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Turkish Adaptation of the Media Parenting Scale for Parents of School-Age Children

Okul Çağı Çocuğu Olan Ebeveynler için Medya Ebeveynliği Ölçeğinin Türkçe Uyarlaması

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ABSTRACT

Aim: *This methodological study was conducted to determine the validity and reliability of the Turkish version of the Media Parenting Scale.*
Method: *This research is a methodological study, and a total of 303 parents of school-age children between 6-12 years of age were included. The research data were collected using the Descriptive Information Form and the Media Parenting Scale. Language, content, content validity, as well as exploratory and confirmatory factor analysis were used to test the validity of the scale. Cronbach's alpha reliability coefficient and item-total score correlations were used to assess the reliability of the scale.*
Results: *The item-total correlation analysis was used to assess the internal consistency reliability of the scale. Cronbach's alpha coefficient was calculated for the internal consistency of the scale. It was stated that acceptable Cronbach's alpha coefficients should be between 0.70 and 0.95. The Cronbach's alpha coefficient of the scale was found to be 0.92. The scale was evaluated by principal component analysis and varimax rotation, and the factor loads of the items were found to be between 0.342 and 0.906.*
Conclusion: *The Media Parenting Scale for parents with school-age children is suitable for the Turkish culture.*

Keywords: *Media, parent, school child, screen*

ÖZ

Amaç: *Bu metodolojik çalışma Medya Ebeveynliği Ölçeğinin Türkçe geçerlik ve güvenirliğini yapmak amacıyla yapılmıştır*
Yöntem: *Bu araştırma metodolojik bir araştırma olup 6-12 yaş grubunda okul çocuğu olan toplam 303 ebeveyn alınmıştır. Araştırma verileri, Tanımlayıcı bilgi formu ve Medya Ebeveynliği Ölçeği kullanılarak toplanmıştır. Ölçeğin geçerliliğini test etmede dil, kapsam, içerik geçerliği, açımlayıcı ve doğrulayıcı faktör analizi kullanılmıştır. Ölçeğin güvenirliliğini değerlendirmek için Cronbach's alfa güvenirlik katsayısı, madde-toplam puan korelasyonları kullanılmıştır.*
Bulgular: *Ölçeğin iç tutarlılık güvenirliğini değerlendirmek için toplam madde korelasyon analizi kullanılmıştır. Ölçeğin iç tutarlılığı için Cronbach's Alpha katsayısı hesaplanmıştır. Kabul edilebilir Cronbach alfa katsayılarının 0.70 ile 0.95 arasında olması gerektiği belirtildi. Ölçeğin Cronbach's Alpha katsayısı 0.92 olarak bulunmuştur. Ölçekte temel bileşenler analizi ve Varimax döndürme ile değerlendirilmiş ve maddelerin faktör yüklerinin 0.342-0.906 arasında olduğu bulunmuştur.*
Sonuç: *Okul çağında çocuğu olan ebeveynler için medya ebeveynliği ölçeği Türk kültürüne uygundur.*

Anahtar kelimeler: *Medya, ebeveyn, okul çocuğu, ekran*

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INTRODUCTION

Time spent with television, computer, smartphone, and other screens is defined as 'screen time.'It is known that excessive screen use has many adverse effects on children. Today, excessive screen use, TV, computer, etc., even in the bedroom. The presence of screens increases the risk of obesity in children. Children who watch TV for more than 5 hours a day are at risk of being five times more overweight than children who watch 0 to 2 hours a day [1,2].

It has been reported that reducing the time spent on the screen, such as playing video games and watching television, reduces food intake, thus facilitating diet compliance in weight control in obese children [3]. In addition, children and adolescents who spend more time on social media or sleep with mobile devices in their rooms are also at risk for sleep problems. Exposure to light (incredibly blue light) and the stimulating effect of on-screen content can delay or disrupt sleep. Increased screen time in children is closely associated with sleep disturbance, poor sleep, and frequent waking at night [2,4-7]. Children who spend most of their free time online at various screens show less interest in "real-life" relationships. Kanburoğlu et al. (2014) reported that as another negative effect of screen time, the longer the TV viewing time, the lower the student's academic achievement [8].

