



# Media Education in the Practice Setting

## An Overview of Media and the Pediatrician's Role

**S**tarting 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:**

- ① Aggressive behavior and violence; desensitization to violence, both public and personal
- ② Substance use and abuse
- ③ Nutrition, obesity, and dieting
- ④ Sexuality, body image, and self-concept
- ⑤ 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.

**American  
Academy of  
Pediatrics**



## 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 Four, you can then tailor counseling and anticipatory guidance for a family's specific needs. 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.)

- ◆ 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.

