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How parents navigate toddler screen time under new recommendations: insights to inform digital intervention design

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Abstract

Background

Although screen time recommendations for young children exist, most exceed recommended limits, and parents struggle to balance screen use in everyday life. Evidence on how parents of toddlers interpret recommendations and what support they find acceptable remains limited. Digital tools may offer scalable support, but understanding parental needs is essential for guiding design. This study aimed to examine how parents manage toddler screen time following the introduction of national recommendations, and to inform co-design of a digital support intervention.

Methods

Parents of 1-3-year-old children (n = 19) were recruited via preschools and child healthcare services in Sweden. Semi-structured interviews were conducted via video call between October 2024 and February 2026. The sample included both mothers (63%) and fathers (37%), predominantly highly educated, and both single- and multiple-child families. Interview transcripts were analyzed using reflexive thematic analysis.

Results

One overarching and three main themes were identified. Limiting screen use was framed as a marker of responsible and “good” parenting, reflecting moral expectations and parenting identity. Within this, parents navigated both their own and their child’s screen use within a shared digital environment, characterized by constant connectivity and competing everyday demands. While screen-free time was seen as ideal, screen use was managed through ongoing, context-dependent situational trade-offs. Recommendations were interpreted as flexible guidance rather than strict rules. They were used primarily as benchmarks for evaluating parenting rather than directing behavior and were perceived as lacking actionable, practical guidance. Instead, decisions about screen use were informed by personal experience, observations of others, and online and informal sources. Parents expressed a need for practical and context-specific support, including guidance on managing everyday situations, regulating their own screen use, and translating recommendations into practice.

Conclusions

By examining parental management of toddler screen time following the introduction of national recommendations, this study highlights the need for actionable and context-specific support that complements existing time-based screen use guidance by addressing both parental and child screen use within everyday family contexts.

Background

Early childhood (0–5 years) is a critical period for obesity prevention with physical activity and sedentary behaviors, including screen time, being key targets [1, 2]. In 2019, the World Health Organization (WHO) introduced guidelines for movement behaviors (physical activity, sedentary time, and sleep) including screen time recommendations of zero screen time for children under two years and no more than one hour per day for those aged 2–5 years [3]. Since then, these recommendations have been implemented in several countries worldwide (e.g., Canada [4]); however, implementation across Europe has been slower. In Sweden, for example, national screen time recommendations were not introduced until September 2024 [5]. Despite these recommendations, adherence remains low and a recent meta-analysis (63 studies, n = 89 163 children aged 2–5 years) showed that fewer than 25% of children under two years and 36% of children aged 2–5 years met their respective recommendations globally [6]. These findings highlight a substantial gap between recommendations and actual behavior, underscoring the need for measures to support compliance.

As a first step, understanding the factors that shape children’s screen use is important. In early childhood, parents play a key role with parental cognition and behaviors, such as self-efficacy and screen related practices, being major influences on children’s screen time [7–10]. A systematic review and meta-synthesis on parental perceptions of child screen time (n = 1311 parents of 0-12-year-olds) found that parents often view screen time as necessary for managing everyday life, while simultaneously expressing concerns about its potential negative impacts [11]. The toddler period (1–3 years) represents a distinct developmental phase in which screen time recommendations shift from no screen use to limited exposure. Parents must balance increasing child autonomy with the establishment of family routines, making this an important period for shaping screen-related behaviors.

A growing body of evidence has focused on parent-focused interventions to support healthier screen practices in early childhood. A recent systematic review and meta-analysis (n = 10 studies including 1,776 parents of 0-5-year-olds) found that such interventions can lead to modest improvements in screen-related and developmental outcomes, although effects varied considerably across studies and most studies involved in-person intervention with only one digital intervention identified [12]. These findings suggest that the effectiveness of parent-focused approaches likely depends on how well interventions align with parents' everyday realities, priorities, and constraints. Importantly, parent-focused support must be both accessible and scalable to reach many families and achieve meaningful impact, making digital delivery, which has been shown to be well accepted among parents [13–15], a suitable mode of intervention. Indeed, digital tools to help parents in managing their children's screen time have been called for [16]; however, few such interventions have specifically targeted this behavior during the toddler period [17]. In addition, little is known about how parents translate recommendations into everyday decisions, which is critical for informing the design of effective, parent-centered interventions. Together, these gaps highlight the need to understand how parents navigate screen time recommendations in everyday life, and how this can inform scalable, user-centered digital interventions. Therefore, this study aimed to examine how parents manage toddler screen time following the introduction of national recommendations, and to identify key user-centered requirements, including essential features, content, and delivery preferences, to inform the co-design of a digital support intervention.

