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# Screen-related parenting practices in low-income Mexican American families

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## Abstract

**Objectives:** To (1) examine whether the Information, Motivation, and Behavioral Skills Model predicts maternal screen-related parenting practices and (2) evaluate the relationship of American Academy of Pediatrics (AAP)-recommended parenting practices with child television (TV) use behaviors.

**Methods:** In this cross-sectional study, 312 Spanish- and/or English-speaking female primary caregivers of Mexican descent with a child 3–5 years of age were recruited from safety-net pediatric clinics. Participants completed a phone interview and screen media diary. Measures included maternal screen-related beliefs, self-efficacy, and parenting practices (time restriction, TV in the child's bedroom, allowing viewing while eating meals and while eating snacks) and child viewing behaviors (amount of TV viewing, frequency of eating while viewing). Two path analytic models were estimated.

**Results:** Positive general beliefs about TV viewing and positive functional beliefs were negatively associated with maternal self-efficacy to restrict TV time (β=−0.14, *p*<.05; β=−0.27, *p*<.001). Greater self-efficacy to restrict time was associated with more maternal restriction of time (β=0.29, *p*<.001). Greater positive functional beliefs was associated with less self-efficacy to restrict TV viewing with snacks (OR=0.56, 95% CIs 0.38–0.81). High self-efficacy to restrict viewing with snacks was associated with less allowing of viewing while snacking (β=−0.16, *p*<.

01). Time restriction, TV in the child's bedroom, and allowing viewing while snacking were associated with child TV viewing behaviors.

**Conclusions:** Providers should consider maternal beliefs, including beliefs regarding the functional use of screens, and self-efficacy to engage in AAP-recommended parenting practices, when counseling on screen use in this population.

## Keywords

Latino; preschool; television

## Introduction:

The American Academy of Pediatrics (AAP) recently released updated screen media guidelines for young children offering direction to both pediatricians and families on the management of young children's screen use.[1] Specific recommendations for parents of young children included limiting child time spent using screen media to 1 hour daily and keeping child bedrooms and ealtimes screen-free.[1] Yet, in spite of evidence linking screen viewing behaviors with poor outcomes including obesity, poor sleep, and poor diet[2–4], many children today have viewing behaviors contrary to these recommendations.[5–8] Increased efforts focused on promoting healthy screen use are clearly needed.

Efforts to promote healthy screen use are particularly needed in low-income Latino children, given their high risk for unhealthy screen use and poor screen-related outcomes.[5, 9–11] Because Latinos are a heterogeneous population, this study focuses specifically on low-income Mexican American families.[12] Mexican Americans are the largest subgroup (64%) of Latinos in the U.S.[13] Given that 16% of children in the US are Mexican American, half of whom are low-income, focusing on this population is important, because findings may apply to a large group of children.[14, 15]

In order to improve the effectiveness of intervention efforts aiming to help parents develop healthy child screen use behaviors, it is important to identify factors influencing parental use of AAP-recommended parenting practices. In this study, we applied the Information, Motivation, and Behavioral Skills (IMB) Model to evaluate factors associated with use of the identified parenting practices (Figure 1). We focused specifically on parenting practices related to TV viewing because TV remains a main screen media used by preschool-aged children.[5] The IMB model is a well validated health behavior model that has been used to evaluate factors influencing parenting behaviors and personal health behaviors.[16, 17] It posits that information, motivations, and behavioral skills are the key factors influencing health behaviors. Information is the knowledge one has related to a behavior. Motivations include one's personal and social beliefs related to a behavior. Behavioral skills include one's self-efficacy to complete a behavior. Based on this model, parental screen-related information and motivations should be associated with behavioral skills, which in turn should be associated with the use of screen-related parenting practices. The model also suggests that for some parental behaviors, typically those easier to perform, information and motivations have a direct relationship with the parental behavior.

Our objectives in this study were to examine whether the IMB model predicts maternal screen-related parenting practices in 4 domains: time restriction, TV in the child's bedroom, allowing viewing while eating meals, and allowing viewing while eating snacks. Further, we evaluated the relationship of these parenting practices with two child TV use behaviors: amount of viewing and eating while viewing. Among older children, parental time restriction has been associated with both amount viewed and eating while viewing[18], suggesting a cross-over effect of certain parenting practices. Thus, we evaluated the relationship of each parenting practice with both child TV use behaviors. The findings of this study have the potential to extend the current understanding of factors influencing the use of screen-related parenting practices and inform efforts to minimize the negative impact of screen use on low-income Mexican American children.

## Methods:

This study is part of a larger study that aimed to develop measures of maternal beliefs and parenting practices[19, 20] related to child TV use, as well as to test the IMB model as reported in the current study.

