



From Screen Time to Social Connection: Exploring Digital Habits and Well-Being among School Students

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Abstract: This study aims to describe students' screen use, social media habits, adult guidance, digital boundaries, and their associations with self-reported mental well-being and face-to-face social communication. A descriptive quantitative survey was conducted with 20 students from Grades 7 to 9 selected through convenience sampling. The questionnaire examined weekday and weekend screen time, platform use, social media activities, parental rules, screen-time limits, phone use before sleep, physical discomfort, mood after social media use, feelings of loneliness and sadness, and confidence in face-to-face communication. Quantitative data were analyzed using descriptive statistics, including frequencies and percentages, while responses to open-ended questions were categorized thematically. The findings indicate that most students reported spending 2–4 hours on screens during weekdays and 4–6 hours during weekends. TikTok was the most frequently used platform, whereas scrolling and watching content were the predominant activities. Many students reported not using screen-time limits, and several indicated using their phones before sleep, experiencing eye strain or headaches, and feeling worse after using social media. Nevertheless, most students remained confident and comfortable in face-to-face communication. These findings suggest that adolescent digital well-being should be promoted through guided boundaries, adult involvement, and balanced technology use rather than through the complete rejection of digital media.

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Introduction

Digital technology has become deeply embedded in adolescent life like a Smartphones, social media platforms, messaging applications, video-sharing platforms, and online games influence how many young people communicate, relax, learn, and maintain friendships. For adolescents, digital platforms may support peer connection, creativity, information access, emotional expression, and identity exploration (Uhls et al., 2017). At the same time, these platforms may also expose adolescents to social comparison, sleep disruption, passive consumption, distraction, cyberbullying, and pressure to remain constantly available (Nesi, 2020; Valkenburg et al., 2022). This dual role shows that adolescent digital media use should be understood not only as a technological matter, but also as an educational, psychological, and social issue.

Recent scholarship has moved beyond the simple assumption that screen time is automatically harmful. Large-scale and review-based studies suggest that the relationship between digital technology use and adolescent well-being is often small, mixed, and shaped by the type of use, timing of use, individual vulnerability, and social context (Odgers & Jensen, 2020; Orben, 2020; Orben & Przybylski, 2019). Moderate use does not necessarily lead to lower well-being. However, excessive, unregulated, or problematic use may be



associated with poorer sleep, mood problems, loneliness, and reduced daily functioning (Boer et al., 2020; Sohn et al., 2019; Twenge & Campbell, 2018). Therefore, the central concern is not simply whether adolescents use digital media, but how they use it, when they use it, what activities it replaces, and whether they receive sufficient guidance.

Sleep is one important pathway through which digital media use may affect adolescent well-being. Social media use has been associated with later sleep onset, shorter sleep duration, and poorer sleep quality, particularly when digital devices are used close to bedtime (Scott et al., 2019; Woods & Scott, 2016). This issue is important because adolescence is a period of emotional, cognitive, and social development. When screen habits displace sleep or create bedtime stimulation, adolescents may experience tiredness, irritability, reduced attention, and emotional instability. In school contexts, this pathway is especially relevant because sleep quality influences learning readiness, self-regulation, and peer interaction.

The quality of online engagement is another important factor. Passive scrolling or continuous watching may expose adolescents to large amounts of content without meaningful interaction, while active, supportive, and purposeful use may strengthen connection and belonging (Godard & Holtzman, 2024; Valkenburg et al., 2022). Recent studies have shown that the distinction between active and passive social media use is not always straightforward, but the difference between meaningful engagement and unregulated consumption remains educationally important (Godard & Holtzman, 2024). Among school-aged adolescents, repeated passive consumption may reduce time for hobbies, physical activity, family interaction, sleep, and in-person friendships.

