Parental Media Mediation Styles for Children Aged 2 to 11 Years

Shari Barkin, MD; Edward Ip, PhD; Irma Richardson, MHA; Sara Klinepeter; Stacia Finch, MA; Marina Krcmar, PhD

Background: Studies indicate that children use media (television, video, and computer) more than the recommended limit of 2 h/d, but little is known about parents’ role in mediating their children’s media use.

Design: Office-based survey. Data were collected on demographics, reported media behaviors, parental awareness about media effects, television in the bedroom, and parental concern. We developed logistic regression models to examine factors associated with the following 3 mediation approaches: restrictive, instructive, and unlimited.

Setting: Pediatric Research in Office Settings practices.

Participants: Parents with children aged 2 to 11 years (n=1831) presenting for a well-child visit.

Results: Almost half of parents reported a single mediation approach, including restrictive for 23%, instructive for 11%, and unlimited for 7%, with 59% reporting the use of multiple strategies. Restrictive (odds ratio [OR], 1.16; P<.001) and instructive (OR, 1.06; P=.02) approaches were associated with increased awareness about negative media effects, whereas a decreased awareness existed for those who used an unlimited approach (OR, 0.87; P<.001). A restrictive strategy also occurred with increased parental concern (OR, 1.77; P<.001) and 2 adults in the home (OR, 1.64; P<.01). The only strategy associated with the child’s age was instructive mediation, noted more often with younger children (OR, 1.41; P<.001). Allowing unlimited media use occurred when parents permitted a television in the child’s bedroom (OR, 2.13; P<.001) and were Latino (OR, 2.03; P<.01) or African American (OR, 2.20; P<.001). Mother as primary decision maker and maternal education were not statistically significant.

Conclusions: Pediatric health care providers should identify parental practices and reinforce active media mediation strategies.

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According to the American Academy of Pediatrics (AAP), American children and adolescents aged 2 to 18 years spend an average of more than 4 hours using electronic media daily, more than they spend on any other single activity except sleep.¹ Media exposure has been associated with aggressive behavior,²,³ poor moral reasoning,⁴ desensitization,⁵ the conception of the world as a mean and scary place,⁶ obesity,⁷,⁸ and decreased attention span.⁹ Conversely, it has also been associated with positive social interactions,¹² improved intelligence scores,¹³ improved problem-solving skills,¹⁴ accelerated language acquisition,¹⁵,¹⁶ and enhanced school performance.¹⁷ The difference exists in the content of the programming and the time spent engaged in media use.⁹,¹³-¹⁵,¹⁸ Owing to these facts, the AAP recommends limiting media exposure to no more than 1 to 2 hours per day of educational, quality programs for children older than 2 years. In addition, the AAP recommends that parents use the media’s influence in a positive manner by helping their children to be intelligent media viewers, restricting their media exposure, watching with their children, explaining what the child sees, and creating an electronic media–free environment in children’s rooms.¹⁹,²⁰ To have this effect, however, it is necessary that parents engage in some form of mediation, by setting limits on media exposure and discussing content with children. These behaviors have been found to mitigate some of the negative effects of media exposure on children.¹⁹,²¹ Research on mediation suggests that various types exist,³¹ including (1) restric-
Active mediation, such as restrictive and instructive approaches, has positive associations with younger children, mothers as media decision makers, increased parental education, and increased socioeconomic levels. Several family variables still remain largely unexplored. For example, positive parent-child relationships have an association with increased effective rule setting in contexts such as eating and sleeping; therefore, the quality of the parent-child relationship might also have a potential association with increased media mediation. The influence of ethnicity or family structure on media mediation is not known. It is possible that in homes where 2 parents reside, mediation is more likely simply because 2 parents are available to provide mediation. It is clear that in parenting areas such as discipline, one’s own experiences as a child could influence tendencies to provide mediation as a parent. It is important, therefore, to discern the effects of all these potential contributors on parental mediation strategies.

