



Kids and TV: **Should pediatricians** **be setting the limits?**

When the American Academy of Pediatrics asked you to advise parents to buckle their children up in the car, you complied. You also told parents to follow AAP directives about bicycle helmets and putting babies to sleep on their backs.

No such unanimity, however, greeted the August 1999 recommendations of the AAP Committee on Public Education urging pediatricians to tell parents that children's TV viewing should be monitored, and children under 2 shouldn't watch TV at all. Although some doctors applauded the new guidelines, others criticized the AAP for "ivory tower" thinking far removed from the realities of patients' everyday lives, and the time constraints of office visits.

Now that several months have passed, it's time to ask whether the AAP's recommendations have made any difference in pediatrics practices, or in children's TV watching.

Why the AAP took action

It's easy to see why the academy might be concerned. A report from Nielsen Media Research shows that in a typical week, children between 2 and 11 watch television for more than 22 hours, or nearly three and a half hours a day. Twelve- to 17-year-olds watch more than 20 hours a week. The Kaiser Family Foundation recently estimated that when computers, video games, movies, print media, and music are added to TV viewing for 8- to 18-year-olds, the media mix accounts for 47 hours a week, or six hours and 43 minutes a day—about as much as a full-time job.

The AAP is no newcomer to the battle against excessive TV viewing. In 1995, its communications committee issued four separate reports on violence, sexual content, advertisements, and other influential aspects of TV and related media (such as movies, video and computer games, the Internet, and music videos). Two years later, the academy launched a public education campaign, *Media Matters*, to encourage parents and children to view TV, movies, and other media outlets critically instead of passively.

The newest guidelines, which appeared in

The author, a freelance writer in Teaneck, NJ, has written frequently on health care related topics.

The AAP says pediatricians should crack down on kids' media exposure. But are pediatricians—and parents—listening?

By Toni Goldfarb

the August 1999 issue of *Pediatrics*, represent one more step in the AAP's continuing media education campaign. So why all the fuss this time? "Part of the reason the recommendation struck a nerve among the general public and the media is that there are good TV shows for children age 2 to 5," says Victor Strasburger, professor of pediatrics at the University of New Mexico School of Medicine, who served as a consultant to the AAP committee. "People misinterpreted the statement as a criticism of *Mister Rogers' Neighborhood*, *Sesame Street*, and *Blue's Clues*."

The negative reaction, Strasburger believes, obscured important aspects of the AAP advisory, such as the academy's list of guidelines on media education. He has published extensively in this field and believes that the US is way behind other countries in exposing kids to good media education. "It should be incorporated into every existing drug and sex education program in schools, and we should be introducing new violence-prevention programs," he says. "But that message got lost in the fight over whether babies should watch TV."

Public health risks of media exposure

To be sure, the AAP Committee on Public Education wasn't just looking out for babies. First on the list in the committee's report was a recommendation that pediatricians learn about the public health risks of media exposure, through workshops and written materials.

Indeed, the committee approached its task by identifying over 1,000 scientific studies and reviews on the effects of TV and other media on children, according to committee member Miriam Bar-on, professor of pediatrics at Ronald McDonald Children's Hospital of Loyola University Medical Center in Illinois. "Our recommendations are based on the litera-

ture," Bar-on emphasizes. "Some of the literature is even cited in the guidelines."

The recent spate of shootings in US schools spurred the AAP committee to take a hard look at the impact of media violence on kids' behavior. Based on published research, the committee reported 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."

Highly sexualized programming and advertising content was another concern. Research showed that the average young viewer is exposed to more than 14,000 sexual references each year, most of which neither promote responsible sexual behavior nor provide information about birth control, abstinence, or the risks of pregnancy and sexually transmitted diseases.

A growing number of studies have also documented a link between television watching and obesity, reduced attention span, and

decreased school achievement. And the media has been found to glamorize the use of tobacco, alcohol, and illicit drugs.