Real-life social skills also need attention. Adolescence is a developmental stage in which young people learn to read nonverbal cues, maintain eye contact, listen actively, negotiate conflict, and build trust through direct interaction. Online communication can help adolescents maintain friendships, but it cannot fully replace embodied social practice (Best et al., 2014; Uhls et al., 2017). Excessive reliance on texting, scrolling, or short-form entertainment may reduce opportunities to practice face-to-face interaction, especially when phones interrupt conversations or become a source of distraction. Nevertheless, existing evidence does not support the claim that digital technology automatically weakens social skills. Adolescents may remain confident in face-to-face communication while still experiencing difficulties related to poorly regulated digital habits.

Adult guidance and digital boundaries are theoretically grounded in the parental mediation framework, which explains how parents shape children's and adolescents' media experiences through different forms of guidance, rule-setting, and support. Within this framework, restrictive mediation involves boundaries such as rules and limits on media use, whereas enabling forms of mediation emphasize explanation, discussion, digital skills, and supportive involvement (Livingstone et al., 2017). Applied to the present study, parental phone rules and screen-time limits represent forms of digital boundary-setting, while explanation, modeling, negotiated routines, and adult involvement reflect broader guidance intended to support healthier media habits. This framework is relevant because the effects of digital media use may depend not only on how much adolescents use technology, but also on the social context in which that use is managed. Digital boundaries may therefore include limits on bedtime phone use, screen-free family time, app timers, school rules for device use, and encouragement of offline social activities. These boundaries should not position technology as an enemy, but as a tool that requires responsible and balanced habits.



Although adolescent digital media use has been widely studied, school-based descriptive studies remain useful because they provide contextual evidence from students' everyday routines. Schools need practical information about how students use devices, which platforms are most dominant, whether students apply screen-time limits, and whether they report sleep, mood, physical, or social communication concerns. Such evidence can support digital well-being education, counseling programs, parent communication, and school policies on responsible technology use.

Previous research has documented screen-related physical and sleep concerns among children and adolescents, including digital eye strain and sleep disruption (Mohan et al., 2021; Scott et al., 2019; Woods & Scott, 2016). A parallel body of research has examined digital media in relation to adolescent well-being, social connection, and communication (Best et al., 2014; Uhls et al., 2017). However, these physical, sleep-related, and social dimensions are less often examined together within the same school-based descriptive context. This study addresses this gap by jointly mapping screen habits, adult guidance, digital boundaries, physical discomfort, bedtime phone use, mood, and offline communication confidence. In particular, the study captures a distinctive pattern in which somatic and emotional strain may coexist with, but do not necessarily undermine, adolescents' confidence in face-to-face communication. By integrating these dimensions, this study views digital well-being as an educational issue that involves students, families, and schools.

This study aims to describe how social media and digital technology use are reflected in adolescents' self-reported mental well-being, sleep habits, physical comfort, and real-life social skills. Specifically, the study examines students' screen-time patterns, dominant social media platforms and activities, adult guidance, screen-time limits, emotional and physical effects, sleep-related habits, and confidence in face-to-face communication. The study offers a balanced perspective on adolescent digital well-being by avoiding both technological panic and technological naivety. Practically, the findings may help schools and families support healthier screen routines, clearer boundaries, and stronger offline social engagement. In the educational context, this study contributes practical evidence for schools, teachers, counselors, and parents in designing digital well-being education, homeroom guidance, parent communication, and school-based routines that promote balanced screen use, sleep protection, emotional awareness, and meaningful face-to-face interaction.

Research Method

This study employed a descriptive quantitative survey design supported by qualitative interpretation of short written responses. This design was used to describe patterns in students' technology use, emotional experiences, sleep habits, physical symptoms, and confidence in face-to-face communication. A survey method was considered appropriate because it enabled the collection of comparable responses from students while maintaining anonymity on topics related to personal habits, emotions, and social confidence.

Participants were recruited through convenience sampling from Grades 7 to 9 at one school in Badung, Bali, Indonesia. A total of 20 students aged 12 to 15 years participated in the study. This group was considered relevant to the research objectives because students in this age range regularly engage with social media and digital technology. Data were collected through an anonymous online questionnaire distributed through a school-based digital platform.



