

Paediatric Policy:

Children and the media: Advocating for the future

ACKNOWLEDGEMENT

The Paediatrics & Child Health Division, Royal Australasian College of Physicians acknowledges the significant input, skills and expertise of Dr Michael McDowell in initiating the project, reviewing the literature, and drafting and editing this policy paper. The Division and the College are deeply grateful to him for his energy, enthusiasm and expertise.

RECOMMENDATIONS

1.1 The College advocates for greater Australian and New Zealand research into the health and developmental effects of media technologies and media content on children.

Accordingly it is ***recommended*** that

- Governments and research bodies such as the NH&MRC and NZRC should support more research into the effects of media in childhood; in particular, into the health and developmental effects of media technologies and content on children.

1.2 The College supports efforts to further regulate food advertising during designated children's viewing times. The College believes that media organisations and the food industry should be held accountable for the consequences of food advertising to children.

Accordingly it is ***recommended*** that

- Commonwealth, State and Territory and New Zealand Governments should introduce appropriate regulation for industry groups (media organisations, providers of products such as fast food) so as to minimise the related adverse health and developmental consequences for children.

1.3 The College advocates for quality media for children.

Accordingly it is ***recommended*** that

- The Australian Federal Government and New Zealand Government should ensure regulatory promotion of quality Australian and New Zealand produced commercial children's media, and increased funding for children's media in the ABC and the NZBC.

- 1.4 The College will adopt a collaborative approach to increase public awareness of the impact of media on children. Within the College, the Division of Paediatrics & Child Health and the Australasian Faculty of Public Health Medicine will establish a steering committee on Children and the Media.

Accordingly it is **recommended** that

- The College will collaborate with the Royal Australian and New Zealand Colleges of General Practice and other medical bodies to develop strategies for raising public awareness about children and the media.

- 1.5 The College believes that parents and caregivers play a critical role in guiding children's use of, and exposure to, the media.

Accordingly it is **recommended** that

- Australian and New Zealand Governments increase funding and support for agencies that provide independent advice to parents who want to learn more about media and parenting.

- 1.6 The College believes that health professionals should be fully informed about the impact of media on the health and development of children.

Accordingly it is **recommended** that

- The effects of media on children be incorporated into all health care training curricula, with appropriate components at specialist and post-graduate level;
- RACP training curricula meet this requirement.

The College has developed fact sheets to accompany this policy statement for parents and clinicians. These may be viewed on the College website.

INTRODUCTION

Media technologies (TV, video, games, Internet, music, mobile phones) have brought about a substantial change in the experience of childhood in our society. These changes leave many parents unprepared for the challenge on how to regulate their child's time with such technologies. There is now good evidence about the impact on children from media technologies, and that this constitutes a health issue.

Professional groups are in an excellent position to advocate on behalf of children and their carers to encourage them to take into consideration the rate of change of these technologies. The core task of this statement is to highlight the underlying issues of how both current and future technologies, and the content they deliver, impact on children.

In 1999 the Royal Australasian College of Physicians (RACP) released a booklet on "*Getting in the picture: A parent's guide for the better use of television for children*". This document focuses on the impact television has on children's health and development and stresses the importance of monitoring the amount and content of television watched by children. This statement is a companion to that

publication and has incorporated additional forms of media technology to further highlight the impact these can have on children's development.

The material presented in this paper, and the research upon which it is based, largely relate to children up to and including high school age. This does not imply that the impact of media on health and development is restricted to this age group.

EVIDENCE FOR THE POLICY

Usage of Media technologies by children

The amount of time Australian and New Zealand children spend interacting with media is significant, and continues to grow. In Australia and New Zealand the average household views over three hours of television per day. No data are available about the total time children spend daily with television, video games and the Internet. However, the average child in the US spent six and a half hours per day in total with various media. The range is clearly wide, with some children playing video games or on the Internet for large percentages of the available time (such as weekends). For the average child, time spent watching TV and engaged with other media technologies will exceed, by the end of school, the time spent in the classroom.

