

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

Dr. Soumyadeep Kundu^{1*}, Dr. Kirti S. Pattanshetti², Dr. Bhagyashri Shivankar³, Dr. Aditi Bangani⁴, Dr. Kriti Mishra⁵, Dr. Krushna Kandhare⁶

¹MDS 2nd Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: manasa.lic1992@gmail.com

²Professor, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: drkirthipattanshettimalagi@gmail.com

³MDS 2nd Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: drbhagyashrishivankar@gmail.com

⁴MDS 3rd Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: aditibangani03@gmail.com

⁵MDS 3rd Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: mishrakriti172@gmail.com

⁶MDS 1st Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: krushnakandhare01277@gmail.com

Corresponding Author:

Dr. Soumyadeep Kundu

MDS 2nd Year, Department of Pediatric and Preventive Dentistry, Maitri Dental College and Research Centre, Anjora, Durg, India

Email: (manasa.lic1992@gmail.com)

ABSTRACT

Background:In recent years, children's screen time has increased significantly, influencing their dietary habits, physical activity, and oral hygiene practices. Prolonged screen exposure is often associated with frequent snacking on sugary foods and neglect of oral care, which may contribute to dental caries. Parental awareness plays a key role in regulating these behaviors and promoting healthy oral habits among children.

Objective:To assess parental awareness regarding the influence of screen time on children's oral health and to evaluate association between socioeconomic status, screen exposure, and cariogenic food consumption.

Methodology:A self administered, close ended questionnaire was distributed to the parents attending the outpatient department of Department of Pediatric and Preventive Dentistry from 1st January to 31st January . The parents willing to participate were included in the study. The questionnaire was formulated in English and translated into the local language (Hindi). The questionnaire contains 3 parts. First part is about demographic details of the participants, second part contains questions regarding screen time and third part contains questions regarding food habit and parental awareness about the association between screen time and at risk of caries. Data was analysed using chi square test and Pearson's correlation coefficient with the significance set at $p < 0.05$.

Result:Results showed significant differences in parental awareness across socioeconomic groups. Screen time was significantly associated with cariogenic food intake while socioeconomic status showed a non-significant association with children's screen exposure.

Conclusion: Increased screen time was associated with higher cariogenic food consumption, while parents of high socioeconomic status showed significant awareness about screen time..

Keywords: Screen time, Oral health, Kuppaswami scale, Socioeconomic status..

How to cite this article: Kundu S, Pattanshetti KS, Shivankar B, Bangani A, Mishra K, Kandhare K. Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children. Int J Drug Deliv Technol. 2026;16(65s):745-751. DOI: 10.25258/ijddt.16.65s.78

Source of support: Nil.

Conflict of interest: Nil.

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

INTRODUCTION

Advancements in broadcast media and interactive screen technologies have ushered in a new era of a digitally adept generation[1]. Children and adolescents today are increasingly exposed to both conventional fixed devices such as televisions and laptops, as well as interactive devices like smartphones and tablets, leading to prolonged screen usage. Screen time refers to the duration spent viewing or engaging with any type of screen [2]. While these technologies enhance access to information and learning opportunities, their excessive use can negatively impact children’s health. This overuse is often linked to unhealthy lifestyle patterns, including sedentary behaviour, irregular eating habits, frequent snacking, increased consumption of junk food, and inadequate sleep, all of which may contribute to various physical and psychological health problems[3]. The American Academy of Pediatrics recommends limiting screen time for children and adolescents to a maximum of 2 hours per day[4]. Excessive screen time is also associated with poor dietary habits, such as increased intake of high-fat, high-sugar, energy-dense foods and beverages, along with reduced consumption of fruits and vegetables. These behaviours can contribute to metabolic disorders, higher incidence of dental caries, and greater plaque accumulation.[4,5]. Along with that the unhealthy lifestyle with excess screen time may influence oral health behaviour such as tooth brushing frequency and oral hygiene[6]. Screen time may influence snacking habits through several mechanisms, including reduced parental supervision due to longer working hours, reliance on mobile devices to occupy children, and the convenience of providing easily accessible junk food[7-10]. Additionally, exposure to food advertisements promotes the consumption of nutritionally poor, energy-dense products. Oral health issues in children not only affect their dental condition but also their psychosocial well-being, leading to pain, anxiety, and increased absenteeism from school[11,12].