Restrictions due to COVID-19, which emerged in 2019 and caused a pandemic worldwide, caused children to stay indoors and increase their screen time. In addition, the closure of schools, which is one of the restrictions brought about by the pandemic in this period, and the fact that education continues with screens is one of the critical factors affecting the increase in screen time. Studies examining children's screen use during the pandemic process report that children use screens for an average of 6 hours a day [9-11]. Similarly, other studies conducted during the Covid-19 pandemic also reported that the time spent in front of the screen by children increased [12-14]. In addition, another study showed an increase of 30 hours per week in screen time [12]. It is essential to make a daily plan for children, as the American Academy of Pediatrics (APA) recommended, to manage screen time appropriately during this period [15]. However, it is known that more than half of parents do not make any plans for their children [16]. When children's time spent with digital media devices, such as television, computer, and smartphone, is examined, it is seen that parents' screen time is closely related to each other. Therefore, the screen usage time of the parents is directly proportional to the screen usage time of their children.

Screens are ubiquitous these days. Today's children and youth have become addicted to digital media. Therefore, controlling a child's screen time has become quite a challenge for their parents. The use of screens to support social development and education for children has further complicated the issue. Screen time and many other recommendations published by the APA in 2016 emphasized that parents should develop a family media plan that considers each child's health, education, and entertainment needs and the whole family. Examining related to parental use rather than restriction may be more effective [17-19].

It is essential to determine parents' situations to manage screen time for their children and to guide them in this regard. However, as far as is known, there is no Turkish measurement tool for parents to determine their children's screen time. This study aims to determine the Turkish validity and reliability of the media parenting scale for parents, which will enable the measurement of parental behaviors toward children's media, and screen-device use and to share the data in Turkish society.

MATERIALS AND METHODS RESEARCH DESIGN

This methodological study was conducted to establish the Turkish validity and reliability of the Media Parenting Scale.

Research Population and Sample

The research was conducted with a total of 303 parents. The criteria for inclusion in the research were determined as having a child between the ages of 6-12 (during the school period), knowing how to read and write in Turkish, being willing to participate in the research, and having at least one screen at home. Parents who reported that they did not give any screen to their children, those who did not complete the questionnaire, and those who did not agree to participate in the study were excluded. In the literature, there are various suggestions about sampling for psychometric studies. In addition, sample size and missing data are essential for essential reliability and responsive analyses [20]. While some determine the sample with the number of items, some measure directly by specifying the

number. In validity and reliability studies, the sample size should be 5 to 10 times the number of items in the scale [21]. Or in a psychometric study, sample size: ≥1000, excellent; 500–1000, very good; and between 200-500 were determined as good [22]. In this study, 303 parents were reached, 14.4 times the number of items in the scale, and a good number of individuals were reached.

Data Collection Tools

The study data were collected using parent information form and Media Parenting Scale (MEPA-20).

Parent information form: This form, prepared by the researchers, consists of 12 questions describing the characteristics of mothers, fathers, and children.

Media Parenting Scale (MEPA): The original scale was developed by Lukavská et al. (2021) to evaluate the media parenting status of parents with school-age children with a comprehensive self-report. The five-point Likert scale consisted of 36 items when it was first designed, then revised and took its last 20-item form. The scale consists of 8 items of Active Mediation (Cronbach α = 0.77, McDonald ω = 0.78), 8 items of Restrictive Mediation (Cronbach α = 0.73, McDonald ω = 0.74) and 4 items of Over-protective Mediation.) (Cronbach α = 0.49, McDonald ω = 0.52) sub-groups. It was reported that the values of the Over-protective Mediation sub-group were low in the original scale due o the low number of items. Scale of the model fit indices as follows: Tucker-Lewis index (TLI) = 0.72; comparative fit index (CFI) = 0.78; and approximate root mean square error (RMSEA) = 0.083 [23].

