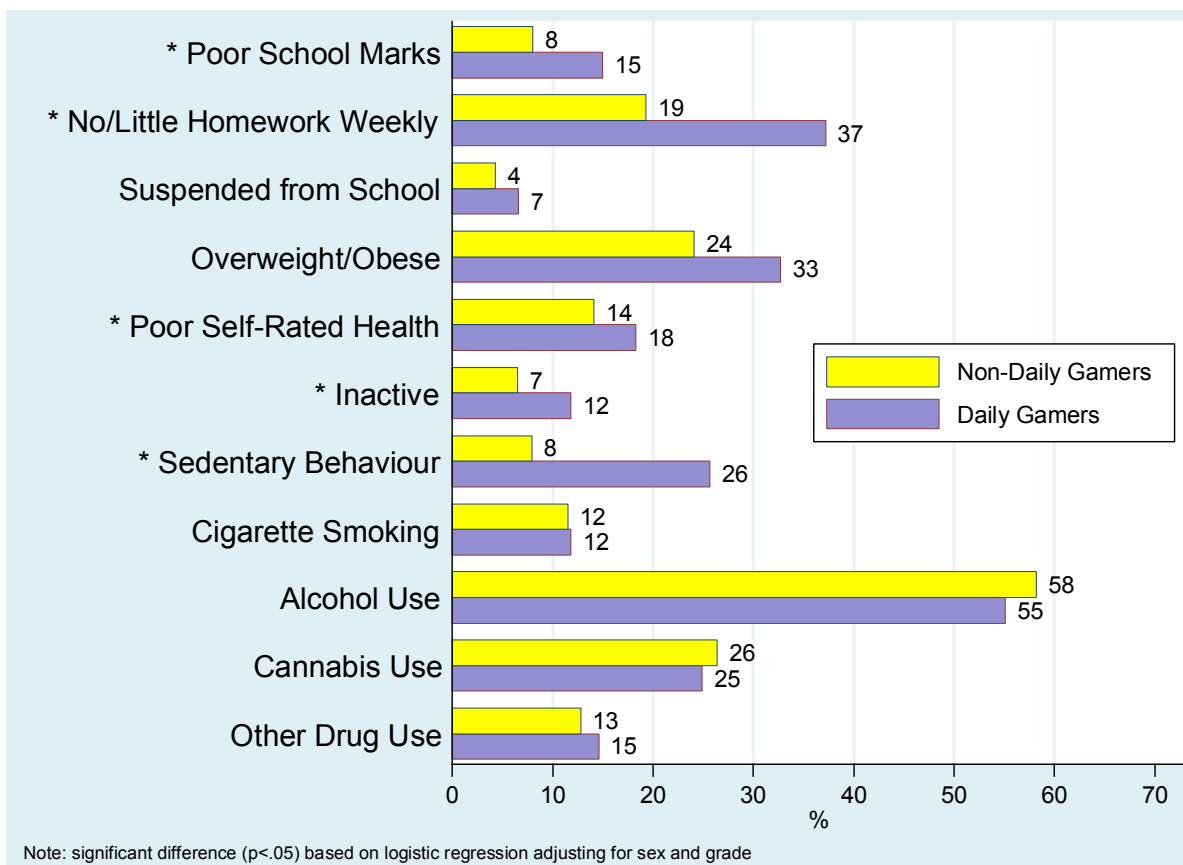


Problems Experienced by Students Who Play Video Games Daily

This *eBulletin* investigates whether students who play video games on a daily basis are more likely to experience school problems, physical health problems, and to use substances compared with students who do not play daily. Data are from the 2009 Ontario Student Drug Use and Health Survey (OSDUHS), which is an Ontario-wide school survey of students in grades 7 to 12 that repeats every two years.

Of the 4,261 students in grades 7 to 12 surveyed in 2009, about **20%** (95% CI: 18%-22%) played video games everyday during the past year. Males were significantly more likely than females to play daily (**32% vs. 6%**, respectively), but there was no significant difference by grade. We examined whether certain school problems, physical health problems, and substance use were associated with daily video gaming among only those students who played any video games in the past year. The analyses controlled for sex and grade.

