The Relationship Between Parents' and Children's Television Viewing

WHAT'S KNOWN ON THIS SUBJECT: Many children exceed the American Academy of Pediatrics' recommendation to limit non-educational screen media to < 2 hours per day. The household media environment shapes children's television viewing (TVV), and heavy screen time is associated with poor health outcomes.

WHAT THIS STUDY ADDS: Parent TVV is a stronger predictor of child TVV than traditional media "access" and "rules" variables regardless of child age. This research highlights an important factor of child TVV that has been underemphasized in most studies and outreach efforts.

abstract

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OBJECTIVE: To examine the effect of parental television viewing on children's television viewing compared with traditional predictors such as household television access, parental rules, and demographic characteristics of the child, parent, and household.

METHODS: An online survey using national samples of 1550 parents with children in 3 age groups (children ≤5 years, children aged 6–11 years, and adolescents aged 12–17 years), weighted to be representative of US parents with children in each age group. Adolescents (n = 629) of participating parents were also surveyed.

RESULTS: Parent television time is associated with child television time and had a stronger relationship to child time than access to television in the home or the child's bedroom, as well as parental rules about television viewing and coviewing. This pattern persisted across all age groups of children.

CONCLUSIONS: Educating parents about the relationship between their own and their child's viewing may be a useful strategy for interventions that aim to reduce children's excessive television viewing. Additionally, health professionals can engage parents in a discussion about how family television time is associated with increased television time for children. *Pediatrics* 2013;132:e364–e371

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KEY WORD
television

ABBREVIATIONS
AMES—Annenberg Media Environment Survey
TC—target child
TVV—television viewing

Dr Bleakley conceptualized and designed the study, designed the data collection instruments, carried out the analyses, drafted the initial manuscript, and approved the final manuscript as submitted; Dr Jordan conceptualized and designed the study, designed the data collection instruments, reviewed and revised the manuscript, and approved the final manuscript as submitted; and Dr Hennessy consulted on the analyses and reviewed and revised the manuscript.

www.pediatrics.org/cgi/doi/10.1542/peds.2012-3415

doi:10.1542/peds.2012-3415

Accepted for publication May 13, 2013

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PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

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FINANCIAL DISCLOSURE: *The authors have indicated they have no financial relationships relevant to this article to disclose.*

FUNDING: No external funding.

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Watching television can be an important part of family interaction. Shared television viewing (TVV) among parents and children is a way for family members to bond with each another[1] and gives parents something to talk about with their children.[2] Coviewing, which occurs when a parent watches television with a child,[3] is also a strategy used to promote media literacy and to reduce exposure to age-inappropriate content.[4] However, by watching television with their parents and observing their parents' own media practices, youth are socialized to view television in a way that reflects the culture and norms of their household.[5] From both a socioecological[6] and a behavioral modeling perspective,[7] it is important to consider whether and how parents' TVV practices influence children's TVV habits.

Some research indicates that a parent's TVV is associated with their children's TVV.[8–13] Child TVV is also affected by coviewing, eating meals while watching television, and the establishment of household rules and regulations about media use, such as limits on the amount of television time.[14,15] Household access to television, in particular, having a television in the child's bedroom, is associated with increased television time.[5,16]

What is not fully understood, however, is whether the role parental television time plays in child TVV varies across youth of different ages and how its influence compares with other household correlates of youth TVV such as television access, parental coviewing, and parental rules.[17] The American Academy of Pediatrics' recommendations to limit screen time are more than a decade old, but there has been limited success in reducing children's TVV.[17] Understanding modifiable factors that contribute to TVV among youth is essential because excessive time spent viewing television is associated with unfavorable health and social outcomes in children and adolescents, including obesity,[18–20] poor sleep,[21] physical inactivity,[22] and poor academic achievement.[23] In the current study, we examined the effect of parental TVV on child TVV compared with household and bedroom television access, parental rules, and demographic variables in national parent samples.