Ethical considerations were applied because the participants were school-aged adolescents. The study was conducted with school permission, and participation was voluntary. The questionnaire was anonymous, did not collect personally identifying information, and used non-clinical questions about everyday digital habits. All responses were analyzed at the group level under appropriate school supervision.

The questionnaire was self-developed for this study rather than adopted or adapted from a standardized validated instrument. It consisted of multiple-choice and short-answer items organized around six areas: background information, screen-time patterns, social media habits, adult guidance and digital boundaries, well-being indicators, and face-to-face communication. The items were developed from the research objectives and the observed issues addressed in the study, including screen use, sleep-related habits, emotional experiences, physical discomfort, parental rules, and social communication. To support clarity and consistency, the questions were written in clear and age-appropriate language for Grades 7 to 9 students, and all participants received the same questions in the same format through the same online school platform. No formal psychometric validation or pilot testing was conducted in the original study; therefore, the questionnaire items were treated as descriptive indicators of students' everyday digital experiences rather than as validated clinical or diagnostic measures.

The main variables in this study were screen use, social media habits, adult guidance, digital boundaries, sleep-related habits, emotional indicators, physical symptoms, and face-to-face communication confidence. Adult guidance was described through students' reports of parental rules and screen-time limits. Adolescent well-being was represented by self-reported sleep duration, phone use before sleep, mood after social media use, loneliness, sadness, tired eyes or headaches, and social confidence. These indicators were not used as clinical measures or diagnostic categories, but as descriptive indicators of everyday digital well-being.

Data were analyzed using descriptive statistics in Google Sheets. Frequencies and percentages were calculated for each multiple-choice item. For multiple-response questions, such as applications used and social media activities, percentages were calculated based on the total number of participants; therefore, the total percentage for these items could exceed 100% because students were allowed to select more than one answer. Short-answer responses were grouped into broad themes, including reducing screen time, improving digital balance, using timers, doing hobbies, spending time with friends offline, and using social media more wisely.

Inferential statistics were not applied because the sample was small and limited to one school context. The purpose of the study was not to test causal relationships or generalize the findings to all adolescents, but to describe patterns within the participant group. The main methodological limitations were the use of self-reported data, the small sample size, the cross-sectional design, and the use of a self-developed questionnaire without formal psychometric validation. These limitations should be considered when interpreting the findings. Therefore, the findings should be interpreted as descriptive patterns rather than evidence of causal relationships between digital media use and emotional, physical, or social outcomes.

Results and Discussion

A total of 20 students completed the survey. The participants were students from Grades 7 to 9, with ages ranging from 12 to 15 years. The largest age group was 14 years old, representing 10 students or 50% of the sample. Five students were 13 years old, three were 12



years old, and two were 15 years old. Table 1 presents the participant profile, screen-time patterns, social media habits, and digital boundaries.

Table 1. Participant profile, screen use, social media habits, and digital boundaries

Indicator	Category	Frequency	Percentage
Age	12 years	3	15%
	13 years	5	25%
	14 years	10	50%
	15 years	2	10%
Weekday screen time	1 to 2 hours	2	10%
	2 to 4 hours	11	55%
	4 to 6 hours	4	20%
	More than 6 hours	3	15%
Weekend screen time	2 to 4 hours	7	35%
	4 to 6 hours	10	50%
	More than 6 hours	3	15%
Apps used	TikTok	15	75%
	YouTube	11	55%
	Instagram	10	50%
	Snapchat	10	50%
	WhatsApp	10	50%
	Games	8	40%
	Netflix	1	5%
	Music apps	1	5%
Social media activities	Scroll or watch	17	85%
	Chat	13	65%
	Tutorials or learning	8	40%
	Games	8	40%
	Post or share	6	30%
Parental phone rules	Some rules	12	60%
	No rules	7	35%
	Strict rules	1	5%
Screen-time limits	No	13	65%
	Yes	6	30%
	Not sure	1	5%
Confidence to reduce phone use for one week	Very confident	4	20%
	Confident	2	10%
	Somewhat confident	6	30%
	A little confident	7	35%
	Not confident	1	5%

