

Media Matters

NATIONAL MEDIA EDUCATION CAMPAIGN
AMERICAN ACADEMY OF PEDIATRICS

PHOTOCOPY
PRESERVATION

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American Academy
of Pediatrics



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Television and the Family



American Academy
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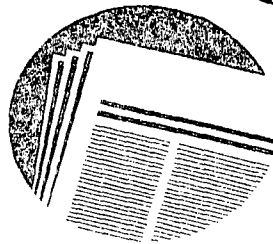
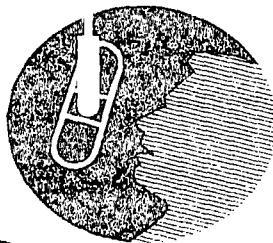
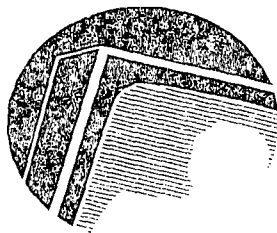
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Understanding the Impact of Media on Children and Teens



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The Internet and Your Family



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The Ratings Game: CHOOSING YOUR CHILD'S ENTERTAINMENT



American Academy
of Pediatrics

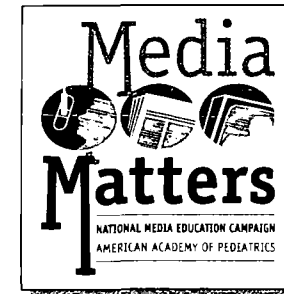


- ◆ Pay attention to TV and movie ratings. Movies with an “R” (restricted) rating contain material that is not appropriate for children under age 17 and is even less appropriate for younger children. Also, PG-13 movies may contain violence, graphic language, or adult situations. Consider this when buying or renting movies, because in-home viewing repeatedly exposes children to inappropriate material which can have cumulative negative effects.
- ◆ Do not use media during meals. Instead, make it a point to talk to each other about the day’s events or things to come. Family communication should be the norm, not passive, introverted, one-way communication with a screen.
- ◆ Make a variety of activities the norm for your child. Media use should be only one of many choices.
- ◆ Keep the TV or a personal computer in a central location, NOT in a child’s room. This fosters parental involvement and monitoring.

- ◆ Do not use television, videos, video games, or the computer as a baby-sitter. If you need quiet time, encourage your child to read, play a game, work on a puzzle, draw, or build something. Positively reinforce your child’s efforts.
- ◆ Know that as an adult you are a role model. Pay attention to your own media habits, particularly when children are around.
- ◆ Be a media activist — get involved!

Asking parents and children about media use is an important first step in raising awareness of media’s influence and the potential effects it can have on health attitudes and behavior.

Use of the Media History form makes this first step even easier. Pediatricians are adept at discussing other “hot” health issues with parents and patients; so incorporating media education into anticipatory guidance is yet another way to further raise parental awareness and prevention.



Wider Involvement for Pediatricians

Beyond using media education in the practice setting, pediatricians may decide to conduct **RESEARCH** in the area. Pediatricians can play an important role in gathering and interpreting valuable data about media use trends and outcomes. The extant research about media effects, while rich in many ways, still needs to be expanded, updated, and refined.

SPEAK to parents or colleagues about the importance of media education. **USE** the Media History form as a way to begin workshops and presentations. This will engage your audience and enable parents to identify areas in which they might want to make improvements for their children.

Pediatricians, as child and adolescent **ADVOCATES**, are natural collaborators with other local and national groups in an attempt to improve media and educate parents, peers, and other professionals.

Finally, pediatricians have an opportunity to **ROLE-MODEL** healthy media habits in the practice setting. Turning off the television set in the waiting room — or at least providing educational videotapes for viewing — sends a positive and strong message to families. Offer a variety of children’s books and magazines (that do not contain tobacco or alcohol advertising) for parents and children to read, have volunteer readers, and display posters and literature about the important developmental and cognitive benefits of reading.

Media Education in the Practice Setting

An Overview of Media and the Pediatrician’s Role

Starting from when we are very young, **we get the majority of our information** from **media**, which includes television, movies, magazines, the Internet, video games, music, books, videos, and all forms of advertising. While these media offer us many opportunities to learn and be entertained, how people interpret **media images and messages** also can be a contributing factor to a variety of public health concerns. Among children and adolescents, research shows that **key areas of concern are:**

- ➊ Aggressive behavior and violence; desensitization to violence, both public and personal
- ➋ Substance use and abuse
- ➌ Nutrition, obesity, and dieting
- ➍ Sexuality, body image, and self-concept
- ➎ Advertising, marketing, and consumerism

A new role for pediatric medical professionals is to understand and confront how images and messages in the mass media affect the health and well-being of children and adolescents. Clearly, pediatricians, as experts in child and adolescent development and health, must be at the forefront of this effort.

Media education is likely an effective way to help pediatricians, parents, and children understand and mitigate the potentially harmful effects of images and messages in the media. A first step in media education involves awareness that people get hundreds of messages daily through media, and that these messages can affect their attitudes, values, and behavior. Through media education one becomes “media literate,” which is defined as the ability to access, analyze, evaluate, and even produce media products. A media literate person understands that:

- ◆ All media messages are constructed — and are constructed for some purpose.
- ◆ Media messages shape our understanding of the world.
- ◆ Each person interprets media messages uniquely.
- ◆ Mass media are often driven by powerful economic and political forces.

Further, media education includes developing skills by which to view and think about media in a more critical way (called *critical thinking and viewing*) and using creative alternatives to media consumption. With the increasing pervasiveness of the media in the United States and new technology (eg, digitalization, the World Wide Web), recognizing media’s influence on public health is vital. This guide gives pediatricians a brief overview of their potential role in media education, specifically in the practice setting.

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Suggestions for Pediatricians

Step 1 is to become familiar with the research that has been done on media — including advertising — and how the messages and images media present correlate with various health attitudes and behaviors among young people. Following is an overview of possible effects of media exposure:

- ◆ The sheer amount of time spent in front of a screen does not engage active thinking or playing, creative pursuits, or talking in-depth with family and friends.
- ◆ Media exposure at a young age (birth through age 2) often substitutes for important parent/caregiver/child activities that encourage early brain development, such as playing, singing, and reading. The American Academy of Pediatrics strongly recommends reading to children every day, starting after they are first born. Reading stimulates the development of the brain, language and a closer emotional relationship with a child.
- ◆ Some studies show a relationship between excessive TV viewing and declining school performance, particularly in reading and comprehension skills.
- ◆ Children and adolescents may learn and incorporate some powerful myths and stereotypes about people from what they see on screen.
- ◆ Some heavy viewers of media violence may engage in violent or aggressive behavior, become desensitized to violence, or experience the world as a scary, dangerous place. Media violence also can increase a young person's appetite for violence in entertainment and in real life.
- ◆ Heavy media exposure may contribute to a “culture of disrespect” — intolerance, stereotyping, ridiculing, and bullying, which includes pushing, shoving, hitting, and kicking.
- ◆ Media, including TV, movies, music videos, and computer games, can teach inappropriate or harmful attitudes about sexual activity that some children may model.
- ◆ Children and adolescents get all kinds of messages about tobacco, alcohol, and illicit drug use through media, mainly that such substance use is normative and/or associated with excitement and glamour. These images and messages may shape young people's accepting attitudes and behaviors toward smoking, drinking, and illicit drug use.
- ◆ Studies have shown obesity in children — a very prevalent health problem — to be associated with heavy TV viewing. The most commonly advertised foods on TV during children's programming are typically high in sugar, salt, and fat.

- ◆ Media advertising and commercialism entice people by using powerful visual images and audio effects. This can be compelling, especially for children under the age of 8, because, developmentally, they are unable to understand the true intent of commercials and advertising — which is to get them or their parents to buy a product. Children are also frequent targets of product merchandising for new movies, TV shows, and musical groups.

The American Academy of Pediatrics has researched and published several policy statements that focus on various aspects of the media and its effects on children and adolescents. Each of the following statements concludes with specific recommendations for pediatricians, including media education:

- ◆ Children, Adolescents, and Advertising
- ◆ Children, Adolescents, and Television
- ◆ Impact of Music Lyrics and Music Videos on Children and Youth
- ◆ Media Violence
- ◆ Sexuality, Contraception, and the Media

Step 2 is to become familiar with the basics of media education. The Academy's Media Matters campaign offers a variety of resources and materials on media education to help you. Also seek out educational opportunities dealing with media issues at national AAP meetings, at the local level through your AAP district or chapter, or through other organizations such as the National PTA or Girl Scouts USA.

Step 3 is to bring media education into the office or clinic setting. You can do this by using the simple Media History form created by the Academy for use during well-child visits. At check-in, the parent receives the Media History form, which takes less than 5 minutes to complete. Questions on the form prompt parents to examine their child's relationship with several different types of media, and help them identify whether they have specific concerns about displays of aggressive behavior or foul language, their child's own sense of body image or sexuality, or their child's use of tobacco, alcohol, or illicit drugs.

Step 4 is to relate specific behavioral, attitudinal, and health factors to an individual child or adolescent. The completed Media History form helps pediatricians to do just that by quickly assessing potential problem areas. Examples of correlating symptoms in a child with his or her media habits include:

Parent is concerned about 3-year-old daughter who is hitting and biting her friends during play.

Pediatrician correlates TV shows the child may be watching or that are on in the background, including news and reality-based programs, with the child's behavior; suggests limiting viewing, and watching and discussing programs with the child.

Parent is concerned about 12-year-old son's weight gain; notes on Media History form that the child watches more than 25 hours of TV per week.

Pediatrician points out the link between obesity and passive TV viewing, eating habits while viewing, and that unhealthy foods are heavily advertised on TV.

Parent is concerned about child's sassiness and “talking back”.

Pediatrician discusses modeling of sarcastic discourse on sitcoms, soap operas, talk shows, and cartoons; recommends knowing what the child is watching and doing basic media education with the child to develop critical viewing and thinking skills.

Step 5

As a result of Step 4, you can then tailor counseling and anticipatory guidance for a family's specific needs. During the visit when the Media History is first taken, give parents the AAP booklet “Understanding the Impact of Media on Children and Teens” to take home as a reference. Provide counsel in the context of primary, continuous care; and address any concerns and follow up on these at subsequent visits.

Discussing Media Use With Families

Discuss media use inside and outside the home both with parents and their children. Find out which TV shows, movies, music and video games children of different ages find enjoyable or popular. The Media History form can be a powerful educational tool not only for the pediatrician and parent, but also for the child. It can be a conversation starter about media use in his or her life. Talk with the child or adolescent about popular media. Pediatricians can acknowledge the positives offered by the media — educational opportunities, exposure to wide worlds, common cultural icons for peers, entertainment — while insightfully making the child or adolescent aware of the potential risks.

Academy materials have many suggestions for healthy media habits. Here are some highlights that pediatricians might choose to discuss with parents:

- ◆ Limit your child's screen time (including television, computer, and videos) to no more than 1 to 2 hours per day.

Parent is concerned about son's lack of friends; notes on the Media History form that child spends excessive amount of time using computer and handheld video games.

Pediatrician notes time in front of a screen limits child's social and interactive time; suggests setting limits on screen time and encourages other pursuits away from the screen.

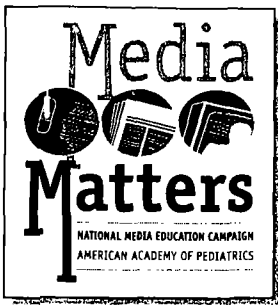
Parent is concerned about overhearing 15-year-old daughter talking to friends about smoking as a way to lose weight; daughter is already thin and parent doesn't want her to start smoking; parent notes on Media History form that teen reads a lot of “beauty magazines,” (many of which advertise cigarettes, often using young, pretty women).

Pediatrician discusses short-term and long-term effects of smoking, why and how women are portrayed in tobacco ads, and media's role in promoting smoking as normal and glamorous rather than as the dangerous addiction it is; emphasizes importance of good nutrition and exercise as the only way to maintain healthy control of one's weight.

Parent is concerned about 7-year-old child who has frequent nightmares.

Pediatrician advises parent to monitor whether the child is being exposed to any media with themes of a very adult nature, including TV programs, movies, books, magazines, and Internet sites.

- ◆ Focus on positive interaction with children under age 2, rather than allowing them to watch television.
- ◆ Be aware of your child's media choices and know that it is important to have and to set limits.
- ◆ At the beginning of the week, as a family, review your local television listings to decide which shows, if any, will be watched during the week. Choose quality, age-appropriate, and educational programming. Do not allow the TV to stay on when no one is watching. Instead, listen to music, sing songs, read, play games, talk, or just have it quiet.
- ◆ Watch age-appropriate television and movies with your child. Use this time to discuss the images and messages you are seeing. Encourage your child to really think and ask questions about media messages, including commercials and print advertising. It's fun! For example:
 - * Why is an advertisement using cartoon figures? (Discuss the appeal to children.)
 - * How would the story be different if the hero were a woman and the person rescued were a man? (Discuss gender roles, stereotyping.)
 - * Would you expect a person hit by a brick to jump up seconds later unharmed? (Discuss the unrealistic representation of reality, consequences of real-life violence.)
- ◆ Question why people who smoke, drink alcohol, or use illicit drugs seem, for the most part, healthy. (Discuss the normalization and glamorization of use and how harmful consequences of such behaviors are rarely shown.)



Media History

Please X through one answer for each question. If the question does not apply to your family (ie, you do not own a VCR, video game player, or computer), leave that section blank.

Child's Name _____ Date _____

Television

Does your child watch more than 1 to 2 hours of TV per day?

Frequently Sometimes Never

Do you watch TV with your child or know what your child is watching?

Frequently Sometimes Never

Do you discuss TV shows with your child?

Frequently Sometimes Never

Does your child have a TV in his or her room?

Yes No

Do you limit your child's watching of TV shows that often contain violence, sex, foul or explicit language, or images of tobacco or alcohol use?

Frequently Sometimes Never

Do you have rules about when TV can be watched?

Yes No

Do you allow your child to eat meals or snacks while watching TV?

Yes No

Does your child ask you to buy products he or she sees advertised on TV?

Frequently Sometimes Never

Movies and Videos

Do you allow your child to watch movies or videos that are R-rated?

Frequently Sometimes Never

Do you read movie reviews to know the content of PG-13 movies?

Frequently Sometimes Never

Does your child have nightmares or trouble sleeping after watching movies?

Frequently Sometimes Never

How often does your child watch music videos on TV?

Frequently Sometimes Never

Radio, CDs, Cassette Tapes

Are you familiar with the type of music your child listens to?

Yes No

Have you talked to your child about lyrics that you object to?

Yes No

Do you set limits on the types of music your child listens to?

Yes No

Video and Computer Games

Are you familiar with the types of games your child plays?

Yes No

Do you check a game's rating before you rent or buy it?

Yes No

Do you allow your child to own or rent games with violent content?

Frequently Sometimes Never

Do you limit the number of hours your child plays these games?

Frequently Sometimes Never

Internet and Computer On-line Services

Do you monitor Internet and on-line computer use?

Frequently Sometimes Never

Does your child have a computer in his or her room?

Yes No

Are you familiar with the types of chat rooms and Web sites your child visits?

Yes No

Do you talk to your child about the best use of the Internet?

Frequently Sometimes Never

Have you purchased blocking software that prevents your child from visiting inappropriate/pornographic Web sites?

Yes No

Books

Do you read to your child or does your child read at least once a day?

Yes No

Do you provide your child with a variety of reading materials?

Yes No

Do you talk to your child about the books that you read together or that your child is reading on his or her own?

Frequently Sometimes Never

Do you have any specific concerns about:

Your child's use of tobacco, alcohol, or illicit drugs?

Yes No

Your child's own sense of body image or sexuality?

Yes No

Displays of aggressive behavior or use of foul language?

Yes No



MEDIA EDUCATION ACTIVITY SHEET

Thank you for requesting the American Academy of Pediatrics' Media Matters Campaign resource kit.
We hope that the information in the kit will help you inform others about the importance of media education. We'd like to know about your media education activities:

(After you make copies of this sheet, complete and return a copy to us for each media education activity you do.)

Activity type:

- ☐ Professional education ☐ Media contact ☐ Community Event
☐ Speech or presentation to parents/children/teachers ☐ Other

Briefly describe the activity:

Number of attendees: _____ Type of audience: _____

Who coordinated the activity and what other people or organizations were involved?

Date(s) of Activity: _____ Title of Activity (if applicable): _____

Materials, if any, that you distributed:

How helpful was the Media Matters resource kit in preparing you for your activity?

- ☐ Very ☐ Somewhat ☐ Not very ☐ Didn't use materials from the kit

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Please return this form to:

Jennifer Stone • Manager, Health Education • Division of Public Education
American Academy of Pediatrics • 141 Northwest Point Blvd. • Elk Grove Village, IL 60007-1098 • Fax: (847) 228-7320

"Sex, Drugs, Rock 'n' Roll," and the Media—Are the Media Responsible for Adolescent Behavior?

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If parents could package psychological influences to administer in regular doses to their children, I doubt that many would deliberately select Western gun-slingers, hopped-up psychopaths, deranged sadists, slap-stick buffoons and the like, unless they entertained rather peculiar ambitions for their growing offspring. Yet such examples of behavior are delivered in quantity, with no direct charge, to millions of households daily. Harried parents can easily turn off demanding children by turning on a television set; as a result, today's youth is being raised on a heavy dosage of televised aggression and violence.

—TV researcher Albert Bandura⁵

One of the most interesting and crucial questions of the 1990s is: What role do the media play in the major adolescent morbidities of sex (teenage pregnancy, sexually transmitted diseases), drugs, and violence (homicide, suicide, interpersonal aggression)? Do television and movies merely reflect a society which is increasingly violent, drug-oriented, and sexualized—as the entertainment industry maintains—or do the media actually *cause* some of the behaviors they depict?

EXPOSURE

Teenagers are inundated with media of all sorts, from television and movies to video games and the Internet. Nielsen data (Table 1) show that American teenagers view about 3 hours of television per day,¹ making it the preeminent medium and exposing the average teenager annually to:

TABLE 1. Time Spent Watching Television in the United States

Age Group	Time Spent Watching Television (hours:minutes/week)
2- to 11-year-olds	23:01
12- to 17-year olds	21:50
18+ year-old men	30:41
18+ year-old women	34:57
55+ year-old men	38:47
55+ year-old women	44:11

From AC Nielsen Company: Nielsen Report on Television 1992-1993. New York, Nielsen Media Research, 1993.

- 10,000 acts of violence,⁴⁷
- 15,000 sexual innuendoes, jokes, and behaviors,⁴¹ and
- 20,000 commercials, including 1,000-2,000 beer and wine advertisements.⁷⁰

Although children and teenagers do not watch as much TV as adults, they are uniquely vulnerable to its effects. Movies tend to be more violent, sexually explicit, and graphic in terms of drug use, but teenagers do not spend an average of 22 hours per week going to the local cinema.

Violence

In the past 2 years, new content analyses of television have caused increased concern among parents and health professionals. In 1996, Mediascope completed its first year of the most comprehensive examination of American television ever undertaken, the National Television Violence Study, which documented that primetime television is not only violent but contains unhealthy messages about violence and conflict resolution (Table 2).³⁶ A second 1996 study found small decreases in network programming violence from 1994, but the study has many methodologic flaws and was funded by the networks themselves.¹⁶ Finally, a recent comprehensive analysis of rock music videos of all genres demonstrated that 22.4% of all Music Television (MTV) videos portrayed overt violence, 20% of all rap videos contained violence, and 25% of all MTV videos depicted weapon carrying.³⁰

Sex

Four recent Kaiser Foundation studies have examined sexual content in current television programming, with the following conclusions: (1) sexual activity is one of the leading topics of discussion on TV talk shows;³⁹ (2) soap operas contain an average of 6.1 sexual behaviors per hour (unchanged from 1994) but only 10% of them involve discussions of birth control or consequences of sexual activity (Table 3);⁴³ (3) one-third

TABLE 2. Findings of the National Television Violence Study*

- Overall, 57% of television programming contains violent content.
- The impact of violence is rarely shown, and perpetrators go unpunished in 73% of all violent scenes. Only 4% of violent programs contain antiviolenence messages.
- One-fourth of the violent scenes on television involve the use of a handgun.
- For boys ages 10-14, "parental discretion" advisories and PG-13 and R ratings seem to make programs and movies more attractive.

* 2500 hours of programming examined.

Adapted from Mediascope, Inc.: National Television Violence Study. Studio City, CA, Mediascope, 1996.

TABLE 3. Sexual Content of Soap Operas

Behaviors	Number of Behaviors*	Average/Hour
Passionate kissing	165	1.66
Verbal discussions about intercourse	66	0.68
Petting/Caressing	30	0.31
Prostitution	27	0.28
Visual depictions of intercourse	17	0.19
Rape	13	0.14
Discussions of "safe sex," contraception, or AIDS	9	0.09

Adapted from Heintz-Knowles KE: Sexual Activity on Daytime Soap Operas: A Content Analysis of Five Weeks of Television Programming. Menlo Park, CA, Kaiser Family Foundation, 1996.

* 97 hours of programming reviewed.

of teenagers believe that movies and television portray teens having sexual intercourse as normal; teenagers also state that the media are one of the leading sources of sex information for them (Table 4);⁶⁴ and (4) the so-called "family hour" of primetime television (8–9 p.m.) contains more than eight sexual incidents per hour, more than four times as much as in 1976.⁵¹

Drugs

A 1994 study of the 62 top-grossing films from 1960–1990 found that levels of smoking remained constant despite decreases in real life and that lead characters were far more likely to smoke on screen (65%) than their real-life counterparts with similar demographic characteristics.^{42,50} Similarly, an American Lung Association study of 133 movies released in 1994–95 found that 77% depicted tobacco use.⁷⁸ Cigars also seem to be making a major comeback; more than half of American films now feature them.⁷⁸ In other words, Hollywood sometimes does a poor job of "mirroring" society (Table 5).

Advertising of cigarettes and alcohol products remains problematic as well. Tobacco manufacturers spend an estimated \$6 billion a year on advertising, and the alcohol industry spends \$2 billion a year.⁷¹ Although both industries dispute the notion that they are pitching their wares to teenagers, their choice of advertising stars (e.g., frogs and party dogs) and several studies draw opposite conclusions (Tables 6 and 7).

While smoking and drinking are commonplace in movies, they remain relatively less common on network TV, especially smoking. Only 2% of series stars smoke on TV.⁷⁰ However, TV characters rarely refuse to smoke or express antismoking sentiments—probably so as not to offend the corporate advertisers whose parent companies also own tobacco subsidiaries.⁶⁷

TABLE 4. Sources of Sexual Information for Teenagers

Teachers, school nurses, or classes at school	40%
Media: TV, movies, or magazines	39%
Parents	36%
Peers	27%
Brothers, sisters, or cousins	12%
Physician or nurse	9%

Adapted from Princeton Survey Research Associates: The 1996 Kaiser Family Foundation Survey on Teens and Sex: What They Say Teens Today Need to Know, and Who They Listen to. Menlo Park, CA, Kaiser Family Foundation, 1996.

TABLE 5. Cigarette Smoking in 1996 Feature Movies

Movie	Number of Smoking Incidents
Trees Lounge (R)	43
The Associate (PG-13)	30
High School High (PG-13)	26
Michael Collins (R)	25
The Big Night (R)	25
Dear God (PG)	25
Sleepers (R)	24
Swingers (R)	22
William Shakespeare's Romeo & Juliet (PG-13)	16
That Thing You Do! (PG)	16
The Chamber (R)	16
The First Wives Club (PG)	10

Adapted from Thomas K: Lighting up: Tobacco has a role in most movies. USA Today, November 7, 1996, p 6D.

Certainly, the potential *fuel* is present, but the fact that American media contain a lot of violence, inappropriate sexual behavior, and drug use does not constitute a specific, scientific, cause-and-effect finding. Content analyses are not equipped to handle such questions.⁷¹ Mere exposure may be concerning, but it is not tantamount to greater harm unless there is a direct relationship between viewing and behavior. What evidence is there?

TABLE 6. Is Cigarette Advertising Effective?

Advertising in Millions of Dollars	Adolescent Brand Preference	Adult Brand Preference
1. Marlboro (\$75)	1. Marlboro (60.0%)	1. Marlboro (23.5%)
2. Camel (\$43)	2. Camel (13.3%)	2. Winston (6.7%)
3. Newport (\$35)	3. Newport (12.7%)	3. Newport (4.8%)

From Centers for Disease Control: Changes in the cigarette brand preferences of adolescent smokers—United States, 1989–1993. MMWR 43:577, 1994; and Pollay RW, Siddarth S, Siegel M, et al: The last straw? Cigarette advertising and realized market shares among youth and adults, 1979–1993. J Marketing 50:1, 1996.

TABLE 7. Are the Budweiser Frogs Effective Advertising? Commercial and Character Recall by Children 9–11 Years Old

Character	Slogan or Motto	% Recall (n = 221)
Bugs Bunny	Eh, what's up Doc?	80
Budweiser Frogs	Bud-weis-er	73
Tony the Tiger	They're grrreat!	57
Smokey Bear	Only you can prevent forest fires	43
Mighty Morphin' Power Rangers	It's morphin' time! or Power up!	39

Adapted from Leiber L: Commercial and character slogan recall by children aged 9 to 11 years: Budweiser frogs versus Bugs Bunny. Berkeley, CA, Center on Alcohol Advertising, 1996.

WHAT THE RESEARCH SAYS

Violence

The research is voluminous and very clear on the relationship between media violence and real-life aggression: a cause-and-effect relationship exists.^{20,23,27,29,47} Two government reports, the 1972 Surgeon General's Report,⁷⁷ and the 1982 National Institute of Mental Health (NIMH)⁵⁸ report reached identical conclusions.

As long ago as the 1960s, laboratory experiments by Bandura (whose quote begins this article) established that young children are likely to imitate what they see on the TV screen, particularly if the behavior is performed by an attractive role model and is rewarded or goes unpunished.⁷ Several longitudinal correlational studies have tracked children or adults over a period of up to 30 years and found that viewing violence in the media at ages 8 years and younger is a significant risk factor for adolescent or adult aggressive behavior or even criminal violence.^{8,15,44,46,68,80} Researchers have concluded that children learn their attitudes about violence at a very young age and, once learned, the attitudes tend to be life-long.³²

American media are also rife with portrayals of *justified violence* (e.g., the "good guy" beating up the "bad guy"), which is the single strongest positive reinforcer for young people.^{6,72} As one leading researcher recently noted, "The scientific debate is over."³¹ Not only can media violence promote aggressive or antisocial behavior, it may also desensitize viewers to future violence and can increase viewers' perception that they are living in a mean and dangerous world.²⁰ The problem is that the entertainment industry does not want to admit the connection any more than the tobacco industry will acknowledge a cause-and-effect relationship between cigarette smoking and lung cancer.¹⁵

Media violence is not the sole cause of violence in society: poverty, racism, inadequate parenting, the dissolution of the American family, and individual psychological differences all may have far more impact. However, media violence is the one factor that could be changed virtually overnight. How much does media violence contribute to real-life violence? When 22 separate estimates of effect size were collated from various surveys, the size of the effect was 5–15%,²² but this could represent a sizeable underestimate since social science research has great difficulty approximating real life.⁷² Interestingly, the entertainment industry is quick to take credit for the ennobling and positive programming it creates (e.g., the movie *Schindler's List*) but refuses to take responsibility for any negative repercussions of its meaner efforts.

During the past three decades, the suicide rate among adolescents has quadrupled (coinciding with the "golden age" of TV violence).⁷⁴ Several studies in the United States and Europe have demonstrated a link between televised portrayals or news reports about suicide and an increase in teenage suicide.^{36–38,62,63,65} The mechanism involved may be that a vulnerable teenager identifies with the suicide victim, and the news or portrayal serves as a catalyst for an attempt.²⁵

What links adolescent homicides and suicides to American media is the glamorization of guns (Table 8).²⁰ Homicide and suicide are the second and third leading causes of death among adolescents, and guns contribute significantly to both.¹⁴ Although there are no specific data linking viewing gunplay in the media with actual gun-related offenses, the connection seems logical, at least to one TV critic:⁴

On average, a violent crime is committed [in the United States] every 17 seconds. The entertainment industry alone cannot be blamed for this, any more than guns alone, and not the people who pull their triggers, can be blamed for gun-related deaths. But the connections are inescapable. If there were fewer guns, fewer people would be shot to death; if there were fewer violent images, fewer people might be moved to seek violent solutions.

TABLE 8. Handguns and American Youth

- The United States leads all industrialized nations in homicides, with four times the next highest rate (9.8 per 100,000).^{a,b}
- Firearms are involved in 68–75% of all homicides, mostly handguns.^c In California, among 15- to 19-year-olds guns account for 90% of all homicides.^d
- Although Americans say that they are purchasing handguns for protection, guns in the home are 43 times more likely to kill a family member than an intruder.^e
- Firearm injuries are the third or fourth leading cause of accidental death among children (depending on age and region).^f
- The United States is the most heavily armed nation, with as many guns as households (200 million).^g
- Half of adolescent males and nearly one-fourth of adolescent females report that they could easily obtain a handgun if they desired.^h
- Nearly 8% of students had carried a gun to school during the 30 days prior to the 1995 Youth Risk Behavior Survey.ⁱ
- The sale of toy guns represents a nearly \$100 million industry.^j
- One-fourth of the violent scenes on television involve use of a handgun.^k

^a Fingerhut LA, Kleinman JC: International and interstate comparisons of homicide among young males. *JAMA* 263:3292–3295, 1990.

^b 1993 Demographic Yearbook. New York, United Nations, 1995.

^c Cohall AT, Cohall RM: "Number one with a bullet": Epidemiology and prevention of homicide among adolescents and young adults. *Adolesc Med State Art Rev* 6:183–197, 1995.

^d Chu LD, Sorenson SB: Trends in California homicide, 1970 to 1993. *West J Med* 165:119–125, 1996.

^e Kellerman AL, Reay DT: Protection or peril? An analysis of firearm-related deaths in the home. *N Engl J Med* 314:1557–1560, 1986.

^f Senturia YD, Cristoffel KK, Donovan M: Children's household exposure to guns: A pediatric practice-based survey. *Pediatrics* 93:469–475, 1994.

^g Davidson OG: *Under Fire: The NRA and the Battle for Gun Control*. New York, Holt, 1993.

^h Callahan CM, Rivara FP: Urban high school youth and handguns: A school-based survey. *JAMA* 267:3038–3041, 1992.

ⁱ Centers for Disease Control: Youth Risk Behavior Surveillance—United States, 1995. *MMWR* 44(SS-4):1–84, 1996.

^j Strasburger VC: Television and adolescents: Sex, drugs, rock 'n' roll. *Adolesc Med State Art Rev* 1:161–194, 1990.

^k Mediascope, Inc.: National Television Violence Study. Studio City, CA, Mediascope, 1996.

Sex

Unfortunately, the data are not nearly as clear for the relationship between early sexual activity and a heavy diet of sexualized content in the media. While there are more than 1,000 studies linking media violence to real-life violence, there are only five studies demonstrating any connection between sexy media and changes in teenagers' sexual behavior or attitudes:

- In a study of 75 adolescent girls, half of whom were pregnant, the pregnant girls watched more soap operas before becoming pregnant and were less likely to think that their favorite soap characters would use birth control.²⁴

- A study of 391 junior high school students in North Carolina found that those who selectively viewed more sexy TV were more likely to have begun having sexual intercourse in the preceding year.¹⁰

- A study of 326 Cleveland teenagers showed that those with a preference for MTV had increased amounts of sexual experience in their midteen years.⁶⁰

- Data from the National Surveys of Children revealed that males who watch more TV had the highest prevalence of sexual intercourse and that teens who watched TV apart from their family had a rate of intercourse 3–6 times higher than those who viewed with their family.⁶¹

• A 1997 study found that young teenagers exposed to more soap operas and talk shows tended to have beliefs consistent with what they were viewing (e.g., "married people often cheat on their husband or wife," "most of my friends have had sex with someone").⁷⁵

Thus, for sexual activity, inferences must be drawn from the violence literature (i.e., if children and teenagers can learn aggressive behavior, why shouldn't they be able to learn sexual behavior?).¹² In addition, the 1985 Guttmacher Report found that the United States has the highest teenage pregnancy rate in the Western world, and the authors speculated this was because American society:⁴⁹ (1) refuses to allow easy access to birth control, (2) refuses to allow high quality, comprehensive sex education in schools, and (3) allows inappropriate sexual messages and behaviors to be shown in the media.

Sexual Violence

Considerable research on sexual violence delineates a major impact of explicit depictions of sexual violence on attitudes and beliefs, especially of males.^{28,29} Although any depiction of violence can result in increased aggression or decreased sensitivity toward women, sexualized violence is particularly suspect.^{28,55,57} Only in the United States is eroticism in the media considered more harmful than violence; for the rest of the Western world, the opposite is true.³⁴ Given the findings in the scientific literature, the rest of the Western world is correct.

Drugs

Studies indicate that \$8 billion of advertising that tobacco and alcohol manufacturers pitch every year to the American public have an impact on adolescents' beliefs and attitudes about smoking and drinking. As long as 20 years ago, the National Science Foundation commissioned a report on the effects of advertising on children, which concluded:⁵⁹

It is clear from the available evidence that television *does* influence children. Research has demonstrated that children attend to and learn from commercials, and that advertising is at least moderately successful in creating positive attitudes toward and the desire for products advertised. . . . Younger viewers . . . appear to be the most vulnerable.

Numerous recent studies document that children and adolescents who are exposed to greater amounts of tobacco or alcohol advertising are more likely to use or intend to use such products.^{33,60,64,70} This makes intuitive sense as well: \$8 billion a year is a lot of money to commit to advertising if it *does* not influence people to consume your product.

WHAT THE RESEARCH DOESN'T SAY

Although the literature on media violence is substantial and so convincing that researchers have stopped doing basic studies, it does not yet yield many solutions. A few studies have examined whether children can be "counter-programmed" to resist media violence. In 1983 researchers developed a curriculum for first- and third-graders that resulted in changing students' attitudes about televised violence and their own level of aggressive behavior as rated by their peers.⁴⁵ At Yale, Singer et al. developed a critical viewing curriculum for third- through fifth-graders.⁶⁹ Media literacy and critical viewing skills are now viewed as being solutions to the problem, but few curricula have undergone careful scientific scrutiny.

