Journal of Health Sciences and Innovative Research 2025;6(1):11-22
DOI: https://doi.org/10.31357/jhsir.v6i01.8593

Research Article

Parents' Perspectives on Lifestyle Changes among Video Game-Addicted Teenagers Attending the Child Psychiatric Clinic at Colombo South Teaching Hospital

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Abstract

Introduction: Video game addiction among teenagers has become an increasing global concern, with significant potential impacts on various aspects of their lives. This study describes the perspectives of parents whose teenagers are undergoing treatment for video game addiction at the Child Psychiatric Clinic of Colombo South Teaching Hospital (CSTH). The objective of this study was to explore parental viewpoints on the lifestyle changes experienced by teenagers affected by video game addiction at the Child Psychiatric Clinic of CSTH. Methods: Twelve in-depth interviews were conducted with parents to gain a deeper understanding of the observed lifestyle changes of children aged 13 to 19 years who registered in the clinic with a confirmed diagnosis of video game addiction. Ethical clearance for the study was obtained from the Ethics Committee of CSTH. Braun and Clarke's six-phase reflexive thematic analysis framework was employed to identify recurring themes related to physical, psychological, and interpersonal relationship changes. Results: The findings highlighted several key issues associated with video game addiction, including altered dietary patterns, avoidance of studies and physical activities, social isolation, weakened interpersonal relationships, disrupted sleep patterns, impaired physical development, and significant mental health challenges. Conclusion: Parents' insights revealed wide-ranging effects of video game addiction on teenagers, spanning physical health, psychological well-being, and social interactions. These findings highlight the complex nature of the issue and emphasize the urgent need for holistic interventions to support affected youth and promote healthier living habits.

Keywords: Video game addiction, Parents' perspectives, lifestyle changes

Introduction

Video games are one of the most popular forms of leisure activities, especially for youth (as well as other age groups) across the world (1). Video games are known as digitally based games typically played on personal computers or dedicated gaming devices, such as game consoles (e.g., Xbox, PlayStation) or handheld game devices (e.g., 3DS, Vita) (2).

Addiction into video games is a commonly increasing issue among school children all over the world (3). Video game addiction can be defined as an excesses and compulsive use of computers or video games that results in social and/or emotional problems, and the gamer is

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Received:10 December 2024; Accepted: 21 September 2025

How to cite this article:
Kumari, D.I.H., Gunasekara, A.L., Silva, D.C.S., Liyanage, D.P.L.I.U.L., Senanayake, K.I.D.F. and Munidasa, K.G.P.K. Parents' Perspectives on Lifestyle Changes among Video Game-Addicted Teenagers Attending the Child Psychiatric Clinic at Colombo South Teaching Hospital, Journal of Health Sciences and Innovative Research, 2025;6(1):11-22

unable to control this excessive use (4). Increased video game engagement and maladaptive coping have helped to identify individuals at risk of transitioning into video game addiction (5). Excessive use of web-based and offline video gaming affects the gamer's physical health and has an impact on their psychological well-being (6). Video game addiction can cause gamers to develop a range of issues such as aggression and depression (7), poor academic performance (8), decline in relations with friends and families (9), insomnia (10) and even self-harm (11).

Problematic video game use has become a global problem. According to literature, 59% of all Americans, an average of 48% of Europeans, and 56% of young adult Norwegians play video games regularly (12). The recent prevalence studies found that there was a higher prevalence of problematic video gaming in the East Asian population as compared to Western European, North American, and Australian populations (13).

Active parental guidance strategy prevented children's digital game addiction tendency, while digital oriented guidance and free parental strategies increased addiction tendency (14). Though there are plenty of studies that have been carried out towards video games and addiction, on adolescents and teenagers (15), parents' perspective of lifestyle changes among video game-addicted teenagers remains a less researched area. Hence, we decided to conduct this research study to explore the parents' perspectives of lifestyle changes (physical, psychological, social relationship changes) among video game-addicted teenagers attending to the Child Psychiatric clinic at Colombo South Teaching Hospital.

