



Media Use in School-Aged Children and Adolescents

COUNCIL ON COMMUNICATIONS AND MEDIA

This policy statement focuses on children and adolescents 5 through 18 years of age. Research suggests both benefits and risks of media use for the health of children and teenagers. Benefits include exposure to new ideas and knowledge acquisition, increased opportunities for social contact and support, and new opportunities to access health-promotion messages and information. Risks include negative health effects on weight and sleep; exposure to inaccurate, inappropriate, or unsafe content and contacts; and compromised privacy and confidentiality. Parents face challenges in monitoring their children's and their own media use and in serving as positive role models. In this new era, evidence regarding healthy media use does not support a one-size-fits-all approach. Parents and pediatricians can work together to develop a Family Media Use Plan (www.healthychildren.org/MediaUsePlan) that considers their children's developmental stages to individualize an appropriate balance for media time and consistent rules about media use, to mentor their children, to set boundaries for accessing content and displaying personal information, and to implement open family communication about media.

INTRODUCTION

Today's generation of children and adolescents are growing up immersed in media, including broadcast and social media. Broadcast media include television and movies. Interactive media include social media and video games in which users can both consume and create content. Interactive media allow information sharing and provide an engaging digital environment that becomes highly personalized.

Media Use Patterns

The most common broadcast medium continues to be TV. A recent study found that TV hours among school-aged children have decreased in the past decade for children younger than 8 years.¹ However, among children aged 8 years and older, average daily TV time remains over 2 hours per

abstract

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day.² TV viewing also has changed over the past decade, with content available via streaming or social media sites, such as YouTube and Netflix.

Overall media use among adolescents has continued to grow over the past decade, aided by the recent increase in mobile phone use among teenagers. Approximately three-quarters of teenagers today own a smartphone,³ which allows access to the Internet, streaming TV/videos, and interactive “apps.” Approximately one-quarter of teenagers describe themselves as “constantly connected” to the Internet.³

Social media sites and mobile apps provide platforms for users to create an online identity, communicate with others, and build social networks. At present, 76% of teenagers use at least 1 social media site.³ Although Facebook remains the most popular social media site,³ teenagers do not typically commit to just 1 social media platform; more than 70% maintain a “social media portfolio” of several selected sites, including Facebook, Twitter, and Instagram.³ Mobile apps provide a breadth of functions, such as photo sharing, games, and video-chatting.

Video games remain very popular among families; 4 of 5 households own a device used to play video games.⁴ Boys are the most avid video game players, with 91% of boys reporting having access to a game console and 84% reporting playing video games online or on a cell phone.³

Benefits of Media

Both traditional and social media can provide exposure to new ideas and information, raising awareness of current events and issues. Interactive media also can provide opportunities for the promotion of community participation and civic engagement. Students can collaborate with others on assignments and projects on

many online media platforms. The use of social media helps families and friends who are separated geographically communicate across the miles.

Social media can enhance access to valuable support networks, which may be particularly helpful for patients with ongoing illnesses, conditions, or disabilities.⁵ In 1 study, young adults described the benefits of seeking health information online and through social media, and recognized these channels as useful supplementary sources of information to health care visits.⁶ Research also supports the use of social media to foster social inclusion among users who may feel excluded⁷ or who are seeking a welcoming community: for example, those identifying as lesbian, gay, bisexual, transgender, questioning, or intersex. Finally, social media may be used to enhance wellness and promote healthy behaviors, such as smoking cessation and balanced nutrition.⁸

Risks of Media

A first area of health concern is media use and obesity, and most studies have focused on TV. One study found that the odds of being overweight were almost 5 times greater for adolescents who watch more than 5 hours of TV per day compared with those who watch 0 to 2 hours.⁹ This study’s findings contributed to recommendations by the American Academy of Pediatrics that children have 2 hours or less of sedentary screen time daily. More recent studies have provided new evidence that watching TV for more than 1.5 hours daily was a risk factor for obesity, but only for children 4 through 9 years of age.¹⁰ Increased caloric intake via snacking while watching TV has been shown to be a risk factor for obesity, as is exposure to advertising for high-calorie foods and snacks.^{11,12} Having a TV in the bedroom continues to be associated with the risk of obesity.¹³

Evidence suggests that media use can negatively affect sleep.¹⁴ Studies show that those with higher social media use¹⁵ or who sleep with mobile devices in their rooms¹⁶ were at greater risk of sleep disturbances. Exposure to light (particularly blue light) and activity from screens before bed affects melatonin levels and can delay or disrupt sleep.¹⁷ Media use around or after bedtime can disrupt sleep and negatively affect school performance.¹³