Socioeconomic status (SES) is a key determinant of an individual’s overall well-being and health-related quality of life. It plays a crucial role in influencing health maintenance, healthcare-seeking behaviour, social positioning, and participation in socio-cultural and political activities. [13,14]. Several scales have been developed to assess SES across rural, urban, and semi-urban populations, including the Rahudkar scale (1960), BG Prasad scale (1961), Udai Pareek scale (1964), Jalota scale (1970), Kulshrestha scale (1972), Kuppuswamy scale (1976), and Bharadwaj scale (2001). Among these, the Kuppuswamy and BG Prasad scales are widely used and regularly updated

based on the Consumer Price Index for Industrial Workers (CPI-IW), which is published monthly by the Labour Bureau under the Ministry of Labour and Employment, Government of India[15,16]. The present study considers the updated income ranges of these scales as per the CPI-IW for January 2021.

Although previous research has established a link between television viewing and unhealthy dietary preferences—such as increased consumption of fast food, sugary drinks, and refined grains—the relationship between overall screen time, sedentary lifestyle, and children’s oral health remains insufficiently explored[17]. Therefore, the present study aims to assess parental awareness about the influence of screen time on the oral health status of children.

Material and method

Study design

A close ended questionnaire study was conducted to assess parental awareness about the influence of screen time on oral caries status of children. The study was carried out among patients visiting the Department of Pediatric and Preventive Dentistry, Maitri College of Dentistry Hospital and Research centre, Anjora, Durg(CG). The study was approved by Institutional Ethical Committee under ethical approval number MCDRC/2026/FEB/192. Written informed consent was obtained from the parents of 6 years to 14 years before data collection. The study population consisted of 230 parents of children 6-14 years old. Parents with healthy children aged 6 to 14 years who were willing to participate were included. Parents were required to possess at least one smart phone, laptop, television or tab. Parents of the children with specific medication, illness special needs or lack of cognitive ability and incomplete or improperly filled questions were excluded.

A self administered , pre validated , close ended questionnaire was distributed to the parents. The questionnaire was formulated in English and translated to hindi. The questionnaire consists of 3 parts: First part consists of 11 questions including demographic and parental socioeconomic status questions. Second part consists of 9 questions including children’s screen time and device type. Third part consists of 15 questions including diet, consumption of cariogenic food while watching screens, snacking frequency and related dietary behaviour. Socioeconomic status was determined by a structured questionnaire based on modified Kuppuswami scale on the basis of occupation, family income and parental education. (2021)

Demographic details	Screen time and digital exposure	Food habit
Parent’s Age?	Type of device	How much meals the child consume in a day?
Parent’s gender?	used?(Tab/Mobile/TV/Laptop)	Which type of meal does your child consume?(Veg/Non Veg)
Age of the child/children?	At what age child has started using devices?	Does your child consume sugary snacks (Cake/Chocolates/Cookies)? (Yes/No)
In which area do you live?(Rural/Urban/Semiurban)	How much hours child spend on screen? (2 hrs/More than 2 years).	
Education of the head of the family?(4 th pass/8 th pass/10 th pass/12 th pass/Graduation pass)	Purpose of screen time/digital exposure?(Education/Entertainment)	

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

Occupation of the head of the family? Monthly income of the head of the family? Number of family members? Type of family(Nuclear/Joint)? Number of children in the family? Number of Earning members?	Do your child have device like (Tab/Mobile/Laptop) of his/her own?(Yes/No) Do you have awareness of dentist's /paediatrician recommended screen time?(Yes/No) Has screen time affected physical activity or outdoor games timings?(Yes/No) Do you supervise/limit your child's screen time?(Yes/No) Are you aware about screen time increasing chances of caries? If yes from which source have you received the information?	Does your child consume fast food? (Yes/No) Does your child consume soft drink / beverages? (Yes/No) Does your child consume dairy products? (Yes/No) Does your child consume snacks between two meals? (Yes/No) Does your child see advertisements in the devices and insist to consume that? (Yes/No) Does your child watch devices during eating? (Yes/No) How much time does your child take during eating by watching device ?(More/less) Do you always give device to your child during eating? (Yes/No) How much time does your child take during eating by not watching device ?(More/less) Do you have any idea about balanced diet/nutrition? (Yes/No) Any guidance have you received from paediatrician about diet chart? (Yes/No) Are you aware that eating sugary food/snacks/beverages like coke cause dental caries and erosion when coke is consumed.(Yes/No)
---	--	---