Methods

A qualitative study was conducted from 1st June to 30th July 2023 at the Child Psychiatric Clinic of the Colombo South Teaching Hospital (CSTH), Sri Lanka. It is the second largest government hospital in the Colombo District, located in Kalubowila. The Child Psychiatric clinic is conducted under the supervision of a Consultant Child and Adolescent Psychiatrist with the support of three Medical Officers, a Psychiatric social worker and an Occupational therapist on every weekday from 8 a.m. to 4 p.m. at the hospital premises. Around 100 teenagers have been referred to this clinic per month. Cases are referred from the Outpatients Department (OPD) and general wards, including medico-legal cases.

The study population consisted of parents of video game-addicted teenagers who are attending the Child Psychiatric clinic at CSTH. The inclusion criteria were, parents of teenagers aged 13 to 19 years who registered in the clinic with a confirmed diagnosis of video game addiction, parents who were willing to participate voluntarily without researcher influence, and those able to communicate effectively in either Sinhala or English. The exclusion criteria were, parents with significant language barriers that affected communication, parents with cognitive impairments that limited their ability to provide informed consent, and those who did not provide written consent to participate in the study.

As per the inclusion criteria, the study recruited the parents of teenagers, who are attending and registered in the Child Psychiatric clinic. If both mother and father come with their child, only one parent could participate in the study according to their preference.

A purposive sampling technique was used to select the study participants, and an in-depth interview method was used to collect data until meeting the saturation point. An interview guide which was prepared using previous literature (1,7,8,16) was used to conduct the interviews in both Sinhala and English medium. The constructed interview guide was reviewed by the Consultant Child and Adolescent Psychiatrist in CSTH and a senior

lecturer, Faculty of Health Sciences of the Open University of Sri Lanka prior to data collection. The interview guide consisted of two parts. Part A consisted of socio-demographic data while part B consisted of questions related to physical, psychological and interpersonal relationship changes. Four undergraduate nursing students were involved in data collection. One researcher (nursing undergraduate 1) explained the information sheet and obtained written informed consent from the participants; another researcher (nursing undergraduate 2) interviewed the consented individuals in a separate room for around 20 to 30 minutes. The participants were allowed to share their experiences for each question. Another researcher (nursing undergraduate 3) took down the relevant notes from each interview while the final researcher (nursing undergraduate 4) recorded the interviews. Interviews were transcribed and analysis of collected data was carried out using thematic analysis. Braun and Clarke's six-phase reflexive thematic analysis framework which involved familiarization with the data, coding, theme development, review, definition, and final reporting to identify patterns related to physical, psychological, and interpersonal relationship changes was employed. Ethical approval was obtained from the Ethics Review Committee at the Colombo South Teaching Hospital and permission to collect data was gained from the director of CSTH. Written informed consent was obtained from all the participants prior to data collection, and all the information was gathered anonymously. Participants were allowed to leave the study at any time if they need. Privacy and confidentiality of the participants and their information were ensured to the maximum at every stage of the research study.

Results

12 in-depth interviews were conducted to achieve the saturation point of the study. Twelve (n=12) parents who participated in the study, related about their children's video game addiction. Table 1 portrays the socio-demographic data of the participants/ and parents of the study. Almost all the parents represented the age category of 40-50 years. The majority were female (91.66%, n=11), while only one male (8.33%) parent participated in the study. 75% (n=9) of the participated parents were educated up to G.C.E. Advanced Level and only 25% (n=3) had obtained a higher education (a bachelor's degree or above).

Three key themes emerged from parental perspectives of lifestyle changes among video game-addicted teenagers, (I) Physical changes of video game-addicted teenagers, (II) Psychological changes of video game-addicted teenagers, and (III) Social relationship changes of video game-addicted teenagers.

Theme 1 - Physical changes of video game-addicted teenagers

Parents reported physical changes of their children who are addicted to video games under three main key findings including, dietary pattern changes, refusing physical activities, and decreasing physical growth/development.