Methods

Study design

This qualitative study forms part of a larger research program aiming to co-design and evaluate a scalable digital intervention to support parents in navigating screen time in early childhood (funded by the Swedish Research Council for Health, Working Life and Welfare, ref no 2025 – 01692, PI: Johanna Sandborg). As a foundational step in this process, the present study explored how parents of toddlers (1-3-year-olds) manage screen time and translate the recently introduced Swedish national recommendations into everyday decision making. It also aimed to identify key user-centered requirements (including essential features, content and delivery preferences) for a future digital intervention. The study received ethical approval from the Swedish Ethical Review Authority (ref nr: 2024-04467-01) and is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) [18].

Participants and recruitment

Participants were recruited using multiple strategies (e.g., posters at preschools and child healthcare, convenience and snowball sampling) between October 2024 and February 2026. Parents aged 18 years or older, literate in Swedish, and having a child aged 1-3-years of age were eligible. Interested parents accessed study information via a QR-code or website link and completed an online interest- and consent form (REDCap). The responsible researcher (JS) then contacted participants by phone to provide further information and schedule the interview. Twenty-two parents expressed interest in participating. One parent did not meet the literacy criteria, one became ineligible as the child exceeded the age range before scheduling the interview, and one did not respond. Nineteen parents completed the interviews.

Data collection

Semi-structured interviews were conducted across two naturally occurring periods: shortly after the introduction of the national screen time recommendations (autumn 2024–early 2025, n = 13) and approximately one year later (autumn 2025–early 2026, n = 6). This timing was not preplanned, and the same interview guide was used throughout. Interviews were conducted virtually via Microsoft Teams (audio and video-recorded) by JS (female, nutritionist, assistant professor, PhD, trained in qualitative methodology, and no prior relationship to the participants). Prior to the interviews, participants provided digital consent and completed a brief study-specific demographics questionnaire (REDCap) capturing parent characteristics (gender, birth country, education level), child age and family characteristics (cohabitation status, siblings). At the start of each interview, a brief introduction to the study aim was provided. Recruitment continued until the data was considered rich and no new information emerged.

The interview guide was developed and refined within the research team, informed by expertise in early childhood health behaviors and digital intervention design. An English translation of the semi-structured interview guide is provided in **Additional file 1**. The guide included 27 questions and additional prompts across three domains: (1) parental and family screen use, (2) perceptions of young children's screen time and national screen time recommendations, and (3) preferences for information and digital support to help manage screen time in early childhood. Within these domains, parents were asked about their own screen time habits, their child's screen use practices (frequency, context, content, situations of use), the family's routines and rules around screens, and how they viewed their role as a digital

role model. Additional questions addressed perceived advantages and disadvantages of screen time, awareness and perceptions of the national recommendations, and preferences regarding format, content, and timing of potential digital support tools.

Interviews lasted between 48 minutes and 80 minutes (mean 61 [SD 10] minutes). Recordings were transcribed using the in-built AI transcription function in Microsoft Teams, and checked for accuracy by FS (female, nutritionist, PhD-student). All data were de-identified and stored securely in accordance with Karolinska Institutet protocols. No compensation was provided.

Data analysis

The semi-structured interviews were analyzed using reflective thematic analysis as described by Braun and Clarke [19]. An inductive approach was employed, primarily at a semantic level with some interpretative (latent) elements. As the analytic aim was to identify patterns across the full dataset, interviews were not analyzed separately by time-period. The transcripts were read actively by FS to gain familiarity with the data, and initial analytic notes were taken. Coding was conducted iteratively, with FS developing codes related to the study aim across the dataset, attending to both semantic to latent meanings, with equal attention given to each data item, using Microsoft Excel. To support reflexive analysis, a subset of transcripts was also coded by JS. Coding and emerging interpretations were discussed between FS and JS, enabling critical reflection on coding decisions and informing theme development. Codes were grouped and developed into candidate themes through an iterative process of comparison. These were reviewed, defined, and named through ongoing analytic discussions, resulting in final themes. Transcripts were not returned to participants for checking.

