



Policy Statement—Media Education

abstract

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The American Academy of Pediatrics recognizes that exposure to mass media (eg, television, movies, video and computer games, the Internet, music lyrics and videos, newspapers, magazines, books, advertising) presents health risks for children and adolescents but can provide benefits as well. Media education has the potential to reduce the harmful effects of media and accentuate the positive effects. By understanding and supporting media education, pediatricians can play an important role in reducing harmful effects of media on children and adolescents. *Pediatrics* 2010;126:1012–1017

THE AMOUNT OF TIME SPENT WITH MEDIA

Children and teenagers spend more time engaged in various media than they do in any other activity except for sleeping. A 2010 Kaiser Family Foundation survey of more than 2000 8- to 18-year-olds revealed that children and teenagers in the United States spend an average of more than 7 hours/day with a variety of different media.¹ By the time today's young people reach 70 years of age, they will have spent the equivalent of 7 to 10 years of their lives watching television.² There are more homes in America that have a TV than those that have indoor plumbing, and today's child lives in an environment with an average of 4 TVs, nearly 3 DVD players or VCRs, 1 DVR, 2 CD players, 2 radios, 2 video game consoles, and 2 computers.¹ Preadolescents and adolescents can download racy videos, send sexual text messages or explicit photographs to their friends, buy cigarettes and beer on the Internet, and post enticing profiles on Facebook. Yet, across all ages, TV remains the predominant medium. TV-viewing is also beginning at increasingly younger ages. The latest national report revealed that on a typical day, nearly two-thirds of children and infants younger than 2 years are watching TV for an hour and a half.³ More than 70% of American teenagers have a TV in their own bedrooms, half have a VCR or DVD player, half have a video game console, and one-third have a computer and Internet access.¹ Time spent with media often displaces involvement in creative, active, or social activities.

THE EFFECTS OF MEDIA VIOLENCE ON AGGRESSIVE BEHAVIOR

Results of more than 2000 scientific studies and reviews have shown 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.^{4–9} Violence appears in various forms of media entertainment such as movies, video games, and TV news. For example, nearly 90% of the top-grossing PG-13–rated films of 1999–2000 contained violence.¹⁰ Research has shown that

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KEY WORD

media

ABBREVIATION

AAP—American Academy of Pediatrics

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news reports of bombings, natural disasters, murders, and other violent crimes have the potential to traumatize young children.^{5,11}

SEXUAL CONTENT IN THE MEDIA

American media—both programming and advertising—are highly sexualized in their content. On prime-time TV, more than 75% of shows contain sexual content, yet for only 14% of sexual incidents is any mention made of risks or responsibilities of sexual activity.^{12,13} In the first 10 months of 2004, the makers of erectile-dysfunction drugs spent nearly \$350 million on advertising, which makes sex seem like a harmless recreational activity.¹⁴ Major networks remain extremely reluctant to advertise birth control pills, condoms, or emergency contraceptives, which could avert thousands of unwanted adolescent pregnancies and elective abortions by adolescents each year.^{15–17} Research is beginning to show that all of this sexual content may contribute to early sexual intercourse among teenagers.^{18–20}

TOBACCO, ALCOHOL, AND ILLICIT DRUGS

Increasingly, media messages and images normalize and glamorize the use of tobacco, alcohol, and illicit drugs. Tobacco manufacturers spend more than \$12 billion per year and alcohol manufacturers spend nearly \$6 billion per year to entice youngsters into “just saying yes.”^{21,22} Smoking and drinking are frequently glamorized and are portrayed as normative behavior on TV and in movies. A new study of top-grossing movies from 1991 to 2009 showed that smoking scenes in movies peaked in 2005 but have decreased significantly since then. However, in 2009, more than half of PG-13 movies still contained smoking scenes.²³ A meta-analysis of 4 studies estimated that 44% of all smoking initiation among children and young teenagers could be

attributed to viewing smoking in movies.²⁴ Alcohol remains the number 1 drug portrayed on American TV, with 1 drinking scene every 22 minutes.²⁵ More than one-third of drinking scenes are humorous, and negative consequences are shown in only 23% of them.²⁶ Through popular music, the average teenager is exposed to nearly 85 explicit drug references each day.²⁷ Again, the behavioral effects are increasingly clear in the research: children and teenagers exposed to more movie images of smoking are at greater risk of smoking,^{24,28} and alcohol advertising, in particular, is adept at convincing teenagers to begin drinking.^{29–34}

EFFECTS OF MEDIA ON OBESITY AND SCHOOL PERFORMANCE

Increased TV use is documented to be a significant factor leading to obesity^{35–39} and may lead to decreased school achievement as well.^{40–42} New research is also investigating whether there might be a relationship between overstimulation from high levels of media use and attention-deficit/hyperactivity disorder,^{43,44} sleep disorders,⁴⁵ and eating disorders.³⁷