Dietary Pattern Changes - Almost all the parents

Table 1: Socio-Demographic Characteristics of Participating Parents

Characteristics	Category	Number	(%)
Age	40-50	12	(100.00)
Gender	Male	01	(8.33)
	Female	11	(91.66)
Level of education	G.C.E. A/L	09	(75.0)
	Higher education	03	(25.0)

(n=12, 100%) reported that their children exhibited significant changes in their dietary patterns with video game addiction. They often opted for unhealthy snacks, fast food and neglected balanced meals.

"Our son generally refuses meals. He says that he does not have an appetite." (A- mother of 17 years old addicted boy)

"He skips meals by saying he does not have an appetite." (F- mother of 15 years old addicted boy)

"Most of the time he forgets or skipped his main meals even though we prepared and kept his meals on his table. We had to remind him regarding his foods." (K- Mother of 13 years old addicted boy)

Refusing Physical Activities - 75% (n=9) of parents highlighted their children are reluctant to participate in physical activities and video game addiction seemed to reduce their interest in sports and outdoor exercises.

"He had a lot of hobbies and outdoor activities with friends earlier. Now he does not like to do them." (D- mother of 14 years old addicted boy)

"His daily routine is unstable. His sleeping pattern is very poor. He does not care about his hygiene. He takes showers around 3 am." (E- mother of 15 years old addicted boy)

Decreasing Physical Development/Growth - Several parents (n=8, 67%) expressed concern about the physical growth/ development of their children who are addicted to video games. According to them, prolonged sedentary behaviour due to gaming seemed to impact on their physical growth negatively.

"Because of poor dietary pattern, my son loses his body weight." (A- mother of the 17 years old addicted boy)

"He lost his weight." (C- mother of 15 years old addicted boy)

"We feel that his body weight has reduced." (H- mother of 15 years old addicted boy)

"He has become thin." (I – mother of 18 years old addicted boy)

Theme 2 - Psychological changes of video game-addicted teenagers

Three main key findings have emerged under the theme of psychological changes in video game-addicted teenagers as mental status changes, sleeping pattern changes and refusing studies.

Mental Status Changes - The Parents (n=10, 83%) reported various psychological changes in their children, including increased irritability, anxiety, and withdrawal symptoms when they have to refrain from video gaming.

"I felt that he is depressed. He feels low and nervous. Most of the time he is in a bad mood with tearful eyes." (A- mother of the 17 years old addicted boy)

"He gets angry even for simple matters and uses bad vocabulary. Now he has difficulty in memorizing things." (D- mother of 14 years old addicted boy)

"His concentration is poor. He is unable to keep his concentration towards a thing continuously." (F- Mother of 15 years old addicted boy)

"His school teacher also complained that he fights with other students." (G- mother of 17 years old addicted boy)

"He gets angry even with his father. He argues with us." (H- mother of 15 years old addicted boy)

Sleeping Pattern Changes - Parents (n=10, 83%) have noticed significant changes in their teenagers' sleeping patterns with video game addiction. Late-night gaming sessions disrupted regular sleep schedules, leading to sleep deprivation.

"After my son starts over using video games, he has a poor pattern of sleep at night. Now he sleeps whole daytime." (A- mother of the 17 years old addicted boy)

"He has a higher level of sleeping disturbances because of nightmares. He fears to sleep. So, he is excited and irritable at night." (E- mother of 15 years old addicted boy)

"At midnight also he tries to play games." (F- mother of 15 years old addicted boy)

"He complained that he had sleeping troubles. He tried to stay awake, because of these games." (L- mother of 15 years old addicted boy)

Refusing Studies - More than half of parents (n=7, 58%) expressed concerns about their children's declining academic performance. The addicted individuals frequently refused to engage in studying which led to a drop in grades and overall academic motivation.

