IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 8, Issue 1 Ver. II. (Jan. - Feb .2019), PP 61-69
www.iosrjournals.org

Children Safety Screen Media Exposure Educational Program: Parents' Knowledge, Attitude and Application

Eman Ali Moselhi Mater,[1]Somaya Ahmed Bayoumy.[2]
1. Lecturer in Pediatric Nursing Department, Faculty of Nursing, Cairo University, Egypt
2. Lecturer in Nursing Administration Department, Faculty of Nursing, Cairo University, Egypt
Corresponding Author: Eman Ali Moselhi Mater

Abstract:*Screen media is an extensive force that is becoming dominant in the lives of children. It is now part of the daily routine of infants, toddlers and preschoolers.Chronic use of media may have several negative effects on child development and quality of life. The American Academy of Pediatrics recommends that parents take attention by following safety screen media exposure recommendations.*
Aim:*This study aimed to investigate effect of an educational program about children safety screen media exposure on parent's knowledge,attitude and application.*
Patients and methods:*Apre/posttestqusi experimental design was done on a convenience sample of 40 parents attendingpsychiatric clinic at Center of Social and Preventive Medicine, Cairo University.Structured interview questionnaire developed by the researchers, includesfourparts: personal characteristics of parents and their children; parent's knowledge; attitude and application of children safety screen media exposure.*
Results *There was a statistically significant difference between pre/posttestregarding level of knowledge of parents (p<0.00). The mean score of parents' knowledge levels were 5.60±1.373 and 9.97±2.57 respectively, slightly less than three quarter of parents had positive attitude after educational program than before (72.5%, 17.5% respectively) and less than half of parents (42.5%) stated that they able to apply their plan about children safe media exposure at home.*
Conclusion: *Aneducational program about children safety screen media exposure improved level of knowledge, attitude and application of parents toward children safety screen media exposure .*
Recommendations :*Counselling sessions about children safety screen media exposure have be established routinely in outpatient clinics.*
Keywords: *an educational program, knowledge, attitude, screen media exposure*

Date of Submission: 22-12-2018 Date of acceptance: 07-01-2019

I. Introduction

Today, children are spending a large amount of time exposure to media (Sigman, 2012). A child who excessively exposure to media may become isolated and fail to develop normal communication skills, less able to identify social cues and be less attentive. A child may avoid social interaction by spending more time using screen mediato avoid social anxiety because of undeveloped social skills. Overexposure to media has been associated with aggressive behavior, attention deficits and hyper activity (Grontved& Hu, 2011). Chronic use of media can also affect a child's mental health and have several negative effects on child development and quality of life(Christakis, 2014; Erikson Institute, 2016).

Screen media should be recognized as a major public health issue and reducing it should become a new priority for child health. Research, standards and recommendations are urgently required regarding children safetyscreen media exposure to keep children away from the negative effects of excessive media exposure through the cell phone, the television, the computer, and iPods (Sigman, 2012;Erikson Institute, 2016). Assess Parents' knowledge and attitudes toward screen media are found to be key mechanisms influencing decisions related to screen media exposure at home (Takeuchi, 2011).

American Academy Of Pediatrics, (2016) andCanadian Pediatric Society, (2017) recommended some recommendation to families about children safety screen media exposure as the following: avoid digital media use (except video-chatting) in children younger than 2 years, limit screen use to 1 hour per dayfor children from 2 to 5 years old, turn off screen media when not in use, avoid using media as the only way to calm your child,monitor children's media content, avoid screen media during mealtimes, no screens 1 hour before bedtime, remove devices from bedrooms,avoid violent games and sexual videos, minimize exposure to advertisement, help your children to understand what they are seeing, have to be a good model and prepare screen time plan at home.

