

Problems and Solutions Associated With Media Consumption: The Role of the Practitioner

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ABBREVIATIONS. STI, sexually transmitted infection; AAP, American Academy of Pediatrics.

As is evident from a wealth of literature, the powerful messages in mass media (advertising, movies, music lyrics and videos, radio, television, video games, and the Internet) influence the way children perceive their environment, their relationships, their bodies, and various risk behaviors. Media-consumption habits in children and adolescents predict risk behaviors and adverse health outcomes as diverse as overweight and obesity, violence and aggressive behavior, tobacco and alcohol use, and early sexual debut.

- The preponderance of evidence indicates that significant exposure to media violence increases the risk of aggressive behavior.¹
- Media messages and images normalize and glamorize the use of tobacco, alcohol, and illicit drugs.²
- Increased television use has been documented as a significant factor leading to obesity.³
- Increased television use may lead to decreased school achievement.⁴
- Recent data suggest that exposure to the large number of sexual references and images in media and advertising (in the television shows watched by adolescents, 10% of scenes show couples engaged in sexual intercourse) may hasten sexual debut.⁵

Many parents and some physicians underestimate the negative and lifelong impact of early sexual activity. Sexually active adolescents are at immediate risk for pregnancy and acquiring sexually transmitted infections (STIs). In general, the earlier the sexual debut, the greater the number of lifetime sexual partners, and the number of lifetime partners is one of the major factors associated with STI risk. Depression and suicide attempts are more common in sexually active teens.⁶ With hindsight, most sexually experienced teens wish they had waited longer to have sex.⁷

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Even those parents and physicians who are aware of the impact of early sexual activity may underestimate its prevalence.

- Just under one half of US high school students have had sexual intercourse.⁸
- In the United States, the risk of acquiring an STI is higher among teenagers than among adults; 1 in 4 sexually active young people aged 15 to 24 acquires an STI each year.⁹
- Three fourths of 5 million new human papilloma-virus infections in the United States occur in young people aged 15 to 24.¹⁰
- One half (1.5 million) of chlamydia cases in females occur in 15- to 19-year-olds.¹¹
- One in 5 Americans aged ≥ 12 years is infected with herpes simplex virus.^{12,13}
- More than 800 000 teenage girls become pregnant each year; 340 000 are ≤ 17 years old.¹⁴

Parental monitoring and control of children's media exposure is therefore an issue of preventive health care: monitoring media consumption to protect children's health is just as important as monitoring nutrition and physical activity and scheduling routine check-ups and immunizations. The average child spends up to 6 hours per day watching television, playing video games, listening to music, or using other media. However, a majority of parents may seriously underestimate their children's total media exposure.

Parents also must be aware of the content of their children's media diet. The television industry has designed the TV Parental Guidelines, a ratings system that provides information about the content and age-appropriateness of television programs. These guidelines can be used in conjunction with the V-Chip, a device integrated into all television sets manufactured since 2000. The V-Chip allows parents to block programs that they consider unsuitable for their children. In 1999 the American Academy of Pediatrics (AAP) published recommendations on media education,¹⁵ including:

- limiting children's media time;
- discouraging all television viewing among children ≤ 2 years old; and
- encouraging alternative entertainment for children.

These 3 recommendations were repeated in the 2001 AAP statement on children, adolescents, and television¹⁶ and are incorporated in the AAP media guidelines for parents.¹⁷ Despite the availability of

standards, guidelines, and devices to help parents influence their children's media consumption, a majority of children are allowed to select their own media diets.

Health care professionals can, should, and do encourage children, youth, and adults to engage in healthful lifestyles and to avoid unhealthy choices. Physicians and other clinicians can significantly influence positive health behaviors such as avoiding tobacco use, increasing physical activity, improving nutrition, and avoiding early sexual debut.

Time spent discussing media-consumption habits and avoidance of high-risk behaviors is rarely reimbursable. Nevertheless, we feel that health care professionals should make these discussions part of routine preventive health care. Indeed, some progress has been made on this front. A recent *Pediatrics* article by Gentile et al¹⁸ suggests that a majority of pediatricians provide all 3 of the 1999 guideline recommendations to parents at least "sometimes." Given that learning occurs with spaced repetition of information, physicians should repeat this information to parents more often. In view of the information provided by "Impact of Media on Adolescent Sexual Attitudes and Behaviors," recommendations for reduced media consumption and healthful media diets should be emphasized. Health care providers should:

- raise awareness of media exposure as a health concern;
- ask their young patients and their parents about media consumption and media diet at every visit; the Media History form developed by the AAP is suitable for routine visits;
- provide information (such as how media exposure relates to physical activity, nutrition, and sexual debut) to help families make informed decisions about media consumption;
- discuss possible negative repercussions with parents and, in an age-appropriate manner, with the children themselves; the risks associated with excessive or unmonitored media consumption include overweight and obesity in children and STIs and nonmarital pregnancy in adolescents; and
- offer guidance on healthful media diets and options for healthful alternatives to media consumption; the AAP Web site has useful suggestions for parents in this regard, ready for printout (www.aap.org/healthtopics/mediause.cfm).

In addition, the health care professions need to address this issue. Training programs have traditionally provided limited or no time for media literacy. To fill this gap, professional schools and training programs should develop curricula and training that address knowledge and skills related to media consumption and risk behavior. In this way, health professionals will be prepared to discuss consequences of media exposure, behavioral risks, and prevention with their patients and will be motivated and com-

petent to discuss these issues with their young patients and their parents. Together, clinicians and parents will be able to identify, address, and develop solutions to the problems posed by media consumption.

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