As shown in Table 1, weekday screen use was concentrated in the 2 to 4 hour category, reported by 11 students or 55% of the sample. Weekend screen use was higher, with 10 students or 50% reporting 4 to 6 hours of screen time. Three students or 15% reported more than 6 hours of screen use on both weekdays and weekends. This pattern indicates that students' screen exposure tended to increase during weekends, when they had more free time outside school routines.

Platform use was measured through a multiple-response item. TikTok was the most frequently selected platform, reported by 15 students or 75% of the sample. YouTube was selected by 11 students or 55%, while Instagram, Snapchat, and WhatsApp were each selected by 10 students or 50%. Games were selected by 8 students or 40%, while Netflix and



music applications were each selected by one student or 5%. Because students could select more than one platform, the total percentage for this item exceeds 100%.

The most common social media activity was scrolling or watching content, reported by 17 students or 85% of the sample. Chatting was reported by 13 students or 65%, while tutorials or learning and games were each reported by 8 students or 40%. Posting or sharing was selected by 6 students or 30%. These results show that students' social media use was dominated by passive content consumption rather than active content creation.

In relation to digital boundaries, 12 students or 60% reported having some parental phone rules, while 7 students or 35% reported having no rules. Only one student or 5% reported having strict rules. Most students, 13 or 65%, did not use screen-time limits. Confidence in reducing phone use for one week also varied. Four students or 20% were very confident, two students or 10% were confident, six students or 30% were somewhat confident, seven students or 35% were only a little confident, and one student or 5% was not confident. This pattern suggests that although some students had parental rules, many did not consistently use digital tools or feel fully confident in reducing phone use. The survey also examined students' physical, emotional, sleep-related, and face-to-face communication indicators. These results are presented in Table 2.

Table 2. Physical, emotional, sleep, and face-to-face communication indicators

Indicator	Category	Frequency	Percentage
Phone distraction during conversations	Never	6	30%
	Rarely	11	55%
	Sometimes	2	10%
	Often	1	5%
Avoiding eye contact to look at phone	Never	8	40%
	Rarely	9	45%
	Sometimes	3	15%
Physical effects after phone use	Never	2	10%
	Rarely	7	35%
	Sometimes	7	35%
	Often	2	10%
	Always	2	10%
Preference for texting	Never	8	40%
	Sometimes	7	35%
	Often	3	15%
	Always	2	10%
Sleep duration	Less than 5 hours	1	5%
	5 to 6 hours	1	5%
	6 to 7 hours	4	20%
	7 to 8 hours	9	45%
	More than 8 hours	5	25%
Phone before sleep	Never	2	10%
	Rarely	2	10%
	Sometimes	7	35%
	Often	6	30%
	Always	3	15%
Mood after social media use	Better	2	10%
	No difference	12	60%
	Worse	6	30%
Loneliness in the past two weeks	Never	6	30%



	Rarely	8	40%
	Sometimes	4	20%
	Often	2	10%
Sadness	Rarely	8	40%
	Sometimes	7	35%
	Often	3	15%
	Very often	2	10%
Comfort speaking face-to-face	Very comfortable	9	45%
	Comfortable	4	20%
	Somewhat comfortable	6	30%
	Uncomfortable	1	5%
Self-rated communication skills	Okay	6	30%
	Good	10	50%
	Very good	4	20%

Most students reported low levels of phone distraction during direct conversations. Six students or 30% reported that they were never distracted by their phones during conversations, while 11 students or 55% reported that this rarely happened. Similarly, 8 students or 40% reported that they never avoided eye contact to look at their phones, and 9 students or 45% reported that this rarely occurred. These results suggest that phone distraction during face-to-face interaction was present, but not frequent for most students.