It is a vital to improve parents' knowledge and attitudes towards children safety media exposure that may influence their children's relationships with screen media. There is a lack of comprehensive recommendation and guidelines for parents regarding children safety media exposure among children (Takeuchi, 2011). In Egypt, there are scarce researches conducted to investigate parents' knowledge and attitude toward children safety screen media exposure. Hopefully the findings of current study would help parents to use screen media in appropriate way and decrease incidence of its negative effects and providing evidence based data that can develop pediatric nursing educations and researches so we needed to investigate the effect of educational program about children safety screen media exposure on parents' knowledge, attitude and application.

Hypothesis:

1- Parents who would receive an educational program would have higher mean post test score of knowledge than before exposure to the educational program.
2- Parents who would receive an educational program would have positive attitude than before exposure to the educational program.
3- Parents who would receive an educational program would improve their ability to apply their plan about children safetyscreen media exposure at home.

II. Subjects and Methods

Research design:

One group pre/post-test quasi experimental research design was utilized to accomplish the purpose of the study. It is adopted to test the research hypothesis that utilized a single group of research participants.

Sample

Convenient sample of 40 parents was selected according to the following inclusion criteria:parents had children exposed to screen media for 2 hours per day or more, children's age ranged between 1-6 years and both sexes. To determine a sample size, a power analysis was conducted using 0.05 as the level of significance, 0.95 as the power and effect size of 0.25. The minimum required sample size obtained was 40 parents.

Ethical consideration

An official permission to conduct the study was obtained by researchers from the director of Center of Social and Preventive Medicine affiliated to Cairo University, Faculty of Nursing, Cairo Universityand another permission from the head of the out patient's pediatric psychiatric clinic. The parents were informed about the purpose and nature of the study. The researchers emphasized that the study is voluntary, they have the right to withdrawn from the study at any time and maintain confidentiality.

Setting:

The study is conducted at the out patient's pediatric psychiatric clinic,Center of Social and Preventive Medicine, Cairo University.

Instruments:

1. Structured Interview questionnaire developed by researchers in Arabic language after reviewing the related literature to investigate parent's knowledge, attitude and application of children safety screen media. It includes four parts:-

Part I:- Personal characteristics about parentsand their children that involved 10 questions such as parent's age, level of education, mother work, parent's consanguinity, child's age, gender, number of sibling, child rank, diagnosis and screen media exposure duration.

Part II:-Parent's knowledge of children safety screen media exposure . It involved ofPre/Posttest 12 questionsto assess parent's knowledgeabout children safetyscreen media exposure.

Scoring system:

The mean of total knowledge score calculated by considering correct response is one score from the total score of 15 that represent 100%. Total score less than 50% considered unsatisfactory level while more than 50% considered satisfactory level.

Part III:-Parent's attitude of children safety screen media exposure .It involved Pre/Posttest 20 statements to assess parent's attitudes towardchildren safetyscreen media exposure .

Scoring system:

General attitude levels was measured by using Likert scale of three continuums. It consisted of three items (agree, indifferent and disagree), the mean of agreement answer considered appositive attitude, indifferent answer considered neutral while disagreement answer considered negative attitude.

Part VI:-Parents' application of children safety screen media exposure program.It involved 20 statements to assess parent's application toward children safetyscreen media exposure .

Scoring system:

Application levels was measured by Likert scale of three continuums. It consisted of three items (easy to apply, indifferent and difficult to apply), the mean of easy to apply response considered applicable, indifferent response considered neutral while difficult to applyresponse consideredinapplicable.

Pilot study

A pilot study was carried out on 10% of sample size (4parents) to ensure the clarity, applicability of the tools, test feasibility of the study and estimate sample size and the time needed for data collection. The result of pilot study confirmed that the study was feasible. The sample of the pilot study was excluded from the total sampling.

Validity and reliability

The tool were revised by a panel of five experts in the field of pediatric and psychiatric nursing to examine content validity (covering, clarity, wording, length, format and overall appearance), the rate of agreementsbetween members of the panel was more than 90%.Minor modification was performed. Reliability of tool is done by testing Cronbach's α was 0.86.