Television

Australian children begin watching television from an early age, with an average of 44 minutes at four months building to two and a half hours by four years. In 2001, almost half of children aged 5 to 12 years watched more than two hours per day, and 15 percent spent over an hour per day playing video games.

In New Zealand, about nine percent of children reported they did not watch television or videos during the week and 8.6 percent did not watch during the weekend. About 64 percent of New Zealand children watched television or videos less than 10 hours during the week, while 51.3 percent watched television or videos less than four hours per weekend.

Co-viewing (where parents and children watch programs together) appears to be uncommon for children's programs, although it does occur more often with parents who see the positive benefits of TV. A US study of preschoolers found that co-viewing commonly occurred when children were watching adult programs, but was not common when children were watching children's programs. Extending this information to Australian children would suggest that much of children's television viewing may be unmonitored by parents.

Internet

The level of Internet subscriptions continues to rise rapidly. In Australia, information for the year 2000 indicates 4.6 million subscriptions, of which 3.9 million were for households (well over 50 percent). Approximately 60 percent of households at that time had a personal computer. In 2001, the Australian Broadcasting Authority (ABA) was given responsibility for a number of Internet content regulatory functions. These include advising and assisting parents and other carers of children in relation to the supervision and control of children's access to Internet content and conducting research into issues

relating to Internet content and usage.

Young people may download games and music from the Internet, participate in chat rooms and utilise instant messaging services without their parent's knowledge. The contents reported by young people in one study included pornography, nudity, 'rude stuff', tasteless jokes, talks in chat rooms and violent imagery. This information may be sent to them by persons unknown ('spammed').

Television and videos

In Australia, children from the aged 5 to 14 years overwhelmingly listed watching TV or videos as an activity (as opposed to a physical activity). A 2002 Federal Cultural Ministers Council report concluded that electronic and computer games were more popular as a pastime than active pursuits such as riding bikes, skateboarding or rollerblading. The purchase of video games technology and software continues to rise. Australians spent \$A825 per capita on video game software in 2002.

There is a significant trend for children to interact with these media technologies, and the content they deliver, in the unmonitored isolation of their bedroom. This trend is of great concern, especially given the reported levels of interaction with media technologies from children between the ages of 8 and 18:

- 53 percent have TVs in their bedrooms;
- 29 percent have a VCR in the bedroom;
- 16 percent had their own computer in the bedroom;
- Technologies in the bedroom were more likely for single children, boys, and where families subscribed to pay TV;
- 14 percent of children aged 2 to 7 watched TV alone;
- Over 70 percent of the parents said there were rules about how much TV their children watched;
- Rules decline with age as 47 percent of 8 to 13 have rules and this declines to 25 percent of 14 and older.

According to US data, children spend a good deal of time engaged with other forms of media. Teenagers spent just as much time listening to the radio as they did watching TV, although this was usually while they were doing something else.

Impact of the media on children

There are two main processes by which the media influences children. The first of these is the result of the content they experience. This content may be intended and selected (such as music on a CD, a video game, web page or TV program) or unselected (such as advertisements, or 'pop-up' web pages from the internet). The influence of this content on children depends on many factors; for example age, and related developmental factors such as intelligence and social maturity.

The key issue with regard to this content is that the media technologies potentially bypass parents, our society's traditional gatekeepers for the developing child. They allow content produced for all manner of reasons to be delivered directly to the mind of the child. The second process relates to what children are **not doing** when they are interacting with media technologies. Time spent interacting with

machines is time that could be spent doing other activities that may be more beneficial or necessary for the development and well being of children.

How media content impacts on children depends on developmental factors. Research that focused mainly on television and advertising reported the following findings:

There was growing evidence that babies interacted with television in a meaningful way, particularly interpreting the emotional messages.

Prior to the age of 4 years, children had difficulty understanding that what they were watching was not real. However, the visual properties of programs may have been attractive to young children regardless of the content (such as violence).