Table1: Questionnaire about Demographic details,Screen time and digital exposure and food habit Revised Kuppaswami socioeconomic status scale (Updated for January 2021)

Education of the head of the family	Score
Professor	7
Graduate of Post graduate	6
Intermediate or post high school diploma	5
High school certificate	4
Middle school certificate	3
Primary school certificate	2
Illiterate	
Occupation of the head of the family	Score
Professional	10
Semi professional	6
Clerical, shop owner, farmer	5
Skilled worker	4
Semi skilled worker	3
Unskilled worker/labour	2
Unemployed	1
Monthly income of family	Score
≥ 18229	12
≥9115-18229	10
6836-9114	6
≥4557-6835	4
≥2734-4556	3

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

≥921-2773	2
≤920	1
Total Score	Socioeconomic Status
26-29	Upper class
16-25	Upper middle class
11-15	Middle class
5-10	Lower middle class
<5	Lower class

Statistical Analysis

The data were analysed using SPSS version 27.0 (Statistical Package for Social Sciences, IBM Corp, Amronk NY,USA). Descriptive statistics were applied, and categorical data were presented as proportions while continuous data were presented as mean and standard deviation. The relationship between daily screen time and various demographic and behavioral factors was assessed using *Pearson and non-parametric correlation coefficients and chi square test*.

Result

A total of 230 parents participated in the present study assessing parental awareness regarding the influence of screen time on the oral health status of children. The association between socioeconomic status, parental awareness, screen time duration, and cariogenic dietary habits was evaluated using statistical analysis. A total of 230 parents participated in the present study assessing parental awareness regarding the influence of screen time on the oral health status of children. The association between socioeconomic status, parental awareness, screen time duration, and cariogenic dietary habits was evaluated using statistical analysis.

Association Between Socioeconomic Status and Parental Awareness Regarding Screen Time and Risk of Caries:

The majority of participants belonged to the upper middle socioeconomic group (144), followed by the upper class (34), middle class (26), and lower middle class (26). Among parents from the upper socioeconomic group, 26 parents were aware of the relationship between excessive screen time and dental caries, while 8 parents were unaware. In the upper middle socioeconomic group, only 23 parents demonstrated awareness, whereas 121 parents were unaware of the association. None of the parents belonging to the middle and lower middle socioeconomic groups reported awareness regarding the influence of screen time on dental caries. The association between socioeconomic status and parental awareness was found to be highly statistically significant ($p < 0.001$), indicating that parental awareness regarding the harmful effects of screen time on oral health was significantly influenced by socioeconomic status. Parents from higher socioeconomic groups demonstrated comparatively better awareness than those from lower socioeconomic groups.

Socioeconomic status	Number of parents	Parental awareness about the relation between screen	P value
----------------------	-------------------	--	---------

		time and occurrence of caries(Yes/No)		
		Yes	No	P<0.001
Upper	34	26	8	
Upper middle	144	23	121	
Middle	26	0	26	
Lower middle	26	0	26	
Lower	0	0	0	

Table 2: Association Between Socioeconomic Status and Parental Awareness Regarding Screen Time and Risk of Caries

Association Between Socioeconomic Status and Duration of Screen Time

Screen time duration among children was categorized as less than 2 hours and greater than 2 hours per day. In the upper socioeconomic group, 24 children had screen exposure of more than 2 hours, while 10 children had less than 2 hours of screen time. In the upper middle socioeconomic group, 126 children had screen exposure exceeding 2 hours daily, whereas only 18 children had less than 2 hours of exposure. All children belonging to the middle and lower middle socioeconomic groups had screen exposure greater than 2 hours per day.

The association between socioeconomic status and duration of screen time was statistically significant ($p = 0.0008$). The findings indicate that prolonged screen exposure was highly prevalent among children across all socioeconomic groups, particularly in the upper middle, middle, and lower middle socioeconomic categories.