Faced with this overwhelming evidence that TV watching was doing great harm, AAP committee members unanimously endorsed the goal of limiting kids' exposure to TV. For elementary school children and adolescents, the goal was to reduce media-linked health risks, including aggressive and violent behavior, substance abuse, poor nutrition, obesity, and inappropriate sexual behavior, body image, and self-concept.

Although few of the studies included very young children, the committee concluded that watching TV interferes with important developmental tasks. "Research on early brain development," the report states, "shows that babies and toddlers have a critical need for direct interactions with parents and other significant caregivers for healthy brain growth and the development of appropriate social, emotional, and cognitive skills."

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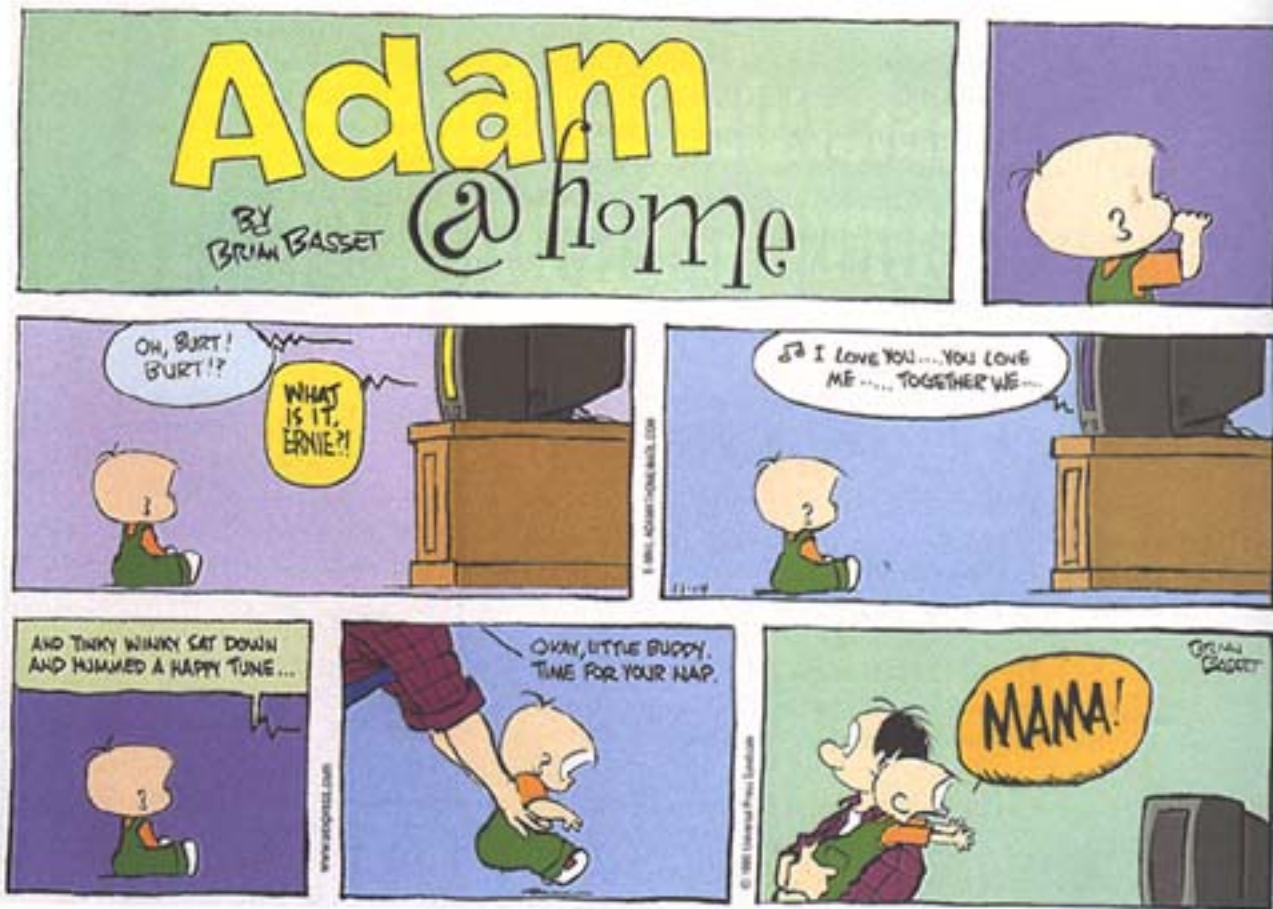
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videos, radio, CDs, cassette tapes, video and computer games, Internet and computer on-line services, and—oh, yes—books. Parents are asked, for example, if their child watches more than one to two hours of TV per day and whether the child has nightmares after watching movies.