Background television had a detrimental impact on play behaviour. In infant and toddler age groups, a study found that the length of toy play and duration of sustained attention span was reduced when the television was on compared with when it was off. When viewing content, young children could detect and respond to emotions on television, and accurately identify and remember facts and action sequences.

Children were able to reflect complex content in their play with surprising detail . This occurred before they had the ability to understand the human motivations that may underlie what they were viewing. In this way, young children absorbed the content and emotions without a full understanding of the reasons why.

By the end of their preschool years, most children could understand the difference between program and advertising content; however, the trend to blur content with associated advertising makes this more difficult. Up to the age of 8 years, children:

- Continued to have trouble understanding the full intent of advertisements;
- Were less likely to formally distinguish advertisements from program content;
- Were more likely to believe that the advertising claims were factually true particularly true if the advertisements involved celebrities.

As children mature, their understanding of advertising also grows. There is no evidence, however, that with this greater understanding the power of advertising to influence their consumer behaviours is lessened.

- Children who watch more television and children from lower-income families are more likely to ask their parents for the products they see advertised;
- Most children by the age of 4 years can differentiate between reality in everyday life and the unreality of television, but the more complex ideas (such as action replays) and the concept of actors playing a role may not come until 6 or 7 years;
- Children have more difficulty realising that violence on the news may not represent a direct threat, or that special effects are not real.

The media may interfere with child development in a more direct, or neurological, manner. There is a substantial body of work now demonstrating the impact of early child experience on the developing neurology of the brain. Specific experiences may trigger the expression of specific genes, leading to alterations in the physical makeup of the brain. This is more likely to occur when there is a genetic predisposition to the development of specific neurological properties.

There is also some evidence that repeated exposure to violent content in the media modifies brain function. The consequences of this could lead to a blunting, or desensitisation, to the emotional effects of violence. The brain changes that lead to this desensitisation have been demonstrated in brain functional imaging studies.

Potential benefits

The utilisation of media technologies in Australian and New Zealand households clearly indicates that families like what these have to offer. International research has demonstrated that educational programs benefit children's knowledge and academic abilities. This can begin in early childhood, where choice of program makes a considerable difference to children's skills and knowledge when they enter school. In early childhood, television can provide children with a broader range of life situations and possibilities to explore through their play. Children can use media to increase their understanding of the world around them as well as teach positive social behaviours. These benefits can last through to adolescence.

Television viewing has been studied in children who are academically gifted, with results suggesting that selective viewing can promote academic abilities. Furthermore, parents of gifted children are more likely to see the potential benefits of educational TV programs and make more selective viewing choices.

Video games involving information, academic content and problem-solving have been shown to accelerate children's learning. They can be particularly useful for children who have learning problems. Similarly, the breadth of information available on the Internet is clearly able to broaden children's knowledge and understanding of the world.

Media campaigns can change the knowledge and attitudes of parents. A recent US study showed positive changes in parent beliefs and practices around a set of issues related to children, tobacco and marketing. Another study in the US reported on a 12-episode television series designed to provide information about child behaviour management that led to a reduction of problem behaviours by 15 percent.

Areas of potential harm

Violence

In the US, it has been calculated that by the time children reach age 18 they will have seen 16,000 simulated murders and 200,000 acts of violence on television alone. It is likely that Australian and New Zealand statistics are similar.

The body of evidence linking exposure to violent content to violence-related outcomes for children is now compelling, drawing from over 1000 studies. These include studies of cross-sectional associations, naturalistic observations, longitudinal studies, meta-analyses and direct cause-effect relationship studies.

In July 2000, a group of six major health professional organisations: the American Academy of Pediatrics, the American Academy of Child & Adolescent Psychiatry, the American Psychological Association, the American Medical Association, the American Academy of Family Physicians and the American Psychiatric Association, released a joint statement on the consequences for children of exposure to media violence (see www.aap.org/advocacy/releases/jstmtevc.htm). These groups concluded that children who watched more violence on the media were more likely to:

- Become emotionally desensitised to violence;
- Avoid taking action on behalf of a victim when violence occurs;
- Believe that violence is inevitable;
- Believe that violence is an acceptable way of solving conflict;
- Believe that world is a violent place, leading to greater anxiety, self-protective behaviours and mistrust of others;
- Use violence themselves.