What is also completely unknown is which children or adolescents are most vulnerable to media myths and stereotypes. Research indicates that there is considerable

variability in how teenagers view the same program, depending on their ethnicity, family background, and other characteristics.¹¹

By contrast, there is a desperate need for more research into the connection between sexual content on television, in the movies, and in rock music and music videos and changes in adolescents' sexual beliefs, attitudes or behavior.^{18,21} Is the same causal connection in effect? What factors mitigate against a deleterious effect? Are all children and adolescents equally vulnerable, and is there a "window of vulnerability"? Such research is difficult to do given the intrinsic conservatism of American society, but it is absolutely necessary. In particular, there has never been a large-scale, longitudinal correlational study of heavy media consumption and adolescents' sexual attitudes or behavior.

The advertising-consumption research is convincing regarding children and adolescents, but what is unknown, again, is how to counteract the unhealthy aspects of advertising. In addition, teenagers might be susceptible to antidrug messages embedded creatively in mainstream programming.⁹ At present, counteradvertising does not seem able to reach the density that mainstream advertising has, thus making it less useful as a solution.⁷²

Finally, far more research is needed regarding adolescent suicide and media portrayals, the influence of rock music and music videos on adolescents,⁷⁶ the effects of video games,³⁵ and the potential connection between eating disorders and the media.^{26,52,53}

SOLUTIONS

Although a complete discussion of solutions is beyond the scope of this chapter, a few suggestions might be useful:

- **More research.** Media research is difficult, sometimes tedious, and often expensive. However, considering the significant impact that the media have on young people, more media research is desperately needed, including adequate funding for such efforts. A new NIMH report on television by the year 2000 would also be extremely useful to researchers, health professionals, parents, and policymakers.

- **Less media violence.** Numerous studies show that the American public is appalled at the current levels of violence on television and in movies, but the entertainment industry continues to go about business as usual.³ The industry continues to minimize its public responsibility and the impact of television and movies on young people.

- **Media literacy programs.** Although improving the quality of programming is a must, children and teenagers must still learn how to decode the subtle and not-so-subtle messages contained in television programming, advertising, movies, and music videos. Parents need to begin this process when their children are 2-3 years old (Table 9), but school programs may be extremely useful as well. The American Academy of Pediatrics is planning to embark on a major campaign to emphasize the need for media literacy.

TABLE 9. Five Important Ideas to Teach Children and Adolescents about Television

1. You are smarter than what you see on TV.
2. TV's world is not real.
3. TV teaches that some people are more important than others.
4. TV keeps doing the same things over and over again.
5. Somebody is always trying to make money with TV.

Adapted from Davis J: Five important ideas to teach your children about TV. *Media & Values* 59/60:10-14, 1992.

TABLE 10. Questions to Ask When Taking a Media History

-
- How many hours a day do you watch television?
 - How do you decide what shows to watch? Movies?
 - Where is (are) the television(s) in your home?
 - Are there any "house rules" regarding viewing (e.g., no viewing until all homework is completed)?
 - What are your favorite television programs? Movies?
 - Are there rules regarding music videos? Video games?
 - Who watches television with you?
 - Do you "surf" the Internet?
-

Adapted from American Medical Association: Physician Guide to Media Violence. Chicago, AMA, 1996.

• A ban on cigarette advertising in all media and a ban on promotional activities aimed at young people (e.g., merchandising, rock concerts), and the restriction of alcohol advertising to "tombstone ads." American society pays a high price for allowing tobacco manufacturers unlimited access to children and adolescents, and the connection between advertising and consumption is now clearly established. Any product as harmful as tobacco should have severe restrictions placed upon it, including a ban on all advertising. Tombstone ads involve showing the "purity" of the product only, not all of the qualities that the purchaser will supposedly gain by consuming it. Such restrictions have already been endorsed by the Federal Drug Administration, the Surgeon General, the American Academy of Pediatrics, and the American Medical Association.^{13,17,79} Because advertising these products represents "commercial speech" and not "free speech," they are not automatically protected under the First Amendment.^{48,66}

• Greater sensitivity on the part of primary care physicians, especially pediatricians and adolescent medicine specialists, to the influence of the media on young people. Most physicians with adolescent patients are well aware of the influence that peers can have, but they may be completely unaware that television and other media function as a sort of "super-peer." The influence of media needs to be controlled from the outset, since what is learned between ages 2 and 10 may be played out during adolescence with harmful or unhealthy consequences. Therefore, parents of young children need to be counseled to limit their young children's viewing to no more than 1–2 hours per day, to guide their choice of programs, and to view with them.¹⁹ Parents of teenagers need to be familiar with what media choices their teens are making and discuss them frequently and rigorously. Finally, physicians need to learn to take media histories from their patients. (Table 10).³

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REVIEW ARTICLE

Children, Adolescents, and the Media: Issues and Solutions

Victor C. Strasburger, MD* and Edward Donnerstein, PhD†

I believe television is going to be the test of the modern world, and that in this new opportunity to see beyond the range of our vision we shall discover either a new and unbearable disturbance of the general peace or a saving radiance in the sky. We shall stand or fall by television.
—Author E. B. White¹

Television and other media represent one of the most important and underrecognized influences on children and adolescents' health and behavior in the 1990s. Their impact should be eliciting serious concern, not just from parents and educators but from physicians, public health advocates, and politicians as well (Fig 1). Although objections to various programming and advertising practices can exist on common sense, philosophical, aesthetic, humanistic, or public health grounds without strict scientific data,² increasing numbers of studies document that a serious problem exists.

EXPOSURE

By time criteria alone, television represents the predominant medium. Young people average 16 to 17 hours of viewing weekly, beginning as early as age 2.³ When video game and videocassette usage are added, some teenagers may spend as many as 35 to 55 hours in front of the television set.⁴ More families own a television set than a telephone.⁵

However, other media are important as well. Adolescents can spend nearly equal amounts of time listening to the radio, although music is used frequently as an accompaniment to other activities.^{4,6} More than half of all 15- to 16-year-olds had seen the majority of the most popular, recent R-rated movies in one study.⁷ In a separate study, 92% of males and 84% of females had seen or read *Playboy* or *Playgirl* by age 15.⁸ Finally, playing video games has become a favorite pastime of children and adolescents and now represents a \$7 billion per year industry.⁹ One survey of nearly 400 seventh- and eighth-grade students found that teens average 2 to 4 hours per week playing such games.¹⁰ Although not much data are available about young people's use of new technology such as the Internet, there is every reason to believe that "surfing the Net" will prove popular as well. Indeed, in one recent national survey 89% of teenagers reported using a computer, 61% "surfing

the Net," and 14% reported seeing something that they did not want their parents to know about.¹¹ By 1996, nearly five million youths had used the Internet or an on-line service from school or home.¹²

Impact

Media exert a significant displacement effect—2 to 3 hours per day spent watching television or playing video games means less physical activity, reading, and interaction with friends—but such data do not speak to cause-and-effect concerns. Likewise, content analyses can only demonstrate what the average child or adolescent will view. Even so, such analyses are disturbing when they reveal what the average American child or teenager is exposed to annually.

Violence

Young people view an estimated 10 000 acts of violence each year.¹³ Most recently, the National Television Violence Study examined nearly 10 000 hours of television programming throughout 3 years and found that 61% contains violence, with children's programming being the most violent (Fig 2).¹⁴⁻¹⁶ In addition, 26% of violent interactions involved the use of guns.¹⁶ During the 3 years of the study, none of the key indicators of violence in the media changed, despite widespread public concern.¹⁴⁻¹⁶ A recent comprehensive analysis of rock music videos of all genres demonstrated that 22.4% of all Music Television videos portrayed overt violence, 20% of all rap videos contained violence, and weapon carrying was depicted in 25% of all Music Television videos.¹⁷ Attractive role models are the aggressors in more than 80% of violent music videos.¹⁸

Sex

Each year, teenagers view nearly 15 000 sexual references, innuendoes, and jokes, of which <170 will deal with abstinence, birth control, sexually transmitted diseases, or pregnancy.¹⁹ The so-called family hour of prime time television (8 to 9 PM) contains more than 8 sexual incidents per hour, more than four times as much as in 1976.²⁰ Nearly one-third of family hour shows contain sexual references, and the incidence of vulgar language is increasing dramatically as well.²¹ The Internet offers unparalleled access to hard-core pornography with just a few keystrokes.²²

Drugs

A recent content analysis found that alcohol, tobacco, or illicit drugs are present in 70% of prime

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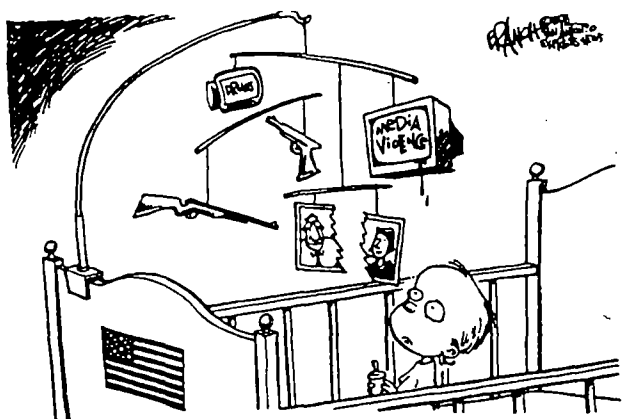


Fig 1. One political cartoonist's view of children's television. (Reprinted with permission from the *San Antonio Express News*.)

time network dramatic programs, 38 out of 40 top-grossing movies, and half of all music videos.²³ In another recent study, one-fourth of all Music Television videos contained alcohol or tobacco use.²⁴ Several studies document that smoking is making a comeback in Hollywood movies: a 1994 study of the 62 top-grossing films from 1960 to 1990 found that levels of smoking remained constant despite decreases in real-life and that lead characters were far more likely to smoke on screen (65%) than their real-life counterparts with similar demographic characteristics.^{25,26} Similarly, an American Lung Association study of 133 movies released in 1994 to 1995 found that 77% depicted tobacco use.²⁷

In addition to programming, young people view ~20 000 commercials each year, of which nearly 2000 are for beer and wine.²⁸ For every "just say no" or "know when to say when" public service announcement, teens will view 25 to 50 beer and wine advertisements.²⁹ Alcohol and tobacco advertisers are becoming an increasing commercial presence on the Internet as well, with more than 35 alcoholic beverages represented, homepages devoted to smoking, a Budweiser on-line radio network, interactive games, free giveaways, brand spokescharacters, and specially designed chat rooms.¹² Altogether, tobacco manufacturers spend \$6 billion per year, and alcohol manufacturers \$2 billion per year in all media, trying to entice young people into "just saying yes."^{30,31}

Data like these are alarming, but are the media actually responsible for episodes of child aggression, teen homicides, and increased rates of teenage drug use and sexual activity?³² Or, as the entertainment industry maintains, do the media merely mirror an increasingly violent, drug-oriented, and sexualized society? A close examination of the available data are essential.

WHAT THE RESEARCH SAYS

Violence

The research is voluminous and very clear on the relationship between media violence and real-life aggression: a cause-and-effect relationship exists.³³⁻³⁸ Such research involves detailed cross-sectional studies,³⁹⁻⁴³ naturalistic studies,^{44,45} longitudinal studies,⁴⁶⁻⁵⁰ and several meta-analyses.⁵¹⁻⁵⁴ Two government reports, the 1972 Surgeon General's Report⁵⁵

and the 1982 National Institute of Mental Health⁵⁶ report affirmed this conclusion after examining all available data. The latter stated unequivocally:⁵⁶

After 10 more years of research, the consensus among most of the research community is that violence on television does lead to aggressive behavior by children and teenagers who watch the programs. This conclusion is based on laboratory experiments and on field studies. Not all children become aggressive, of course, but the correlations between violence and aggression are positive. In magnitude, television violence is as strongly correlated with aggressive behavior as any other behavioral variable that has been measured (authors' italics). The research question has moved from asking whether or not there is an effect to seeking explanations for the effect.

Taken together, the research data are persuasive that high levels of television viewing are causally related to aggressive behavior and the acceptance of aggressive attitudes.⁵⁷ The correlations found are stable throughout time, place, and demographics.^{13,34} Added to this is the now-sizable body of research demonstrating that the more adolescents are exposed to violence or are victims of violence in their homes or communities, the more likely they are to use violence or carry weapons themselves.⁵⁸⁻⁶¹ Clearly, the witnessing of violence is an important determinant of violent behavior; and media violence represents the witnessing of violence vicariously, on the television or movie screen.

As long ago as the 1960s, laboratory experiments by Bandura et al⁶² established that young children are liable to imitate what they see on the television screen, particularly if the behavior is performed by an attractive role model and is either rewarded or goes unpunished (Bandura's social learning theory). Several longitudinal correlational studies have tracked children or adults for a period of up to 30 years and found that viewing media violence at young ages (8 years and younger) is a significant risk factor for adolescent or adult aggressive behavior or even criminal violence.^{43,45,48-50,63} Researchers have concluded that children learn their attitudes about violence at a very young age and, once learned, the attitudes tend to be life-long.⁶⁴

American media are also rife with portrayals of justified violence (eg, the "good guy" beating up the "bad guy"), which research shows is the single strongest positive reinforcer for young people.^{30,65} Not only can media violence facilitate aggressive or antisocial behavior, it may also desensitize viewers to future violence and can also increase viewers' perception that they are living in a mean and dangerous world.^{36,66} The problem is that the entertainment industry does not want to admit the connection any more than the tobacco industry will acknowledge the cause-and-effect relationship between cigarette smoking and lung cancer.⁶³

Media violence is not the sole cause of violence in society. Poverty, racism, inadequate parenting, the dissolution of the American family, individual psychologic differences all may have far more impact. Studies have found that child abuse, sexual abuse, witnessing domestic violence, or witnessing community violence may all play a key role in determining who will become violent.^{58-61,67-70} But the use of violence to achieve goals or to settle conflicts is, in fact, learned behavior. Such learning occurs in social groups such as the family, peer groups, and gangs. Television and other media may function as a super peer in this respect.³²

Overall Industry Averages: Three-Year Comparisons

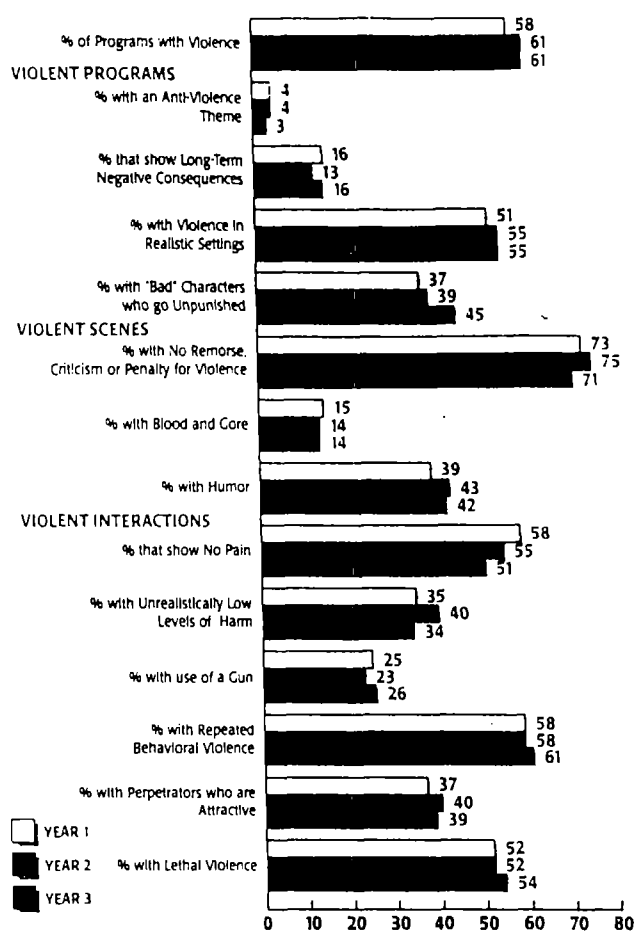


Fig 2. Overall industry averages: media violence year 1 (1995) versus years 2 and 3 (1996-1997). (Source: Federman J, ed. *National Television Violence Study*. Volume 3. Thousand Oaks, CA: Sage; 1998.)

How much do media contribute to real-life violence? When 22 separate estimates of effect size were collated from various surveys, the size of the effect for media violence was estimated to be 5% to 15%.^{30,35} Given all the factors contributing to violence, to be able to isolate media violence as one factor is significant.

Guns

Homicide and suicide are the second and third leading causes of death among adolescents, and guns contribute significantly to both.⁷¹ What links adolescent homicides to American media is the glamorization of guns, which represent 26% of all violent interactions on television (Table 1).^{16,36} Although there are no specific data linking viewing gunplay in the media with actual gun-related offenses in real life, the connection seems logical, at least to one television critic:⁷²

On average, a violent crime is committed (in the US) every 17 seconds. The entertainment industry alone cannot be blamed for this, any more than guns alone, and not the people who pull their triggers, can be blamed for gun-related deaths; however the connections are inescapable. If there were fewer guns, fewer people would be shot to death; if there were fewer violent images, fewer people might be moved to seek violent solutions.

Sex

Unfortunately, the data are not nearly as clear for determining what relationship exists between early

TABLE 1. Handguns and American Youth

- The United States leads all industrialized nations in homicides, with four times the next highest rate (9.8/100 000).*
- Firearms are involved in 68% to 75% of all homicides, mostly handguns.† In California, among 15- to 19-year-olds, guns now account for 90% of all homicides.‡
- Although Americans say that they are purchasing handguns for protection, guns in the home are 43 times more likely to kill a family member than an intruder.§
- Firearm injuries are the third or fourth leading cause of accidental death among children (depending on age and region).||
- The United States is also the most heavily armed nation on earth, with as many guns as households (200 million).¶
- Half of adolescent males and nearly one-fourth of adolescent females report that they could easily obtain a handgun if they so desired.‡
- Nearly 8% of students had carried a gun to school during the 30 days before the 1995 Youth Risk Behavior Survey.**
- The sale of toy guns represents a nearly \$100 million industry.††
- One-fourth of the violent scenes on television involve use of a handgun.‡‡

* Fingerhut LA, Kleinman JC. International and interstate comparisons of homicide among young males. *JAMA*. 1990;263:3292-3295. 1993 *Demographic Yearbook*. New York: United Nations, 1995. Hennes H. A review of violence statistics among children and adolescents in the United States. *Pediatr Clin North Am*. 1998;45:269-280.

† Cohall AT and Cohall RM. "Number one with a bullet": Epidemiology and prevention of homicide among adolescents and young adults. *Adolesc Med State of the Art Rev*. 1995;6:183-197.

‡ Chu LD, Sorenson SB. Trends in California homicide, 1970 to 1993. *West J Med*. 1996;165:119-125.

§ Kellerman AL and Reay DT. Protection or peril? An analysis of firearm-related deaths in the home. *N Engl J Med*. 1986;314:1557-1560.

¶ Senturia YD, Christoffel KK, Donovan M. Children's household exposure to guns: a pediatric practice-based survey. *Pediatrics*. 1994;93:469-475.

** Davidson OG. *Under Fire: The NRA and the Battle for Gun Control*. New York: Holt; 1993.

†† Callahan CM, Rivara FP. Urban high school youth and handguns: a school-based survey. *JAMA*. 1992;267:3038-3041.

‡‡ Centers for Disease Control. *Youth risk behavior surveillance—United States*. 1995. *MMWR*. 1996;44:1-56.

§§ Strasburger VC. Television and adolescents: sex, drugs, rock 'n' roll. *Adolesc Med State of the Art Rev*. 1990;1:161-194.

¶¶ National Television Violence Study. *National Television Violence Study*. Thousand Oaks, CA: Sage; 1998.

sexual activity and a heavy diet of sexualized content.^{73,74} Although there are more than 1000 studies linking media violence to real-life violence, there are only 5 studies demonstrating any connection between media with high sexual content and changes in teenagers' sexual behavior or attitudes:

- In a study of 75 adolescent girls, half pregnant and half nonpregnant, the pregnant girls watched more soap operas before becoming pregnant and were less likely to think that their favorite soap characters would use birth control.⁷⁵
- A study of 391 junior high-school students in North Carolina found that those who selectively viewed more sexual content on television were more likely to have begun having sexual intercourse in the preceding year.⁷⁶
- A study of 326 Cleveland teenagers showed that those with a preference for Music Television had increased amounts of sexual experience in their mid-teen years.⁷⁷
- Data from the National Surveys of Children re-

TABLE 2. Sources of Sexual Information for Teenagers*

Teachers, school nurses, or classes at school	40%
Media: TV, movies, or magazines	39%
Parents	36%
Peers	27%
Brothers, sisters, or cousins	12%
MD or nurse	9%

* Adapted from: Princeton Survey Research Associates: *The 1996 Kaiser Family Foundation Survey on Teens and Sex: What They Say Teens Today Need to Know, and Who They Listen to*. Menlo Park, CA: Kaiser Family Foundation; 1996.

vealed that males who watch more television had the highest prevalence of sexual intercourse and that teens who watched television apart from their family had a rate of intercourse 3 to 6 times higher than those who viewed with their family.⁷⁸

- A 1997 pilot study found that young teenagers exposed to more soap operas and talk shows tended to have beliefs consistent with what they were viewing (eg, "married people often cheat on their husband or wife," "most of my friends have had sex with someone") (unpublished manuscript, Furno-Lamude, 1997).

Thus, for sexual activity, inferences must be drawn from the violence literature (ie, if children and teenagers can learn aggressive behavior, why shouldn't they be able to learn sexual behavior as well?).⁷⁹ In addition, the United States continues to have the highest teenage pregnancy rate in the Western world, despite the fact that American teenagers are not having sexual intercourse in greater numbers than their Western peers.^{80,81} This is an important finding that points to the absence of a societal expectation that even with early sexual initiation, birth control is a necessity. If, as data suggest, the media represent an important and effective source of sexual information for teenagers (Table 2),^{32,74} the high United States pregnancy rate could be resulting from several interrelated factors: a lack of easy access to birth control, a lack of information about birth control in sex education classes, a glut of inappropriate sexual messages in the media, and an absence of appropriate messages in the media about abstinence and the use of birth control.⁸²

Drugs

Studies indicate that the \$8 billion of advertising that tobacco and alcohol manufacturers pitch every year to the American public has a significant impact on adolescents' beliefs and attitudes about smoking and drinking and may influence their actual consumption as well. Correlational studies indicate a small but pos-

itive (+0.15 to +0.20) relationship between ad exposure and consumption.⁸³ In addition, advertising exposure seems to influence initial drinking episodes which, in turn, contribute to excessive drinking and abuse.⁸³ As long as 20 years ago, the National Science Foundation commissioned a report on the effects of advertising on children, which concluded:⁸⁴

It is clear from the available evidence that television does influence children. Research has demonstrated that children attend to and learn from commercials, and that advertising is at least moderately successful in creating positive attitudes toward and the desire for products advertised Younger viewers . . . appear to be the most vulnerable

Numerous recent studies document that children and adolescents who are exposed to greater amounts of tobacco or alcohol advertising are more likely either to use or intend to use such products.^{29,85-90} This makes intuitive sense as well, because \$8 billion a year is a lot of money to commit to advertising if it does not influence people to consume your product. Such advertising is extremely effective, especially in reaching younger audiences (Table 3).⁹¹

The evidence is strongest regarding cigarette advertising and promotions.^{85,92} In one well-publicized study, children as young as 6 years old were as likely to recognize Old Joe as the Mouseketeer logo for the Disney Channel and to associate him directly with cigarette smoking.⁹³ In addition, there is a positive correlation between advertising expenditures and brand consumption (Table 4).^{85,94} Revenues for cigarette advertising have also been shown to influence the editorial content of print media,⁹⁵ and cigarette brands popular with teens are more likely to advertise in magazines with high youth readerships.⁹⁶ A 1997 study found that one-third of teens owned cigarette promotional items, and these teens were four times more likely to be smokers.⁹⁷ Most importantly, a recent longitudinal study found that an estimated one-third of all adolescent smoking could be causally related to tobacco promotional activities.⁹⁸

For alcohol, the correlations so far have been only moderate.⁸³

The preponderance of the evidence indicates that alcohol advertising stimulates favorable predispositions, higher consumption, and greater problem drinking by young people. Nevertheless, the evidence clearly does not support the interpretation that advertising exerts a powerful, uniform, direct influence; it seems that advertising is a contributing factor that increases drinking and related problems to a modest degree rather than a major determinant.

WHAT THE RESEARCH DOES NOT SAY

As one leading researcher recently noted concerning media violence, "The scientific debate is over."⁹⁹ What remains is what, if anything, the entertainment industry will do in response to these public health concerns

TABLE 3. Are the Budweiser Frogs Effective Advertising? Commercial and Character Recall by Children 9 to 11 Years Old*

Character	Slogan or Motto	% Recall (n = 221)
Bugs Bunny	"Eh, what's up Doc?"	80%
Budweiser Frogs	"Bud-weis-er"	73%
Tony the Tiger	"They're grrreat!"	57%
Smoky the Bear	"Only you can prevent forest fires."	43%
Mighty Morphin' Power Rangers	"It's morphin' time!" or "Power up!"	39%

* Adapted from Leiber L. *Commercial and Character Slogan Recall by Children Aged 9 to 11 Years: Budweiser Frogs Versus Bugs Bunny*. Berkeley, CA: Center on Alcohol Advertising; 1996.

TABLE 4. Is Cigarette Advertising Effective?*

Advertising in \$ Millions	Adolescent Brand Preference	Adult Brand Preference
1. Marlboro (\$75)	1. Marlboro (60.0%)	1. Marlboro (23.5%)
2. Camel (\$43)	2. Camel (13.3%)	2. Winston (6.7%)
3. Newport (\$35)	3. Newport (12.7%)	3. Newport (4.8%)

* Data from: Centers for Disease Control. Changes in the cigarette brand preferences of adolescent smokers—United States, 1989–1993. *MMWR*. 1994;43:577; and RW Pollay, S Siddarth, M Siegel, et al, The last straw? Cigarette advertising and realized market shares among youth and adults, 1979–1993. *J Marketing*. 1996;50:1.

and determining if such negative effects can be successfully mitigated with media education approaches.

It is entirely possible that all other potential effects will follow the same pattern and strength of these known correlations but, considerable new data are needed regarding the media's impact on teenagers' sexual behavior in particular. Does sexual content influence sexual activity, use of contraception, sexual orientation? The answers will remain unknown until longitudinal correlational studies can be performed. Furthermore, some recent research indicates that there may be considerable variation in how different teenagers view the same program, depending on their ethnicity, family background, and other characteristics.¹⁰⁰ Such findings may have special relevance for sexual portrayals and their impact on teenagers.

Other much-needed research includes: ongoing content analyses of violence, sex, and drug use in television programming, movies, and rock music videos; a longitudinal study of the effect of violent video and computer games on children's attitudes and behavior; a longitudinal study of the impact of rock music on adolescents' affective states and suicidal behavior; and studies of how children and teenagers use the Internet.

In addition, although the relationship between advertising and consumption is now well established, what is unknown is how to counteract the unhealthy aspects of advertising portrayals. At present, counter-advertising does not seem able to reach the density that mainstream advertising has, thus making it less useful as a solution.³⁰ Might teenagers be susceptible to anti-drug messages embedded creatively in mainstream programming?¹⁰¹ Will the proposed settlement with the tobacco industry, which includes a ban on cartoon characters in advertisements, have an impact on young children? Further studies are needed.

SOLUTIONS

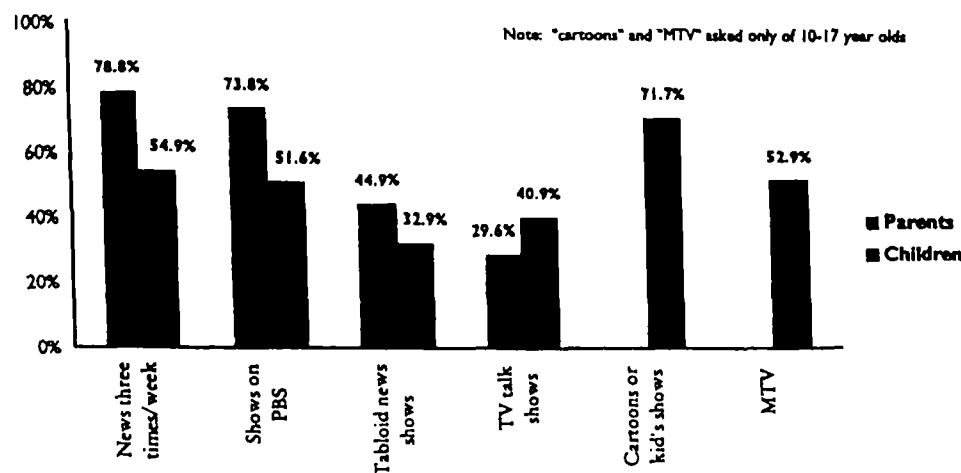
A vast body of literature now exists that attests to the power of the media to influence children's and adolescents' beliefs and, potentially, their behavior as well. Currently, American media contribute more to adverse health outcomes than to positive or prosocial ones, but it does not have to remain this way. Many solutions are available, ranging from controlling the way children view media (parent's role) to more effective office counseling and public health activism (physician's role) to regulating the media (governmental role) to improving the product itself (entertainment industry's role).

Industry spokespeople frequently claim that if parents do not like what their children see, there is an off button on the television set or the computer. Parents counter that if the programs the media produced were healthier, they would not have to worry about their impact. In fact, both groups are right: parents do need to exercise better control over which media their children use; but the entertainment industry also needs to take responsibility for the health repercussions of what they produce.

ROLE OF PARENTS

Most parents do not control the media their children or adolescents are exposed to with any consistency or regularity. Not only do parents frequently underreport the number of hours that their offspring view,³³ but also they underreport the problematic shows that they view (Fig 3).¹⁰² In addition, one-fourth of preschoolers, more than one-third of grade-schoolers, and more than half of high-school youth have television sets in their bedrooms (Fig 4).¹⁰² Two 1997 surveys, involving a total of nearly 1500 par-

Fig 3. What parents and their children watch on TV. Parents report watching national news, while their children prefer television talk shows, cartoons, kids' shows, and Music Television. (From: Stanger JD. *Television in the Home: the 1997 Survey of Parents and Children*. Philadelphia, PA: Annenberg Public Policy Center; 1997. Used with permission.)



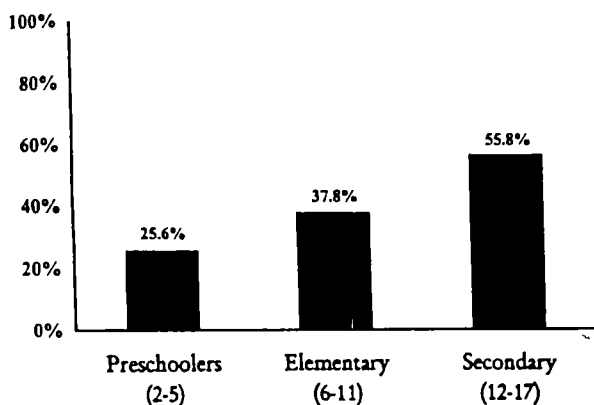


Fig 4. TV sets in the bedroom. As children age, they are increasingly likely to have a television set in their own bedroom. (From: Stanger JD. *Television in the Home: the 1997 Survey of Parents and Children*. Philadelphia, PA: Annenberg Public Policy Center; 1997. Used with permission.)

ents, found that less than half of parents report "always watching" television with their children.^{102,103} Coviewing is thought to be an effective mechanism for mediating untoward effects of television viewing: an adult, watching a program with a child and discussing it with him or her, serves simultaneously as a values filter and a media educator (Table 5).^{30,104} However, one recent survey found that 44% of children or teenagers watch something different (usually Music Television) when they are alone than when viewing with their parents.¹⁰⁵

Despite these data, parents are apparently very concerned about the influence of television, more than all other media.^{102,106} Given the sheer quantity of hours that children spend in front of the television set, these concerns seem justified. However, other media that seem less significant quantitatively may be extremely important qualitatively: "What television suggests, movies and videos do," as one researcher notes.¹⁰⁷

According to recommendations issued by the American Academy of Pediatrics, based on a review of all available data to date, parents should:¹⁰⁸

- Limit all media use to no more than 1 to 2 hours per day.
- Monitor their children's use of the media.
- Coview television with their children.

ROLE OF HEALTH PROFESSIONALS

Given the deleterious public health effects of media on youth, it is imperative that health professionals appreciate this relatively new cultural influence on their young patients, educate parents, and advocate for improved, healthier media. Physicians who treat children or adolescents should learn to take a media history (Table 6),¹ especially when seeing patients with a history of aggressive behavior or school difficulties.³²

Educating parents can be accomplished using media education materials from a variety of organizations (Table 7). In addition, physicians can serve as role models by using television sets and videocassette recorders in their waiting rooms for educational programming only. Finally, physicians are important community resources for schools (media education programs), local television stations, and parents (Parent Teacher Asso-

TABLE 5. Five Important Ideas to Teach Children and Adolescents About Television*

1. You are smarter than what you see on your TV.
2. TV's world is not real.
3. TV teaches that some people are more important than others.
4. TV keeps doing the same things over and over again.
5. Somebody is always trying to make money with TV.

* Adapted from Davis J. Five important ideas to teach your children about TV. *Media and Values* 1992;59/60:10-14.

ciations). They can also advocate for improved media by writing to national networks, Hollywood studios, the United States Congress, and the Federal Communications Commission. They could also be instrumental in pressuring the television industry to begin broadcasting birth control advertising and urging the entertainment industry to restrict their depictions of violence and sexuality to responsible portrayals.

One role of health professionals that remains controversial is advocating for greater numbers of public service announcements to offset the deluge of tobacco and alcohol ads that young people currently see. Commercial broadcasting expends the most amount of money per minute (up to \$400 000) to produce commercials. Therefore, it is difficult to compete not only in density but also in production values.¹⁰⁹ Viewing of public service announcements can make an audience more aware of a problem, make the problem seem important, and offer further information.¹¹⁰ Such effects are intensified when other interventions are occurring simultaneously (eg, antismoking public service announcements and restrictions on smoking in public places).^{111,112} One aggressive antismoking campaign in Vermont demonstrated a 35% lower smoking rate after 4 years when radio and television ads were combined with a standard school-based program.¹¹³ However, sometimes public service announcements are used by the very industries they are targeting to deflect criticism (eg, "Know when to say when").

