

OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

SCREEN MEDIA—UNPLUG IT FOR CHILDREN

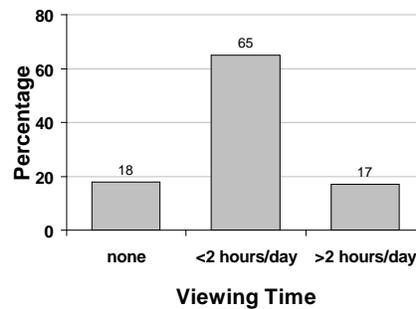
*“By the age of six the average child will have completed the basic American education.... From television, the child will have learned how to pick a lock, commit a fairly elaborate bank holdup, prevent wetness all day long, get the laundry twice as white, and kill people with a variety of sophisticated armaments.”\**

Television can be harmful to children and other living things.

“Screen time” or the amount of time spent watching television or video during a typical day is associated with impaired cognitive and emotional development in young children. In one cross-sectional study of 1,000 children, researchers found that for each hour that infants watched, they knew on average 6–8 fewer words than those children who did not watch.<sup>1</sup> A similar study found that early intense exposure to TV ( $\geq 2$  hours per day before 12 months of age) was associated with a six-fold increase in the likelihood of language delay.<sup>2</sup> Further, a longitudinal study of early exposure to television (children  $<3$  years of age) revealed detrimental effects on various aspects of cognitive development.<sup>3</sup> This issue of the *CD Summary* explains why adolescents should be limited to 2 hours per day and children  $\leq 2$  years old should have no screen time at all.

None at all? This is, in fact, the current recommendation of the American Academy of Pediatrics (AAP) for children  $\leq 2$  years old.<sup>4</sup> So far, Oregon parents appear to have ignored this advice. Parents and caregivers often substitute screen media for human interaction among children  $\leq 2$  years old. According to the 2007 Pregnancy Risk Assessment Monitoring System

**Figure 1 Screen Time for Two Year Olds, Oregon, 2007**



(PRAMS) follow-back survey, 17% of Oregon’s two year olds spend  $>2$  hours per day watching TV or videos, 65% spend  $<2$  hours per day, and only 18% spend no time at all in front of a screen (Figure 1).<sup>†</sup> Older children have similar viewing habits. Among 8th graders in the Oregon Healthy Teens survey, half reported watching  $\geq 2$  hours of TV on an average school day and 43% of 11th graders surveyed, watched  $\geq 2$  hours per day. Only 13% of 8th graders and 16% of 11th graders reported watching no TV at all.<sup>‡</sup>

**ASSOCIATION OF SCREEN TIME AND POOR HEALTH OUTCOMES**

A systematic review by Common Sense Media of 173 studies examined the relationship between media exposure and health outcomes.<sup>5</sup> Eighty percent of the studies found an association between increased screen time and negative health outcomes among children and adolescents. These included childhood obesity; tobacco, alcohol and other drug use; low academic achievement; and earlier onset of sexual activity. The association between screen time and childhood obesity was very strong. One longitudinal study found that

children who spent  $>8$  hours watching TV at age three were significantly more likely to be obese at age seven.<sup>5</sup> Another study concluded that each hour of TV children watched as an infant was associated with a 9% risk increase of being at or above the 90th percentile for attention problems.<sup>6</sup>

Violent behavior, aggression and bullying have also been associated with increased screen time among both younger children and adolescents. In one study, lack of cognitive stimulations, emotional support, and increased screen time in the early home environment all had significant independent impacts on bullying in grade school. For every hour of screen time at age four, there was a 6% increase in bullying when the child was age 6–11.<sup>7</sup> This is no small deal: among Oregon adolescents, 41 percent of 8th graders and 31% of 11th graders reported being harassed at school during the past 30 days.

Violence is easy to find on TV: the National Television Violence Study found that overall 60% of American TV programs contained violence. In addition, the study found that 67% of children’s programming contained violence and that these violent acts on TV were not associated with negative consequences (i.e., actually getting hurt).<sup>4</sup>

**SHIFTING PARENTS’ AWARENESS AND ATTITUDES**

Despite the evidence of its nefarious impact, Oregon parents don’t express much concern about screen time for their two-year-olds. Again looking to PRAMS-2, only 19% of parents said that they were concerned with screen time for their two-year-olds, and 17% of respondents even admit that their two-year-

\* [http://thinkexist.com/quotation/by\\_the\\_age\\_of\\_six\\_the\\_average\\_child\\_will\\_have/9342.html](http://thinkexist.com/quotation/by_the_age_of_six_the_average_child_will_have/9342.html)

† [www.oregon.gov/DHS/ph/pnh/prams/index.shtml](http://www.oregon.gov/DHS/ph/pnh/prams/index.shtml)

‡ [www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2008](http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml#2008)



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olds have a TV in their bedroom! TV viewing among infants and toddlers has also been associated with irregular sleep schedules and with a TV in the bedroom, it is more difficult to monitor what the child is watching.<sup>8</sup>

Among parents in the US whose child has a TV in their bedroom, 55% say it is so other TVs in the house are freed up so other family members can watch their favorite shows. Other reasons included keeping the child occupied so that the parent can do household chores (39%), helping the child fall asleep (30%), and as a reward for good behavior (26%).<sup>9</sup>

How can health care providers help parents understand the effects and ultimately reduce screen time for their children? The AAP recommends that pediatricians and other health care practitioners discuss media influence with families during patient appointments.<sup>4</sup> While this is not feasible for every patient visit, more information would probably help shift parents attention to their children's media exposure.

## RESOURCES

Complementary strategies for providers to help parents reduce screen time, stimulate brain and language development and provide a closer emotional relationship with the child include:

- Becoming familiar with AAP's policy statements and research on media's effects on child and adolescent health. (See <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;104/2/341>.)<sup>10</sup>

- Incorporating media histories into annual well child visits. The AAP provides two resources for this. "Media Education in the Practice Setting" assists pediatricians with integrating education and discussion about media into their practices. The "Media History" asks the parent a series of questions associated with their child's media use allowing the pediatrician to assess their patient's level of media exposure and identify and intervene on potential health-related risks. The form takes less than five minutes to complete.<sup>11</sup>
- Suggesting healthy alternatives to screen time. The Television Turnoff Network ([www.tvturnoff.org](http://www.tvturnoff.org)) offers a list of 100 alternatives. National TV-Turnoff Week occurs every April.
- Counseling parents to parents never put a TV in a child's bedroom. If a TV is already there, remove it.
- Being a good role model. Have a variety of quality reading materials in the waiting room rather than a TV. Have volunteer readers and display posters and literature about the benefits of reading.
- Encouraging parents to incorporate other healthy activities and interaction into their children's lives such as talking, singing, or playing outside. More than 90% of Oregon parents report taking their two year old on outings at least once a week See [www.oregon.gov/DHS/ph/pan/docs/Child\\_obesity\\_Rpt.pdf](http://www.oregon.gov/DHS/ph/pan/docs/Child_obesity_Rpt.pdf).
- Encouraging parents to read to children. In Oregon, 65% of parents report reading to their two-year-old every day.

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