The original work on this subject examined violent TV and films; however, a body of more recent work has linked violent outcomes to video games. The violent consequences are not limited to hurting others. Children who see risk-taking behaviour in the media are likely to copy these behaviours, and this can lead to personal injury.

The effects of exposure to violent content in childhood have recently been linked to increased aggressive behaviour even 15 years later. This study followed up 329 adults whose media behaviour was documented when they were children, and demonstrated increased risk of domestic violence and criminal behaviour for the children in the top 20 percent for amount of violent material consumed. This effect was found for females as well as males.

It is important to note that viewing violent material does not make all children violent. The actual violence resulting from media exposure may be limited to children who are, for various reasons, more vulnerable to this material. For the majority of children there may be subtle shifts in beliefs (more desensitised, more likely to believe violence is inevitable) but not enough to cause harm. Even without actual violent behaviour, however, these changes in belief may collectively change the nature of our society.

Almost all work on the effects of media violence has focused on physical interpersonal violence. The impact of psychological violence (bullying) in all its forms, and how this relates to psychological violence perpetrated by children to each other, is an important area where research is required. Further information regarding media, violence and childhood may be found at www.psychology.iastate.edu/faculty/caa/vg_FAQs.pdf.

Obesity

Obesity is now one of the major public health problems for children. With childhood obesity comes the risk of lifelong obesity, along with associated health risks (type 2 diabetes, cardiac disease). In Australia, over 25 percent of children can now be considered overweight or obese, compared to 12 percent in 1985. The trend affects even the youngest children. Longitudinal data from South Australia indicates that for preschool children, rates of obesity have risen to 4 percent and overweight has risen to 15 percent.

Rates of obesity and overweight in New Zealand are similar to those of Australia. Rates of obesity (not including overweight) in Auckland were 14 percent in 2000 for school-aged children. In 2001, approximately one in two (50 percent) of adults in New Zealand were either obese or overweight. Rates of obesity for 15 year olds in Dunedin were only 6 percent in 1987, suggesting an increase in incidence over time.

Many studies have shown a powerful link between time spent watching television and the likelihood of obesity although recent Australian data has cast some doubt on the strength of the relationship. Preschool children, particularly those from low-income families and those who have televisions in their own bedroom are more likely to be overweight. Families that watch TV during mealtimes have been shown to eat more junk food.

Generally obesity results from an imbalance between calories eaten and calories expended through activity and exercise. Television (and media behaviour) upsets this balance through:

- Reduced metabolic rate when watching TV and other media activities;
- Reduced activity because of what they are not doing whilst they are interacting with the media. (Children who watch more TV play less sport);
- Increased food and calorie consumption (that may be influenced by advertising or result from “snacking” opportunities).

Two recent reviews have identified that advertising to children is effective in changing their beliefs, preferences, purchasing behaviours and consumption patterns. The track record for companies advertising food to children is not good. Adherence to code-of-conduct guidelines is questionable. As a result of these advertisements, children are likely to believe that the advertised foods are good for them. In fact, consumption of fast food is a major problem for our children. A single burger may contain more than a child's recommended daily intake of fat.

A recent NSW study examined TV advertisements to children across five Australian capital cities, finding that a third of all advertisements during children's television viewing times were for food (on average eight advertisements, over three minutes of advertising). The most common food groups again were confectionery, 'fast food', soft drinks and snacks.

A recent audit of children's advertising by the Australian Divisions of General Practice (ADGP) has more concerning findings. During children's television programs over the January holiday period 2003:

- There were no 'healthy eating' messages provided to children during these times;
- There was an average of one food advertisement per ad break, and in some cases up to three;
- Over 99 percent of advertisements were for 'junk' food (high in fat, sugar and/or salt, and with little nutritional value); these included takeaway hamburgers/fries (30 percent), pizza (25 percent), soft drink (22 percent), fried chicken (7 percent), chocolate and confectionery (4 percent);
- Across the summer holidays, assuming children watched 2½ hours per day, they would have seen more than 400 'junk' food advertisements, or almost 3½ hours;
- There were no major differences between commercial stations.