MEDIA ADVOCACY

Both parents and health professionals need to begin engaging vigorously in media advocacy—"the strategic use of mass media for advancing a social or public policy initiative."¹¹⁴ According to Wallack,¹¹⁵ current debates must be reframed to refocus public attention on health issues, not individuals' weaknesses. For example, tobacco manufacturers have long deflected attention by framing the debate about smoking as an issue of individual freedom. Similarly, the National Rifle Association has confused the issue of handgun control by claiming that the Constitution guarantees everyone's right to own a handgun, despite the fact that no Federal court has ever overturned a gun control law as a violation of the Second Amendment.¹¹⁶⁻¹¹⁸ Simply reclassifying guns as a consumer product would have a profound public health effect, especially because the sale and manufacture of guns is currently subject to less stringent regulations than the sale and manufacture of teddy bears.^{118,119} Successful reframing involves exposing unethical industry practices rather than trying to improve individuals' behaviors by urging them to be healthier.¹¹⁵

TABLE 6. Taking a Media History

- How many hours a day do you watch television?
- How do you decide what shows to watch? Movies?
- Where is (are) the television(s)?
- Are there any house rules regarding viewing (eg, no viewing until all homework is completed)?
- What are your favorite television programs? Movies?
- Are there rules regarding music videos? Video games?
- Who watches television with you?
- Do you surf the Internet?

* Adapted from American Medical Association. *Physician Guide to Media Violence*. Chicago, IL: American Medical Association; 1996.

ROLE OF SCHOOLS

The United States is one of the few Western nations that lacks a comprehensive, school-based media education program. Recently, Australia mandated media education for nearly every student from kindergarten through grade 12; Ontario, Canada has mandated media education for middle and high school students; and England, Scotland, and South Africa all have far more formal training programs than the United States.¹⁰⁴ A number of advocacy groups (Table 7) have devised and tested curricula that can be used in a variety of settings, but school officials often resent having to commit more time and financial resources to what they view as extra-curricular programs. Viewed in the context of protecting children and adolescents against crucial public health problems such as early sexual intercourse, interpersonal violence, and drug involvement, however, such programs take on a new urgency.

More research is needed regarding the efficacy of media education programs. Nevertheless, several curricula have been field-tested, indicating that such programs can accomplish exactly what they set out to do.¹²⁰⁻¹²⁶ One curriculum, in particular, worked to change attitudes about television violence among first and third graders as well as decreasing their own levels of aggressive behavior as rated by their peers.¹²⁷ Another recent curriculum has been shown to decrease third-graders' intention to drink alcohol.¹²⁸ Computer and video games could also be used for prosocial learning.¹²⁹

ROLE OF THE FEDERAL GOVERNMENT

Although the United States was the first nation in the world to have television, it is unique in lacking any clear public policy regarding it.^{34,130} American television was established and regulated according to the Communications Act, passed by Congress in 1934. The preamble to that act states that the public owns the airwaves, which are leased to the networks to produce programming in the public's best interests (authors' italics). Because of the industry's reluctance to regulate itself, especially regarding violent content and production of educational programming for children, Congress and the Federal Communications Commission have taken an increasingly aggressive role during the past decade. The 1990 Children's Television Act required local broadcasters to produce some educational and informational programming for children. Unfortunately, broadcasters tried to cite programs like "The

TABLE 7. Organizations Interested in Media Education (Partial Listing)

American Academy of Child and Adolescent Psychiatry (AACAP)

3615 Wisconsin Ave, NW
Washington, DC 20016
(202) 966-7300

American Academy of Pediatrics (AAP)

141 Northwest Point Blvd
Elk Grove Village, IL 60009-0927
(847) 981-5005

Center for Media Education

2120 L Street, NW, Suite 200
Washington, DC 20037
(202) 331-7833

Center for Media Literacy

4727 Wilshire Blvd, #403
Los Angeles, CA 90010
(800) 226-9494

Coalition for Quality Children's Media

112 W San Francisco St, Suite 305A
Santa Fe, NM 87501
(505) 989-8076

Jetsons" as educational, teaching children "what life will be like in the 21st century."¹³¹

Irritated by the industry's lack of compliance with the Children's Television Act and by continued high levels of media violence,¹³² legislators passed the Telecommunications Act of 1996, which put teeth into the 1990 Children's Television Act by requiring ratings for programs and mandating that, beginning in September, 1997, broadcasters must air 3 hours of core educational programming per week.¹³³ The Act also mandated that all television sets manufactured beginning in 1998 contain a v-chip that could be programmed by parents to filter out objectionable media violence. However, which ratings system or systems will be program-mable onto the v-chip remains a contentious issue, one that perhaps the Federal Communications Commission will ultimately have to decide.

After discussions with public advocacy groups, the television industry developed a complicated set of ratings that parallel current Motion Picture Association of America movie ratings.¹³⁴ Several problems exist with this proposed system: first, several studies show that parents prefer a more specific, content-based ratings system, not simple categories.^{135,136} Second, the current categories are not specific enough regarding content, and the contextual impact of violent or sexual references is completely ignored. For example, certain content becomes lost to the highest rating: a TV-M program with an "S" for sexual content may contain violence at a TV-14 level, but is not given a "V" for violent content. Third, parents may be tempted to place inappropriate faith in the rating "FV" for fantasy violence, even although research shows that this represents some of the most potentially detrimental programming for young children.^{15,16,137} Finally, studies document that older children and young teenagers are drawn toward the more adult ratings.¹³⁸

Despite the Federal government's traditional reluctance to regulate the entertainment industry because of

First Amendment concerns, several potential solutions are available that would make television and other media healthier for children and adolescents.

Increased Not Decreased (as Many Republicans in Congress Have Advocated) Funding for Public Television

The United States is unique in the industrialized world in spending only \$1.09 per capita for public broadcasting; the United Kingdom spends \$38.56, Canada \$32.15, and Japan \$17.71.^{104,130} With increased revenues, the Corporation for Public Broadcasting could develop its own commercial-free series of stations gearing high-quality, education programming toward individual age-groups (2 to 5 years, 5 to 9 years, 9 to 13 years, and 13 to 17 years). An annual tax on television sets (as is done in Britain) could be used to raise these revenues.^{30,37} If the future home will receive 300 to 500 different channels, shouldn't at least 5% to 10% of them be reserved for noncommercial, educational programming for young people?

Increased Funding for Research About the Effects of Media on Children and Adolescents

This might also include funding for school-based media education programs. In particular, a systematic program of research is urgently needed whose goal would be the development of formal, easily administered educational programs about media sex, drugs, and violence.¹³⁹

Creation of a Year 2002 National Institutes of Mental Health Report on Children, Adolescents, and the Media

It has now been 15 years since the last, official government compilation of all available research to that time.⁵⁶ Such reports highlight current knowledge, expose areas that warrant further investigation, and serve as valuable ammunition in the public health campaign to improve media for young people.

Stricter Regulation of Advertising That Targets Children or Adolescents

As United States Supreme Court Justice Tom Clark once said, there is no war between the Constitution and common sense.¹⁴⁰ Compelling public health interests exist in protecting at least children and adolescents against the advertising of cigarettes and alcoholic beverages. Because such advertising represents commercial speech rather than free speech, it is not automatically protected under the First Amendment.^{141,142} The Federal Trade Commission is already empowered to ban advertising that is unfair or deceptive, and both tobacco and alcohol advertising arguably fit that description.²⁸ But restricting advertising may be more feasible constitutionally than an outright ban.¹⁴³ Current proposed Federal Drug Administration rules would restrict tobacco advertising seen by children or teenagers to black-and-white text only.¹⁴⁴ New proposed legislation by Senator McCain (R-AZ) would completely eliminate tobacco advertising directed at children and, more importantly, would eliminate promotional events and advertising,¹⁴⁵

which in the past decade has constituted more than half of the \$6 billion that tobacco companies annually spend on advertising.²⁹ One significant drawback to a broadcast ban on alcohol advertising might be the elimination of effective counteradvertising.^{146,147} Two alternatives exist: either require equal amounts of public service announcements that would extoll the dangers of alcohol¹⁴⁸ or mandate that advertisements be restricted to so-called tombstone ads (ie, ads that show the product only but do not depict the qualities that the drinker might acquire). Such restrictions have been endorsed previously by the Federal Drug Administration, the Surgeon General, the American Academy of Pediatrics, and the American Medical Association.^{28,149,150} Because it is unlikely that the density or effectiveness of public service announcements will ever reach the levels of regular commercial advertising, limiting alcohol manufacturers to tombstone ads seems far more prudent.

Increased Regulation of Educational Television by the Federal Communication Commission and of the Internet by the Federal Trade Commission

Although deregulation, not increased regulation, seems to be the current trend in Washington, children and adolescents deserve special protection from the Government. Although broadcasters complain that 3 hours of educational programming per week is burdensome, such an amount seems totally inadequate given their free use of public airwaves. All television networks and stations should be mandated to air at least 1 hour per day of educational programming for children. The United States is unique among nations in not having any such regularly scheduled programming.

Likewise, young people deserve and will need special protections while using the Internet.¹⁵¹ Development of special blocking services, proscriptive entrances to certain Web sites, and other solutions will have to be developed to shield young people from pornography, dangerous chat rooms, and other explicit material on the Internet.¹⁵² A recent White House summit (July, 1997) has begun this process with cooperation from technology industries and Internet providers.

ROLE OF THE ENTERTAINMENT INDUSTRY

Although the entertainment industry currently sees little problem with the quality of their product, the research literature and most parents would disagree. American media are the most graphically violent and sexually suggestive in the world. At present, networks, studios, and software companies have little incentive to create more educational and healthier programming. Indeed, the industry is quick to point to such exemplary works as "Shindler's List" as being prohumanitarian or "The Cosby Show" as showing strong family values, but then denies that any programming can have negative effects.¹⁵³ Unlike adults, children view television and movies as depicting the real world, with real adults interacting, and unfortunately it is a world that is rife with happy violence, unprotected and casual sex, drinking,

TABLE 8. Recommendations for the Television Industry Re: Media Violence*

- 1) Produce more programs that avoid violence. If a program does contain violence, keep the number of incidents low.
- 2) Reduce the number of high-risk portrayals of violence in children's cartoons.
- 3) Be creative in showing:
 - More violent acts being punished.
 - More short-term and long-term negative consequences of violence.
 - More alternatives to the use of violence to solve problems.
 - Less justification for violent actions.
- 4) When violence is presented, consider greater emphasis on a strong anti-violence theme.
- 5) Entertainment programs with substantial violent content should be scheduled later in the evening.
- 6) When reality programs present violent themes, programmers should present more alternatives to violence and strategies for coping with its effects to resolution.
- 7) Anti-violence psa's should be targeted to specific adolescent audiences, using narrative formats rather than celebrity endorsements.

* From: National Television Violence Study, Vol. 3, 1998.

smoking, stereotypes, and a variety of other, unhealthy images and behaviors.¹⁵⁴

One frequently heard excuse from the industry is that it is merely giving people what they want. Yet, there is significant evidence to the contrary. Gerbner¹³² compared Nielsen ratings of two samples containing more than 100 programs each—one of violent programs, the other of programs without violence. The nonviolent programs had a higher overall rating and market share. Similarly, a movie industry study found that PG-rated movies were three times more likely to gross \$100 million than R-rated films.¹⁵⁵ And public opinion polls document that as many as 80% of adults believe that entertainment violence is harmful to society.³⁰

What is needed is a virtual sea-change in attitude, from one of crass commercialism to one of respectful paternalism for the unique psychology and needs of young people. The American public is quick to criticize teenagers for their early sexual activity, drug-taking, or violent behavior; yet these youngsters are learning important behavioral cues from the media that surround them.

Ratings, v-chips, school-based media-literacy programs, even increased parental scrutiny can only accomplish so much. There is no substitute for an immediate and significant decrease in the easy violence (especially when guns are included), the casual unprotected sex, and the frequent smoking and drinking currently being beamed at American children and adolescents (Table 8).^{30,37,156} Expecting the entertainment industry to acknowledge their responsibility to the public health may be naive, but the stone wall is beginning to crumble. Children and teenagers comprise a captive audience for entertainment producers, but they also represent the next and only source of adults in American society. As such, they deserve far better than what they are being exposed to now.

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DEADLY PERSUASION:

7 Myths Alcohol Advertisers Want You to Believe

By Jean Kilbourne

"Absolut Magic" proclaims a print ad for a popular vodka. "Paradise found," headlines another. "Fairy tales can come true" says a third.

All these ads illustrate the major premise of alcohol advertising's mythology: Alcohol is magic, a magic carpet that can take you away. It can make you successful, sophisticated, sexy. Without it, your life would be dull, mediocre and ordinary.

Everyone wants to believe in happy endings. But as most of us know, the reality of alcohol for many people in our society is more like a horror story than a fairy tale. The liquid in the glass is definitely not a magic potion.

We are surrounded by the message that alcohol is fun, sexy, desirable and harmless. We get this message many times a day. We get it from the ads and, far more insidiously, we get it from the media, which depend upon alcohol advertising for a large share of their profits. Thanks to this connection, alcohol use tends to be glorified throughout the media and alcohol-related problems are routinely dismissed.

Alcohol is related to parties, good times, celebrations and fun, but it is also related to murder, suicide, unemployment and child abuse. These connections are never made in the ads. Of course, one would not expect them to be. The advertisers are selling their product and it is their job to erase any negative aspects as well as to enhance the positive ones. However, when the product is the nation's number one drug, there are consequences that go far beyond product sales.

Most people know that alcohol can cause

problems. But how many realize that 10 percent of all deaths in the United States — including half of all homicides and at least one quarter of all suicides — are related to alcohol? The economic cost to the nation exceeds \$100 billion a year. At least 13,000,000 Americans, about one out of 10, are alcoholic — the personal cost to them and their families is incalculable.

The tab for alcohol use doesn't end there. More than \$2 billion a year — a sizable chunk of the over \$90 billion the industry takes in annually — goes to prime the advertising and promotion pump and keep drinkers' money flowing freely. Problem drinkers and young people are the primary targets of these advertisers.

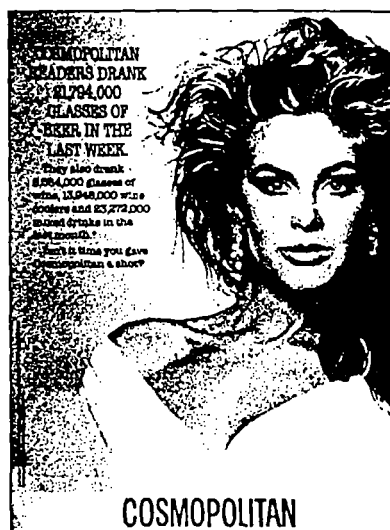
Of course, industry spokespeople disagree with this claim. Over and over again, their public statements assert that they are not trying to create new or heavier drinkers. Instead, they say they only want people who already drink to switch to another brand and to drink it in moderation. However, the most basic analysis of alcohol advertising reveals an emphasis on both recruiting new, young users

and pushing heavy consumption of their products.

Indeed, advertising that encouraged only

moderate drinking would be an economic failure. This becomes clear when you know that only 10 percent of the drinking-

age population consumes over half of all alcoholic beverages sold. According to Robert Hammond, director of the Alcohol Research Information Service, if all 105 million drinkers of legal age consumed the official maximum "moderate" amount of alcohol — .99 ounces per day, the equivalent of about two drinks — the industry would suffer "a whopping 40 percent decrease in the sale of beer, wine and dis-

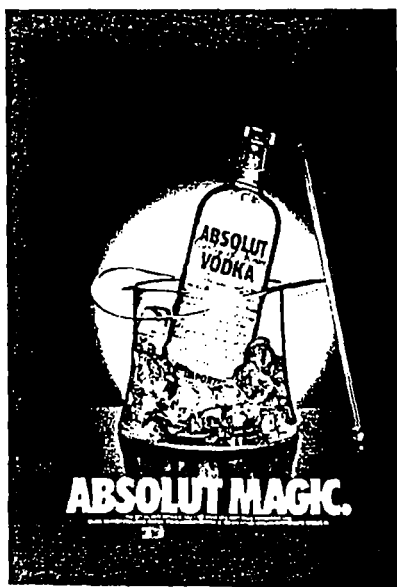


tilled spirits."

Young Prospects

These figures make it clear that if alcoholics were to recover — i.e., stop drinking — the alcoholic beverage industry's gross revenue would be cut in half. I can't believe that industry executives want that to happen. On the contrary, my 15-year study of alcohol advertising makes me certain that advertisers deliberately target the heavy drinker and devise ads designed to appeal to him or her. As with any product, the heavy user is the best customer. However, when the product is a drug, the heavy user is often an addict.

Not all problem drinkers are alcoholics. Youthful drinking is frequently characterized by binges and episodes of drunkenness, making young people a lucrative market for alcohol producers. According to the 1989 National Institute on Drug Abuse survey of high school seniors, 33 percent of students reported that they had consumed five or more drinks on one occasion within the previous two weeks. This group is vulnerable to ad campaigns that



present heavy drinking as fun and normal.

Media sell target audiences to the alcohol industry on a cost-per-drinker basis. "Cosmopolitan readers drank 21,794,000 glasses of beer in the last week... Isn't it time you gave *Cosmopolitan* a shot?" proclaims an ad aimed at the alcohol industry.

The primary purpose of the mass media is to deliver audiences to advertisers. It's worthwhile taking a closer look at how some of the common myths alcohol advertisers have created do this.

#1. Drinking is a risk-free activity.

Ads featuring copy like "The Joy of Six" imply that it is all right to consume large quantities of alcohol. Light beer ("great taste") has been developed and heavily promoted not for the dieter but for the heavy drinker. It is "less filling," and therefore one can drink more.

Ads like these tell the alcoholic and those around him or her that is all right, indeed splendid, to be obsessed by alcohol, to consume large amounts of it on a daily basis and to have it be a part of all one's activities. At the same time, all signs of trouble and any hint of addiction are erased.

Every instance of use seems spontaneous, unique. The daily drinking takes place on yachts at sunset, not at kitchen tables in the morning. Bottles are magically unopened even when drinks have been poured. All signs of trouble and any hint of addiction are conspicuously avoided. There is no unpleasant drunkenness, only high spirits. Certainly alcohol-related problems such as alcohol-impaired driving, broken marriages, abused children, lost jobs, illness and premature death — are never even hinted at.

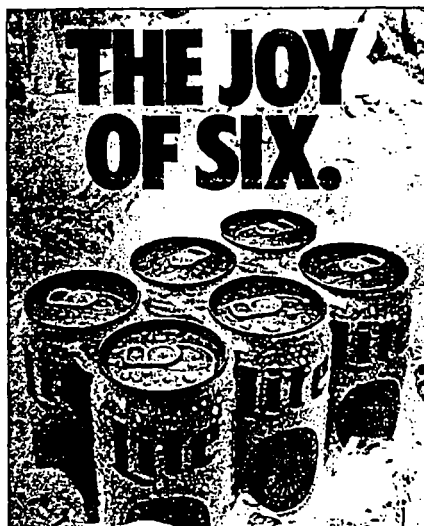
#2. You can't survive without drinking.

"It separates the exceptional from the merely ordinary," is how a Piper champagne ad puts it. By displaying a vibrant, imbibing couple against a black and white non-drinking background crowd, the advertiser contrasts the supposedly alive and colorful world of the drinker with dull reality. The alcohol has resurrected the couple, restored them to life.

In general, such advertising is expert at making the celebration of *drinking itself* — not a holiday, festivity or family event — a reason for imbibing ("Pour a Party," "Holi-

days were made for Michelob.")

At the heart of the alcoholic's dilemma and denial is this belief, this certainty, that alcohol is essential for life, that without it he



or she will literally die — or at best be condemned to a gray and two-dimensional wasteland, a half-life. These ads, and many others like them, present that nightmare as true, thus affirming and even glorifying one of the symptoms of the illness.

#3. Problem drinking behaviors are normal.

A shot of a sunset-lit bridge, captioned "At the end of the day, even a bridge seems to be heading home for Red," is actually advertising not just Scotch, but daily drinking. Often symptoms of alcohol, such as the need for a daily drink, are portrayed as not only normal, but desirable. A Smirnoff ad captioned "Hurry Sundown" features a

also distort the tragic reality that problem drinking increases — rather than alleviates — those feelings of isolation.

Alcohol lies at the center of these ads, just as it is at the center of the alcoholic's life.

#4. Alcohol is a magic potion that can transform you.

Alcohol advertising often spuriously links alcohol with precisely those attributes and qualities — happiness, wealth, prestige, sophistication, success, maturity, athletic ability, virility and sexual satisfaction — that the misuse of alcohol destroys.

For example, alcohol is linked with romance and sexual fulfillment, yet it is common knowledge that drunkenness often leads to sexual dysfunction. Less well known is the fact that people with drinking problems are seven times more likely to be separated or divorced.

Such ads often target young people, women and people of color, since members of these groups often feel powerless and are eager to identify with "successful" groups in our society. These ads sometimes connect "prestige" beverages with the aura of the rich and powerful or the goals of women's liberation.

Ads and products aimed at young people deserve special mention in these days when many preteens start drinking in junior high school. Cartoon and animal characters such as Spuds MacKenzie, Anheuser-Busch's canine mascot, are not as innocent as they appear. In one Christmas campaign, Spuds appeared in a Santa Claus

"The trick for marketers is to project the right message in their advertisements to motivate those often motionless consumers to march down to the store or bar and exchange their money for a sip of liquor."

Advertising Age

vampirish lady immobilized in a coffin-like setting awaiting the revivifying effects of a vodka gimlet.

Slogans presenting drinking as "your own special island," and "your mountain hideaway" capitalize on the feelings of alienation and loneliness most alcoholics experience. Such ads seem to encourage solitary drinking, often one of the classic indicators of trouble with alcohol. They

suit, promoting 12-packs of Bud Light beer. In the summer of 1990 he was cavorting with ninjas, drawing on the popularity of the *Teenage Mutant Ninja Turtles* movie, a big hit with younger children.

Ads that portray drinking as a passport to adulthood, coupled with transitional products such as high-proof milkshakes and chocolate sodas, can be very successful lures for young drinkers.

#5. Sports and alcohol go together.

Alcohol consumption actually decreases athletic performance. However, numerous ads, like a Pabst Blue Ribbon poster showing a speeding bicyclist with a bottle of beer on her basket, wrongly imply that sports and alcohol are safely complementary activities. Others feature sponsorship of a wide range of sporting events or endorsements by sports stars.

#6. If these products were truly dangerous, the media would tell us.

Most media are reluctant to bite the hand that feeds them by spending \$2 billion annually on advertising and promotion. Media coverage of the "war on drugs" seldom mentions the two major killers, alcohol and nicotine. From the coverage, one would assume that cocaine was the United States' most dangerous drug. However, while cocaine, heroin and other illegal drugs are linked with about 20,000 deaths a year, alcohol contributes to at least 100,000 and cigarettes more than 390,000 — or more than 1,000 a day.

Although many media feature occasional stories about alcoholism, they usually treat it as a personal problem and focus on individual treatment solutions. Reports that probe alcohol's role in violence and other chronic problems are rare, while the role advertising plays in encouraging its use is almost never discussed.

#7. Alcoholic beverage companies promote moderation in drinking.

The current Budweiser "moderation" campaign says, "Know when to say when," as opposed to "Know when to say no." In the guise of a moderation message, this slogan actually suggests to young people that drinking beer is one way to demonstrate their control. It also perpetuates the myth that alcoholics are simply people who "don't know when to say when," irresponsibly engaging in willful misconduct, rather than people who are suffering from a disease that afflicts at least one in 10 drinkers.

Most of these programs are designed to encourage young people not to drive drunk. Although this is a laudable goal, it is interesting to note that few of the alcohol indus-

try programs discourage or even question drunkenness *per se*. The tragic result is that many young people feel it is perfectly all right to get drunk, as long as they do not get behind the wheel of a car.

In any case, we might be better off without programs designed by the alcohol industry to promote ideas about "responsible" drinking that in fact subtly promote myths and damaging attitudes. For example, one program by Miller beer defines moderate drinking as up to four drinks a day. Copy for a Budweiser program called "The Buddy System" defines drunkenness as having "too much of a good time." Doesn't this imply that being sober is having a bad time, that being drunk and having a good time go together? Even the industry's "moderation" messages imply the advantages of heavy drinking.

One of the chief symptoms of the disease



of alcoholism is the denial that there is a problem. In general, as a society we tend to deny the illness and to support the alibi system of the alcoholic. Advertising encourages this denial.

It may be impossible to prove conclusively that alcohol advertising affects consumption, but it clearly affects attitudes about drinking. The ads contribute to an environment of social acceptance of high-

risk drinking and denial of related problems. In addition, media dependence on alcohol advertising discourages full and open discussion of the many problems associated with alcohol.

A major comprehensive effort is needed

to prevent alcohol-related problems. Such an effort must include education, mass media campaigns, increased availability of treatment programs, and more effective deterrence policies. It must also include public policy changes that take into account that the individual acts within a social, economic and cultural environment that profoundly influences his or her choices. Such changes would include raising taxes on alcohol, putting clearly legible

warning labels on the bottles and regulating the advertising.

Above all, we must become fully engaged in the struggle to solve alcohol-related problems. We must stop supporting the denial that is at the heart of the illness that alcohol advertising both perpetuates and depends upon both in the individual and in society as a whole.

What can be done? We can investigate the extent to which the media are influenced by their dependence on alcohol advertising. We can consider the possibility of further restricting or banning all alcohol advertising, as some other countries have done. We can insist on equal time for information commercials in the broadcast media. We can raise the taxes on alcohol and use the extra revenue to fund programs to prevent and treat the illness and educate the public. We can become more aware of the real messages in the ads and work to teach their implications and consequences to those we love and care for.

Jean Kilbourne, a visiting scholar at Wellesley College and member of the board of directors of the National Council on Alcoholism and Drug Dependence, lectures internationally. Her films include Still Killing Us Softly: Advertising's Image of Women and the new Advertising Alcohol: Calling the Shots.

Make Love Not War

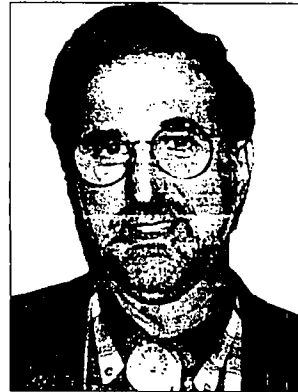
Violence and Weapon Carrying in Music Videos

FOR THE first time in many years, the pediatric literature contains a study that would ordinarily appear in the communications literature.¹ Although the study itself yields some disturbing data, the fact of its publication is good news: it reflects that the media's unique contribution to the "new morbidity" has finally been recognized and accepted by pediatricians.

DuRant et al¹ have repeated and improved 2 earlier content analyses of Music Television (MTV) videos.^{2,3} By including all cable channels that broadcast music videos (ie, Video Hits One, Black Entertainment Television, and Country Music Television), they give a more complete picture of this genre than the earlier studies, which examined MTV only. Pediatric health professionals may be unfamiliar with this form of research. A content analysis simply involves counting the instances of a given behavior in a given medium (eg, aggressive acts and weapon carrying in the article by DuRant et al and sexual behaviors or innuendoes and drinking or smoking incidents in other studies⁴). Although it sounds like research that might be deceptively easy to do, it is not. Defining the given behavior requires great care and thought, the process is tedious, and the conclusions can be problematic. To their credit, DuRant et al have managed to avoid all of the major pitfalls and produced a study worth discussing further.

Music Television is rife with overt violence (in 22.4% of all videos) and weapon carrying (in 25% of all videos). This compares with the recent finding of the National Television Violence Study; the results of this study indicated that 57% of all television programming contains violent content.⁵ Although the casual observer might interpret this as an improvement during the past 10 years—given that the 2 earlier content analyses found that 53% and 57% of videos contained violence^{2,3}—unfortunately, it is not. This study used the same definitions as the earlier studies but included all videos, not just the concept videos that were studied earlier. Music Television videos are composed of concept (a story is told) and performance (the band plays) videos, and the latter are usually harmless.⁶ Therefore, no real conclusions can be drawn about trends in MTV violence, but one safe conclusion is that MTV remains far too violent for the good of the nation's teenagers.

Is there a correlation between viewing violence and acting aggressively or violently? The answer is unequivocally yes, but that comes from other research, not content analyses. Content analyses simply inform people about what is on the television screen, not what effect it



Victor C. Strasburger, MD

may or may not have.⁴ Several unique studies have documented that when exposed to violence in the media, children and adolescents are more likely to engage in aggressive or anti-social behavior.⁷⁻¹⁴ In addition, children are desensitized by the constant viewing of such violence.¹⁵ Not all children are equally vulnerable nor is there an immediate effect of viewing violence. The effect is

subtle, cumulative, and insidious, what one group of researchers calls the "stalagmite effect" of media, "cognitive deposits built up almost imperceptibly from the drip-drip-drip of television's electronic limewater."¹⁶

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Several other aspects of this study are also disturbing: (1) Rap music videos were almost as violent as rock music videos. (2) In videos depicting weapon carrying, 8% of the characters were adolescents and 15% were children. (3) Young African American males were overrepresented as characters engaged in violence and weapon carrying.

America has a love affair with guns. There are as many guns in the United States (200 million) as there are households.¹⁷ No matter what one's view of the Second Amendment is, it seems foolish to make guns more attractive to children and teenagers by glorifying them in music videos, movies, and prime time programming. (In fact, pediatricians should be cognizant of the fact that the Second Amendment has nothing to say about a citizen's right to own a .357 magnum and blow away someone who cuts in front of him or her in traffic.¹⁸)

Other sources of videos were found to be far less violent (eg, Country Music Television and Black Entertainment Television). Music Television bears a unique responsibility because it is so extraordinarily popular with young people. Yet, to date, to our knowledge, MTV executives have steadfastly refused to engage in any sort of dialogue with the pediatric medical community regarding the content of videos, programming, or advertising. What could be a powerfully positive influence on teenagers (through thoughtful, nonviolent, nonsexist vid-

eos; the avoidance of alcohol advertising; and the broadcasting of condom or birth control advertising) has become a potentially unhealthy influence.^{4,19} Yes, teenagers want (and have a right to) music that is antiauthority, rebellious at times, and out of the adult mainstream.²⁰ But these elements do not necessarily have to involve gunplay or violence.¹⁴

One other interesting finding in this study was that videos with high levels of eroticism contained no overt violence. Video producers seem to subscribe to 1 of 2 mutually exclusive philosophies, either "make love, not war" or "make my day." The authors cite one study in which the viewing of videos containing violence and eroticism resulted in less aggressive attitudes toward women than viewing violent videos without eroticism.²¹ However, most research in this area clearly shows that any depiction of violence can result in increased aggression or decreased sensitivity toward women, and sexualized violence is particularly suspect.²²⁻²⁴ Only in the United States is eroticism in the media considered more harmful than violence; for the rest of the western world, the exact opposite is true.²⁵ And, given the findings in the scientific literature, the rest of the western world is correct.

Pediatricians and other child health professionals must acquaint themselves with the current issues involving the effects of media on children and adolescents.^{4,14} Such effects involve not just aggressive or violent behavior but early sexual activity, smoking, drinking, stereotyping, obesity, development of abnormal attitudes about eating or body image, and others.⁴ Media literacy programs may help mitigate against such harmful effects²⁶⁻²⁹; however, rather than trying to "immunize" children and teenagers against an unhealthy product, it would be better if the product itself were made healthier. For parents, this is becoming an increasing concern, and pediatricians should take a media history whenever they see patients who are obese or aggressive or having school difficulties.³⁰

Research like that of DuRant et al¹ belongs in the pediatric literature and in this journal. With any luck, more studies will be forthcoming, and the sooner the better.

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Violence and Weapon Carrying in Music Videos

A Content Analysis

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Elizabeth Allred, MS; Elizabeth R. Woods, MD, MPH

Background: The positive portrayal of violence and weapon carrying in televised music videos is thought to have a considerable influence on the normative expectations of adolescents about these behaviors.

Objectives: To perform a content analysis of the depictions of violence and weapon carrying in music videos, including 5 genres of music (rock, rap, adult contemporary, rhythm and blues, and country), from 4 television networks and to analyze the degree of sexuality or eroticism portrayed in each video and its association with violence and weapon carrying, as an indicator of the desirability of violent behaviors.

Methods: Five hundred eighteen videos were recorded during randomly selected days and times of the day from the Music Television, Video Hits One, Black Entertainment Television, and Country Music Television networks. Four female and 4 male observers aged 17 to 24 years were trained to use a standardized content analysis instrument. Interobserver reliability testing resulted in a mean ($\pm$ SD) percentage agreement of $89.25\% \pm 7.10\%$ and a mean ($\pm$ SD) κ of 0.73 ± 0.20 . All videos were observed by rotating 2-person, male-female teams that were required to reach agreement on each behavior that was scored.

Music genre and network differences in behaviors were analyzed with χ^2 tests.

Results: A higher percentage (22.4%) of Music Television videos portrayed overt violence than Video Hits One (11.8%), Country Music Television (11.8%), and Black Entertainment Television (11.5%) videos ($P=.02$). Rap (20.4%) had the highest portrayal of violence, followed by rock (19.8%), country (10.8%), adult contemporary (9.7%), and rhythm and blues (5.9%) ($P=.006$). Weapon carrying was higher on Music Television (25.0%) than on Black Entertainment Television (11.5%), Video Hits One (8.4%), and Country Music Television (6.9%) ($P<.001$). Weapon carrying was also higher in rock (19.8%) and rap (19.5%) videos than in adult contemporary (16.1%), rhythm and blues (6.9%), and country (6.3%) videos ($P=.002$). The videos with the highest level of sexuality or eroticism were found to be less likely to contain violence ($P \leq .04$).

Conclusion: Because most music videos are between 3 and 4 minutes long, these data indicate that even modest levels of viewing may result in substantial exposure to violence and weapon carrying, which is glamorized by music artists, actors, and actresses.

Arch Pediatr Adolesc Med. 1997;151:443-448

Editor's Note: This study, as well as the technique of content analysis, is music to my eyes.