Physical discomfort after phone use was more varied. Seven students or 35% reported that they sometimes experienced physical effects such as tired eyes or headaches, while 2 students or 10% reported this often and another 2 students or 10% reported this always. Sleep duration was generally within the 7 to 8 hour range for 9 students or 45%, and 5 students or 25% reported sleeping more than 8 hours. However, 6 students or 30% reported sleeping less than 7 hours. Phone use before sleep was also common, with 7 students or 35% reporting that they sometimes used their phones before sleep, 6 students or 30% often, and 3 students or 15% always.

In relation to emotional indicators, 12 students or 60% reported no difference in mood after using social media, while 6 students or 30% reported feeling worse. Feelings of loneliness were reported less frequently, with 6 students or 30% reporting that they never felt lonely in the past two weeks and 8 students or 40% reporting that they rarely felt lonely. However, 4 students or 20% reported feeling lonely sometimes, and 2 students or 10% reported feeling lonely often. Sadness showed a more varied pattern, with 8 students or 40% reporting sadness rarely, 7 students or 35% sometimes, 3 students or 15% often, and 2 students or 10% very often.

Face-to-face communication remained relatively strong among the respondents. Nine students or 45% reported feeling very comfortable speaking face-to-face, and 4 students or 20% reported feeling comfortable. Six students or 30% were somewhat comfortable, while only one student or 5% reported feeling uncomfortable. Self-rated communication skills also showed a positive pattern, with 10 students or 50% rating their communication skills as good and 4 students or 20% rating them as very good.

Short written responses provided additional insight into students' views on healthier technology use. Students suggested practical strategies such as setting timers, reducing phone use gradually, engaging in hobbies, spending time with friends offline, and improving the quality of their social media feeds. Representative responses included "use social media wisely," "ended up using their phones more," and "tried to reduce phone use and felt better afterward." These responses illustrate that students were aware of the need for healthier



digital habits, although their experiences with reducing screen use varied. Some reported positive effects after reducing phone use, while others found it difficult to maintain these changes. Overall, the qualitative responses complement the quantitative findings by showing that students recognized the importance of digital balance but did not always find self-regulation easy to sustain.

Discussion

The findings show that digital technology has become a regular part of students' everyday routines. Most students reported 2 to 4 hours of non-school screen use on weekdays, while half of the students reported 4 to 6 hours on weekends. This pattern indicates that screen exposure tends to increase when students have more free time. The finding is consistent with broader research showing that adolescents' digital engagement is closely connected to leisure, communication, and identity-related practices (Faverio et al., 2025; Uhls et al., 2017). However, the issue is not only the amount of time spent on screens. The findings suggest that students' digital habits are also shaped by content type, bedtime routines, adult boundaries, self-regulation, and the extent to which screen use replaces sleep or offline interaction.

The dominance of TikTok and scrolling or watching activities is also important. TikTok was selected by 75% of the participants, while scrolling or watching was selected by 85%. This pattern shows that passive short-form content consumption was more common than active content creation or community participation. Research on active and passive social media use remains mixed, but many scholars emphasize that the psychological effects of social media depend on what adolescents do online, how they interpret content, and whether their use becomes compulsive or emotionally dysregulating (Godard & Holtzman, 2024; Orben et al., 2024; Valkenburg et al., 2022). In this study, passive entertainment dominated the activity profile. This may help explain why social media did not appear to improve mood for most students. Sixty percent reported no mood difference after social media use, while 30% reported feeling worse.

The mood-related finding should be interpreted carefully. The result does not show that social media caused negative mood because the study used a descriptive and cross-sectional design. Adolescents may use social media when they already feel bored, tired, lonely, or emotionally vulnerable. Nevertheless, this finding remains educationally relevant because a notable proportion of students associated their social media experience with negative feelings. This aligns with evidence that digital media effects are heterogeneous and may be stronger for certain adolescents, depending on emotional vulnerability, social comparison, peer feedback, sleep habits, and problematic use patterns (Odgers & Jensen, 2020; Orben, 2020; Sherman et al., 2018). Schools should therefore avoid broad moral panic while still taking students' reported negative experiences seriously.