A free guide provided by the AAP, "Media Education in the Practice Setting: An Overview of Media and the Pediatrician's Role," tells physicians how to use the media history form. (If you haven't received a copy, you can download one from the AAP Web site, www.aap.org/advocacy/mmcomp.htm.)

Have the parent fill out a media history form at check-in. After assessing potential problem areas, you can correlate one or more

"Selection of TV programs is a family issue, not an entertainment issue, just like choice of food is a family issue."



—Edward Saltzman,
Palm City, FL

of a child's symptoms with his or her media habits. If, for instance, a 12-year-old who has gained too much weight is watching more than 25 hours of TV per week, you can talk with the parent about the link between obesity and passive pursuits like TV viewing. You might also ask about the child's eating habits while viewing TV, and discuss the influence of TV advertisements for unhealthy foods.

Similarly, if the parent complains about a child's sassiness, you might mention the pervasiveness of irreverent and disrespectful exchanges on television sitcoms, soap operas, talk shows, and cartoons, then recommend that the parent help the child develop critical viewing and thinking skills.

Next, engage both the parent and child in a discussion of media use inside and outside the home. Ask what type of TV shows, movies, music, and video games the child finds enjoyable. Acknowledge the positives offered by the media—entertainment, edu-

cational opportunities, access to a wide range of information—while raising awareness of potential risks. You may also choose to discuss specific AAP guidelines, such as limiting the child's viewing time to two hours per day; having the parent choose quality, age-appropriate programming; keeping the TV and personal computer in a central location rather than in the child's room; and co-viewing with the child.

Finally, give parents the AAP booklet "Understanding the Impact of Media on Children and Teens" to take home as a reference.

One more thing: You're a role model for your patients. So remove the television from your waiting room—or at least provide educational videotapes for viewing. The AAP guide suggests that you also stock the waiting room with a variety of children's books and magazines, and display posters and literature about the benefits of reading.

An unforeseen reaction

The publication of the AAP media guidelines was met with considerable skepticism. Some parents and news commentators scoffed at the idea that anyone could stop children from watching TV. And many pediatricians wondered how they could squeeze media discussions into their already rushed office visits.

A few committee members were surprised and disappointed by the negative response. "I was pleased with the guidelines, but not with the reaction," Victor Strasburger admits. "A lot of pediatricians want to stick to basics: shots, maybe bicycle helmets and seatbelts, and leave it at that. We're still in the process of convincing them that TV and media represent a significant cause of morbidity." Chairperson Marjorie Hogan thinks some pediatricians don't understand that media exposure represents a significant health problem.

A sampling of practicing pediatricians suggests that not everyone agrees with Hogan. "Basically, it's a good idea to limit TV, but it's not a crucial matter," declares pediatrician Milan Hrkal of Rock Hill, SC. "I bring this subject up, but it's not my priority. I'd rather talk about more important things." He thinks the AAP should concentrate on issues such as

The AAP recommends . . . *

1. Pediatricians should become educated about the public health risks of media exposure through workshops and written materials.