Catherine D. DeAngelis, MD

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EXPOSURE TO violence on the television has been found to have a significant effect on the beliefs and attitudes of children and adolescents concerning conflict resolution, violence, and physical aggressiveness.¹⁻¹¹ Because of the popularity of music videos among adolescents, the portrayal of problem behaviors, such as violence, as positive or desirable is thought to have a considerable influence on adolescents' attitudes about and acceptance of these behaviors.¹²⁻²¹ Two

studies using content analyses of televised music aired on Music Television (MTV) videos have found that between 53.2% and 56.6% of concept videos

*For editorial comment
see page 441*

(ie, nonconcert videos) contained episodes of violence.^{19,21} However, there is limited information concerning the proportion of music videos aired on other networks that portray episodes of violence¹⁹ and whether genres of music differ in the portrayal of violence. Also of concern is the portrayal of violent episodes on music videos coupled with sexual themes,¹⁴ because sexuality may portray the violence in a more desirable manner.

SUBJECTS AND METHODS

SAMPLE

During a 4-week period from May 26, 1994, to June 23, 1994, 518 televised music videos were recorded from 4 networks: MTV ($n=152$), Video Hits One ($n=83$), CMT ($n=101$), and BET ($n=182$).¹³ Concert and concept videos were recorded. Concert or performance videos portray the performers singing the song in a concert situation without an accompanying story line. Concept videos contain minimovies that interpret or embellish a song. The times that were chosen to record the music videos were based on times that adolescents would have the greatest opportunity to view the videos. These times included 3 to 9 PM Monday through Thursday, 3 PM to 1 AM Friday, and 10 PM to midnight Saturday and Sunday. The 4 networks were randomly assigned to morning, afternoon, and evening time slots and to days of the week using a random numbers table. Each network had a similar number of recording opportunities on weekends and weekdays and in morning, afternoon, and evening time slots. The networks reported that they rotate between 400 and 700 videos at a time, and most rotations are 7 days in duration. The differences in these sample sizes reflect the number of unduplicated videos that were televised during the randomly assigned recording times.

DATA COLLECTION INSTRUMENT

Before recording the 518 videos, the investigators developed and pretested a preliminary data collection instrument that measured individual occurrences of multiple types of tobacco use and alcohol drinking behaviors, violence and weapon carrying behaviors, and alcohol and tobacco advertising. For each behavior, the location of the scene, emotional tone of the person engaging in the behavior, proximity of the behavior (ie, close up vs background), duration of the shot, and the age, sex, and race or ethnicity of the person(s) engaging in the behavior were recorded. These assessments were based solely on observed behavior and not on the content of the music.

We defined violence as the overt expression of physical force or overt verbal abuse, with or without a weapon, against self or other, compelling action against one's will, resulting in pain, injury, or death. This is similar to the definition used by Sherman and Dominick.¹⁹ The portrayal of violence was coded as violence against self, fist fighting, violence against others, overt violence against humans, and overt violence against objects. Weapon-carrying variables included holding a knife, gun, club, whip, chain, rope, or other weapon. We also recorded actual use of a weapon. Finally, we assessed whether there was an explicitly negative message about the use of violence or weapon carrying, such as violence prevention messages.

At the end of each video, the degree of sexuality or eroticism of the video as a whole was assessed. This was scored on a 4-point scale as no reference to sexuality or eroticism, present but minor (incidental) reference, moderate reference, or notable reference (ie, a major part of the video).

In addition, the duration of the video and the genre of music were recorded. Each video was classified as country, rock, rap, R&B, or adult contemporary based on

Billboard magazine classifications in the June 18, 1994, issue. In cases in which the song or music video was not listed in *Billboard* magazine, the classification was made by the 2 content analysis scorers. The distribution of the genre of music recorded from each network is recorded in **Table 1**.

CONTENT ANALYSIS

Four female and 4 male college students (aged 17-24 years) conducted the content analysis. The racial or ethnic distribution included Anglo-Americans, 3; African Americans, 2; Asian-Americans, 2; and East Indian-Canadians, 1. After 12 hours of training in the use of the data collection instrument while viewing the videos, the students were randomly assigned to 2-person, male-female teams. The teams viewed 10 videos from different genres of music that had previously been scored by the investigators. For each behavior or variable observed and for the degree of sexuality or eroticism of the video as a whole, the 2-person team had to reach an agreement before it could be recorded on the data collection instrument. The interobserver reliability between the students' and the investigators' recordings of these 10 videos resulted in a mean ($\pm$ SD) percentage of agreement of $89.25\% \pm 7.10\%$ and a mean ($\pm$ SD) κ of 0.73 ± 0.20 .

The 8 students were randomly assigned to rotating 2-person, male-female teams to conduct the content analysis of the videos. This resulted in each male being teamed with each female an approximately equal number of times. The teams scored videos during 2-hour viewing periods. There were 3 viewing periods per day, separated by 1-hour rest periods. The teams rotated viewing periods during a 3-week period. No person scored videos during more than 2 viewing periods per day. Tapes of videos recorded from the 4 networks were randomly assigned to viewing periods, so that the rotating teams had an equal opportunity to view videos from all genres of music. Videos were viewed and scored in a private research office on a 21-in television and VCR combination unit (Panasonic, Secaucus, NY). Before any observed behavior could be recorded, both of the viewers had to agree on the behavior, the person engaging in the behavior, the location of the behavior, and the duration of exposure. When a behavior was observed, the video was stopped so that the recording could take place without missing any other behaviors. Individual scenes on a video could be watched as many times as was necessary for the 2-person team to agree on the behavior and associated variables. During the times that agreement could not be reached, the principal investigator (R.H.D.) observed the scene and made the final decision on whether the behavior or any other finding was to be recorded.

STATISTICAL ANALYSIS

The frequencies that each behavior occurred on the videos were significantly skewed. This prevented comparing network and genre differences in these behaviors using parametric statistical tests. The frequency variables were recoded into dichotomous variables of any occurrence of violence or weapon carrying. Sexuality or eroticism of the video as a whole remained as a 4-point ordinal scale. Network and genre differences for each behavior and for sexuality or eroticism were tested with χ^2 tests using a software program (SAS, SAS Institute, Cary, NC).

Table 1. Distribution of the Genre of Music Video Recorded From Each Network (N=518)

Networks*	No. (%) of Videos in the Specified Genre				
	Adult Contemporary	Country	Rock	Rap	Rhythm and Blues
MTV	8 (5.3)	0 (0.0)	114 (75.0)	24 (15.8)	6 (3.9)
VH1	19 (22.9)	9 (10.8)	47 (56.6)	0 (0.0)	8 (9.6)
CMT	1 (1.0)	100 (99.0)	0 (0.0)	0 (0.0)	0 (0.0)
BET	3 (1.6)	2 (1.1)	1 (0.6)	89 (48.9)	87 (47.8)

*MTV indicates Music Television; VH1, Video Hits One; CMT, Country Music Television; and BET, Black Entertainment Television.

We conducted a content analysis of the portrayal of violence and weapon carrying, combined with sexual themes, on televised music videos aired on 4 networks: MTV, Video Hits One, Black Entertainment Television (BET), and Country Music Television (CMT). We also analyzed differences in 5 genres of music: rock, rap, adult contemporary, rhythm and blues (R&B), and country.

RESULTS

A significantly ($P<.001$) higher percentage of music videos aired on MTV contained 1 or more episodes of overt violence or weapon carrying than the videos aired on other networks (**Table 2**). The other networks had a similar percentage of videos portraying violence; CMT had the lowest percentage of videos portraying weapon carrying.

Rock and rap videos were significantly ($P\leq.002$) more likely to portray episodes of violence than were videos of the other genres of music (**Table 3**). Rhythm and blues videos had a lower percentage of violence than adult contemporary and country videos. Similarly, rock and rap videos also had the highest proportion of videos portraying weapon carrying. However, adult contemporary videos were more likely to contain weapon carrying than R&B and country videos.

Among videos containing none, minimal, or moderate levels of sexuality or eroticism, the percentage that also contained violence was not significantly different (**Table 4**). Similarly, an equivalent percentage of videos containing no or minimal sexuality or eroticism also contained weapon carrying, with a slight decrease in weapon carrying among videos with moderate sexuality or eroticism. However, among videos with extensive sexuality or eroticism only, one portrayed weapon carrying and none contained violence.

The main actor was the character who most frequently engaged in violence (46.5%) and weapon carrying (47.4%), followed by the background actor (violence, 41.1%; and weapon carrying, 43.4%). These characters were more likely to be a young (violence, 63.0%; and weapon carrying, 72.4%) or middle-aged (violence, 46.6%; and weapon carrying, 46.1%) adults than adolescents or older adults. However, among videos that contained weapon carrying, a child was portrayed carrying a weapon in 15.1% of the videos; in 8% of the videos, the character was an adolescent.

Table 2. Comparison of Music Videos Portraying Weapon Carrying and Overt Violence for Each Network

Behavior	No. (%) of Videos Portraying the Behavior on the Network Specified*				P
	MTV (n=152)	VH1 (n=83)	CMT (n=101)	BET (n=182)	
Weapon carrying	38 (25.0)	7 (8.4)	7 (6.9)	21 (11.5)	<.001
Overt violence	34 (22.4)	9 (10.8)	12 (11.9)	21 (11.5)	.02

*MTV indicates Music Television; VH1, Video Hits One; CMT, Country Music Television; and BET, Black Entertainment Television.

Similarly, 10.5% of these videos portrayed a child engaging in violence; in 7.9% of the videos, an adolescent was shown using violence.

Most videos that portrayed violence had a man using violence (93.4%) or carrying a weapon (90.4%). Yet many videos containing violence also portrayed a woman engaging in violence (40.8%) or carrying a weapon (34.2%).

Anglo-Americans engaged in violence (71.1%) and weapon carrying (68.5%) in the proportion of these videos that matches their representation in the general population. However, African Americans were overrepresented as engaging in violence (52.6%) and weapon carrying (50.7%) compared with the proportion (15%) of African Americans in the general population.

Among all videos, 14.7% contained overt violence and 14.1% had 1 or more episodes of weapon carrying. Of all videos, 6.2% had 6 or more episodes of violence and 4.4% had 6 or more portrayals of weapon carrying. **Table 5** describes those videos containing 15 or more episodes of violence. All of these videos were aired on either MTV or BET and were rock, rap, or R&B videos. **Table 6** describes those videos that contained 10 or more episodes of weapon carrying. Most were aired on MTV or BET, and most were rock, rap, or R&B videos. However, 2 country videos contained 11 or more episodes of weapon carrying. In one video, Clint Black is superimposed onto an old Roy Rogers movie scene, in which both are riding horses side by side, singing a country song. Both characters are carrying traditional western handguns in holsters; there is no portrayal of violence. The second video, by Garth Brooks, was distinctly antiviolen and portrayed the use of guns in a negative manner.

Table 3. Comparison of Music Videos Portraying Weapon Carrying and Overt Violence by Music Genre

Behavior	No. (%) of Videos Portraying the Behavior in the Specified Genre					P
	Adult Contemporary (n=31)	Country (n=111)	Rock (n=162)	Rap (n=113)	Rhythm and Blues (n=101)	
Weapon carrying	5 (16.1)	7 (6.3)	32 (19.8)	22 (19.5)	7 (6.9)	.002
Overt violence	3 (9.7)	12 (10.8)	32 (19.8)	23 (20.4)	6 (5.9)	.006

Table 4. The Relationship Between Degree of Sexuality or Eroticism of the Music Video as a Whole and Weapon Carrying and Overt Violence*

Behavior	No. (%) of Videos Portraying the Degree of Sexuality or Eroticism Noted				P
	None (n=358)	Minimal (n=89)	Moderate (n=42)	Severe (n=7)	
Weapon carrying	54 (15.1)	14 (15.7)	4 (9.5)	1 (13.5)	.09
Overt violence	58 (16.2)	12 (13.5)	6 (14.3)	0 (0.0)	.04

*The Mantel-Haenszel χ^2 test was used.

Table 5. Televised Music Videos With 15 or More Episodes of Violence*

Artist	Title	Network	Genre	No. of Episodes
Guns N' Roses	"Don't Cry"	MTV	Rock	36
Beastie Boys	"You Gotta Fight for Your Right"	MTV	Rock	36
Cracker	"Low"	MTV	Rap	26
Jodeci	"Feenin"	BET	R&B	17
Maxman	"All About Eve"	BET	Rap	16
Beastie Boys	"Sabotage"	MTV	Rock	16
Shai	"The Place Where You Belong"	BET	R&B	15
Anthrax	"Hy Pro Glo"	MTV	Rock	15
Dr Dre Introducing Snoop Doggy Dogg	"Deep Cover"	MTV	Rap	15
Fat Joe	"Da Real"	BET	Rap	15

*MTV indicates Music Television; BET, Black Entertainment Television; and R&B, rhythm and blues.

Table 6. Televised Music Videos With 10 or More Episodes of Weapon Carrying*

Artist	Title	Network	Genre	No. of Episodes
Anthrax	"Hy Pro Glo"	MTV	Rock	48
Phil Collins	"Don't Lose My Number"	VH1	AC	37
Dr Dre Introducing Snoop Doggy Dogg	"Deep Cover"	MTV	Rap	22
Guns N' Roses	"Don't Cry"	MTV	Rock	17
Gwar	"Jack the World"	MTV	Rock	15
7669	"Jay"	BET	R&B	15
Shai	"The Place Where You Belong"	BET	R&B	15
Roy Rogers and Clint Black	"Hold on Partner"	CMT	Country	15
NWA	"Express Yourself"	MTV	Rap	14
Worl-A-Girl	"No Gunshot"	BET	Rap	14
Sting	"If I Ever Lose My Faith"	VH1	Rock	13
Da Youngstas	"Crewzy Pap"	BET	Rap	11
Garth Brooks	"We Shall Be Free"	CMT	Country	11
King Tee	"Act A Fool"	BET	Rap	10
Shyheim	"On & On"	BET	Rap	10
Janet Jackson	"Escapade"	MTV	R&B	10

*MTV indicates Music Television; VH1, Video Hits One; BET, Black Entertainment Television; CMT, Country Music Television; AC, adult contemporary; and R&B, rhythm and blues.

Experimental studies of adolescents have found that viewing music videos from MTV that contained violent or antisocial behavior can influence the approval to use these behaviors.^{12,14,16} Previous studies of MTV concept videos have reported that more than half contained violent behavior.^{19,21} In contrast, we found that 22.4% of all (ie, concept and concert) MTV videos contained overt violence and that 25% portrayed weapon carrying. Because similar definitions of violence were used, differences may reflect our inclusion of concept and concert videos in the analyses. Concert videos contain less violence and weapon carrying.¹⁹ The inclusion of all videos is necessary to get a more complete picture of how often adolescents are exposed to violence and weapon carrying when watching videos on MTV. These differences also may represent a decrease in the portrayal of violence on music videos since the early 1980s. However, these differences may also be due to differences in sampling error between these studies. Unlike previous studies that analyzed 62²¹ and 166¹⁹ videos, we selected a large number (N=518) of videos from randomly selected time slots and days of the week during a 4-week period. Thus, we are confident that the videos analyzed in this study accurately represent the videos that were aired on MTV during that period. However, we do not know if there are seasonal variations in the frequency of videos that portray violence and weapon carrying. In comparison, the percentage of videos aired on the other networks that contained violence and weapon carrying was half or less than what was found on MTV. Black Entertainment Television has a policy of "fuzzing out" guns that are portrayed in videos aired on its network. However, we were able to clearly detect these weapons in 11.5% of the BET videos. Rock and rap music videos were more likely to contain violence and weapon carrying than videos of the other genres of music. The lowest proportion of videos portraying weapon carrying was found in country music aired on CMT. When CMT videos did contain weapons, in most cases they were not associated with violence (eg, someone singing a western song dressed up as a cowboy or cowgirl) or the video's message was antiviolent.

We found that among music videos containing minimal or moderate levels of sexuality or eroticism, 14% also contained overt violence. In comparison, among videos with high levels of sexuality or eroticism, none contained violence. In an experimental study of 144 undergraduate men, Peterson and Pfoist¹⁴ found that watching a video portraying aggression resulted in more aggressive attitudes toward women than watching nonviolent videos. However, watching videos containing violence plus erotic scenes resulted in less aggressive attitudes toward women than watching the violent video without erotica. They propose that "the erotic content might have inhibited or moderated the negative reactions evoked by the mild aggression."¹⁴ However, additional research is needed to clarify this relationship.

Although most characters depicted engaging in violence and carrying weapons were Anglo-American males, young adult African American males were over-represented engaging in these behaviors. Exposure to violence in the home and community has been found to be associated with the use of violence and weapon carrying among African American adolescents who live in or around public housing.²²⁻²⁵ Exposure to violence on videos has been found to be associated with aggressive attitudes of male college students.¹⁴ We do not know if the relationship between watching violent videos and aggressive attitudes and behaviors differs between blacks and whites. However, these videos also reinforce negative stereotypes about violence and weapon carrying among adolescent and young adult African American males.

Violence among American youth is a significant public health problem for which there exists no one single effective solution.²² However, reducing the exposure of children and adolescents to violence in the home, community, and media may be an important component of any violence prevention strategy.²² While parents should take responsibility for monitoring and controlling what their children view on television, in many homes little or no television monitoring occurs, particularly among adolescents. Physicians and other health care providers should inform parents of the problem behaviors children and adolescents are exposed to when watching music videos. Because of the potential influence these media can have on their children's normative expectations concerning the use of these behaviors, caregivers should encourage parents to monitor their children's television viewing. Similar discussions should also occur directly with children and adolescents. However, the producers of music videos and the musicians should eliminate the unnecessary portrayal of violence and weapon carrying in music videos. The networks that broadcast music videos during programming aimed at children and adolescents also have a responsibility not to include content that has been found to be harmful to children and adolescents.

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FROM SAVERS TO SPENDERS:

How Children Became a Consumer Market

By James U. McNeal

There was a time — in fact, only 30 or 40 years ago — when children were not spoken of as spenders or customers but as savers and future consumers. Sure, they bought penny candy and an occasional soft drink, but retailers did not think of them as customers per se. They were more often perceived as “Mrs. Bohuslov’s kids” who just happened to buy something while they were in the store. Children had money, but it was for saving, not spending. They were always saving up for something, according to them, but they never actually seemed to buy very much. They would, for example, save up for a football or bicycle, or even a college education, but usually these items and almost anything else they saved up for were bought by their parents or perhaps their grandparents.

Children received allowances then perhaps as frequently as they do today. Their allowances were relatively smaller, however, and parents usually dictated the amount or percent that could be spent — and this also was often small. Parents would justify

this strict guidance with such sayings as, “a penny saved is a penny earned,” and “save for a rainy day.”

The youngest population segment that was of concern to retailers was the teens. Accounting for teens’ expenditures by marketers did not begin to take place seriously until the late 1950s. In general, teens were viewed as tomorrow’s consumers, whereas younger children were characterized only as future consumers.

All that changed with a phenomenon that we still talk about and write about, the baby boom. When World War II ended, families started having babies as if they were making up for all the lost war years. By 1950 the under-five population was 16,163,000 — an unheard of 60 percent increase in 10 years! As these baby boomers reached ages five to 12, their small amount of spending became very noticeable because

of their substantially increased numbers. Moreover, these were prosperous years, and the amount that each child spent also increased; we do not know by how much because no one kept track. It was not considered important.

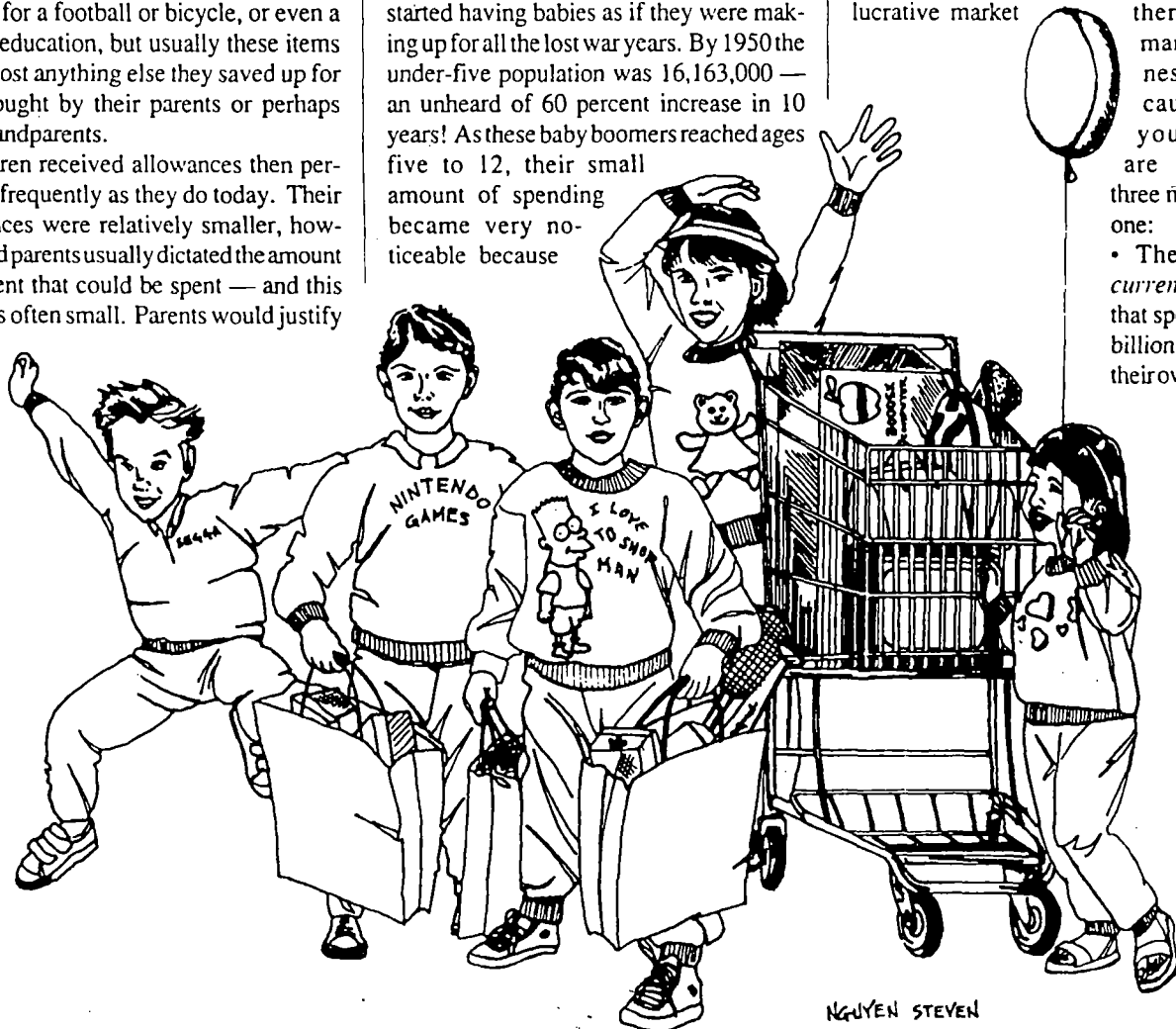
Three Markets in One

But, today, children are viewed as a viable market by many manufacturers and retailers. Saturday morning television, with its \$100 million of child-focused advertising, is a moving monument to this new market.

Potentially, children constitute the most lucrative market

there is for many businesses because the youngsters are actually three markets in one:

- They are a current market that spends \$4.2 billion a year of their own money



on their own desires. In this sense children are viewed as having needs, having money to spend on items that satisfy their needs, and having a willingness to spend money. Entire industries — such as producers of candy, gum, frozen desserts, soft drinks, toys, comic books, records and cassettes — treat children as a current market. At the retail level, such outlets as video game parlors, movie houses and convenience stores also treat children as a ready market.

- Children are a *future market* for most goods and services. Manufacturers and retailers respond to them as future consumers to be cultivated now. Thus, department stores have special promotions for children — a sci-fi Saturday, for example — to build store awareness for the day when they begin to buy their own clothes.

- Children also constitute a market of *influentials* who cause many billions of dollars of purchases among their parents. Probably best known of these marketers are cereal firms that intensively advertise to children on Saturday morning television and directly or indirectly encourage the children to persuade their parents to buy certain brands of cereal. In the spring of 1986, General Mills introduced a new presweetened cereal to children. Julie Franz wrote in *Advertising Age*, "General Mills promised grocery store buyers that 95 percent of all children ages two through 11 will see the Circus Fun TV spot an average of 107 times during the cereal's first year."

Parents Prepare Children

Today's typical young consumers have several sources of funds, can spend their money on objects of their choice and are encouraged by their parents to become economically responsible as soon as possible. Most parents regard the notion of their children as consumers as a natural role to be assumed. The idea of parent-blessed mini-consumers appears to be a post-World War II phenomenon.

Theoretically, children do not require money because the products and services that they may purchase are ordinarily provided by parents. Then how is it that by age six or seven children have money to spend and are spending it? Several social forces produce this activity, but ultimately the parents determine it through their desire to *please* their children and their desire to *prepare* their children. We usually pamper our children from day one by giving to them an unending range of things obtained from

the marketplace. As soon as they develop some money awareness, probably around age four or five, we begin giving them money in a desire to please them more, so that they may independently obtain some of the things we have been giving them.

Parents strongly desire to prepare their children for adulthood or at least for self-sufficiency. This may be a carryover from our 19th Century agrarian society, but in any case this desire takes the form of providing skills to the youngsters so that they may cope without the assistance of parents. Being a consumer is one of these skills.

It seems clear, then, that children are turned into consumers at a very early age in our society through the desires and encouragement of parents, who also provide the

- The people must *need* the product. That is, if children are referred to as a market for candy, for example, there must be a definable need for this product by this group.

- Individuals in the group must have the *authority* to buy the specific product. This requirement addresses the concept of the child being permitted by social custom or by those in charge to buy things.

- The people in the group must have the *ability* to purchase the products. This, of course, refers to the child having money and having control of it.

- The people in the aggregate must be *willing* to use their buying power. This means that having money is not enough; there must be a willingness to part with it.

As we look closely at each of these

"We believe children make brand decisions very early that they will carry into their adult lives."

Ann Moore, publisher, *Sports Illustrated for Kids*

youngsters with the necessary financial support. The net result of this is that the children become a relatively big market segment for such items as sweets, snacks, soft drinks and toys as they pursue self-gratification and self-sufficiency. But, should children really be referred to as a market? According to the best-selling principles of marketing textbooks, the following four requirements must be met in order for a group to be considered a market:

Keeping Track of Zillions

Have any doubts about kids' arrival as a consumptive market? Then take a look at *Zillions*, the new consumer reporting magazine for the schoolage set. Published by the Consumers Union, the slick, colorful bimonthly helps close the gap between children's spending power and their often all-too-limited knowledge of the pitfalls and lures facing any consumer.

Games, cartoons, colorful illustrations and child's-eye-view articles raise kids' consumer savvy by hammering home the points — beware being sold products you don't want and be wary of unjustified claims by advertisers and merchants.

For a subscription write to *Zillions*, P.O. Box 54861, Boulder, CO 80322-4861, \$13.95/year other countries add \$4.

requirements, children appear to be a bona fide market. It is true that one might question the first requirement, need for the product, in terms of bubble gum or candy. It is also true that a child doesn't need this product to sustain life, however, needs are not only for *being* but also for *becoming*, socially and personally.

In the case of children, it might be appropriate to add a fifth requirement, that individuals in the group must have knowledge and understanding of the marketplace. It is one thing to have money and the willingness to spend it; it is quite another to understand how, where and when to spend it and what to spend it on.

There are no indications that the nation's parents are going to do anything to reduce the consumption efforts of their children. In fact, parents in general seem more determined than ever that their children will become consumers at an early age or, more fundamentally, become adult at an earlier age. Kids are marching toward adulthood at a much brisker pace than they used to and are wanting more mature things to go with this accelerated growth.

Casting children as consumers is not done without recognizing that there are many ethical, economic and social questions concerning this position. If children are in fact a market for various goods and services, does this mean we should consider

them as adults to a greater extent than we do? Alternately, from the standpoint of the consumer role, are children miniconsumers? Should we use a child model or an adult model to explain their consumer behavior? And, what about children's ability to understand fully the advertising messages and their intent? More specifically, some questions that parents might keep in mind when considering their children as little customers are as follows:

- Are parents aware that giving their children money to spend gives the children market power? While the money that one child receives is insignificant, the combined amount for all children causes children to have buying power and to be recognized as a market.

- Do parents really need to give their children money, particularly during preschool years? The parents meet the children's needs already and do it better than the children can.

- Are parents cognizant of retailers' feelings about children being given money to spend and being encouraged to spend it? Regardless of what motives the parents have for giving their children money, by virtue of giving it to them they set in motion certain activities at the retail level, such as stocking and displaying goods. Yet parents may not know the viewpoint of retailers.

- Are parents giving their children money, encouraging them to spend it, but relying principally on schools to teach the children appropriate consumer behavior? There is not much evidence that parents deliberately teach their children consumer behavior, yet they encourage them to be consumers.

- If parents insist on their children being consumers by giving them money and encouraging them to spend it, are they also giving approval to marketers to court their children as potential customers? We hear a lot of condemnation of marketers, particularly advertisers, for pursuing children as consumers, but from a business standpoint, it would be more surprising if they did not.

Although children as consumers have become a normal part of our socio-economic

because they satisfy a variety of needs. Consumer protectionists, who are usually parents themselves, also tend to fault marketing for creating wants among children. While they speak of materialism, they more often protest about children wanting things they don't need as a result of perceived heavy-handed efforts by marketers, mainly through advertising.

Being a consumer in our nation is a right. Being a marketer is a privilege. It is the

"While many parents can summon up childhood memories of Keds, decoder rings and Mouseketeer ears, nowadays increasingly sophisticated merchandise is being pitched at much younger children, with far more advertising."

U.S. News & World Report

fabric, parents are creating many problems for themselves, for their children and for marketers by giving their children money and the encouragement to spend it. It certainly places a heavy responsibility on all three parties. There are no formal ground rules for children as consumers except the rules that apply to adults. Therefore, parents must be concerned with teaching their children consumer knowledge and skills, while marketers must be concerned with interacting properly with children in what is mainly an adult setting.

Many parents, on the other hand, seem to view children's consumer wants as being practically nonexistent if it were not for ads. Advertising, according to many parents, teaches children materialism, which is to want things for the sake of having them, not

marketer that must be licensed, not the consumer. Children have a right to be consumers in spite of some inadequacies — their limited abilities, their limited knowledge, and their clumsiness. If business chooses children as a target market, whether current, future or influential, it assumes the responsibility in general for acknowledging their inabilities.

The plain fact of the matter is that something needs to be done to improve the marketing-child consumer connection. A strong relationship is a good thing for marketers — it means sales and profits now, and even greater sales and profits in the future. It is a good thing for children — it provides enormous input to their consumer socialization process as well as current satisfaction from products and their purchase of them. But no one should forget that children, particularly those under eight, are vulnerable to commercial abuses. Marketers have been shown to be abusive to children far too many times for their good will to be assumed.

James U. McNeal is professor of marketing at Texas A&M University, where he specializes in teaching consumer behavior, and has been a consultant in the area of consumer education to both state and national governments. Reprinted with permission from Children as Consumers: Insights and Implications (1987), D.C. Heath and Company, 125 Spring St., Lexington, MA 02173, \$29.95.

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Posting Preteen Profits

Most of their money still comes from Mommy and Daddy. But the littlest consumers — 12 and down to barely out of diapers — are making cash registers ring and causing dollar signs to light up in advertisers' eyes. According to a recent article in *U.S. News & World Report*, producers of all kinds of products are jumping on the bandwagon. Did you know:

- Some 37 million children ages four to 12 control nearly \$9 billion of their own money;

- A Minneapolis radio station runs car ads directed to kids as local dealers seek to tap their influence on parents;

- Fun 'n Fresh, a solid deodorant for kids as young as seven (spice scent for boys, rose petal for girls) is only one of a fast-growing supply of personal hygiene products, including Petite Naté (for after showers) and Bart Simpson hair gel;

- Children microwaving their own dinners can choose among dinosaur-shaped pasta, Banquet's Kid Cuisine, Looney Tunes Meals or My Own Meal line, then top the meal off with bubblegum yogurt;

- A colorful miniature vacuum cleaner for kids "to clean up your own mess" has joined youth-oriented Walkmans and recorders in the appliance store.



Media Matters: A National Media Education Campaign

Campaign Overview

Media Matters is a national public education campaign of the American Academy of Pediatrics. It was launched in 1997 to help pediatricians, parents, and children become more aware of the influence that media (television, movies, computer and video games, Internet, advertising, popular music, etc.) have on child and adolescent health. Issues of concern include the use of tobacco, alcohol and other drugs; aggression and violence; sex and sexual exploitation; obesity and poor nutrition. Media Matters advocates for media education, or learning how to analyze the media through critical thinking and viewing, as a way to mitigate these problems.

As pediatricians, the Academy's 55,000 members are in a unique position to relay information about media to parents and children. During an office visit they can discuss the issue of media use with parents and children, and distribute relevant public education materials. Pediatricians also often speak at schools, hospitals, professional meetings, parent groups, and to the news media. They have a powerful voice in communicating information about media effects and other health issues.

Campaign Materials

The American Academy of Pediatrics' guide, *Media Education in the Practice Setting*, helps pediatricians integrate discussion and education about media into their practices. The *Media History Form* that accompanies the guide enables pediatricians to identify potential behavioral risk areas associated with a child's media use simply by looking at the responses parents give to specific questions.

The AAP brochure, *Understanding the Impact of Media on Children and Teens*, suggests ways families can promote media education at home, such as setting limits on television time, making deliberate program choices together, prohibiting media use at mealtime, and asking the right questions to help children become critical viewers.

The *Media Matters Resource Kit* contains articles, policy statements, resource lists, and background materials on media and related health issues. A speaker's kit, *Media Matters: Critical Thinking and the Media* focuses on substance abuse and contains a script, slides, and reproducible handouts.

Education and Training

Ongoing education is a critical part of Media Matters. Past Media Matters Leadership Training Conferences have offered instruction on youth substance abuse and the influence of the media. The Academy is providing ongoing support for trainees as they work with parents, teachers, children, schools, legislators, and media to help people become media educated. Pediatricians at several district (regional) and chapter (state) meetings also participate in media education training. The Academy continues to offer workshops at its national meetings and at other organizations, such as the American Public Health Association, the American School Health Association, and the National Media Education Conference.