In a world where media burgeons and children's exposure is likely to grow, understanding how parents mediate their children’s media use and the attendant associations becomes necessary. Information is needed to shape interventions suitable for the pediatric provider's office, a venue that children and their families routinely use.

Most surveys that purport to estimate the percentage of parents who use mediation are limited by small sample sizes. In 1 of the larger samples, Cheng et al reported a convenience sample of almost 700 parents. That study was limited in its assessment of various mediation styles. These authors found that female parents and providers have identified race/ethnicity of the child, parental home structure, maternal education), reported media behaviors, television in the bedroom, parental awareness about negative violent media effects, parental media concern, primary decision maker about media use, parent-child relationship, and parental history of television use as a child.

Media-related behavior questions included “When this child is at home, how many hours per day does he or she watch television/videos? play computer games/ Gameboy?”. This was broken down by hours on an average weekday and average weekend day. For the purposes of our analysis, we collapsed these data to reflect hours of average media use (inclusive of television, video, computer games, and electronic handheld devices) per day. Our survey presented 3 survey items assessing parental strategies for their child’s media use. These questions asked, in the past month, how often the parent restricted use, explained content, or allowed unlimited media use. The response scale for each question ranged from “never” to “always” on a 4-point scale. Three media-related questions assessed parental awareness about the potential negative outcomes of watching violent media, including “Watching violent television programs makes children more afraid,” “Children’s behavior is not influenced by what they see on television,” and “Children who watch violent television think real-life violence is normal behavior.” These responses were rated on a 3-point scale from “strongly disagree” to “strongly agree.” We developed an awareness scale (range, 3-15; Cronbach α = 0.6) from these 3 questions. A higher value on the awareness scale indicated better understanding of the effects of exposure to violent media.

To gauge parental concern about media use, parents responded yes or no to the question, “I’m concerned about what this child sees in the media.” Also, we assessed parents' perception of their relationship with their child with the statement, “My relationship with this child is poor, fair, good, very good, or excellent.” Respondents chose 1 response.

Questions were also asked about the primary caregiver’s own childhood experience with media. The following 3 statements made up the Family History Scale: “My family watched a lot of television,” “My family allowed children to watch as much television as they wanted,” and “My family monitored the programs that children watched on television.” Each question was answered on a 3-point scale; the range of the Family History Scale was 3 to 9 points, with a mean of 5.1 (SD, 2.1) and Cronbach α of 0.60. Higher numbers indicated more exposure to television.

STATISTICAL ANALYSIS

We examined descriptive statistics and bivariate associations with the outcomes of interest including use of restrictive, instructive, or unlimited media mediation. Each outcome was dichotomized as never/sometimes vs often/always. We chose this cut point owing to response variation and the underlying concept that parents are more likely to be similar in these identified categories. We assessed bivariate associations with those variables determined from our literature search or clinical judgment to have a potential contribution to parental media behaviors. These included age of the child, awareness that violent media exposure can influence children’s behavior, parental history of television use as a child, and parental awareness about the potential negative outcomes of watching violent media.

METHODS

This study was conducted by Pediatric Research in Office Settings, the practice-based research network of the AAP. Institutional review board approval was obtained from the Wake Forest University School of Medicine, Winston-Salem, NC, and the AAP. Parents participated in an office-based survey before the visit for the well-child examination of children aged 2 to 11 years. We limited enrollment to 1 child per family with English- or Spanish-speaking parents. A list of participating practices is given in the box at the end of the article.

SURVEY INSTRUMENT

Parents/legal guardians answered questions regarding demographics (age of child, number of children in the home, self-identified race/ethnicity of the child, parental home structure, maternal education), reported media behaviors, television in the bedroom, parental awareness about negative violent media effects, parental media concern, primary decision maker about media use, parent-child relationship, and parental history of television use as a child.

