

Promoting Healthy Digital Media Habits through Early Childhood Home Visiting

July 2026



Introduction

Research suggests children under 5 years of age average 2 hours of daily screen time.^{1,2,3} Digital media content that is purely engagement based, low-quality, and fast-paced can negatively impact children's cognitive development, social emotional skills, and attention.^{4,5,6,7,8} It can also negatively impact child health outcomes.^{5,9,10} Children with excessive media use have poorer nutrition and lower levels of physical activity, which influences sleep quality and risks of obesity.^{5,9,10}

Young children are also impacted by parental use of digital media. Parents with young children report high rates of media use, including during time they spend with their children.^{1,11,12} Parental media use can interfere with attuned and responsive parent-child interactions, contribute to parental stress, and negatively impact children's social emotional development.^{13,14,15,16}

However, depending on the type of content, how it is used and with whom, digital media can enhance early learning, provide opportunities for meaningful connections, and encourage positive parent-child relationships.^{17,18,19,20} For example, intentional co-viewing of educational content with caregivers can support connection, early learning, and play.^{17,18,21}

Thus, supporting parents' understanding of healthy media use is important. Early childhood home visiting programs provide 3 million home visits annually to over 300,000 families.²² Thus, they are uniquely situated to provide supportive guidance. As the name implies, home visiting programs support families in the context of their homes. This provides a window into how families engage with digital media in their daily lives. Additionally, families may be more receptive to guidance coming from a trusted professional who understands the practical realities of their daily lives.

This brief provides a snapshot of daily digital media use among families enrolled in Early Head Start (EHS) home visiting programs and explores how media is used and variations by maternal and child characteristics. Associations with parent-child interactions and child outcomes are also examined.

Data Source and Sample

The Early Head Start Child and Family Experiences Study (Baby FACES) 2022 data set was used. Parents reported their children’s daily digital media use and how often it was used to (1) keep children busy, (2) watch shows or play games together, or (3) before children’s nap or bedtime. The sample included 680 children enrolled in home-based EHS. See appendix for detailed methods and sample characteristics.

Daily Digital Media Use

Average daily digital media use was 1.7 hours for children enrolled in EHS home visiting programs. Daily digital media use increased with child age. Children under 18 months had an average of 1 hour of daily use while children over 24 months had 2 hours of daily use. Across all ages, average daily use exceeded current guidance of no digital media for children under 24 months outside of video chatting with family and friends and less than 1 hour for children over 24 months.²³

Exhibit 1. Average Daily Digital Media Use by Child Age

Daily digital media use exceeded recommendations across all age ranges.

Child age	Recommended daily media use (hours)	Average daily media use (hours)
Under 18 months	0	1.0
18–24 months	0	1.7
Over 24 months	1	2.1

Note: Recommended daily media use from the Early Years Screen Time Advisory Group.

How Digital Media Is Used

When and how children engage with digital media is important to consider. For example, digital media use can positively impact early learning and social-emotional development when viewed with caregivers.²⁴ Frequency of shared digital media use differed by child age, with children 18–24 months and over 24 months engaging in more shared use (78 and 87 percent “some” or “most of the time”) than children under 18 months old (70 percent “some” or “most of the time”).

Parents of older children were also more likely to report using digital media to keep children busy or before taking a nap or going to bed. This may be a topic for home visitors to discuss with families as screen time before bed negatively impacts children’s sleep quality.^{25,26}

Exhibit 2. Frequency of Engaging in Shared Digital Media Use With Caregivers by Child Age

Shared digital media use was more frequent for older children; 31 percent of children under 18 months “never” or “rarely engaged” in shared use.

	Less than 18 months	18–24 months	More than 24 months
Never or rarely	31%	23%	13%
Some of the time	45%	44%	54%
Most of the time	15%	33%	34%

Exhibit 3. Frequency of Digital Media Use to Keep Children Busy by Child Age

Digital media use to keep children busy was more common for older children.

	Less than 18 months	18–24 months	More than 24 months
Never or rarely	54%	39%	30%
Some of the time	37%	48%	53%
Most of the time	10%	13%	16%

Exhibit 4. Frequency of Digital Media Use Before Nap or Bed by Child Age

Digital media use before nap or bed was more common for older children.

	Less than 18 months	18–24 months	More than 24 months
Never or rarely	69%	56%	51%
Some of the time	25%	40%	32%
Most of the time	6%	5%	17%

Variations by Child Characteristics

Prior research has documented that daily digital media use among young children varies by demographic factors, including children’s race/ethnicity, with Black children reporting higher daily screen time than their White peers.²⁷ Average daily digital media use varied by child race/ethnicity, as did how it was used. Parents and caregivers of Black children reported both higher daily media use and a greater likelihood of co-viewing or co-engaging with digital media together with their child.