The campaign has generated numerous articles in *AAP News* as well as coverage in other national publications, such as *The New York Times* and *USA Today*. The Academy recently published a policy statement on media education that demonstrates ways in which the medical community can address the issue of media's impact on public health. This is the Academy's sixth policy statement concerning the media.

AMERICAN ACADEMY OF PEDIATRICS

Committee on Public Education

Media Education

ABSTRACT. The American Academy of Pediatrics recognizes that exposure to mass media (ie, television, movies, video and computer games, the Internet, music lyrics and videos, newspapers, magazines, books, advertising, etc) presents both health risks and benefits for children and adolescents. Media education has the potential to reduce the harmful effects of media. By understanding and supporting media education, pediatricians can play an important role in reducing the risk of exposure to mass media for children and adolescents.

ABBREVIATION. AAP, American Academy of Pediatrics.

For more than a decade, the American Academy of Pediatrics (AAP) has recognized both the public health risks and the benefits of mass media for children and adolescents. The potential benefits that media offer are clear, from selected educational television programs to thought-provoking magazine articles, to the creativity and knowledge encouraged through computer use. However, pediatricians are increasingly aware of negative media influence on children and adolescents. Five recently published AAP statements summarize the available research about the effects of media on young people and encourage media education for parents and children as an approach to mitigating potentially harmful effects.¹⁻⁵ Many concerns about media exist, including those described in the following sections.

THE AMOUNT OF TIME SPENT WITH THE MEDIA

Currently, the average American child or adolescent spends >21 hours per week viewing television.⁶ This figure does not include time spent watching movies, listening to music or watching music videos, playing video or computer games, or surfing the Internet for recreational purposes. Time spent with media often displaces involvement in creative, active, or social pursuits.

THE IMPACT OF MEDIA VIOLENCE ON AGGRESSIVE BEHAVIOR

More than 1000 scientific studies and reviews conclude 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.⁷⁻¹⁰ Violence appears in various forms of media entertainment, such as movies, video games, and television news. Research has shown that news reports of bombings, natural disasters, murders, and other violent crimes have the potential to traumatize young children.¹¹

SEXUAL CONTENT IN THE MEDIA

American media, both programming and advertising, are highly sexualized in their content. In fact, the average young viewer is exposed to >14 000 sexual references each year, yet only a handful provides an accurate portrayal of responsible sexual behavior or accurate information about birth control, abstinence, or the risks of pregnancy and sexually transmitted disease.^{7,10}

TOBACCO AND ALCOHOL

Increasingly, media messages and images are normalizing and glamorizing the use of tobacco, alcohol, and illicit drugs. Tobacco manufacturers spend \$6 billion per year, and alcohol manufacturers \$2 billion per year, to entice youngsters into "just saying yes." Popular movies are often showing the lead character or likeable characters using and enjoying tobacco and alcohol products.^{7,12,13}

EFFECTS OF MEDIA ON OBESITY AND SCHOOL PERFORMANCE

Increased television use is documented to be a significant factor leading to obesity¹⁴ and may lead to decreased school achievement as well.¹⁵ Although there is concern that overstimulation from high levels of media use might lead to attention deficit disorder or hyperactivity, there has been no research to date that demonstrates such a causal relationship.

VALUE OF MEDIA EDUCATION

Media education has the potential to reduce these harmful effects through the process of educating children, adolescents, and adults about media. Media education is defined as the study and analysis of mass media. A media-literate public is able to decipher the purpose and message of media rather than accepting it at face value. With an educated understanding of media images and messages, users can recognize media's potential effects and make good choices about their and their children's media exposure.

Media education represents a multifaceted approach to understanding and eliminating the negative impact of media images and messages on young people. At the same time, it allows the positive and

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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prosocial uses of media to be explored and appreciated. Media education includes the ability to access, analyze, evaluate, and produce media products. A media-educated person understands the following: all media messages are constructed; media messages shape our understanding of the world; individuals interpret media messages uniquely; and mass media has powerful economic implications. A media-educated person will be able to limit 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.^{13,16-18}

Research strongly suggests that media education may result in young people becoming less vulnerable to negative aspects of media exposure.^{9,19,20} In several studies, children in elementary school-based programs were able to evaluate program and advertising content more critically.²¹⁻²³ In other studies, heavy viewers of violent programming were less accepting of violence or showed decreased aggressive behavior after a media education intervention.^{24,25} A recent study found a change in attitudes regarding intention to drink alcohol after a media education program.²⁶ Canada, Great Britain, Australia, and some Latin American countries have successfully incorporated media education into school curricula.¹⁹ Common sense would suggest that increased media education in the United States could represent a simple, potentially effective approach to combating the myriad of harmful media messages seen or heard by children and adolescents. Given the volume of information transmitted through mass media as opposed to the written word, it is as important to teach media literacy as print literacy. However, media education should *not* be used as a substitute for careful scrutiny of the media industry's responsibility for its programming.

RECOMMENDATIONS

The AAP recommends the following:

1. Pediatricians should become educated about the public health risks of media exposure through workshops and written materials. All state chapters and/or districts that have not done so should schedule a media education program for their members.
2. Pediatricians should begin incorporating questions about media use into their routine visits, including use of the AAP's Media History form.²⁷ This tool enables youth and parents to examine their media use habits and allows pediatricians to focus on areas of concern and offer counsel and support. Advice to parents should include the following:
 - encouraging careful selection of programs to view
 - co-viewing and discussing content with children and adolescents

- teaching critical viewing skills
 - limiting and focusing time spent with media
 - being good media role models by selectively using media and limiting their own media choices
 - emphasizing alternative activities
 - creating an "electronic media-free" environment in children's rooms
 - avoiding use of media as an electronic baby-sitter
3. Pediatricians should urge parents to avoid television viewing for children under the age of 2 years. Although certain television programs may be promoted to this age group, research on early brain development shows that babies and toddlers have a critical need for direct interactions with parents and other significant care givers (eg, child care providers) for healthy brain growth and the development of appropriate social, emotional, and cognitive skills. Therefore, exposing such young children to television programs should be discouraged.
 4. Pediatricians should serve as role models for appropriate media use by limiting television and video use in waiting rooms and patients' rooms, using educational materials to promote reading, and having visits by volunteer readers in waiting rooms.
 5. Pediatricians should alert and educate parents, children, adolescents, teachers, school officials, and other professionals about media-associated health risks. Pediatricians should also alert and educate parents when positive media opportunities arise, either educational or informative.
 6. Pediatricians should collaborate with other professionals, including the parent-teacher association, schools, and community groups, to promote media education.
 7. Pediatricians should, along with other public health activists, continue to monitor media and to advocate for increasing educational and prosocial programming and messages for children and youth.
 8. Pediatricians should encourage their state and federal governments to explore mandating and funding universal media education programs with demonstrated effectiveness in American schools.
 9. Pediatricians should encourage the government and private foundations to increase the funding available for media education research. In particular, more research is needed on media influence in the areas of sexuality, substance abuse, attention deficit disorder, and juvenile offenders who have committed violent or sexual crimes.

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AMERICAN ACADEMY OF PEDIATRICS

Media Violence

Committee on Communications

American children and adolescents are being exposed to increasing amounts of media violence, especially in television, movies, video games, and youth-oriented music. By age 18, the average young person will have viewed an estimated 200 000 acts of violence on television alone.¹ Video game violence, children's cartoons, and music lyrics have become increasingly graphic. In movies, action films depict anatomically precise murders, rapes, and assaults; with each sequel, the number of deaths increase dramatically.² Although media violence is not the only cause of violence in American society, it is the single most easily remediable contributing factor.³

According to recent Nielsen data, the average American child views 21 to 23 hours of television per week.⁴ By the time today's children reach age 70, they will have spent 7 to 10 years of their lives watching television.⁵ Although movies and video games are more graphic in depictions of violence, television is the single most important medium in the lives of young people (98% of all American households have at least one television set).⁴ Despite public concern about television violence, the amount of television violence has not changed appreciably in the past two decades: the level of prime-time violence has remained at three to five violent acts per hour, and violence in Saturday morning children's programming ranges between 20 to 25 violent acts per hour.⁶⁻⁸ American media are the most violent in the world, and American society is now paying a high price in terms of real-life violence.^{9,10}

Some people in the entertainment industry maintain that: 1) violent programming is harmless because no studies exist that prove a connection between violence in the media and aggressive behavior in children and 2) young people know that television, movies, and video games are simply fantasy.¹¹ Unfortunately, they are wrong on both counts. Over 1000 studies—including a Surgeon General's special report in 1972¹² and a National Institute of Mental Health report 10 years later¹³—attest to a causal connection between media violence and aggressive behavior in some children.^{3,6,9,14,15} Studies show that the more "real-life" the violence portrayed, the greater the likelihood that it will be "learned."^{16,17} Likewise, the portrayal of violence as being justified (particu-

larly by the "good guy") is the single most prevalent notion in American media and the most powerfully reinforcing one.^{9,18} At young ages (before age 8), children cannot uniformly discriminate between "real life" and "fantasy/entertainment."^{14,16,19} They quickly learn that violence is an acceptable solution to resolving even complex problems, particularly if the aggressor is the hero.⁹

The only country in the world with nearly as much entertainment violence as the United States is Japan. Yet Japanese society is far less violent than American society. If media violence contributes to real-life violence, why isn't Japanese society more affected? A 1981 study²⁰ found that the nature of the portrayal of violence is different in Japan: the violence is more realistic and there is a greater emphasis on physical suffering (ie, the consequences of violence are emphasized). Interestingly, in Japan the "bad guys" commit most of the violence, with the "good guys" suffering the consequences—the exact opposite of American programming. In this context, violence is seen as wrong, a villainous activity with real and painful consequences, rather than as justifiable.¹⁰

Media violence may: 1) facilitate aggressive and antisocial behavior; 2) desensitize viewers to future violence; and 3) increase viewers' perceptions that they are living in a mean and dangerous world.^{9,21,22} Although less is known about video games and their effects, the media violence literature provides grounds for concern.²³ Media studies range from content analyses (monitoring the amount of violence contained in programming), to naturalistic studies (studying children as television is introduced into their culture), to longitudinal correlational studies (following a population of children for years and sometimes decades).^{14,24} As one leading researcher noted recently, the controversy is over.²⁵ The vast majority of studies conclude that there is a cause-and-effect relationship between media violence and real-life violence. This link is undeniable and uncontested. Even if the overwhelming scientific evidence did not exist, there would still be ample reason to oppose violent programming based on common sense, philosophical, humanistic, or aesthetic grounds.²⁶

American media have also succeeded in glamorizing guns in a way that endangers the public health of youngsters and adults. At a time when guns rank as one of the leading causes of death among children and adolescents,²⁷ gun-play and references to guns are still rife on prime-time television, in the movies,

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.
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TABLE. Joint Network Standards on TV Violence*

Voluntary Limits on:

- Gratuitous or excessive violence
- Glamorous depictions of violence
- Scenes showing excessive gore, pain, or physical suffering
- Scenes showing uses of force that are "on the whole" inappropriate for a home viewing medium
- Replicable, unique, or "ingenious" depictions of inflicting pain or injury
- Portrayals of dangerous behavior or weapons that invite imitation by children
- Realistic portrayals of violence that are unduly frightening in children's programs
- Gratuitous depiction of animal abuse

Encourages:

- Portrayal of the consequences of violence
- Scheduling all programs with regard for the likely composition of the intended audience

Urges Caution

- In stories and scenes showing children as victims
- In themes, plots, or scenes that mix sex and violence (eg, rape)

* Source: Network Television Association, New York, 1992.

in video games, and in music lyrics. The United States is the most heavily armed nation on earth.²⁸ Any programming that makes these instruments of killing more attractive, glamorous, or desirable is dangerous, unhealthy, and unethical.

The American Academy of Pediatrics therefore makes the following recommendations:

1. Pediatricians should urge the entertainment industry—television network and cable executives, television and movie writers, producers and directors, and video game manufacturers—to demonstrate sensitivity to the issue of media violence in a timely and substantial fashion. In the interests of creative freedom and free enterprise, voluntary attention to this issue is preferable. Voluntary remedies should include, but not be limited to, parental advisories, ratings systems, and careful (ie, late night) placement of programming and promotions with violent content.
2. Pediatricians should applaud the cable/network industry's recently published guidelines regarding violent programming (see Table) and urge adherence to them.
3. Pediatricians should contact their local stations regarding violent programming for children and the need to curtail it sharply, replacing it with educational nonviolent programming for children. There is no substitute for reducing both the amount and the graphic nature of current media violence on television, in movies, and in video games.
4. Pediatricians should strongly urge networks to avoid programming with the gratuitous depiction of weapons and to carry programming that depicts the consequences that violence can have on family and society.
5. Pediatricians should urge musicians and music producers to exercise voluntary restraint by creating nonviolent lyrics and music videos.
6. Pediatricians should urge all broadcast media to sponsor at least a 1-day moratorium on violence in their programming each October during national Child Health Month.
7. Pediatricians should ask parents to monitor their children's consumption of all media closely and to limit total television viewing to no more than 1 to 2 hours per day. Consistent efforts should be

made to help parents understand that by watching television with their children and discussing the content, they can address many potentially objectionable content areas.

8. Pediatricians are encouraged to become educated about the issue of media violence, to incorporate that information into their anticipatory guidance, and to become advocates for reducing violence in the media.
9. Pediatricians should encourage schools and parents to teach or continue teaching media literacy to children. This involves discussing how the media work, the intent of commercials and programming, and whether their messages are appropriate. Children who are "media literate" are more resistant to harmful media effects.^{3,14,29}
10. Pediatricians should communicate with the Federal Communications Commission (FCC) to strictly enforce The Children's Television Act of 1990, which mandates that every local television station has an obligation to produce some educational programming for children. Major efforts should be made to increase the quantity and quality of educational programming for children and teenagers, so that "good" programming will vastly overwhelm "bad" programming.
11. Further research is needed to determine how to mitigate the harmful effects of media violence.

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AMERICAN ACADEMY OF PEDIATRICS

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.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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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
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AMERICAN ACADEMY OF PEDIATRICS

Impact of Music Lyrics and Music Videos on Children and Youth (RE9144)

Committee on Communications

MUSIC LYRICS

Music lyrics have undergone dramatic changes since the introduction of rock music more than 40 years ago. This is an issue of vital interest and concern for parents and pediatricians.

During the past four decades, rock music lyrics have become increasingly explicit—particularly with reference to sex, drugs, and violence.^{1,2} Recently, heavy metal and “gangsta rap” music lyrics have elicited the greatest concern. In some cases lyrics communicate potentially harmful health messages.³ Such lyrics are of special concern in today’s environment, which poses unprecedented threats to the health and well-being of adolescents. Pregnancy, drug use, acquired immunodeficiency syndrome (and other sexually transmitted diseases), injuries, homicide, and suicide have all become part of the landscape of everyday life for many American teens.^{3,4}

At the same time, music is important to teenagers’ identity and helps them define important social and subcultural boundaries.⁵ The results of one survey of 2760 14- to 16-year-olds in 10 different southeastern cities showed that they listened to music an average of 40 hours per week.⁶ One Swedish study found that adolescents who developed an early interest in rock music were more likely to be influenced by their peers and less influenced by their parents than older adolescents.⁷

To date, no studies have documented a cause-and-effect relationship between sexually explicit or violent lyrics and adverse behavioral effects.⁸ A possible explanation for this lack of finding is that teenagers often do not know the lyrics or fully comprehend their meaning. For example, in one study only 30% of teenagers knew the lyrics to their favorite songs, and their comprehension varied greatly.⁹ For this reason, publishing the lyrics separately could be counterproductive. At the same time, the American Academy of Pediatrics (AAP) feels that parents should be knowledgeable about the content of their teenagers’ music. Therefore, the AAP feels that specific descriptive labeling of music content (eg, violence, sex, drugs, offensive language) would be desirable. Only one

study has examined the impact of parental advisory labels, and it found that teens were not more likely to be attracted simply because of the labeling.¹⁰

Most teenagers tend to interpret their favorite songs as being about “love, friendship, growing up, life’s struggles, having fun, cars, religion, and other topics that relate to teenage life.”^{11,p.393} However, for a small subgroup of teenagers, music preference may be highly significant. Numerous studies indicate that a preference for heavy metal music may be a significant marker for alienation, substance abuse, psychiatric disorders, suicide risk, sex-role stereotyping, or risk-taking behaviors during adolescence.^{6,12-22}

The AAP strongly opposes censorship. At the same time the AAP is greatly concerned that negative behavioral messages are being recorded and repeatedly broadcast. By law, (the Federal Communications Act of 1934), the public owns the airways, which are leased back to radio and television stations that are obligated to produce programming in the public’s best interest. Awareness of, and sensitivity to, the potential impact of music lyrics by consumers, the media, and the music industry is crucial. It is in children’s best interest to listen to lyrics that are not violent, sexist, drug-oriented, or antisocial.

Although the evidence is incomplete, based on our knowledge of child and adolescent development, the AAP believes that parents should be aware of pediatricians’ concerns about the possible negative impact of music lyrics.

Therefore, the AAP recommends that:

1. Pediatricians should encourage parents to take an active role in monitoring music that their children and adolescents are exposed to and which they purchase.
2. Pediatricians should join with educators and parents in local and national coalitions to discuss the effects of music lyrics on children and adolescents.
3. The public, and parents in particular, should be made aware of sexually explicit, drug-oriented, or violent lyrics on compact discs, tapes, music videos, and the Internet. The music industry should develop and apply a system of specific content-labeling of music regarding violence, sex, drugs, or offensive lyrics. If labeling is not done voluntarily by the music industry, then regulation should be developed to make it mandatory.
4. Broadcasters and the music industry should be encouraged to demonstrate sensitivity and self-

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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- restraint in decisions regarding what is produced, marketed, and broadcast.
5. Performers should be encouraged to serve as positive role models for children and teenagers.
 6. Research should be developed concerning the impact music lyrics have on the behavior of adolescents and preadolescents.

MUSIC VIDEOS

Music video formats are popular among children and adolescents. When music lyrics are illustrated in music videos, their potential impact is magnified.^{3,5,23,24} Teenagers who may not "hear" or understand rock lyrics cannot avoid the often disturbing images that characterize a growing number of videos. In addition, music videos are self-reinforcing; if viewers hear a song after having seen the video version, they immediately "flash back" to the visual imagery in the video.¹⁷ Music videos may represent a relatively new art form, but it is one that often contains an excess of sexism, violence, substance abuse, suicides, and inappropriate sexual behavior.²⁵⁻²⁸

With 70% of American households receiving cable television,²⁹ most teenagers have access to Music Television (MTV) and VH-1 and watch an average of a half hour to 2 hours of music videos daily.^{5,30} Content analyses indicate that up to 75% of concept music videos (those involving a theme instead of a concert performance) contain sexually suggestive material.^{25,26} More than half contain violence, which often includes acts committed against women.^{25,26} Women are frequently portrayed in a condescending manner.^{27,28} Alcohol and tobacco use are also glamorized in many music videos that teenagers view.³¹ As with music lyrics, teenagers' ability to comprehend and interpret music videos may vary widely and may represent an important variable in their potential impact.^{5,32,33}

A handful of experimental studies indicate that music videos may have a significant behavioral impact by desensitizing viewers to violence³⁴⁻³⁶ and by making teenagers more likely to approve of premarital sex.³⁷ In one study, eliminating access to MTV decreased the frequency of violent acts among teenagers and young adults in a locked treatment facility.³⁸

The AAP recommends the following:

1. Pediatricians should counsel parents to monitor television viewing and to recognize that television is a potent teacher of children and adolescents. As with other media, television exposure to content involving sex, violence, or drug use should be regulated by parents in accordance with the age and maturity of their children and adolescents.
2. Pediatricians should counsel parents to become media-literate. This means watching television with their children and teenagers, discussing the content with them, and initiating the process of selective viewing at an early age.
3. Music video producers should be encouraged to exercise sensitivity and self-restraint in what they depict, as should networks in what they choose to air.

4. The music video industry should be encouraged to produce videos and public service messages with positive themes about relationships, racial harmony, drug avoidance, nonviolence and conflict resolution, sexual abstinence, pregnancy prevention, and avoidance of sexually transmitted diseases.
5. Research concerning the impact music videos have on the behavior of children and adolescents should be developed.

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Sexuality, Contraception, and the Media

Committee on Communications

The age at which American adolescents first experience sexual intercourse continues to decline. Approximately half of all American females and two-thirds of all males have experienced coitus by 17 years of age.¹² For those who begin having intercourse before age 18, 45% of females report having had four or more partners,³ and males report having had an average of five partners.² Most adolescent females report that their first experience was unplanned.⁴ More than 85% have first coitus before seeking professional advice about preventing pregnancy or sexually transmitted diseases (STDs). The earlier the first coitus, the longer the interval until such advice is sought.

There are a number of consequences of unprotected coitus including pregnancy, often unwanted, and exposure to STDs that may adversely affect pregnancy outcome, damage the reproductive system, or even threaten life.^{5,6} An estimated 4% of students in grades nine through 12 have a history of a STD.³ The number of adolescents with acquired immunodeficiency syndrome (AIDS) has increased 77% since 1989.⁷ The 10-year latency period between infection with the human immunodeficiency virus (HIV) and development of symptoms suggests that many AIDS patients were probably infected as teenagers.⁵ For females, early intercourse, repeated infections, and multiple partners greatly increase the risk of cervical cancer and infertility.⁵ Although the use of contraception, especially condoms, can prevent many of these conditions, teenagers do not use contraceptives effectively.³

The 1985 Guttmacher Report found that despite levels of sexual activity comparable to their European counterparts, the teenage pregnancy rate in the United States was two to five times higher than in other developed countries.⁸ A partial list of reasons⁸⁻¹⁰ for this disparity includes the following:

1. Lack of comprehensive sex education in the United States;
2. Inadequate access to contraceptives or unwarranted fears about their use; and
3. Inappropriate depiction of sexuality in the American media.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.
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THE MEDIA AND SEXUAL LEARNING

By age 18, the average American teenager will have spent more time watching television than learning in the classroom.¹¹ Teenagers view an average of 21 to 22 hours of television per week and listen to the radio several hours per day (usually as background music).^{12,13}

Although there are only a handful of studies that deal with the relationship between sexual content in the media and adolescents' behavior,¹⁴ a number of studies demonstrate that television powerfully influences teenagers' sexual attitudes, values, and beliefs.^{11,13,15} In the media, sex is often associated with humor, excitement, danger, or outright violence; however, the dangers of unprotected intercourse are rarely considered. Television reinforces stereotypical images of masculinity and femininity by suggesting a double standard in which marriage seems important only to women, and nonmarital intercourse is depicted as acceptable behavior.¹⁶

On television, and particularly in the movies, abstinence among teenagers is rarely portrayed in a positive fashion. American media are among the most sexually suggestive in the Western world.¹⁴ Content analyses show that the average American teenager will view nearly 14 000 sexual references, innuendos, and jokes per year, yet only 165 of the references will deal with such topics as birth control, self-control, abstinence, or STD.¹⁷ Between 1975 and 1988, the amount of sexual behavior on prime time programming doubled, the amount of suggestiveness increased more than fourfold, and examples of implied sexual intercourse were not rare.¹⁷

On Music Television (MTV), 75% of concept videos (videos that tell a story) involve sexual imagery, over half involve violence, and 80% combine the two, portraying violence against women.¹⁸ Movies have become increasingly explicit, with teenagers having more access to R-rated movies on cable television, in theaters, and on home videocassette recorders.¹⁹ Rock music has become increasingly graphic as well, although, fortunately, younger teenagers do not often know or comprehend the lyrics.^{13,20}

On soap operas—which are extremely popular with teenage and preteenage girls—the sexual content has more than doubled since 1980.²¹ Soap opera sex is 24 times more common between unmarried partners than between spouses, and birth control is rarely mentioned.²² American advertising uses sex to sell a variety of products. The implicit message seems to be that everyone is sexually active and no one worries about pregnancy or STDs.²³ Massive exposure to prime time programming that deals with

premarital, extramarital, or nonmarital sex may desensitize young viewers to such "improprieties."

New research shows that not all children and adolescents interpret media portrayals of sex in the same way,²⁴ nor are they equally susceptible to sexual suggestiveness.¹⁰ Adolescents' sexual self-perceptions may influence their interpretation as well.²⁵ Therefore, a clearly defined value system and discussion of responsible sexual decision-making within the family, in addition to active, critical viewing skills are essential complements to make accurate, pro-health sexual messages.¹⁰

CONTRACEPTIVE ADVERTISING AND THE MEDIA

Despite the 1982 removal of a ban on contraceptive advertising by the National Association of Broadcasters, the major networks have resisted airing such advertisements. Only the Fox network has agreed to air condom advertisements, but the network dictated that such ads can only deal with prevention of HIV transmission, not with pregnancy prevention. References to responsible behavior associated with sexual activity continue to be rare. Usually they are censored as too "controversial." Network executives continue to cite fear of adverse public response, despite numerous polls which show that a large majority of the American public favors contraceptive advertising and responsible portrayal of sexuality in the media.⁸ No evidence supports the notion that increased sexual knowledge increases the likelihood of teenagers having sexual intercourse at a younger age.

However, there is evidence that increased knowledge leads to increased use of contraception and decreased consequences of pregnancy and STDs in those teenagers who are sexually active.^{26,27} Teaching that "teenagers should not have intercourse at a young age but, if they do, they should use contraception" is *not* a double message. Rather, it instructs teenagers about what is healthiest for them but acknowledges that teenagers do not always listen to their elders.

EVIDENCE FOR MEDIA'S POSITIVE INFLUENCE

Television has been effective in promoting the use of family planning clinics in selected American communities.²⁸ Trial advertising of barrier contraceptive methods for women on local radio, local television, and national cable television has elicited few viewer complaints and many positive comments.²⁸ Such advertising has been carefully developed, is generally considered to be in good taste, and focuses on adult women who choose to delay childbearing until a more appropriate time in their lives.

With the overabundance of sexual messages permeating television programming and contained in rock music and music videos, it seems incongruous for national networks to avoid or censor any reference to responsible sexual behavior. The broadcast media should provide messages that support and encourage the delay of first coitus. The media should also present information on the use of methods to avoid unintended pregnancies, STDs, and their consequences. A few prime time programs have done

this. Promoting responsible and healthy sexual behavior by adults as well as by adolescents may result in a greater percentage of wanted and well-spaced pregnancies, with improvement in the health and well-being of many children and their families.

RECOMMENDATIONS OF THE COMMITTEE ON COMMUNICATIONS

The American Academy of Pediatrics recommends the following:

1. Pediatricians should encourage discussions between patients and their families on the effect of media on sexual behavior.
2. Pediatricians and the Academy should encourage the broadcast industry to endorse the Advocates for Youth's "Guide to Responsible Sexual Content in Television, Films, and Music" (Table).
3. Pediatricians and the Academy should encourage the broadcast industry to use public service announcements that promote abstinence. Just as strongly, the use of public service announcements that promote the use of condoms to prevent STDs and pregnancy for teenagers and adults who are already sexually active should be encouraged. Other forms of contraception to prevent pregnancy should be promoted as well.
4. Pediatricians and the Academy should encourage the broadcast industry to air advertisements for nonprescription contraceptives on television and radio with guidelines to ensure content that is educational, realistic, and focused on responsible sexual behavior and decision making.
5. Pediatricians and the Academy should encourage the broadcast industry to encourage programs aimed at adolescents (on MTV, for example) to air advertisements and public service announcements described above.

TABLE. Guide to Responsible Sexual Content in Television, Films, and Music*

In film, television, and music, sexual messages are becoming more explicit in dialogue, lyrics, and behavior. Unfortunately, too often these messages contain unrealistic, inaccurate, and misleading information which young people accept as fact.

Following are some suggestions for the presentation of responsible sexual content:

- Recognize sex as a healthy and natural part of life.
- Parent and child conversations about sex are important and healthy and should be encouraged.
- Demonstrate that not only the young, unmarried, and beautiful have sexual relationships.
- Not all affection and touching must culminate in sex.
- Portray couples having sexual relationships with feelings of affection, love, and respect for one another.
- Consequences of unprotected sex should be discussed or shown.
- Miscarriage should not be used as a dramatic convenience for resolving an unwanted pregnancy.
- Use of contraceptives should be indicated as a normal part of a sexual relationship.
- Avoid associating violence with sex or love.
- Rape should be depicted as a crime of violence, not one of passion.
- The ability to say 'no' should be recognized and respected.

* Reprinted with the permission of "Advocates for Youth."

6. Pediatricians and the Academy should encourage movie theater and video store owners to enforce the R-ratings designated by the broadcast industry.
7. Pediatricians, the Academy, and the broadcast industry should support further research into the impact of sexual content in the media on children and adolescents' knowledge and behavior.

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Pediatricians Urge Limiting TV Watching

Say Influence of Media Is Public Health Issue

By LAWRIE MIFFLIN

Children under 2 years old should not watch television, older children should not have television sets in their bedrooms, and pediatricians should have parents fill out a "media history," along with a medical history, on office visits, according to recommendations by the American Academy of Pediatrics.

Saying television viewing can affect the mental, social and physical health of young people, the academy for the first time has laid out a plan for how pediatricians and parents can better manage children's use of television.

"As pediatricians," said Dr. Marjorie Hogan, the lead author of the report, "we are taking all the research concerns into account and trying to raise the bar a bit, as suggestions for optimal parenting." The report appears in the August issue of *Pediatrics* magazine, published on Monday.

No reliable research has been done on how television viewing affects children younger than 2, Dr. Hogan said. But the academy based its recommendations for such children on knowledge of what babies need for proper brain development — notably close-up interaction with older people — and the common-sense notion that, if they are watching television, babies are not getting those other essential stimuli.

Violence in movies and television has been linked to aggressive behavior in young people in studies by the American Medical Association, the American Psychological Association, the American Academy of Child and Adolescent Psychiatry and the National Institute of Mental Health.

So while the academy may appear to be venturing into sociological territory with little direct connection to medical health issues, the study's authors say the influence of mass media is a public health concern.

"For example, media violence," said Dr. Miriam Bar-on, chairwoman of the academy's committee on public education, which wrote the policy. "A bullet in the body is a physical health issue. Children who spend a lot of time in front of the TV set tend to gain weight; obesity is a

VERBATIM

Asking About a Child's 'Media History'

The American Academy of Pediatrics is distributing to its members a list of 30 questions for parents about their children's exposure to television, movies, video games, the Internet and other forms of media. A sample:

Does your child watch more than one to two hours of television per day?	Frequently	Sometimes	Never
Do you watch television with your child, or know what your child is watching?	Frequently	Sometimes	Never
Do you discuss television shows with your child?	Frequently	Sometimes	Never
Does your child have a television in his or her room?	Yes	No	
Do you limit your child's watching of on shows that often contain violence, sex, foul or explicit language or images of tobacco or alcohol use?	Frequently	Sometimes	Never
Does your child have nightmares or trouble sleeping after watching movies?	Frequently	Sometimes	Never
Do you allow your child to own or rent video or computer games with violent content?	Frequently	Sometimes	Never
Do you monitor Internet and on-line computer use?	Frequently	Sometimes	Never

Pediatrics Group Offers Tough Rules for Television

Continued From Page A1

physical health issue."

The academy is distributing to its members a sample "media history" checklist, for their young patients. It includes questions about movies, video and computer games, music videos and the Internet, as well as about the radio and books.

Also available to the 55,000 members are brochures with suggestions about how to guide families toward positive uses of media, including critical discussion of what they watch. The academy suggests television and computers not be kept in children's bedrooms but in common rooms, where parents can monitor children's use of them.

Many parents interviewed yesterday agreed that television's influence was a proper concern for pediatricians, but that it was unrealistic to set arbitrary limits, and unnecessary for doctors to intervene unless a child already had social or emotional problems that might be related to media exposure.

Lari Mills of Nashville, who has an 8-month-old baby as well as a 7-year-old and a 9-year-old, said: "I under-

stand the theory, but practically I think it's not very do-able. The little one is often around the T.V. when the older ones are watching, but he's not really watching it."

In Chicago, Valerie Barney said her 2-year-old son watches "Barney" and "The Teletubbies" on PBS, and she sees no harm in it as long as an adult is watching with him. "He interacts very well with the T.V.," she said. "He sees someone fall down, he falls down."

"Teletubbies," a British import on PBS featuring a group of cooing, brightly colored creatures who babble baby talk, is the only show on American television specifically made for children under the age of 3. It was developed by a producer for educational television and a speech pathologist; nonetheless, many pediatricians see little merit in it.

John F. Wilson, senior vice president for programming for PBS, said: "We don't put it on in order to attract a younger and younger audience. But we know from research that there is an audience of children under 2 watching television, for better or for worse, and at least we have something on the air that is developmentally appropriate for them."

Mr. Wilson said many working parents might be helped by "taking this information to whoever is watching their child during the day, and letting them know they should find something else to do besides watch TV."

Brown Johnson, senior vice president for Nick Jr., the preschool programming portion of the children's network Nickelodeon, said she favored any policy that encouraged parents to spend time with children.

"Television or videos will be used in some form," Ms. Johnson said, "to give parents a break to make dinner or whatever, so I'm not sure it's realistic to say no television ever. But if the A.A.P. has to make this kind of a declaration to have people really sit up and listen, that's fine."

The academy spent more than two years developing the latest policy statement, which was approved by its board of directors in May, but it has been involved in research and communications about media influences on children for much longer. In 1990, it issued a recommendation that children not watch more than one to two hours of "quality" television a day.

In 1997, it began a "Media Mat-

ters" campaign to educate pediatricians and the public about how media can influence children, positively as well as negatively.

Vicky Rideout of the Kaiser Family Foundation in Menlo Park, Calif., which has also done studies on these subjects, said, "To my knowledge this is the first time such a clear blueprint has been laid out for a proactive role on the part of individual doctors."

Robert Lichter, president of the Center for Media and Public Affairs, a nonprofit research group in Washington, agreed that the delineating of specific recommendations for pediatricians to give parents was a new step.

