COMMUNITY LEADERS AND WIDOWED CAREGIVERS' RHETORIC ON SMARTPHONE USE AND PHONE ADDICTION AMONG CONFLICT ORPHANS IN A PROLONGED LOW-INTENSITY ARMED CONFLICT AREA

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Abstract

Smartphone addiction is an emerging problem among children and youths worldwide, and caregivers have a unique role in controlling children and youth's access to phones. However, data are scarce about caregivers' rhetoric of smartphone use by vulnerable and traumatized children and youths, such as in Thailand's Deep South region, where a local insurgency has resulted in thousands of conflict widows and orphans. The objective of this study was to describe the rhetoric of community leaders and widowed caregivers about smartphone use and phone addiction behaviors among adolescents in a conflict-affected area. Using a semi-structured questionnaire, we collected qualitative data in Khok-Yang Village, Phron Sub-District, Tak Bai District, Narathiwas Province, Thailand. Data collectors conducted in-depth interviews and focus group discussions with five community leaders and five parents as part of a baseline study for participatory action research. We then analyzed data using content analysis. Participants deemed that smartphone use replaced outdoor and physical activities among children and youths. Still, they could also be a less harmful activity than socialization with potential illegal acts. Our study was one of the first to describe the rhetoric on smartphone use and addiction in conflict-affected populations. However, limitations regarding the lack of probing and potentially unsaturated data should be considered when interpreting the study findings.
Keywords: Smartphone Addiction, Children, Youths, Conflict, Orphans

Introduction

Smartphone addiction is an emerging behavioral health problem worldwide, particularly among young people (Gangadharan et al., 2022; Haug et al., 2015; Ratan et al., 2021). Smartphone addiction is associated with Attention Deficit Hyperactivity Disorder (ADHD) among high school students (Phanichsiri & Tuntasood, 2016). Furthermore, children and youths may also be exposed to inappropriate content while using social media, subsequently leading to emotional issues (Koikitcharoen & Chaiyakot, 2015). Children and youths may also use smartphones at inappropriate times, such as during class (Khorpornprasert, 2014), which puts them at risk of lower educational attainment (Wang et al., 2023).

The home is the most common location for children and adolescents to spend waking hours in a given day, and parents or caregivers are the most common persons to share spaces in the home. Among families affected by armed conflicts, the caregivers of conflict orphans may have unique concerns, e.g., the need to balance the consequence of phone use behavior with more significant exposure time to other negative influences in the community, e.g., induction into drug use or armed conflict activity by other youths. The literature has not described qualitative, in-depth data about parents' perceptions and rhetoric regarding smartphone use by adolescents and youths orphaned by armed conflict. Such findings may be of interest to stakeholders in adolescent health and behavioral health. Therefore, this study aims to describe the rhetoric of community leaders and widowed caregivers regarding smartphone use and phone addiction behaviors among adolescents in Khok-Yang Village, Phron Sub-District, Tak Bai District, Narathiwas Province, Thailand.

Literature Review

Smartphone penetration in Thailand is practically universal: more than 99% of participants of a survey in 2022 aged 6 to 39 years stated that they used a smartphone (Walderich, 2024). Thai children and adolescents tend to be heavy smartphone and internet users. Surveys on Thai children's behavior found that children aged 8-12 years spent up to 35 hours per week on the internet (Prayongkul & Charoenwanit, 2024). A survey in 2016 found that nearly half of Thai students aged 16-17 years used smartphones for 5 hours or more per day (Tangmunkongvorakul et al., 2020). Access to phones among children and adolescents at home depends on parents' permission. Parents and caregivers can also function as moderating agents (for emotional issues when exposed to inappropriate content) on the effect of excessive phone use on the child's health (Buabbas et al., 2021). On the other hand, parental neglect of children is associated with the children's smartphone addiction (Fischer-Grote et al., 2019).

Since 2004, the Deep South region of Thailand has experienced an armed conflict with more than 20,000 casualties (Deep South Watch, 2021). There is clear evidence of acute consequences among conflict orphans, such as acute post-traumatic stress disorder (PTSD) (Wichaidit, 2018). Phone addiction, or problematic cell phone use, refers to the problematic manifestations of the impulse to use smartphones, including excessive, complicated, and conscious use of smartphones in dangerous or prohibited contexts and irritability, anxiety, and loneliness when unable to use (De-Sola Gutiérrez et al., 2016). Phone addiction is a common issue among populations with PTSD (Shen et al., 2021). Although many quantitative studies on the consequences of phone addiction and excessive smartphone use have been conducted worldwide (Karabey et al., 2024; Wacks & Weinstein, 2021), qualitative data are relatively scarce and focus mainly on describing the model of addiction among the general population (Jameel et al., 2019; Li & Lin, 2019). There is little data on how caregivers perceive and cope with excessive phone use among conflict orphans.