### Setting and sample:

In this cross-sectional study, a convenience sample was recruited from 3 safety-net pediatric clinics in Denver, CO (September, 2013 - May, 2014). Individuals were eligible if they were Spanish- and/or English-speaking female primary caregivers of Mexican descent with a functioning TV at home and a child 3–5 years of age who did not, as reported by the individual, have a significant disability influencing TV viewing. Participants are labeled "mothers", as 98% were the focal child's birth mother. The study was approved by the Colorado Multiple Institutional Review Board.

### Procedures:

Women were approached in the waiting room by bilingual (Spanish/English) research assistants (RAs). If interested and determined eligible after answering eligibility questions administered by an RA, a time for a phone interview (45–60 minutes) was set. During the phone interview, after informed consent, a survey was orally administered in the preferred language of the participant. A time to pick up the 7-day written screen media diary was also set. More detailed information on survey development and study procedures can be found in previously published articles.[19, 21]

### Measures:

#### IMB Model variables:

**Information:** Items (10 true/false) reflect knowledge related to screen use. For example, "Children become overweight by watching too much TV' and "Children with a TV in their bedroom watch the same amount of TV as children without a TV in their bedroom." Number of correct items was summed.

**Beliefs (Motivations):** Three domains of parental screen-related beliefs, developed from the literature and from qualitative interviews, were included in the model.[20, 22] Positive

General beliefs (7 items, α=0.70) reflected positive benefits of TV viewing (e.g., educational). Positive Functional beliefs (6 items, α=0.89) related to beliefs about the use of the TV for behavior management (e.g., keeping a child calm or quiet). Negative General beliefs (4 items, α=0.61) related to negative outcomes of TV viewing (e.g., bad behaviors). Example items for these scales are in Table 1. Response options ranged from strongly agree (1) to strongly disagree (4). Responses were reverse coded (e.g. coding of 'strongly disagree' changed from 4 to 1) and mean scale scores were calculated.

**Self-efficacy (Behavioral Skills):** Self-efficacy to restrict TV time was calculated as the mean of 6 items (α=0.82) that asked participants to rate how sure they were (*Not at all sure* (1), *Moderately sure (2), and Very sure* (3)) that they could restrict TV time overall and in certain situations (e.g., has things to do). Self-efficacy to limit viewing with meals and viewing with snacks (1 item each) followed the same 3-point scale. Because only ~5% of participants responded "not at all sure," responses were dichotomized into high self-efficacy (responses of *Very sure)* and low self-efficacy (all other responses).

**Screen-related Parenting Practices:** Four domains were evaluated. Time restriction (5 items, α= 0.90, Never (1) to Always (5)) reflected different ways of restricting the amount of child viewing.[19] Participants were also asked whether there was a TV in the child's bedroom. Additionally, they were asked how often they have the child watch TV during meals and when eating between meals (Never (1) to Always (5)). "Eating between meals" was used due to the lack of a clear translation of the term *snack* in Spanish.

### Outcomes:

**Child TV viewing behaviors:** Screen use diaries were utilized to capture TV viewing behaviors because they are highly correlated(r=0.84) with actual child TV viewing amounts.[23,24] A study by Mendoza et al supports the use of screen use diaries in low-income populations, reporting high reliability and feasibility of use of a screen use diary in a low-income Latino sample. [25] We measured 2 outcomes: average minutes of daily TV and frequency of eating while viewing TV. Participants recorded over 7 days the start and end time for each episode of child screen use, noting the screen type (i.e. TV, phone, tablet, computer, other), and marking whether the child was eating (Yes/No).

For average minutes of daily TV viewing, we calculated the mean time spent daily viewing TV/DVDs. For frequency of eating while viewing TV, we calculated the proportion of days from the total number of days with data that the child had at least one daily reported episode of eating while viewing. A small subset (n=22) did not return screen use diaries. Data from diaries with <4 days of data, either due to missing or uninterpretable data, were excluded (n=28) from the analyses.

**Demographic covariates:** Variables included child age and gender and maternal age, education level, employment status, cohabitation status, and acculturation. We used an adapted version of the English language use subscale of the Bidimensional Acculturation Scale for Latinos to measure acculturation.[26] Responses for the 5-items ranged from never (1) to always (5) (α= 0.95).

A bilingual/bicultural team member translated all measures. Using a decentering process, Spanish and English language items were then reviewed and altered to ensure linguistic equivalence.[27, 28] RAs then conducted cognitive interviews to identify issues with comprehension and interpretation, revising items as needed until issues were resolved.[29]

## Analyses:

The primary analyses consisted of two path analytic models to examine the proposed IMB structure (See Figure 1). Both models followed the structure of the IMB model. Effects of information and motivations were proposed to operate through behavioral skills and parenting practices on the outcome of child TV viewing. No direct effects of IMB constructs on child TV use were proposed. Both models included the same information, motivation, and child TV use outcome variables. Both child TV use outcome variables were evaluated in each model, given evidence suggesting domain-specific parenting practices can have a cross-over effect on child TV use behaviors.[18]

In the 1st model, the parenting practices of maternal time restriction and TV in the child's bedroom were evaluated together. The decision to include these two parenting practices in the same model was informed by the known relationship of these parenting practices with child viewing amounts, but the limited evaluation of both predictors together.[10, 30] Self-efficacy to restrict TV time was the specific behavioral skill included in this model.

