

Parenting Practices and Children's School-Day Screen-Time Behavior in Chennai, South India: A Cross-Sectional Study

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Abstract

Screen exposure has become part of childhood, but its regulation depends on parenting routines at home. This study examined maternal parenting practices and children's screen time behaviour among mothers of schoolchildren in Chennai. A quantitative non-experimental descriptive design was adopted at Dominic Savio Matriculation School, Broadway, Chennai. Responses from 60 mothers of children aged 6-14 years were analysed using a sociodemographic checklist, the Parenting Practices Scale and the Screentime Behaviour Scale. Descriptive statistics, Karl Pearson correlation and chi-square tests were used. Most mothers were 27-29 years old (36, 60.00%), homemakers (48, 80.00%), from nuclear families (49, 81.67%) and had two children (36, 60.00%). The mean parenting practice score was 77.28 ± 5.24 out of 90, representing 85.87% of the maximum score. Forty-eight mothers (80.00%) showed high parental involvement and 12 (20.00%) showed moderate involvement. The mean screen time behaviour score was 36.35 ± 3.36 out of 45, representing 80.78% of the maximum score. High screen time behaviour was reported for 47 children (78.34%), while 13 (21.66%) had moderate behaviour. Parenting practice showed a statistically significant fair negative correlation with screen time behaviour ($r = -0.33$, $p = 0.01$). Maternal age, type of marriage and family type were associated with parenting practice, while maternal age, education and residence were associated with screen time behaviour. Stronger maternal involvement was linked with lower screen time, yet high exposure remained common. Nurses can help families convert involvement into consistent digital routines.

Keywords: Parenting; Screen Time; Mothers; Child; Schools; Cross-Sectional Studies;

Background

Digital devices are now woven into school-age children's academic and leisure routines. Screens can support learning, communication, and recreation, but long and poorly regulated exposure may displace sleep, outdoor play, study routines, and family interaction. A systematic review of reviews reported associations between higher screen exposure and adverse physical, psychological and behavioural

outcomes in children and adolescents, although the strength of evidence varied across outcomes and study designs [1]. Evidence among children aged 6-14 years showed that excessive screen time is common worldwide and increased after the COVID-19 period, making school-day exposure an important public health issue rather than a purely household preference [2].

Indian families face this issue in a setting where mobile phones are widely accessible and children often use screens for both homework and entertainment. The Indian Academy of Pediatrics recommends age-sensitive digital wellness practices, including supervised use, avoidance of device-free displacement of sleep and play, and family rules for meals and bedrooms [3]. Yet guidance alone may not change practice unless it is translated into daily routines that parents can maintain consistently.

Parenting practices are central to this translation. The American Academy of Pediatrics family media planning approach encourages negotiated rules, screen-free times and shared responsibility, though a randomized clinical trial found that merely completing a media plan did not automatically improve adolescent rule engagement [4]. This suggests that the quality of parent-child interaction, monitoring and modelling may matter as much as the presence of rules. Reviews on parenting and digital media similarly describe the home as a decisive environment where parental attitudes, mediation and parent-child relationships shape children's media behaviour [5].

Mothers are often the caregivers who coordinate children's meals, homework, routines and bedtime in Indian households. Understanding how maternal parenting practices relate to screen time during school days can guide nursing counselling, school health education and family-centred interventions. Therefore, this study assessed parenting practices and children's screen time behaviour during school days among mothers of schoolchildren in a selected school in Chennai.

Materials and Methods

A quantitative, non-experimental descriptive research design was used. The study was conducted at Dominic Savio Matriculation School, Broadway, Chennai. The population was mothers of school-going children aged 6-14 years. The sample size is 60 mothers. Mothers were selected using a non-probability convenience sampling technique. Inclusion criteria were mothers of children studying in the selected school, children aged 6-14 years, availability during data collection, willingness to participate and ability to understand and respond to the questionnaire. Mothers not willing to participate, mothers of children with visual or hearing impairment, and mothers of children with developmental disabilities were excluded.

Data were collected using three instruments, such as sociodemographic variables, Parenting Practices Scale (Parent Version), an 18-item scale with total scores from 18 to 90 and the Screentime Behaviour Scale, a 9-item scale with total scores from 9 to 45. Content validity was obtained from nursing experts. Reliability in the study was acceptable, with Cronbach's alpha values of 0.82 for the Parenting Practices Scale and 0.87 for the Screentime Behaviour Scale. Ethical approval was obtained from the Institutional Ethics Committee and permission was secured from the school principal. Written informed consent was obtained. Confidentiality, voluntary participation and the right to withdraw were maintained. Data were analysed using SPSS version 22.

Results

The analysed sample included 60 mothers. Most mothers were aged 27-29 years (36, 60.00%), followed by 24-26 years (13, 21.67%) and above 30 years (11, 18.33%). Regarding education, 22 mothers (36.67%) had completed higher secondary education, 18 (30.00%) had secondary education, 15 (25.00%) had primary education, three (5.00%) were graduates or above and two (3.33%) had informal education. Thirty-one mothers (51.67%) lived in urban areas and 29 (48.33%) in suburban areas. All mothers were married. Most were homemakers (48, 80.00%), belonged to nuclear families (49, 81.67%), had non-consanguineous marriages (55, 91.67%) and reported monthly family income of Rs.10001-15000 (35, 58.33%).

The overall mean parenting practice score was 77.28 ± 5.24 out of 90, equal to 85.87% of the maximum score. High parental involvement was observed in 48 mothers (80.00%) and moderate involvement in 12 mothers (20.00%); no mother had low involvement. The overall mean screen time behaviour score was 36.35 ± 3.36 out of 45, equal to 80.78% of the maximum score. High screen time behaviour was reported for 47 children (78.34%) and moderate behaviour for 13 children (21.66%); none were in the low category (Figure 1).

