# Impact of Parental ADHD Status on Screen Time Allowance in Children: Insights from NHIS Data

WAYNE STATE
School of Medicine

Chase Moscovic, BS[1]; Andrew Lemmen, BS[1]; Rebecca Klisz-Hulbert, MD[1,2]
1: Wayne State University School of Medicine; 2: Wayne State Department of Psychiatry and Behavioral Neurosciences
Detroit, MI, USA

## Introduction

- Children's screen overuse is linked to developmental, cognitive, and behavioral harms—including poorer linguistic and social skills, decreased sleep quality, lower academic performance, and obesity.
- Most research focuses on child ADHD and screen use; far less is known about how parental ADHD influences screen-time regulation.
- ADHD in adults involves executive dysfunction, impulsivity, and inconsistent discipline, which may translate to difficulties enforcing screen-time limits.
- Parents with ADHD may struggle with planning, consistency, and emotional regulation, core skills required for regulating digital media exposure.
- **Study Objective**: Examine whether parents with ADHD allow more screen time for their children than non-ADHD parents, and explore demographic moderators (sex, race, education, income, ADHD medication use).
- **Significance:** Understanding this relationship may guide family-centered, neurodiversity-informed interventions for healthier child media habits.

## Methods

- Data Source: National Health Interview Survey (NHIS), 2019–2023 (CDC, NCHS).
- Sample: 11,571 parents reporting both ADHD diagnosis and child screen time allowance.
- 1,185 parents (10.2%) self-reported ADHD diagnosis.
- Exposure Variable: Parental ADHD status (yes/no, self-reported).
- Outcome: Daily child screen-time allowance — <2 hours vs. ≥2 hours (NHIS-defined).
- Analyses:
  a. Descriptive statistics, chi-square and Z-tests for group differences.
  b. Stratified analyses by sex, race, education, income-to-poverty ratio, and medication use.
- Design: Cross-sectional, exploratory; no adjustment for confounders due to hypothesis-generating aim.

## Results

| | Screen Time Allowance | |
|---|---|---|
| **ADHD Status** | <2 hours | >2 hours |
| No | 3880 | 6506 |
| Yes | 284 | 901 |

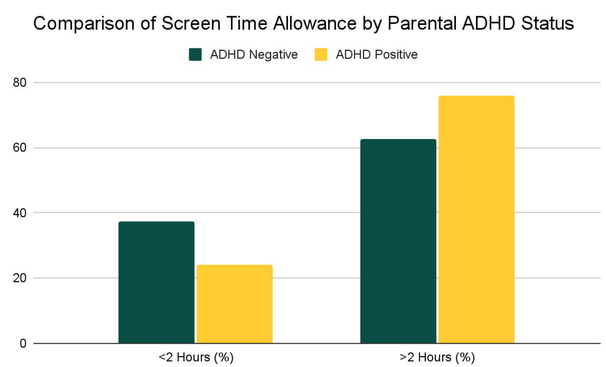



**Table 1.** Screen time allowance by parental ADHD status (N=11,571). *Summary statistics:* Z = 9.10; $X^2(1) = 87.64$, $p < 0.001$; Eta = 0.08; Gamma = 0.31; Tau-b = 0.08; Somers' d = 0.05.

**Figure 1**. Comparison of screen time allowance by parental ADHD status.

**Table 2.** Stratified Association Between Parental ADHD Status[a] and Child Screen Time Allowance by Demographic Subgroup