Based on these findings, the ADGP recommended a complete ban on "junk" food advertising during children's television time slots. Similar findings were made in a New Zealand study of food advertisements during children's television.

Harmful Substances

In 1997, a US analysis has found that alcohol, tobacco or illicit drugs were present in 70 percent of prime time network drama, 95 percent of top grossing movies and half of all music videos. Media exposure has been directly linked to usage of harmful substances with one longitudinal study directly linking amount of media exposure to level of alcohol use in teenagers.

Suicide

Reporting and portrayal of suicidal behaviour in the media may facilitate suicidal acts by people exposed to such material. When suicide occurs in clusters it can be a result of young people imitating others who have recently committed suicide.

There is concern that reporting and portrayal of suicide in the media may encourage children to copy. This influence of the media is greater when the method of suicide is presented in detail, when the report is presented dramatically, when pictures are displayed and when suicides of celebrities are reported. Younger people are more likely to be influenced.

Sexual behaviour

The primary source of information about sex for children and teenagers may be related to the media. A content analysis for the network programs for ages between 2 and 11 years in relation to health related content on US television found that promiscuous sex was relatively uncommon. Effects due to potentially harmful messages about sex in the media may minimise any messages children receive from other sources (such as school sex education programs).

The sexual content in commercial television has increased steadily, and the potential consequences of sexual contact (pregnancy, sexually transmitted diseases) have not been studied. There is evidence that what children view influences their behaviour. Teenage girls who became pregnant, compared to their non-pregnant peers, watched more soap operas before becoming pregnant, and were less likely to think the leading characters would use birth control. Teenage males with the highest rates of sexual behaviour also watched more television, and were more likely to watch television away from the rest of their family.

Child Pornography

In 2001 there were an estimated 14 million Internet sites devoted to child pornography, some of which carried over a million images. In the same year there were over 23,000 sites and 40,000 advertised chat rooms devoted to the defence of adult-child sexual relations. Considerable publicity was generated that year around the police action against the Wonderland Club, an Internet organization of paedophiles operating around the world. Membership of this club was granted in exchange for 10,000 new child pornography images. In the police action, 750,000 images were seized along with 1,800 videos. It was estimated that over 1,200 children had been molested in producing this content.

Child pornography is used by paedophiles to desensitise children towards becoming participants in sexual acts. It clearly increases the opportunities for child sex offenders to gain access to child sex material and gain information from similar individuals around the world. Australian governments have recognised the seriousness of these crimes. Recent Australian Federal legislation has increased the penalty for possession and production of child pornography to 10 years imprisonment.

Sexual solicitation

A US study completed in 2000 found that 19 percent of children and youth aged from 10 to 17 years who used the Internet regularly had been approached through the Internet (usually in chat rooms) for sexual contact. One in seven of these children reported that the offender had attempted to contact them by phone or post. Only 25 percent reported these attempts to parents, and around 10 percent of cases were reported to police, and ISP or other authority such as a teacher.

Extrapolating from these figures, approximately 50,000 of Australian children aged 10 to 17 will be approached annually on the Internet for sexual purposes. In a small Australian survey, 27 percent of adolescent Internet users reported being contacted by a sexual predator whilst using chat rooms.

Sexual offenders are more likely to target through the Internet children who are:

- In the care of the state;
- From single parent families;
- Who have experienced previous maltreatment;
- Who have emotional, learning or social difficulties, or low self esteem;
- Who respond to offers of financial reward.

The impact of marketing to children

Marketing to children is now big business compared with the 1980s and earlier, when advertising to children was considered less beneficial to sales. In 1999, American corporations spent \$US12 billion marketing to children and research on how to market more effectively to children. Advertising to children clearly works. In 1984, only 10 percent of toys were linked to movies or TV programs. This rose to 50 percent in 1990.

