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Original Research Article

Small screens, big impact: prevalence and associated factors of excessive screen time among 2-5-year-olds in southern Karnataka

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ABSTRACT

Background: Screen time (ST) in early childhood is rapidly increasing, with potential adverse effects on physical, cognitive, and psychosocial development. WHO recommends that children aged 2-5 years should not exceed one hour of screen exposure per day. However, data from rural regions in southern India remain scarce. The study estimated the prevalence of excessive ST among children aged 2-5 years in rural southern Karnataka and examined associated socio-demographic and parental factors.
Methods: We conducted a cross-sectional analytical study among 155 parents of children aged 2-5 years in southern Karnataka. Participants were selected through simple random sampling. Data were collected via structured interviews using a pre-tested questionnaire. Excessive ST was defined as >1 hour/day. Descriptive and bivariate analyses were performed using SPSS.
Results: Overall, 49.0% (95% CI: 42.5-55.6%) of children exceeded recommended ST limits. Excessive screen use was most prevalent among 3-year-olds (86.7%) and 5-year-olds (50.7%). All households had televisions; 91.6% had at least one smartphone. Daily screen use was reported in over half of the children. Although 93.5% of parents reported regulating ST, only 28.4% were aware of WHO guidelines. Bivariate analysis showed significant associations between excessive ST and the child's age, parental education, and number of devices at home.
Conclusions: Nearly half of rural preschool-aged children in this study exceeded safe ST limits. Despite widespread device access and parental regulation efforts, awareness of guidelines remains low. Targeted education and community-based interventions are essential to mitigate the impact of excessive screen exposure in early childhood.

Keywords: Digital media exposure, Parental attitudes, Preschool children, Rural health, Screen time

INTRODUCTION

The rapid advancement of digital technology has dramatically reshaped daily life worldwide, including the way children are raised. In recent years, even the youngest members of society have become increasingly exposed to screen-based devices, including smartphones, tablets, computers, and televisions. What was once restricted to entertainment or education for older age groups has now permeated the early developmental years, making screen exposure a common component of early childhood. This trend raises concern among pediatric health experts, educators, and policymakers due to its potential impact on the cognitive, emotional, physical, and social development of young children.

Screen time (ST) refers to the time spent interacting with digital screens, whether for educational content, passive

video watching, or interactive games. Recognizing the critical importance of early childhood as a foundation for future development, the World Health Organization (WHO) has issued guidelines on ST exposure. It advises that children under two years should have no exposure to screens, while those between two and five years should be limited to no more than one hour of high-quality, supervised ST per day.[1] These recommendations aim to ensure that children have sufficient time for physical activity, interactive play, restful sleep, and meaningful human interaction, which are all essential for optimal development.

However, global trends suggest that adherence to these recommendations remains low. A systematic review and meta-analysis indicated that only 24.7% of children under two and 35.6% of children aged two to five years met the recommended guidelines for ST.[2] This suggests that a significant proportion of children worldwide are being exposed to screens far beyond what is considered developmentally appropriate. The situation is similarly concerning in India. A population-based cross-sectional study reported that over 70% of children under the age of five were found to have excessive ST, with significant associations observed between screen overuse and developmental delays.[3]

Excessive ST during the early years has been linked to a wide range of adverse effects. Neurological studies show that extended exposure to digital screens in early childhood is associated with reduced white matter integrity and early cortical thinning, which may impact language acquisition, executive functioning, and attention regulation.[4,5] From a behavioral standpoint, children who are exposed to screens for prolonged periods often exhibit increased restlessness, delayed speech, and reduced social responsiveness.[6,7] Furthermore, high screen exposure has been associated with increased sedentary behavior, contributing to childhood obesity, irregular sleep patterns, and other physical health concerns.[8]