2. Pediatricians should begin incorporating questions about media use into their routine visits, including use of the AAP's media history form. Advice to parents should include:

- 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 using media selectively 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 age two. Although certain television programs may be targeted 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 caregivers 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, and teachers, school officials, and other professionals about media-associated health risks.

6. Pediatricians should collaborate with other professionals to promote media education.

7. Pediatricians should continue to monitor media and advocate for increasing educational and prosocial programming for children and youth.

8. Pediatricians should encourage their state and federal governments to mandate and fund universal media education.

9. Pediatricians should encourage increases in the funding available for media education and research, especially in the areas of sexuality, substance abuse, attention deficit disorder, and juvenile offenders who have committed violent or sexual crimes.

*This is a summary of the AAP recommendations, not a verbatim copy.

child abuse and health care reform. That's seconded by Edward Saltzman, who thinks pediatricians need more time to discuss safety, gun control, and—especially—violence. "These are much more important than TV, if parents need to be educated," he says. "Violence is a tragedy in this country."

Michael Salinsky, who practices in Tigard,

OR, considers media education a low-priority issue. "Nobody argues that it's good to watch four hours of TV a day, but I get the sense that parents know this and let kids do it anyway," he says. He thinks that few parents have the energy to tackle the TV battle, so though he'll discuss TV and related media and mention the AAP recommendations, "I won't take

Resources for media literacy

American Academy of Pediatrics

Department C
PO Box 927
Elk Grove Village, IL 60009
847-228-5005

www.aap.org/advocacy/mediamaters.htm

The Smart Parent's Guide to Kids' TV is available. It explains how parents can create a balanced television diet for their children.

American Medical Association

515 North State St.
Chicago, IL 60610
312-464-5066

www.ama-assn.org

Physician Guide to Media Violence and Media Use Suggestions for Parents are available for a fee.

Cable in the Classroom

1800 N. Beauregard St., Suite 100
Alexandria, VA 22311
800-743-5355

www.ciconline.org

A nonprofit public-service initiative of the cable industry. Promotes effective teaching with television through training sessions and distribution of Cable in the Classroom magazine, which includes articles on the use of television in the schools. Commercial-free educational programming is provided to schools at no charge.

Center for Media Education

2120 L St. NW, Suite 200
Washington, DC 20037
202-331-7833

www.cme.org

Works with consumer groups and nonprofit organizations to improve children's television and ensure compliance with the Children's Television Act of 1990. CME and the Kaiser Family Foundation offer a booklet, "A Parent's Guide to the TV Ratings and V-Chip," free of charge by calling a toll-free number: 877-282-4478.

Center for Media Literacy

4727 Wilshire Blvd., Suite 403
Los Angeles, CA 90010
800-226-9494

www.medialit.org

Has the largest collection of books, videos, and curriculum kits for teaching media literacy in schools, youth organizations, and the home.

Kidsnet

6856 Eastern Ave. NW, Suite 208
Washington, DC 20012
202-291-1400

www.kidsnet.org

A nonprofit clearinghouse for information on children's educational programming in all media, including print, television, and radio.

a hard line as I do with car safety and tobacco."

But other pediatricians think the new recommendations are on target. "I'm totally in

"I'm totally in agreement with the AAP. I refuse to get cable for my own child—we haven't watched TV in about two years now. There are many more interesting things to do."

—Jonathan Lukoff, California

agreement," says Jonathan Lukoff, a California pediatrician. He believes limiting TV is difficult, but doable. "I refuse to get cable for my own child—we haven't watched TV in about

two years now," he says. "There are many more interesting things to do."

Ronda Dennis-Smithart, whose practice is in the rural town of Oskaloosa, IA, says the AAP advisory "helps to strengthen what I've already been doing." Dennis-Smithart is surprised by the number of parents who begin buying videos when their babies are as young as 4 months. "In general, I think it's better that they have no TV," she says. "For older children, total video viewing—computer time, TV time, video games—should be limited to 2 hours a day."