Children who overuse online media are at risk of problematic Internet use,¹⁸ and heavy users of video games are at risk of Internet gaming disorder.¹⁹ The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*,²⁰ lists both as conditions in need of further research. Symptoms can include a preoccupation with the activity, decreased interest in offline or “real life” relationships, unsuccessful attempts to decrease use, and withdrawal symptoms. The prevalence of problematic Internet use among children and adolescents is between 4% and 8%,^{21,22} and up to 8.5% of US youth 8 to 18 years of age meet criteria for Internet gaming disorder.²³

At home, many children and teenagers use entertainment media at the same time that they are engaged in other tasks, such as homework.²⁴ A growing body of evidence suggests that the use of media while engaged in academic tasks has negative consequences on learning.^{25,26}

Media Influence

Evidence gathered over decades supports links between media exposure and health behaviors among teenagers.²⁷ The exposure of adolescents through media to alcohol,^{28,29} tobacco use,^{30,31} or sexual behaviors³² is associated with earlier initiation of these behaviors.

Adolescents’ displays on social media frequently include portrayal

of health risk behaviors, such as substance use, sexual behaviors, self-injury, or disordered eating.³³⁻³⁶ Peer viewers of such content may see these behaviors as normative and desirable.^{37,38} Research from both the United States and the United Kingdom indicates that the major alcohol brands maintain a strong presence on Facebook, Twitter, and YouTube.^{29,39}

Cyberbullying, Sexting, and Online Solicitation

Cyberbullying and traditional bullying overlap,⁴⁰ although online bullying presents unique challenges. These challenges include that perpetrators can be anonymous and bully at any time of day, that information can spread online rapidly,⁴¹ and that perpetrator and target roles can be quite fluid in the online world. Cyberbullying can lead to short- and long-term negative social, academic, and health consequences for both the perpetrator and the target.⁴² Fortunately, newer studies suggest that interventions that target bullying may reduce cyberbullying.⁴³

“Sexting” is commonly defined as the electronic transmission of nude or seminude images as well as sexually explicit text messages. It is estimated that ~12% of youth aged 10 to 19 years have ever sent a sexual photo to someone else.⁴⁴ The Internet also has created opportunities for the exploitation of children by sex offenders through social networking, chat rooms, e-mail, and online games.⁴⁵

Social Media and Mental Health

Research studies have identified both benefits and concerns regarding mental health and social media use. Benefits from the use of social media in moderation include the opportunity for enhanced social support and connection. Research has suggested a U-shaped relationship between Internet use

and depression, with increased risks of depression at both the high and low ends of Internet use.^{46,47} One study found that older adolescents who used social media passively (eg, viewing others’ photos) reported declines in life satisfaction, whereas those who interacted with others and posted content did not experience these declines.⁴⁸ Thus, in addition to the number of hours an individual spends on social media, a key factor is how social media is used.

Social Media and Privacy

Content that an adolescent chooses to post is shared with others, and the removal of such content once posted may be difficult or impossible. Adolescents vary in their understanding of privacy practices⁴⁹; even those who know how to set privacy settings often don’t believe they will work.⁵⁰ Despite efforts by some social media sites to protect privacy or to delete content after it is viewed, privacy violations and unwelcome distribution are always risks.^{51,52}

Parent Media Use and Child Health

Social media can provide positive social experiences, such as opportunities for parents to connect with children via video-chat services. Unfortunately, some parents can be distracted by media and miss important opportunities for emotional connections that are known to improve child health.^{53,54} One research study found that when a parent turned his or her attention to a mobile device while with a young child, the parent was less likely to talk with the child.⁵⁵ Parental engagement is critical in the development of children’s emotional and social development, and these distractions may have short- and long-term negative effects.

CONCLUSIONS

The effects of media use are multifactorial and depend on the

type of media, the type of use, the amount and extent of use, and the characteristics of the individual child. Children today are growing up in an era of highly personalized media use experiences, so parents must develop personalized media use plans for their children that attend to each child’s age, health, temperament, and developmental stage. Research evidence shows that children and teenagers need adequate sleep, physical activity, and time away from media. Pediatricians can help families develop a Family Media Use Plan (www.HealthyChildren.org/MediaUsePlan) that prioritizes these and other health goals.

RECOMMENDATIONS

Pediatricians

- Work with families and schools to promote understanding of the benefits and risks of media.
- Promote adherence to guidelines for adequate physical activity and sleep via a Family Media Use Plan (www.HealthyChildren.org/MediaUsePlan).
- Advocate for and promote information and training in media literacy.
- Be aware of tools to screen for sexting, cyberbullying, problematic Internet use, and Internet gaming disorder.

Families

- Develop, consistently follow, and routinely revisit a Family Media Use plan (see the plan from the American Academy of Pediatrics at www.HealthyChildren.org/MediaUsePlan).
 - Address what type of and how much media are used and what media behaviors are appropriate for each child or teenager, and for parents. Place consistent limits on hours per day of media

use as well as types of media used.