In India, few studies have systematically explored this issue. A study from Chandigarh reported that nearly 60% of preschool children exceeded daily ST limits, with higher usage observed on weekdays than weekends.[9] Another study conducted in rural Western India found that more than 80% of preschool-aged children were exposed to screens beyond the recommended duration, with smartphones and televisions being the most commonly used devices.[4] These findings highlight a pressing need for increased parental awareness and the development of community-level interventions, especially given that parental behavior and supervision are central to shaping a child's screen use habits.[3]

Despite these findings, there remains a paucity of research exploring ST exposure among preschool-aged children in rural southern India. In these settings, rapid digital penetration is occurring alongside limited access to structured parenting guidance or awareness campaigns. Furthermore, cultural beliefs, literacy levels, family structure, and employment patterns may influence both parental supervision and children's screen exposure. Understanding parental attitudes and awareness is essential, as their perceptions often dictate how screen media is introduced, used, and regulated at home.

Despite growing global concerns around ST in early childhood, to our knowledge, there is a notable lack of data from southern India, particularly in the context of Karnataka.

To address this gap in evidence, the present study was conducted to estimate the prevalence of excessive ST among children aged 2 to 5 years residing in a rural region of southern Karnataka. Alongside measuring screen exposure, the study also aimed to evaluate parental knowledge and attitudes toward screen use and to explore the socio-demographic and behavioral factors associated with excessive ST.

METHODS

Study design

We conducted a community-based cross-sectional analytical study to estimate the prevalence of excessive ST among children aged 2-5 years and to identify associated socio-demographic and behavioral factors. In addition to descriptive analysis, we performed bivariate analysis to explore associations between independent variables and excessive screen exposure.

Study setting

The study was carried out in Yeldur village, located in Srinivaspur Taluk of Kolar District, Karnataka, southern India. We selected this site based on its rural profile, feasibility for fieldwork, and the presence of a substantial number of preschool-aged children. Yeldur represents a typical rural setting in southern India where digital penetration is growing, but awareness regarding appropriate ST remains limited.

Study participants

Our study included parents or primary caregivers of children aged between 2 and 5 years who were permanent residents of the village. Inclusion criteria required caregivers to have lived in the area for at least six months and to be willing to provide informed consent. We excluded households where eligible participants were unavailable after two attempts or declined to participate.

Sample size

We calculated the required sample size using the standard formula for cross-sectional studies, estimating a single proportion:

$n=Z^2\times p(1-p)\ d^2$

Assuming a prevalence (p) of 73% from a prior study in India (3), a 95% confidence level (Z=1.96), and a margin of error (d) of 7%, we determined a minimum sample size of 155 participants. We obtained a list of all eligible children from the village ASHA worker and used simple random sampling to select participants. Random numbers were generated using a random number table.

Study tools and instruments

We used a structured, interviewer-administered questionnaire to collect data. The tool was adapted from previously validated instruments used in similar studies, translated into Kannada, and pilot-tested in a neighbouring village. Based on pilot feedback, we refined the wording for cultural relevance and clarity.[2,4]

The questionnaire comprised five sections: i) socio-demographic characteristics of the child and family; ii) access to and availability of screen devices; iii) screen media usage patterns of the child; iv) parental knowledge about ST guidelines; and v) attitudes of parents toward screen supervision and regulation

Operational definitions

Excessive ST

Daily screen exposure exceeding one hour in children aged 2-5 years, in accordance with WHO guidelines.[1]

Screen devices

Includes televisions, smartphones, tablets, and computers.

Parental knowledge

Awareness of recommended ST limits and understanding of screen-related developmental effects.

Parental attitude

Beliefs and practices related to screen use monitoring, enforcement of limits, and perceived benefits or harms.

Data collection and procedure

We collected data over four months, from February to May 2022, through door-to-door visits. After obtaining informed consent, trained field investigators conducted face-to-face interviews with the primary caregiver, typically the child's mother. Each interview lasted approximately 20-30 minutes and was conducted in a private area within the household to ensure confidentiality.