Procedure

An official permission was obtainedto conduct the studyfrom the director of Social and Preventive Medicine Center,Cairo University. Another permission from the head of the out patient's psychiatric clinic. Data were collected during the period from October, 2017 to March 2018 (6 months).An educational program for parents about children safety screen media exposure study was conducted in three phases: preparation phase, implementation phase and evaluation phase.

1-Preparation phase

After reviewing the related literature, researchers developed children safety screen media exposureprogram by interviewing questionnaire that includes personnel characteristics of parents and their children,parents' attitudeabout children safety screen media exposure and parents' ability to apply their plan at home about children safety screen media exposure .

2-Implementation phase

An educational program for parents about children safety screen media exposure was implemented through three sessions and in small groups comprising around 5-10 parents with their children. Each session was for about half an hour. Researchers introduced themselves to doctors, nursing and parents of children who fulfill the inclusion criteria, the aim and nature of the study was explained, oral consent was obtained from parents before the participation in the study and make offer to them to withdrawal at any time. Personal data about the parents and their children was filled through structured interview questionnaire. Researchers collected data regarding parents knowledge and attitude toward children safety screen media exposure by distributing questionnaire to parents (pretest of parent's knowledge and attitude); each question/statement was explained to parents and then answered by them. Teaching method such as discussion was used to display the information about children safety screen media exposure. The pamphletwas designed to provide written information in simple and direct language to be understood by parents.

First session included detailed explanation aboutchildren safety screen media exposure regardingduration and places of screen media exposure. Second session included detailed explanation about parents' precaution and plan ofchildren safety screen media exposure. Third session includedparent's individualized application plan at home, was designed by researchers and parents according to parent's ability.

3-Follow up phase

After two weeks, researchers follow up the application of individualized parent's plan at home. Each parent was reported their applicability ofchildren safety screen media exposure. Finally, the researchers thank the parents about their participation.

Data analysis

The Statistical Package for the Social Science (SPSS) version 20 was utilized for data entry, tabulation and analysis. Descriptive statistics were computed to summarize the parents and their children personnel data. The dependent T test was used to compare means and Chi Square was used to compare categorical variables.A significant difference in the pretest and posttest scores was an indicator for educational program that improved parent's knowledge and attitude toward children safety screen media exposure.

III. Results

Table 1 shows the personal data of parents and their children, the mean age of parents was (26.27±4.49) ranged from 23 to 37 years old, high percentage of mothers were employed (87.5%), educated at level of university (40%), the mean age of children was (2.05±0.56) ranged from 1-6 years, around two third of them was male (62.5%), slightly more than half of them was the first child in the family and diagnosed as Attention Deficit Hyperactivity Disorder (55%).

The results revealed statistically significant difference between the mean of the total score of knowledge of parents before and after the educational program about children safety screen media exposure (5.60±1.373, 9.97±2.57) respectively, more than three quarter of parents (77.5%) were unfamiliar with children safety screen media exposure but more than two third of them (72.5%) became familiar with it after educational program (Table 2), the percentage of correct answers before the educational program were ranged from 5% to 95% then improved and ranged from 65% to 100% after the program (table 3).

Attitude of parents aboutchildren safety screen media exposure is presented in table 4&5, there was statistically significant difference before and after the educational program, slightly less than three quarter of parents had positive attitude after the educational program than before (72.5%,17.5% respectively), the percentage of agree statements of the parent's attitude was increased in all statements after the educational program except one statement (parents should watch screen media with their children).

Table 6&7 illustrated parents' applicability level about children safety screen media exposure, less than half of parents (42.5%) reported that it is applicable program but one fifth of them reported it is inapplicable and it is difficult to apply some guidelines such as,Parents should watch media screen with their children andminimize exposure to advertising (67.5%), avoid violent video games (57.5%), combine touch screen use with active play (40%) and children from 2-5 years screen time exposure is less than one hour per day (20%).

Table 8 presents the relationship between posttest knowledge score and personnel characteristics of parents, it is clear from this table that there was a strong correlation between posttest knowledge score with level of education of parents, mother work and parents consanguinity while it isn't correlated with parents 'age.