"He reduces engagement in studies. I do not know what will happen in his A/Level examination." (B- Father of 18 years old addicted boy)

"My child got low marks for recent term tests." (D- Mother of 14 years old addicted boy)

"He needs to play video games before doing his schoolwork. Otherwise, he does not do them properly or refuses them." (J- Mother of 13 years old addicted boy)

Theme 3 - Social relationship changes of video game-addicted teenagers

The main two findings under the theme included, social isolation and decreasing interpersonal bonds.

Social Isolation - Parents (n=8, 67%) have observed a tendency among addicted teenagers to isolate themselves from friends and family members. They preferred spending extended periods alone, immersed in video games.

"He always tries to be alone, his friends try to contact him, but he neglects. He does not like to go anywhere." (A- mother of 17 years old addicted boy)

"My child refuses gatherings with relatives and neighbours" (B- father of 18 years old addicted boy)

"Earlier he talked with everyone. But now his is isolated. He does not join with family trips and outings" (I- mother of 18 years old addicted boy)

Decreasing Interpersonal Bonds - (n=8, 67%)- Video game addiction appeared to strain interpersonal relationships. Addicted teenagers' communication with family members and friends had reduced which led to strained relationships.

"He goes away from our family. He stays at home as a stranger." (B- father of 18 years old addicted boy)

"He talks with us eventually. He does not come to talk with people who visit us." (C- mother of 15 years old addicted boy)

"He reduced his relationship with me. (mother). Now my son does not obey me."
(F- mother of 15 years old addicted boy)

"He was expelled from school, because of fighting with other children repeatedly. He fights with his siblings. Sometimes he hits me too." (G- mother of 17 years old addicted boy)

Discussion

This research study presents the results of a qualitative descriptive study on the "Parents' perspectives on lifestyle changes among video game-addicted teenagers attending the child psychiatric clinic at Colombo South Teaching Hospital, Sri Lanka. The lifestyle changes were

explored via in-depth interviews with the participation of the parents of teenagers who are attending and registered in the Child Psychiatric clinic with a diagnosis of video game addiction. Three major themes emerged in the results: (I) Physical changes of video game-addicted teenagers, (II) Psychological changes of video game-addicted teenagers and (III) Social relationship changes of video game-addicted teenagers.

Physical Impacts

Parents in this study described clear physical consequences of gaming addiction, particularly unhealthy dietary changes, lack of physical activity, and decreased physical growth. Almost all parents reported that their children skipped meals, consumed snacks or fast foods, and neglected balanced diets. Similar findings have been reported internationally, where excessive screen time has been linked to reduced fruit and vegetable intake and increased consumption of sugary and

Table 2: Summary of Thematic Findings on Lifestyle Changes among Video Game–Addicted Adolescents

Theme	Key Findings	Parents Reporting (n, %)	Quotes
Physical changes	Dietary Pattern Changes	12 (100%)	"Our son generally refuses meals. He says that he does not have an appetite." (A, mother of 17y boy)
	Refusing Physical Activities	9 (75%)	"He had a lot of hobbies and outdoor activities earlier. Now he does not like to do them." (D, mother of 14y boy)
	Decreasing Physical Development/Growth	8 (67%)	"Because of poor dietary pattern, my son loses his body weight." (A, mother of 17y boy)
Psychological changes	Mental Status Changes	10 (83%)	"I felt that he is depressed. He feels low and nervous. Most of the time he is in a bad mood." (A, mother of 17y boy)
	Sleeping Pattern Changes	10 (83%)	"After my son starts over using video games, he has a poor pattern of sleep at night. Now he sleeps whole the daytime." (A, mother of 17y boy)
	Refusing Studies	7 (58%)	"He reduces engagement in studies. I do not know what will happen in his A/Level examination." (B, father of 18y boy)
Social relationship changes	Social Isolation	8 (67%)	"He always tries to be alone, his friends try to contact him, but he neglects." (A, mother of 17y boy)
	Decreasing Interpersonal Bonds	8 (67%)	"He goes away from our family. He stays at home as a stranger." (B, father of 18y boy)

Source: Developed by the author

high-fat foods (17,18,19,20). A systematic review by Stiglic and Viner (2019) also confirmed that high screen use correlates with obesity and unhealthy dietary patterns among adolescents (26). These behaviors may predispose adolescents to long-term metabolic and cardiovascular health risks.

