POLICY STATEMENT

Children, Adolescents, and the Media

abstract

Media, from television to the “new media” (including cell phones, iPads, and social media), are a dominant force in children's lives. Although television is still the predominant medium for children and adolescents, new technologies are increasingly popular. The American Academy of Pediatrics continues to be concerned by evidence about the potential harmful effects of media messages and images; however, important positive and prosocial effects of media use should also be recognized. Pediatricians are encouraged to take a media history and ask 2 media questions at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a television set or Internet-connected device in the child's bedroom? Parents are encouraged to establish a family home use plan for all media. Media influences on children and teenagers should be recognized by schools, policymakers, product advertisers, and entertainment producers. Pediatrics 2013;132:958–961

INTRODUCTION

Media, from traditional television to the “new media” (including cell phones, iPads, and social media), are a dominant force in children's lives. Although media are not the leading cause of any major health problem in the United States, the evidence is now clear that they can and do contribute substantially to many different risks and health problems and that children and teenagers learn from, and may be negatively influenced by, the media. However, media literacy and prosocial uses of media may enhance knowledge, connectedness, and health. The overwhelming penetration of media into children's and teenagers' lives necessitates a renewed commitment to changing the way pediatricians, parents, teachers, and society address the use of media to mitigate potential health risks and foster appropriate media use.

According to a recent study, the average 8- to 10-year-old spends nearly 8 hours a day with a variety of different media, and older children and teenagers spend >11 hours per day.1 Presence of a television (TV) set in a child's bedroom increases these figures even more, and 71% of children and teenagers report having a TV in their bedroom.1 Young people now spend more time with media than they do in school—it is the leading activity for children and teenagers other than sleeping.1,2 In addition to time spent with media, what has changed dramatically is the media landscape.3,4 TV remains the predominant medium (>4 hours per day) but nearly one-third of TV programming is viewed on alternative platforms (computers, iPads, or cell phones). Nearly all children and teenagers have Internet access (84%), often high-speed, and one-third have
For nearly 3 decades, the AAP has expressed concerns about the amount of time that children and teenagers spend with media and about some of the content they view. In a series of policy statements, the AAP has delineated its concerns about media violence, sex in the media, substance use, music and music videos, obesity and the media, and infant media use. At the same time, existing AAP policy discusses the positive, prosocial uses of media and the need for media education in schools and at home. Shows like “Sesame Street” can help children learn numbers and letters, and the media can also teach empathy, racial and ethnic tolerance, and a whole variety of interpersonal skills. Prosocial media may also influence teenagers. Helping behaviors can increase after listening to prosocial (rather than neutral) song lyrics, and positive information about adolescent health is increasingly available through new media, including YouTube videos and campaigns that incorporate cell phone text messages.

RECOMMENDATIONS FOR PEDIATRICIANS AND OTHER HEALTH CARE PROVIDERS

- Become educated about critical media topics (media use, violence, sex, obesity, substance use, new technology) via continuing medical education programs.
- Ask 2 media questions and provide age-appropriate counseling for families at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a TV set or an Internet-connected electronic device (computer, iPad, cell phone) in the child’s or teenager’s bedroom? In a busy clinic or office, these 2 targeted questions are key. There is considerable evidence that a bedroom TV increases the risk for obesity, substance use, and exposure to sexual content.
- Discourage screen media exposure for children <2 years of age.
- Keep the TV set and Internet-connected electronic devices out of the child’s bedroom.
- Monitor what media their children are using and accessing, including any Web sites they are visiting and social media sites they may be using.
- Coview TV, movies, and videos with children and teenagers, and use this as a way of discussing important family values.
- Model active parenting by establishing a family home use plan for all media. As part of the plan, enforce a mealtine and bedtime “curfew” for media devices, including cell phones. Establish reasonable but firm rules about cell phones, texting, Internet, and social media use.

RECOMMENDATIONS FOR SCHOOLS

Community-based pediatricians, especially those serving in an advisory role to schools, are influential voices in school and neighborhood forums and can work to encourage a team approach among the medical home, the school home, and the family home. So pediatricians, especially
those serving as school physicians or school medical advisors should:

- Educate school boards and school administrators about evidence-based health risks associated with unsupervised, unlimited media access and use by children and adolescents, as well as ways to mitigate those risks, such as violence prevention, sex education, and drug use-prevention programs.

- Encourage the continuation and expansion of media education programs, or initiate implementation of media education programs in settings where they are currently lacking.

- Encourage innovative use of technology where it is not already being used, such as online education programs for children with extended but medically justified school absences.

- Work collaboratively with parent-teacher associations to encourage parental guidance in limiting or monitoring age-appropriate screen times. In addition, schools that do use new technology like iPads need to have strict rules about what students can access.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE ENTERTAINMENT INDUSTRY TO DO THE FOLLOWING

- Make movies smoke-free, without characters smoking or product placement.11

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE MANUFACTURERS OF PRODUCTS WITH PUBLIC HEALTH IMPLICATIONS (TOBACCO, ALCOHOL, FOOD) TO DO THE FOLLOWING

- Make socially responsible decisions on marketing products to youth; betterment of their health is the ultimate goal.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE FEDERAL GOVERNMENT TO DO THE FOLLOWING

- Advocate for a federal report within either the National Institutes of Health or the Institute of Medicine on the impact of media on children and adolescents that would establish a baseline of what is currently known and what new research needs to be conducted.

- Encourage the entertainment industry and the advertising industry to create more prosocial programming and to reassess the effects of their current programming.

- Issue strong regulations—self-regulation is not likely to work—that would restrict the advertising of junk food and fast food to children and adolescents.

- Establish an ongoing funding mechanism for new media research.

- Initiate legislation and rules that would ban alcohol advertising from television.11

- Work with the Department of Education to support the creation and implementation of media education curricula for schoolchildren and teenagers.

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REFERENCES
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