Chicago pediatrician Rebecca Newman agrees. "I thought the AAP recommendation was extreme, but the concept of limiting TV is a good one," she says. "TV watching is a sedentary activity that contributes to obesity,

National PTA

330 North Wabash Ave., Suite 2100
Chicago, IL 60611
312-670-6782
www.pta.org

Produces the manual Taking Charge of Your TV: A Guide to Critical Viewing for Parents and Children, in partnership with the National Cable Television Association. For a free copy, call 202-775-3629. Sponsors training sessions for those who want to lead workshops.

National Telemedia Council

608-257-7712

Promotes media literacy and critical television viewing skills for children and youths, and publishes Telemedium, The Journal of Media Literacy, which consists of articles about media literacy, book reviews, and learning activities for home and classroom.

New Mexico Media Literacy Project

6400 Wyoming Blvd. NE
Albuquerque, NM 87109
505-828-3129
www.nmmpl.org

Web site has information on speakers and workshops, and offers a free newsletter. Two CD-ROMs, Understanding Media and Reversing Addiction in Our Compulsive Culture, are available for purchase.

Yale University Family Television Research and Consultation Center

Psychology Department
Yale University
PO Box 208205
New Haven, CT 06520-8205
203-432-4565

Conducts research on the effects of television on children. Critical viewing curricula available for K-12. Distributes the book The Parent's Guide: Use TV to Your Child's Advantage, by Dorothy G. Singer, Jerome L. Singer, and Diana M. Zuckerman (1990).



and we have a significantly obese pediatric population. But even more important is the fact that TV interferes with parent-child interaction." That's where Newman finds co-viewing can make a real contribution. "I recommend one hour maximum of TV, video, or computer—with a parent, so it's guided," she says. "And watching a video together for about a half hour at night can calm the child before bedtime."

Who has time for media discussions?

Still, even pediatricians who agree with the AAP guidelines have complaints about the media history form. "We looked at the form and felt it was too long, but I have incorporated one or two questions in my practice," says Rebecca Newman. She also realized that

many of her patients wouldn't be able to understand the form. Jonathan Lukoff thinks the AAP needs to integrate its recommenda-

"TV watching is a sedentary activity that contributes to obesity, and we have a significantly obese pediatric population."

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tions into a more doable format stretched out over a few visits.

Michael Salinsky admits that he doesn't use the form. "If I used every form I get from the AAP, it would add an inordinate amount of time," he says "You'd have a three-hour office

visit." Milwaukee pediatrician Howard Gollup has the same complaint: "There are so many things we're asked to talk about by the academy, but there's no chance to touch on those topics in a routine way." He finds it's not practical to make a long agenda of items for routine counseling, because parents often have agendas of their own.

Mark Levin used to copy prepared forms and give them to parents to take home, but he doesn't anymore. "The handouts ended up on the floor or in the parking lot," he says. "It's

Parents of infants and toddlers often turn on the television to give themselves a break from demanding youngsters. If the parent works outside the home, and the caretaker is an older person such as a grandparent, small children are likely as not to be propped in front of the TV. "These people get tired and can't keep up with the child," Newman says.

When parents of babies protest Dennis-Smithart's advice to ban TV, she suggests they substitute simple activities. "These children aren't too young to be read to, or to play

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—Miriam Bar-on, professor of pediatrics, Ronald McDonald Children's Hospital of Loyola University Medical Center, Chicago

color-matching games. You can walk through the room identifying objects, or just talk to your child," she advises. Miriam Bar-on gives books to parents as part of a Reach Out and Read program. "I tell parents who can't read just to look at the pictures and make up a story," she says. "Anyone can do that."

But when times are hectic, who can blame parents for parking a toddler in front of

just a waste." Levin does ask parents, as part of the history, how much time kids watch TV, and how much time they spend on homework, sports, and other activities. "If a child is watching an excessive amount of TV and it's unsupervised, he talks with parents about how TV can interfere with healthy development."