METHODS

The purpose of the Annenberg Media Environment Survey (AMES) was to assess the media use and environment of parents and their children. AMES was an online survey fielded in March 2012 among a national sample of 1550 parents with children aged ≤17 years and 629 adolescents (aged 12–17 years) whose parents were part of the sample. The respondents were selected from an online probability panel (KnowledgePanel) recruited by the GfK Group, a market research institute. The panel is designed to be representative of adults (aged 18+) in the United States. GfK relies on probability-based sampling to recruit households to the panel. Households are provided with access to the Internet and hardware if needed. Panel members are recruited through national random samples, originally by telephone and now almost entirely by mail. KnowledgePanel recruitment uses dual sampling frames that include both listed and unlisted telephone numbers, telephone and nontelephone households, and cellphone-only households, as well as households with and without Internet access. Thus, KnowledgePanel members could have been recruited by either the former random digit-dialing sampling or the current address-based sampling. AMES respondents were randomly selected from 3 separate KnowledgePanel population groups (parents of children aged ≤5, parents of children aged 6–11, and parents of adolescents aged 12–17). The survey response rate was 40% for all parents; 79.8% of eligible parents gave consent for their adolescent to participate, and 98.9% of those adolescents completed the survey. Only parents whose adolescent completed the survey were included in the sample.

Separate poststratification weights were applied when analyzing all parents and when analyzing parents by their child's age group. A weight was also applied to the adolescent self-report data. The respondents were weighted to be representative of the US population for their particular group based on the following data from the Current Population Survey: gender, age, race/Hispanic ethnicity, education level, census region, metropolitan area, and household income. Survey length was ∼17 minutes. All parent survey questions asked specifically about a "target child" (TC). When the parent reported having ≥1 child aged under 17 years, the ages and initials of all the children were obtained, and the survey was programmed to randomly select 1 as the TC. For parents with adolescents, the TC reported on by the parent was the same adolescent that completed the teen portion of the survey. Parental consent and teen assent was obtained for adolescent respondents. The study was approved by the Institutional Review Board at the University of Pennsylvania.

Measures

TVV

Parent respondents were first asked about their own TVV on a "typical weekday, for example last Tuesday" and on a "typical weekend day, for example last Saturday," between the time they wake up and noon, noon and 6 PM, and 6 PM and the time they fall asleep. Television time was defined as "TV shows, DVDs, or movies that you watch

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on a television set or computer." The responses were closed-ended and ranged from 0 minutes to 7 hours in 30-minute increments. Parents then were asked the same questions about their TC's viewing time. In between parent reports of their time and their child's time were additional measures pertaining to the parent's media use that were not used in this analysis (eg, content-specific items such as how often they watch the news). In a separate survey from their parents, adolescent respondents were administered the same survey items to report their TVV. Average daily viewing was calculated by multiplying weekday viewing by 5, weekend day viewing by 2, summing, and dividing by 7, representing daily TVV in hours.

Television and Computer Access

Parents filled out an inventory of rooms in their home with a television, computer (desktop or laptop), and Internet access. The number of household televisions was calculated by totaling televisions present in TC bedroom, parent bedroom, other bedrooms, family room/den, living room, kitchen, dining room, or other room (eg, home office, garage, bathroom, basement). Computer and Internet bedroom access were also measured because computers allow for playing DVDs and accessing television content online. From these 2 variables, we created 1 measure: bedroom computer with Internet access. Analyses indicated that having a bedroom computer and Internet access were highly correlated (polychoric $r = 0.87$ for TC and $r = 0.81$ for parents).

Coviewing and TV Time Restriction

Parents were asked, "In the past 30 days, how often has a parent watched TV with [TC]?" (coviewing) and "restricted the amount of time [TC] spends viewing?" (TV time restriction).[24–26] Answers were on a 4-point scale: never, rarely, sometimes, and often.

Parental Well-being and Depression

To assess general well-being,[27] parents were asked: "In general, would you say that your health is… excellent, very good, good, fair, poor, very poor." To assess depression[28]: "During the past 12 months, how often, if ever, did you feel so sad or hopeless for 2 weeks or more in a row that you stopped doing your usual activities?" Responses were never, once, twice, 3 times, or more, and don't know. For analytic purposes the categories were coded into never or at least once.

Statistical Analysis

We conducted descriptive analyses of parental TVV, TC TVV, and household media access variables using Stata 11.0. Mean differences on all time and access variables by child age group were tested with post hoc comparisons using the Wald test, which was used in lieu of t tests because the data were weighted. For the 3 ordinal variables (coviewing, time restrictions, and parental well-being), we present the distribution of the variables for each age group but calculate the differences by age group using the means. The next analyses focused on the relationship between parent and child TVV. Multiple regression was used to determine correlates of child TVV; both unstandardized slopes and standardized βs are reported. Separate regressions models on child TVV (parental report) were run for the full parent sample and for each of the 3 age groups. We also ran a model using adolescent self-reported TVV as the dependent variable. We used adolescents' reports of TVV, which were collected independently of their parents, to eliminate a reporting and measurement bias as an explanation for any relationship between parent and child TVV. All models included the same covariates (see Table 2). All were weighted, and the regression analyses were conducted by using maximum likelihood estimation in Mplus 5.0.

