HOW TO MINIMIZE SCREEN TIME AND AVOID A TECH TANTRUM

Research has shown that excessive screen time for kids under 5 years is one of the biggest threats to their health as it is linked with language delays, reduced attention and low school readiness.

Before your child becomes attached to screens at an early age, consider these tips to help you minimize risks of screen time before age 5:

Consider a creative activity instead.

Not all sedentary time is bad. Having access to crayons, markers, pencils, paint, chalk and blank paper can inspire creativity and imagination for the child, but can also be an activity that the parent can be involved with as well.

Reach for a book!

Children younger than 5 years learn best from live, immersive interactions with family members and caregivers. Given the choice, they will nearly always opt for talking, playing or being read to overscreen time in any form.

Implement screen free meal time.

Kids learn intensely through face-to-face interactions with parents or caregivers. Meal time is a big opportunity for social learning.

Remember, screens are not toys. Toys are toys!

And choosing an active toy like a ride-on helps to burn some of that boundless energy.

Choose to play background music.

Don't let the TV run in the background.

Co-view with your child.

There are few proven benefits of screen-time for children under 5. For children 2 years and older, use the hour wisely by selecting age-appropriate content to co-view and discuss together.

Model good behaviour.

A recent study observed that as time spent by parents on their phones increased, so too did the likelihood of children acting out to gain attention, often leading to negative interactions. Show good behaviour and your child will follow suit.

Protect bedtime.

Avoid screens for at least 1 hour before bedtime. Screens can suppress melatonin making going to sleep more difficult.

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Canadian Paediatric Society. (2017). Screen time and young children: promoting health and development in a digital world. Paediatrics & Child Health, 22(8), 461-468