Results

Participant characteristics

Participants included both mothers and fathers (37% fathers). Most were born in Sweden (89%), and highly educated (79% with a university degree). All lived with the child's other parent, around half (53%) had multiple children, and the mean target child age was 22.0 months (SD 6.0, min-max: 13.7 to 34.5).

Themes from the thematic analysis

One overarching theme and three main themes, comprising seven subthemes, were identified from the data. All themes and subthemes are presented in Fig. 1. We summarize these themes with selected illustrative quotes below. While exploration of differences by interview period or parent gender was not an aim of the analysis, no substantial differences in thematic patterns were observed between the two interview periods or between mothers and fathers.

Limiting children's screen exposure as a practice of responsible parenting

This overarching theme captures the basis for screen use practices in families: that limiting screen use is an expression of responsible and competent parenting. Parents frame decisions about screen time as a reflection of being a responsible, attentive, and ultimately a "good" parent. Managing their child's screen use becomes a way to demonstrate care, competence and foresight. Comparisons with other parents, feelings of pride or discomfort and references to what parents "should" know or do, indicate that screen time functions as a normatively charged aspect of parenting, even when not explicitly described as a moral issue.

Navigating screen use within a shared digital environment

Screen use for both parents and children were described as deeply integrated into everyday life, in which screen use management becomes a collective family practice. Parents described screen-free time as the most beneficial choice for their child's development and relationships, and experiencing themselves as conditioned into constant connectivity.

Valuing screen-free time for child development and family interaction

Parents expressed that toddlers do not need screen time and "screen-free time" was considered the most natural and beneficial choice for supporting learning, development, and building relationships. Concerns about screen use were often framed in relation to this critical developmental stage, in which toddlers were perceived as sensitive to screen use. Parents raised concerns about negative effects on imagination, concentration, and emotional regulation, as well as the risk of developing addictive screen-related behaviors. Screen use was also viewed as problematic when it displaced time from other meaningful activities, such as creativity, movement, and play. Restricting screen use was therefore described as both a protective strategy and an investment in the child's long-term well-being. Nonetheless,

parents were uncertain if their concerns were valid and their efforts sufficient, while emphasizing the importance of information on the potential adverse effects of screen use, as this could motivate and support decision making.

"Well, I mean, the downside is definitely that it [the screen] takes focus away from other things. It takes focus away from me, as a parent, from the children, and for the children it takes focus away from, like, play or something else." – Father of two (NS10)

Parents emphasized the value of screen-free time for family interaction and shared experiences. Child and parental screen use was described as negatively impact social interactions, including both engagement with peers and between the parent and the child.

Parents reported that they felt less engaged when their phone was present (e.g., due to interruptions from notifications, calls, or brief information-seeking) compared to when it was put away, and that their own screen use reduced their awareness of non-verbal communication from the child, such as facial expressions and gestures.

"It's more like… we might be missing things if I'm on a screen instead of spending time together as a family and playing. You'll always look back and see that—those are the moments you remember, the best ones. And those are without screens. Those are when we're sitting on the floor, the three of us, passing a ball around instead of… each of us being on our own screen." – Father of one (NS17)

Being conditioned to constant connectivity

Within this shared digital reality, parents described feeling ambivalent about their own screen habits. While they wanted to limit their screen use, smartphones especially were deeply integrated in everyday life and used for practical tasks (e.g., buying groceries, paying bills) social connection (e.g., texting), information seeking and entertainment (e.g., TV, social media). Parents reported experiencing digital fatigue and a perceived need to remain constantly connected, while also finding it difficult to disengage, which was in part due to external influences, such as app-based algorithms. These difficulties also contributed to a greater understanding of the appeal of screens for their children.

"I mean, it's like everything is built around it. You handle all your errands on your phone, you can, like, buy things—you buy food through your phone—you basically do everything." – Mother of one (NS02)

Interpreting recommendations as flexible guidance rather than rules

Parents described their screen use practices as shaped by their own experiences, family circumstances, values and recommendations. Strategies for screen use management included limits on screen time (duration and timing), access to type of devices, as well as careful curation of content. In practice, parents balanced perceived benefits of screen use for themselves with potential risks for the child, rather than relying on recommendations alone.

