

AMERICAN ACADEMY OF PEDIATRICS

Committee on Public Education

Media Education

ABSTRACT. The American Academy of Pediatrics recognizes that exposure to mass media (ie, television, movies, video and computer games, the Internet, music lyrics and videos, newspapers, magazines, books, advertising, etc) presents both health risks and benefits for children and adolescents. Media education has the potential to reduce the harmful effects of media. By understanding and supporting media education, pediatricians can play an important role in reducing the risk of exposure to mass media for children and adolescents.

ABBREVIATION. AAP, American Academy of Pediatrics.

For more than a decade, the American Academy of Pediatrics (AAP) has recognized both the public health risks and the benefits of mass media for children and adolescents. The potential benefits that media offer are clear, from selected educational television programs to thought-provoking magazine articles, to the creativity and knowledge encouraged through computer use. However, pediatricians are increasingly aware of negative media influence on children and adolescents. Five recently published AAP statements summarize the available research about the effects of media on young people and encourage media education for parents and children as an approach to mitigating potentially harmful effects.¹⁻⁵ Many concerns about media exist, including those described in the following sections.

THE AMOUNT OF TIME SPENT WITH THE MEDIA

Currently, the average American child or adolescent spends >21 hours per week viewing television.⁶ This figure does not include time spent watching movies, listening to music or watching music videos, playing video or computer games, or surfing the Internet for recreational purposes. Time spent with media often displaces involvement in creative, active, or social pursuits.

THE IMPACT OF MEDIA VIOLENCE ON AGGRESSIVE BEHAVIOR

More than 1000 scientific studies and reviews conclude that significant exposure to media violence increases the risk of aggressive behavior in certain children and adolescents, desensitizes them to violence, and makes them believe that the world is a

“meaner and scarier” place than it is.⁷⁻¹⁰ Violence appears in various forms of media entertainment, such as movies, video games, and television news. Research has shown that news reports of bombings, natural disasters, murders, and other violent crimes have the potential to traumatize young children.¹¹

SEXUAL CONTENT IN THE MEDIA

American media, both programming and advertising, are highly sexualized in their content. In fact, the average young viewer is exposed to >14 000 sexual references each year, yet only a handful provides an accurate portrayal of responsible sexual behavior or accurate information about birth control, abstinence, or the risks of pregnancy and sexually transmitted disease.^{7,10}

TOBACCO AND ALCOHOL

Increasingly, media messages and images are normalizing and glamorizing the use of tobacco, alcohol, and illicit drugs. Tobacco manufacturers spend \$6 billion per year, and alcohol manufacturers \$2 billion per year, to entice youngsters into “just saying yes.” Popular movies are often showing the lead character or likeable characters using and enjoying tobacco and alcohol products.^{7,12,13}

EFFECTS OF MEDIA ON OBESITY AND SCHOOL PERFORMANCE

Increased television use is documented to be a significant factor leading to obesity¹⁴ and may lead to decreased school achievement as well.¹⁵ Although there is concern that overstimulation from high levels of media use might lead to attention deficit disorder or hyperactivity, there has been no research to date that demonstrates such a causal relationship.

VALUE OF MEDIA EDUCATION

Media education has the potential to reduce these harmful effects through the process of educating children, adolescents, and adults about media. Media education is defined as the study and analysis of mass media. A media-literate public is able to decipher the purpose and message of media rather than accepting it at face value. With an educated understanding of media images and messages, users can recognize media’s potential effects and make good choices about their and their children’s media exposure.

Media education represents a multifaceted approach to understanding and eliminating the negative impact of media images and messages on young people. At the same time, it allows the positive and

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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prosocial uses of media to be explored and appreciated. Media education includes the ability to access, analyze, evaluate, and produce media products. A media-educated person understands the following: all media messages are constructed; media messages shape our understanding of the world; individuals interpret media messages uniquely; and mass media has powerful economic implications. A media-educated person will be able to limit use of media; make positive media choices; select creative alternatives to media consumption; develop critical thinking and viewing skills; and understand the political, social, economic, and emotional implications of all forms of media.^{13,16-18}

Research strongly suggests that media education may result in young people becoming less vulnerable to negative aspects of media exposure.^{9,19,20} In several studies, children in elementary school-based programs were able to evaluate program and advertising content more critically.²¹⁻²³ In other studies, heavy viewers of violent programming were less accepting of violence or showed decreased aggressive behavior after a media education intervention.^{24,25} A recent study found a change in attitudes regarding intention to drink alcohol after a media education program.²⁶ Canada, Great Britain, Australia, and some Latin American countries have successfully incorporated media education into school curricula.¹⁹ Common sense would suggest that increased media education in the United States could represent a simple, potentially effective approach to combating the myriad of harmful media messages seen or heard by children and adolescents. Given the volume of information transmitted through mass media as opposed to the written word, it is as important to teach media literacy as print literacy. However, media education should *not* be used as a substitute for careful scrutiny of the media industry's responsibility for its programming.