In the 2nd model, the parenting practices of allowing TV viewing during meals and snack times were evaluated. Allowing TV viewing during meals and snack times were evaluated together in this model given their potential relationship with frequency of eating while viewing TV. The behavioral skills of self-efficacy for restricting viewing with meals/snacks were included in this model.

Path models were estimated with Mplus Version 7.4 using full information maximum likelihood to address the small amount of missing TV use data. This estimator performs well when <35% of data are missing at random[31]; our level of missingness of ~16% was well below this value. Moreover, those missing diary data did not differ on demographic or psychosocial measures from those with complete data. Each model included at least one binary endogenous variable: TV in the child's bedroom in the 1st model, and self-efficacy to restrict viewing with meals and self-efficacy to restrict viewing with snacks in the 2nd model. Logistic regression was used for these specific paths, and while most model results are presented in terms of standardized beta coefficients, any paths predicting these three outcomes are presented as odds ratios (OR) and 95% confidence intervals (CI). All demographic variables, except country of birth, were included as covariates in model estimation. Traditional measures of overall 11 model fit associated with path analysis (e.g., model chi-square, root mean square error of approximation, standardized root mean square residual) were not appropriate/available because there is not a single covariance matrix to test against the original outcomes when using maximum likelihood modeling with categorically measured endogenous variables.[32] Models were therefore evaluated in terms of magnitude and significance of the path coefficients, where standardized betas and odds ratios can be evaluated as measures of effect size. Prior to model testing, we calculated

bivariate correlations among all model measures. All data processing, descriptive statistics, and preliminary analyses were carried out using SAS Version 9.4.

## Results:

Characteristics of the 312 participants and their focal child are shown in Table 2. On average, women had less than a high school education and children were about 4 years old. Table 3 depicts zero-order bivariate correlations among study constructs.

Our first model focused on parental restriction of TV viewing, TV in the child's bedroom, and their relations with child TV use (Figure 2). Information was not associated with self-efficacy to restrict TV time or either parenting practice. Both positive general beliefs and positive functional beliefs were negatively associated with parental self-efficacy to restrict time ($\beta=-.14$, $p<.05$; $\beta=-.27$, $p<.001$), indicating that more favorable beliefs about TV viewing were associated with lower self-efficacy for restricting TV time. Positive functional beliefs also had a direct negative relationship with parental restriction of viewing time ($\beta=-.14$, $p<.05$), indicating that mothers who endorsed the functional use of TV (e.g., keeping their child calm) were less likely 12 to place restrictions on TV time. Greater self-efficacy to restrict time was associated with more parental restriction of time ($\beta=.29$, $p<.001$). Furthermore, more parental time restriction was associated with both fewer minutes of daily TV and less eating while viewing ($\beta=-.16$, $p<.01$; $\beta=-.27$, $p<.001$). None of the IMB variables were associated with a TV in the child's bedroom. However, TV in the child's bedroom was associated with more eating while viewing TV ($\beta=.16$, $p<.01$), but not average minutes of daily TV ($\beta=.02$, *n.s.*).

The second model focused on parental practices related to viewing while eating both meals and snacks and their relations with child TV viewing (Figure 3). Again, information was not associated with self-efficacy or either of the parenting practices. Greater belief that the TV has a functional value was associated with less self-efficacy to restrict viewing with snacks ($OR=0.56$, 95% CIs 0.38–0.81, $p<.01$). High self-efficacy to restrict viewing with snacks was associated with less allowing of viewing while snacking ($\beta=-.16$, $p<.01$). Allowing viewing while snacking was associated with more eating while viewing TV ($\beta=.27$, $p<.001$), but was not associated with minutes of daily TV ($\beta=-.04$, *n.s.*). None of the IMB variables were associated with allowing viewing with meals. Furthermore, allowing viewing with meals was not significantly associated with minutes of daily TV or frequency of eating while viewing.

## Discussion:

Based on the IMB model, this study examined the relationship of maternal knowledge, motivations (beliefs), and behavioral skills (self-efficacy) with AAP recommended screen-related parenting practices, and the relationship of these parenting practices with child TV use behaviors in low-income Mexican American families of preschoolers. The findings suggest the potential importance of maternal beliefs and self-efficacy as they relate to the use of AAP recommended parenting practices and child TV use, underscoring the need to consider such factors in family-based interventions targeting child TV use in this population.