Exhibit 5. Average Daily Digital Media Use by Child Race/Ethnicity (Hours)

Digital media use ranged from 1.5–2.4 hours per day across racial/ethnic subgroups.

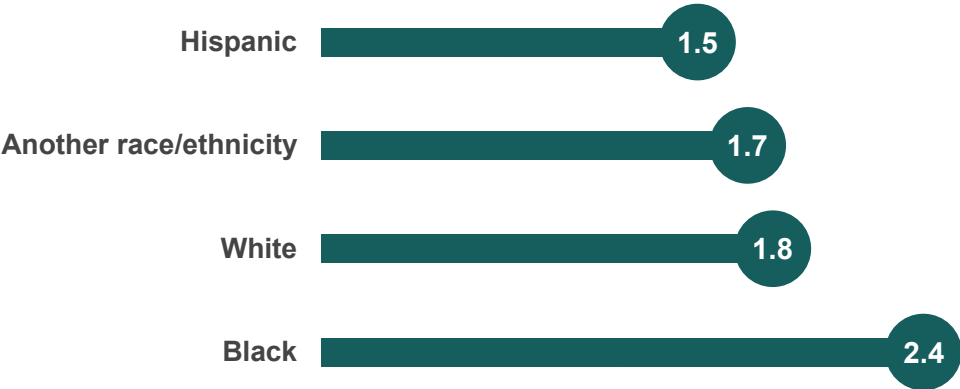


Exhibit 6. Frequency of Shared Digital Media Use by Child Race/Ethnicity

Shared digital media use was more common for Black children.

	Hispanic	Another race/ethnicity	White	Black
Never or rarely	21%	8%	19%	14%
Some of the time	52%	50%	50%	35%
Most of the time	28%	43%	31%	51%

Exhibit 7. Frequency of Digital Media Use to Keep Children Busy by Child Race/Ethnicity

Digital media use to keep children busy was more common for Black children.

	Hispanic	Another race/ethnicity	White	Black
Never or rarely	35%	46%	43%	37%
Some of the time	52%	43%	48%	37%
Most of the time	14%	13%	9%	26%

Exhibit 8. Frequency of Digital Media Use Before Nap or Bed by Child Race/Ethnicity

Digital media use before nap or bed was common among White children and children of another race/ethnicity.

	Hispanic	Another race/ethnicity	White	Black
Never or rarely	57%	40%	58%	47%
Some of the time	35%	30%	22%	39%
Most of the time	8%	30%	20%	14%

Caregivers of children with social-emotional challenges or “difficult” temperaments are more likely to use digital media to calm or distract their children while they perform other responsibilities.^{28,29} Use of media for behavior management can limit opportunities for children to develop important self-regulation skills and can contribute to maternal stress.³⁰ Children whose scores were above the cut point—indicating risk for problem behaviors—had about 30 minutes more daily use than children with scores below. There were no significant differences in how digital media was used by child temperament.

Variations by Maternal Characteristics

Prior research has documented that young children’s daily digital media use varies by maternal characteristics—mental health, media use, and lower education—with each one associated with greater child screen time.³¹ Average daily digital media use by children varied by maternal age, as did use before nap or bed. Children of younger mothers had higher average daily use and were more likely to have screen time before nap or bed.

Exhibit 9. Average Daily Digital Media Use by Child Problem Behaviors

Children with problem behavior scores above the risk cut point have more digital media use per day.



Exhibit 10. Average Daily Child Digital Media Use by Maternal Age

Digital media use ranged from 1.5–2.1 hours per day across maternal ages.