| Demographic | Subgroup | ADHD % (<2h) | ADHD % (≥2h) | Z-score | p-value |
|---|---|---|---|---|---|
| **Overall** | All patients | 6.80% | 12.20% | 9.10 | <0.001 |
| **Sex** | | | | | |
| | Male | 8.70% | 15.60% | 7.6 | <0.001 |
| | Female | 4.90% | 8.40% | 4.88 | <0.001 |
| **Race** | | | | | |
| | White | 7.80% | 14.10% | 8.22 | <0.001 |
| | Black/African-American | 5.90% | 10.50% | 2.35 | 0.02 |
| | American Indian/Alaska Native | 3.40% | 13.80% | 1.54 | 0.12 |
| | Asian | 1.30% | 3.30% | 1.84 | 0.07 |
| **Education** | | | | | |
| | Grade 1–11 | 10.20% | 6.50% | -1.51 | 0.13 |
| | 12th grade, no diploma | 4.80% | 15.30% | 2.7 | 0.007 |
| | GED or equivalent | 7.80% | 16.30% | 1.81 | 0.07 |
| | High school graduate | 5.20% | 14.60% | 4.63 | <0.001 |
| | Some college, no degree | 5.40% | 13.60% | 4.14 | <0.001 |
| | Associate degree | 6.10% | 13.60% | 2.51 | 0.01 |
| | Bachelor's degree | 6.70% | 11.60% | 2.31 | 0.02 |
| | Master's degree | 4.70% | 9.80% | 2.26 | 0.02 |
| | Professional/Doctorate degree | 5.40% | 11.50% | 1.89 | 0.06 |
| **Poverty Ratio[c]** | | | | | |
| | <0.50–0.99 | 13.50% | 22.90% | 1.67 | 0.1 |
| | 1.00–1.99 | 7.80% | 13.70% | 3.5 | 0.001 |
| | 2.00–2.99 | 6.50% | 17.50% | 6.27 | <0.001 |
| | 3.00–3.99 | 5.80% | 13.40% | 3.92 | <0.001 |
| | 4.00–4.99 | 6.10% | 13.30% | 4.52 | <0.001 |
| | 5.00 and over | 5.80% | 12.10% | 4.25 | <0.001 |
| **Medication Use[b]** | | | | | |
| | Did not take medication | 2.90% | 5.60% | 6.33 | <0.001 |
| | Took medication | 80.50% | 68.60% | -3.37 | 0.001 |

^a Parental ADHD status was determined by self-report of ever being told by a health professional that they had ADHD or ADD.
^b The medication use variable was based on the NHIS question: *"Took medication for emotions, concentration, behavior, past 12 months."* It did not specifically refer to ADHD treatment.
^c Ratio of family income to poverty threshold

## Discussion

- **Key Finding:** Parents with ADHD were significantly more likely to allow ≥2 hours of daily screen time for their children, suggesting parental ADHD is an underrecognized factor in shaping child media habits.
- **Interpretation:** Executive dysfunction, impulsivity, and inconsistent discipline associated with ADHD likely contribute to difficulty enforcing screen-time limits. Parents may also use screens to self-regulate stress or maintain household structure.
- **Clinical Implications:** Screen-time interventions should account for parental executive-function challenges. Integrating CBT, executive-function coaching, and digital monitoring tools into adult ADHD care may improve family routines and limit-setting.
- **Public Health Relevance:** Current child-focused recommendations should be expanded to include parental ADHD screening and support, especially in underserved settings. Treatment of parental ADHD may have intergenerational benefits, reducing excessive screen exposure in children.
- **Limitations:** Cross-sectional design limits causal inference; reliance on self-report and lack of ADHD subtype or treatment specificity may bias estimates; educational vs. recreational screen time not distinguished.
- **Future Directions:** Longitudinal and interventional studies should examine whether treating parental ADHD and improving parental executive skills lead to sustainable reductions in child screen use.

## Conclusion

- Parents with ADHD are significantly more likely to allow children ≥2 h of daily screen time.Association persists across most subgroups; treatment may mitigate risk.
- Executive dysfunction and inconsistent discipline as likely mechanisms.
- Addressing parental ADHD can improve child and family well-being.
- Integrating parenting modules into adult ADHD care and developing automated, accessible tools may strengthen media management.
- Recognizing parental ADHD as a modifiable, transdiagnostic risk factor opens avenues for intergenerational intervention and prevention.

**Sources Cited** →