We guided parents through recall-based questions on the child's ST using context-specific cues such as daily routines, feeding schedules, and nap times to minimize recall bias. Completed forms were reviewed on-site for completeness and accuracy before data entry. We digitized the data in Microsoft Excel and later imported it into SPSS for statistical analysis.

Statistical analysis

We used IBM SPSS Statistics version 23.0 to analyze the data. Descriptive statistics, such as frequency and percentage for categorical variables, mean and standard deviation for continuous variables, were used to summarize socio-demographic variables and ST behavior. To assess associations between independent variables and excessive ST, we used the Chi-square test (χ^2). All results are shown with a 95% level of confidence. P value <0.05 was considered significant.

Ethical considerations

We obtained ethical approval from the Institutional Ethics Committee of M. S. Ramaiah University of Applied Sciences, Bengaluru. Written informed consent was obtained from all participants before enrolment. Confidentiality of the data was ensured by anonymizing responses, and participants were informed of their right to withdraw at any stage without any penalty.

RESULTS

Socio-demographic details

A total of 155 parents of children aged 2 to 5 years participated in the study. The majority of respondents were mothers (61.9%), with most parents aged between 26-30 years (53.5%) and 31-35 years (31.6%). Only 7.7% of the parents had completed graduation. Nearly half (48.4%) of the children were 5 years old, while 32.3% were aged 2 years. Most families (66.5%) had four members, and in 76.8% of households, only one parent was employed (Table 1).

Prevalence of excessive ST use among children aged 2-5 years

Excessive ST, defined by the World Health Organization (WHO) as daily exposure exceeding one hour, is a growing concern for children. This study assessed the prevalence of excessive ST among children aged 2-5 years. Overall, 49.0% (76 out of 155) of children exceeded the recommended limit. The highest prevalence was observed in 3-year-olds (86.7%), followed by 5-year-olds (50.7%). The lowest prevalence was found in 2-year-olds (12.0%) (Table 2).

Table 1: Socio-demographic characteristics of participants.

Variables	Category	N (%)
Age groups (years)	20-25	23 (14.8)
	26-30	83 (53.5)
	31-35	49 (31.6)
Gender	Female	96 (61.9)
	Male	59 (38.1)
Education status	Non-educated	4 (2.6)
	Primary school	63 (40.6)
	High school	48 (31.0)
	PUC/diploma	28 (18.1)
	Graduation	12 (7.7)
Occupation	Unemployed	1 (0.6)
	Housewife	66 (42.6)
	Government employee	1 (0.6)
	Private employee	17 (11.0)
	Agriculture	15 (9.7)
	Business/self-employed	30 (19.4)
	Coolie/labourer/worker	25 (16.1)
Age of child (in years)	2	50 (32.3)
	3	15 (9.7)
	4	15 (9.7)
	5	75 (48.4)
Relationship with child	Mother	100 (64.5)
	Father	55 (35.5)
People living in household	3	20 (12.9)
	4	103 (66.5)
	5	20 (12.9)
	6	8 (5.2)
	7	4 (2.6)
Both parents working	Yes	36 (23.2)
	No	119 (76.8)

Table 2: Prevalence of excessive ST among children aged 2–5 years.

Age group (years)	Number of children	Children with >1-hour daily ST	Prevalence (%)	95% confidence interval (CI)
2	50	6	12.0	5.1-18.9%
3	15	13	86.7	62.1 - 96.3%
4	15	9	60.0	35.7 - 80.2%
5	75	38	50.7	41.3-60.1%
Total	155	76	49.0	42.5-55.6%

Parental perspectives and regulation of screen media use in children aged 2-5 years

The data highlights that all households had a television, with a significant proportion owning smartphones (48.4% owning two and 43.2% owning one). Daily smartphone and television usage by children was reported by 51.6% and 58.1% of parents, respectively. Parental regulation of ST was widespread, with 93.5% enforcing rules on usage, content, and games. More than half of children (51.6%) avoided media within 30 minutes of waking up, and 32.3% used screens before bedtime once a week. Most children (64.5%) used only one device at a time. Parental perceptions varied: 54.8% believed children preferred screen-based activities, but 45.2% felt children would choose non-screen play if given the option. Parents recognized some benefits of screen media, such as supporting creativity and learning (80.64%), but concerns about its impact on health and development were also significant, with 48.4% expressing worry. Additionally, 70.96% of parents noted that screen use was mostly sedentary and observed conflicts when limiting ST (Figure 1).