RESULTS

Sample Demographics

The average respondent age was 38.8 years; 54% were female. The racial/ethnic breakdown of the sample was 64% white, 12% African-American, 17% Hispanic, and 6.5% other. Thirty-two percent graduated from college or higher, 28.9% attended some college, and 39.2% received less than high school or a high school education. The median income level was $60 000. The mean number of children living in the home was 1.92 (confidence interval: 1.85–1.98). Eighty-six percent of the respondents were married/living with someone, and 68% reported being currently employed. The average TC age was 8.8 years (children <1 year old were coded as zero); 50% of target children were female. For the adolescent sample, the mean age was 14.5 years; 48.4% were female. The sample was 61.2% white, 13.6% African American, 21.4% Hispanic, and 3.7% other.

Television Viewing and Home Media Access

Parent and child TVV and access to media in the home are reported in Table 1. Parents reported almost 4 hours of daily TVV, which did not vary based on their child's age. Most parents (70%) had a bedroom television with fewer parents reporting having a bedroom computer with Internet access. The average number of televisions in the home was 3. Coviewing "often" with his or her child was highest among parents of children 6 to 11 years, and adolescents' parents were less likely to restrict TVV compared with parents of younger children.

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TABLE 1 Weighted Estimates of Television Time and Correlates for Parents and Children by Child Age Group

	All Ages	≤5 y	6–11 y old	12–17 y
	Percent or Mean (CI)	Percent or Mean (CI)	Percent or Mean (CI)	Percent or Mean (CI)
Parent estimates by child age group				
Parents' hours of TVV, average day	4.07 (3.86–4.28)	4.19 (3.82–4.56)[a]	4.21 (3.73–4.68)[a]	3.91 (3.58–4.24)[a]
Television in parent bedroom	70%	65.3%[a]	71.2%[a]	75.7%[b]
Computer with Internet access in parent bedroom	23.7%	18.6%[a]	26.6%[b]	28.4%[b]
Number of televisions in the home	3.00 (2.89–3.09)	2.61 (2.44–2.77)[a]	3.04 (2.89–3.21)[b]	3.38 (3.23–3.52)[c]
Parent watched television with TC in past 30 d				
Never	3.8%	6.2%	0.8%	3.8%
Rarely	8.6%	9.3%	4.3%	11.7%
Sometimes	38.7%	33.5%	34.3%	49.0%
Often	48.9%	51.1%	60.7%	35.5%
Mean (range 1 [never]–4 [often])	3.33 (3.27–3.38)	3.29 (3.19–3.40)[a]	3.55 (3.47–3.62)[b]	3.16 (3.08–3.25)[c]
Parent restricted amount of time TC spends viewing television in past 30 d				
Never	21.4%	20.9%	12.9%	25.9%
Rarely	17.8%	10.4%	15.0%	27.7%
Sometimes	33.3%	32.6%	37.0%	32.2%
Often	27.6%	36.1%	35.1%	14.2%
Mean (range 1 [never]–4 [often])	2.67 (2.59–2.75)	2.84 (2.67–2.98)[a]	2.94(2.80–3.08)[a]	2.35 (2.24–2.45)[b]
Parental well-being				
Very poor	0.6%	0%	0.8%	0.9%
Poor	1.3%	0.4%	0.9%	2.2%
Fair	10.1%	0.8%	8.5%	13.7%
Good	32.6%	35.6%	33.7%	28.5%
Very good	36.4%	36.1%	34.7%	41.2%
Excellent	19.0%	20.1%	21.4%	13.4%
Mean (range 1 [very poor]–6 [excellent])	4.60 (4.53–4.67)	4.68 (4.57–4.79)[a]	4.65 (4.52–4.78)[a]	4.47 (4.36–4.58)[b]
Parental depression (At least once or more)	22.7%	23.0%[a]	20.3%[a]	24.4%[a]
Child estimates by child age group				
Child hours of TVV, average day				
Parent report of child time	2.81 (2.66–2.97)	2.34 (2.08–2.59)[a]	2.83 (2.52–3.15)[b]	3.31 (3.05–3.56)[c]
Child report of child time	—	—	—	4.10 (3.77–4.43)
Television in TC bedroom	46%	29.4%[a]	45.9%[b]	63.3%[c]
Computer with Internet access in TC bedroom	19.8%	3.4%[a]	12.7%[b]	38.5%[c]

Different superscript letters represent statistically significant differences between groups at the $P < .05$ level or lower. CI, confidence interval.

