

# Media and Children

## What Needs to Happen Now?

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**P**HYSICIANS UNDERESTIMATE THE INFLUENCE OF THE media on children and adolescents.<sup>1</sup> On average, children and adolescents spend more than 6 hours a day with media—more time than in formal classroom instruction.<sup>2</sup> In addition, US youth have unprecedented access to media (two-thirds have a television set in their bedrooms, half have a VCR or DVD player, half have a video game console, and almost one-third have Internet access or a computer<sup>2</sup>), making parental monitoring of media use difficult. A recent survey of 365 pediatricians found that only half recommend limiting media use to 1 to 2 hours per day (the recommended American Academy of Pediatrics policy) and half were not interested in learning more about media effects on their patients through media education.<sup>3</sup> But the media have an influence on a variety of health issues, such as sex, drugs, aggressive behavior, obesity, eating disorders, and suicide.<sup>1,4</sup> It is important for physicians to understand the most harmful aspects of media use and whether young people can be adequately protected against them, and how to maximize prosocial media.

The media are not the leading cause of any pediatric health problem in the United States, but they do make a substantial contribution to many health problems, including the following.<sup>5</sup>

**Violence.** Research on media violence and its relationship to real-life aggression is substantial and convincing. Young persons learn their attitudes about violence at a very young age and, once learned, those attitudes are difficult to modify.<sup>4,6</sup> Conservative estimates are that media violence may be associated with 10% of real-life violence.<sup>4</sup> Office counseling about media violence and guns could reduce violence exposure for an estimated 800 000 children per year.<sup>7</sup>

**Sex.** Several longitudinal studies have linked exposure to sex in the media to earlier onset of sexual intercourse, and 8 studies have documented that giving adolescents access to condoms does not lead to earlier sexual activity.<sup>8</sup> The media represent an important access point for

birth control information for youth; however, the major networks continue to balk at airing contraception advertisements at the same time they are airing unprecedented amounts of sexual situations and innuendoes in their prime-time programs.

**Drugs.** Witnessing smoking scenes in movies may be the leading factor associated with smoking initiation among youth.<sup>9</sup> In addition, young persons can be heavily influenced by alcohol and cigarette advertising.<sup>10</sup> More than \$20 billion a year is spent in the United States on advertising cigarettes (\$13 billion), alcohol (\$5 billion), and prescription drugs (\$4 billion).<sup>10</sup>

**Obesity.** Media use is implicated in the current epidemic of obesity worldwide,<sup>4,11</sup> but it is unclear how. Children and adolescents view an estimated 7500 food advertisements per year, most of which are for junk food or fast food.<sup>12</sup> Contributing factors to obesity may include that watching television changes eating habits and media use displaces more active physical pursuits.

**Eating Disorders.** The media are a major contributor to the formation of an adolescent's body self-image.<sup>13</sup> In Fiji, a naturalistic study of teenaged girls found that the prevalence of eating disorders increased dramatically after the introduction of American TV programs.<sup>14</sup>

At the same time, clinicians need to recognize the extraordinary positive power of the media. Antiviolence attitudes, empathy, cooperation, tolerance toward individuals of other races and ethnicities, respect for older people—the media can be powerfully prosocial.<sup>4,15</sup> Media can also be used constructively in the classroom in ways that are better than traditional textbooks. For instance, middle school students are often assigned to read *Romeo and Juliet* as their first exposure to Shakespeare. Might it not be more effective, given that Shakespeare wrote his plays to be observed and not to be read, to watch one of the at least 10 different versions available on DVD? Reading Civil War history using a textbook pales in comparison to watching a TV documentary bring history to life. What could be a more entertaining way to teach high school physics than using episodes of *Mythbusters*? In



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addition, no drug or sex education program is complete without a media component.

A kinder, gentler, more responsive public media would be nice but is unlikely. Hollywood has been resistant to any outside criticism, the Motion Picture Association of America ratings have remained closed to scrutiny for decades, and the TV ratings are not understood by most parents.<sup>4</sup> The Internet cannot be regulated. More graphic violence on TV shows and movies, more sexual suggestiveness in prime-time shows, and more edgy advertising can be expected in the future. Easier access to media will occur as cell phones are used to download TV shows and movies, and soon a personal Internet device (about the size of a paperback book) will allow instant online access anytime and anywhere. Therefore, the solution to children's exposure to inappropriate media cannot rely on its producers.

Education of parents, teachers, and clinicians through PTA (Parent Teacher Association) meetings, teacher in-service training, and conferences is necessary. Education of students about the media should be mandatory in schools. Parents have to change the way their children access the media—not permitting TV sets or Internet connections in the child's bedroom, limiting entertainment screen time to less than 2 hours per day, and co-viewing with their children and adolescents. Research has shown that media effects are magnified significantly when there is a TV set in the child's or adolescent's bedroom.<sup>4</sup> Research is also needed to understand why parents take their young children to see PG-13 and R-rated movies that are clearly inappropriate for them. Such movies expose children to violence, sex, and alcohol and cigarette use at a crucial time in their development, and significant negative health outcomes during adolescence may result. Clinicians need to ask 2 simple questions at routine visits. Is there a TV set or Internet connection in the bedroom? How many hours per day does the child or adolescent spend with a screen? Researchers need to incorporate measures of media use into their studies of adolescent risky behaviors.<sup>5</sup>

The federal government has a role as well. An updated National Institute of Mental Health report on effects of media on young persons is needed (the last report was in 1982). Network contraceptive advertising should be encouraged.

Legislation should be passed banning all cigarette advertising in all media and limiting alcohol advertising to "tombstone" advertisements (showing the product only).

The media is a powerful teacher of children and adolescents—the only question is what are they learning and how can it be modified? When children and adolescents spend more time with media than they do in school or in any leisure-time activity except for sleeping, much closer attention should be paid to the influence media has on them.

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