Application of Data Collection Tools Language validity

The scale was translated into Turkish by two native Turkish translators, and all three translations were compared among themselves. After the researchers made the comparison and necessary corrections, the final Turkish scale version was created. The resulting translation was translated back into English by two native English-speaking Turkish-speaking translators. The researchers evaluated translations, and a standard text was created [24].

Content validity

Content validity was performed after language validity. Content validity is evaluated by whether the items in the scale are suitable for the scale. For comprehensive planning of scales, at least three views should be planned [25]. In this study, the final version of the Turkish translation of the scale and the original version were presented to five nursing specialists and two pediatricians for evaluation. For this purpose, experts were asked to rate the items according to their suitability as follows: 1 point: Not appropriate, 2 points: Slightly appropriate (item and expression must be appropriate), 3 points: Fairly appropriate (minor changes are required for item and style), 4 points: Appropriate. Davis' restructuring evaluated experts. The essential points in each C item programming were calculated by analyzing the total number of experts. The minimum value for CVI should be 0.80 [26].

Pre-test application

After the scale is finalized, it is recommended to be applied to a group of 20-30 people with similar characteristics before applying it to the target population [25]. Research. Parents included in the preliminary application met the criteria for inclusion in the sample group. The parents' data included in the pre-application were not included in the study. No negative feedback was given about the scale.

Data collecting

Before starting the research, each parent was explained the purpose of the study. Parents who agreed to participate in the study were included, and a questionnaire was applied. The implementation of the questionnaire took approximately 3-5 minutes.

Ethical Issue

First, permission to use the scale was obtained by e-mail from the owner of the scale, Lukavská et al.[23] An ethical document (E-77192459-050.99-123250/ 25.04.2022) was obtained from the Non-Invasive Medical Ethics Committee to collect data. After obtaining the necessary permissions, parents were informed about the study before applying the scale, and verbal consent was obtained from those who agreed to participate.

Analysis of Data

Data were analyzed using the SPSS software packages (v.22.0; SPSS, Chicago, Illinois, USA) and the LISRELL 8.7 program. Descriptive information was evaluated by number, mean values, and percentage. While the validity and reliability analyzes were being carried out, the scope validity of the scale was checked; Then, factor analysis was performed to evaluate the structural validity The Kaiser-Meyer

Olkin (KMO) coefficient and Bartlett Sphericity test were performed to determine the suitability of the data and sample for principal component analysis. The item-total score correlation of the items in the scale was examined; Cronbach Alpha and test-retest methods were used to calculate the scale's reliability. While determining the test-retest reliability, Pearson product-moment correlation analysis was performed.

Construct validity was then evaluated by confirmatory analysis (CFA). Chi-square/degree of freedom (x2 / df), root mean square error (RMSEA), standardized root root root root index (SRMR), Tucker–Lewis Index (TLI), Comparative Fit Index (CFI), and Increasing Fit Index (IFI) values were analyzed and interpreted [27]. EFA was used to determine the relationship between the item and the factor. Before the EFA was performed, the adequacy of the data for factor analysis was evaluated with the KMO and Barlett tests.

RESULTS

Table 1 contains data on the sociodemographic characteristics of the parents and children included in the study.

Validity analysis

In this study, content and construct validity were used to evaluate the validity of the Turkish version of the scale.

Scope validity

As a result of the evaluations, the Content Validity Index (CVI) for all items was over 90%, an average of excellent agreement [26].

Construct validity

The construct validity of the Turkish version of MEPA-20 was evaluated using EFA and CFA analyses. Before the necessary analyzes were started, the KMO and Bartlett X2 tests were used to determine the suitability of the sample included in the study for factor analysis.22 The Kaiser- Meyer Olkin (KMO) coefficient was found to be .77, and the Barlett test was found to be significant (p=0.000). The fact that the KMO coefficient was above 0.60 and the Bartlett test was significant (p<0.001) showed that the data set was appropriate, could be factored in, and the sample size was sufficient [28]. It can be said that the sample size was sufficient to apply factor analysis.