Children's TVV was nearly 3 hours per day, and 46% had a bedroom television. Adolescents' reports of their TVV was almost 1 hour (47 minutes) more than parent estimates of their adolescent's time. TVV and bedroom access to television and computer with Internet all increased significantly with child age, as shown in Table 1.

The Relationship Between Parent and Child TVV

Correlations between parent and child TVV were statistically significant and ranged from 0.54 to 0.71 across all age groups (full sample, $r = 0.60$; aged <5 years, $r = 0.54$; aged 6–11 years, $r = 0.71$; aged 12–17 years [parent report], $r = 0.61$; aged 12–17 [adolescent report], $r = 0.51$). Regression results are shown in Table 2. Parent viewing was significantly associated with child TVV across all age groups, and these βs were up to 3 times greater than other variables in the models. Child age (being older) was the only significant demographic predictor of child time in the full sample. Having a television in the child's bedroom was not a significant predictor of child time when broken down by age group. Coviewing was positively associated with more TVV except for among 6- to 11-year-olds. However, unlike the other age groups, among 6- to 11-year-olds, parental time restrictions on TVV were associated with less TVV.

Few demographic or media access variables were significantly related to child TVV. Results for the covariates are shown in Table 2. The mean VIF for the 5 models in Table 2 ranged from 1.34 to 1.41, indicating that multicollinearity was not present. The prediction of child TVV based on parent TVV when adjusted for all covariates is plotted in Fig 1. As shown, the slope is similar for the 3 age groups.

There are 2 main differences between the model using parental reports of adolescent TVV and the model using adolescents' report. First, although the effect of parent TVV is strong in both models, it is slightly less so in the adolescent model ($\beta = .43$ vs $\beta = .53$ using parent report). Also, in the parent

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TABLE 2 Effects of Parent Television Time, Access to Television, Coviewing, Parent Rules on Child Television Time, by Child Age Group