Sleep-related findings were also significant. Most students reported sleeping 7 hours or more, but 30% reported sleeping less than 7 hours. Phone use before sleep was common, with 45% of students reporting that they often or always used their phones before bedtime. This suggests that screen use may affect adolescents not only through daytime duration, but also through bedtime habits and sleep displacement. Previous studies have found associations between adolescent social media use and later sleep onset, shorter sleep duration, and sleep difficulties (Scott et al., 2019; Woods & Scott, 2016). From an educational psychology perspective, bedtime phone use deserves attention because sleep influences attention, emotional regulation, memory, and classroom readiness.



Physical discomfort also appeared in the findings. Thirty-five percent of students reported sometimes experiencing tired eyes or headaches after long phone use, while 20% reported experiencing these symptoms often or always. These results indicate that digital well-being should not be framed only as a mental health issue. It also includes physical comfort, visual strain, posture, rest, and daily routines. The Council on Communications and Media et al. (2016) emphasizes the importance of family media plans and balanced media use that protect sleep, physical activity, and development. In this study, the presence of physical symptoms strengthens the need for practical routines such as breaks, screen-free periods, and healthier device habits.

The findings on adult guidance suggest that digital boundaries were not consistently applied in students' daily routines. Although 60% of students reported having some parental rules, 35% reported having no rules, and only 5% reported strict rules. In addition, 65% of students did not use screen-time limits. This pattern suggests that rules and digital tools may not yet be fully integrated into students' technology habits. Parental mediation research shows that guidance is more effective when adults combine boundaries with explanation, digital skills, and supportive communication (Livingstone et al., 2017). Rules alone may be insufficient if adolescents do not understand their purpose or if adults do not model balanced technology use. Similarly, app-based limits may be less effective when students experience them as external control rather than as support for self-regulation.

Students' confidence in reducing phone use further supports this interpretation. Only 30% of students were confident or very confident that they could reduce phone use for one week, while 65% were somewhat confident or only a little confident, and 5% were not confident. This pattern suggests that many students recognize the difficulty of changing digital habits. It also supports recent research emphasizing that problematic or addictive patterns may be more meaningful than screen duration alone (Boer et al., 2020; Sohn et al., 2019; Xiao et al., 2025). Therefore, educators and parents should not focus only on how many hours adolescents spend online. They should also consider whether students can stop when needed, whether screen use interferes with sleep or relationships, and whether students feel distressed when disconnected.

The findings also present a balanced picture of real-life social skills. Despite moderate to high screen use, most students reported low levels of phone distraction during conversations, rarely or never avoided eye contact because of phones, and rated their communication skills as good or very good. Forty-five percent of students were very comfortable speaking face-to-face, and only one student reported feeling uncomfortable. These results do not support the deterministic claim that technology automatically weakens adolescents' social skills. Instead, they suggest that face-to-face confidence can remain present even when students experience challenges related to bedtime phone use, passive scrolling, physical discomfort, or mood after social media use.

This coexistence may be understood as a screen-confidence paradox. Although TikTok was the most frequently used platform and scrolling or watching was the dominant activity, some students also reported physical discomfort and negative mood after social media use, while face-to-face communication confidence remained relatively strong. Specifically, 35% of students reported sometimes experiencing physical discomfort after phone use, 30% reported feeling worse after using social media, yet 65% reported being comfortable or very comfortable speaking face-to-face. These findings should not be interpreted as evidence that TikTok or screen use directly caused the reported physical or emotional effects, because the study did not test associations between individual platform use



and specific outcomes. Rather, the pattern suggests that intensive digital engagement can coexist with relatively intact offline communication confidence. One possible explanation is that, for these early adolescents, social media functioned primarily as entertainment and leisure rather than as a complete substitute for offline social interaction. This interpretation is consistent with the dominance of scrolling and watching activities in the present sample and with research emphasizing that the effects of social media depend on how adolescents use digital platforms, the type of engagement involved, and the broader social context in which use occurs (Godard & Holtzman, 2024; Uhls et al., 2017; Valkenburg et al., 2022).