In exploratory factor analysis, principal components were analyzed by Varimax rotation, as it is the most widely used and makes the most sensitive distinction between factors. According to the principal component analysis results, the scale was found to have three factors. As a result of principal components analysis, it was found that the eigenvalue of the scale showed that the first three factors explained 52.4%, 1,4.1%, and 11.3% of the

Table 1. Distribution of parents participating in the study according to their socio-demographic characteristics (N: 303)

Socio-demographic characteristics	Mean	SD*
Age	38.47	5.60
Age of child	9.13	3.63
Number of children	1.85	0.63
	N	**%**
Gender		
Female	277	91.4
Male	26	8.6
Mother's education		
Primary school	33	10.9
Middle School	27	8.9
High school	48	15.8
University	134	44.2
Graduate	61	20.1
Father's education		
Primary school	11	3,6
Middle School	35	11,6
High school	82	27,1
University	144	47,5
Graduate	31	10,2
Income status		
Income Expense Despite	58	19,1
Equal to income	173	57,1
More than income	72	23,8
Family type		
Core	244	80.5
Wide	33	10.9
Divorced	26	8.6
Female	156	51.5
Male	147	48.5
Total	303	100

SD: Standart deviation*

variance, respectively. The load value explained the relationship between the items and the factor, and it was stated that the items in each factor group should be loaded with at least a .30 factor [26]. The scale was evaluated with principal components analysis and Varimax rotation, and factor loadings of the items were found to be between 0.342-0.906 (Table 2).

The confirmatory factor analysis results show that factor loading values vary between 0.47 and 0.97. The factor loads of the sub-dimensions ranged from 0.85 to 0.93 for the 8-item Active Mediation sub-dimension, between 0.86 and 0.94 for the 8-item Restrictive Mediation sub- dimension, and between 0.87 and 0.97 for the 4-item Overprotective Mediation sub-dimension. Model fit indices of the scale were model chi-square (χ^2) 235.54 (df: 92) and root mean square approximation error (RMSEA) 0.062. Goodness of fit indices were found as x2 /df = 2.12, RMSEA = 0.064, TLI = 0.86, GFI = 0.90, CFI = 0.92, IFI = 0.92, RFI = 0.92, NFI = 0.92, and NNFI = 0.91.

Table 2. The main factors of the scale

Items	Factor 1	Factor 2	Factor 3
MP1	0.740		
MP2	0.751		
MP3	0.802		
MP4	0.844		
MP5	0.429		
MP7	0.846		
MP8	0.382		
MP9	0.356		
MP11		0.859	
MP12		0.637	
MP13		0.654	
MP14		0.901	
MP16		0.660	
MP17		0.906	
MP18		0.732	
MP19		0.673	
MP5			0.342
MP10			0.569
MP15			0.620
MP20			0.839

Factor analysis

Reliability analysis

Internal Consistency of MEPA-20

Total item correlation analysis was used to evaluate the internal consistency reliability of the scale. In cases where the correlation coefficient falls below 0.20, removing the item from the scale is recommended [26]. Since none of the items in the scale had an item-total correlation value below 0.20, and no item was removed from the scale. The item-total correlations of the items were found to be between 0.52 and 0.92. In addition, item averages were analyzed with Hotelling's T2 test,t, and he was sure that it should be different from the scale (Hotelling T2 = 349.214, p=0.001). Cronbach's Alpha coefficient was calculated to evaluate the scale's internal consistency. Cronbach's alpha coefficients between 0.70 and 0.95 indicate an acceptable level. In this study, Cronbach's Alpha coefficient was found to be 0.92 (Table 3).