Table (1): Percentage Distribution of Personal Data of Parents and Their Children (n=40)

Items	No.	%	Mean±SD
Parents personal data			
Age in year			
23-27	16	40	26.27±4.49
28-32	16	40	
33-37	8	20	
Level of education			
University education	16	40	
Secondary school	10	25	
Just read and write	9	22.5	
Illiterate	5	12.5	
Mother work			
Unemployed	5	12.5	
Employed	35	87.5	
Parent's consanguinity			
Yes	5	12.5	
No	35	87.5	
Children's personal data			
Age in year			
1-4	14	35	2.05± 0.59
5-7	26	65	
Gender			
Male	25	62.5	
Female	15	37.5	
Number of sibling			
Zero	1	2.5	1.23± 0.48
1-2	29	72.5	
3-4	10	25	

Children rank			
First	22	55	1.58± 0.75
Second	14	35	
Third	3	7.5	
Fourth	1	2.5	
Diagnosis			
Aggression	13	32.5	
Attention Deficit Hyperactivity Disorder	22	55	
Autism	5	12.5	
Duration of screen media exposure 2-4 hours/day	15	37.5	3.96±1.44
More than 4 hours/day	25	62.5	

Table (2): Total Mean Score of Parent's Knowledge Regarding Children Safety Screen Media Exposure (n=40)

Level of knowledge	Pre-test		Post-test		T.test	P.value
	No.	%	No.	%		
Satisfactory (more than 50%)	9	22.5	29	72.5		
Unsatisfactory (less than 50%)	31	77.5	11	27.5		
Total	5.60± 1.373		9.97± 2.57		-11.03	**0.000
**P <0.000						

Table (3): Percentage Distribution of Parent's Knowledge Regarding Children SafetyScreen Media Exposure (n=40)

Knowledge of parents		Pre-test				Post-test			
		Correct		Incorrect		Correct		Incorrect	
		No	%	No	%	No	%	No	%
1	Types of screen media (T.V, smart phone, computer, I pad).	36	90	4	10	40	100	-	-
2	Negative effect of excessive exposure of media screen among young children.	38	95	2	5	40	100	-	-
3	Duration of Media screen exposure for children under 2 years.	6	15	34	85	30	75	10	25
4	Duration of Media screen time exposure for children 2-5 years old.	4	10	36	90	27	67.5	13	32.5
5	use media screen as a routine time for children under 5 years.	7	17.5	33	82.5	28	70	12	30
6	use media screen during meal time.	7	17.5	33	82.5	26	65	14	35
7	use media screen in public places.	4	10	36	90	26	65	14	35
8	use media screen at bedtime.	4	10	36	90	28	70	12	30
9	use electronic toys for children under 5 years.	5	12.5	35	87.5	28	70	12	30
10	allow electronic devices in the bed room.	4	10	36	90	30	75	10	25
11	family has rules for media screen use.	2	5	38	95	33	82.5	7	17.5
12	parent watches screen media with their children.	7	17.5	33	82.5	30	75	10	25
13	parent chooses programs with their children.	8	20	32	80	28	70	12	30
14	parent discusses with their children what they watch.	9	22.5	31	77.5	32	80	8	20
15	parent acts as a role model.	33	82.5	7	17.5	36	90	4	10

Table (4): Percentage Distribution of Parents' Attitudes Regarding Children Safety Media Exposure (n=40)