NEW TECHNOLOGY

The Internet and cellular phones have become important new sources of sexual information, pornography, “sexting” (sending sexual text messages and/or explicit images), and social networking. In a recent study, nearly one-quarter of MySpace profiles referenced sexual behaviors.⁴⁶ In another study, 20% of teenagers reported having sent or posted nude pictures or videos of themselves (sexting).⁴⁷ Parents, schools, and law enforcement officials are sometimes in a quandary about how to deal with the new social networking sites and with sexting.^{48,49} Web sites that promote anorexia nervosa are also putting teenagers at risk of eating disorders.⁵⁰

VALUE OF MEDIA EDUCATION

Media education has the potential to reduce harmful media effects.^{51,52} In the past 2 centuries, to be “literate” meant that a person could read and write. In the new millennium, to be “literate” means that a person can successfully understand and decode a variety of different media.⁵³ Given the volume of information transmitted through mass media as opposed to the written word, it is now as important to teach media literacy as it is to teach print literacy. The prime tenets of media education are as follows⁵²:

- All media messages are constructed.
- Media messages shape our understanding of the world.
- Individuals interpret media messages uniquely.
- Mass media have powerful implications.

A media-educated person will be able to limit his or her 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.⁵² Results of recent research suggest that media education may make young people less vulnerable to negative aspects of media exposure.⁵² Media education programs have resulted in less aggressive attitudes⁵⁴ and behaviors,^{54–58} increased sophistication about advertising,⁵⁹ fewer requests for commercial products,^{60,61} less alcohol and tobacco use or intentions to use,^{62–66} better nutritional habits^{67,68} and less obesity,^{69,70} better body self-image,^{71–73} fewer sexual disclosures on social networking sites,⁷⁴ and less overall TV-viewing.^{69,70,75} Many countries, including Canada, Great Britain, Australia, and some Latin American countries, mandate media education in their school curricula. However, media edu-

cation should not be used as a substitute for careful scrutiny of the media industry's responsibility for its programming. In addition, simply reducing children's and adolescents' screen media use has been shown conclusively to have beneficial health effects.^{69,70,75}

RECOMMENDATIONS

The American Academy of Pediatrics (AAP) recommends the following:

1. Pediatricians need to become educated about the public health risks of media. Given the impact that media have on the health of children and adolescents, AAP chapters and districts, as well as medical schools and residency training programs, should ensure that ongoing education in this area is a high priority.⁷⁶
2. Pediatricians should ask at least 2 media-related questions at each well-child visit:
 - How much entertainment media per day is the child or adolescent watching? The AAP recommends that children have less than 2 hours of screen time per day.
 - Is there a TV set or Internet access in the child's or adolescent's bedroom?⁷⁷Children or teenagers who are showing aggressive behavior, have academic difficulties, or are overweight or obese should have additional history taken. A recent study revealed that office-based counseling regarding media is effective and could result in the parents of nearly 1 million additional children learning about the AAP recommendation to limit media time to 2 hours/day.⁷⁸ Advice to parents should include the following:
 - Encourage a careful selection of programs to view.
 - Co-view and discuss content with children and adolescents.
 - Teach critical viewing skills.
 - Limit and focus time spent with media. In particular, parents of young children and preteens should avoid exposing them to PG-13- and R-rated movies.^{19,23,24,79-81}
 - Be good media role models; children often develop their media habits on the basis of their parents' media behavior.
 - Emphasize alternative activities.
 - Create an "electronic media-free" environment in children's rooms.
 - Avoid use of media as an electronic baby-sitter.
3. Pediatricians should continue to urge parents to avoid TV- and video-viewing for children younger than 2 years. Increasing amounts of research have shown that infants and toddlers have a critical need for direct interactions with parents and other regular caregivers for healthy brain growth.⁸²⁻⁸⁴ In addition, the results of 7 studies have shown that infants younger than 18 months who are exposed to TV may suffer from a delay in language development, and 1 study revealed that infant videos may delay language development.⁸⁵⁻⁹¹ No studies have documented a benefit of early viewing.⁹²
4. Pediatricians should serve as role models for appropriate media use by limiting TV and video use in waiting rooms and patients' rooms, using educational materials to promote reading, and having visits by volunteer readers in waiting rooms. Pediatricians should also offer in-office reading programs, such as Reach Out and Read, and promote active play.⁹³
5. Schools need to begin implementing media education in their curricula. The simplest way to do this would be to incorporate principles of media education into existing programs on drug prevention and sex education.
6. Congress should consider mandating and funding universal media education in American schools.
7. The federal government and private foundations should dramatically increase their funding of media research, particularly in the areas of media education, violence prevention, sex and sexuality, drugs, obesity, and early brain development.

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