Commentary: Television, Children's Health and Safety Behavior, and Pediatric Psychology

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American children watch an unfathomable number of hours of television per week. The effects of television have been fairly well-studied through the years as social scientists, politicians, and laypersons have expressed concern over the social, cognitive, and behavioral effects on children of watching so much of this medium (Huston et al., 1992). In multiple studies and topical areas, communications and psychology research has demonstrated that children acquire modeled behavior and will imitate it under conducive circumstances. Indeed, so much research and position taking has occurred that many psychologists and the lay public seemingly assume that everything is known. Fortunately, every now and then, exceptional researchers come along to challenge such assumptions.

Richard Potts and Lisa Swisher (in this issue) have demonstrated that effects of television can be demonstrated for the topic of childhood injuries. They used an elegantly simple research design reminiscent of that employed by Albert Bandura in the inflated clown studies. Potts and Swisher found that, when shown a safety educational video program for children, children's self-reported willingness to take physical risks decreased and identification of injury hazards increased. In another condition involving an animated cartoon with minor background safety components, children showed an increase in hazard identification, but did not show a significant decrease in their willingness to take physical risks. Results from this study suggest that children exposed to safety education programs depicting the injurious consequences of dangerous behaviors, as well as safer alternative behaviors, may be less willing to take physical risks. Interestingly, these effects generalize to include behaviors and situations that do not even appear in the television safety program. These are important findings for demonstrating the positive potential of television for influencing children's safety behaviors and their healthy development—a primary concern for pediatric psychology.

In this commentary, we do not want to imply that this is the first social science research on the relationship of television and injuries, but we do want to emphasize that not enough studies have examined the roles of television programming in the influence of children's health-maintaining behavior. There have been a rather small number of publications about television and injuries and more broadly on the issues of television programming and commercials on unhealthy/healthy development, but these have been typically in publication outlets other than the Journal of Pediatric Psychology. With the publication of Potts and Swisher, the way has been prepared for future submissions on the role of television in pediatric psychology concerns. We challenge pediatric psychology researchers to investigate television as a mechanism for adversely influencing children's health by increasing risky behavior and attitudes. Most important, as suggested by Potts and Swisher's research, we also challenge the field to examine television programming for potential positive effects for guiding children's health promotion and injury prevention.

In this commentary, we want to touch briefly...
on a few areas where some, but not enough, research has been conducted. These examples of research on television and children's health have been published outside of the primary outlets of pediatric psychology, most often in journals in public health, communications, and medicine. The lay press also appears to have given more attention to these issues than pediatric psychologists.

Early after the introduction of television in the 1950s, the aggression and violence depicted in programs became the focus of concern and later of much research. This focus continues today. Other troubling aspects of unhealthy effects of television have also been raised. For example, in the early 1970s, children's identification with and possible imitation of the acts of a televised daredevil, Evel Knievel, jumping a motorcycle over cars, trucks, and canyons was examined (and extended to an increase in injuries, e.g., Settles & Klinzing, 1975). More recently, anecdotal reports of house fires, burns, and deaths were tied to young children playing with matches after viewing Beavis and Butthead as these MTV cartoon characters started fires while chanting “Fire, fire, fire” (Ho, 1994). In other research, the medium has been examined for its impact on youths' suicidal behavior. Prominent news of a suicide in the media has been found to increase suicide rates among youths during the 1–2 weeks following the coverage (Phillips & Carstensen, 1986; Shaffer, 1988).

Cigarette advertisements were removed from television partly because of concerns over the effects of televised commercials on adolescent smoking. More recently, concern has been raised over the use of paid product placements (in essence, cigarette advertisements) in which cigarettes and their brand names are prominently displayed in movies frequently shown on television (Miller, 1990; Tye, 1989). Important research has found that children's identification of cigarette brands leading to children's onset of smoking has been promoted through these and other media advertising (DiFranza et al., 1991). Sponsorship of events and use of smokeless tobacco by athletes in televised sports also have been examined (Blum, 1991; Jones, 1987).

The numerous portrayals of alcohol use and advertising on television have generally been regarded to influence the alcohol-related beliefs and behaviors of young people. During televised sports events, over three-quarters of all beverage commercials were for alcohol (Madden & Grube, 1994). Awareness in school children of televised beer advertising has been related to more favorable beliefs about drinking, greater knowledge of beer slogans and brands, and greater intentions to drink as an adult (Grube & Wallack, 1994). Similarly, a scientific analysis of televised music videos found that they portrayed tobacco and alcohol use close to a quarter of the time, often in glamorized settings and associated with sexuality or eroticism (DuRant et al., 1997). Some writers have speculated that television content has influenced the valuing of thin body images by children and adolescents, possibly leading to eating disorders (Carnegie Council, 1995; Children Now, 1997). On the other hand, a positive correlation has been found between children who are heavy television viewers and greater obesity and lowered physical activity (Dietz & Gortmaker, 1985). Thus, research has demonstrated the socialization effects on “consumer roles” and modeling unhealthy behaviors that should be salient developmental concerns for pediatric psychology.

