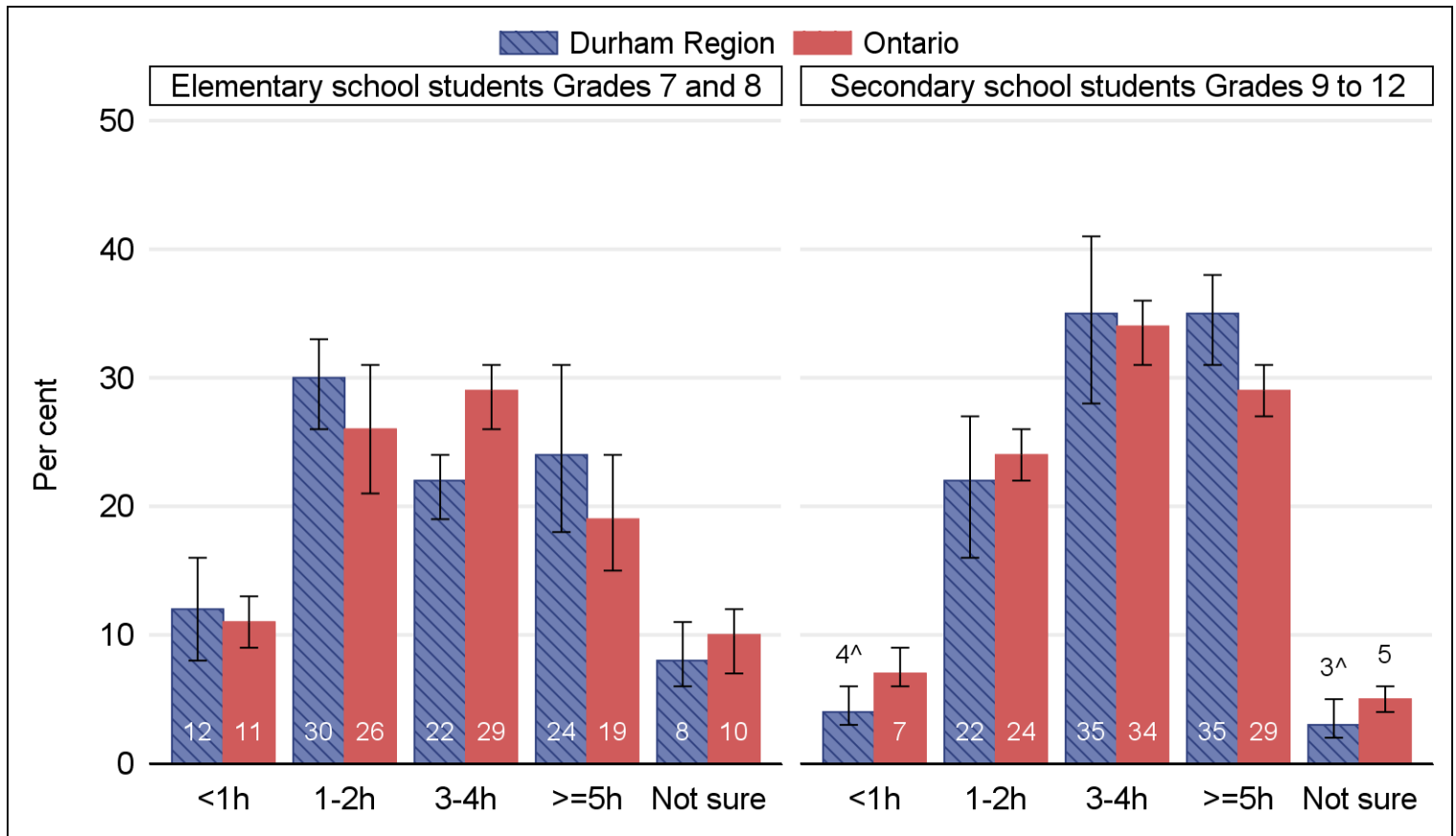


Daily average recreational screen time, 2016-2017



Release date: August 2018



Notes

Results were weighted and sex-by-grade adjusted to the Ontario 2014-2015 student enrollment.

Error bars represent the 95 per cent confidence intervals around the percentage. The true or actual percentage falls within the range of values, 95 out of 100 times. Categories may not sum to 100 per cent as item non-response is not presented in the results above.

[^] Interpret with caution as the coefficient of variation (CV) is between 16.6 and 33.3 per cent, inclusive.

NR - Unreliable and not releasable as the CV is greater than 33.3 per cent.

Source: Public Health Monitoring of Risk Factors in Ontario – Ontario Student Drug Use and Health Study (OSDUHS), 2016-2017.

Summary

In Durham Region, 70% of secondary school students and 46% of elementary school students exceeded the recreational screen time recommendations of no more than two hours per day as outlined in the [Canadian 24-Hour Movement Guidelines for Children and Youth](#). These rates were similar to Ontario's rates.

Sedentary behaviour is not entirely avoidable over the course of a day, but higher rates of recreational screen time leave little time for offline active movement. One-third (32%) of elementary school students and 19% of secondary school students were physically active outdoors after school on a daily basis (results not shown in figure).

Questions

In the last 7 days, about how many hours a day, on average, did you spend watching TV/movies/video, playing video/computer games, texting, emailing, or surfing the Internet in your free time?

- None; less than 1 hour a day
- 1 to 2 hours a day
- 3 to 4 hours a day
- 5 to 6 hours a day; 7 or more hours a day
- Not sure

On how many of the last 5 school days were you physically active outside after school such as playing games or sports? (do not include how you travel home from school or any inside activity).

Survey methods

The Ontario Student Drug Use and Health Survey (OSDUHS) targets students, Grades 7 to 12, enrolled in the public and catholic regular school system. The OSDUHS uses a two-stage (school, class) stratified (region and school type) cluster sample design, and oversampling in PMO-participating public health units. The survey is self-administered in the classroom, taking, on average, 35 minutes to complete. Participation is voluntary and anonymous. Students 17 years old and younger absent or without signed consent forms on the day of the survey do not participate.

This survey excluded groups, such as street youth and dropouts, in which health behaviours such as healthy eating, physical activity, drug use, etc. may be underestimated. In addition, self-reporting may result in under-reporting whether from social desirability or recall bias.

For a detailed description of the OSDUHS, visit the [CAMH website](#).

Data analysis

Data were analyzed using SAS 9.4. For 2016-2017, the analysis was based on a design of 17 strata (7 geographical strata for elementary schools and 10 for secondary schools), 214 schools, 764 classes and 11,435 students. Variables accounting for the probability of selection, stratification and clustering were used when analyzing the data. The final sampling weight was based on each regional stratum's sex-by-grade structure according to the provincial population structure.

Differences in two percentages may be clinically important. However, when error bars overlap, the difference cannot necessarily be interpreted as real or statistically significant.

Acknowledgement

The data used in this publication came from the OSDUHS conducted at the CAMH and administered by the Institute for Social Research, York University. Its contents and interpretation are solely the responsibility of the author and do not necessarily represent the official view of the CAMH.

For more information, contact Durham Region Health Department at 1-800-841-2729, by fax at 905-666-6241 or by visiting the [Durham Region website](#).