Managing screen use as a family practice

Most parents were aware of the national screen time recommendations and acknowledged that limiting their child's screen use is important, but also highlighted the challenges involved. Parental agreement was considered important, and many had discussed expectations regarding screen use before having children. However, maintaining these limits was often challenging in settings where rules differ, such as at preschools, grandparents' homes, or other families' homes. In these contexts, parents described adopting a more pragmatic approach, sometimes relaxing rules to avoid conflict, as screen time was perceived to be a sensitive topic. Parents also worried that limiting screen use could lead to social exclusion as children grow older, reflecting tensions between protecting the child and supporting their social integration. Family context was further described as influencing parents' ability to manage screen use, with those in families with multiple children experiencing greater challenges due to established screen routines for older siblings. While parents generally expressed confidence in managing screen use during toddlerhood, they anticipated greater difficulties with increasing age.

"The problem is that as a parent, you're also thinking several steps ahead: Okay, but what will it be like… at school? They start school—will everyone else have a phone and not our children? And how will that affect them? You don't want them to end up being left out because of it." – Mother of one (NS20)

"Then when you have two children… It's very easy with one child, and to stick to it [restricting child screen use] as well. But when you have two, it becomes incredibly difficult… to do anything about it, though you do your best." – Father of two (NS07)

Legitimizing screen use in everyday life

Parents described making situation-specific trade-offs for when screen use was considered acceptable or problematic. Parents rarely applied rigid rules but made nuanced and situation-specific judgements, which were not necessarily based on the national recommendations. Child screen use was acceptable when it was perceived to benefit the child (e.g., learning, social connection) or when the benefits outweighed the potential harm (e.g., taking medication, brushing teeth). Facilitating household chores was also an acceptable trade-off for allowing screen use. Child screen use was deemed more acceptable when occurring sporadically (e.g., during travels), in context with others, and during evenings, compared with regular, and/or having screen use alone during daytime. In contrast, child screen use was problematized when it primarily served parental convenience such as getting a break, for comforting, distracting or entertaining the child with minimal effort, or avoiding conflict.

"And also, we use it as a cozy moment… usually after we've had dinner. Then we watch something together or something like that. So I—I don't think we use it so that we can get other things done or to keep the children calm, but rather as something we do together." – Mother of one (NS20)

For passive screen use such as background TV, siblings' screen use, and parental screen use, parents were ambivalent about whether it was acceptable or not, and less certain of the implications it has for the child. However, parents also described adopting strategies to limit their child's screen exposure such as limiting their own screen use to the evenings after their child had fallen asleep and avoiding phone use while spending time with their child.

Childhood experiences shaping screen use practices

Parents acknowledged that screen content and type have different impacts, which influenced their decisions about child screen use. These decisions were also influenced by parents' own childhood experiences and preferences. They preferred content they perceived as age-appropriate, educational, and had a meaningful storyline while avoiding content viewed as overly stimulating or "addictive" (e.g., fast-shifting scenes, intense colors and loud music). Many also preferred television over smaller screens because it was considered easier to monitor and associated with shared viewing. This preference was often influenced by their own childhood experiences, when television was the dominant screen and many had fond memories of family TV-time. Several parents described maintaining screen-related routines from their upbringing, such as family viewing traditions, preferred content (e.g., movies from the 80s and 90s), and avoiding screen use during mealtimes.

"On Fridays we have 'Friday Cozy Time'. Then we watch TV together… for about half an hour or so. And have some snacks. And that's because you have those nice memories from your own childhood—that you want to introduce as early as you can." –Father of one (NS21)

Navigating and negotiating support beyond recommendations

In general, parents described feeling confident in their parental screen use practices but searched for information and support when needed. Parents expressed frustration with lack of guidance from national recommendations which led them to search for information elsewhere, often turning to sources online or trusted peers for guidance. To successfully limit child screen use, parents emphasized the need for parental support to be relevant to their own parenting journey and that considers everyday challenges.

Gaps in formal guidance drives reliance on alternative sources

Parents generally trusted national recommendations but also expressed frustration with the lack of practical guidance, particularly regarding content and everyday challenges for managing child screen use. Most used the national screen time recommendations as validation rather than strict rules. However, some questioned whether child screen use should be subject to public health recommendations at all, viewing it as a private family matter.