Association of child age with smartphone use behaviors

There was a significant association ($p<0.05$) between the child's age and various screen-related behaviours. Older children (especially 5-year-olds) were significantly more likely to use smartphones, television, and other devices daily. They also had higher ST durations both on weekdays and weekends compared to younger children. Similarly, the use of screens for both school-related and non-educational purposes (e.g., games) increased with age. Notably, longer screen exposure (2-5 hours) was predominantly reported among 5-year-olds, indicating an age-dependent rise in screen engagement across all dimensions (Table 3).

Table 3: Screen media use among children aged 2-5 years in the past month.

Frequency	2 years N (%)	3 years N (%)	4 years N (%)	5 years N (%)	P value
1. Smartphone use in the past month					
Never	25 (22.7)	15 (13.6)	5 (4.5)	65 (59.1)	
4-5 days a week	0 (0)	0 (0)	0 (0)	5 (100.0)	
2-3 days a week	5 (25.0)	0 (0)	10 (50.0)	5 (25.0)	0.001
1 day or less per week	10 (100.0)	0 (0)	0 (0)	0 (0)	
0.001	10 (100.0)	0 (0)	0 (0)	0 (0)	
2. Television use in the past month					
Never	36 (40.0)	10 (11.1)	5 (5.6)	39 (43.3)	
4-5 days a week	0 (0)	0 (0)	10 (33.3)	20 (66.7)	
2-3 days a week	9 (45.0)	5 (25.0)	0 (0)	6 (30.0)	0.001
1 day or less per week	0 (0)	0 (0)	0 (0)	5 (100.0)	
Every day	5 (50.0)	0 (0)	0 (0)	5 (50.0)	
3. Use of devices other than TV/smartphone					
Never	21 (42.0)	5 (10.0)	0 (0)	24 (48.0)	
4-5 days a week	0 (0)	0 (0)	0 (0)	10 (100.0)	
2-3 days a week	0 (0)	0 (0)	0 (0)	10 (100.0)	0.001
1 day or less per week	5 (16.7)	5 (16.7)	5 (16.7)	15 (50.0)	
Every day	24 (43.6)	5 (9.1)	10 (18.2)	16 (29.1)	
4. Screen use for school-related activities					
Yes, daily	16 (22.9)	4 (5.7)	0 (0)	50 (71.4)	
Yes, weekly	4 (11.4)	6 (17.1)	5 (14.3)	20 (57.1)	
Yes, less often than weekly	5 (50.0)	0 (0)	5 (50.0)	0 (0)	0.001
Never	20 (66.7)	5 (16.7)	0 (0)	5 (16.7)	
Don't know	5 (50.0)	0 (0)	5 (50.0)	0 (0)	
5. Screen use for non-educational purposes (e.g., games)					
Yes, daily	15 (21.4)	10 (14.3)	5 (7.1)	40 (57.1)	
Yes, weekly	10 (40.0)	0 (0)	0 (0)	15 (60.0)	0.001
Yes, less often than weekly	5 (16.7)	1 (3.3)	10 (33.3)	14 (46.7)	
Never	20 (66.7)	4 (13.3)	0 (0)	6 (20.0)	
6. Weekday ST duration (past month)					
Never	10 (66.7)	0 (0)	0 (0)	5 (33.3)	
1-29 minutes	15 (42.9)	1 (2.9)	10 (28.6)	9 (25.7)	
30-59 minutes	15 (60.0)	0 (0)	5 (20.0)	5 (20.0)	
1-2 hours	0 (0)	9 (30.0)	0 (0)	21 (70.0)	0.001
2-3 hours	10 (50.0)	5 (25.0)	0 (0)	5 (25.0)	
3-4 hours	0 (0)	0 (0)	0 (0)	10 (100.0)	
4-5 hours	0 (0)	0 (0)	0 (0)	20 (100.0)	
7. Weekend ST duration (past month)					
Never	5 (20.0)	5 (20.0)	5 (20.0)	10 (40.0)	
1-29 minutes	19 (76.0)	1 (4.0)	5 (20.0)	0 (0)	
30-59 minutes	16 (80.0)	0 (0)	0 (0)	4 (20.0)	
1-2 hours	10 (22.2)	4 (8.9)	5 (11.1)	26 (57.8)	0.001
2-3 hours	0 (0)	5 (50.0)	0 (0)	5 (50.0)	
3-4 hours	0 (0)	0 (0)	0 (0)	10 (100.0)	
4-5 hours	0 (0)	0 (0)	0 (0)	20 (100.0)	

