

Editorial

Media Literacy Has Potential to Improve Adolescents' Health

Media literacy is a relatively new approach to helping young people make good decisions about their health. My favorite simple definition of media literacy is that we're teaching adolescents how to read "Baywatch" as well as "Beowulf." Basically, it's the idea that the popular media (television, movies, music, teen magazines, the Internet) in which adolescents are immersed are probably as important as the classics in teaching cultural norms and expectations. Decades of research has shown that the media do affect adolescents' aggressive and sexual behavior, body satisfaction and eating disorders, as well as alcohol use and cigarette smoking [1]. I and other media-effects researchers have found that the media can serve as a kind of super peer for young people, glamorizing and normalizing often unhealthy behavior [2].

When applied to health, media literacy means helping young people see that the media are in the business of selling them products and behaviors that often are not good for them. By increasing awareness of how media are produced and packaged, the assumption is that adolescents will become more critical of what they see and hear and will be less likely to engage in the unhealthy behavior promoted in the media.

We might think a more effective strategy would be to change the media rather than the media's consumers. But affecting media content is an especially difficult proposition with such a commercially driven and government-independent media industry. Health advocates have had only limited success in getting the media to provide healthier content or to reduce unhealthy fare. The elimination of cigarette advertising from radio and television in the 1970s was a remarkable achievement, but that important step has been undermined as tobacco has reemerged in other kinds of media. Currently, about one in five of the episodes of popular, noneducational prime time television programs depict tobacco use [3], and prosmoking portrayals outnumber antismoking portrayals by a ratio of ten to one [4]. Almost all of the top-rated movies for children, teens, and adults contain some portrayal of smoking that usually conveys physical attractiveness and high social status [5,6]. Recent research has shown that teens who see more movies that depict smoking are more likely to begin smoking [7,8].

We certainly shouldn't give up trying to persuade the media to provide healthier content for young audiences. Given the barriers to significant changes in content, however, it seems prudent to look for other ways to reduce the potentially harmful effects of the media on adolescents' health. Media literacy is a potentially fruitful strategy.

Although media literacy education has been practiced in other countries—such as Canada, Great Britain, and Australia—for three decades or more, it is just now gaining a foothold in the United States. The movement has spawned two national organizations that advance media education training, networking, and information exchange through professional conferences and media list-serves: Alliance for a Media Literate America (AMLA) and Action Coalition for Media Education (ACME).

The media literacy movement in the United States has been hampered, however, by a lack of rigorous evaluations of the various media literacy interventions underway [9]. Only a few previous studies have established that media literacy training increases critical thinking about the media and/or affects attitudes about a health issue (e.g., alcohol and tobacco use, body image, and violence) [10–13].

The study reported in this issue of the *Journal of Adolescent Health* uses an elegant measure that reliably assesses the three media domains that most practitioners and researchers agree are fundamental in media literacy education: (1) authors and audiences, (2) messages and meanings, and (3) reality and representation [14]. The evidence presented by Primack and his colleagues shows that increases of only one point on the Smoking Media Literacy Scale were significantly related to reduced current smoking and reduced susceptibility to future smoking. This is quite remarkable. It suggests that knowing even a bit about the media's intentions and effects could improve adolescents' health.

Even if we do accumulate more such evidence that media literacy makes a difference in adolescents' health-related decisions, establishing media literacy as an important component of a young person's education will not be easy. We need more research not only showing, as this study does, that media literacy is related to health outcomes, but also to develop effective curricula that can be easily adopted in multiple venues. It is not clear at this point how much media

education is necessary, when it should start, how long it should last, or what components are most important. Most existing media education curricula require multiple meetings and focus on only one medium (usually television and/or advertising) or only one health issue at a time.

One recent study, however, has shown that even one media literacy training session can increase early adolescents' skepticism toward advertising, and that taking a more emotional rather than only fact-based approach may be most effective with middle-schoolers [15]. This is good news, certainly, for school systems that have been reluctant to install full-blown media literacy components in their already over-burdened curricula. All 50 states now have at least one element of media literacy as part of their curricular requirements. Most incorporate media literacy in major subject areas such as English or social studies and some in health [16], but adoption has been sporadic and inconsistent at best [17].

In 1997 the American Academy of Pediatrics launched a national "Media Matters" media education campaign designed to educate its members and provide clinical tools to assess and mitigate media effects on children and adolescents. The kit included a "Media History" form that pediatricians were encouraged to have parents fill out to assess their children's patterns of media use. Apparently, only a few pediatricians used the form because they found it too time-consuming. Pediatrician researcher Michael Rich surveyed U.S. pediatric residency programs and found that only about one-third teach about the health effects of media exposure. He concluded that "developing a pediatric media curriculum and training pediatric residency directors or designated faculty may be a resource-effective means of improving health for children growing up in a media-saturated environment" [18]. Such programs could make a difference. Hearing from your child's doctor that the media matter in your child's health could be a powerful intervention. More could and should be done to educate pediatricians as well as parents and their children, because the media *do* matter.

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