The parenting practice of parental restriction of TV time is associated, in this and other studies, with reduced child viewing amounts.[30] In order to increase parental restriction of TV time, the findings here suggest that attention should be given both to maternal beliefs and self-efficacy to restrict time. Mothers with higher self-efficacy to restrict time were more likely to restrict their child's viewing time. Only 3 known studies have evaluated maternal self-efficacy in this domain; all reported that self-efficacy to limit screen viewing was associated with reduced child viewing amounts.[33–35] The findings of the current study extend this literature. Maternal beliefs were associated with maternal self-efficacy to restrict viewing time. Positive beliefs represent beliefs such as TV viewing is educational and entertaining. Functional beliefs represent beliefs related to the parental utility of child TV viewing such as child TV viewing is a good way to keep a child quiet or a good way for mothers to get things done. Thus, the construct of functional beliefs measures the belief that child TV viewing offers secondary gains for the parent. Both of these domains of beliefs were associated with less maternal self-efficacy to restrict TV viewing time. Hence, such beliefs may need to also be considered when addressing self-efficacy in this area. Interestingly, mothers' greater functional beliefs were directly associated with less maternal TV time restriction. Addressing such functional beliefs may be critical to improve maternal restriction of TV time. This may be particularly true in low-income households, which may lack certain resources (e.g., certain types of toys, extra indoor space, safe outdoor spaces) used by parents to help manage child behaviors. Interventions aiming to increase parental restriction of TV time should consider maternal beliefs and self-efficacy, and the functional role of TV time. Moreover, given that perceptions of child behavioral issues may influence maternal beliefs and self-efficacy, future research should evaluate how parental perceptions of child behavioral issues (e.g. attention problems) may influence maternal beliefs related to the functional use of screens and in turn maternal self-efficacy to restrict viewing.

The factors associated with the parenting practice of allowing TV viewing while eating appear to differ depending on whether children are eating meals or snacks. Maternal self-efficacy and functional beliefs appear to be important targets for intervention efforts addressing viewing TV while eating snacks. However, the same was not true in the domain of viewing during meals. Neither beliefs nor self-efficacy were associated with the parenting practice of allowing viewing during meals. This suggests that there are different influences on screen use with meals versus snacks. It is possible that the involvement of other adults at mealtime is more influential than maternal screen-related beliefs or self-efficacy on child TV viewing at mealtime. It is common for adults to watch TV during meals.[36] It is also possible that a mother's opinion of the importance of mealtime food intake is more influential on her parenting in this domain than the factors we examined. Our prior qualitative work suggests that some mothers perceive TV viewing at mealtime to be associated with inadequate intake, and therefore they restrict viewing at mealtime.[22] However, the same mothers commonly allowed viewing at snacktime. This may be due to differences in the perceived importance of meals versus snacks.[37] In sum, interventions aiming to reduce viewing TV while eating should recognize that mothers may handle these two activities differently and that maternal beliefs and self-efficacy may be specifically important to efforts aiming to reduce snacking while viewing. Future research on factors motivating screen use during meals is needed.

We did not identify any effects for factors predicting having a TV in the child's bedroom. This was surprising, given findings suggesting TVs may end up in child bedrooms for functional reasons, e.g., to help the child sleep or keep the child occupied.[38] Another recent study found parental outcome expectations related to TV were associated with having a TV in the child's bedroom.[39] Children in both of these studies were, on average, older than the focal children in the current study. Given that TVs as well as mobile devices now end up in children's bedrooms[40, 41], further work focused on preventing screen devices in children's bedrooms is needed, especially given the possible impact on sleep.[2]

Three of the four evaluated parenting practices were associated with child TV viewing. Similar to findings in older children, time restriction was associated with not only minutes of daily TV, but also eating while viewing.[18] This is possibly due to that fact that, by limiting the amount of time a child watches TV, there is less opportunity for child TV viewing to overlap with eating times. Allowing a TV in the child's bedroom was not associated with amount of TV in the current study, despite other studies reporting a relationship.[10] Reasons for this are unknown. Allowing viewing with snacks was associated with the frequency of child eating while viewing. This was not true for allowing viewing with meals. Hence, allowing viewing with snacks may be a more important area to intervene in order to reduce the overall frequency of eating while viewing in this population.

We found many of the relationships predicted by the IMB model. Several maternal beliefs were associated with most aspects of self-efficacy. In turn, these aspects of self-efficacy were associated with some parenting practices. Also, in the case of mothers' positive functional beliefs, there was a direct relationship with the parenting practice of time restriction. However, contrary to the IMB model, information was not associated with either self-efficacy or parenting practices. Possible reasons for this include the relatively high scores on the information questions or that the questions we included for information possibly do not capture the specific knowledge related to the evaluated parenting practices.