RECOMMENDATIONS

The AAP recommends the following:

1. Pediatricians should become educated about the public health risks of media exposure through workshops and written materials. All state chapters and/or districts that have not done so should schedule a media education program for their members.
2. Pediatricians should begin incorporating questions about media use into their routine visits, including use of the AAP's Media History form.²⁷ This tool enables youth and parents to examine their media use habits and allows pediatricians to focus on areas of concern and offer counsel and support. Advice to parents should include the following:
 - encouraging careful selection of programs to view
 - co-viewing and discussing content with children and adolescents
 - teaching critical viewing skills
 - limiting and focusing time spent with media
 - being good media role models by selectively using media and limiting their own media choices
 - emphasizing alternative activities
 - creating an "electronic media-free" environment in children's rooms
 - avoiding use of media as an electronic baby-sitter
3. Pediatricians should urge parents to avoid television viewing for children under the age of 2 years. Although certain television programs may be promoted to this age group, research on early brain development shows that babies and toddlers have a critical need for direct interactions with parents and other significant care givers (eg, child care providers) for healthy brain growth and the development of appropriate social, emotional, and cognitive skills. Therefore, exposing such young children to television programs should be discouraged.
4. Pediatricians should serve as role models for appropriate media use by limiting television and video use in waiting rooms and patients' rooms, using educational materials to promote reading, and having visits by volunteer readers in waiting rooms.
5. Pediatricians should alert and educate parents, children, adolescents, teachers, school officials, and other professionals about media-associated health risks. Pediatricians should also alert and educate parents when positive media opportunities arise, either educational or informative.
6. Pediatricians should collaborate with other professionals, including the parent-teacher association, schools, and community groups, to promote media education.
7. Pediatricians should, along with other public health activists, continue to monitor media and to advocate for increasing educational and prosocial programming and messages for children and youth.
8. Pediatricians should encourage their state and federal governments to explore mandating and funding universal media education programs with demonstrated effectiveness in American schools.
9. Pediatricians should encourage the government and private foundations to increase the funding available for media education research. In particular, more research is needed on media influence in the areas of sexuality, substance abuse, attention deficit disorder, and juvenile offenders who have committed violent or sexual crimes.

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REFERENCES

1. American Academy of Pediatrics, Committee on Communications. Children, adolescents, and television. *Pediatrics*. 1995;96:786-787
2. American Academy of Pediatrics, Committee on Communications. Sexuality, contraception, and the media. *Pediatrics*. 1995;95:298-300
3. American Academy of Pediatrics, Committee on Communications. Children, adolescents, and advertising. *Pediatrics*. 1995;95:295-297
4. American Academy of Pediatrics, Committee on Communications. Media violence. *Pediatrics*. 1995;95:949-951
5. American Academy of Pediatrics, Committee on Communications. Impact of music lyrics and rock music videos on children and youth. *Pediatrics*. 1996;98:1219-1221
6. 1998 Report on Television. New York, NY: Nielsen Media Research; 1998
7. Strasburger VC. *Adolescents and the Media. Medical and Psychological Impact*. Thousand Oaks, CA: Sage; 1995
8. Walsh D, Goldman LS, Brown R. American Medical Association. *Physician Guide to Media Violence*. Chicago, IL: American Medical Association; 1996
9. Huston AC, Donnerstein E, Fairchild H, et al. *Big World, Small Screen: the Role of Television in American Society*. Lincoln, NE: University of Nebraska Press; 1992
10. Strasburger VC. "Sex, drugs, rock 'n roll" and the media: are the media responsible for adolescent behavior? *Adolescent Medicine: State of the Art Reviews*. 1997;8:403-414
11. Cantor J. Children's fright reactions to television news. *J Commun*. 1996;46:139-152
12. Signorelli N. *Mass Media Images and Impact on Health: A Sourcebook*. Westport, CT: Greenwood Press; 1993
13. Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, American Academy of Pediatrics, National Education Association Health Information Network, US Department of Health and Human Services. *MediaSharp: Analyzing Tobacco and Alcohol Messages (Leader's Guide)*. Washington, DC: Centers for Disease Control and Prevention; 1997
14. Dietz WH. Television, obesity, and eating disorders. *Adolescent Medicine: State of the Art Reviews*. 1993;4:543-549
15. Morgan M. Television and school performance. *Adolescent Medicine: State of the Art Reviews*. 1993;4:607-622
16. American Academy of Pediatrics, Division of Public Education. *Media Matters Campaign Kit*. Elk Grove Village, IL: American Academy of Pediatrics; 1997
17. DeGaetano G, Bander K. *Screen Smarts: A Family Guide to Media Literacy*. Boston, MA: Houghton Mifflin; 1996
18. Singer DG, Singer JL. Developing critical viewing skills and media literacy in children. *Ann Am Acad Polit Soc Sci*. 1998;557:164-169
19. Brown JA. *Television "Critical Viewing Skills" Education: Major Media Literacy Projects in the United States and Selected Countries*. Hillsdale, NJ: Lawrence Earlbaum Associates; 1991
20. Singer DG, Zuckerman DM, Singer JL. Helping elementary-school children learn about TV. *J Commun*. 1980;30:84-93
21. Dorr A, Graves SB, Phelps E. Television literacy for young children. *J Commun*. 1980;30:71-83
22. Roberts DF, Christenson P, Gibson WA, Modser L, Goldberg ME. Developing discriminating consumers. *J Commun*. 1980;30:94-105
23. Feshbach S, Feshbach ND, Cohen SE. Enhancing children's discrimination in response to television advertising: the effects of psychoeducational training in two elementary school-age groups. *Dev Rev*. 1982;2:385-403
24. Huesmann LR, Eron LD, Klein R, Brice P, Fischer P. Mitigating the imitation of aggressive behaviors by changing children's attitudes about media violence. *J Pers Soc Psychol*. 1983;44:899-910
25. Gunter B. The question of media violence. In: Bryant J, Zillman D, eds. *Media Effects: Advances in Theory and Research*. Hillsdale, NJ: Lawrence Earlbaum Associates; 1994:163-211
26. Austin EW, Johnson KK. Effects of general and alcohol-specific media literacy training on children's decision making model about alcohol. *J Health Commun*. 1997;2:17-42
27. American Academy of Pediatrics, Division of Public Education. "Media History Form," *Media Matters Campaign Kit*. Elk Grove Village, IL: American Academy of Pediatrics; 1998

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