"Or I guess that's what's difficult about being an authority that gives recommendations—when you just say things without offering any guidance on how you can… watch things together with your child or what kind of content feels appropriate. Then it becomes really hard as a parent. 'We say it's bad to look at a screen more than an hour a day'—because that's what you end up taking away from it. So, what the hell am I supposed to do then when my child is, like, screaming?" –Mother of two (NS11)

Parents identified child healthcare services as the most trusted and appropriate source of guidance on children's screen use, largely due to their established relationships with families. Compared with the Public Health Agency, child healthcare providers were perceived as more

relatable and better positioned to deliver guidance. Yet, parents reported a lack of discussion about screen use within child healthcare, and that providers avoided the topic altogether.

"But I think it feels like they're [child healthcare] so afraid of stepping on people's toes, you know, of somehow 'mom-shaming' parents, that they don't dare say anything about it [screen time]. Because they're very much like, 'Well, everyone starts from their own situation." –Mother of one (NS08)

Parents also expressed a lack of practical guidance from both the national recommendations and child healthcare. They wanted advice on managing screen use in everyday situations such as household tasks, child and parental tiredness, and conflicts. Instead, many turned to online sources (e.g., social media, ChatGPT), trusted peers, and observations of other families for guidance, although the credibility of such sources was not always considered. At the same time, screen use was often perceived as a sensitive topic, limiting open discussion with others.

Need for support that aligns with everyday life

Parents identified several factors that influenced their ability to manage child screen use including available social support (e.g., parents or friends), family context, child age and the type of screen. They emphasised that a digital support tool would be most useful if tailored to their individual circumstances, as these shape the ability to manage everyday tasks and, consequently, navigate screen use. Specifically, parents highlighted the need for alternative activities to screen use to manage everyday demands.

"You can have really great support from your partner, or you might be completely on your own. Some people may have grandparents in their lives, while others have no one. So… no, it's hard to say that something should apply to everyone, or that everyone should have… that kind of understanding or knowledge." –Father of two (NS10)

Parents expressed differing views on when support should be provided, ranging from pregnancy to early childhood, but emphasized the importance of timely support at a relevant stage in their parenting journey. They preferred guidance that situates screen use within a broader context of child health and development, such as sleep, potty training, nutrition, and daily routines, rather than presenting it as an isolated or negative behavior. Parents emphasized the importance of being able to choose how to access information in a way that best suited their individual needs (e.g., a combination of text and video). Accessibility and ease of use were key considerations. Preferences for delivery platforms differed, including websites, AI-based tools, and apps, and some parents expressed reluctance to use another app.

"I mean, video has really become very effective when you think about it—like the TikTok world we live in, where people want to engage with things in a fun and accessible way. So maybe video, or audio in some form. Or perhaps text combined with video. Because just having, you know, a long block of text— I don't think that many people actually read through it." –Mother of one (NS08)

Discussion

This study examined how parents manage toddler screen time under newly introduced national recommendations for restricting screen time in early childhood. Our findings suggest that screen use management is a family process characterized by on-going negotiation, adaptation and context-dependent trade-offs in a shared digital environment. Screen time emerged both as an everyday practice, and a moral and identity-related aspect of parenting, with parents framing screen use management as a marker of "good" and responsible parenting. This aligns with research in parents of young children from diverse family backgrounds showing that parental screen-related decisions are shaped by perceived social norms and fear of judgment, often leading to feelings of guilt [20]. At the same time, parents in our study described using the recommendations as a reference for evaluating parenting practices, functioning primarily as orientation and reassurance rather than strict rules. Similarly, previous research has reported that parents tend to interpret digital media guidelines as adaptable to their own values and family context, rather than prescriptive instructions [21].

Our findings further show that parents lacked clear and practical guidance from national recommendations and from child healthcare services. This reflects the limited practical usability of current recommendations which has also been reported in previous research highlighting the difficulties of applying them in everyday situations [21]. Parents in our study relied on personal experience, online information, and observations of others when navigating screen use, and screen-related decisions were shaped by perceived benefits and risks, energy levels, and competing priorities in everyday life. This aligns with previous studies showing that parents of young children use screens as a pragmatic tool to manage competing demands, regulate child behavior, and cope with everyday parenting challenges [22–24], but also to increase family bonding and to connect with relatives [21]. Previous research has also shown that screen use is both a morally charged and pragmatically necessary aspect of everyday parenting [20], where short-term practical needs are often prioritized over

long-term developmental concerns [22]. Our findings extend the literature by demonstrating how such trade-offs are actively negotiated during the toddler period, particularly in the context of newly introduced recommendations that provide limited practical direction.