Children in this study on average viewed slightly more than 2 hours of TV daily. This is similar to findings in other studies focused on low-income Latino children.[25, 42] This amount does not account for time spent with other devices. Thus, overall screen use amounts are probably higher. The current AAP guidelines recommend preschool-aged children use screen devices for 1 hour daily.[1]

Limitations of this study are the cross-sectional design and the use of maternal self-report, which may have introduced social desirability bias. Reliability for the negative beliefs scale was also low. Moreover, the findings cannot be generalized beyond low-income Mexican American mothers of preschoolers in the southwestern US. The study has several strengths. We gave extensive attention to measurement development. We used recommended translation techniques[27] and cognitive interviewing[29] to ensure the conceptual equivalence and cultural appropriateness of the survey. Moreover, to measure TV use behaviors, we used a screen media diary, which is highly correlated (0.84) with actual use.[23] Future research should 17 consider the role of fathers and evaluate the role of social and environmental factors on parenting practices.

## Summary

Interventions addressing screen use in low-income Latino children are urgently needed given their higher risk for unhealthy screen use behaviors and poor screen-related health outcomes. [5, 9–11]This study demonstrates that maternal beliefs, including beliefs regarding the functional use of TV viewing, and maternal self-efficacy should be considered when counseling mothers in the target population on the use of these specific AAP recommended screen-related parenting practices. Providers may want to focus on enhancing maternal restriction of TV viewing amounts given its cross-over impact on child viewing amounts and frequency of eating while viewing TV. When counseling families on restricting viewing amounts, providers may want to validate maternal beliefs related to the functional benefits of screen use, offering possible alternative methods for obtaining these same benefits (e.g. methods for managing child behaviors such as reward charts) Moreover, providers may be able to help build a mother's self-efficacy in restricting child screen use by helping the mother to identify past experiences of successful restriction or by assisting her in realistic goal setting related to restriction, so that she is more likely to succeed. As this is a nascent area of research, empiric testing of these possible methods is needed to evaluate their effectiveness in changing child screen use behaviors. In this digital era of highly accessible screens, such research is critical in order to reduce the prevalence of unhealthy screen use behaviors high risk populations.

## Acknowledgments

## Abbreviations:

| | |
|---|---|
| **TV** | television |
| **AAP** | American Academy of Pediatrics |