"This is part of a drive by health professionals to view certain social problems as public health problems," Mr. Lichter said, noting also the Centers for Disease Control and Prevention's recent efforts to treat gun use as a public health issue. "It's not a bad thing for health professionals to remind parents that they need to be aware of the risks."

"If you're worried about what your kid eats, you should worry about what your kid's watching."

Children, Adolescents, and Advertising

Committee on Communications

Advertising is a powerful force in American culture. It exists to sell products and services. In 1750 BC the Code of Hammurabi made it a crime, punishable by death, to sell anything to a child without first obtaining a power of attorney. In the 1990s, selling products to American children has become a standard business practice.

American children have viewed an estimated 360 000 advertisements on television before graduating from high school.¹ Additional exposures include advertisements on the radio, in print media, on public transportation, and billboards. Commercials have even entered the classroom through programs like Channel One—video equipment packaged with current events programming that contains commercials.

The principal goal of commercial children's television is to sell products to children, with food and toys being the two most frequently advertised product categories.² Advertisers generally use two approaches to sell their products. The traditional method places commercials in programs that are attractive to children. These commercials promote products unrelated to the program being shown. The second approach, begun in 1982, features toy action figures as the main characters of a program. Because these programs are often developed by the marketing division of toy companies to market specific toys, they are frequently referred to as "program-length commercials."

The Children's Television Act of 1990 mandates that all broadcasters carry children's educational or instructional programming as a condition for license renewal. One of the problems of the current law is that stations can cite public service announcements (PSAs) or short vignettes as evidence of compliance. These actions may fulfill the letter of the law; however, they do not fulfill its intent. In fact, good evidence exists that the Children's Television Act of 1990 is being undercut already, even in the law's first year of enactment.³ Because programming practices can be challenged only at the time of licensure renewal, local monitoring is essential. Local monitoring is the only way to ensure that stations are complying not only with the letter of the law, but also with the INTENT of the law, which is to create a better television programming environment for chil-

dren. Networks appear to be violating the law's intent by airing cartoons and claiming them as educational programming.³

In addition to improving the quality of programming, the Children's Television Act of 1990 also limits commercial time during children's programming to 10½ minutes per hour on weekends and 12 minutes per hour on weekdays. Part of this act directs the Federal Communications Commission (FCC) to consider whether children's programs based on toys constitute program-length commercials. The FCC concluded that only those shows that include paid advertising for the toy(s) featured in the program can be classified as program-length commercials. Even though the FCC has enforced this guideline, it appears that it is too narrow and should address *all* program-length commercials. In addition, the Children's Television Act established the Children's Television Endowment Fund to encourage the development of new educational programming for children.

EFFECTS OF ADVERTISING ON CHILDREN

There have been numerous studies documenting that young children under 8 years of age developmentally are unable to understand the intent of advertisements and, in fact, accept advertising claims as true.^{4,5} Indeed, the youngest viewers, up to age 8, cannot distinguish advertising from regular television programming.^{4,5} In addition, advertisers have become adept at circumventing rules and minimizing warnings. For example, the disclaimers "some assembly required" or "when eaten as part of a complete nutritional breakfast" are spoken rapidly by the announcer or shown in small print, and are not understood by most children.⁵

Commercials broadcast during children's programs also promote foods that may have an adverse influence on children's health. Television viewing has been associated with obesity, the most prevalent nutritional disease among children in the United States.^{6,7} Food commercials that are broadcast during children's programming often promote high-calorie foods which, when eaten too often, may contribute to the energy imbalance that promotes obesity.

The barrage of advertising for food and toys, especially on Saturday morning television, may also result in increased conflict between parents and their children.^{4,5} The American Academy of Pediatrics believes advertising directed toward children is inherently deceptive and exploits children under age 8 years of age.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.
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EFFECTS OF ADVERTISING ON ADOLESCENTS

Adolescents are capable of understanding the nature of advertisements. However, many of the products advertised to adolescents are harmful to their health. Nearly 90% of high school seniors have tried alcohol⁸ and most tobacco abuse begins by age 16.⁹ Beer, wine, and liquor companies spend over \$2 billion per year on advertising and promotion. Cigarette manufacturers spend \$3.25 billion per year solely on advertising.^{10,11} Although the advertisers insist that their intent is to promote brand selection, an unacknowledged consequence is increased product consumption. Good data support this assertion.^{4,5} In the United States, the increased per capita consumption of alcohol parallels expenditures on beer and wine advertising.¹² In the mid-1970s the per capita consumption of alcohol in Sweden decreased by 20% after all beer and wine advertising was banned. In Japan, consumption of cigarettes has increased substantially since a massive cigarette advertising campaign was begun.¹³

CIGARETTES

In the United States, tobacco consumption causes over 400 000 deaths per year and contributes to more than one of every six deaths.^{14,15} In 1988 alone, teenagers spent \$1.26 billion on cigarettes and smokeless tobacco.¹⁴ Approximately 2 million teenagers begin smoking cigarettes each year.¹⁴ Despite the ban on television advertising of cigarettes, the prominent display of logos, billboards, and banners in televised sports events makes cigarette advertising on American television more prominent than ever before.¹⁶

In two recent studies, one-third of 3-year-old children and nearly all children older than age 6 were able to recognize the Old Joe Camel logo.^{17,18} By age 6 the Camel logo is as familiar to children as Mickey Mouse.¹⁷

Advertising for Camel cigarettes was more effective among children and adolescents than among adults.¹⁸ Camel's share of the illegal children's cigarette market represents sales of \$476 million per year—one-third of all cigarette sales to minors.¹⁸

BEER AND WINE

Alcoholic beverages represent a major health risk to American youth. In 1991, 14 727 young people who were 16 to 20 years of age died in alcohol-related motor vehicle crashes.¹⁹ In addition, alcohol is involved in more than one-fourth of teenage suicides and homicides, which are the second and third leading cause of deaths for that age group.²⁰ Nonetheless, American children view nearly 2000 beer and wine commercials per year on television.¹² Alcohol advertising specifically targets young people by showing the supposed advantages of drinking—more friends, greater prestige, more fun, and greater sex appeal²¹—and suggesting that without alcoholic beverages teens cannot have fun or be popular.

There is compelling public health interest in protecting children and adolescents against both cigarette and alcohol advertising. Counter-advertising aimed at alcoholic beverages or cigarettes is effective

but rarely seen, especially when compared with ads against marijuana and cocaine.²

RESPONSIBLE SEXUAL BEHAVIOR

Billions of dollars are being spent to encourage children and adolescents to buy products that are not healthy for them, with American advertising messages often including inappropriate sexual innuendos in an attempt to sell their products. Conversely, PSAs for abstinence and birth control products—which could prevent unwanted teenage pregnancies and sexually transmitted diseases including acquired immunodeficiency syndrome (AIDS), remain largely forbidden by national network television.²² The 1985 Guttmacher report found that the United States has the highest teenage pregnancy rate in the Western world due, in part, to inadequate access to birth control products, inappropriate depictions of sexuality in American media, and inadequate sex education.²³ Guidelines for appropriate sexual content in advertising messages exist and should be followed.²⁴

RECOMMENDATIONS OF THE COMMITTEE ON COMMUNICATIONS

One conclusion might be to ban advertising directed at children under age 8 and recommend that all advertising directed toward adolescents should promote health. However, the viewing audience cannot be accurately sequestered by age, and a ban would also infringe on the rights of free speech directed at older children. Therefore, the American Academy of Pediatrics recommends the following:

1. All toy-based programs (as defined by the FCC), since they truly represent commercials for products, should be regulated by the FCC.
2. There should be stricter enforcement of existing regulations that define the nature and content of educational programs. Strict and heavy fines should be imposed when such violations are proved.
3. There should be stricter limitations on the amount of advertising permitted on children's television (eg, no more than 5 to 6 commercial minutes per hour on weekday or weekend programming). This would decrease the current limits by approximately 50%.
4. There should be increased funding of the Children's Television Endowment Fund. Funds should be used to underwrite the production of high-quality, educational programming for children. This programming could be broadcast on either current public broadcasting systems or a new commercial-free public station for children. This fund should be augmented by a new 10% surcharge on advertisers who target children and adolescents.
5. There should be a ban on all tobacco and alcohol advertising in all media. This ban should include all "passive" advertising in sponsored sports events (ie, banners, logos, etc).
6. PSAs dealing with AIDS should emphasize the use of condoms as well as benefits of abstinence for adolescents. Broadcast of advertising for con-

doms and other birth control products should also be increased through commercial channels targeted to adolescents and young adults, including cable.

7. "Anti-drug" PSAs should receive more prominent airing during prime time hours. Drug-related counter-advertising should target cigarettes and alcohol, in addition to marijuana and cocaine.
8. Funding should be increased to continue the study of the effects of television and other media on behaviors of children and adolescents.
9. Parents must educate children to be responsible and informed consumers. A variety of resources should be developed to help parents teach children that commercials are designed to sell products. These resources should be made available to parents through schools, libraries, and pediatricians' offices. School-based curricula that teach children and adolescents media literacy should be developed and disseminated.
10. Parents, interested groups, committees of the Academy (nationally and locally), and pediatricians should monitor local television broadcasts to ensure adherence to existing limits on commercial time. There must be stronger support for strict FCC monitoring of local television stations' adherence to the Children's Television Act of 1990.

COMMITTEE ON COMMUNICATIONS, 1993 TO 1994
 Steven Shelov, MD, Chairman
 Miriam Bar-on, MD
 Lillian Beard, MD
 Marjorie Hogan, MD
 H. James Holroyd, MD
 Bob Prentice, MD
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 Vic Strasburger, MD

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ERRATUM

The following is a correction to the AAP Policy Statement entitled "Children, Adolescents, and Advertising" that appeared in the February 1995 issue of *Pediatrics* (1995;95:295-297).

Under the heading entitled Beer and Wine on page 296, the statistic should have read "In 1993, 3137 young people who were 16 to 24 years of age died in alcohol-related motor vehicle crashes."

Also, on page 297, Reference 19 should be changed to the following:
National Center for Statistics and Analysis. National Highway Traffic Safety Administration. *Traffic Safety Facts 1993: A Compilation of Motor Vehicle Crash Data From the Fatal Accident Reporting System and the General Estimates System*. Washington, DC: National Center for Statistics and Analysis; 1993. US Department of Transportation publication DOT HS 808 169.

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American Academy of Pediatrics



TESTIMONY
of the
AMERICAN ACADEMY OF PEDIATRICS
on
THE SOCIAL IMPACT OF MUSIC VIOLENCE
before the
SENATE SUBCOMMITTEE ON OVERSIGHT
OF GOVERNMENT MANAGEMENT, RESTRUCTURING, AND
THE DISTRICT OF COLUMBIA

Presented by
Frank Palumbo, M.D., FAAP

November 6, 1997

Good afternoon Mr. Chairman, members of the subcommittee. Thank you for the opportunity to testify today about the social impact of music violence. My name is Dr. Frank Palumbo and I am a practicing pediatrician here in Washington D.C. I am testifying on behalf of the American Academy of Pediatrics (AAP), an organization of 53,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

Pediatricians' concern about the impact of music lyrics and music videos on children and youth compelled the AAP Committee on Communications to issue a policy statement on the subject in December 1989, as well as one on media violence in 1995. Policy statements are the official position of the Academy concerning health care issues, and help guide pediatricians in their assessment and treatment of patients.

Pediatricians with a specialty in adolescent medicine are keenly aware of how crucial music is to a teen's identity and how it helps them define important social and subcultural boundaries. One study found that teens listened to music an average of 40 hours per week.

During the past four decades, rock music lyrics have become increasingly explicit -- particularly with reference to drugs, sex, violence and even of greater concern, sexual violence. Heavy metal and rap lyrics have elicited the greatest concern, as they compound the environment in which some adolescents increasingly are confronted with pregnancy, drug use, acquired immunodeficiency syndrome and other sexually transmitted diseases, injuries, homicide and suicide.

For example, Nine Inch Nails released "Big Man with a Gun," with the following lyrics: I am a big man (yes I am) and I have a big gun; got me a big old dick and I like to have fun; held against your forehead. I'll make you suck it, maybe I'll put a hole in your head:

you know, just for the f--k of it...I'm every inch a man, and I'll show you somehow; me and my f--king gun; nothing can stop me now; shoot shoot shoot shoot shoot...

Marilyn Manson has quite the way with a lyric: "Who said date rape isn't kind," "The housewife I will beat" and "I slit my teenage wrist" are just a sample from two songs.

To date, no studies have documented a cause-and-effect relationship between sexually explicit or violent lyrics and adverse behavioral effects, i.e., I'll listen to a song about killing someone and therefore I go out and kill. But we can all acknowledge the overall effect music has on people, including adolescents and children. Otherwise, we wouldn't listen to it. Music wakes us up in the morning, makes us want to dance, soothes us when we're feeling sad and grates on some folks' nerves in the elevator. From infancy to adulthood, it is an integral part of our lives. Mothers sing lullabies to babies, toddlers and children play "ring around the rosie," and teenagers become absorbed in songs they believe help better define them during this rocky transition into adulthood.

Make no mistake about it, music can summon a range of emotions, most of which are wonderful. Yet there is some music that communicates potentially harmful health messages, especially when it reaches a vulnerable audience.

If parents in the 50s didn't like Elvis' gyrating hips, those same people would be astounded at how rapidly we've reached the "anything goes" mentality of the 90s. With the advent of MTV and VH-1, not only do we have to listen to violent lyrics that for example degrade women, but we also get to see it acted out in full color. A handful of experimental studies indicate that music videos may have a significant behavioral impact by desensitizing violence and by making teenagers more likely to approve of premarital sex. According to a U.S. Department of Education report, a large percentage of young women and girls have been "subjected to a pattern of overt sexual hostility accompanied by actual or threatened physical contact and the repeated use of obscene or foul language."

An article in the May 1997 issue of the Archives of Pediatrics and Adolescent Medicine documented televised music videos with multiple episodes of violence or weapon carrying. Rock's Guns-N-Roses and Beastie Boys each reached 36 violent episodes in performing just one song.

A wide majority of adults surveyed in a 1997 report from Public Agenda, "Kids These Days: What Americans Really Think about the Next Generation," decried sex and violence in the media as threatening to the well-being of young people. The report, however, couches this as a problem without a solution. "Given the intense complaints about the media, it is somewhat surprising that only half of those surveyed (49%) think pressuring the entertainment industry to produce movies and music with less violence and sex will be a very effective way to help kids. Perhaps people doubt that the industry will be responsive to public pressure, or wonder just how much influence they as individuals can bring to bear," it states.

We believe something can and should be done. Poll after poll laments the belief that our country, including its youth, is losing its moral center. Responsibility, respect and discipline are thought to be a thing of the past. Crime and violence have escalated to the point where it is a public health problem. Although there is no one solution, awareness of, and sensitivity to, the potential impact of music lyrics and videos by consumers, the media and the music industry is one important piece of the puzzle. It is in the children's best interest to listen to lyrics or to watch videos that are not violent, sexist, drug-oriented, or antisocial.

The Academy strongly opposes censorship. As a society, however, we have to acknowledge the responsibility parents, the music industry and others have in helping to foster the nation's children.

Although the evidence is incomplete, based on our knowledge of child and adolescent development, the AAP believes that parents should be aware of pediatricians' concerns about the possible negative impact of music lyrics and videos. The Academy recommends that:

- **Research should be developed concerning the impact music lyrics and videos have on the behavior of adolescents and preadolescents.**
- **The music video industry should be encouraged to produce videos and public service messages with positive themes about relationships, racial harmony, drug avoidance, nonviolence and conflict resolution, sexual abstinence, pregnancy prevention, and avoidance of sexually transmitted diseases.**
- **Music video producers should be encouraged to exercise sensitivity and self-restraint in what they depict, as should networks in what they choose to air.**
- **The music industry should develop and apply a system of specific content-labeling of music regarding violence, sex, drugs, or offensive lyrics. For those concerned about the "forbidden fruit" syndrome, only one study has examined the impact of parental advisory labels, and it found that teens were not more likely to be attracted simply because of the labeling. We label the food we eat, and the movies we watch -- why not label the music? If labeling is not done voluntarily by the music industry, then regulation should be developed to make it mandatory.**
- **Performers should be encouraged to serve as positive role models for children and teenagers.**
- **Pediatricians should join with educators and parents in local and national coalitions to discuss the effects of music lyrics on children and adolescents. The possible negative impact of sexually explicit, drug-oriented, or violent lyrics on compact discs, tapes, music videos and the Internet should be brought to light in the context of any possible behavioral effects.**
- **Parents should take an active role in monitoring music that their children are exposed to and which they can purchase, as well as the videos they watch. Ultimately, it is the parent's responsibility to monitor what their children listen to and view. Pediatricians should encourage parents to do so.**
- **Pediatricians should counsel parents to become educated about the media. This means watching television with their children and teenagers, discussing content with them, and initiating the process of selective viewing at an early age. In order to help this process, the Academy has launched Media Matters, a national media**

education campaign targeted to physicians, parents and youth. The primary goal of the Media Matters campaign is to help parents and children understand and impact upon the sometimes negative effects of images and messages in the media, including music lyrics and videos.

Media education includes developing critical thinking and viewing skills, and offering creative alternatives to media consumption. The Academy is particularly concerned about mass media images and messages, and the resulting impact on the health of vulnerable young people, in areas including violence, safety, sexuality, use of alcohol, tobacco, and illicit drugs, nutrition, and self-concept and identity.

For example, if a music video shows violence against women to any degree, a viewer, including young girls, could be led to believe such action is acceptable. If they are educated about the media, the premise in the video would be questioned and hopefully rejected.

Again, let me reiterate the point about a collective solution. Parents, pediatricians, the music industry and others have critical roles in discussing and addressing the increasing amount of violence in society, particularly when it comes to children and adolescents. It is my sincere hope that this hearing will begin a dialogue with all interested parties.

Thank you for your time today, and I am willing to answer any questions you may have.

AAP NEWS

THE OFFICIAL NEWSMAGAZINE OF THE
AMERICAN ACADEMY OF PEDIATRICS

ARTICLE REPRINT • From the May 1998 issue of AAP News

8 ways to keep television from stunting brain's growth

by Jane M. Healy, Ph.D.

With new shows targeted to children as young as 1 year, parents are asking more questions about how television might be influencing their children. Pediatricians can help young families make wise decisions about family media consumption.



Dr. Healy

Neuroscientists have shown that environmental experiences significantly shape the developing brain because of the plasticity of its neuronal connectivity. Thus, repeated exposure to any stimulus in a child's environment may forcibly impact mental and emotional growth, either by setting up particular circuitry ("habits of mind") or by depriving the brain of other experiences. While appropriate stimuli — close interaction with loving caregivers; an enriched, interactive, human language environment; engrossing hands-on play opportunities; and age-appropriate academic stimulation — enhance the brain's development, environments that encourage intellectual passivity and maladaptive behavior (e.g., impulsivity, violence), or deprive the brain of important chances to participate actively in social relationships, creative play, reflection and complex problem-solving may have deleterious and irrevocable consequences. In addition, trying to plunge youngsters into academic learning, when they should be personally investigating the three-dimensional world, risks bypassing important aspects of development.

Potential hazards in a media culture

Negative outcomes have been observed in today's schools, which appear to be related to too much of the wrong kind of media exposure. An "epidemic" of attention deficit disorder, behavioral problems, faltering academic abilities, language difficulties (which extend to reading comprehension as well as oral expression), and weak problem-solving skills are reported by teachers across the United States. Of course, parents' rushed life-styles and societal changes are partially responsible, but a growing body of research on television viewing clearly supports its causation role, with different children's tolerance thresholds



varying widely.

Too much television — particularly at ages critical for language development and manipulative play — can impinge negatively on young minds in several different

ways including the following:

Higher levels of television viewing correlate with lowered academic performance, especially reading scores. This may be because television substitutes for reading practice, partially because the compellingly visual nature of the stimulus blocks development of left-hemisphere language circuitry. A young brain manipulated by jazzy visual effects cannot divide attention to listen carefully to language. Moreover, the "two-minute mind" easily becomes impatient with any material requiring depth of processing.

The nature of the stimulus may predispose some children to attention problems. Even aside from violent or overly stimulating sexual content, the fast-paced, attention-grabbing "features" of children's programming (e.g., rapid zooms and pans, flashes of color, quick movement in the peripheral visual field, sudden loud noises) were modeled after advertising research, which determined that this technique is the best way to engage the brain's attention involuntarily. Such experiences deprive the child of practice in using his own brain independently, as in games, hobbies, social interaction, or just "fussing around." I have talked to many parents of children diagnosed with attention deficit disorder who found the difficulty markedly improved after they took away television viewing privileges.

The brain's executive control system, or pre-frontal cortex, is responsible for planning, organizing and sequencing behavior for self-control, moral judgment and attention. These centers develop throughout childhood and adolescence, but some research has suggested that "mindless" television or video games may idle this particular part of the brain and impoverish its development. Until we know more about the interaction of environmental stimulation and the stages of pre-frontal development, it seems a grave error to expose children to a stimulus that may short-change this critical system.

What can pediatricians do?

- Take a media history or ask about the amount of screen time as part of routine examinations. Depending on a child's age, you may need to ask the child, rather than the parent, to get a candid response. Suggest clear limits on viewing time, depending on age. Even one hour of screen time a day is a lot for preschoolers; one to two hours is maximum for older children.
- Children in the elementary grades and older can help negotiate reasonable rules and a plan for weekly TV viewing. Television should be turned on to watch chosen programs, not as constant background.
- Homework comes first and should be done without television.
- Parents of infants should start thinking about setting limits on inappropriate or excessive media use. Parents should try to agree on a family policy, discussing how early they want to start their child on the TV habit.
- If a child shows symptoms of attention difficulty, suggest severely curtailing or eliminating television for a trial period.
- Adults should keep a close and critical eye on the content of shows watched by children of different ages.
- Children who have television sets in their rooms tend to watch more television with less supervision. Suggest keeping TV sets in a family room where parents can "tune in" regularly.
- Adults can "mediate" viewing and make television a learning experience by sitting with the child, discussing, asking questions, and helping with interpretation of content.

Valuable learning can be gained from this medium; it is up to adults to ensure that children's minds emerge enriched rather than endangered.

*Jane Healy is an educational psychologist and author of *Endangered Minds: Why Children Don't Think and What We Can Do About It* (Touchstone Paper, 1991) and *Your Child's Growing Mind: A Guide to Learning and Brain Development from Birth to Adolescence* (Doubleday, 1994).*

AAP NEWS

THE OFFICIAL NEWSMAGAZINE OF THE
AMERICAN ACADEMY OF PEDIATRICS

ARTICLE REPRINT • From the March 1998 issue of AAP News

Start early to help children combat alcohol-saturated TV

by Renee Hobbs



Hobbs

My daughter has already learned a lot about beer, wine and other alcoholic drinks — and she's only 8 years old. Long before she will have her first surreptitious experience with drinking (and, unfortunately,

the onset of first use is getting younger and younger), Rachel will have learned quite a bit about what happens when people drink alcohol.

Since my husband and I use alcohol occasionally in our home, Rachel has acquired a lot of beliefs, knowledge and attitudes about beer, wine and other alcoholic beverages from us, her parents. But she's learned even more from her experience with media. The vivid images of daring, young, sexy, happy drinkers are ubiquitous in our society. A survey reported in Harper's Magazine noted that 10-year-olds could name more brands of beer than names of American presidents. During prime-time television, two-thirds of programs contain portrayals of drinking or verbal references to it.

It's challenging for adults to recognize the ways in which children and adolescents are learning from the mass media — but whether we like it or not, media exposure provides some of the most vital and potent information about how our society works, what the social and cultural norms are, and how people do or should behave.

That's why television, in particular, is so important to children ages 8 to 15. It's a powerful vehicle for learning about adult behavior. Alcohol advertising is one of the most important genres to explore when the goal is to increase young people's resiliency to substance abuse by strengthening their media

literacy skills. Young people will see over a million drinking scenes by the time they are 18 years old — scenes in which the negative effects of drinking are rarely shown. Teens in one large-scale survey overwhelmingly responded that while they were aware that advertising makes drinking look better than it is, it still influenced them to drink more.

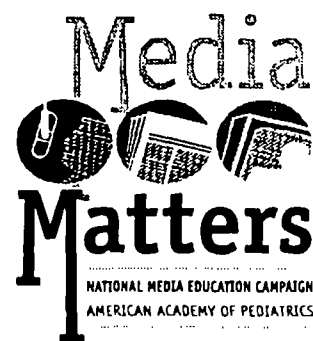
So we can't just dismiss or trivialize the messages children and young people receive about alcohol. We have to help them learn to critically analyze these messages. Media education can help young people re-interpret alcohol advertising by providing them with an increased understanding of the reasons why the world depicted through the media is sometimes distorted and inaccurate.

Pediatricians can engage patients and their parents in basic media education steps by routinely asking about the child's television viewing habits and recommending that children watch no more than one to two hours per day, as recommended in the AAP policy statement, "Children, Adolescents and Television."

With children — especially at home with your own — you can discuss the purpose of commercials (to sell products) and the enormous financial investment of companies to make drinking alcoholic beverages look attractive and without negative consequences.

Rachel and I talk about how much it costs to make an alcohol commercial — upwards of \$600,000 for one 30-second beer ad. We discuss the way advertisers use images, sounds and language to build connections between powerful feelings (like risk-taking, being mature, sexy, funny, or popular) and the product. We talk about why lizards, frogs, dogs and other animals are used to capture and direct our attention — and why we like these images — because they make us laugh!

We flip through the pages of magazines,



tear out alcohol ads, and change the slogans to communicate a message that more closely matches our family's beliefs, attitudes and values about alcohol. What are they? Use only after you've reached age 21. Use alcohol at home or in a safe place. Enjoy alcohol but be careful not to drink too much. Don't drive after drinking. Don't drink to escape a bad mood or bad feelings.

A recent study by Erica Austin of Washington State University shows that third-graders who received media education in school had significantly different attitudes about alcohol use than students who didn't get such education. Media education provides an opportunity for parents, teachers, medical professionals and all who care about youth to articulate priorities and values as they confirm or contradict the many different ways adult behavior is represented in the mass media.

By asking patients to take a few minutes to think about the messages television programs and commercials convey about alcohol use, you might help them think about television and drinking in a new way.

At age 8, Rachel is learning how to ask questions about everything she watches, reads and listens to, and that's the best skill to have for life in the Information Age.

Renee Hobbs is associate professor of Communication, Babson College, and director of the Media Literacy Project, Clark University, Worcester, Mass.

■ From the September 1997 issue of *AAP News*, the official newsmagazine of the American Academy of Pediatrics.

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Write on! Letters sidestep 3-year TV ratings silence

■ Perspective

by Newton N. Minow
and Craig L. LaMay

In the early days of NBC's situation comedy "Family Ties," the writers received a letter from a young mother in Buffalo, N.Y., who praised the program for its sensitivity toward young children. The program, she said, was one of the very few on television to which she could entrust her children when she had to be out of the room. The writers posted the letter on the office wall. Thereafter, whenever they considered controversial script material, they would judge its appropriateness by what became known as the Woman From Buffalo Test. The story is relevant today, as parents wonder whether the new TV ratings system will prove adequate to protect their kids from violent and sexually explicit programming.

Few industries are as protective of their constitutional rights as broadcasters, who have an exclusive license to speak on the nation's most valuable property, the public airwaves. So it was delicious irony when broadcasters demanded three years of silence from Congress and children's advocacy groups as the price of their agreement to revise the ratings system, which will now include specific advisories on program content. As one industry spokesman put it, "For three years we will keep the

jaguars and bobcats off our backs and have a diminishing of carping and criticism in the marketplace."

Of course, any rating system should be given time to work in conjunction with the V-chip, and television sets with the chip won't be available until next year. But should the discussion of how the ratings work and whom they should serve really be shelved for three years? Of course not.

Now it's the public's turn. In all the controversy over what kind of ratings system is best, almost no one has noticed a relevant item tucked away in another corner of the 1996 Telecommunications Act, far away from the V-chip provision. Section 204 of the law requires that broadcasters keep in their files for public inspection, and attach to their applications for license renewal, a record of all letters received from the public that comment on violent programming.

In itself this requirement is a thin reed. Under the law's terms, broadcast licenses are now longer, lasting eight years instead of five, and the public's ability to challenge renewals on the basis of a broadcaster's public service performance is virtually gone. It is unlikely that broadcasters will lose licenses on the basis of violent programming.

Nor should they. The premise behind screening technologies like the V-chip is that in time they will allow broadcasters to offer *more* choices to viewers. Inevitably those choices will include adult fare, some

portion of which will undoubtedly contain gratuitous violence and strong sexual content, especially as digital television makes it possible to target ever narrower audiences.

Thus, congressional concern over the suitability of the current television rating system is amply justified. Whether this system proves helpful to parents and whether it will be adequate in the future are both questions that Section 204 opens to public debate and discussion. If Congress really wants to explore this issue, it should publicize the law's requirement widely. Under the law, the ultimate responsibility for rating programs lies with the license holders — individual stations — and they will be the first to complain if their files become swollen with hundreds of letters from parents and grandparents declaring the ratings system a sham.

Not all programming should meet the Woman From Buffalo Test, of course, but the story illustrates the power of a single letter. Imagine the power of hundreds of thousands of them.

Mr. Minow is a Chicago attorney and former chairman of the Federal Communications Commission. Mr. LaMay teaches at Northwestern University's Medill School of Journalism. They are co-authors of Abandoned in the Wasteland: Children, Television and the First Amendment (Hill & Wang, 1995).

■ From the December 1997 issue of *AAP News*, the official newsmagazine of the American Academy of Pediatrics.

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New on-screen icons make kid-friendly TV easier to find

by Marjorie Tharp

Washington correspondent

Look for the "E" and the "I." No, it's not an eye chart test. It's advice pediatricians can now give to parents who want to find educational and informational television programming for children.

Sept. 1 marked the start of new rules by the Federal Communications Commission (FCC) requiring every TV station to air three hours each week of educational and informational television programming for children. As a result, the fall television lineup for children's shows looks a little different.

Those shows deemed by the station to be educational and informational to children are accompanied by an "E/I" icon when the show first appears onscreen. The local TV guide should also be identifying such programs in print.

The new rules were developed to strengthen the AAP-supported Children's Television Act of 1990 (CTA), which was implemented to increase the amount of children's educational programming. Stations were to develop and air such programming as a condition of their license renewal. When the first wave of license renewals came before the FCC, once the CTA was implemented, some

broadcasters were claiming already existing shows such as "Wheel of Fortune" and "The Jetson's" as educational and, therefore, meeting the Act's requirements.

That was not, however, what Congress had intended when it passed the CTA, so action was taken in the form of these new rules to better define what was educational, along with a minimum number of hours required per week. They also specified that educational programming must be 30 minutes in length and air no earlier than 7 a.m. and no later than 10 p.m.

Labeling good television programming is an important tool in helping parents take control over what their children watch. To make the CTA law work effectively, parents, pediatricians and other community leaders can do one or more of the following:

- Educate others about what the E/I stands for.
- Visit your local TV station and check the public file to see how they're meeting CTA requirements. TV stations are required to maintain a public file on their children's programming.
- Praise good shows. The broadcast industry needs to hear what it's doing right and why. Tell families to watch, as well. Good ratings are

paramount to a show's survival.

- Offer assistance to your local TV station. Some might appreciate having a pediatrician adviser on show development.
- Ask the publisher of your local TV guide to identify E/I programs.

Above and beyond the CTA, the Academy continues its long-term commitment to address the impact of the media on children and adolescents. Through the AAP Media Matters campaign, the Academy will work to help parents and children understand and influence the sometimes negative effects of images and messages in the media, including television. Through the Media Resource Team, the Academy works with writers and producers to improve TV programming affecting children.

Former President Ronald Reagan said, "I guess television just has more power than any of us know."

It's time for the public, including pediatricians, to put that power to work on behalf of children.

To comment on shows or to suggest E/I programming, fax your remarks to: Lisa Reisberg, director, AAP Division of Public Education, (847) 228-7320, or e-mail at lreisberg@aap.org.

■ From the August 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

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Media education campaign awarded \$300,000

from the Division of Public Education

A \$300,000 contract supporting the AAP Media Matters campaign has won approval.

Funding to develop, implement and evaluate two model media training programs has been confirmed by the White House Office of National Drug Control Policy and the Center for Substance Abuse Prevention (CSAP).

Model programs will focus on the relationship between substance abuse prevention and media education.

AAP Districts I and VII have been chosen for the pilot media education campaign conferences, scheduled for late spring 1998. Training invitations will be mailed in mid-November to members of the two districts.

"We're extremely pleased to be joining forces with the nation's pediatricians to reduce the use of drugs by youth," said Gen. Barry D. McCaffrey, director of the Office of National Drug Control Policy.

"The American Academy of Pediatrics' Media Matters campaign is an important tool to support the 1997 National Drug Strategies goal No. 1: to reduce underage use of alcohol, tobacco and other drugs.

"We must help parents learn how to talk with their children about drugs," McCaffrey continued.

"All of us owe our children an environment that will dramatically reduce



drug use. We must help America's young people better see the true risks involving using illegal drugs, alcohol and tobacco. All of us who are working to reduce drug abuse welcome the leadership, the mentoring, and the teaching-prevention role of the 53,000 AAP members."

The conference goal is development of a model program to increase pediatricians' involvement in the public's understanding of media's effect on youth substance abuse.

At the conferences, a core group of pediatricians, culled from those who accept the November invitations, will be trained to address a wider, second tier of pediatricians, as well as the public. The second tier, in turn, will work at the community level with a third tier of pediatricians, who will

work more extensively with parents, teens, preteens and the media.

Participants will learn about critical thinking and viewing skills, particularly why media messages exist, how they are created and to whom they are targeted. Participants also will learn how to promote state- and community-based initiatives by working with other prevention professionals.

"CSAP is a leader among federal agencies in promoting media education, and Secretary of Health and Human Services Donna Shalala has gone on record as recognizing the promise of media literacy as a prevention strategy for alcohol and illicit drug use," said Stephanie O'Neill, acting director of the Center for Substance Abuse Prevention, in Rockville, Md.

In addition to speaker and media training, participants will receive speakers kits, extensive resources and a list of follow-up activities. Technical support will be provided by Division of Public Education staff. A formal evaluation will be conducted to determine model program effectiveness.

