



POLICY STATEMENT

Children, Adolescents, and the Media

abstract

FREE

Media, from television to the “new media” (including cell phones, iPads, and social media), are a dominant force in children’s lives. Although television is still the predominant medium for children and adolescents, new technologies are increasingly popular. The American Academy of Pediatrics continues to be concerned by evidence about the potential harmful effects of media messages and images; however, important positive and prosocial effects of media use should also be recognized. Pediatricians are encouraged to take a media history and ask 2 media questions at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a television set or Internet-connected device in the child’s bedroom? Parents are encouraged to establish a family home use plan for all media. Media influences on children and teenagers should be recognized by schools, policymakers, product advertisers, and entertainment producers. *Pediatrics* 2013;132:958–961

INTRODUCTION

Media, from traditional television to the “new media” (including cell phones, iPads, and social media), are a dominant force in children’s lives. Although media are not the leading cause of any major health problem in the United States, the evidence is now clear that they can and do contribute substantially to many different risks and health problems and that children and teenagers learn from, and may be negatively influenced by, the media. However, media literacy and prosocial uses of media may enhance knowledge, connectedness, and health. The overwhelming penetration of media into children’s and teenagers’ lives necessitates a renewed commitment to changing the way pediatricians, parents, teachers, and society address the use of media to mitigate potential health risks and foster appropriate media use.

According to a recent study, the average 8- to 10-year-old spends nearly 8 hours a day with a variety of different media, and older children and teenagers spend >11 hours per day.¹ Presence of a television (TV) set in a child’s bedroom increases these figures even more, and 71% of children and teenagers report having a TV in their bedroom.¹ Young people now spend more time with media than they do in school—it is the leading activity for children and teenagers other than sleeping.^{1,2}

In addition to time spent with media, what has changed dramatically is the media landscape.^{3,4} TV remains the predominant medium (>4 hours per day) but nearly one-third of TV programming is viewed on alternative platforms (computers, iPads, or cell phones). Nearly all children and teenagers have Internet access (84%), often high-speed, and one-third have

COUNCIL ON COMMUNICATIONS AND MEDIA

KEY WORDS

media, television, new technology, family media use plan, media history, media education

ABBREVIATION

AAP—American Academy of Pediatrics

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

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.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

www.pediatrics.org/cgi/doi/10.1542/peds.2013-2656

doi:10.1542/peds.2013-2656

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

Copyright © 2013 by the American Academy of Pediatrics

access in their own bedroom. Computer time accounts for up to 1.5 hours per day; half of this is spent in social networking, playing games, or viewing videos. New technology has arrived in a big way: some 75% of 12- to 17-year-olds now own cell phones, up from 45% in 2004. Nearly all teenagers (88%) use text messaging. Teenagers actually talk less on their phones than any other age group except for senior citizens,^{5,6} but in the first 3 months of 2011, teenagers 13 through 17 years of age sent an average of 3364 texts per month.⁵ Half of teenagers send 50 or more text messages per day, and one-third send more than 100 per day.⁵ Teenagers access social media sites from cell phones,⁶ and as reviewed in a recent clinical report from the American Academy of Pediatrics (AAP), social media, mainly Facebook, offers opportunities and potential risks to young wired users.⁷ They are also avid multitaskers, often using several technologies simultaneously,¹ but multitasking teenagers are inefficient.⁸ For example, using a mobile phone while driving may result in both poor communication and dangerous driving.⁹

Despite all of this media time and new technology, many parents seem to have few rules about use of media by their children and adolescents. In a recent study, two-thirds of children and teenagers report that their parents have “no rules” about time spent with media.¹ Many young children see PG-13 and R-rated movies—either online, on TV, or in movie theaters—that contain problematic content and are clearly inappropriate for them.^{10,11} Few parents have rules about cell phone use for their children or adolescents. More than 60% of teenagers send and/or receive text messages after “lights out,” and they report increased levels of tiredness, including at school.¹² One study found that 20% of adolescents either sent or received a sexually explicit image by cell phone or Internet.¹³