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**What's new**

Providers should consider maternal beliefs, including beliefs on the functional use of screens, and self-efficacy when counseling on screen use. Focusing on time restriction may be warranted given its impact on both viewing amounts and frequency of eating while viewing.
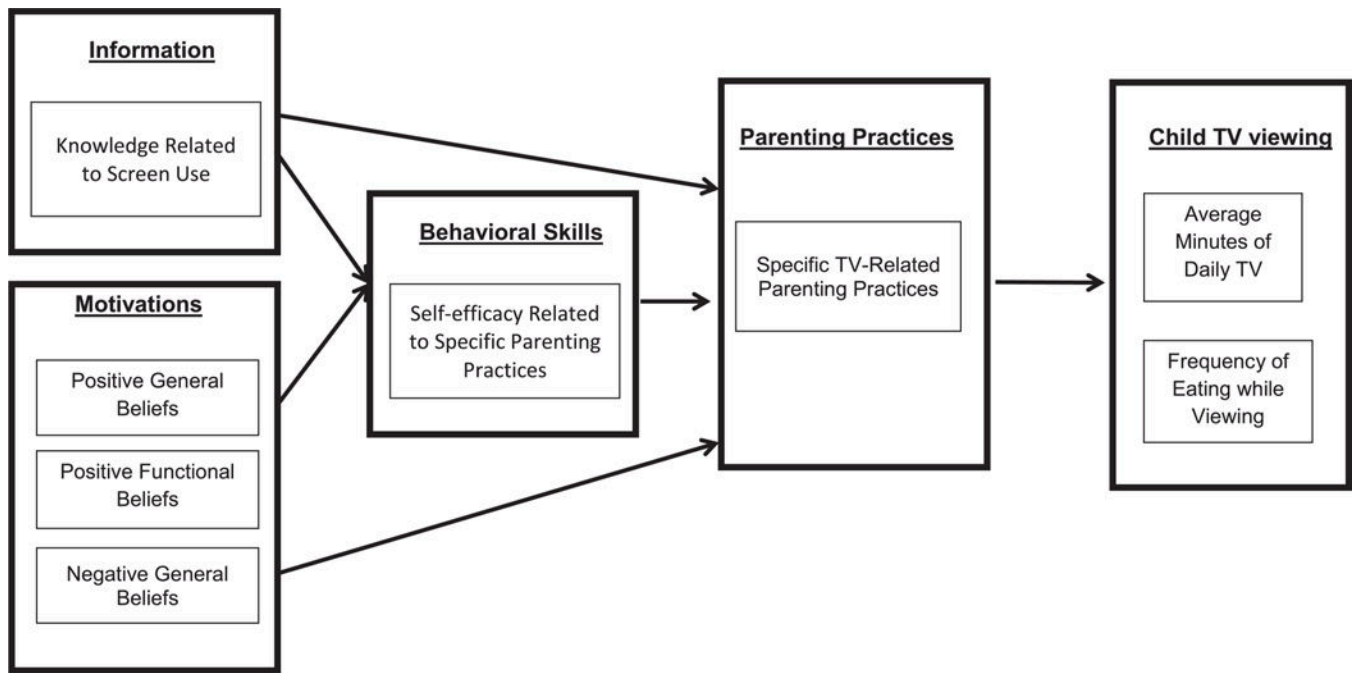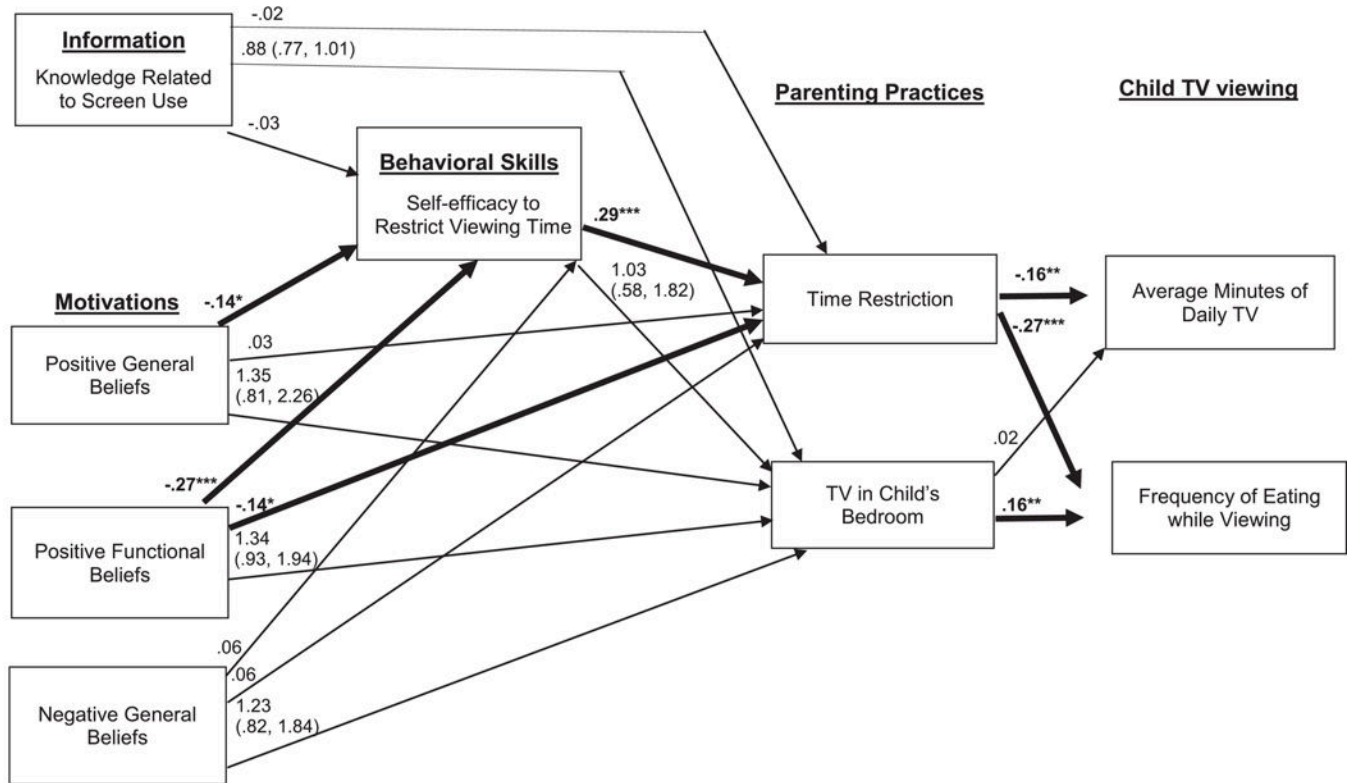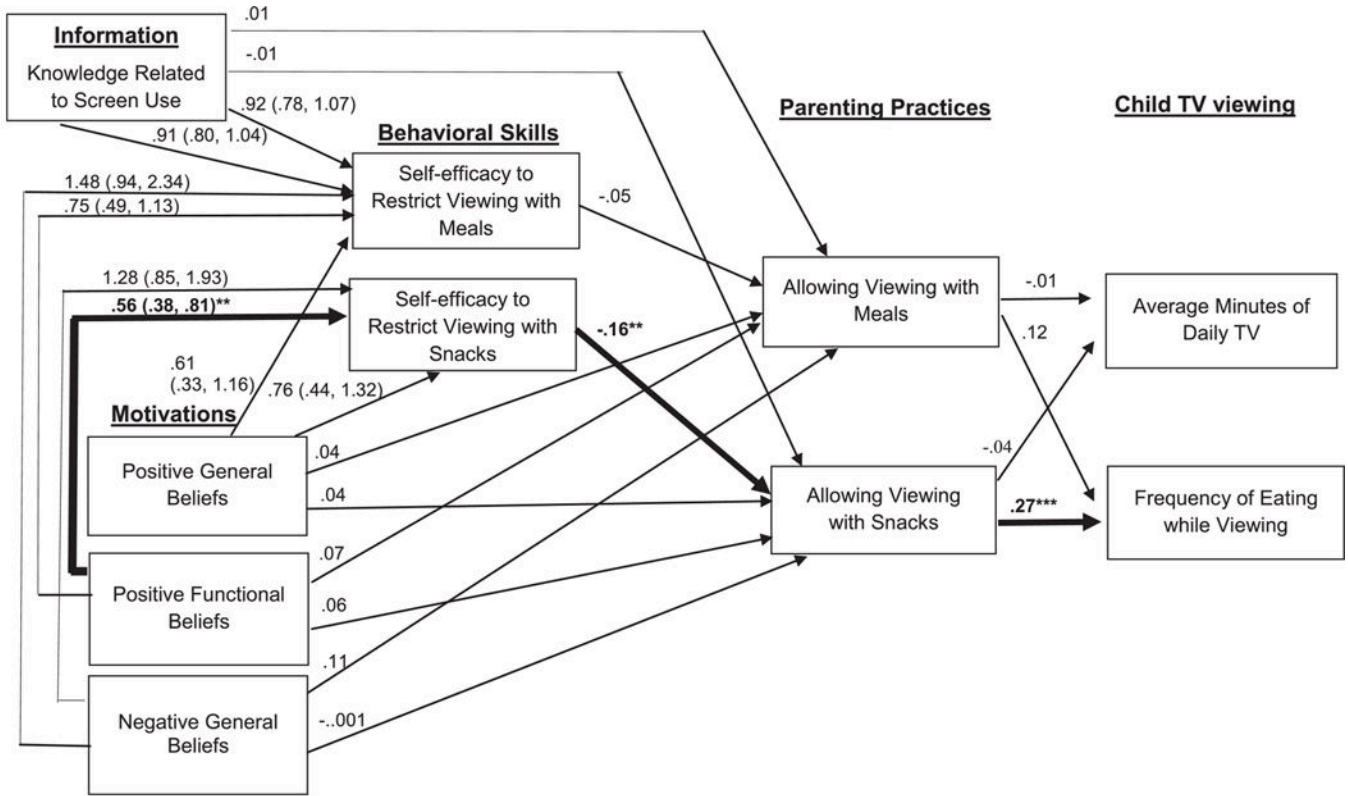
**Figure 1:**
Analytic model of information, motivation, behavioral skills, parenting practices and child
TV viewing