Parents in our study expressed confidence in managing their toddler's screen, but also uncertainty whether their efforts were sufficient and anticipated increasing challenges as their children grow older. Family context both facilitated and complicated screen management; alignment between caregivers supported consistent practices, whereas siblings and differing norms across settings made regulation more difficult. Similarly, Mekhail et al. [22] reported that disagreements between caregivers regarding young children's screen use can create tension within families, highlighting that screen-related decision-making is a family matter. These findings underscore the importance of involving both parents in intervention efforts and are consistent with socio-ecological perspectives highlighting the role of family dynamics and routines in shaping child behaviors [25]. In addition, parental and child behaviors influence each other, supporting the rationale for intervention approaches that address both, rather than solely focusing on the child [26]. Moreover, most research to date has focused on screen time duration [12, 27]. However, emerging evidence suggests that the context and type of screen use [8, 28, 29], and activities beyond the screen (e.g., outdoor play) are also important for child health and development [30], which was also acknowledged by the parents in the present study. Altogether, these findings highlight the importance of family-based approaches while also addressing multiple aspects of screen use in addition to screen time duration.

Moreover, a recurrent finding of this study was that parental screen use both shaped and complicated efforts to manage children's screen exposure. This is consistent with evidence showing that parental screen use and modelling are positively associated with young children's screen time [8, 31]. Parents distinguished between acceptable and non-acceptable screens use, which highlights a contradiction in which screens are simultaneously used as practical tools and viewed as undermining ideals of "good" parenting. Parents further differentiated between types of exposure, with passive screen use (e.g., background television) being perceived as less problematic, while smartphone use in the child's presence was viewed more critically due to its negative impact on parent–child interaction. This aligns with emerging evidence on "technoference" referring to parental technology use that disrupts interactions with children and has been negatively associated with cognitive and psychosocial outcomes among young children [32]. Parents in our study used various strategies to regulate their screen use, yet they struggled to disengage and wanted to reduce their screen time. The importance of parental efforts to reduce own screen use has been reported in previous research showing associations between parental screen time rules and lower child screen use [25]. Together, these findings highlight that parental screen practices are important intervention targets rather than merely a contextual influence. This is also consistent with newly introduced Swedish national recommendations that explicitly address parental screen use [33].

Strengths and limitations

A strength of the study is the inclusion of two people undertaking the analysis, providing different perspectives on the data, one from the interviewer and one from someone who did not meet the participants, thus lowering the risk of biased interpretations. The study was limited by the relative homogenous sample, which mostly consisted of Swedish-born, highly educated parents, living in two-parent households, potentially limiting transferability to diverse populations and family constellations. However, the sample included a high proportion of fathers (37%) compared with many qualitative studies in this field (e.g., [20, 21]), which strengthens the representation of parental perspectives. The findings provide transferable insights into how parents navigate screen time in early childhood. Future research and intervention development should prioritize greater sociodemographic diversity to ensure broader relevance and equity.

Societal relevance

Our findings provide important implications for both the development of future interventions and clinical practice. While prior qualitative syntheses, such as the review by Chong et al. [11], which collated evidence across parents of children aged 0–12 years, offer broad insights into parental strategies and reasons for screen use, they do not address the unique challenges emerging during the toddler period or in contexts of undergoing major guideline shifts [11]. By focusing specifically on parents of 1–3-year-olds, our study identifies key insights that have relevance for guideline dissemination and for designing effective support. The moralization of screen time as a marker of "good parenting", the experience of living within a shared digital ecosystem, and the context-dependent judgements around screen use ("for the child" vs. "for the parent") indicate that parents require support that acknowledges not only behavioral practices but also the identity-related dimensions of parenting. Importantly, parents felt confused following Sweden's national screen time recommendations and wanted more guidance from child healthcare services, highlighting a critical implementation gap. Although digital tools may not resolve the implementation gap within child healthcare services, they may extend existing support by providing practical guidance in formats parents prefer. Digital resources can also be used by child healthcare services to provide consistent and accessible support that helps families adapt the new recommendations. Finally, our findings provide a foundation for the development of future digital parent-focused interventions including the need for brief, trustworthy, developmentally tailored, non-judgmental guidance delivered in formats

contemporary parents find acceptable. These findings provide practical direction for the co-design of digital support for screen use management in early childhood that is relevant, acceptable and tailored to everyday challenges.