Figure 1.
Percentage of Ontario Students in Grades 7 to 12 Who Played Video Games in the Past Year Reporting School Problems, Physical Health Problems, and Substance Use According to Frequency of Playing, 2009 OSDUHS (N=3,671)



As displayed in Figure 1, students who played video games daily were more likely to report experiencing certain school problems and physical health problems, compared with those who played less frequently. Specifically, reports of poor school marks, and either not doing homework or typically spending less than one hour weekly on homework occurred more often among students who played video games daily than those who did not play daily. There was no association with being suspended from school.

Regarding physical health indicators, students who played video games daily were significantly more likely to rate their physical health as poor, to be inactive during the past week, and to be sedentary compared with students who played less frequently. There was some evidence to suggest a relationship between daily video gaming and overweight/obesity among students, but this association was only marginally statistically significant ($p=.067$). There were no significant differences regarding smoking, drinking, cannabis, or other illicit drug use between daily gamers and non-daily gamers.

Methods:

CAMH's *Ontario Student Drug Use and Health Survey* (OSDUHS) is an Ontario-wide survey of elementary/middle school students in grades 7 and 8 and secondary school students in grades 9 to 12. The survey has been conducted every two years since 1977 with the purpose of monitoring substance use, perceptions about substance use, mental health, physical health, and risk behaviours among students. The 2009 survey, which used a stratified (region, school type) two-stage (school, class) cluster design, was based on 9,112 students in grades 7 to 12 from 47 public and Catholic school boards, 181 schools, and 573 classes. Self-administered questionnaires, which promote anonymity, were administered by staff from the Institute for Social Research, York University on a classroom basis between November 2008 and June 2009. The student participation rate was 65%.

The question about the frequency of playing video games in the past 12 months was asked of a random half sample of students ($N=4,261$). Only those students who reported playing video games at all in the past 12 months were included in the logistic regression analyses ($N=3,671$ or about 89% of all students). All survey estimates were weighted, and variance and statistical tests were corrected for the complex sampling design.

Measures & Terminology:

- **Daily video game playing** is based on the question "In the last 12 months, how often did you play video games?" Playing video games was defined as playing on a computer, TV, or at an arcade. The response option of "every day or almost every day" was used to indicate daily video gaming.

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- **Poor school marks:** usually receiving marks of "C" (60%-66%) or lower.
- **Suspended from school:** suspended from school at least once since September.
- **Overweight/obese:** exceeding the age-and-sex-specific body mass index (BMI) cut-off values established for children and adolescents and recommended by the International Obesity Task Force, based on self-reported height and weight.
- **Poor self-rated health:** rating one's physical health as "fair" or "poor."
- **Inactive:** reporting no days of physical activity during the past 7 days. Physical activity was measured by asking students to indicate on how many of the past 7 days they exercised or played sports for a total of at least 60 minutes that "increased your heart rate and made you breathe hard some of the time."
- **Sedentary behaviour** (also called "screen time"): watching TV and/or on a computer for 7 hours or more per day, on average, during the 7 days before the survey.
- **Cigarette smoking:** smoking less than one whole cigarette or more daily during 12 months before the survey. Excluded are those who "tried a cigarette."
- **Alcohol use:** drinking any type of alcohol during the 12 months before the survey. Use includes consumption on special occasions, but excludes sips just to try it.
- **Cannabis use:** used cannabis at least once during the 12 months before the survey. Students who responded "don't know what [the drug] is" were coded as non-users.
- **Other drug use:** used any one of 16 illicit drugs at least once in the past 12 months (e.g., cocaine, ecstasy, hallucinogens, inhalants). Students who responded "don't know what [the drug] is" were coded as non-users.
- **95% confidence interval (CI)** can be crudely interpreted as being 95% likely to include the "true" value if every student in grade 7 to grade 12 in Ontario was surveyed.
- **Statistically significant difference** refers to a difference between two percentages that is not likely due to chance. For example, a difference found at the $p<.05$ level of statistical significance is one that is less than 5% likely to occur by chance alone.

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