**Figure 2:**
Information, Motivation, Behavioral Skills Model of restriction of time and TV in the child's bedroom and child screen use.

*Note.* * p<0.05 ** p<0.01 ***p<0.001. Significant paths denoted by bolded lines. Path coefficients to continuously measured outcomes presented as standard beta values, path coefficients to self-efficacy items (1=high self-efficacy, 0=low self-efficacy) were reported as odds ratios and 95% confidence intervals. Covariates included child age and gender, and mother's age, cohabitation status, employment status, education, and level of acculturation.

**Figure 3:**
Information, Motivation, Behavioral Skills Model of allowing viewing with meals and snacks and child screen use.

**Table 1:**

Sample items included in scales of Positive General Beliefs, Positive Functional Beliefs, and Negative General Beliefs [20]

| Domain | Example item |
| --- | --- |
| **Positive General Beliefs** | |
| | Preschool children learn important things from watching TV. |
| | Preschool children are entertained by watching TV. |
| | A good way to be together as a family is to watch TV. |
| **Positive Functional Beliefs** | |
| | A good way for you to keep (child's name) quiet is to have (child's name) watch TV. |
| | A good way for you to keep (child's name) safe when inside the house is to have (child's name) watch TV. |
| | A good way for you to get things done is to have (child's name) watch TV. |
| **Negative General Beliefs** | |
| | Watching a lot of TV can lead to behavior problems. |
| | Preschool children can learn bad behaviors from watching TV. |