Variables	Full Sample (n = 1550)		Child Age Group: ≤5 y (n = 465)		6–11 y (n = 456)		12–17 y (Parent Report; n = 629)		12–17 y (Self–Report; n = 629)	
	b (SE)	β	b (SE)	β	b (SE)	β	b (SE)	β	b (SE)	β
Parent variables										
Parent TVV	0.39 (0.04)[a]	.53[a]	0.34 (0.06)[a]	.47[a]	0.40 (0.06)[a]	.66[a]	0.43 (0.08)[a]	.53[a]	0.43 (0.06)[a]	.43[a]
Coviewing with child	0.31 (0.09)[a]	.11[a]	0.39 (0.13)[a]	.16[a]	0.13 (0.12)	.04	0.23 (0.11)[a]	.08[a]	0.31 (0.15)[a]	.08[a]
Parent restriction of child TVV	0.00 (0.06)	.00	−0.06 (0.08)	−.03	−0.32 (0.10)[a]	−.15[a]	0.09 (0.10)	.04	0.22 (0.12)	.07
Parental well-being	−0.12 (0.07)	−.05	−0.09 (0.12)	−.04	−0.06 (0.10)	−.03	0.07 (0.12)	.03	0.18 (0.16)	.06
Parental depression	−0.05 (0.15)	−.02	−0.01 (0.25)	−.01	0.00 (0.24)	.00	−0.23 (0.23)	−.10	−0.13 (0.30)	−.04
Media access variables										
Television in child's bedroom	0.42 (0.18)[a]	.19[a]	0.43 (0.32)	.20	0.23 (0.23)	.11	0.07 (0.24)	.03	0.56 (0.33)	.19
Number of televisions in the home	0.07 (0.05)	.05	0.06 (0.10)	.04	0.05 (0.08)	.03	0.22 (0.09)[a]	.14[a]	0.13 (0.12)	.06
Computer with Internet access in child's bedroom	−0.04 (0.16)	−.01	0.33 (0.59)	.03	0.18 (0.23)	.03	−0.30 (0.20)	−.06	−0.72 (0.27)[a]	−.12[a]
Demographic variables										
Child gender (female)	0.01 (0.11)	.00	0.01 (0.19)	.00	−0.13 (0.18)	−.03	0.12 (0.18)	.03	0.69 (0.23)	.12[a]
Child age	0.08 (0.01)[a]	.20[a]	0.38 (0.06)[a]	.27[a]	−0.05 (0.05)	−.04	0.08 (0.07)	.06	0.13 (0.08)	.07
Parent race (referent: white)	—		—		—		—		—	
African American	0.05 (0.25)	.01	−0.43 (0.41)	−.06	0.67 (0.41)	.10	0.28 (0.40)	.04	1.29 (0.52)[a]	.15[a]
Hispanic	0.08 (0.15)	.01	−0.37 (0.24)	−.07	0.58 (0.20)[a]	.11[a]	0.16 (0.24)	.03	0.55 (0.33)	.08
Other	0.29 (0.21)	.03	−0.40 (0.28)	−.05	0.41 (0.31)	.05	0.35 (0.33)	.04	−1.07 (0.60)	−.07
Parent education (referent: high school education or less)	—		—		—		—		—	
Some college	−0.01 (0.15)	−.00	0.68 (0.27)[a]	.14[a]	−0.31 (0.24)	−.07	−0.10 (0.21)	−.02	0.01 (0.31)	.00
College degree or higher	−0.05 (0.15)	−.01	0.26 (0.28)	.06	−0.13 (0.24)	−.03	−0.06 (0.22)	−.01	0.01 (0.31)	.00
Parent income	−0.03 (0.02)	−.06	−0.03 (0.03)	−.07	−0.02 (0.03)	−.05	−0.07 (0.03)[a]	−.14[a]	−0.12 (0.05)[a]	−.19[a]
Parent employment status (working)	0.26 (0.14)	.12	0.48 (0.21)[a]	.22[a]	0.67 (0.22)[a]	.32[a]	−0.31 (0.25)	−.13	0.42 (0.28)	.07
Number of children in the home	−0.02 (0.06)	−.01	−0.00 (0.07)	−.00	0.15 (0.10)	.07	−0.10 (0.09)	−.05	−0.12 (0.12)	−.05
Model R^2	0.45		0.47		0.58		0.43		0.40	

Dependent variable is in hours of television time. Weighted data. The βs for parental depression, TC bedroom television, and parent employment status (all dichotomies) is a partially standardized coefficient, which is recommended for dichotomous predictors.[37]

[a] Coefficients are statistically significant at the $P < .05$ level or lower.

model, the number of TVs in the home contributes to increased child TVV (β = .14), but not in the adolescent model (β = .06, ns). However, in the adolescent model, having a bedroom computer with Internet was associated with decreased TVV (β = −.12). In the adolescent model, demographic characteristics (being female and African American) were significantly related to increased TVV but were not significant in the parent model.

Because coviewing and parent TVV were both significantly associated with increased child TVV, we conducted a post hoc interaction analysis to determine if the effect of parent TVV varied based on the extent of a parent's reported coviewing. We interacted parent viewing with each group of coviewing (never, sometimes, rarely, often), and also by treating coviewing as dichotomous (never/rarely vs sometimes/often) and (never/rarely/sometimes vs often). In all 3 scenarios, an interaction with parent TVV was not significant in the full sample of parents, for parents stratified by their child age group, or for the adolescent model. Therefore, the effect of parent time on child time did not vary based on their extent of coviewing.

DISCUSSION

Using national samples of parents, this study found that parent TVV is associated with child TVV across all ages when controlling for media access variables (eg, bedroom television), parent coviewing and time restrictions, parental characteristics, and demographic/household characteristics. Parent TVV had a stronger relationship to child time than parental rules about TVV and coviewing, and this pattern persisted for all of the child age groups. When controlling for all these other factors, among all parents, every hour of parent TVV resulted in an additional 23 minutes of child TVV.