Table 4: Association of parent's working status with child's screen media use.

Child media use behaviour	Yes N (%)	No N (%)	P value
How often has the child used the smartphone in the household within the past month?			
Never	29 (26.4)	81 (73.6)	0.046
4-5 days a week	1 (20.0)	4 (80.0)	
2-3 days a week	3 (15.0)	17 (85.0)	
1 day or less per week	2 (20.0)	8 (80.0)	
Every day	1 (10.0)	9 (90.0)	
How often has the child used the television in the household within the past month?			
Never	24 (26.7)	66 (73.3)	0.131
4-5 days a week	4 (13.3)	26 (86.7)	
2-3 days a week	7 (35.0)	13 (65.0)	
1 day or less per week	0 (0)	5 (100.0)	
Every day	1 (10.0)	9 (90.0)	
How often has the child used devices other than a TV or smartphone in the household within the past month?			
Never	13 (26.0)	37 (74.0)	0.556
4-5 days a week	3 (30.0)	7 (70.0)	
2-3 days a week	4 (40.0)	6 (60.0)	
1 day or less per week	6 (20.0)	24 (80.0)	
Every day	10 (18.2)	45 (81.8)	
Does the child use screen media devices with school-related activities?			
Yes, daily	19 (27.1)	51 (72.9)	0.633
Yes, weekly	8 (22.9)	27 (77.1)	
Yes, less often than weekly	1 (10.0)	9 (90.0)	
Never	7 (23.3)	23 (76.7)	
Don't know	1 (10.0)	9 (90.0)	
Does the child use screen media devices for non-educational purposes (e.g., playing games, etc.)?			
Yes, daily	20 (28.6)	50 (71.4)	0.523
Yes, weekly	5 (20.0)	20 (80.0)	
Yes, less often than weekly	6 (20.0)	24 (80.0)	
Never	5 (16.7)	25 (83.3)	
Within the past month, how much time has the child typically spent per day on screen media during leisure time on weekdays?			
Never	4 (26.7)	11 (73.3)	0.396
1-29 minutes	8 (22.9)	27 (77.1)	
30-59 minutes	5 (20.0)	20 (80.0)	
1-2 hours	10 (33.3)	20 (66.7)	
2-3 hours	3 (15.0)	17 (85.0)	
3-4 hours	0 (0)	10 (100.0)	
4-5 hours	6 (30.0)	14 (70.0)	
Within the past month, how much time has the child typically spent per day on screen media during leisure time on weekends?			
Never	7 (28.0)	18 (72.0)	0.794
1-29 minutes	5 (20.0)	20 (80.0)	
30-59 minutes	6 (30.0)	14 (70.0)	
1-2 hours	8 (17.8)	37 (82.2)	
2-3 hours	3 (30.0)	7 (70.0)	
3-4 hours	1 (10.0)	9 (90.0)	
4-5 hours	6 (30.0)	14 (70.0)	

Association of parent's working status with child's screen behaviour

There was no significant association between the working status of the parents and the child's usage of smartphones and televisions in the household, screen media use for school-related activities, or use of screen media for non-educational purposes. Additionally, the time spent by the child on screen media during leisure time on weekdays and weekends showed no significant correlation with the working status of the parents (Table 4).