Socioeconomic status	No of parents	Screen time(>2hrs/<2 hrs)		P value
		>2 hrs	<2 hrs	P=0.0008
Upper	34	24	10	
Upper middle	144	126	18	
Middle	26	26	0	
Lower middle	26	26	0	
Lower	0	0	0	

Table 3: Association Between Socioeconomic Status and Duration of Screen Time

Association Between Socioeconomic Status and Consumption of Cariogenic Foods

The relationship between socioeconomic status and consumption of cariogenic foods was also evaluated. In the upper socioeconomic group, 8 children consumed

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

cariogenic foods while 26 did not. In contrast, among the upper middle socioeconomic group, 124 children consumed cariogenic foods and only 20 did not. All children from the middle and lower middle socioeconomic groups were reported to consume cariogenic foods.

A highly statistically significant association was observed between socioeconomic status and cariogenic food consumption ($p < 0.001$). The findings suggest that increased screen time may be associated with frequent intake of sugary and processed foods, thereby increasing the risk of dental caries among children..

Socioeconomic status	No of parents	Consumption of cariogenic food(Yes/No)		P value
		Yes	No	
Upper	34	2	8	P<0.001
Upper middle	144	124	20	
Middle	26	26	0	
Lower middle	26	26	0	
Lower	0	0	0	

Table 4: Association Between Socioeconomic Status and Consumption of Cariogenic Foods

Correlation Between Screen Time, Socioeconomic Status, Income, and Cariogenic Diet: Pearson’s correlation analysis was performed to determine the relationship between screen time and various study variables. There was no statistically significant correlation between socioeconomic status and screen time ($r = 0.033$, $p = 0.622$), indicating that screen time duration was not directly dependent on socioeconomic status.

However, a statistically significant negative correlation was observed between income and screen time ($r = -0.146$, $p = 0.027$), suggesting that families with lower income levels tended to report relatively higher screen exposure among children.

A positive and highly statistically significant correlation was found between screen time and cariogenic dietary habits ($r = 0.273$, $p = 0.001$). This indicates that increased screen exposure was associated with greater consumption of sugary snacks and unhealthy foods among children, which may contribute to poor oral health outcomes and increased risk of dental caries.

Table 5: Correlation Between Screen Time, Socioeconomic Status, Income, and Cariogenic Diet

Overall, the findings of the present study demonstrate that excessive screen time is significantly associated with unhealthy dietary practices and poor parental awareness regarding oral health, thereby emphasizing the importance of parental education and behavioural interventions to improve children’s oral health outcomes .

Discussion

The present study evaluated parental awareness regarding the impact of screen time on the oral health of children and investigated its relationship with socioeconomic status, duration of screen exposure, and cariogenic dietary practices. The findings indicated that parental knowledge about the association between excessive screen use and oral

health was generally inadequate. In addition, awareness differed significantly across socioeconomic groups, and prolonged screen exposure was linked to unhealthy dietary habits that may predispose children to dental caries.

A significant association was observed between socioeconomic status and parental awareness. Parents belonging to higher socioeconomic categories exhibited better knowledge regarding the potential adverse effects of excessive screen time on oral health than those from lower socioeconomic groups. This finding may be explained by variations in educational level, health literacy, access to healthcare information, and awareness of preventive health measures. Similar findings were reported by Mollborn et al.,[9] who demonstrated that family socioeconomic status influences children's screen-viewing patterns and parental supervision practices. Families with greater socioeconomic resources are often better equipped to access health information and implement healthier lifestyle practices, which may contribute to improved awareness levels.

The present study also found that extended screen exposure was common among children irrespective of socioeconomic status. This observation reflects the growing integration of digital media into children's daily lives. Comparable findings were reported by Raju et al., [18] who highlighted the increasing prevalence of problematic screen media use among children and adolescents. The widespread availability of smartphones, tablets, and internet-based entertainment platforms may have contributed to the high levels of screen exposure observed in the present study.

Another important finding was the significant association between screen time and consumption of cariogenic foods. Children with longer screen exposure tended to consume more sugary snacks and processed foods. This finding is consistent with the study by Garg et al.,[19] which demonstrated that increased screen time was associated with greater intake of potentially cariogenic foods among school-aged children. The authors suggested that prolonged engagement with screens encourages unhealthy snacking habits, thereby increasing the risk of dental caries.

