Neurological predisposition of a child depends on their own knowledge and experiences. Extent of screen involvement can produce changes at genetic level with consequent enduring impact on neural development. Evidence on pragmatics concludes that prolonged exposure to screens during childhood can lead to neuro-adaptation with subsequent anatomical changes in brain similar to the cases of addiction. Prolonged exposure to screens is a growing hazard to public health that is raising significant concerns over children’s psychological wellbeing, socialization, cardio-metabolic and other medical conditions.

Screen dependency disorders (SDD) is a term now coined for screen related addictive behaviors and common symptoms include withdrawal symptoms, failure to decrease or end screen activities, loss of interests in activities that does not involve screen, lying regarding extent of usage, way to escape hostile moods and preoccupation.

Typically developing children acquire their first words before 15th month, and wait and watch approach is commonly used by caregivers till 2-years. If still not talking, then an evaluation is sought for a child. It challenges service providers in two ways for determining justified referral for a developmental evaluation. First, many late talkers catch up on their own and should be distinguished from children who are prone to persisting language problems. Second, children who tend to have delay in language skills need to be screened even earlier before language acquires. Research in last two decades has recognized a group of language predictors that serve as key indicators of later language development. Few language predictors are use of emotions, eye gaze, gestures, sounds, words and object. Due to adverse effects of media on health and development of child from 0-5 years, American Academy of pediatricians has recently issued a policy of no screen time for children under 2-years and only 1-hour screen time per day for children 2 to 5 years.

Developed countries e.g., China and US have made policies to protect young children from SDD and such policies have been made possible due to their research evidence. In Pakistan it has been observed by psychologists and speech-language pathologist (SLP) that children under 5-years with predominance of under 2-years are coming with developmental delays and impairments in pre-verbal skills, communication and behavior which exhibit as manifestations of SDD. In many cases parents/care givers report that around age of 8-10 months their typically developed child started uttering first words but as soon he started to walk it became difficult to supervise him/her in their busy lifestyle therefore they exposed their child to screens to increase his/her sitting span which consequently regressed previously developed communication milestones.

Screen dependency among young Pakistani children is alarmingly retarding communication, behavioral and cognitive milestones. As per parents prospect, outdoor plays without supervision are not safe for children due to huge number of cases of child abuse and kidnapping and at home parents do not have sufficient time due to their other social and financial responsibilities therefore to make child rearing safe and less hectic and less compromising they expose their children to screen related gadgets. Parents in joint family system are compelled to make their children’s lifestyle sedentary by addicting them to screens so that they do not disturb harmony of extended family system. Parents in nuclear family system are constrained to busy their children in screens because mostly both parents are working to share financial burden or parent who stays at home has loads of household chores that do not let him/her spend quality time with children. It would certainly be not wrong to consider SDD as...
calm before storm. Calm behavior of children that temporarily parents achieve and appreciate by exposing them to screens later on takes form of a storm by aggravating behavioral disruptions i.e. hyperactivity, attention deficit, irritability, oppositional and violent tendencies in addition to feeding, social communication and sleep problems.

REFERENCES