Research Methods

Study Design and Setting

We conducted a qualitative study in southern Thailand among community leaders and caregivers in Khok-Yang Village, Phron Sub-District, Tak Bai District, Narathiwat Province, Thailand. The Village included 345 households with a total population of 1,418 residents (684 males and 734 females), including 175 children and youths. Most participants were either ethnic Thai, who spoke the Jehe dialect, or ethnic Malay, who spoke the local dialect of Malay. Most residents worked in agriculture. This study was part of a more extensive Action Research in the community. In contrast, participants in Prince of Songkla University's Graduate Volunteer Programs were mandated to work with the local community on a local social problem. The volunteers engaged in informal dialogues with community members and inquired about issues of concern. Most of the local residents informed the volunteers that smartphone addiction was the main issue of interest. The study period lasted 1 year, between January to December 2019. Data for this study came from the investigator's Appreciate-Influence-Control (AIC) process to plan participatory action research on mobile phone addiction with local community leaders and widowed caregivers.

Study Participants and Sample Size Calculation

The participants in our study included five community leaders and five widowed caregivers of children under 18 years. Inclusion criteria were: 1) having resided in the Village for at least 3 years, and 2) expressed willingness to participate in the study. The number of participants was determined based on convenience with due consideration for the logistics of data collection for the primary Action Research study.

Study Instrument

The instrument of this study was a semi-structured questionnaire for the Action Research project's baseline data collection, which included community history, participatory community analysis, and general field data collection. Topics in the participatory community analysis section included concerns regarding local social problems and priorities for community development. Investigators sent the draft instrument to 3 relevant experts to validate the content and suitability of the language. Investigators then used expert feedback to modify further and finalize the study instrument.

Data Collection

Investigators trained the graduate volunteers on the protocol of the leading project and data collection procedures. Graduate volunteers then traveled to the village and approached the village leaders at a multi-purpose pavilion, a traditional gathering point for community members. Village leaders then contacted the leaders of various population groups within the Village according to the graduate volunteers' request. They provided graduate volunteers with a date and time for data collection.

On the date and time of data collection, the graduate volunteers introduced themselves and provided information about the study to the potential participants according to the prepared participant information sheet. The graduate volunteers then asked for the participants' verbal informed consent to participate and requested permission to make voice recordings. Graduate volunteers then conducted either a focus group discussion or an in-depth interview with the study participants, depending on the context of the particular date and time of data collection. Data collectors conducted the sessions in either Thai or the local dialect of Malay, depending on the participant's preference.

Data Analysis

The investigators transcribed the recordings in Thai language into Thai texts or translated the tapes in the local dialect of Bahasa Melayu into Thai texts, as per the standard procedures due to the lack of a system to transliterate the dialect of Malay. Investigators then performed a thematic analysis on the description of smartphone use behaviors and smartphone addiction

among local children and youths. Investigators checked the accuracy of the qualitative data and coded the transcription segments according to the issues. Investigators then identified themes in each segment based on consensus, selected a quote that investigators deemed to represent the theme, and presented the modified (de-identified and anonymized) version of the quotes as the study findings. All quotes were translated into English to report the findings.

Ethical Considerations

The investigators received ethical approval for the activities in this study under a larger Action Research project titled "Deep South Wellness Community Development, Healing, Reconciliation, and Creative Construction Project" from the Research Ethics Committee of Prince of Songkla University Pattani Campus (Approval No.PSU.PN.2-040/62). As part of the ethical approval process, the investigators received a waiver of written informed consent.

Research Findings

All five community leaders and five parents who were invited agreed to participate in the study. Community leaders described the observed changes in the recreational behaviors of local children and youths. Most notably, there seemed to be a general replacement of outdoor time and physical activities with smartphone use.

"...*In our community, there are many children. In the past, children often had a group playing water in the canal, kite playing, and rubber jumping after school. Today, when they arrive home, they catch the phone to access social media. Sometimes, they group to play games. They normally gather at Wat Sittisan Pradit School...*" (Village Headman, January 2019)

Parents expressed concerns with smartphone addiction in the context of a broader variety of social issues. However, phone addiction is regarded as a less harmful form of behavioral health issue compared to drug addiction. One parent also noted concern that children who leave home to socialize with others may not tell their parents about their activities.

"…*The problems encountered in the community right now with children are drug addiction, night out, social media addiction (Facebook), and games addiction. I believe that they addict games better than addict drugs. They should lie on the phone at home rather than hang out because we do not know where the children are going and what the children are doing. The children tell not everything to the parent...*" (Interviewing a parent, 11 March 2019).

However, using a phone in lieu of socializing in the community does not entail complete transparency. One parent expressed concern with the lack of transparency or basic information about what their children's phone use entailed.