In addition to dietary habits, parents expressed concern about their children's refusal to engage in physical activities. Nearly three-quarters of parents observed that their children no longer participated in sports or outdoor play, choosing instead to remain sedentary. This reflects previous research showing that problematic gaming behaviors reduce interest in physical activity and contribute to sedentary lifestyles (17,21). The reduced physical activity, coupled with poor dietary intake, appeared to affect children's physical growth and body weight. Several parents noted visible weight loss and concerns over delayed development, echoing previous studies where addictive gaming was associated with both undernutrition and obesity depending on contextual factors such as food access and socioeconomic status (18,23). These findings emphasize that video game addiction disrupts not only behavioral routines but also core aspects of health such as nutrition, physical activity, and growth. For parents, the struggle to encourage healthier eating and promote exercise was a recurring theme, highlighting the need for structured family and school interventions.

Psychological Impacts

The study also revealed significant psychological changes among video game–addicted adolescents. Parents consistently observed irritability, anxiety, mood disturbances, and reduced concentration. Some parents described their children as being persistently low in mood or showing symptoms suggestive of depression. This is consistent with prior evidence that gaming addiction is associated with psychological disorders including depression, suicidal ideation, aggression, and emotional dysregulation (12,16,22,23). A longitudinal study in Norway further linked problematic gaming with greater psychological complaints, supporting the parental concerns expressed here (23).

Sleep disruption was another major theme, with most parents reporting irregular sleep schedules, late-night gaming, and excessive daytime sleepiness. These findings reflect global research demonstrating that addictive gaming behaviors contribute to delayed bedtimes, reduced sleep duration, and poorer sleep quality (24–30). Sleep problems can worsen emotional instability and impair cognitive functioning, which in turn negatively affect school performance and social interactions. The cyclical relationship between gaming, poor sleep, and psychological stress suggests that interventions must address both behavioral routines and sleep hygiene.

Academic refusal emerged as a pressing concern for parents. Many described declining grades, incomplete schoolwork, and reduced motivation to study. This aligns with evidence showing that problematic gaming is linked to poorer academic performance (33,35). However, some literature indicates that moderate gaming can foster creativity, problem-solving, and in certain contexts, even better school outcomes (32,34,36). This suggests that the impact of gaming on education is nuanced and dependent on duration, context, and balance. In the current study, however, addiction-level gaming was uniformly described as detrimental to educational progress, raising concerns about future opportunities for affected adolescents.

Social Impacts

Parents also emphasized the erosion of social relationships. Many teenagers became socially isolated, withdrawing from peers, avoiding family gatherings, and refusing to participate in social events. This observation is consistent with prior

studies showing that gaming addiction is associated with loneliness, reduced self-esteem, and weakened social skills (37–40). In fact, Caplan's (2003) model of problematic internet use suggests that individuals who prefer online interactions may withdraw from face-to-face relationships, further intensifying isolation (44).

Decreased interpersonal bonds were also noted, particularly in family relationships. Parents described children as becoming distant, argumentative, or even aggressive toward family members. Peer relationships also suffered, with reports of conflicts at school and expulsion due to repeated fights. Previous research confirms that excessive gaming can weaken family cohesion, disrupt communication, and strain peer relationships (41–43). Such relational breakdowns exacerbate the cycle of isolation and reliance on gaming as a coping mechanism, further entrenching the addictive behavior.

Social withdrawal and weakened interpersonal bonds not only affect immediate family functioning but may also have long-term consequences for adolescents' social development. Persistent isolation has been linked to greater risks of depression, social anxiety, and reduced life satisfaction (40). Parents' narratives in this study highlight their sadness and frustration in trying to connect with their children, underscoring the relational toll of video game addiction.

Taken together, the findings emphasized the complex and multidimensional nature of video game addiction. Physical, psychological, and social domains are deeply interconnected, with negative changes in one area reinforcing difficulties in others. For instance, disrupted sleep worsens psychological distress and academic underperformance, while social isolation intensifies reliance on gaming as a coping strategy.