Funding also will cover development of additional Media Matters campaign materials, such as the AAP booklets: "A Physician's Guide to Media Education," "Substance Abuse in the Media" and "A Parent's Guide to Media Education."

For more information on the Media Matters campaign, contact Lisa Reisberg at (800) 433-9016 ext. 7873.

■ From the April 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

American
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Academy begins drive to teach youth *Media Matters*

by Lisa Reisberg

Culminating more than 25 years of addressing the impact of media on children and adolescents, the Academy is launching *Media Matters*, a five-year national media education campaign targeting physicians, parents and youth.

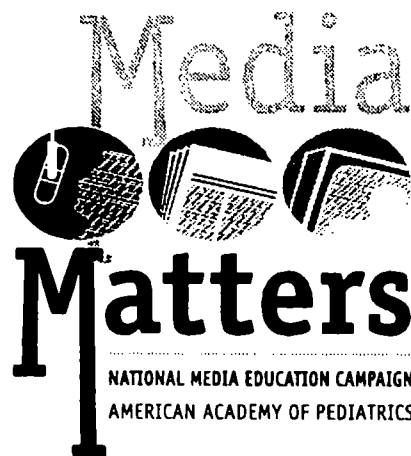
In the face of rapidly expanding media technology, "the only effective response is to encourage media-resistant families through media education," said Marjorie Hogan, M.D., AAP Committee on Communications (CoComm) chairperson.

Reviewing research on the topic through a series of policy statements, CoComm concluded that education must be the cornerstone of helping youth deal with media influence, and that pediatricians have an essential role in youth education, according to Dr. Hogan.

Media Matters will begin by addressing substance abuse messages in the media to tie in with the Academy's annual Child Health Month campaign, which from 1997 through 1999 will focus on substance abuse prevention.

In addition, the Academy has developed a partnership with the White House Office of National Drug Control Policy and the national Center for Substance Abuse Prevention, lending its support to a \$16 billion federal anti-drug initiative. The plan's "Goal 1" for 1997 is education to help young people reject illegal drugs, alcohol and tobacco.

The partnership will include leadership training workshops for AAP members and state-level substance abuse pre-



vention professionals, as well as development of print support materials.

Also, workshops on using media education to prevent substance abuse are scheduled for the 1997 AAP Annual Meeting, Nov. 1-5 in New Orleans, and the AAP co-sponsored 19th annual Conference on Patient Education, Nov. 15-18 in Seattle.

In addition, the Academy is co-sponsoring the 1997 national Conference on Media Education, with public health as its theme. The third annual conference is set for next winter.

Media education includes developing critical thinking and viewing skills and offering creative alternatives to media consumption, Dr. Hogan explained. Rather than relying on censorship or media self-regulation, the campaign "encourages families to be intelligent, confident consumers."

Victor Strasburger, M.D., a CoComm member and author of several publications on media influence on children

and adolescents, noted, "Over 1,000 studies, including a Surgeon General's special report dating back to as early as 1972 and a National Institute of Mental Health report 10 years later, attest to a causal connection between media violence and aggressive behavior in some children.

"And even more troubling," Dr. Strasburger continued, "is that advertisements for tobacco and alcohol are impacting young children's resiliency to these, and other, risk-taking behaviors."

- The AAP policy statement "Children, Adolescents, and Advertising," states that the number of smokers under age 18 who choose Camel cigarettes has risen from 0.5 percent to 32 percent, since RJR Nabisco introduced its Joe Camel advertising campaign in 1988.
- 85 percent of adolescent smokers prefer either Marlboro, Newport or Camel cigarettes, the three most heavily advertised cigarette brands.
- A February 1997 *USA Today* survey reported 99 percent of teens said they were familiar with the Budweiser beer frogs and 92 percent said they like the frogs.

"We as professionals and parents have an enormous stake in guaranteeing that the media's influence on our nation's youth is positive," Joe M. Sanders Jr., M.D., AAP executive director, concluded.

For more information on the Media Matters campaign, contact Lisa Reisberg, director, Division of Public Education, (800) 433-9016, ext. 7873.

■ From the April 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

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Kids' excessive TV use

by Stefanie Dell'Aringa
Staff Writer

■ *Valerio M, et al. Archives of Pediatrics & Adolescent Medicine. 1997;151:22-26*

The majority of children age 2 to 8 are exposed to adult advertising and close to half watch violence on the evening news, despite parental monitoring, according to an Italian study.

Television viewing among children age 2 to 8 is a result of parents' attitudes about TV, the study showed, prompting investigation into other contributing factors.

According to the study, exposure to television at an early age poses a threat to

children because of their slow ability to distinguish fantasy from reality, normally achieved at age 11 or 12.

Violence and adult themes in programs and commercials produce negative behaviors in children, and excessive TV viewing can create unhealthy habits due to associated snacking and sedentary behavior.

The study questioned parents of 156 children in Padova, Italy. Results showed:

- 85 percent of the children were exposed to TV advertising;
- 47 percent watched the TV news;
- 37 percent watched TV unsupervised;
- 26 percent viewed films for adults; and
- usage of TV increased significantly with age.

While parents frequently prohibited certain programs because of attitudes about their content and value, they did not seem to take into account the danger of exposing their children to violence represented in the TV news, nor did they consider the impact of cartoons.

Researchers recommend pediatricians acquire information from parents about their children's TV exposure, in order to educate them about the risks associated with excessive TV use. Researchers suggested broader studies to determine why children are allowed to watch television.

■ From the August 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

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Washington Report

by **Marjorie Tharp**
Washington
Correspondent

Academy agrees to television ratings deal

The Academy joined eight other advocacy organizations in reaching agreement with the television industry June 10 to modify the current age-based ratings system by indicating whether a show contains violence, sex, coarse language or suggestive dialogue.

Viewers will begin seeing the modified system in action by Oct. 1, when the current TV-PC, TV-14 and TV-MA ratings categories will be accompanied, where appropriate, with a V for violence, S for sexual situations, L for language or D for dialogue. For example, a police drama may be rated TV-14 VL, indicating intense violence and strong, coarse language.

"The result is not what pediatricians envisioned, but it's a step in providing parents some of the information they need to make viewing choices for their children," AAP President Robert Hannemann, M.D., said. "We'll give the modified system some time to see whether parents find it useful and then evaluate it again."

Representatives from the Academy and other advocacy groups spent several weeks in negotiations with broadcast and cable industry leaders, trying to reach a compromise.

Children's programming will still have a TV-Y category identifying programming appropriate for all children and a TV-Y7 category for children 7 and older. However, more violent or combative programs, such as the "Mighty Morphin Power Rangers," will carry a TV-Y7 FV, for fantasy violence.

The ratings system will work in conjunction with a V-chip by allowing viewers to block out programming they deem unacceptable for family members. The V-chip, mandated by the Telecommunications Act of 1996, will be installed in all new television sets by next year.

Other aspects of the ratings agreement include: enlarging the icons that appear at the start of each program; conducting independent, scientific research and evaluation once the V-chip has entered the marketplace; and adding five advoca-

cy representatives to the industry's monitoring board. The board reviews programs that have been criticized for being misrated.

Some congressional leaders promised the television industry that they would not push pending or new legislation dealing with television ratings, content or scheduling for three years. The advocacy groups made no such promise, only stating that the new system should be given some time to work.

The organizations, including the PTA, NEA and AMA, agreed to educate the public about the V-chip and ratings system, as well as to encourage newspapers and television guides to print the ratings.

Media education, through its Media Matters campaign, will continue to be a high priority for the Academy. The organization will work to educate physicians, parents and their children about the impact of the media and why a ratings system is necessary.

Pediatricians should educate parents, youths about media's effects

by Michael Rich, M.D., M.P.H., FAAP

"These violent delights have violent ends."

Concerns about the behaviors and fates of young people voiced in "Romeo and Juliet" are as relevant today as 500 years ago. Indeed, the parents of Columbine High School students were as shocked and uncomprehending as the Montagues and Capulets at the end of Shakespeare's drama of adolescent passion and destruction. The public's initial question of "How could this happen?" was swiftly followed by assignment of blame, much of it leveled at entertainment media: movies, television, music, video games and the Internet. It is human nature to assign blame, to look for fault. We want to know why — and we



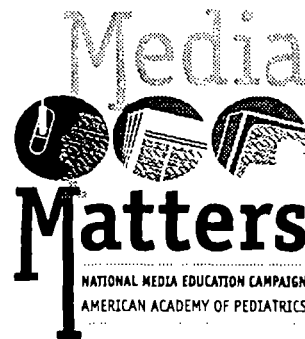
Dr. Rich

want something that we can fix. Hidden in the finger-pointing are lessons we would do well to learn as health professionals who care for the lives and well-being of children and adolescents.

Littleton was only one of a series of school shootings over the past two years. Each year more than 150,000 adolescents are arrested for violent crimes,¹ more than 300,000 are assaulted seriously enough to need medical care,² and 3,500 are murdered.³ Research by RH DuRant, et al. has shown that the strongest single correlate with violent behavior is previous exposure to violence, and an association between media exposure and subsequent violent behavior has been demonstrated in more than 1,000 studies. However, the etiology of violence is complex and multifactorial. Jolted into awareness of youth violence as a public health epidemic, we are now realizing how little we know about its causes.

Recognizing this, the U.S. Senate passed a bill May 20 allocating \$25 million over the next five years to study the risk factors for youth violence and the processes by which children develop patterns of violent thought and behavior, including the roles played by peer pressure and social forces like the media.

Research has shown that when young people are exposed to media violence they develop fear of being victimized by a "mean world," learn aggressive attitudes and behaviors, and become desensitized to violence.⁴ Today, 99 percent of



American homes have a television and 87 percent a VCR; watching videos is America's favorite leisure activity. Children average 28 hours of television a week, spending twice as much time each year with TV as they do in school. About three-quarters of all 12- to 19-year-olds spend an average of six hours per week watching music videos.⁵

Video games generate \$10 billion in earnings a year. Fantasy violence is the favorite type of game played by children⁶ who average 90 minutes of video gaming per day.⁷

Media function as a "superpeer," replacing the role once played by a social circle of friends and family, modeling and encouraging ways of thinking and behaving. It is no wonder young people are confused about the nature of interpersonal relationships, their own safety and the use of violence to resolve conflicts. They are saturated in a flood of sensation, from cathartic, no-repercussion shootings on television to the lyrical portrayal of violence in music videos to being rewarded for kills in graphic "first person shooter" video games.

As child health professionals, we must be aware of the ubiquitous and powerful presence of media in our patients' lives.

In this epidemic of school shootings, I have been struck by the stunned, haunted looks in the eyes of the young people accused of the killings. They appear to be in shock, surprised and devastated by what they have done. As an adolescent physician, I cannot help but see them as our patients. Adolescence represents a series of increasingly difficult developmental tasks. Starting from childhood's magical thinking and impulsive behavior that parents must contain, one must develop abstract thought and social controls to deal with adult realities. If this developmental process occurs in a violent environment, it can become distorted.

Lt. Col. David Grossman, an adjunct professor at Arkansas State University who also teaches the psychology of killing for the Army, said on "60 Minutes" April 25 that he sees fantasy violence video games as "murder simulators." They use desensitization and operant conditioning to teach kids to "associate pleasure with human death and suffering." He said he is not surprised that teens who spend hundreds of hours perfecting

skills on video games are able to kill so effectively the first time they use a real gun. And we should not be surprised by teens' stunned disbelief at the carnage.

Members of the media are not going away. Censorship is unwanted, unconstitutional and ultimately unsuccessful in a free society. However, as U.S. House of Representatives Speaker Dennis Hastert (R-Ill.) asserted, "Free expression does not necessarily have to lead to moral chaos. Let us join together in finding ways to help parents raise their children to be good, productive citizens."

We must approach the media and their effects as a reality of contemporary life. As clinicians, we need to recognize the potent effects of media on child health. We must ask about media use as part of the medical history. Children should not have televisions and video games in their own rooms (54 percent do).⁸ We should encourage parents to set limits on media use and to consume media with their children, discussing with them what they have seen and learned.

What will make the most significant and lasting difference is to help our young people become media literate. Former U.S. Commissioner of Education Ernest Boyer wrote, "It is no longer enough to simply read and write. Students must also become literate in the understanding of visual images." In order for children and adolescents to be protected from the media's effects, they must learn to "read" and understand media messages for what they are, rather than passively accepting them at face value. Media education teaches us to be selective, critical viewers who make informed choices and can evaluate and modulate media's effect on ourselves and on society.

Media Matters, the Academy's national media education program for pediatricians, parents and young people, targets the public health effects of media. The central themes of Media Matters are easy to learn, and kids enjoy learning them because they like being smarter than what is being sold to them. Renee Hobbs, professor of communications at Babson College, Wellesley, Mass., has developed five questions parents can use to evaluate the media their children consume:

1. Who is the author and what is the purpose of this message?
2. What techniques are used to attract the child's attention?
3. What lifestyles, values and points of view are represented?
4. How might different people interpret this message differ-

ently? (women? children? different racial or ethnic groups?)

5. What is omitted from this message?

Media are not inherently malignant. They are tools. Like a shovel, media are neutral. The shovel can be used to hit someone on the head or to till a field. Used correctly, the media can serve an important role in the development of emotional maturity and positive social behavior.

Violence and high passion have been staples of drama since long before Shakespeare. With appropriate understanding, media can illuminate the danger and inhumanity of violence without the child having to experience it directly. It is how we understand human violence and how we act upon that understanding that makes the difference. To quote from one of Shakespeare's bloodiest plays, "Julius Caesar," "The fault ... is not in our stars, but in ourselves."

The potential for violence does not arise from an outside force, it lies within each of us. Children have fewer checks on primal violent urges than adults. As parents and pediatricians, we hope to contain and rechannel those urges. Unprotected use of media can warp psychological development that allows awareness of human suffering to control violent desires. Knowing media and how they work will allow children to recognize and direct their effects, to use them wisely, and to learn of human suffering through ways that allow them to grow up healthy and safe.

To learn more about Media Matters, contact Jennifer Stone in the AAP Division of Public Education, (800) 433-9016, ext. 7870, JStone@ aap.org.

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Media education offers help on children's body image problems

by Marjorie Hogan, M.D., FAAP

As pediatricians see increasing numbers of children and teens with eating disorders, including anorexia nervosa, bulimia and obesity, we must be gravely concerned about the influence of the media on youth perception of ideal body shape and size.



Dr. Hogan

A new study in the March issue of *Pediatrics* reinforces what we already fear: young girls are suffering from negative body image and are engaging in unhealthy behaviors as a result.

In the study, *Exposure to the Mass Media and Weight Concerns Among Girls*, the authors use a cross-sectional survey of 548 girls in 5th grade through 12th grade to assess influence of the media on weight concerns, weight control behaviors and perceptions of body weight and shape.

A majority of girls (59 percent) reported dissatisfaction with their body shape, and 66 percent expressed the desire to lose weight; the prevalence of overweight in this study was 29 percent.

Girls were asked about their frequency of reading women's fashion magazines. Some 69 percent reported that appearance of models in the magazines influenced their image of a perfect female body, and 47 percent desired to lose weight because of the magazine pictures.

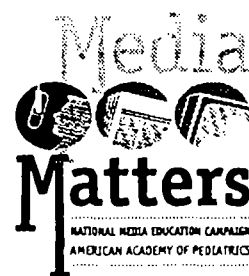
Frequent readers of women's fashion magazines (2 times a week to 7 times a week) were more likely to have dieted or exercised to lose weight because of a magazine article.

The article presents a concise review of these devastating health problems and rightfully suggests that "the print media aimed at young girls could serve a public health role by refraining from relying on models who are severely underweight and printing more articles on the benefits of physical activity."

As fervently as we might hope for the media to "do the right thing" and deliver socially conscious and health-conscious images and messages to our youth, media education offers a simpler and more effective response. Inclusion of media education as a powerful tool for countering the negative, unattainable, unhealthy images in fashion magazines would have given this valuable article even more relevance.

The goal of media education is to understand the meaning and intent behind the media images and messages we see and hear all around us, every day, everywhere.

From fashion magazines to television, the Internet to billboards, video games to film, and music lyrics to the novel on the best-seller list, we live in a media world and can only appreciate the good in media — and comprehend and ferret out the harmful — if we are media-educated.



With this in mind, the Academy over the past many months has embarked on an ambitious, exciting campaign for national media education: Media Matters. Its goal is media-educated families, including parents, children and adolescents, who limit the amount of media used and proactively, purposefully choose positive or educational offerings when a program or activity is desired.

A physician's guide to media education, media history form and other resources are currently available. In addition, the Academy is developing a new policy statement and guide for parents that will suggest ways families can promote media education in the home, including:

- recommending no television in a child's bedroom,
- prohibiting media use during meals,
- encouraging parents to be positive media role models, and
- encouraging children to pursue a variety of other activities during leisure time, especially reading.

Critical thinking and critical viewing habits are integral components of media education. Adults can use bothersome media portrayals for conversation and discussion. "Do you think the Wily Coyote would really jump up after being hit in the head with a boulder?" "Why does a beer company use little frogs to encourage people to buy and drink beer?" "Does this fashion model look healthy? Energetic? Why would a company use a model like this to sell clothing?"

Media-educated children and youth should understand that behind all media products are potent political, social and economic forces. Children feel very powerful when they understand that all media products are constructed — carefully created for a purpose — to sell, to persuade, to manipulate, to create a feeling.

Pediatricians continue to be concerned about the public health risks posed by mass media images and messages for children and adolescents. Scores of studies teach us about the impact of viewing violence in the media; the outcomes range from increased aggressive behavior, to desensitization to vio-

lence, to fear about living in a "mean, scary world."

We also know, through experience and research, that the media may teach and model unhealthy sexual behaviors and normalize and glamorize use of tobacco, alcohol and illicit drugs. Heavy viewers and users of media tend to have problems in school and sheer time spent with media limits the valuable time a child spends in active play, creative pursuits, socializing with family and friends, and reading.

Rather than depending on the media industry to self-correct,

pediatricians and parents must embrace media education as the best and simplest solution to the public health risks presented by the media. More information and ideas on implementing media education activities in homes, offices, clinics, schools and communities are available from the AAP Division of Public Education. For details, contact Jennifer Stone at (800) 433-9016, ext. 7870, or e-mail jstone@aap.org.

Dr. Hogan chairs the AAP Committee on Public Education.

Three-year study documents nature of television violence

by Donald Shifrin, M.D., FAAP



Dr. Shifrin

It seems they are as inseparable as burgers and fries. The amount and influence of violence on television has long been the topic of study and national debate. For close to 30 years, dating from the 1960s to the Surgeon General's report in 1972, the National Institute of Mental Health report in 1982, and the American Psychological Association's report in 1992, more than 1,000 scientific studies have validated the premise that TV violence influences aggressive behavior in some children.

In 1993, however, public concern over TV violence became so politicized that it extended to Congress, where Sen. Paul Simon issued a threat to the television industry to "control and regulate the amount of violence" in its programming or Congress would make it their business. In response, the National Cable Television Association (NCTA) funded a \$3.5 million, three-year research study.

Four prominent universities were selected to assess the nature — not just the number — of violent scenes across the vast TV landscape. Reports would be issued yearly and forwarded to Congress. The academic foundation for the study had been laid by prior research showing the harmful effects of TV programming were threefold: Viewers could learn aggressive attitudes and behavior from watching violence, become desensitized to the seriousness of violence, and become frightened of becoming a victim of real-life violence.

It was postulated that the "nature" of violent scenes differed. Contextual differences could vary; therefore individual contextual features of violent scenes

should be measured. The University of California at Santa Barbara and the University of Texas at Austin identified



and extensively documented 11 features that (after watching) would increase (justified, unrealistic, unpunished or painless violence) or decrease (unjustified, punished or violence showing realistic pain) the risk of harmful effects. The definition of violence stipulated: "The involvement of animate beings, a clear intent to harm, and harm that is physical in nature as opposed to psychological or emotional."

The two universities studied the content of randomly sampled cable and network TV programming 17 hours per day, seven days each week for nine months (October through June) for three years. Beginning in June 1994, drama, comedy, movies, music videos, children's shows, cartoons and reality programs (news magazines, documentaries, police shows and talk shows) were analyzed.

Excluded from the study were news, sports and entertainment sports programs. Although not studied, there is no question each of these genres contained violent scenes — from a live suicide on the Los Angeles Freeway to the infamous May 19 Yankee-Oriole base-brawl or the weekly mayhem (both visual and verbal) of televised wrestling.

Two other universities studied parents' and children's responses to content rating advisories and the effectiveness of anti-violence public service announcements on adolescents.

From 1994 to 1997, data gathered from almost 10,000 hours of programming made this the largest sample and most detailed analysis of television content ever examined. Unlike another simultaneous study commissioned by the three

broadcast networks looking only at prime-time hours, the National Television Violence Study (NTVS) also incorporated biannual meetings of an Oversight Council of representatives appointed from 17 national organizations concerned with the impact of TV violence on society. Two-thirds of the council's members were appointed from organizations representing medicine (AAP, AMA, American Psychological Association, Society for Adolescent Medicine) as well as the National PTA, the National Education Association and the American Bar Association. One-third were from organizations representing the entertainment industry. The council's role throughout the study was to safeguard its integrity and independence, counsel the researchers, ensure scientific validity and focus media attention on its revealing statistical findings annually.

Across the study's three years, a steady 60 percent of sampled programs contained violent scenes. More important than prevalence was the finding that violence often was portrayed in the contextual manner that earlier research suggested would increase the likelihood of negative effects on viewers, especially children. More than one-third of violent scenes featured "bad" characters who were never punished; 70 percent showed no remorse or penalty at the time violence occurred; 40 percent of all violence included humor; more than 50 percent of the scenes studied showed no pain cues; more than 50 percent of the violent incidents would be lethal or incapacitating if they occurred in "real life." More disturbing, especially for younger viewers is that 40 percent of the violence was perpetrated by attractive (hero) role models.

TV violence that is glamorized, trivialized and sanitized teaches that violence is a solution, and less than 5 percent of violent programs incorporated anti-violence messages.

For younger viewers, many harmful contextual features were seen most often in cartoons. The typical preschooler who daily watches about two hours of cartoons will be exposed to 10,000 violent incidents per year, of which 500 are at high risk of modeling aggressive attitudes and behaviors. One of the most critical and disconcerting NTVS findings suggests that for preschoolers, who have difficulty distinguishing fantasy from reality, the lesson is violence is "desirable, necessary and painless."

Studying ratings and advisories yielded two significant findings: Motion picture-type ratings may actually *attract* preteen and teen boys viewing alone, and implementation of the new television program content ratings, begun in 1997, has been erratic and poorly publicized.

Finally, NTVS data prompted recommendations to programmers, policy makers and parents, "the most important consumers of this report" (Pediatricians take note). Future programming that would avoid violence, keep violence incidents low, portray violent scenes realistically and have anti-violence themes was stipulated. Decreasing cartoon portrayals most likely to teach aggression was strongly recommended. And rat-

ings should be designated appropriately, presented orally and more often than 15 seconds visually during a program.

Finally, parents are urged to be aware of the harmful influences on children of viewing repeated scenes of contextual violence that effectively teach aggressive attitudes and behaviors. These scenes in promotions or commercials also were problematic.

The NTVS summary included a warning that, depending on the child's developmental level, cartoon and fantasy-type violence, i.e. sanctioned violence, cannot be dismissed simply because it is unrealistic. Scenes of sanctioned violence by a positive role model with no serious victim consequences should be monitored closely.

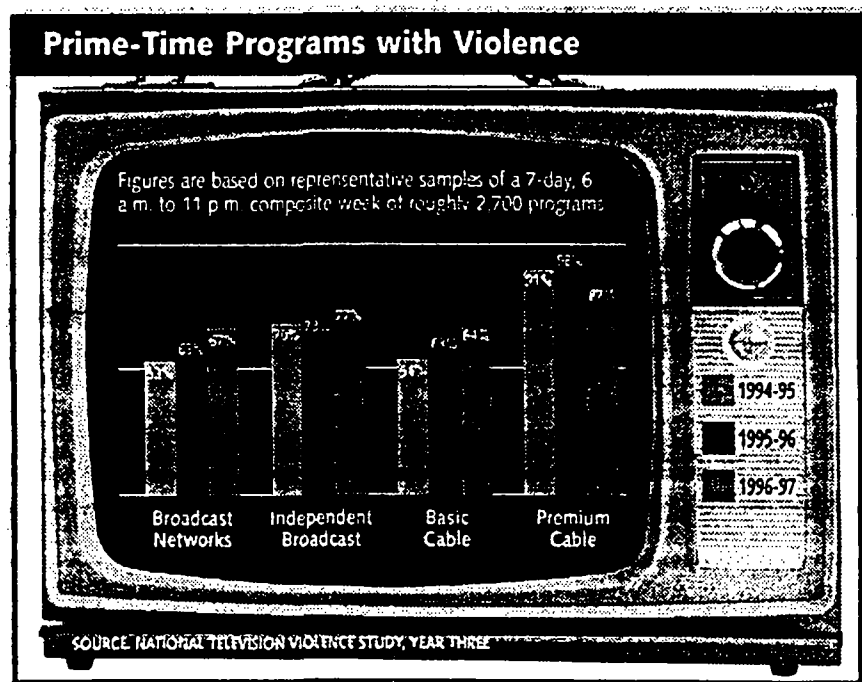
The NTVS disclosed new details in identifying the nature of TV violence, including where it occurs, who is doing it, how it is done, who is hurt and who gets punished. Although the council would like to believe this rigorously documented scientific evidence will encourage more responsible programming, ratings designations and utilization, and parental involvement, it realizes TV violence is but one of many factors in the etiology and prevention of violence.

Because television is our children's *No. 1 leisure activity*, we should not minimize the ongoing impact of its thousands of visual messages on children, especially those at risk for behavioral problems.

The last NTVS Executive Summary can be found at the Web site: <http://research.ucsb.edu/cori/ccsp.html>.

NTVS findings reinforced the important role media education and media literacy play in the lives of our nation's children. The AAP Media Matters campaign is one way pediatricians can begin to incorporate these crucial issues into daily interactions with patients and parents. Media Matters materials can be obtained from Susan McCarthy, AAP Division of Public Education, (800) 433-9016, ext. 7870.

Dr. Shifrin is the AAP representative to the Oversight Council of the National Television Violence Study and a member of the AAP Committee on Communications.



AAP NEWS

THE OFFICIAL NEWSMAGAZINE OF THE
AMERICAN ACADEMY OF PEDIATRICS

ARTICLE REPRINT • From the February 1998 issue of AAP News

Television and the perpetuation of gender-role stereotypes

by Nancy Signorielli, Ph.D.



Signorielli

Americans spend much of their time in the world of television, whether watching network programming, cable channels or pre-recorded tapes using the VCR. In the typical home, the TV set is turned on for more than seven hours each day and the average person watches more than three hours each day. Young children and their grandparents watch the most; teen-age girls the least (but even they watch almost three hours a day). Persons with cable, especially those who subscribe to premium (pay) channels, watch even more. As a result, few people escape exposure to the vivid and recurrent patterns of images, information and values that make up the TV world.

Since television is found in practically every American home and requires only minimal skills to understand, it is our nation's most common, constant and vivid storyteller. Its visual nature makes it particularly appealing.

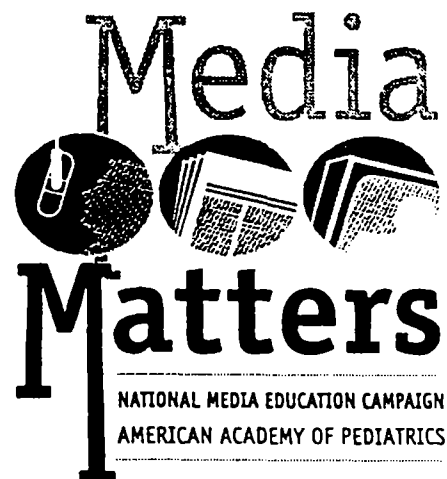
Television plays a central role in most youngsters' social lives, providing the fuel for conversations and peer group cohesiveness. Despite ongoing and seemingly endless changes in programming, the prime-time television world transmits a compelling and fairly stable set of

images about gender roles.

The most consistent image we have of women on television is that of under representation. Since the early days of television, during prime time hours (8 p.m. to 11 p.m. EST), men have outnumbered women by two or three to one. The ratio of men to women is most uneven in the violence-laden crime and action adventure programs, while somewhat more equal in situation comedies. Women are likely to be younger than men on television, but they age faster. The typical woman on television is in her early 30's, while the typical man is in his mid- to late-30's. More problematic, however, is the distinction between men and women over the age of 65: the men are more likely to be cast in younger roles, still employed and involved romantically; women over age 65 are typically categorized as elderly.

Children's cartoon programming accentuates gender role differences. Women are more invincible in cartoons than other types of programs and often are found in stereotypical roles. Similarly, in commercials, roles for both men and women are stereotyped and gender-typed, with most of the talking done by the men.

Studies of TV's effects are generally hampered because it is almost impossible to find people who do not watch television. Nonviewers are quite rare and tend to be demographically eclectic. Nevertheless, research generally points to a relationship between watching television and having stereotypical conceptions about gender



roles. Studies have found that viewing is related to giving more sexist responses to questions about the nature of men and women, how they are treated and their roles in society.

Those who watch more television also are more likely to exhibit gender role stereotypes for gender-related qualities (independence, warmth) and gender-related activities (sports, cooking). Similarly, there is a relationship between watching television and having gender-typed attitudes toward gender-stereotyped chores. Although we do not find a relationship between viewing and actually doing chores.

Finally, TV viewing is related to conceptions about work. A study of high school students from around the country found that TV viewing was related to (1) adolescents' wanting to have high-status jobs that would enable them to earn a lot of money and (2) wanting to have jobs that were relatively easy with long vacations and time-to-do-other-things-in-life attitudes that, in reality, conflict.

The world of work during prime time tends to overemphasize professional

and white-collar workers and the more adventurous jobs, such as police work. While occupation is usually part of male characterizations, this information is often missing for female characters — fully a quarter of the women cannot be classified by occupation. Overall, women's work on television is more stereotyped than men's. Although the same proportion of men and women are classified as professionals, women often are cast in the lower status professions and in white-collar jobs, such as secretaries and clerks.

The world of television is one in which looks, good looks, truly count. While both women and men are attractive, the women are seen as more attractive than the men. Women are more likely to have blonde or red/auburn hair than black or brown. Moreover, they typically have almost perfect bodies; few on television have even the slightest problem with their weight.

The effects of TV's world of beauty on adolescents is seen in the results of an experiment comparing the attitudes of girls who saw "beauty" commercials with those who saw "neutral" commer-

cials. Those who viewed the beauty commercials rated beauty as more important "to be popular with men," as well as personally more important, compared to those who saw the neutral commercials.

The typical pediatrician may not routinely address the topic of television with patients and/or patients' parents. Yet, I believe that children, especially young adolescents, need to be reminded by as many sources as possible, that the way television casts characters is not real. They must develop media literacy skills.

Watching too much television may give adolescents unrealistic expectations about what can happen as they grow up. For instance, trying to attain or mimic the physical attributes of television actresses is not a healthy goal for the average teen-ager. William Dietz, M.D., FAAP, has postulated that eating disorders, such as bulimia, may be the only way young girls can cope with the myriad of conflicting images about food and body types we find on television. Similarly, young people's expectations about work or school may be negatively impacted by what they see on television. Pediatricians

can play a role in helping their patients begin to think constructively about how television can affect their expectations about life, love and their future.

Television's world continues to evolve. Its images have undergone numerous changes over the past 30 years, and it will continue to grow and change. People's attitudes about the roles of men and women in society also have evolved and changed during the past 30 years. How much greater, however, would society's changes be if television were truly reflective of the status and role of women in the United States. By asking your patients to take a few minutes to think about the kinds of people and/or values they see on television, you are in a unique position to help young people think about television in an entirely new way.

Television can be a positive force in a youngster's life, but only if that child is media-literate.

Nancy Signorielli is a noted researcher in the field of children and the media, and professor of communications at the University of Delaware.

■ From the August 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

American
Academy of
Pediatrics



'Smart Parents' offers path through TV jungle

■ Point of View

by Milton Chen, Ph.D., and
Margie Hogan, M.D., FAAP

V-chips. TV program ratings. On-air icons. FCC-friendly children's programs. Suddenly, parents are being barraged by a bewildering new array of television tools, technology and talk.

Powerful interests, from Hollywood to Washington to Madison Avenue, are saying they know what's best for children's TV. But like everything else about raising children, when it comes to TV, mother and father do, indeed, know best.

With more than 2,000 hours a day of programming beamed by broadcast and cable channels into America's homes, parents need clear guidance to help them find positive programming for their children and families. And if parents think the television their children watch isn't important or doesn't have an impact on them, consider this:

- The average American child will witness 100,000 acts of television violence, including 8,000 murders, by the time he or she reaches the sixth grade.
- Children who watch significant amounts of television and film violence are more likely to be desensitized to real world violence, believe the

world is more dangerous than it really is and display aggressive behavior, research has shown.

With the Smart Parents initiative, PBS and the Academy are sharing a little secret with this nation's parents, a truth that has been lost in the storm over TV violence and sex: TV actually can help educate our children!

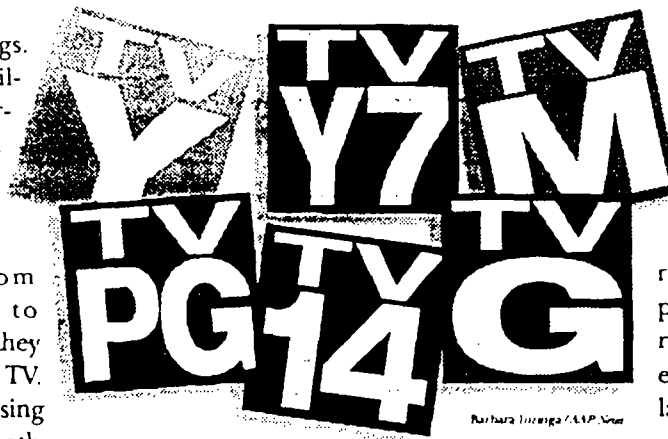
Quality programs can motivate interest in reading, exploration and diverse cultures. Just as TV can inform young minds about violence and sex, it also can teach values and science. In fact, research shows that educational TV programs contribute to a child's readiness for school, with positive effects on school achievement that last through the high school years.