	Parent's attitudes	Pre-test						Post-test					
		agree		indifferent		disagree		Agree		Indifferent		disagree	
		No	%	No	%	No	%	No	%	No	%	No	%
1	Discourage all screen exposure for all children under the age of two (except video-chatting)	30	75	-	-	10	25	37	92.5	-	-	3	7.5
2	Children from 2-5 years, screen time exposure is less than one hour per day	21	52.5	-	-	19	47.5	38	95	-	-	2	5
3	Screen time is not a part of routine care for children younger than 5 years	29	72.5	-	-	11	27.5	31	77.5	4	10	5	12.5
4	Avoid media screen for at least one hour before bed time	33	82.5	1	2.5	6	15	40	100	-	-	-	-
5	Turn off media screen during meal time	26	65	2	5	12	30	31	77.5	5	12.5	4	10
6	Turn off media screen when they are not in use	36	90	-	-	4	10	40	100	-	-	-	-
7	Limit screen in public places	20	50	3	7.5	17	42.5	34	85	3	7.5	3	7.5
8	Discourage use of media screen as calming methods	17	42.5	3	7.5	20	50	33	82.5	4	10	3	7.5
9	Discourage use of electronic toys for younger children	21	52.5	-	-	19	47.5	36	90	2	5	2	5
10	Encourage outdoor play	24	60	-	-	16	40	31	77.5	3	7.5	6	15
11	Avoid electronic devices in bed room	32	80	-	-	8	20	40	100	-	-	-	-
12	Encourage use of toys fostering creativity such as blocks and crayons	40	100	-	-	-	-	40	100	-	-	-	-
13	Combine touch screen use with active play	25	62.5	-	-	15	37.5	30	75	5	12.5	5	12.5
14	Parents should develop plan for screen media exposure	30	75	-	-	10	25	35	87.5	2	5	3	7.5
15	Parents should watch media screen with their children	36	90	-	-	4	10	33	82.5	2	5	5	12.5
16	Parents should choose program which support family values	22	55	-	-	18	45	35	87.5	2	5	3	7.5
17	Parents should minimize exposure to advertising	29	72.5	-	-	11	27.5	33	82.5	4	10	3	7.5
18	Parents should avoid violent games	40	100	-	-	-	-	40	100	-	-	-	-
19	Parents should avoid sexual video games	40	100	-	-	-	-	40	100	-	-	-	-
20	Parents have to be a good model	24	60	16	40	-	-	38	95	2	5	-	-

Table (5): Percentage Distribution of General Attitudes of Parents toward Children SafetyScreen Media Exposure (n= 40)

	General Attitude	Pre-test		Post-test		X^2	P. value
		No.	%	No.	%		
1	Positive attitude	7	17.5	29	72.5	10.272	*0.036
2	Neutral attitude	12	30	8	20		
3	Negative attitude	21	52.5	3	7.5		

*P < 0.05

Table (6): Percentage Distribution of the Applicability of Children SafetyScreen Media Exposure by Parents at home after the educational program (n=40)

	Application of children safety media exposure	Easy to apply		Neutral		Difficult to apply	
		No	%	No	%	No	%
1	Discourage all screen exposure for all children under age of two(except video-chatting)	35	87.5	5	12.5	-	-
2	Children from 2-5 years screen time exposure is less than one hour per day	14	35	18	45	8	20
3	Screen time is not a part of routine care for children younger than 5 years	28	70	12	30	-	-
4	Avoid media screen for at least one hour before bed time	37	92.5	3	7.5	-	-
5	Turn off media screen during meal time	13	32.5	23	57.5	4	10
6	Turn off media screen when they are not use	40	100	-	-	-	-
7	Limit screen media in public places	13	32.5	23	57.5	4	10
8	Discourage use of media screen as calming methods	20	50	20	50	-	-
9	Discourage use of electronic toys for younger children	15	37.5	25	62.5	-	-
10	Encourage outdoor play	29	72.5	11	27.5	-	-
11	Avoid electronic devices in the bed room	40	100	-	-	-	-
12	Encourage use of toys fostering creativity such as blocks and crayons	40	100	-	-	-	-
13	Combine touch screen use with active play	5	12.5	19	47.5	16	40
14	Parent should develop plan for media screen exposure.	29	72.5	11	27.5	-	-
15	Parents should watch media screen with their children	3	7.5	10	25	27	67.5
16	Parents should choose programs which support family values	8	20	32	80	-	-
17	Parents should minimize exposure to advertising	-	-	13	32.5	27	67.5
18	Parents should avoid violent video games	17	42.5	-	-	23	57.5
19	Parent should avoid sexual video games	40	100	-	-	-	-
20	Parents have to be a good model	32	80	8	20	-	-