"...*When they catch the phone, we know that they are playing games and watching the video, but we do not know what the game is, how they play, what the clip they watch. When they have a hold on the phone, they do not give a hand with housework. For the small kids, sometimes I give them the phone to avoid them disturbing me from doing a job…*" (Interviewing a parent, 11 March 2019).

In that regard, although families did not necessarily provide all children with smartphones, children generally found ways to access smartphones, such as using their siblings' phones without permission at night.

"…*I have twins aged 11 years. Both like to play games, even though they have no smartphone. Mostly, they use the oldest sister's smartphone at nighttime or when the sister sleeps. The twins share and play the smartphone every night, causing them to go to bed late and wake up late in the morning regularly...*" (Interviewing a parent, 28 January 2019)

Conclusion and Discussion

In this qualitative study, we described the rhetoric of community leaders and widowed caregivers in active armed conflict areas with regard to smartphone use and phone addiction among conflict-orphaned children and adolescents. We found that caregivers regarded heavy

smartphone use as a less harmful alternative to socialization with other youths in the community who might become negative influences, as well as concerns regarding transparency and access to phones despite lack of ownership, such as by unauthorized use of siblings' phones. The findings of this study are consistent with our proposed hypotheses on the potential perception of caregivers and may have implications for relevant stakeholders. However, several considerations should be made when interpreting our study findings.

Firstly, there seems to be a form of cognitive dissonance where smartphone use had a negative effect of replacing healthier outdoor activities while simultaneously having a relatively positive impact on sheltering youths from socialization. However, the word for "socialization" in our study was based on the term "*mua room" in Thai, which conveys a negative connotation and implies socialization with the* involvement of potentially illegal activities. Other forms of gathering, such as community service or playing sports, are referred to as "*tham kijjagam*" ("participation in activities") and not deemed to be mua soon. Two points of caution are advised in the implication of these findings: 1) the parents may presume that the child's outside activities were harmful when, in fact, the activities were positive, depriving the child of positive social and physical development; 2) the perception of the parents concerning *mua soom* might have been based on the parent's own experiences during their childhood and adolescence, and the context in which potentially harmful activities occurred. Future studies should explore the notion of deprivation of physical activity and outdoor exposure vs. the notion of phone addiction being less harmful than *mua soom* further to achieve a fuller understanding of the parents' rhetoric.

Secondly, the lack of information and transparency regarding children's online activity may be as harmful as *mua soom*. In recent years, with improvements in internet connectivity and content volume, there has been an emergence of content that promotes drug use on social media (Rutherford et al., 2022). Insurgent groups, including local separatist movements, are also known to use platforms such as TikTok to radicalize local youths as part of the new wave and generation of insurgency (Daily News Online, 2024)Future studies should consider exploring the online behaviors of children and adolescents in greater detail, particularly concerning harmful content, and comparing them with such exposure during socialization in the community.

The strength of this study was that data collection was done in the community setting by graduate volunteers, who were local youths who had finished university and returned to the region to undertake work in community development. This could have put the participants at ease and allowed the study data to reflect real-world conditions and opinions more closely than in controlled settings. However, several limitations should be considered when interpreting our study findings. Firstly, the study data were collected as part of the broader community survey based on conversations with members of various community groups. Thus, the study's design did not enable the graduate volunteers (i.e., data collectors) to probe for more significant details concerning smartphone use and addictive behavior. Secondly, the study only included data from 5 community leaders and five parents as part of a broader study. Thus, the data had a relatively limited generalizability and might not have reached a point of saturation. Additional details might have been missing from the study findings. Thirdly, the inclusion of only one community as the study area limited the scope for comparative analyses, particularly concerning the demographic composition of the study communities.

In conclusion, we conducted a qualitative study on the perception of smartphone use and phone addiction among conflict orphans in a conflict-affected community. We found that community leaders and caregivers have mixed feelings regarding smartphone use. Participants deemed that smartphone use replaced outdoor and physical activities among children and youths. Still, they could also be a less harmful activity than socialization with potential illegal acts. However,

limitations regarding the lack of probing and potentially unsaturated data should be considered when interpreting the study findings.

Recommendations

1) Raise awareness among caregivers regarding political or militant radicalization via social media

2) Consider incorporating assessment and treatment of smartphone addiction among conflict-affected children and youths in the set of activities to assist conflict-affected families

Recommendations for Future Research

1) Conduct a survey to describe the level of physical activity (or lack thereof) and smartphone addiction among conflict orphans and the association between these two behaviors

2) Conduct an in-depth study on the phone and internet use behaviors of conflict orphans, including characterization of exposed online content. Future studies should probe responses to explore contradictions and nuances in the participants' rhetoric.

3) Include more participants (i.e., a larger sample size) from other community groups to increase the diversity of perspectives, data saturation, and credibility of the findings and to enable the construction of a more robust and comprehensive theoretical framework to explain smartphone addiction among children and adolescents.

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