Ronda Dennis-Smithart uses the AAP media history form selectively. "I use it a lot for my obese kids," she says. "It's a good way to correlate media use with the child's weight."

What parents say

When she raises the TV issue, Dennis-Smithart says, parents of older children are generally receptive. In Rebecca Newman's practice, though, some of the more highly educated parents express surprise, especially when she informs them that limiting media time also applies to computers. "Many parents often think TV and computers can be educational resources," she explains.

Barney & Friends for half an hour? "That's not a tragedy," declares Toshio Yamauchi, a pediatrician in Sugar Land, TX. "TV is a convenient caretaker when the parent is busy. If children are watching a TV show that's appropriate for their age, is that bad?" Even when it comes to babies, Yamauchi asks, "What alternative is the AAP suggesting? Do they want the baby to be papooseed to the mother's back all day, or should the parents just leave the baby in a totally unstimulated environment?"

Dorothy Singer at Yale recommends several alternatives. "If you must place a child in front of the TV so you can get something done," she says, "have a good library of kids' videos." She advises parents to preview every video, including those that are recommended by rating bureaus. Even a highly rated video can contain something that might upset a particular child.

And don't forget about music videos, Singer says. She's enthusiastic about Raffi and many other performers who make tapes especially for children. Miriam Bar-on also praises the charms of music. She tells parents to sing to

their children, which they can do even when they've got their hands full.

Mark Levin recommends play groups: "If parents say they're busy and need to have kids occupied, I suggest that they join a play group in which parents take turns hosting a group of children one or two mornings a week."

For older children, setting and enforcing rules is often the only way to limit TV watching. Pittsburgh pediatrician Bradley Bradford takes a tough stance. If kids are watching too much TV, he advises parents to declare a time out, just like the discipline they'd use for 2-year-olds. "If they absolutely can't control TV watching, I tell them, 'Just disconnect the cable.'"

"A lot of parents know these things, but they haven't felt empowered to act like parents and make certain rules," Howard Gollup says. Even with an important safety device like bicycle helmets, he reports, "When I say kids should always wear protective headgear, the parent often turns to the kid and says, 'See, I told you to wear your helmet.'—as if they're unable to enforce rules on their own." He hears the same response from parents when he talks about TV watching.

Victor Strasburger agrees that rules should be established early on. "A television habit can get ingrained as early as age 1 or 2," Strasburger says. "Once a child becomes accustomed to watching TV for several hours a day, it's very difficult to cut back later on. If you set limits early, it doesn't become a pitched battle. That's what we've done with our kids, and it hasn't been difficult."

But Gollup is sympathetic to parents who have neither the inclination nor the time to monitor their children's media exposure. "You know you should enforce certain rules, and you try to do your best, but as a parent with two school-age kids, I know they spend too much time on the computer and watching television. I'm not perfect either," he admits. Milan Hrkal also acknowledges that his children watch too much TV. "But if you have little kids," he says, "you do whatever keeps them busy."

"Kids are left on their own to interpret what they see on TV, without an inkling of their parents' values."

—Mark B. Levin, Princeton, NJ

The AAP isn't admitting defeat

Even though pediatricians are divided in their opinions about limiting TV watching, AAP committee members still think the cause is worth pursuing. "It's an uphill struggle to convince pediatricians that media make a difference in kids' lives," Victor Strasburger admits. "They're so busy, they don't watch TV themselves, and they don't watch what kids watch." Strasburger says pediatricians are his toughest audience. "My favorite audience is schoolteachers, because they get it. Parents get it to a lesser extent, and pediatricians are just beginning to get it."

Miriam Bar-on prefers to educate parents. "The AAP statement was not developed to make parents feel guilty," she explains. "It was developed to raise the bar of parenting. If we can get parents more focused on what their children are exposed to, then we're doing our job correctly." ■



"You can learn a lot from youngsters.
I teach sex ed at junior high."