The study also highlights the emotional burden experienced by parents, many of whom reported frustration, helplessness, and sadness in addressing their children's addictive behaviors. Prior research suggests that active parental guidance, including setting boundaries and promoting alternative activities, can reduce addiction tendencies (14). However, without appropriate support, families often struggle to implement effective strategies.

Interventions must therefore adopt a holistic approach, involving parents, schools, and healthcare professionals. Preventive strategies could include psychoeducation for parents, school-based programs to encourage balanced screen time, and clinical interventions targeting sleep hygiene, emotional regulation, and family communication. On a broader scale, policymakers may need to address the accessibility and regulation of addictive gaming platforms, particularly for vulnerable adolescents.

Strengths and Limitations of the Study

The biggest strength of this study is the applicability of qualitative design to address the research objectives. This was also supported by selecting a well-defined population, the parents of video game-addicted adolescent teenagers presenting to the Child Psychiatric Clinic at Colombo South Teaching Hospital and gathering data by conducting in-depth interviews until data saturation. The thematic analysis provided rich insights into lifestyle changes, maintaining high ethical standards, confidentiality and validity ensured the reliability of the results. However, there are certain limitations to this research. Since it was conducted in one hospital for a limited duration, the findings cannot be generalized across the overall population. Further, the data were mainly derived from parents' self-reports, social approval bias or recall bias may have contributed to the responses, and adolescents' own perceptions were not obtained. For these reasons, the generalizability may be restricted when projecting

the findings to all video game-addicted Sri Lankan adolescents.

Conclusion

This study provides valuable insights into the lived experiences of parents whose children are affected by video game addiction, highlighting profound lifestyle changes across physical, psychological, and social domains. Parents consistently observed altered dietary patterns, reduced physical activity, and impaired growth among their children. They also reported significant psychological challenges, including irritability, anxiety, low mood, sleep disruption, and refusal to engage in studies, which in turn affected academic performance. In addition, adolescents were described as becoming socially withdrawn, with weakened interpersonal bonds both within families and among peers. These findings underscore that video game addiction is not a single-dimensional problem but a complex biopsychosocial phenomenon that permeates multiple aspects of adolescent life.

The narratives of parents revealed not only the struggles of teenagers but also the emotional toll on families, with many parents expressing frustration, helplessness, and sadness. These accounts affirm existing literature linking gaming addiction to health risks, academic underachievement, and social difficulties (17,21,23,37–43). Importantly, this study adds a South Asian perspective, where parental voices in the context of video game addiction remain underexplored. From a practical standpoint, the findings emphasize the need for holistic interventions. Healthcare providers, schools, and policymakers must work collaboratively to design strategies that address the physical health (nutrition and physical activity), psychological well-being (sleep hygiene, emotional regulation, and counselling), and social development (family relationships and peer connections) of adolescents. Psychoeducation programs can empower parents to set boundaries and promote balanced screen use, while school-based initiatives can encourage healthier routines and foster resilience among students. Clinical services, including child psychiatry and counselling, should be more accessible to support both teenagers and their families.

Finally, this study highlights areas for future research, including longitudinal studies to examine long-term effects of video game addiction on adolescent development and interventions tailored to different cultural contexts. As gaming technologies evolve and become increasingly immersive, the risks of addiction may intensify, making early recognition and preventive measures even more critical. Video game addiction poses significant threats to adolescents' physical health, psychological stability, and social integration, while also straining family dynamics. By listening to parental perspectives, this study offers an essential lens into the multifaceted consequences of gaming addiction and reinforces the urgent call for coordinated, multi-pronged responses to safeguard the well-being and future of affected youth.

Acknowledgment

Director - Colombo South Teaching Hospital
Consultant Child and Adolescent Psychiatrist- Child Psychiatric Clinic, CSTH
Nursing Officers, Medical Officers - Child Psychiatric Clinic, CSTH

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