Both the similarities and differences in the effects of contributors to youth TVV on the different age groups are noteworthy. Regardless of child age, parent TVV was the strongest predictor of child TVV. The effects of coviewing and time limits on child TVV differed by child age, suggesting that parenting styles may vary over time and that developmental factors may affect coviewing. Access to

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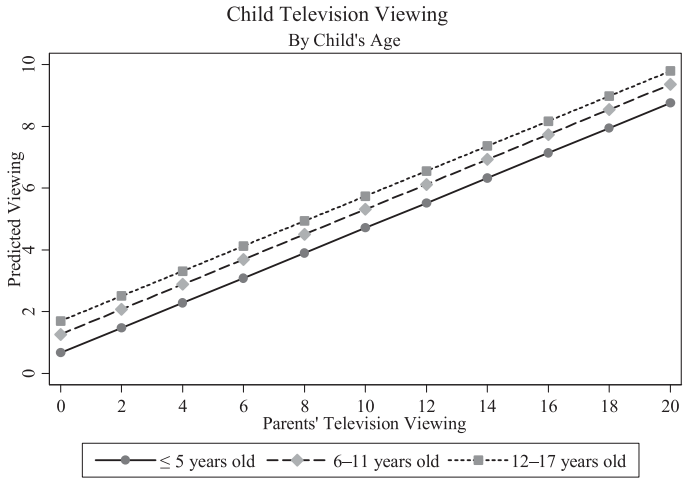

FIGURE 1
Predicted values of child television viewing by parent television viewing, by child age group. Note: weighted estimates. Adjusted for covariates.

bedroom media was not associated with increased TVV when parental influence (through time, coviewing, and limits) and other covariates were accounted for, with the exception of bedroom computer/Internet for adolescents (based on adolescent-reported TTV). In that case, having a computer was associated with less TVV. Because parents would most often make the decision to put a television in their child's bedroom, their decision may be based in part on their own preferences, values, and viewing practices. Perhaps the effects of bedroom media on child and adolescent outcomes found in numerous studies[29,30] are confounded by parental characteristics not previously included in analyses. More research is needed to investigate the interplay of household television access and TVV among household members, with particular attention to the age of the child.

These findings suggest that the relationship between child TVV and parent TVV can be explained by more than 1 mechanism. First, heavy viewing parents may be modeling TVV habits for their children. Social learning theory[7] argues that behavior is acquired by observing others. Observational learning is likely to occur when parents are watching television with their children as a family or if the child observes the parents watching television on their own. Second, socioecological theory suggests that television may be an integral part of family life.[31] Some homes may be characterized by an environment in which television access and time patterns are intrinsic to family routines.[2] Coviewing, for example, may be part of a family's time spent together. Our findings suggest that coviewing is associated with increased television time among young children and adolescents. It is interesting that coviewing was unrelated to child TVV for 6- to 11-year-old children, which is the group parents reported coviewing with most often. Additionally, whereas coviewing is often suggested as a strategy to mitigate the effects of television content,[4] studies have shown that children usually watch the shows that parents want to watch.[32,33] Future research should investigate the empirical question of whether any benefits of coviewing outweigh the risks associated with an increase in TVV that is related to coviewing. Specifically, more detailed measures of the quality of coviewing and decisions about the content of coviewed programming would be useful. Additionally, future studies should consider how the use of new technologies (eg, tablets) and mobile media (eg, smartphones) may affect parent coviewing and the relationship between parent TVV and child TVV.

There are limitations to this study. It is possible that because parents were asked to report on their own time and their child's time in the same way that the strong relationship could be due in part to a measurement bias. However, the analysis of the adolescent self-reported data demonstrates that the effect of parent TVV is still strong and suggests that our conclusions were not based on a measurement/method effect. Nevertheless it is possible that a bias might be stronger for parents of younger children who may assume that their child's TVV is more similar to their own. Studies have shown that children in child-care settings watch television on a daily basis,[34] and this viewing time may not be included in parents' estimates and could enhance the parent TVV-child TVV association. Research suggests that parents tend to underestimate their children's TVV, but most studies that collect both parent and child reports are conducted with younger children.[35] The comparison of the adolescent and parent TVV estimates (with parents underestimating adolescent time by approximately 47 minutes) calls attention to how differences in self-report and parent report of youth media use need to be examined more closely.

CONCLUSIONS

The implications for this research are significant for media researchers and health practitioners who work with children, adolescents, and their families. Interventions to reduce television time among children may benefit from a greater focus on parents. Educating parents about the relationship between their own viewing and their child's

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viewing by helping them to become aware of the time they spend watching television may be a useful approach either on its own or in the context of an intervention targeted to children. Our findings also reinforce the American Academy of Pediatrics recommendation that parents should "be good media role models."[36] Additionally, health professionals can engage parents in discussions about how family television time is related to increased television time for children. Although limiting access remains an important goal in reducing childhood screen time, a more family-based ecological approach to screen time reduction is promising.

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