Conclusions

Parents viewed screen-free time as the most beneficial choice for young children; however, current screen time recommendations were perceived to lack practical information on how to implement them in everyday life. Parents navigated screen use through ongoing, context-dependent trade-offs, highlighting that managing children's screen exposure depended not only on awareness of the recommendations, but also on parental screen use, family practices, available social support, and competing everyday demands. Together, these findings suggest that recommendations, child healthcare services, and early childhood interventions should extend existing time-based screen use guidance with actionable, context-specific support that also addresses parental self-regulation and role modelling.

Abbreviations

WHO
World Health Organization
COREQ
Consolidated Criteria for Reporting Qualitative Research
mHealth
Mobile health

Declarations

Journal

IJBNPA

Declarations

Ethics approval and consent to participate

The study received ethical approval from the Swedish Ethical Review Authority (ref nr: 2024-04467-01). Eligible parents received details of the study and provided written informed consent.

Consent for publication

Not applicable.

Declarations

Competing Interests

ML is a founder and JS a shareholder of Science4Families AB. This company had no role in this research. No other disclosures were reported.

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Author Contribution

JS is the principal investigator of the study and conceptualized it with input from ML and KDH. JS designed the study procedures, recruited participants, and conducted the interviews. FS prepared and corrected the transcripts, performed the primary coding, and JS coded a subset of interviews to facilitate analytic discussions. FS and JS jointly conducted the data analysis. ML and KDH contributed to the interpretation of the findings. FS and JS drafted the initial version of the manuscript, which was critically reviewed and approved by all co-authors.

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Data Availability

The datasets generated and/or analyzed during the current study are not publicly available because the qualitative interview transcripts contain potentially identifiable information and participant consent for public data sharing was not obtained.

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Figures

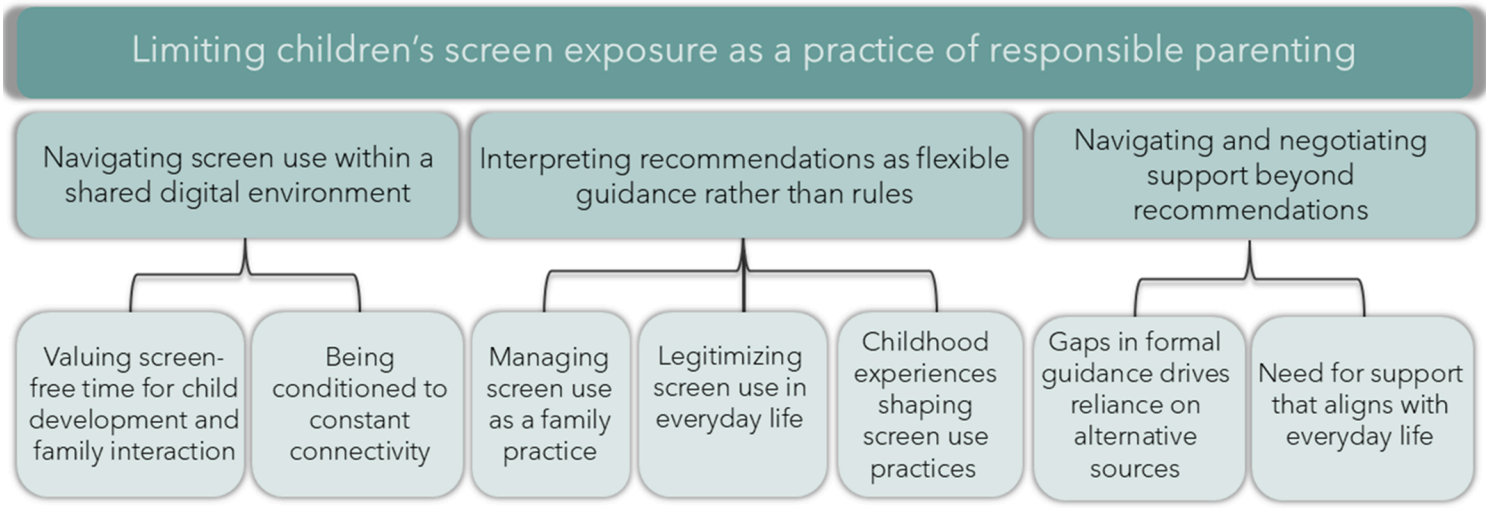


Figure 1

Themes illustrating how parents navigate toddler screen time and national recommendations in everyday life, and the implications for digital support.

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