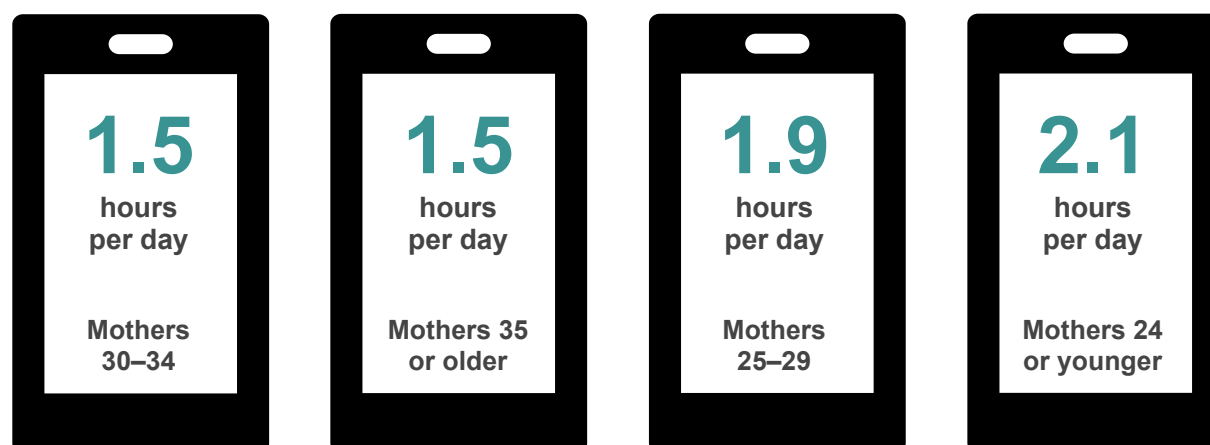


Exhibit 11. Frequency of Child Digital Media Use Before Nap or Bed by Maternal Age

Digital media use before nap or bed was common among children with younger mothers.

	24 or younger	25–29	30–34	35 or older
Never or rarely	55%	54%	59%	54%
Some of the time	21%	38%	30%	35%
Most of the time	24%	9%	11%	11%

Associations With Parent Child Interactions and Child Outcomes

There were no significant associations between daily digital media use or how media was used and the quality of parent-child interactions. Likewise, there were no significant associations between daily use or how it is used and children’s vocabulary. Additionally, average daily use was not significantly associated with children’s social competence. Using digital media to keep children busy “some of the time” was associated with significantly higher social competence compared to “never” using digital media to keep children busy ($B = 1.59$, $SE = 0.80$, $p < .05$). Neither total use nor any individual ways of using digital media were significantly associated with children’s problem behaviors. Total daily use was significantly associated with an increased likelihood of parents rating their children’s health as “poor” relative to “excellent” ($B = 0.45$, $SE = 0.21$, $p < .05$). This is in line with prior research finding negative links between screen time (particularly more than 2 hours per day) and preschool children’s achievement of developmental milestones.³²

Recommendations for Home Visiting Programs

- **Embed promotion of healthy media habits in program design.** Review logic models, curricula, and materials to reflect current guidance and to address both child and caregiver media habits.
- **Track metrics for promoting healthy digital media habits.** Add questions to existing screeners or program forms on family media routines. Assess home visitor digital media awareness and comfort to inform areas of strength and areas in need of additional training and support.
- **Build home visitor confidence and competence.** Provide training, coaching, and conversation guides to tailor media guidance to family routines, child developmental status, and caregiver goals.
- **Use digital touchpoints to reinforce program materials.** Offer program content, materials, and resources via media touchpoints (videos, social media) that complement in-person home visits and engage parents where they commonly seek information.³³ Research suggests that combining online and offline parenting guidance and support is associated with higher levels of parenting self-efficacy.³⁴

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Appendix A. Methodology

This appendix details the data, analyses, and detailed results for this brief.

Data

This study uses the Early Head Start Child and Family Experiences Study (Baby FACES) 2022 dataset, drawing data from the child and parent data within the subsample of children enrolled in home-based EHS.

Sample

The home-based EHS sample in Baby FACES included 680 children with a non-missing parent survey, from where information about screen time is drawn. The average age among children in this sample is 29.1 months old, 28.3 percent were identified as having any special needs by the parent completing the survey, and average household income was approximately \$37,000.

Measures

Exhibit A-1 lists the measures from Baby FACES included in this brief.

Exhibit A-1. Measures

Construct	Measure(s)	Type
Screen time frequency	• Parent-report hours per day their child(ren) get	Continuous
Screen time types	• To watch shows, play games, use educational applications, or read stories together with parents/caregivers • To keep busy while parent does other things • Before nap or bed	Categorical (never, rarely, some of the time, most of the time)
Child characteristics used for subgroup analyses and/or covariates	• Age • Race/Ethnicity • BITSEA problem behaviors cut point • Parent-report child has any special needs • Household income	• Categorical (less than 18 months, 18–24 months, more than 24 months) • Categorical (Black, Hispanic, White, another race/ethnicity) • Dummy variable (above/below) • Dummy variable (yes/no) • Continuous

Construct	Measure(s)	Type
Parenting	Adapted Two Bags Observational Assessment (sensitivity, positive regard, and stimulation of cognitive development)	Continuous
Child vocabulary	MacArthur-Bates Communicative Development Inventories (children 8 months and older only)	Continuous
Child social emotional development	- BITSEA social competence (12–36 months only) - BITSE problem behaviors (12–36 months only)	Continuous
Child health	Parent report	Categorical (excellent, very good, good, fair, poor)

Analyses

We calculated descriptive statistics (means, standard deviations, percentages) on all variables of interest. Analyses of variance (age, race/ethnicity) and t-tests (problem behaviors cut point) identified subgroup differences on total screen time and chi squares on individual screen time types.