This balanced finding is important for digital well-being education. The goal should not be to remove technology from students' lives, but to help them build healthier and more intentional relationships with it. Adolescents can use social media for friendship, creativity, learning, and emotional support, while still needing boundaries that protect sleep, attention, emotional balance, and direct social interaction (Nesi, 2020; Uhls et al., 2017). The short written responses also show that students are not passive users of technology. Several students were able to identify practical strategies, such as using timers, doing hobbies, spending time with friends offline, and improving the quality of their social media feeds. This suggests that digital well-being programs should include student voice rather than relying only on adult control. Students should be involved in designing realistic routines that balance online engagement, sleep protection, emotional awareness, and meaningful offline interaction.

The findings have practical implications for schools and families. First, schools can integrate digital well-being into counseling, homeroom programs, health education, and educational psychology activities. These programs may address sleep hygiene, emotional awareness after social media use, passive scrolling, social comparison, online kindness, and self-regulation. Second, schools can guide parents in developing family media routines that are consistent but not punitive. These routines may include device-free bedtime periods, shared charging spaces outside bedrooms, screen-free meals, and negotiated weekend limits. Third, schools can strengthen offline peer interaction through clubs, collaborative learning, outdoor activities, board games, sports, arts, and student-led social events. These activities do not reject technology, but help restore balance between online and offline life.

The results also suggest that digital boundaries should be relational rather than purely restrictive. When parents only impose restrictions, adolescents may resist or hide their behavior. When schools only ban devices without teaching digital self-regulation, students may not develop transferable habits. A healthier approach combines structure, explanation, modeling, and meaningful alternatives. This is consistent with research showing that family-based screen reduction can improve child and adolescent behavioral outcomes in the short term, although sustainable change requires further study and continued support (Schmidt-Persson et al., 2024). In the context of this study, the most realistic recommendation is guided routine-building rather than a strict anti-technology policy. Overall, these findings support a contextual understanding of adolescent digital well-being. Screen use can coexist with positive face-to-face confidence, but unbalanced digital routines may still create concerns related to sleep, mood, physical comfort, and self-regulation. Therefore, adult guidance and digital boundaries should be understood as educational supports rather than purely restrictive controls.



Conclusion

This study concludes that adolescent digital well-being is shaped not only by the presence of social media and technology, but also by the balance, guidance, and routines that surround their use. The findings indicate that students' digital habits can coexist with positive face-to-face communication confidence. However, weak digital boundaries, limited screen-time regulation, and phone use before sleep may create concerns related to sleep, physical comfort, mood, and self-regulation. Therefore, the purpose of this study is addressed by showing that adolescent technology use should be understood as an educational and family-supported issue rather than merely an individual habit or a technological problem. Healthy digital engagement requires adult guidance, clear boundaries, student participation, and meaningful offline interaction to support both mental well-being and real-life social confidence.

Recommendation

Future studies should involve larger and more diverse samples across multiple school contexts and use validated instruments to examine adolescent well-being, sleep quality, self-regulation, and social communication. Longitudinal or intervention-based research is also recommended to assess the effects of guided digital routines over time. At the practical level, teachers and schools are encouraged to integrate digital well-being into classroom, counseling, and homeroom activities by promoting healthy screen habits, bedtime routines, self-regulation, and awareness of how digital use may affect mood, physical comfort, and attention. Schools can also provide guidance for parents, create more opportunities for offline peer interaction through clubs, sports, arts, and collaborative activities, and involve students in developing realistic digital-use routines. These efforts should emphasize supportive, balanced, and non-punitive approaches that help students maintain healthy online engagement while protecting sleep, emotional well-being, physical comfort, and meaningful face-to-face interaction.

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