Much of the research noted here examined the characteristics of television as it is, and mostly the focus has been on the potential negative effects. Another set of investigations has used television as an intervention to change behaviors in a positive direction. Several intervention evaluations were conducted using television as the primary medium for distribution of health messages. Often in the first line of health promotion and injury/disease prevention, televised public service announcements (PSAs) have not been evaluated sufficiently to judge their effectiveness (and as a result of deregulation of the television industry PSAs are no longer required to be aired). Televised PSAs for anti-smoking in the late 1960s were apparently so effective that the tobacco companies voluntarily removed cigarette commercials so that the PSAs would not be aired as frequently. In systematic investigations, there were mixed and negative outcomes of early studies of televised health messages for such actions as increasing seatbelt use (Robertson et al., 1974) and heart disease prevention (Farquhar et al., 1977). More positive results, but still mixed, were obtained more recently for television campaigns for increasing bicycle helmet use (Dannenberg, Gielen, Beilenson, Wilson, & Joffee, 1993; DiGiuseppe, Rivara, Koepsell, & Polissar, 1990), for encouraging designated drivers to prevent injury and death due to drunk driving (Estrin, 1997), and for preventing HIV/AIDS through the “America Responds to AIDS” campaign (Brinson & Brown, 1997).

Stories have circulated about children learning...
to make emergency calls and perform the Heimlich maneuver or cardiopulmonary resuscitation after seeing these actions performed on programs such as Rescue 911 and ER. Systematic research has not typically been conducted on these “side” benefits of watching entertainment television (as opposed to educational or instructional television).

Scott Geller, an innovative behavioral psychologist working in injury prevention and control, attempted to influence the behavior of the main characters in children’s television programs who were not modeling safety actions such as buckling up when riding in cars. In 1984, Geller initiated a petition drive to persuade television writers and producers to ensure that actors wore seatbelts in their programs. Observations of actors’ seatbelt use showed some increase for the character of Mr. T on the A-Team program, but some programs resisted such change (Geller, 1989, 1990).

We note these various studies and topics to demonstrate areas receiving scientific attention, but which are typically published in journals such as the American Journal of Public Health, Pediatrics, the Journal of the American Medical Association, or the popular press. Pediatric psychologists have strong interests in the improvement of children’s health and the prevention of injury and disease. Consequently, we assert that this field should be looking at the relationships of television and many other child health problems. We offer the following as a few topical areas as suggestions for more work.

Commercials constitute a sizable portion of children’s viewing time and usually have catchy music and better graphic displays to capture the attention of the young viewer. What is the impact of televised commercials in which food products containing high fat and high sugar content? What can be done to counteract the poor nutrition and trends toward obesity and heart disease beginning to develop in the early years of adolescence? Similarly, what is the role of television programming in affecting the body images of preadolescents and adolescents? Specifically, researchers might consider such programs as Baywatch, 90210, or Melrose Place. Are there health ramifications for extreme dieting, or development of anorexia or other health concerns because of such depictions?

The influence of television on sexual attitudes and behaviors has been often discussed. What is best for a healthy development of sexuality? Researchers might also investigate the impact on sexual attitudes and behaviors of teens and preteens watching “real” television programs targeted to them specifically, such as MTV’s Road Rules and Real World. What is the impact on children who watch adult-oriented programs? In terms of defining and developing appropriate roles of personal conduct and family life, what is the effect of the attitudes on children and adolescents when watching daytime talk shows such as Jennie Jones and Jerry Springer featuring particularly dysfunctional guests? In contrast, are there prosocial effects of viewing the ostensibly more affirming talk shows such as Oprah or Rosie?

Can television influence more positive attitudes toward peers with disability or disease? Do special programs or inclusion of children with health needs in regular programming change viewers’ attitudes about and behavior toward children with different abilities? For example, do programs such as the televised docudrama of Ryan White’s fight against the stigma of AIDS change children’s attitudes and behavior? Does the inclusion of a child using a wheelchair in a series such as Saved By The Bell influence viewing children’s acceptance?

Following the type of research conducted by Potts and Swisher, what else might be done to influence children to recognize injury hazards and to take safety actions to prevent injury? Can major plot lines or side plots be written into regular television programs in which injurious situations can be identified to help children avoid becoming harmed? Can programs exemplify and vicariously reinforce use of bicycle helmets or the “drop and roll” technique of fire safety? Do plots on violating safety rules on Baywatch influence children’s perceptions and behavior? Do the re-enactments of injury events on 911 teach children about potential hazards and how to behave? Alternatively, is there a potential negative side effect of raising attention and awareness of environmental hazards? That is, do children become highly fearful and avoid developmentally appropriate activities or do they discount the hazards because either they are overloaded with information or they impute “stupidity” to the child who was injured? Can PSAs be designed and evaluated to find effective ways to influence adoption of behaviors such as testing water depths before diving, safety around guns and knifes, and bicycle helmet use? In addition to studying the specific effects of television programs, researchers need to examine the mechanisms by which television exerts its effects on children’s health.
Despite the assumption that everything is already known about television, it is clear that much research remains to be conducted. Based on these observations, we hope pediatric psychologists will be stimulated by Potts and Swisher to take a greater interest in television and health behavior. Pediatric psychologists, with their interests on healthy and safe development, and with their scientific background founded in the everyday world of children and adolescents, can advance knowledge and practice in the domain of television effects on attitudes and behaviors.

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References