Table (7): Percentage Distribution of Parents' Applicability of Children safety Media Exposure (n= 40)

	Level of Applicability	No.	%
1	Applicable	17	42.5
2	Neutral	15	37.5
3	Inapplicable	8	20

Table (8): Relationship between posttest knowledge score and personnel characteristics of parents (n= 40)

	Personnel characteristics of parents	Posttest knowledge score		
		T. test	r	P value
1	Level of education	-15.34		*0.000
2	Mother work	-19.85		*0.000
3	Parents consanguinity	-20.84		*0.000
4	Parents' age		-0.029	0.860

*Correlation is significant at the 0.00 level

IV.Discussion

This study among a sample of Egyptian parents with their children, age ranged from 1-6 years aimed to investigate the effect of an educational program about children safetyscreenmedia exposure among children on parent's knowledge, attitude and application. The results of current study revealed that more than three quarter of parents were unfamiliar with children safety screen media exposure but more than two third of them became familiar with it after the educational program. There was statistically significant difference between the mean of the total score of knowledge of parents before and after the educational program about children safety screen media exposure. This results was consistent with Hamilton et al. (2016) studied a psychosocial analysis of parents' decisionsfor limiting their young child's screen time: an examination of attitudes, social norms and roles, and control perceptions mentioned that parents needs simple knowledge to increase their ability for limiting their children screen media behavior. Another study by Christakis, (2014) found that only 6% of parents were aware of the American Academy of Pediatrics recommendations about safety screen media.

In contrast, Adamiak, (2015) studied parent's perceptions of their preschooler's screen media usage reported that the majority of parents knew the media use recommendations and restricted their children's media viewing to be less than two hours per day for children aged from 2-5 years old. Researchers thought the difference in results may be related to different setting. Also, Maatta et al. (2017) concluded that we needed future researches about what kind of rules that parents actually have about safe screen media exposure. Many previous studies recommended that researches are needed objective and preventive measures for children safety screen media use at home (Duch et al. 2013; Yilmaz et al. 2014;Candanian Pediatric Sociaty, 2017 andWolf et al. 2018).

Concerning parents' attitude regarding children safety screen media exposure, the current study highlighted that slightly less than three quarter of parents had positive attitude after the educational program. In relation toparents attitude about screen time exposure for children under 2 years, most of parents agreed it is important rules. This results were in agreement with Hinkley et al. (2017) studied mothers perceptions of the impact of screen time exposure on preschoolers mentioned that the majority of mothers had positive attitude about appropriate amount of screen time exposure during infancy and toddler periodsbecause it was associated with actual hours of screen mediaexposure by preschoolers.

As regards attitude of parents about turning off screen media during meal time, the study found that around two third of parent agreed that it is important rule. This resultwas in agreement with Asplund et al. (2015) studied early childhood screen time and parental attitudes toward child television viewing concluded that screen time exposureis strongly associated with the family habits such as watching TV during dinner. Also, it is recommended to establish community programs to educate parents and enable them by limiting family screen time and turning off the TV during meals.

Concerning attitude of parents of watching media with their children, the current study highlighted that most of parent agreed that they should watch media with their children. This result was consistent withSchlembach and Johnson (2014) studied that parents' attitudes toward their young children's screen media found that parents reportedit is important to watch programs with their children but they always engaged in other tasks when children are watching screen media. In contrast, A national survey conducted by Northwestern University in 2013 found that just over half of parents were unworried about the media content (Parenting in the Age of Digital Technology: A National Survey, 2014).Researchers thought that parents turn off screens when they are ready to give their children their full attention.