For nearly 3 decades, the AAP has expressed concerns about the amount of time that children and teenagers spend with media and about some of the content they view. In a series of policy statements, the AAP has delineated its concerns about media violence,¹⁴ sex in the media,¹⁰ substance use,¹¹ music and music videos,¹⁵ obesity and the media,¹⁶ and infant media use.¹⁷ At the same time, existing AAP policy discusses the positive, prosocial uses of media and the need for media education in schools and at home.¹⁸ Shows like “Sesame Street” can help children learn numbers and letters, and the media can also teach empathy, racial and ethnic tolerance, and a whole variety of interpersonal skills.¹⁹ Prosocial media may also influence teenagers. Helping behaviors can increase after listening to prosocial (rather than neutral) song lyrics, and positive information about adolescent health is increasingly available through new media, including YouTube videos and campaigns that incorporate cell phone text messages.²⁰

RECOMMENDATIONS FOR PEDIATRICIANS AND OTHER HEALTH CARE PROVIDERS

- Become educated about critical media topics (media use, violence, sex, obesity, substance use, new technology) via continuing medical education programs.
- Ask 2 media questions and provide age-appropriate counseling for families at every well-child visit: How much recreational screen time does your child or teenager consume daily? Is there a TV set or an Internet-connected electronic device (computer, iPad, cell phone) in the child's or teenager's bedroom? In a busy clinic or office, these 2 targeted questions are key. There is considerable evidence that a bedroom TV increases the risk for obesity, substance use, and exposure to sexual content.^{1,21–26}

- Take a more detailed media history with children or teenagers who demonstrate aggressive behavior; are overweight or obese; use tobacco, alcohol, or other drugs; or have difficulties in school.
- Examine your own media use habits; pediatricians who watch more TV are less likely to advise families to follow AAP recommendations.²⁷

PEDIATRICIANS SHOULD RECOMMEND THE FOLLOWING TO PARENTS

- Limit the amount of total entertainment screen time to <1 to 2 hours per day.
- Discourage screen media exposure for children <2 years of age.
- Keep the TV set and Internet-connected electronic devices out of the child's bedroom.
- Monitor what media their children are using and accessing, including any Web sites they are visiting and social media sites they may be using.
- Coview TV, movies, and videos with children and teenagers, and use this as a way of discussing important family values.
- Model active parenting by establishing a family home use plan for all media. As part of the plan, enforce a mealtime and bedtime “curfew” for media devices, including cell phones. Establish reasonable but firm rules about cell phones, texting, Internet, and social media use.

RECOMMENDATIONS FOR SCHOOLS

Community-based pediatricians, especially those serving in an advisory role to schools, are influential voices in school and neighborhood forums and can work to encourage a team approach among the medical home, the school home, and the family home. So pediatricians, especially

those serving as school physicians or school medical advisors should:

- Educate school boards and school administrators about evidence-based health risks associated with unsupervised, unlimited media access and use by children and adolescents, as well as ways to mitigate those risks, such as violence prevention, sex education, and drug use-prevention programs.
- Encourage the continuation and expansion of media education programs, or initiate implementation of media education programs in settings where they are currently lacking.
- Encourage innovative use of technology where it is not already being used, such as online education programs for children with extended but medically justified school absences.
- Work collaboratively with parent-teacher associations to encourage parental guidance in limiting or monitoring age-appropriate screen times. In addition, schools that do use new technology like iPads need to have strict rules about what students can access.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE ENTERTAINMENT INDUSTRY TO DO THE FOLLOWING

- Establish an ongoing dialogue with health organizations like the AAP, the American Medical Association, the American Psychological Association, and the American Public Health Association to maximize prosocial content in media and minimize harmful effects (eg, portrayals of smoking, violence, etc).