A statistically significant fair negative correlation was found between parenting practice score and screen time behaviour score ($r = -0.33, p = 0.01$). Thus, higher parenting practice scores were associated with lower screen time behaviour scores. Parenting practice level was significantly associated with maternal age (chi-square = 7.35, $p = 0.05$), type of marriage (chi-square = 5.45, $p = 0.05$) and type of family (chi-square = 10.00, $p = 0.01$). Screen time behaviour level was significantly associated with maternal age (chi-square = 6.14, $p = 0.05$), maternal education (chi-square = 11.31, $p = 0.05$) and residence (chi-square = 5.43, $p = 0.05$).

Table 1: Summary of Participant Profile and Main Study Findings

Variable	Category or Statistic	Value
Mother age	27-29 years	36 (60.00%)
Education	Higher secondary certificate	22 (36.67%)
Residence	Urban	31 (51.67%)
Occupation	Homemaker	48 (80.00%)
Family type	Nuclear family	49 (81.67%)
Number of children	Two children	36 (60.00%)
Parenting practice score	Mean \pm SD	77.28 ± 5.24 of 90 (85.87%)
Parenting practice level	High parental involvement	48 (80.00%)
Screen time behaviour score	Mean \pm SD	36.35 ± 3.36 of 45 (80.78%)
Screen time behaviour level	High screen time behaviour	47 (78.34%)
Correlation	Parenting practice versus screen time	$r = -0.33, p = 0.01$
Significant associations	Parenting practice	Maternal age, type of marriage, family type
Significant associations	Screen time behaviour	Maternal age, education,

		residence
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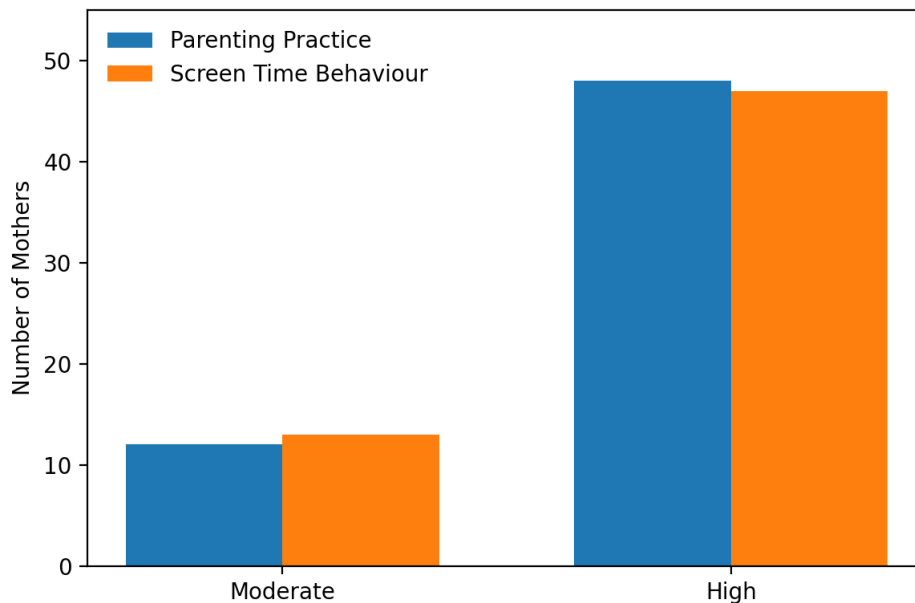


Figure 1: Level of Parenting Practice and Screen Time Behaviour

Discussion

This study found that is familiar in many modern families: maternal involvement was high, yet children’s screen time behaviour was also high. Similar findings were reported during the COVID-19 period, when Ozturk Eyimaya and Yalcin Irmak observed increased screen time among school-age children despite many families having screen-related rules [6]. This implies that rules may be insufficient when screens are also used for learning, entertainment, reward, distraction or household convenience.

The negative correlation in the present study supports the idea that parenting practices have practical value. In a five-country European study, parental rules and the style of communication around those rules were associated with children’s screen time, highlighting that limits work better when they are communicated in a supportive manner [7]. Similarly, data showed that specific parenting practices and parental self-efficacy were linked with children’s physical activity and screen time, suggesting that confidence and consistency are important targets for counselling [8].

The association between screen time and maternal education or urban residence may reflect easier device access, academic dependence on digital tools and household norms around technology. Earlier population research also showed that consistent limit-setting and physical activity participation were associated with lower odds of excessive screen time in youth [9]. Therefore, nursing advice should avoid blaming mothers and should instead help families design realistic routines: homework-first rules, device-free meals, no screens in bed, planned outdoor time and parental modelling of reduced visible recreational screen use.

The study has limitations. It was conducted in one private school, used convenience sampling and included only mothers. The screen time and parenting data were self-reported, so recall and social desirability bias are possible. The final analysis was based on 60 complete responses, which limits generalizability. However, the findings are useful for school health nurses because they identify a clear point of intervention: high maternal involvement can be converted into more effective digital boundaries. Pandemic-era reviews also show that children's screen exposure is responsive to changes in routines, making family-level prevention timely [10].

Conclusion

Children's screen time during school days was high despite generally strong maternal parenting practices. Better parenting practice was significantly associated with lower screen time behaviour. School health nurses can use these findings to counsel mothers on consistent, realistic and non-punitive digital routines that protect sleep, study, physical activity and family interaction.

Conflict of Interest

The author declares no conflict of interest.

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