In relation to attitude of parents to be a good model, most of parents agreed that it is important rule.This result was supported by Nikken and Schols(2015) recordedthat parents who spent more time on different screen media exposure encourage their children to be more consumer of screen media so parents should be a good model for their children. In this context, Carson and Janssen (2012) reported that parent self-limited screen media exposure could promote healthy media habits within the entire family (Asplund et al. 2015).

Regarding to parents' applicability level about children safety screen media exposure, less than half of parents reported that it is applicable program but one fifth of them reported it is inapplicable.This results was consistent with Brown and Smolenaers (2016) studied parents' interpretations of screen time recommendations mentioned that parents reported that it was applicable recommendations but some guidelines were unrealistic to applysuch as children younger than 2 years should not spend any time watching television.Ofcom making communication work for everyone, (2017) studied children's and parents' media use and attitudes recordedthat one fifth of parents reported that it is hard to control their child's screen time. Bozzola et al. (2018) added that tohelp parents in facing challenges about screen media exposure by setting limits and finding alternate activities to calm children.Researchers thought most of parents may be engaged in other duties most of the time so they can't apply all rules.

Concerning the relationship between posttest knowledge score and personal characteristics of parents, there was a strong correlation between posttest knowledge score with parents' level of education. This result was in agreement with Glymour, Avendano, and Kawachi, (2014) mentioned that higher education is usually associated with greater understanding, capabilities, and skills to adopt healthy lifestyles compared to lower education levels. Also, Maattaet al. (2017) added that parents with high education valued the importance on limiting children's screen timecompared to parents with low education.

Limitation:

Interpretation of the results should acknowledge some limitation; researchers can't able to control confounding factors when assessing knowledge and attitude. Future studies should try to ensure that research should be performed in a facility that will offer anadequate sample size in order to validate findings.

V.Conclusion:

The results of the study concluded that the educational program about children safety screen media exposure improved level of knowledgeof parents, attitude and less than half of parents stated it is applicable program. The research findings supported the research hypotheses.

VI.Recommendation:

Based on the study results, the following recommendations are proposed:

1- Counselling sessions about children safety screen media exposure have be established routinely in outpatient clinics.
2- Further studies that evaluate the long term outcomes of the educational program for children with different age about children safety screen media exposure.
3- Ministry of health have to prepare educational programs about children safety screen media exposure to the public in different places such as hospitals, schools, universities, factories and televisions to improve their awareness.
4- Further researches needed to increase awareness of parents about children safety screen media exposure in different places.

Implications in Nursing Science and Application:

The study findings are useful to nursing educations, application and research.

Notes

The author confirms that there is no conflict of interest and the study was not supported by any grant.