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concern about media exposure, maternal education level, eth-
nicity, relationship between parent and child, mother as pri-
mary decision maker, number of children in the home, family 
history, and a 1- vs 2-parent home structure. To create a par-
simonious model, we included those variables that had a sta-
tistically significant bivariate association (odds ratio or \( \chi^2 \) for 
categorical variables; correlation for continuous variables) with 
the outcomes of interest at the .05 level in logistic regression 
models to examine factors associated with the 3 mediation styles.

**RESULTS**

**STUDY SAMPLE**

Participants included 1831 families with children aged 
2 to 11 years attending their well-child visit. They rep-
resented families from 64 community-based pediatric 
practices in 27 states, Canada, and Puerto Rico. Table 1 
includes the sample description. Most caregivers comple-
ting the survey were mothers (89.6%), with 24.3% of 
the respondents indicating that they run a single-parent 
home. About half of the patients were aged 2 to 5 years. 
Most (70.0%) of the patients were white, 11.4% were La-
tino, and 11.7% were African American. Most of the care-
givers reported that the mother’s education was less than 
a college degree, with more than one third of respon-
dents indicating that the mothers were college gradu-
ates or beyond. Almost half of the sample reported that 
the mother was the primary decision maker for their 
child’s media use. Close to three fourths of respondents 
indicated that they were concerned about their child’s me-
dia use. Almost three fourths of caregivers reported that 
when they were children, their family allowed unlimited 
television use or watched a lot of television. Of the respon-
dents, 74.9% indicated that children who watch 
violent media (1) are more afraid, (2) are influenced by 
what they see, and (3) think real-life violence is normal. 
For the 1775 parents who completed the questions on 
average awareness of violent media effects, the mean (SD) score 
was 12.0 (2.4); for the 1782 who completed the Family 
History Scale, the mean (SD) score was 5.2 (2.1).

**REPORTED MEDIA USE AND 
PARENTAL MEDIA MEDIATION STYLES**

Parents reported multiple mediation styles, including re-
strictive (restricting content or time of viewing), instruc-
tive (parent/guardian explaining media to the child as they 
watch together), and/or unlimited viewing (allowing the 
child to decide the period of time to engage in media activ-
ities). Respondents reported mean (SD) media expo-
sure in general as 2.7 (1.5) h/d. The amount of media expo-
sure time varied depending on reported media mediation style, with means of 2.4 (1.3) hours for restric-
tive, 2.9 (1.5) hours for instructive, and 4.1 (1.6) hours for unlimited mediation styles. In our sample, 36% of 
children had televisions in their bedrooms. The like-
lihood of having a television in a child’s bedroom was 
twice as high if the child was aged 6 to 11 vs 2 to 5 years 
(odds ratio [OR], 2.24; 95% confidence interval [CI], 1.86-
2.71). Moreover, parents who reported a television in their 
child’s bedroom indicated increased exposure to media 
(mean [SD] of 3.6 [2] hours vs 2.5 [1.7] hours; \( P < .001 \)).

A little more than half of respondents (59%) indicated 
that they used multiple media mediation strategies. The remaining 41% of respondents indicated that they used a single approach, including restrictive for 23.4%, instructive for 11.2%, and unlimited for 6.9%.

Media mediation strategies did not differ in a statisti-
cally significant way for younger children (aged 2-5 
years) compared with older children (6-11 years) (Figure 1). Once we examined the logistic regression 
models controlling for other variables, however, an in-
structive mediation strategy was positively associated with 
younger children (Table 2).