Australia and New Zealand continue to have some of the highest rates of advertising to children in the world. Each 30 minutes of designated children's television viewing time must have no more than five minutes of advertising. Assuming an average 2½ hours per day viewing, this means that children would see over 9,125 advertisements per year.

Parents are concerned about the consequences of this marketing enterprise. A US study found:

- 87 percent of parents felt advertising made their children too materialistic;
- 63 percent felt their children were defined too much by their possessions;
- 55 percent indicated they had been successfully pressured by their children to buy products they felt to be 'junk' or 'too expensive';
- 31 percent felt they or their partner had to work longer hours to pay for the goods their children felt they needed.

In Australia and New Zealand children are increasingly recognised as a marketing target group. A recent Australian study interviewed over 600 children between the ages of 7 and 14 years and found that:

- Children in this age group are 'ad-acceptors'. Less than a third of children routinely changed channels or left the room when advertisements came on;
- Children had spending power of \$A8.80 per week average pocket money, and \$A160 per year average gifts (birthdays, Christmas). On average, children spent about half this amount, equating to a yearly total of \$A800 million across the country;
- Children had 'pester power', indicating that they exerted a high level of influence over parent purchasing decisions. This includes significant family decisions such as make of car;
- By inducing children to influence their parents in this way, advertisements lead to greater discord within the family.

Child Mental Health

Television violence may influence children in four ways: making them want to imitate what they see, reducing learnt inhibitions against violent behaviour, desensitising them to violence through repetition, and increasing arousal. Exposure to graphic violence may increase children's symptoms of stress. Television news, terrorism, violent crime and natural disasters can traumatise children, leading to nightmares. In one US survey, 37 percent of parents who had preschool children reported that their child had been frightened or upset by a TV story in the previous year.

More generally, increased television viewing is associated with higher levels of depression and anxiety, although it may be that these mental health problems led children to watch more TV.

The Internet is being used as a source of information for teenagers about their mental health issues. Almost 20 percent of teenagers in a recent US study had used the Internet to find help for the emotional problems they were experiencing.

In some cases children may spend more time with the media as a consequence of other problems such as stress or fighting within the family. It is obvious that the more time family members watch television, the fewer opportunities exist for communication within the family and solving any problems.

Eating Disorders

Media has a strong influence on eating disorders. , This occurs by influencing how children think about their bodies. There has been concern raised about the increasing numbers of pro-anorexia and pro-bulimia websites that provide advice to teenagers and encourage these eating disorders. However, a US study on the use of an Internet-delivered computer-assisted health education (CAHE) program, designed to improve body satisfaction and reduce weight/shape concerns for young women known to be at risk for the development of eating disorders, reported a significant improvement in body image and a decrease in drive for thinness.

Physical health and development

There are some direct health consequences for children from their use of media technologies. For example, for children at risk of epilepsy, games that show flashing images against a bright background may induce epileptic seizures. Sleep problems have also been associated with TV viewing behaviour patterns. Sleep problems were more likely with greater daily viewing time, greater viewing before bedtime and having a television in the bedroom.

Children using computers and electronic games may adopt the kinds of sustained and awkward postures that are associated with musculoskeletal disorders. The physical demands of extensive use may lead to a wide range of adverse effects on children's development, including visual, neurological and physical changes.

Factors that influence media-related outcomes

Children with emotional or developmental problems are more likely to have difficulty understanding television and advertising in the same way as their peers. This group of children is likely to be more vulnerable to the potentially harmful consequences of media content. The extent to which children up the age of 10 years are able to understand the full reality of television programs depends on their life experiences and knowledge of television techniques. The more TV children watch, the less likely it is that they will have a mature understanding of how television works.