REFERENCES

1. Rideout V. *Generation M2: Media in the Lives of 8- to 18-Year-Olds*. Menlo Park, CA: Kaiser Family Foundation; 2010

- Make movies smoke-free, without characters smoking or product placement.¹¹

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE MANUFACTURERS OF PRODUCTS WITH PUBLIC HEALTH IMPLICATIONS (TOBACCO, ALCOHOL, FOOD) TO DO THE FOLLOWING

- Make socially responsible decisions on marketing products to youth; betterment of their health is the ultimate goal.

PEDIATRICIANS SHOULD WORK WITH THE AAP AND LOCAL CHAPTERS TO CHALLENGE THE FEDERAL GOVERNMENT TO DO THE FOLLOWING

- Advocate for a federal report within either the National Institutes of Health or the Institute of Medicine on the impact of media on children and adolescents that would establish a baseline of what is currently known and what new research needs to be conducted.
- Encourage the entertainment industry and the advertising industry to create more prosocial programming and to reassess the effects of their current programming.
- Issue strong regulations—self-regulation is not likely to work—that would restrict the advertising of junk food and fast food to children and adolescents.
- Establish an ongoing funding mechanism for new media research.

- Initiate legislation and rules that would ban alcohol advertising from television.¹¹
- Work with the Department of Education to support the creation and implementation of media education curricula for schoolchildren and teenagers.

LEAD AUTHORS

Victor C. Strasburger, MD, FAAP
Marjorie J. Hogan, MD, FAAP

COUNCIL ON COMMUNICATIONS AND MEDIA EXECUTIVE COMMITTEE, 2013–2014

Deborah Ann Mulligan, MD, FAAP, Chairperson
Nusheen Ameenuddin, MD, MPH, FAAP
Dimitri A. Christakis, MD, MPH, FAAP
Corinn Cross, MD, FAAP
Daniel B. Fagbuyi, MD, FAAP
David L. Hill, MD, FAAP
Marjorie J. Hogan, MD, FAAP
Alanna Estin Levine, MD, FAAP
Claire McCarthy, MD, FAAP
Megan A. Moreno, MD, MEd, MPH, FAAP
Wendy Sue Lewis Swanson, MD, MBE, FAAP

FORMER EXECUTIVE COMMITTEE MEMBERS

Tanya Remer Altmann, MD, FAAP
Ari Brown, MD, FAAP
Kathleen Clarke-Pearson, MD, FAAP
Holly Lee Falik, MD, FAAP
Gilbert L. Fuld, MD, FAAP, Immediate Past Chairperson
Kathleen G. Nelson, MD, FAAP
Gwenn S. O’Keeffe, MD, FAAP
Victor C. Strasburger, MD, FAAP

LIAISONS

Michael Brody, MD – *American Academy of Child and Adolescent Psychiatry*
Jennifer Pomeranz, JD, MPH – *American Public Health Association*
Brian Wilcox, PhD – *American Psychological Association*