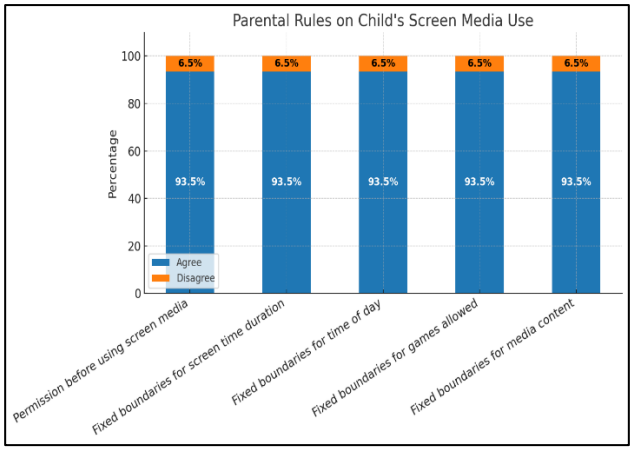

Figure 1: Parental concerns and perceptions of screen media use in children aged 2-5 years.

DISCUSSION

This study highlights that nearly half (49%) of children aged 2-5 years in a rural part of southern Karnataka are exposed to screen media for durations exceeding the WHO-recommended limit of one hour per day. The highest prevalence of excessive ST was noted among 3-year-olds (86.7%), followed by 5-year-olds (50.7%). These findings confirm an age-related increase in screen exposure, which may be attributed to enhanced screen interaction capabilities as children grow, increased independence, and greater access to devices.

Our results are consistent with similar studies conducted across India. A population-based study in Tamil Nadu reported that 73% of children aged ≥2 years had excessive screen exposure, which was significantly associated with developmental concerns.[3] Similarly, a study from rural western India observed that over 80% of preschoolers exceeded the recommended limits, with television and smartphones being the most common sources.[4] A study from Chandigarh showed that 59.5% of children aged 2-5 years had excessive ST, with higher exposure on weekdays than weekends.[9] Compared to these figures, the prevalence in our study is moderately lower, possibly reflecting regional variation in parental supervision, cultural norms, or digital access.

While 93.5% of parents in our study reported setting rules regarding ST use, including limits on duration, content, and timing, these efforts did not consistently result in adherence. This finding supports previous research suggesting that awareness of guidelines does not always translate to effective enforcement.[7] Parental beliefs and perceived benefits of digital media, including its role in enhancing creativity and learning (as noted by 80.6% of respondents), may lead to more permissive screen use. However, nearly half (48.4%) of parents also expressed concerns about the negative effects of screen exposure, such as its association with sedentary behavior and its potential to interfere with physical health and cognitive development.

Interestingly, no statistically significant association was observed between the employment status of parents and the child's ST behavior. This contrasts with assumptions that dual-working parents may be more reliant on screens as a childcare aid. It suggests that device availability, child age, and family routines may play a stronger role in determining screen exposure. This is consistent with findings from other Indian studies where parental occupation was not a significant determinant.[2,3]

Behaviorally, the majority of screen use was sedentary (70.96%), and a considerable proportion of children used screens within 30 minutes of waking up or before sleep. Prior studies have associated such patterns with disrupted sleep, reduced attention span, and lower physical activity levels.[8,10] These behaviors, when developed early, may persist into later childhood and adolescence, leading to compounded health risks. Furthermore, the frequent use of screens for non-educational purposes, especially games and passive viewing, limits opportunities for physical play, social interaction, and language-rich conversations, all critical for early childhood development.[6,7] Our study thus adds to the growing body of evidence that early childhood is a vulnerable period for the overuse of screen media, especially in rapidly digitizing rural contexts where awareness may not be matched with resources for healthier alternatives. Community-based parental education and behavior change interventions are urgently needed. Programs delivered through Anganwadis, ASHA workers, or integrated child development services could be adapted to address this growing concern.