The growing perception that streets and neighbourhoods are unsafe is likely to increase the degree to which parents encourage their children to remain indoors. The 2002 NSW child health survey 5 asked parents where children were allowed to play when not at school or in care. The most popular area was the back yard (69 percent) followed by inside the house (58 percent). By contrast, around 29 percent were allowed to play in the park, 24 percent at a friends or relatives, 22 percent at a neighbour's house and only 11 percent on the street.

Parental attitudes play a large role in determining what children watch. Parents' attitudes were related to social, educational (level of parent education) and economic (level of family income) factors. Parents who believed that TV was beneficial to children were more likely to choose educational programs for their children. By contrast, parents who have not had opportunities for higher education are more likely to allow their children to watch what they want, and have the television on more during the day.

Similar influences related to use of video games. A Queensland study of video game use found that the time spent and type of video games played was closely related to parents' understanding of the technology, and beliefs about the possible benefits and harms of different games. The more parents

understood and discussed these products, the greater the likelihood that they had clearly defined guidelines for how their children used these games.

Specific family factors also influence viewing behaviour. If there are more televisions, there is more television viewing. Older children tend to choose programs when there are siblings in the house, which means that the younger children may be watching programs more suitable to older age groups. Children who are unsupervised when they come home from school are liable to watch a good deal more TV than other children.

WHAT THE COLLEGE CAN DO

As specialists in child health, paediatricians potentially have a powerful voice in matters that impact on the health and development of children. Paediatric training, however, does not prepare paediatricians for an issue of this complexity. This is due not only to the lack of training in this area, but also to the traditional model of health care, which trains a consultant response to individual child health problems. Addressing the issues raised in this document requires advocacy skills.

Paediatric clinical practice

In practice this document will assist paediatricians to:

- Use their influence as consultant health experts to emphasise to parents the influence of media on children, and the importance of active parenting in this area;
- Ask about media habits as part of their medical history;
- Include media as part of personal continuing education, including an awareness of the legislation affecting media;
- Include media in parent education about their children and health;
- Be a role model (have books rather than TV in waiting rooms);
- Have appropriate media available to children in hospitals;
- Be active as an advocate to both monitor poor content and encourage good content. This could include letter writing to TV stations.

Possible issues to consider

When taking a media history Paediatricians should ask the following questions:

- Are you concerned about your child's media/video game/Internet usage?

Specific household media behaviours:

- Do they have a TV/computer with Internet access in their bedroom? If so, how do you monitor how they use this?
- Do you know what they are watching/using? Who decides what your child watches? Do you

watch programs with them?

- Are there any rules regarding TV viewing for the whole family (e.g., only after homework, not at meal times). How do you make these rules? Do you stick to them?
- How many hours a day does your child watch TV, play video games or surf the Internet? On weekdays? On the weekends?
- By contrast, how much time are the children spending on physically active, cultural or social pursuits?
- Have they discussed specific issues of Internet safety (see above)?

Health professional training

Professional training in paediatrics has been slow to respond to this complex issue. A US study in 2000 found that less than a third of the 209-paediatric residency programs studied included media issues in the curriculum.

RELATED POLICIES

American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Psychological Association, American Medical Association, American Academy of Family Physicians and American Psychiatric Association

Joint statement on the Impact of Entertainment Violence on Children www.aap.org/advocacy/releases/jstmtevc.htm

American Academy of Pediatrics

Policy on Children, Adolescents and Television (RE0043, February 2001). www.aap.org/policy/re0043.html

Impact of Music Lyrics and Music Videos on Children and Youth (RE9648). www.aap.org/policy/01219.html

Children, Adolescents and Advertising (RE9504) www.aap.org/policy/00656.html

Media Education (RE9911) www.aap.org/policy/re9911.html

American Academy of Child & Adolescent Psychiatry

Children and TV violence. <http://www.aacap.org/publications/factsfam/violence.htm>

The Influence of Music and Music Videos www.aacap.org/publications/factsfam/musicvid.htm

Children Online www.aacap.org/publications/factsfam/online.htm

Children and the News www.aacap.org/publications/factsfam/67.htm

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Published by The Royal Australasian College of Physicians, Sydney, 2004.

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