The results are also in accordance with those of Tavares et al.,[7] who reported that television viewing can influence

		Socioeconomic status	Income	Cariogenic diet
Screen time	Pearson’s correlation value	0.033	-0.146	0.273
	Significance (p value)	0.622	0.027	0.001

children's dietary preferences and eating behaviors. Exposure to advertisements promoting sugar-rich foods and beverages may encourage unhealthy food choices, which are known contributors to dental caries. Therefore, the relationship observed in the present study may be attributed to both increased exposure to food marketing and the tendency to snack while using digital devices.

Previous research has also emphasized the role of sedentary behavior in oral health. Bomfim et al. [20] reported that

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

sedentary activities, particularly those involving screen use, were associated with unhealthy dietary habits and a higher prevalence of dental caries among schoolchildren. Prolonged screen exposure is often accompanied by behaviors such as frequent snacking, reduced physical activity, and neglect of healthy routines. The positive association between screen time and cariogenic dietary practices observed in the present study further supports the role of screen-related behaviors as potential risk factors for poor oral health.

The pathways linking screen time to oral health are likely complex and multifaceted. According to Naik et al., [21] excessive screen exposure may adversely affect oral health through increased consumption of cariogenic foods, poor oral hygiene habits, inadequate parental monitoring, and unhealthy lifestyle practices. The findings of the present study support these observations and emphasize the important role of parental awareness in preventing behaviors that may compromise children's oral health.

Although socioeconomic status was significantly associated with parental awareness, no direct correlation was found between socioeconomic status and screen time duration. This finding suggests that excessive screen exposure has become a widespread phenomenon affecting children across different socioeconomic backgrounds. However, the negative correlation between family income and screen time indicates that children from lower-income households may experience greater screen exposure. Factors such as limited recreational alternatives, reduced parental supervision, and increased reliance on electronic devices for entertainment may contribute to this observation.

In summary, the present study highlights a significant association between excessive screen time and unhealthy dietary practices, while also revealing insufficient parental awareness regarding the oral health consequences of prolonged screen exposure. Enhancing parental education and encouraging responsible screen-use practices may play an important role in improving oral health outcomes and reducing the burden of dental caries among children.

Limitations:

Certain limitations should be considered while interpreting the findings of this study. The information was obtained through self-reported questionnaires completed by parents, which may have introduced recall errors and response bias. Since the study employed a cross-sectional design, it was not possible to determine cause-and-effect relationships between parental awareness, screen time exposure, and oral health outcomes. Furthermore, the assessment focused solely on parental knowledge and perceptions without objectively measuring children's actual screen time habits or conducting clinical examinations to evaluate their oral health status. The study sample was also restricted to a specific population, which may limit the generalizability of the findings to other communities or demographic groups. Therefore, future research involving larger sample sizes, diverse populations, and longitudinal follow-up is needed to provide a more comprehensive understanding of the association between screen time, parental awareness, and children's oral health.

Conclusion:

The findings of the present study indicate that although most parents were aware of the general health effects associated with excessive screen use, their understanding of its impact on children's oral health was relatively inadequate. Increased screen time was linked to unhealthy dietary patterns, particularly greater consumption of cariogenic foods, which may elevate the risk of dental caries and other oral health problems. Parental awareness was significantly influenced by socioeconomic status, with parents from higher socioeconomic backgrounds demonstrating better knowledge regarding the oral health implications of screen exposure. These results highlight the importance of implementing educational initiatives aimed at increasing parental awareness about the relationship between screen time, dietary habits, and oral health. Promoting informed screen-use practices and healthy lifestyle behaviors may contribute to improved oral health outcomes and the prevention of dental diseases in children...