The study's strengths include the use of a culturally adapted and pilot-tested tool, its focus on a relatively under-researched rural population, and a comprehensive assessment of both behavioral and sociodemographic factors. However, the cross-sectional design prevents causal inference. ST and parental practices were self-reported, which may be influenced by recall or social desirability bias. Additionally, the study did not differentiate between content types (e.g., educational vs. entertainment), which could provide deeper insights into the impact of screen exposure.

CONCLUSION

Excessive ST is a significant concern among children aged 2-5 years in rural Karnataka, with nearly half exceeding recommended limits. Despite parental efforts to regulate screen use, children continue to engage with devices for prolonged durations, especially as they grow older. There is an urgent need for targeted interventions to educate parents, promote screen-free routines, and reinforce WHO guidelines at the community level. Future longitudinal research should explore the long-term developmental effects of screen use in similar rural populations.

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APPENDIX

(Questionnaire)

Parent survey on screen time in children (aged 2–5 years)

Section A: Socio-Demographic Information

1. Name of the Parent: _____

2. Age of the Parent: _____

3. Gender: ☐ Male ☐ Female

4. Educational Qualification: ☐ Non-educated ☐ Primary ☐ High School ☐ PUC/Diploma ☐ Graduate

5. Occupation: ☐ Housewife ☐ Government Employee ☐ Private Employee ☐ Agricultural ☐ Business/Self-employed ☐ Labourer

6. Relationship with Child: ☐ Mother ☐ Father

7. Number of Family Members Living at Home: _____

8. Number of Working Parents: ☐ One ☐ Both

Section B: Child Information

9. Name of the Child: _____

10. Age of the Child: ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

11. Gender of the Child: ☐ Male ☐ Female

Section C: Screen Media Usage

12. Devices available at home (tick all that apply): ☐ Television ☐ Smartphone (How many? ___) ☐ Tablet ☐ Laptop

13. How often does your child use the following in the past month?

Device	Never	1 day/week or less	2–3 days/week	4–5 days/week	Every day
Smartphone	☐	☐	☐	☐	☐
Television	☐	☐	☐	☐	☐
Other (e.g., tablet)	☐	☐	☐	☐	☐

14. Does your child use screen devices for school-related activities? ☐ Yes, Daily ☐ Yes, Weekly ☐ Less often ☐ Never ☐ Don't Know

15. Does your child use screen devices for non-educational purposes (games, videos, etc.)? ☐ Yes, Daily ☐ Yes, Weekly ☐ Less often ☐ Never

Section D: Screen Time Duration

16. Average screen time per weekday: ☐ Never ☐ 1–29 mins ☐ 30–59 mins ☐ 1–2 hrs ☐ 2–3 hrs ☐ 3–4 hrs ☐ 4–5 hrs

17. Average screen time per weekend day: ☐ Never ☐ 1–29 mins ☐ 30–59 mins ☐ 1–2 hrs ☐ 2–3 hrs ☐ 3–4 hrs ☐ 4–5 hrs

Section E: Parental Attitudes (Tick one for each statement)

Statement	Strongly Agree	Partly Agree	Partly Disagree	Strongly Disagree
Child chooses screen-based activities when given a choice	☐	☐	☐	☐
Child prefers play without screen if given a choice	☐	☐	☐	☐
Screen use enhances child's creativity	☐	☐	☐	☐
Screen use helps in calming the child	☐	☐	☐	☐
Child and I use screen together	☐	☐	☐	☐
Screen time leads to pleasant conversations	☐	☐	☐	☐
Screen time is educational (e.g., helps in learning to spell, read, calculate)	☐	☐	☐	☐
I am concerned about health impacts of screen use	☐	☐	☐	☐
I face conflict when I try to limit screen time	☐	☐	☐	☐