Logistic regression models (Table 2) indicated that re-
strictive and instructive approaches had positive asso-
ciations with increased awareness about negative media 
effects, whereas a decreased awareness existed for those 
who used an unlimited approach. Those respondents who 
indicated parental concern about their child’s media ex-
posure and who had 2 adults in the home were more likely 
to restrict media use (Figure 2). Allowing unlimited media exposure occurred more often when parents 
permitted a television in the child’s bedroom. Con-
versely, the absence of a television in the child’s bed-
room was associated with a restrictive strategy. Latino

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**Table 1. Description of Study Sample**

<table>
<thead>
<tr>
<th>Variable</th>
<th>No. (%) of Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>1639 (89.7)</td>
</tr>
<tr>
<td>Father</td>
<td>144 (7.9)</td>
</tr>
<tr>
<td>Other</td>
<td>45 (2.5)</td>
</tr>
<tr>
<td>Age of child, y</td>
<td></td>
</tr>
<tr>
<td>2-5</td>
<td>968 (54.3)</td>
</tr>
<tr>
<td>6-11</td>
<td>816 (45.7)</td>
</tr>
<tr>
<td>Ethnicity/race</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1176 (70.0)</td>
</tr>
<tr>
<td>African American</td>
<td>197 (11.7)</td>
</tr>
<tr>
<td>Latino</td>
<td>191 (11.4)</td>
</tr>
<tr>
<td>Multirace</td>
<td>63 (3.8)</td>
</tr>
<tr>
<td>Other</td>
<td>52 (3.1)</td>
</tr>
<tr>
<td>Maternal education</td>
<td></td>
</tr>
<tr>
<td>&lt;High school</td>
<td>123 (6.9)</td>
</tr>
<tr>
<td>≥High school, &lt;college graduate</td>
<td>1008 (56.2)</td>
</tr>
<tr>
<td>≥College graduate</td>
<td>662 (36.9)</td>
</tr>
<tr>
<td>No. of children in the home</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>342 (20.1)</td>
</tr>
<tr>
<td>&gt;1</td>
<td>1361 (79.9)</td>
</tr>
<tr>
<td>Relationship with child</td>
<td></td>
</tr>
<tr>
<td>Poor-fair</td>
<td>96 (5.3)</td>
</tr>
<tr>
<td>Very good</td>
<td>1699 (94.7)</td>
</tr>
<tr>
<td>Mother as primary decision maker</td>
<td></td>
</tr>
<tr>
<td>for media use</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>808 (45.6)</td>
</tr>
<tr>
<td>No</td>
<td>962 (54.4)</td>
</tr>
<tr>
<td>Parental concern about media use</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1269 (72.1)</td>
</tr>
<tr>
<td>No</td>
<td>492 (27.9)</td>
</tr>
<tr>
<td>No. of parents in the home</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>436 (24.3)</td>
</tr>
<tr>
<td>2</td>
<td>1339 (75.7)</td>
</tr>
</tbody>
</table>

*Includes 1831 parents who participated in an office-based survey before the visit for a well-child examination of children aged 2 to 11 years. Numbers vary owing to missing data.
Parents play a key role in shaping how their children use the media.\textsuperscript{23,27,28} In the present large-scale national sample, a majority (59\%) of parents reported using a variety of mediation strategies. It is reassuring that only 7\% allowed unlimited media use and engaged in no mediation. A third of the sample reported using a single active media strategy, including 11\% who used instructive mediation and 23\% who used restrictive mediation. In this sample with a national scope, unlike other studies, we did not see that mother as a primary decision maker or younger children were associated with a restrictive media mediation strategy.\textsuperscript{21} However, we noted that parents reported using an instructive strategy more often with younger children. Each media strategy demonstrated varying degrees of reported media exposure, with a restrictive approach associated with the least amount of exposure (mean [SD], 2.4 [1.3] hours) and an unlimited approach associated with the greatest amount of exposure (4.1 [1.6] hours). If we take the average, our findings are consistent with previous studies.\textsuperscript{29,30} Our data emphasize that exposure to media has an important influential factor, ie, parents.

Our research identified some other factors associated with increased active parental mediation. Our data identified demographic factors, such as single-parent homes and children of African American and Latino ethnicities, associated with less active mediation. This fact may be further compounded because African American and Latino families watch more television on average.\textsuperscript{1} Therefore, more overall viewing combined with less active mediation may put African American and Latino children at greater risk for the problematic effects of media content. These populations may benefit most from promotion of active media mediation strategies by practitioners.