Table 3. Item analysis and internal consistency

Media Parenting Scale for Parents of School-Age Children		
	Item Total Correlations	Cronbach Alpha Value
MP1	0.92	0.91
MP2	0.89	0.91
MP3	0.76	0.92
MP4	0.48	0.89
MP5	0.83	0.92
MP6	0.82	0.89
MP7	0.61	0.92
MP8	0.90	0.92
MP9	0.73	0.92
MP10	0.90	0.94
MP11	0.49	0.92
MP12	0.59	0.92
MP13	0.86	0.92
MP14	0.52	0.94
MP15	0.83	0.92
MP16	0.90	0.91
MP17	0.82	0.92
MP18	0.95	0.91
MP19	0.75	0.89
MP20	0.58	0.92

DISCUSSION

The Turkish adaptation of the media parenting scale for parents of school-age children is an essential tool that can be applied to parents to measure media exposure; as far as is known, there is no such scale in our community. With the developing technology, an increasing graphic following of screen exposure increases children's media use. Therefore, it is crucial that parents, health professionals, teachers, and individuals involved in all areas of the child's life limit the use of media that reaches harmful levels. In this respect, bringing this scale to Turkish literature is necessary.

The APA stated that the child's characteristics, the parent-child relationship, the time spent with the child, and the parents' own media use might affect children's media use and attitudes toward the media [29]. Therefore, a parent who cannot control their media use is unlikely to be able to control their child's media exposure. Children today spend more time (6 to 9 hours a day) with media than with all other activities. It is known that excessive use of digital media is associated with obesity, developmental delays, and academic (or learning) difficulties in children. These outcomes are strongly influenced by the wider family and psychosocial environment, such as the use of digital media [30].

Understanding how parents' attitudes affect digital media use is crucial for interventions to support a child's health and development [31]. It is well known that children are more exposed to the media, especially during the pandemic. However, studies have shown that when the family controls media exposure, the parental active mediation style is associated with higher emotion regulation and lower ambivalence/negativity. In contrast, the restrictive style is associated with higher indecision/negativity [32,33]. In a meta-analysis, it was reported that restrictive and active mediation behaviors of parents can reduce negative media effects (eg, learning of aggressive behavior, substance use and sexual behavior), while watching with the child tends to increase and facilitate the effects of digital media [34].

Parents play an essential role in guiding their children's screen use. In a study, thousand and twenty parents with children aged 4-6 were examined, and it was determined that there is a positive relationship between the screen use of children and the screen use of parents. In addition, parents' positive attitudes on this issue were found to be associated with children's screen use during the day [35].

It has been predicted that the cause of children's behavioral difficulties is mediated by more media use and higher parenting stress in parents due to more TV, games, and tablet use [36]. In a meta-analysis study examining the relationship between media use and sleep, the effect of media device access and use on sleep outcomes in children was examined. Bedtime access and use of media devices were significantly associated with insufficient sleep time, poor sleep quality, and excessive daytime sleepiness [37].

The current meta-analysis study findings show a small but significant relationship between social media use and depression in adolescence [38-40]. It showed that there is a significant association that media use may be associated with attention-deficit/hyperactivity disorder (ADHD) or ADHD-related behaviors attention problems, hyperactivity, and impulsivity) [41,42]. Cyberbullying, which seriously threatens the health of children and adolescents, has become a critical social problem. Risky information and communication technology (ICT) use is the main predictor of depression, moral withdrawal, and traditional bullying in children. In addition, risky ICT use can lead to cyberbullying and traditional bullying exposure [43]. As can be seen from the study results, severe physical, social, and psychological consequences of media exposure are seen. Since it is impossible to limit media use ultimately, it is crucial to introduce some restrictions to ensure this balance between the parent and the child. Parents need to be careful about the use of media. It should not be forgotten that every behavior the parent exhibits pushes the child to that behavior. Parents must first control their media use and instill positive and necessary behavior in their children.

CONCLUSION AND RECOMMENDATIONS

It has been determined that the scale is suitable for Turkish culture. The scale can determine parents' media use in Turkish culture.

Author contribution

Study conception and design: ZÇ, ÇE, data collection: ZÇ,ÇE, analysis and interpretation of results: ZÇ and ÇE; draft manuscript preparation: ZÇ, ÇE. All authors reviewed the results and approved the final version of the manuscript.

Ethical approval
The study was approved by the Karabük University Non-Invasive Medical Ethics Committee (Protocol no. E-77192459-050.99-123250/25.04.2022).

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Conflict of interest
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