References

[1]. Adamiak L., (2015). Exploratory Study of Parent's Perceptions of Their Preschooler 's Screen Media Usage. Undergraduate Honors Theses.
[2]. American Academy of Pediatrics, (2016). AAP Council on Communication and Media and Young Minds. Pediatrics Journal,138(5): e2591.
[3]. Asplund, K., Kair, L., Arain,Y., Cervantes, M., Oreskovic,N., Zuckerman, K., (2015). Early Childhood Screen Time and Parental Attitudes Toward Child Television Viewing in a Low-Income Latino Population Attending the Special Supplemental Nutrition Program for Women, Infants, and Children. Childhood Obesity Journal, 11(5): 590-599.
[4]. Bozzola, E., Spina, G., Ruggiero, M., Memo,L.,Agostiniani,R., Bozzola, M., Corsello, G., Villani, A. (2018). Media Devices in Pre-school children: the Recommendations of the Italian Pediatric Society. Italian Journal of Pediatrics, 44:69. https://doi.org/10.1186/s13052-018-0508-7.
[5]. Brown, A., Smolenaers, E.(2016). Parents' Interpretations of Screen Time Recommendations for Children Younger than 2 years. Journal Fam Issues. doi:0192513X16646595.
[6]. Canadian Pediatric Society,(2017). Screen Time and Young Children: Promoting Health and Development in a Digital World. Position Statement, Paediatrics& Child Health, 461–468.
[7]. Carson, V., Janssen, I. (2012). Associations between Factors within the Home Setting and Screen Time among Children aged 0–5 years: A cross-sectional study. BMC Public Health.12:539.
[8]. Christakis, D. (2014). Interactive Media Use at Younger Than the Age of 2 Years, Time to Rethink. the American Academy of Pediatrics Guideline?JAMAPediatric Journal,168(5):399-400. doi:10.1001/jamapediatrics.
[9]. Duch, H., Fisher, E., Ensan, I., Hamington, A.(2013). Screen Time Use in Children Under 3 years old: a Systematic Review of Correlates. International Journal of Behavioral Nutrition and Physical Activity.10:102.
[10]. Erikson Institute, (2016). Technology and Young Children in the Digital Age.http://teccenter.erikson.edu/.
[11]. Grontved, A., Hu, F.(2011). Television Viewing and Risk of Type 2 Diabetes, Cardiovascular Disease and All Cause Mortality: A Meta- Analysis, JAMA, 305(23), 2448-2455. http://doi.org/10.1001/jama.2011.812.
[12]. Glymour, M., Avendano, M., Kawachi, I. (2014).Socioeconomic Status and Health in Social Epidemiology. 2nd edition. New York: Oxford University Press; 17–62.
[13]. Hamilton, K., Spinks, T., White, K., Kavanagh, D., Walsh, A. (2016). A psychosocial Analysis of Parents' Decisions for Limiting Their Young Child's Screen Time: An Examination of Attitudes, Social Norms and Roles and Control Perceptions.British Journal of Health Psychology, 21, 285–301.
[14]. Hinkley, T., Carson, V., Kalomakaefu, K., Brown, H.(2017). What Mums Think Matters: a Mediating Model of Maternal Perceptions of the Impact of Screen Time on Preschoolers' Actual Screen Time. Prev Med Rep, 6:339–345.
[15]. Maatta, S., Kaukonen, R., Vepasalainen, H., Lehto, E., Ylonen,A., Ray, C., Erkkola, M., Roos, E.(2017). The Mediating Role of the Home Environment in Relation to parental educational level and preschool children's screen time: a cross-sectional study. BMC Public Health, 17:688. 1-11. DOI 10.1186/s12889-017-4694-9.
[16]. Nikken, P., Schols, M. (2015).How and Why Parents Guide the Media Use of Young Children. Child Fam Student Journal, 24:3423–3435.
[17]. Ofcom making communication work for everyone, (2017).Children's and Parents' Media Use and Attitudes. https://www.ofcom.org.uk/__data/assets/pdf_file/0020/108182/children-parents-media-use-attitudes.
[18]. Parenting in Age of digital technology, national survey. (2014). Center on Media and Human Development School of Communication Northwestern University. 1- 48.
[19]. Schlembach, S., Johnson, M.(2014). Parents' Beliefs, Attitudes and Behaviors Concerning their Young Children's Screen Media Use. Dialog Journal, 17(2), 95-104.
[20]. Sigman, A.(2012). Time for aview on screen time . Archives of Disease in Childhood, 0(0), 1-8.http://doi.org/10.1136/archdischild-2012-302196.
[21]. Takeuchi, L. M. (2011). Families Matter: Designing Media for a Digital Age. New York: The Joan Ganz Cooney Center at Sesame Workshop.
[22]. Wolf, C., Wolf,S., Weiss, M., Nino, G. (2018). Children's Environmental Health in the Digital Era: Understanding Early Screen Exposure as a preventable Risk Factor for Obesity and Sleep Disorder. Children Journal.5:31,2-8.

[23]. Yilmaz, N., Caylan, D., Karacan, D. (2014). An intervention to Preschool Children for Reducing Screen Time: a Randomized Controlled Trial. Child care, health and development journal, 41, 3, 443–449.

Eman Ali Moselhi Mater " Children Safety Screen Media Exposure Educational Program: Parents' Knowledge, Attitude and Application"IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.01 , 2019, pp. 61-69.