Moreover, our data suggest that parents who understand that media can have harmful effects and who express concern about those effects are more likely to mediate actively. Therefore, it is important to promote increased parental mediation. Our study also found that awareness of violent media effects and family history of media use were associated with increased restrictive mediation. These findings highlight the importance of promoting media literacy and raising awareness among parents about the potential risks and benefits of media use.

Parents in the home were also found to be associated with increased active mediation. This finding is consistent with previous studies that have shown that mothers are more likely to mediate media use than fathers.\textsuperscript{21} Our findings suggest that the presence of a parent in the home may provide a greater opportunity for parental engagement in media mediation.

The table below presents the logistic regression model of parental mediation approaches, with adjusted odds ratios (ORs) and 95\% confidence intervals (CIs) for each variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>restrictive (OR (95% CI)</th>
<th>P value</th>
<th>instructive (OR (95% CI)</th>
<th>P value</th>
<th>unlimited (OR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s age</td>
<td>0.96 (0.74-1.25)</td>
<td>.75</td>
<td>1.41 (1.13-1.77)</td>
<td>.00</td>
<td>0.91 (0.69-1.19)</td>
<td>.47</td>
</tr>
<tr>
<td>Maternal education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;High school</td>
<td>0.79 (0.47-1.35)</td>
<td>.31</td>
<td>1.75 (1.02-2.98)</td>
<td>.09</td>
<td>1.71 (1.00-2.91)</td>
<td>.08</td>
</tr>
<tr>
<td>High school/college</td>
<td>1.04 (0.78-1.39)</td>
<td>.31</td>
<td>1.25 (0.98-1.60)</td>
<td>.72</td>
<td>1.22 (0.90-1.65)</td>
<td>.64</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>0.71 (0.49-1.07)</td>
<td>.40</td>
<td>1.06 (0.72-1.56)</td>
<td>.77</td>
<td>2.20 (1.49-3.26)</td>
<td>.00</td>
</tr>
<tr>
<td>Latino</td>
<td>0.53 (0.36-0.78)</td>
<td>.01</td>
<td>0.98 (0.67-1.43)</td>
<td>.44</td>
<td>2.03 (1.36-3.01)</td>
<td>.01</td>
</tr>
<tr>
<td>Parental concern</td>
<td>1.77 (1.35-2.33)</td>
<td>&gt;.001</td>
<td>0.93 (0.73-1.20)</td>
<td>.59</td>
<td>0.79 (0.59-1.05)</td>
<td>.10</td>
</tr>
<tr>
<td>Relationship with child</td>
<td>1.43 (0.84-2.44)</td>
<td>.19</td>
<td>1.90 (1.19-3.04)</td>
<td>.01</td>
<td>0.71 (0.42-1.22)</td>
<td>.22</td>
</tr>
<tr>
<td>2 Parents in the home</td>
<td>1.64 (1.15-2.35)</td>
<td>.01</td>
<td>0.78 (0.55-1.11)</td>
<td>.17</td>
<td>0.72 (0.50-1.04)</td>
<td>.08</td>
</tr>
<tr>
<td>Awareness of violent media effects</td>
<td>1.16 (1.09-1.22)</td>
<td>&lt;.001</td>
<td>1.06 (1.01-1.12)</td>
<td>.02</td>
<td>0.87 (0.82-0.92)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Family history of media use</td>
<td>0.96 (0.91-1.02)</td>
<td>&gt;.001</td>
<td>0.97 (0.92-1.02)</td>
<td>.21</td>
<td>1.16 (1.09-1.24)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Television in bedroom</td>
<td>0.71 (0.53-0.94)</td>
<td>.02</td>
<td>1.03 (0.79-1.33)</td>
<td>.85</td>
<td>2.13 (1.61-2.82)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Abbreviations: CI, confidence interval; OR, odds ratio.