To examine associations between screen time and child and parent outcomes, we conducted linear (parenting, child vocabulary, child social emotional development) and multinomial (child health) regression analyses, controlling for child age, any special needs, and household income.

Detailed Results

Exhibit A-2 displays descriptive statistics about digital media frequency across subgroups.

Exhibit A-2. Frequency of Digital Media Use

Subgroups	Hours per day of screen time <i>Mean (standard deviation)</i>
Child age	
Less than 18 months (<i>n</i> = 221)	0.98 (1.46) ^{a,b}
18–24 months (<i>n</i> = 108)	1.71 (1.96) ^a
More than 24 months (<i>n</i> = 351)	2.09 (1.59) ^b

Subgroups	Hours per day of screen time <i>Mean (standard deviation)</i>
Child race/ethnicity	
Black	2.41 (2.63) ^c
Hispanic	1.52 (1.52) ^c
White	1.84 (1.64)
Another race/ethnicity	1.67 (1.56)
Problem behaviors cut point	
Above	1.72 (1.32) ^d
Below	2.16 (1.96) ^d
Maternal age	
24 or younger	2.11 (2.30) ^{a,b}
25–29 years old	1.87 (1.98)
30–34 years old	1.47 (1.39) ^a
35 or older	1.49 (1.24) ^b

Note: Superscript italicized letters indicate a statistically significant difference between subgroups ($p < .05$).

Average screen time per day statistically significantly differed across age groups ($F(2, 677) = 32.02$, $p < .001$). A Bonferroni post hoc test showed that this was driven by a statistically significant difference in the average screen time per day for children less than 18 months old ($M = 0.98$, $SD = 1.46$) compared to both 18- to 24-month-olds ($M = 1.71$, $SD = 1.96$) and children more than 24 months old ($M = 2.09$, $SD = 1.59$). There is also a statistically significant difference in daily screen time based on race/ethnicity ($F(3,670) = 5.67$, $p < .001$). A Bonferroni post hoc test shows that this is driven by a statistically significant difference between the daily average screentime for Black ($M = 2.41$, $SD = 2.63$) and Hispanic ($M = 1.52$, $SD = 1.52$) children. Children whose BITSEA problem behaviors score is above ($M = 2.15$, $SD = 1.96$) the cut point view statistically significantly more hours of screentime per day than those below ($M = 1.72$, $SD = 1.32$), $t(339) = -2.41$, $p < .05$. Finally, there is a statistically significant difference in total daily screentime based on maternal age ($F(672) = 4.82$, $p < .01$). A Bonferroni post hoc test shows that this is driven by statistically significant differences between the daily average screentime for children whose mothers are 24 or younger ($M = 2.11$, $SD = 2.30$) and those whose mothers are 30–34 ($M = 1.47$, $SD = 1.39$) or 35 or older ($M = 1.49$, $SD = 1.24$).

Chi square tests indicated a statistically significant difference in the frequency of shared screen time based on child age ($\chi^2(6) = 22.57$, $p < .01$) and race/ethnicity ($\chi^2(9) = 22.39$, $p < .01$). There was not

a difference based on the problem behaviors cut point ($\chi^2(3) = 2.18, p = .54$) or maternal age ($\chi^2(9) = 3.65, p = .93$). Chi square tests indicated a statistically significant difference in the frequency of screen time to keep busy based on child age ($\chi^2(6) = 33.76, p < .001$) and race/ethnicity ($\chi^2(9) = 29.11, p < .01$). There was not a difference based on the problem behaviors cut point ($\chi^2(3) = 2.37, p = .50$) or maternal age ($\chi^2(9) = 14.18, p = .12$). Chi square tests indicated a statistically significant difference in the frequency of screen time before nap or bed based on child age ($\chi^2(6) = 29.31, p < .001$), race/ethnicity ($\chi^2(9) = 28.11, p < .01$), and maternal age ($\chi^2(9) = 18.75, p < .05$). There was not a difference based on the problem behaviors cut point ($\chi^2(3) = 4.26, p = .24$).

Limitations

Because the data are cross-sectional, there is no true way to know the directionality of the associations. There is a need for further longitudinal research examining screen time at different points in early childhood and associations with later developmental outcomes (e.g., attention, executive functions). The measure included in Baby FACES combines watching shows, playing games, using educational applications, and reading stories together with parents/caregivers into one measure. These different activities may be differently associated with child development, which we were unable to disentangle. We also did not have measure of parent use of screen time around their young children. Finally, the measure of children's health was a parent-reported general health status, not a specific health outcome.

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