All television can be "educational." Children are surprisingly expert at learning from its various forms — from sitcoms and action adventures to news shows, talk shows and, yes, educational shows. If you doubt how early this learning begins, ask any parent about what their child has learned from commercials. As one 2-year-old daughter replied to her mother's admonition about bedtime, "Mom, it's not bedtime. It's Miller time!"

We need to recognize that TV is not just "mere entertainment," but that every occasion spent with TV presents new opportunities for expanding — or narrowing — children's minds and experiences.

- The average child sees 60 commercials a day — 22,000 each year.
- No industry-administered TV ratings system, however much it warns about a program's violence, sex or profanity, can replace good parental judgment. The key is to help parents make wiser choices from their television menus.

The Public Broadcasting Service (PBS) and the American Academy of Pediatrics have adopted this approach in their Smart Parents project, which goes beyond TV ratings and V-chips to help parents build balanced, beneficial TV diets. A key component of the Smart Parents initiative is a brochure entitled "The Smart Parent's Guide to Kids' TV."



Barbara Jurenga/AAP News

Over ...

American children spend more time watching TV than any other waking activity, including time in the classroom. On average, children watch three hours of TV per day. Many watch four, five or six hours each day. American children are "overeating" TV!

The Academy recommends that parents limit TV viewing time to one to two hours or less daily and make greater efforts to identify positive programs to occupy those hours.

Parents clearly understand the right choice between feeding their child a sandwich or a candy bar for lunch. Parents can balance the "family TV diet"

and provide more nutritious programs for their children. Quality TV programs can be the catalyst for reading, nature hikes, museum visits and that simple but too-often-lost activity, the parent-child conversation.

The 1996 Roper Youth Report found that youngsters who watch educational children's shows on PBS are also more likely to read books and newspapers, engage in activities such as science experiments, and watch TV with their families. These children, who came from all family backgrounds, were learning to learn.

The key? Not parental education or income, but parental intention.

TV ratings cannot improve the programs our children watch. But parents can — by setting rules about how much and what kinds of TV their children take in. We are learning, as a nation, that children's TV is too important to leave to our children.

Milton Chen, Ph.D., is the education director of PBS member station KQED in San Francisco and author of "The Smart Parent's Guide to Kids' TV" (KQED Books, 1994).

Margie Hogan, M.D., FAAP, chairs the AAP Committee on Communications.

■ From the June 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

American
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Pediatrics



Secret to success? Get involved

14 ways parents can create healthy, capable learners

by Bob McCannon

Editor's note: Educating pediatricians, parents and youth on the potentially negative effects of media messages is the aim of Media Matters, a recently launched, five-year AAP campaign. Bob McCannon is director of the New Mexico Media Literacy Project in Albuquerque and resource for the campaign.

Thirty years of medical and educational research suggest the following "recipe" for creating healthy, active, curious and capable young learners.

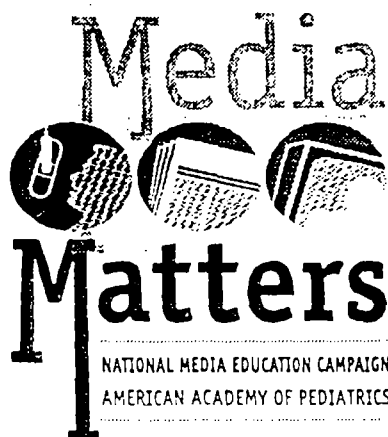
1. Children develop learning skills best in active engagement, so play, and of course, read with your child as much as possible.
2. One of the young brain's best developmental activities is talking with caring adults. Spend time relating. It's fun!
3. Limit your child's passive consumption of screens: TV, computers, video and video games. The time they spend is your choice as the adult, not theirs.
4. Provide better alternatives. Don't just ban.
5. Analyze and discuss. When you do watch "screens," plan carefully and talk about the choice. Point out that media are created products, designed to influence and sell as well as inform and entertain. A great movie entrances us because film makers spend

years learning techniques that influence. So do advertisers. You can learn what these techniques are and teach them to your children.

6. Censor media that run counter to your values. Select programs that are appropriate for your child. Know which shows and products are off-limits, which are okay, and why.
7. Ask questions. Involve language in your viewing time as a family. Watch as a family and discuss the shows together. Be critical. Television is a stranger, a powerful teacher, in your home. What is it teaching? Don't hesitate to throw the stranger out. All it takes is the click of a button.
8. Build your child's value system. Don't "just do it" — think about it! Psychologists agree that children need a functioning value system. Whether liberal or conservative, it is an essential element of a child's

mental health. Your child relies on you and will respond to what you demonstrate and teach. This relationship is what television can never provide. Psychologists are unanimous that the positive source of a child's value system has certain characteristics, and suggest that you: Provide your child with a secure environment, be consistent in what you promote. It is not permissible for Susie to hit Joey on Monday, but not Tuesday. Enforce the standards that are important to you. Children learn by repetition — in joy, sickness, celebration, through discipline — over time. Claim your authority as a parent, with caring.

9. Whenever possible, watch programs on tape. This allows two important activities. First, the program can be stopped for discussion. Second, you can fast forward through commercials. This is important, especially for young children (ages 0 - 5) because they have trouble distinguishing fantasy from reality. This way, you can explain, and break the power of the rapid-fire images. When watching TV live, turn off the sound during the commercials. Ads, the most expensive and powerful media messages, are loaded with emotional material that "grabs" your attention. "Pay attention" can also mean "stop thinking" and 500,000 commercials by age 18 can condition the viewer



"not to think" and shorten attention spans. Reclaim the power of your own attention from the makers of the commercials.

10. Encourage nondirected play. It develops imagination and self-reliance. Let your child use materials at hand in new ways, experiment with and create roles, practice skills. Though they may complain at first, they will eventually, with a little advice and encouragement, get used to entertaining themselves.
11. Investigate the "media-attitude" of baby-sitters, day-care centers and other caregivers. Avoid those who use television to keep children occupied.
12. Engage your children in discussions about the consumerism, stereotyping, simple solutions and questionable values promoted in the media.
13. You've taken the first steps. Now become more media-literate. Go to a workshop, send away for a recommended video list.

Finally, talk, play, and read with your kids. It's what the research suggests, and what common sense requires. Give them a sense of pride in what you do as a family. This will translate into better grades, more personal involvement and accomplishment, and healthier relationships. TV does not dictate what happens in your family — you do.

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For more information on the Media Matters campaign, contact Lisa Reisberg, director, AAP Division of Public Education, (800) 433-9016, ext. 7873.

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American
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Pediatrics



Media education key to avoiding public health risks

by Marjorie Hogan, M.D., FAAP



RESearch has shown that some media can be a public health risk factor to children and adolescents. The images and messages mass media convey can result in aggressive and/or risk-taking behavior. Media messages, both direct and indirect, can lead to other negative attitudes about sexuality, nutrition, self-concept and identity, as well as use of tobacco, alcohol, and illicit drugs among young people. For example:

- Television sometimes conveys unhealthy messages about food, nutrition, and weight and has been associated with obesity.
- More than 1,000 studies attest to a causal connection between media violence and aggressive behavior in some children, desensitization to violence, and for some heavy viewers, a belief that the world is a scary, hostile place.
- Tobacco and alcohol advertising appears to increase children's and adolescent's risk of smoking and drinking by conveying themes that appeal to young people, such as healthfulness, action and adventure, and physical attractiveness.

Overall, many media images seriously conflict with realistic guidelines for health. The health-related messages media often impose on youth, may con-

flict with what is actually necessary to live a healthy lifestyle.

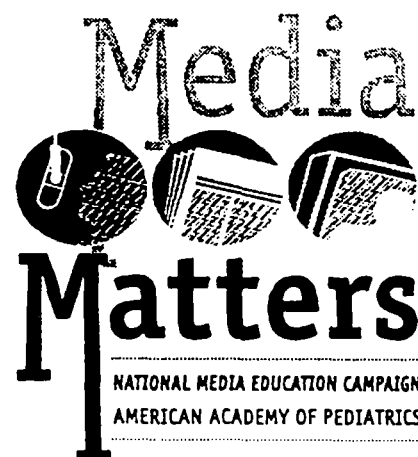
Media Matters – the Academy's new national five-year campaign targeted to pediatricians, parents, and youth addresses the media's effects on youth from a public health perspective, using media education to help stem the potential negative effects of media messages.

Educational efforts are important to help children develop critical thinking and viewing skills concerning advertisements and portrayals in the media, including alcohol and tobacco use. When children understand that media is constructed to elicit a specific opinion or response, they become more critical of the messages they see and hear. Research shows that children are less likely to be influenced by media messages if they have developed skills to refute such messages. This can be accomplished by helping young people:

- pay attention to media selectively;
- recognize persuasive appeals of ads and understand advertisers' intent;
- develop counterarguments to ads' appeals (e.g. "Smoking will not make me look active and healthy like the young woman in the ad, and it could give me cancer."); and
- understand the meaning behind visual techniques, such as slow motion and flashbacks.

To these ends, year one of the Media Matters campaign is dedicated to developing the following materials:

- A policy statement on media education focusing on the medical and pub-



lic health impact of the media and how these issues can be addressed by the medical community.

- A physician's guide to media education that includes background information, counseling tips, and a reproducible media history sheet for pediatricians to document the quantity and type of media their patients consume.
- An adjunct guide for pediatricians on substance abuse prevention through media education.
- A parent's guide to media education.

The Media Matters campaign also includes a series of regional training workshops for AAP members and state-level substance abuse prevention professionals, focusing on media education in the area of substance abuse prevention, media training and coalition building. Workshops on media education also will

Continued on next page

be offered at the AAP Spring Session and Annual Meeting.

Future Media Matters campaign plans include a national media education contest for students, collaboration with other media education groups to devel-

op and/or disseminate school-based curricula, and research measuring the effectiveness of media education on various public health issues.

For more information on the Media Matters campaign, contact Lisa Reisberg,

director, Division of Public Education; (800) 433-9016 ext. 7873.

Dr. Hogan chairs the AAP Committee on Communications.

■ From the April 1997 issue of *AAP News*, the official newspaper of the American Academy of Pediatrics.

American
Academy of
Pediatrics



Quick fix for better health: Turn off, tune out, drop in

by Henry Labalme

With the flick of a thumb (or the pull of a plug), millions of Americans on April 24 will initiate one of the most significant public-health movements in our history: National TV-Turnoff Week.

More than 3 million people in schools and community groups are seizing the opportunity to declare freedom from the tube and choose a wide range of other activities that are healthy in the broad sense of the word.

Why is this happening? Why are calls pouring in from parents, principals and pastors to the point that we expect a million more people to kick the TV habit than during last year's TV-Turnoff?

A significant factor may be concern about TV violence, which contributes – as study after study has shown – to real-life mayhem. But violence is just the tip of the iceberg. In truth, a much broader range of health issues is at stake.

Conventional criticism of television has generally focused on program content. Yet, the most critical health issue is not what's on, but how much the average American watches – four hours per day, according to ACNielsen Co. 1996 figures – and what they watch.

This means you – or someone you know – spends 60 days each year watching TV. By this same measure, the nation's 190 million adults log 31 million person years of tube time every 12 months.

There is no shortage of research linking all this TV watching to a host of phys-

iological and psychological health problems. The most obvious indicator may be that a third of Americans are obese, up from a quarter in 1980, and many pathologists believe that the single biggest cause is time spent vegetating in front of a TV set.

Millions of Americans are so hooked on TV that they show symptoms of substance dependence, as defined in the official psychiatric manual.

Even more alarming are studies suggesting that the passive nature of television watching may lead to diminished neural development and brain growth in children.

And what about the effects upon civic health? Harvard political scientist Robert Putnam has shown that TV viewing is strongly and negatively related to social trust and group membership: the more people watch, the less they are engaged with others.

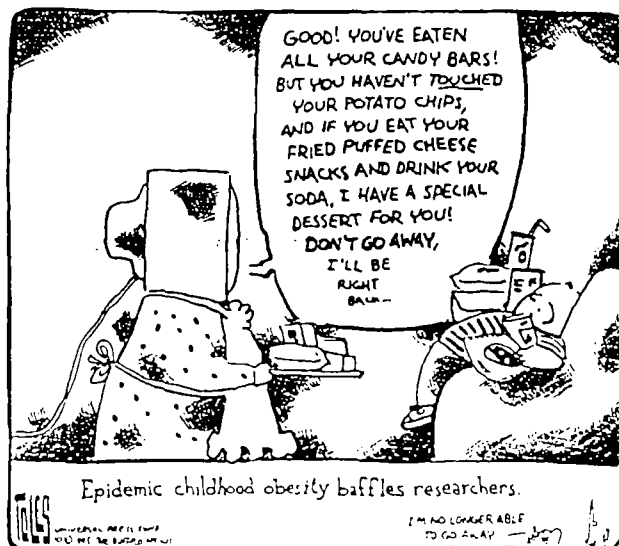
And engagement with others is a key ingredient in health. Socially disconnected men and women, research shows, don't live as long as people who maintain many sources of contact.

So why, with evidence like this, does the controversy continue? In part, it's because television represents a multibillion-dollar industry. Just as tobacco interests are unwilling to

admit that cigarettes cause cancer, so are media moguls – and those who advertise on TV – unwilling to admit that watching four hours of TV a day may be bad for your health.

Meanwhile, the TV reform movement, despite its good intentions (or because of them), is sidelined by endless debates about content, while the real answer lies in watching less TV, period.

Fortunately, millions of Americans are beginning to recognize this and to take matters into their own hands. Unplugging the TV set for the last week of April costs nothing, requires no legislation and infringes on nobody's First Amendment rights. If previous TV Turnoffs are any guide, some enthusiasts will cancel their cable subscriptions and give away their sets.



Many more will dramatically reduce the amount of television they watch. Not every participant will, instead of watching TV, volunteer for the soup kitchen, write an opus or lose six pounds (although almost any activity burns more calories than "Melrose Place"), but they all will spend more time living their own lives and less time watching some-one else's.

Back in the 1960s, this nation embarked on an anti-smoking campaign that included a major public-awareness effort on the part of medical associations and citizens' groups. Three decades later, cigarette smoking is down from 41 percent of Americans to 25 percent.

Maybe it's not so far-fetched to think that the same might happen with TV watching. At the very least, it's an approach to health-care reform that will cost Americans less money, not more.

Labalme is executive director of TV-Free America, a national, nonprofit, nonsectarian organization that encourages Americans to dramatically and voluntarily reduce the amount of television they watch in order to promote richer, healthier and more connected lives, families and communities. Readers may contact him at 1611 Connecticut Ave. N.W., Suite 3A, Washington, DC, 20036; phone (202) 887-0436; or e-mail tvfa@essential.org. The American Academy of Pediatrics supports National TV-Turnoff Week.

American Academy of Pediatrics



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847-228-5005
<http://www.aap.org>

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults. The AAP has approximately 55,000 members in the United States, Canada and Latin America. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 36,000 of them are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).

HISTORY

The American Academy of Pediatrics was founded in June 1930 by 35 Pediatricians who met in Detroit in response to the need for an independent pediatric forum to address children's needs. When the AAP was established, the idea that children have special developmental and health needs was a new one. Preventive health practices now associated with child care – such as immunizations and regular health exams – were only just beginning to change the custom of treating children as "miniature adults."

MISSION STATEMENT

MISSION OF THE AAP: The mission of the American Academy of Pediatrics is to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults. To this purpose, the AAP and its members dedicate their efforts and resources.

STRUCTURE AND GOVERNANCE

The AAP is governed by a Board of Directors consisting of nine members who are elected by members in their regional districts and thus also serve as district chairpersons.

Members vote each year for a national vice president, who also serves as president-elect. The Executive Committee, which conducts AAP business on a daily basis, consists of the president, vice president and executive director as ex-officio member. Current Executive Committee members are:

PRESIDENT

Donald E. Cook, MD, FAAP, Greeley, Colorado

VICE PRESIDENT

Steve Berman, MD, FAAP, Denver, Colorado

EXECUTIVE DIRECTOR

Joe M. Sanders, Jr., MD, FAAP, Elk Grove Village, Illinois

Members also elect officers for their chapters, which serve states and territories in the U.S. and Canadian provinces. Chapters have their own bylaws and further the aims of the national organization as well as local priorities.

The AAP is a not-for-profit Illinois corporation organized for scientific and educational purposes, exempt from income tax under Section 501(c) (3) of the U.S. Internal Revenue Code. The AAP has been classified as an organization that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.

ACTIVITIES

One of the AAP's major activities is to further the professional education of its members; continuing education course, biannual scientific meetings, seminars, publications and statements from committees and sections form the basis of a continuing postgraduate educational program.

More than 40 committees develop many of the AAP's positions and programs. Committees have interests as varied as injury and poison prevention, disabled children, sports medicine, nutrition and child health financing.

The AAP currently has 43 sections consisting of more than 23,000 members with interest in specialized areas of pediatrics. This includes a section for resident physicians with more than 7,000 members. Sections present educational programs for both their members and the general membership of the AAP in order to highlight current research and practical knowledge in their respective subspecialties.

The AAP publishes *Pediatrics*, its monthly scientific journal; *Pediatrics in Review*, its continuing education journal; and its membership newspaper *AAP News*. It also publishes manuals on such topics as infectious diseases and school health. In its public education efforts, the AAP produced patient education brochures, *Healthy Kids* magazine and a series of child care books written by AAP members. Each year the AAP designates October as **Child Health Month** to emphasize the importance of preventive health care and other child health issues.

The AAP executes original research in social, economic and behavioral areas and promotes funding of research. It maintains a Washington, D.C., office to ensure that children's health needs are taken into consideration as legislation and public policy are developed. The AAP's state advocacy staff provides assistance to chapters, promoting issues such as child safety legislation and Medicaid policies that increase access to care for low-income children.

Television and the Family



Offers insight and guidance for using television as a positive, creative force in a child's life. Offers suggestions for developing good TV-watching habits. Revised to include information on the V-chip and the new parental guidelines.

HE0015
Price: \$34.95/100
Member Price: \$29.95/100



The Internet and Your Family

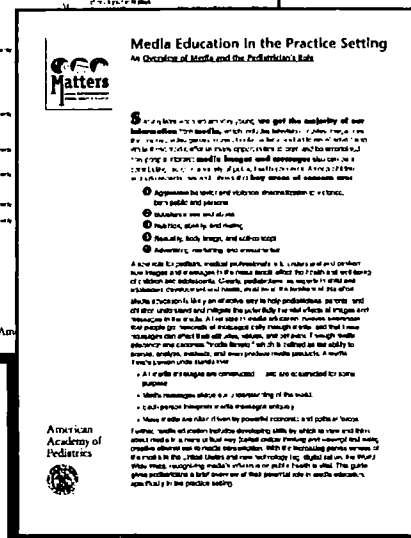
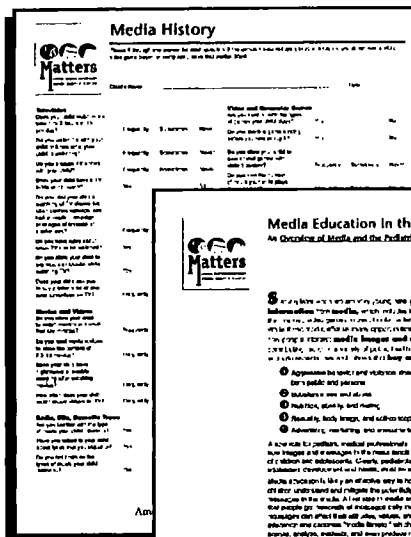
Teaching kids the basics of the Internet provides tools they will need for the future. This brochure shows parents that by setting clear rules and using common sense, they can take advantage of the vast resources offered on the Internet in a safe, fun, and educational way. Discusses time limits, supervision, and avoiding negative material.

HE0264
Price: \$34.95/100
Member Price: \$29.95/100

Media Education in the Practice Setting: An Overview of Media and the Pediatrician's Role and Media History Forms

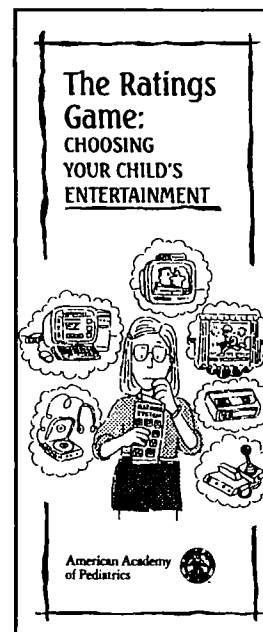
Tools to help you and the patients you treat become media literate. Each package includes two physician guidelines, which offer suggestions on how to introduce media education to your practice, and 100 Media History Forms. Both parents and children complete the form during office visits. It helps you quickly assess patients' media use, identify problem areas, and discuss media habits and solutions.

HE0252 Price: \$19.95/100 Member Price: \$14.95/100

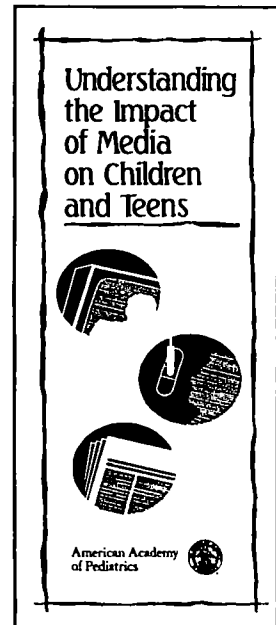


Our latest patient education brochure helps parents become aware of media's influences and offers suggestions for promoting media education at home.

HE0277
Price: \$34.95/100
Member Price: \$29.95/100



Understanding the Impact of Media on Children and Teens



The Ratings Game: Choosing Your Child's Entertainment

Helps parents to understand the ratings systems governing movies, videos, television, computer games, video games, and music, and make informed entertainment choices for their children. Also includes information about the Internet.

HE0285
Price: \$34.95/100
Member Price: \$29.95/100

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<i>The Internet and Your Family</i>	HE0264		\$34.95/100	\$29.95/100	
<i>Media Education in the Practice Setting: An Overview of Media and the Pediatrician's Role and Media History Forms</i>	HE0252		\$19.95/100	\$14.95/100	
<i>Understanding the Impact of Media on Children and Teens</i>	HE0277		\$34.95/100	\$29.95/100	
<i>The Ratings Game: Choosing Your Child's Entertainment</i>	HE0285		\$34.95/100	\$29.95/100	

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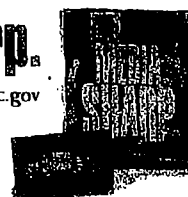
Today's young people are bombarded with persuasive messages about tobacco and alcohol—messages that make smoking look normal, and drinking look cool. So learning to understand and analyze messages in the media is more important than ever. **MediaSharp** is an important new tool to help your kids evaluate those messages and make healthy, life-saving choices. The **MediaSharp** kit includes an entertaining 7-minute classroom video and a teacher's guide loaded with activities. To order your free kit, call 770-488-5705 (press 2) or access the Internet addresses below.

Get MediaSharp.

<http://www.cdc.gov/tobacco> or e-mail tobaccoinfo@cdc.gov



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MEDIA
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SKILLS

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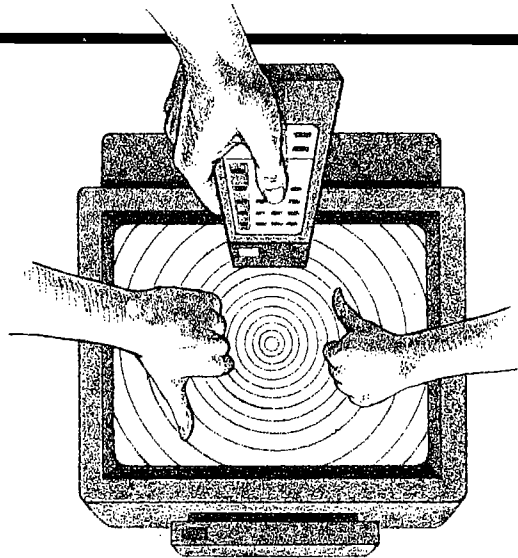
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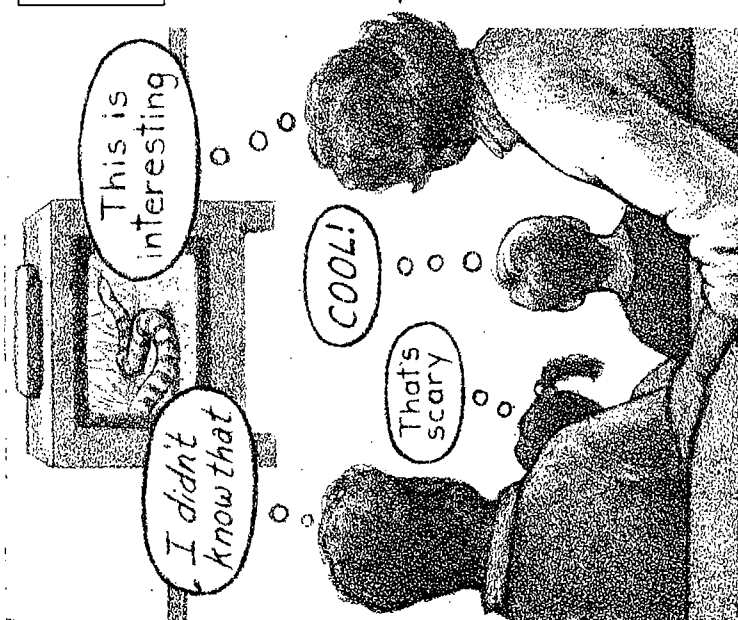
Supplement to the Teacher's Guides of WR 4-6, #10; CE, #10;
CS, #6; KYW EXTRA, #5; Read, #6; CH 1-2, #3; Writing, #3.

Taking Charge of Your TV

The Family & Community
Critical Viewing Project



The Family & Community
Critical Viewing Project
1724 MASSACHUSETTS AVE., NW
WASHINGTON, DC 20036



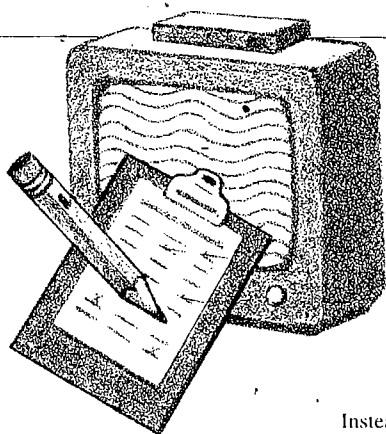
The Family & Community Critical Viewing Project is a
partnership of the National PTA & the cable television industry.

Children say that "watching television" is their favorite after-school activity.

Raw Media, Index of Fact and Opinion

57% of TV programs studied contained violence depicted in a manner which might have harmful effects.

1996 National Television Violence Study



A recent study suggests that, to limit the effects of TV violence, parents should watch TV with their children and critically evaluate it with them.

Television offers us a world of entertainment, education, news and sports. Watching television is something many people enjoy. It is an important part of our lives. But some of what children see on television—violence, sex, commercialism, stereotyping—worries parents. Children may be exposed to images and messages beyond their abilities to understand and interpret.

Today's parents are searching for ways to limit the potentially negative effects of television on their children. Sharing a commitment to address this issue, the National PTA, National Cable Television Association and Cable in the Classroom joined forces in 1994 to help parents take control of the family television. This partnership is called *The Family & Community Critical Viewing Project* and offers *Taking Charge of Your TV: A Critical Viewing Workshop* to parents and educators nationwide.

The *Taking Charge of Your TV Workshop* provides parents and educators with a better understanding of the effects of television on children. In addition, the workshop teaches critical viewing skills and shows parents how these skills benefit children in today's media age. Participants are not

told what they should or should not watch on television.

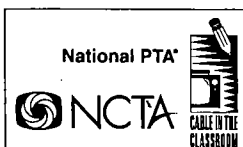
Instead, they are encouraged to make informed choices and are given the tips and strategies to begin a family dialogue that helps children watch TV actively, carefully and critically.

Taking Charge of Your TV: A Critical Viewing Workshop is a hands-on, participatory program presented by trained representatives from your local PTA and cable company. The workshop and the companion *Guide to Critical Viewing* are based on research and concepts established by leaders in the field of media literacy.

Literacy is no longer limited to the written word but also includes the ability to interpret and evaluate the images and sounds that make up our contemporary mass media culture. By providing the latest tools and tactics for making television a positive, interactive and educational experience, the project has helped thousands of parents, educators and children across the nation. We're hoping to reach thousands more.

The Taking Charge of Your TV: A Guide to Critical Viewing for Parents and Children suggests ways parents can talk to kids about what they are watching, which not only makes television a less passive pastime but transforms it into a learning tool.

Hillary Rodham Clinton, *It Takes A Village*

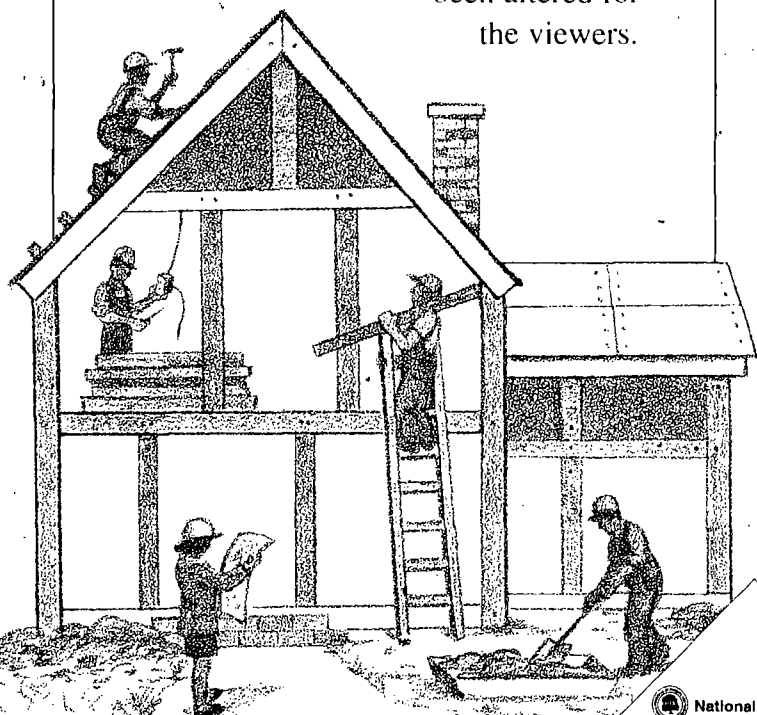


For information about scheduling a workshop in your community, please contact your local cable company or state PTA office. For materials call 800/743-5355, or visit the program's Web site at <http://www.widmeyer.com/tv/viewing/tips.htm>—or the National PTA's Web site at www.pta.org.

Inside is your poster *Tips for Taking Charge of Your TV*. Keep it as a reference or give it to a friend.

1 TV Programs Are Created To Achieve Specific Results

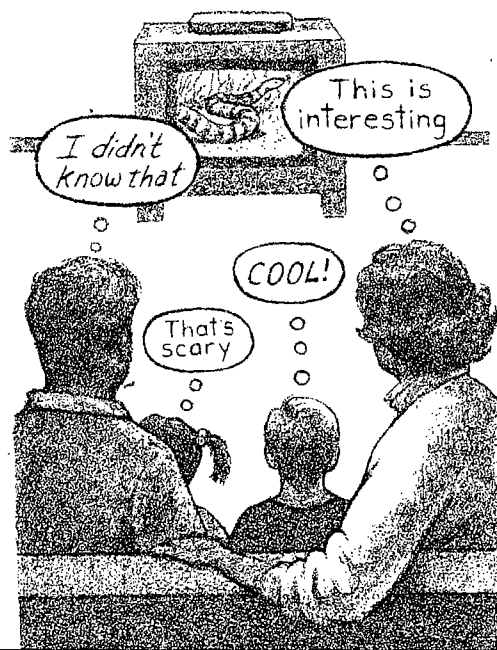
Just like building a house, a TV program is constructed to send certain messages. Help children understand that TV shows are pretend—not real. Explain that even if a TV show *seems* real, the events have been altered for the viewers.



TIPS FOR TAKING

2 People Interpret What They See On TV In Different Ways

Depending on age, gender and life experiences, children will get a wide variety of messages from a television program. Watch TV *with* them and discuss important issues, such as how conflicts are resolved or how people are stereotyped.

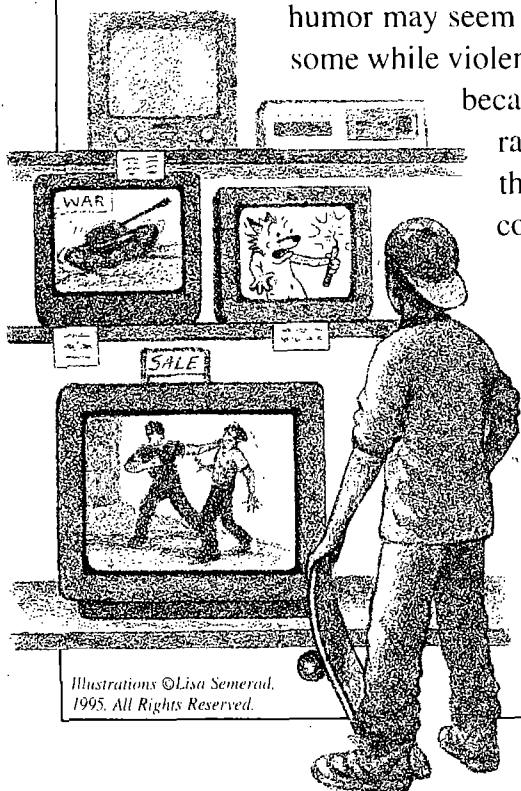


CHARGE OF YOUR TV



3 Television Violence Takes Many Forms

Violence may be portrayed as realistic, funny or even thrilling. Discuss with children what is real and not real, funny and not funny, harmful and not harmful in cartoons and in other programs. Slapstick humor may seem funny to some while violent to others because viewers rarely see the negative consequences.



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4 Television Has An Underlying Economic Purpose

Most television is supported by paid advertising. Explain to children that advertisers want TV viewers to buy their products. Ask children to think about why certain commercials often appear during certain programs, for example, toy ads during cartoons. Also, discuss how the commercials make products look great, perhaps even better than they might be in real life.