REFERENCE

- [1] Beatty C, Egan SM. Screen time in early childhood: a review of prevalence, evidence and guidelines. *An Leanhb Óg*. 2020; 13: 17–31.
- [2] AAP COUNCIL ON COMMUNICATIONS AND MEDIA. Media use in school-aged children and adolescents. *Pediatrics*. 2016; 138: e20162592.
- [3] Mark AE, Boyce WF, Janssen I. Television viewing, computer use and total screen time in Canadian youth. *Paediatrics & Child Health*. 2006; 11: 595–599.
- [4] Bomfim RA, Frias AC, Cascaes AM, Mazzilli LE, Souza LB, Carrer FC, et al. Sedentary behavior, unhealthy food consumption and dental caries in 12-year-old school children: a population-based study. *Brazilian Oral Research*. 2021; 35: e041.
- [5] Al-Zahrani MS, Borawski EA, Bissada NF. Poor overall diet quality as a possible contributor to calculus formation. *Oral Health and Preventive Dentistry*. 2004; 2: 345–349.
- [6] Olczak-Kowalczyk D, Tomczyk J, Gozdowski D, Kaczmarek U. Excessive computer use as an oral health risk behaviour in 18-year-old youths from Poland: a cross-sectional study. *Clinical and Experimental Dental Research*. 2019; 5: 284–293.
- [7] Taveras EM, Sandora TJ, Shih M, Ross-Degnan D, Goldmann DA, Gillman MW. The association of television and video viewing with fast food intake by preschool-age children. *Obesity*. 2006; 14: 2034–2041.
- [8] Falbe J, Willett WC, Rosner B, Gortmaker SL, Sonneville KR, Field AE. Longitudinal relations of television, electronic games, and digital versatile discs with changes in diet in adolescents. *The American Journal of Clinical Nutrition*. 2014; 100: 1173–1181.
- [9] Mollborn S, Limburg A, Pace J, Fomby P. Family socioeconomic status and children's screen time. *Journal of*

“Assessment Of The Parental Awareness About Influence Of Screen Time On Oral Health Status Of Children.”

Marriage and Family. 2022; 84: 1129–1151.

[10] Pérez-Farinós N, Villar-Villalba C, López Sobaler AM, Dal Re Saavedra MÁ, Aparicio A, Santos Sanz S, et al. The relationship between hours of sleep, screen time and frequency of food and drink consumption in Spain in the 2011 and 2013 ALADINO: a cross-sectional study. *BMC Public Health*. 2017; 17: 33.

[11] Kelly B, Halford JCG, Boyland EJ, Chapman K, Bautista-Castaño I, Berg C, et al. Television food advertising to children: a global perspective. *American Journal of Public Health*. 2010; 100: 1730–1736.

[12] Al Saffan A, AlDayel E, AlZamami M, Satout A, AlMotairi Y, Pani S. A content analysis of food and beverage advertisements associated with Arabic children’s videos on the internet and its relation to dental health. *Saudi Journal of Oral Sciences*. 2017; 4: 96.

[13] Saleem SM. Modified Kuppuswamy socioeconomic scale updated for the year 2019. *Indian J Forensic Community Med* 2019;6:1-3. doi: 10.18231/2394-6776.2019.0001.

[14] Wani RT. Socioeconomic status scales- modified Kuppuswamy and Udai Pareekh’s scale updated for 2019. *J Family Med Prim Care* 2021;8:1846-9.

[15] http://labourbureau.gov.in/LBO_indnum.htm.

[16] 6. Ministry of Labour and Employment. Consumer

Price Index for Industrial Workers (2016=100)-January, 2021. Government of India.

[17] Silva RDNMT, Duarte DA, Oliveira AMG. The influence of television on the food habits of schoolchildren and its association with dental caries. *Clinical and Experimental Dental Research*. 2020; 6: 24–32.

[18] Raju V, Sharma A, Shah R, Tangella R, Yumnam SD, Singh J, et al. Problematic screen media use in children and adolescents attending child and adolescent psychiatric services in a tertiary care center in North India. *Indian J Psychiatry*. 2023;65(1):83–90.

[19] Garg N, Khatri A, Kalra N, Tyagi R. The association of screen time with intake of potentially cariogenic food and oral health of school children aged 8–14 years—a cross-sectional study.

[20] Bomfim EA, Frias AC, Cascaes AM, Mazzilli LEN, Souza LB, Carrer FCA, et al. Sedentary behavior, unhealthy food consumption and dental caries in 12-year-old schoolchildren: a population-based study. *Braz Oral Res*. 2021;35:e063.

[21] Naik SS, Kodical SR, Balasubramanian N, Baviskar M, Choudhury S, Mali S. Influence of screen time on oral health, Volume 7, Issue 4 , Page No: 463-469 July-August 2024.