*Higher ORs indicate increased use of individual media strategy. Reference groups include children aged 6 to 11 years, maternal college attainment or beyond, white race/ethnicity, no parental concern, poor to fair relationship between the parent and child, and 1 parent in the home. Model includes 1831 parents who participated in an office-based survey before the visit for a well-child examination of children aged 2 to 11 years. Mediation approaches are described in the “Reported Media Use and Parental Media Mediation Styles” subsection of the “Results” section.
level of concern about media exposure among parents may influence their willingness to try active mediation strategies. Conversely, we could provide information about positive educational programming available to children. The data are limited, however, in that they focus primarily on young children’s programming (≤5 years of age). Research is needed to assess what programs exist with strong educational, positive effects for children older than 5 years.

The negative effects of exposure to media, especially when parents do not play an active role in mediating that exposure, make it critical to minimize the barriers to parental mediation. In this sample we found that 36% of parents allowed children to have a television set in their bedroom. Many of the parents of children with a television in their bedroom allowed unlimited viewing, regardless of the child’s age. A growing body of evidence links excessive media exposure (>2 h/d) to poorer cognitive outcomes. In a recent study, third graders found to have a television in their bedroom had a significant negative association with their cognitive test scores. Televisions in the bedroom not only might be detrimental to an elementary school-aged child’s health, it also might create an opportunity for unsupervised media exposure. It is not clear what drives parents’ decisions to allow children to have a television in their bedroom. Entering into a dialogue with families about this topic could provide an important starting point for making active parental mediation possible.

During the course of the study, the concept of media has continued to expand. We asked families to report on use of television, videos, computer games, and electronic handheld devices. We cannot make an association between this use and the now even fuller gamut of media use in our society, such as instant messaging, or multiple uses of the computer simultaneously, such as doing one’s homework while watching a movie in the corner of the screen. Although self-reported information on media exposure is commonly presented in studies, evidence suggests that this method can lead to overestima-

Conversely, it could lead to underestimation, because parents could be unaware of their child’s exposure if a television is in the bedroom. In this study, we focused on parental perceptions of their child’s media use and did not gather data on parental use. In future work, gathering these data would be useful because it is family behaviors that often guide children’s exposure to media.

We asked 1 yes/no question to gauge parental media concern. This does not allow us to investigate the complexity of parental concern but mirrors how clinicians usually ask the question during a routine office visit. From this question, we cannot infer whether families are unconcerned because they control the media use to their satisfaction or because they are unconcerned about the problem regardless of their family behaviors. However, nearly 75% of parents indicated concern, regardless of their reported media mediation strategies.

Although proportions of African American and Latino children in our sample were substantial and approach the national population percentages, it is possible that our findings do not accurately represent these populations. In addition, all data were derived from a self-administered survey of parents’ reports that can be associated with socially desirable reporting. Nevertheless, we identified statistically significant and clinically meaningful information to help direct our next steps as pediatric health care providers working with families. Finally, we asked families to report behaviors that occurred in their home; therefore, we cannot make statements or implications related to other environments such as schools and the homes of friends or other family members. It will be important for future researchers to describe mediation strategies that occur in these environments as well.

Children use television and computers at younger and younger ages, making mediation increasingly important. The pediatric health care provider interacts with families of young children, educating them on healthy behaviors routinely. Our study indicates that...
when providers discuss media use, they need to identify parental media concerns, share information about potential negative media effects, and encourage active media mediation approaches, such as restriction and instruction, with parents of children aged 2 to 11 years. For many families, this discussion could begin with ascertaining the presence of a television in the child's bedroom.

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Acknowledgment: We especially appreciate the efforts of the Pediatric Research in Office Settings practitioners and individual practitioners. A list of the participating practices appears in a box on this page.

REFERENCES