STAFF

Veronica Laude Noland

- pewinternet.org/~media/Files/Reports/2009/PIP_Teens_and_Sexting.pdf. Accessed February 29, 2012
4. Nielsen Company. *Television, Internet and Mobile Usage in the U.S.: A2/M2 Three Screen Report*. New York, NY: Nielsen Company; 2009
 5. Lenhart A. *Teens, Smartphones & Texting*. Washington, DC: Pew Internet and American Life Project; March 19, 2012. Available at: http://pewinternet.org/~media/Files/Reports/2012/PIP_Teens_Smartphones_and_Texting.pdf. Accessed August 26, 2013
 6. Lenhart A, Ling R, Campbell S, Purcell K. *Teens and mobile phones*. Washington, DC: Pew Internet and American Life Project, Pew Research Center; April 20, 2010. Available at: www.pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx. Accessed February 29, 2012
 7. O'Keefe GS, Clarke-Pearson K; Council on Communications and Media. Clinical report: the impact of social media on children, adolescents, and families. *Pediatrics*. 2011;127(4):800–804
 8. Rubinstein JS, Meyer DE, Evans JE. Executive control of cognitive processes in task switching. *J Exp Psychol Hum Percept Perform*. 2001;27(4):763–797
 9. O'Malley Olsen E, Shults RA, Eaton DK. Texting while driving and other risky motor vehicle behaviors among US high school students. *Pediatrics*. 2013;131(6). Available at: www.pediatrics.org/cgi/content/full/131/6/e1708
 10. American Academy of Pediatrics, Council on Communications and Media. Policy statement: sexuality, contraception, and the media. *Pediatrics*. 2010;126(3):576–582
 11. American Academy of Pediatrics, Council on Communications and Media. Policy statement: children, adolescents, substance abuse, and the media. *Pediatrics*. 2010;126(4):791–799
 12. Van den Bulck J. Adolescent use of mobile phones for calling and for sending text messages after lights out: results from a prospective cohort study with a one-year follow-up. *Sleep*. 2007;30(9):1220–1223
 13. National Campaign to Prevent Teen and Unplanned Pregnancy. *Sex and Tech*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy; 2008
 14. American Academy of Pediatrics Council on Communications and Media. Policy statement: media violence. *Pediatrics*. 2009;124(5):1495–1503
 15. American Academy of Pediatrics, Council on Communications and Media. Policy statement: impact of music, music lyrics, and music videos on children and youth. *Pediatrics*. 2009;124(5):1488–1494
 16. American Academy of Pediatrics, Council on Communications and Media. Policy statement: children, adolescents, obesity, and the media. *Pediatrics*. 2011;128(1):201–208
 17. American Academy of Pediatrics, Council on Communications and Media. Policy statement: media use by children younger than 2 years. *Pediatrics*. 2011;128(5):1040–1045
 18. American Academy of Pediatrics, Council on Communications and Media. Policy statement: media education. *Pediatrics*. 2010;126(5):1012–1017
 19. Hogan MJ, Strasburger VC. Media and prosocial behavior in children and adolescents. In: Nucci L, Narvaez D, eds. *Handbook of Moral and Character Education*. Mahwah, NJ: Lawrence Erlbaum; 2008:537–553
 20. Hogan MJ. Prosocial effects of media. *Pediatr Clin North Am*. 2012;59(3):635–645
 21. Staiano AE, Harrington DM, Broyles ST, Gupta AK, Katzmarzyk PT. Television, adiposity, and cardiometabolic risk in children and adolescents. *Am J Prev Med*. 2013;44(1):40–47
 22. Hanewinkel R, Sargent JD. Longitudinal study of exposure to entertainment media and alcohol use among German adolescents. *Pediatrics*. 2009;123(3):989–995
 23. Jackson C, Brown JD, Pardun CJ. A TV in the bedroom: implications for viewing habits and risk behaviors during early adolescence. *J Broadcast Electron Media*. 2008;52(3):349–367
 24. Adachi-Mejia AM, Longacre MR, Gibson JJ, Beach ML, Titus-Ernstoff LT, Dalton MA. Children with a TV in their bedroom at higher risk for being overweight. *Int J Obes (Lond)*. 2007;31(4):644–651
 25. Kim JL, Collins RL, Kanouse DE, et al. Sexual readiness, household policies, and other predictors of adolescents' exposure to sexual content in mainstream entertainment television. *Media Psychol*. 2006;8(4):449–471
 26. Gruber EL, Want PH, Christensen JS, Grube JW, Fisher DA. Private television viewing, parental supervision, and sexual and substance use risk behaviors in adolescents [abstract]. *J Adolesc Health*. 2005;36(2):107
 27. Gentile DA, Oberg C, Sherwood NE, Story M, Walsh DA, Hogan M. Well-child visits in the video age: pediatricians and the American Academy of Pediatrics' guidelines for children's media use. *Pediatrics*. 2004;114(5):1235–1241