediation and Internet addiction among adolescents, and the association with cyberbullying and depression

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## Abstract

**Objective:** This study examined the relationships between parental mediation and Internet addiction, and the connections to cyberbullying, substance use, and depression among adolescents.

**Method:** The study involved 1808 junior high school students who completed a questionnaire in Taiwan in 2013.

**Results:** Multiple logistic regression analysis results showed that adolescents who perceived lower levels of parental attachment were more likely to experience Internet addiction, cyberbullying, smoking, and depression, while adolescents who reported higher levels of parental restrictive mediation were less likely to experience Internet addiction or to engage in cyberbullying. Adolescent Internet addiction was associated with cyberbullying victimization/perpetration, smoking, consumption of alcohol, and depression.

**Conclusion:** Internet addiction by adolescents was associated with cyberbullying, substance use and depression, while parental restrictive mediation was associated with reductions in adolescent Internet addiction and cyberbullying.

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## 1. Introduction

Internet addiction is an emerging public health issue. The rise of new technologies, such as the Internet and associated social media sites, has exposed adolescents to online risks (pornography exposure, cyberbullying and Internet addiction) and health risks (depression and suicide), which have increased the rates of youth morbidity and mortality [1,2]. Studies have associated Internet addiction with increases in youth cyberbullying problems [3,4] that can cause mental, physical and social harm [5].

Despite wide variations in the instruments that have been used for the diagnosis of Internet addiction, it is characterized by preoccupation, uncontrolled impulses, use that is more than intended, tolerance, withdrawal, impairment of control, devotion of excessive time and effort despite

negative consequences, and impaired decision-making [6,7]. Studies have associated Internet addiction with online activities such as watching online pornography, online gambling [8], using social networking sites and online gaming [9], and online chatting [10]. Internet addiction is currently not included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) V, but Internet gaming disorder is listed in Section 3 as requiring further research.

In addition, studies have associated Internet addiction with psychiatric forms of co-morbidity such as consumption of alcohol [11,12], smoking [13,14], attention deficit and hyperactivity, hostility [15], loneliness [16], low self-esteem [17,18], and depression [14,19]. Moreover, studies have associated factors such as low family functioning [17,20], family dissatisfaction [11], poor parent–adolescent relationships [21,22], and low parental monitoring [23,24] with Internet addiction among adolescents. In contrast, forms of parental restrictive mediation such as rules regarding the time spent online have been negatively associated with Internet addiction [25] and cyberbullying [26–28].

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The prevalence of Internet addiction among adolescents is known to be higher in Asian societies than in Western countries [29]. Despite studies that have documented the psychosocial factors associated with Internet addiction, there has been little research examining parental mediation of youth Internet addiction and cyberbullying in Asian societies. Few studies have examined the relationships between Internet addiction, online risks, and health risks. The present study canvassed junior high school students in Taiwan to compare parental attachment, parental mediation, online risks (cyberbullying and online sexual solicitation), and health risks (dietary behavior, substance use, low self-esteem, and depression) between a group that was addicted to the Internet and one that was not. The relationships between parental mediation, Internet addiction, cyberbullying, substance use, and depression were also examined.

## 2. Methods

### 2.1. Participants and procedures

In 2013, a total of 86,887 students attended 62 junior high schools in Taipei City, while 18,353 students attended 25 junior high schools in Yilan county, Taiwan. Based on the sampling frame, which was a list of schools and their student enrollments, a probability-proportionate-to-size sampling method was used to systematically draw a random sample of schools. Eighteen schools in Taipei city and 11 schools in Yilan county agreed to participate in this survey. Three to four classes were randomly selected from each sample school. Approval from the Institutional Review Board at National Taiwan University was obtained.

Following class selection, teachers helped give students consent forms to take home to parents requesting consent to have their child participate in the survey. Students also filled out a consent form to indicate their willingness to participate in this study. After the consent forms were collected, researchers visited the schools to conduct the self-administered survey and address students' questions. Students were assured the information would remain confidential and anonymous. A total of 1079 and 838 students in Taipei city and Yilan county, respectively, completed the questionnaire. About one-fifth of students declined to participate in this study. The response rate was 82%.

### 2.2. Instrument

The self-administered questionnaire was developed based on previous studies such as the EU Kids online survey [30] and the U.S. Youth Internet Safety Survey [31,32]. A group of 8 experts was invited to assess the content validity of the questionnaire. Experts reviewed the draft questionnaire and provided comments and suggestions for improvements. In addition, a pilot survey was conducted at two schools that were not included as sample schools in order to examine the

students' responses to the survey and to evaluate the reliability of the data that the questionnaire would yield.

#### 2.2.1. Online activities

Adolescent Internet use and online gaming weekly use hours were calculated from two questions. a) During the past week, how much time did you spend on the Internet/playing online games per weekday (Monday to Friday)? The response options included the following: "0 min," "1–29 min," "30–59 min," "1 hour–less than 2 hours," "2 hours–less than 3 hours," or "3 hours and more—please fill in the number of hours." b) During the past week, how much time did you spend on the Internet, and playing online games per weekend day (Saturday and Sunday)? The response options included the following: "0 hour," "1 hour," "2 hours," "3 hours," "4 hours," or "5 hours and more—please fill in the number of hours." In addition, participants were asked how many days during the past week they used social network websites/chat rooms.

#### 2.2.2. Internet addiction

Internet addiction was assessed using the Chen Internet Addiction Scale [33]. The Chen Internet addiction scale contains 26 items to assess the core symptoms of Internet addiction and the related problems connected to Internet addiction. For example, participants were asked whether they agreed or disagreed with a statement such as the following: "I find that I stay online longer than I intended," "I neglect family interaction to spend more time online," and, "I feel that life would be boring without the Internet." Each item was evaluated on a 4-point Likert-type scale that ranged from "strongly agree" (scoring 4) to "strongly disagree" (scoring 1). The total score of the scale ranged from 26 to 104. The Cronbach's  $\alpha$  of the Chen Internet addiction for the sample was 0.94. A threshold score of 63/64 was suggested to provide good diagnostic accuracy with respect to Internet addiction among adolescents [34]. Students with a score of 64 or higher were classified as having an Internet addiction.

#### 2.2.3. Parental mediation

Parental mediation measures were adapted from the study of 2010 EU Kids Online survey parental mediation scale [30]. Adolescents provided reports of parental mediation including 5 types of rules and practices: active use mediation (4 items), active safety mediation (4 items), monitoring mediation (4 items), technical mediation (4 items), and restrictive mediation (5 items). A sample question of active use mediation was "Do your parents talk to you about what you do on the Internet?" A sample question about active safety mediation was "Do your parents suggest to you ways to use the Internet safely?" A sample question concerning monitoring mediation for adolescents was "Do your parents watch which websites you visit?" A sample question about technical mediation was "Do your parents use filter programs or other means of blocking some types of websites?" The response options for active use, active safety, monitoring, and technical mediation were "no" (scoring 0) and "yes"

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