**Table 2:**

Sample characteristics of low-income Mexican American mothers and their preschool-aged child (n=312)

|  | Percent (n) or Mean (SD) |
| --- | --- |
| **Parent/child characteristics** | |
| Child age (y) | 3.9 (SD=0.8) |
| Male child | 54% (167) |
| Maternal age (y) | 31.0 (SD=6.4) |
| Maternal education (y) | 10.1 (SD=2.9) |
| Cohabitating | 72% (226) |
| Maternal employment (full- or part-time) | 23% (72) |
| Maternal English language acculturation (Range: 1–5) [*] | 2.6 (1.5) |
| Maternal place of birth: US | 34% (107) |
| **IMB Model variables** | |
| Information (mean correct) | 7.35 (1.94) |
| Beliefs | |
|     Positive General Beliefs | 2.67 (0.56) |
|     Positive Functional Beliefs | 2.06 (0.80) |
|     Negative General Beliefs | 3.28 (0.61) |
| Self-efficacy | |
|     Self-efficacy to restrict viewing time | 2.52 (0.46) |
|     High self-efficacy to restrict viewing with snacks | 68.3% (211) |
|     High self-efficacy to restrict viewing with meals | 79.6% (246) |
| Parenting Practices [**] | |
|     Time restriction | 3.15 (1.09) |
|     TV in child's bedroom | 65.1% (203) |
|     Allowing viewing during meals | 1.81 (0.98) |
|     Allowing viewing with snacks | 1.87 (0.89) |
| Child TV viewing | |
|     Average Minutes of Daily TV | 127.3 (SD=71.2) |
|     Frequency of Eating while viewing [***] | 0.3 (SD=0.3) |

[*] Higher scores indicate higher levels of acculturation.

[**] Responses for Time Restriction, Allowing viewing during meals, and Allowing viewing with snacks were Never (1) to Always (5).

[***] The proportion of days from the total number of days with data that the child had at least one daily reported episode of eating while viewing.

**Table 3:**

Bivariate correlations among information, motivation, behavioral skills, parenting practices, and child TV use.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Information** | | | | | | | | | | | | | |
| 1.Knowledge Related to TV Use | --- | | | | | | | | | | | | |
| **Motivation** | | | | | | | | | | | | | |
| 2.Positive General Beliefs | $-.22^c$ | --- | | | | | | | | | | | |
| 3.Positive Functional Beliefs | $-.10$ | $.54^c$ | --- | | | | | | | | | | |
| 4.Negative Beliefs | $.12^a$ | $-.03$ | $-.09$ | --- | | | | | | | | | |
| **Behavioral Skills** | | | | | | | | | | | | | |
| 5.Self-efficacy to restrict time | $.03$ | $-.26^c$ | $-.33^c$ | $.08$ | --- | | | | | | | | |
| 6.Self-efficacy to restrict with meals | $-.02$ | $-.14^a$ | $-.15^a$ | $.10$ | $.44^c$ | --- | | | | | | | |
| 7.Self-efficacy to restrict with snacks | $-.03$ | $-.16^b$ | $-.24^c$ | $.07$ | $.47^c$ | $.52^c$ | --- | | | | | | |
| **Parenting Practices** | | | | | | | | | | | | | |
| 8.Time restriction | $.01$ | $-.11^a$ | $-.21^c$ | $.08$ | $.34^c$ | $.30^c$ | $.22^c$ | --- | | | | | |
| 9.TV in child's bedroom | $-.13^a$ | $.16^b$ | $.15^b$ | $.02$ | $-.05$ | $-.05$ | $-.11^a$ | $-.07$ | --- | | | | |
| 10.Allow viewing with meals | $-.01$ | $.10$ | $.12^a$ | $-.10$ | $.08$ | $-.07$ | $-.01$ | $.04$ | $.05$ | --- | | | |
| 11.Allow viewing with snacks | $-.02$ | $.14^a$ | $.19^c$ | $-.05$ | $.02$ | $-.05$ | $-.18^b$ | $-.05$ | $.05$ | $.49^c$ | --- | | |
| **Child TV Viewing** | | | | | | | | | | | | | |
| 12.Minutes of daily TV | $-.17^b$ | $.19^b$ | $.23^c$ | $-.07$ | $-.13^a$ | $-.01$ | $-.12^a$ | $-.15^a$ | $.05$ | $-.01$ | $-.03$ | --- | |
| 13.Eating while viewing | $-.14^a$ | $.27^c$ | $.32^c$ | $-.11$ | $-.19^b$ | $-.21^c$ | $-.28^c$ | $-.27^c$ | $.16^b$ | $.26^c$ | $.32^c$ | $.34^c$ | --- |

[a] $p<.05$,

[b] $p<.01$,

[c] $p<.001$