

Carrow Street Pediatrics, PLLC

ORCHARD PARK, NY



24 CARROW STREET | (716) 662-3443 | WWW.CARROWSTREETPEDIATRICS.COM

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Children, Adolescents and Television
Committee on Communications

In 1984 the American Academy of Pediatrics (AAP) issued a statement that cautioned pediatricians and parents about the potential for television to promote violent or aggressive behavior and obesity.[1] The influence of television on early sexual activity, drug and alcohol use and abuse, school performance, and perpetuation of ethnic stereotypes was also stressed. In 1990, the AAP reaffirmed its concerns about the negative effects of television on children and adolescents and provided recommendations to pediatricians and parents for prevention and management of these effects.[2]

In 1993, most children in the United States still spent more time (outside of school hours) watching television than performing any other activity except sleeping. According to recent Nielsen data,[3] the average child and adolescent watches television between 21 and 23 hours per week, with the youngest children viewing the most hours per week. Although the amount of commercial television viewed by children has declined since 1980, the most recent estimates of television viewing do not include the use of videocassette recorders. Therefore, the amount of time that children in our country spend in front of the television set has probably not decreased significantly in the past decade.

Television's influence on children is a function of the length of time they spend watching and the cumulative effect of what they see. By the time the average child reaches age 70, he or she will have spent approximately 7 to 10 years watching television.[4] Therefore, the passive nature of television may displace other more active and meaningful experiences of the world. For some children, the world shown on television becomes the real world.[5]

In the more than 10 years since the original statement was released, sufficient data have accumulated to warrant the conclusion that protracted television viewing is one cause of violent or aggressive behavior for some viewers.[6-9] Recent reviews also report frequent viewers becoming desensitized to violence in the media, believing that violence is an acceptable response to a problem, or perceiving the world as a "mean and scary" place.[10,11] In addition to these effects, television viewing has been linked to obesity.[12] Furthermore, although difficult to research, there is also evidence that frequent viewers of television score lower on measures of academic performance.[4,13]

The frequency of adolescent pregnancy and sexually transmitted diseases and the prevalence of alcohol-related deaths among adolescents and young adults represent major sources of illness, injury, and death. Although there is no clear documentation that the relationship between television viewing and sexual activity or the use of alcohol and tobacco is causal, the many

implicit and explicit messages on television that promote alcohol consumption and promiscuous or unprotected sexual activity are a cause for concern. American teenagers see an estimated 14 000 sexual references and innuendos per year on television, yet only 150 of these references deal with sexual responsibility, abstinence, or contraception.[14]

The American Academy of Pediatrics therefore makes the following recommendations:

1. Efforts should be intensified to encourage pediatricians and other child advocates to educate parents about the influence of television. Furthermore, new initiatives should continue to be developed to promote involvement by parents to help their children learn critical television viewing skills[15,16] Relationships between pediatricians, school teachers and parent-teacher associations could provide valuable resources in these efforts.
2. Parents should be encouraged to limit their children's daily television viewing to no more than 1 to 2 hours per day. In addition, as part of anticipatory guidance during health supervision visits, pediatricians should include advice regarding the effects of television on children and adolescents and the importance of limiting television time. Parents should be encouraged to help their children develop television substitutes such as reading, athletics, physical conditioning and instructive hobbies, as well as allow them time for imaginative play.
3. Families should participate in the selection of the programs that children watch. Parents should watch television with their children and adolescents to help interpret what they see. Controversial subjects or programs with an intense emotional context can be an opportunity for parent-child dialogues that should not be lost. Parents should take advantage of high-quality programs offered on videocassettes or other modalities for their children's viewing.
4. Pediatricians should continue to support the Children's Television Act of 1990. The Act makes broadcast of high-quality children's programming a condition of license renewal, specifically mandating some programming of educational and instructional benefit to children, as well as limiting the amount of advertising time allowed during children's programming.
5. Pediatricians should continue to urge that sexuality be portrayed responsibly by the media.
6. Pediatricians should support efforts to eliminate alcohol advertising on television and also encourage extensive counter-advertising.[17,18]
7. Pediatricians should continue to educate parents and health professionals about the negative effects of televised violence on children and adolescents and actively join the debate on strategies to reduce the amount of violence shown.
8. Pediatricians are encouraged to role model for parents and children the appropriate use of television on pediatric visits and in their offices, for example, by using educational videotapes, by providing age-appropriate toys and books in waiting rooms, by inviting volunteer readers into waiting rooms or by supporting television-free zones in offices and clinics.
9. Further research is needed into the effects of television on children and adolescents. Coalitions should continue to be built with other groups to monitor and improve television for children.

COMMITTEE ON COMMUNICATIONS, 1994 TO 1995

Steven P. Shelov, MD, Chair
Miriam Bar-on, MD
Lillian Beard, MD
Marjorie Hogan, MD
H. James Holroyd, MD
Robert Prentice, MD

S. Norman Sherry, MD
Victor Strasburger, MD

REFERENCES

1. American Academy of Pediatrics, Task Force on Children and Television. Children, adolescents and television. *News and Comment*. 1984;35:8
2. American Academy of Pediatrics, Committee on Communications. Children, adolescents and television. *Pediatrics*. 1990;85:1119-1120
3. AC Nielsen Company. 1992-1993 Report on Television. New York, NY: Nielsen Media Research; 1993
4. Strasburger VC. Children, adolescents, and the media: five crucial issues. *Adolesc Med: State of the Art Rev*. 1993;4:479-493
5. Gerbner G. Children's television: A national disgrace. *Pediatr Ann*. 1985;14:822-827
6. Susser M. *Causal Thinking in the Health Sciences: Concepts and Strategies of Epidemiology*. New York, NY: Oxford University Press; 1973
7. Gadow KD, Sprafkin J. Field experiments of television violence with children: Evidence for an environmental hazard? *Pediatrics*. 1989;83: 399-405
8. Comstock G, Strasburger VC. Media violence: Q & A. *Adolesc Med: State of the Art Rev*. 1993;4:495-509
9. Centerwall BS. Television and violence: the scale of the problem and where to go from here. *JAMA*. 1992;267:3059-3063
10. Hoberman HM. Study group report on the impact of television violence on adolescents. *J Adolesc Health Care*. 1990;11:45-49
11. Gerbner G. Society's storyteller: how television creates the myths by which we live. *Media and Values*. 1992;59-60:8-9
12. Dietz WH, Gortmaker SL. Do we fatten our children at the television set? Obesity and television viewing in children and adolescents. *Pediatrics*. 1985;75:807-812
13. Huston AC, et al. *Big World, Small Screen: The Role of Television in American Society*. Lincoln, NE: University of Nebraska Press; 1992
14. Strasburger VC. Adolescent sexuality and the media. *Pediatr Clin North Am*. 1989;36:747-773
15. Singer D, Kelly HB. *Parents, Children and TV*. Columbus, OH: National PTA, Highlights for Children; 1984
16. TV Ontario. *Television & Your Children*. Ontario, Canada: TV Ontario; 1985
17. American Academy of Pediatrics, Committee on Adolescence. Alcohol use and abuse: a pediatric concern. *Pediatrics*. 1987;79:450-453
18. American Academy of Pediatrics, Committee on Communications. The commercialization of children's television. *Pediatrics*. 1992;89:343-344