- Promote that children and adolescents get the recommended amount of daily physical activity (1 hour) and adequate sleep (8–12 hours, depending on age).
- Recommend that children not sleep with devices in their bedrooms, including TVs, computers, and smartphones. Avoid exposure to devices or screens for 1 hour before bedtime.
- Discourage entertainment media while doing homework.
- Designate media-free times together (eg, family dinner) and media-free locations (eg, bedrooms) in homes. Promote activities that are likely to facilitate development and health, including positive parenting activities, such as reading, teaching, talking, and playing together.
- Communicate guidelines to other caregivers, such as babysitters or grandparents, so that media rules are followed consistently.
- Engage in selecting and co-viewing media with your child, through which your child can use media to learn and be creative, and share these experiences with your family and your community.
- Have ongoing communication with children about online citizenship and safety, including treating others with respect online and offline, avoiding cyberbullying and sexting, being wary of online solicitation, and avoiding communications that can compromise personal privacy and safety.
- Actively develop a network of trusted adults (eg, aunts, uncles, coaches, etc) who can engage with children through social media and to whom children can turn when they encounter challenges.

Researchers, Governmental Organizations, and Industry

- Continue research into the risks and benefits of media.
 - Prioritize longitudinal and robust study designs, including new methodologies for understanding media exposure and use.
 - Prioritize interventions including reducing harmful media use and preventing and addressing harmful media experiences.
- Inform educators and legislators about research findings so they can develop updated guidelines for safe and productive media use.

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REFERENCES

1. Loprinzi PD, Davis RE. Secular trends in parent-reported television viewing among children in the United States, 2001–2012. *Child Care Health Dev.* 2016;42(2):288–291

2. Rideout VJ. *Common Sense Census: Media Use by Tweets and Teens.* San Francisco, CA: Common Sense Media; 2015
3. Lenhart A. *Teens, Social Media & Technology Overview 2015.* Washington, DC: Pew Internet and American Life Project; 2015
4. Entertainment Software Association. *2015 Sales, Demographic and Usage Data: Essential Facts About the Computer and Video Game Industry.* Washington, DC: Entertainment Software Association; 2015
5. Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ. The future of mental health care: peer-to-peer support and social media. *Epidemiol Psychiatr Sci.* 2016;25(2):113–122
6. Briones R. Harnessing the Web: how e-health and e-health literacy impact young adults' perceptions of online health information. *Med 2.0.* 2015;4(2):e5
7. Krueger EA, Young SD. Twitter: a novel tool for studying the health and social needs of transgender communities. *JMIR Ment Health.* 2015;2(2)
8. Chou WY, Hunt YM, Beckjord EB, Moser RP, Hesse BW. Social media use in the United States: implications for health communication. *J Med Internet Res.* 2009;11(4):e48
9. Gortmaker SL, Must A, Sobol AM, Peterson K, Colditz GA, Dietz WH. Television viewing as a cause of increasing obesity among children in the United States, 1986–1990. *Arch Pediatr Adolesc Med.* 1996;150(4):356–362
10. de Jong E, Visscher TL, HiraSing RA, Heymans MW, Seidell JC, Renders CM. Association between TV viewing, computer use and overweight, determinants and competing activities of screen time in 4- to 13-year-old children. *Int J Obes (Lond).* 2013;37(1):47–53
11. Goris JM, Petersen S, Stamatakis E, Veerman JL. Television food advertising and the prevalence of childhood overweight and obesity: a multicountry comparison. *Public Health Nutr.* 2010;13(7):1003–1012
12. Blass EM, Anderson DR, Kirkorian HL, Pempek TA, Price I, Koleini MF. On the

- road to obesity: television viewing increases intake of high-density foods. *Physiol Behav.* 2006;88(4–5):597–604
13. Borghese MM, Tremblay MS, Katzmarzyk PT, et al. Mediating role of television time, diet patterns, physical activity and sleep duration in the association between television in the bedroom and adiposity in 10 year-old children. *Int J Behav Nutr Phys Act.* 2015;12:60–70
 14. Bruni O, Sette S, Fontanesi L, Baiocco R, Laghi F, Baumgartner E. Technology use and sleep quality in preadolescence and adolescence. *J Clin Sleep Med.* 2015;11(12):1433–1441
 15. Levenson JC, Shensa A, Sidani JE, Colditz JB, Primack BA. The association between social media use and sleep disturbance among young adults. *Prev Med.* 2016;85(Jan):36–41
 16. Buxton OM, Chang AM, Spilsbury JC, Bos T, Emsellem H, Knutson KL. Sleep in the modern family: protective family routines for child and adolescent sleep. *Sleep Health.* 2015;1(1):15–27
 17. Wahnschaffe A, Haedel S, Rodenbeck A, et al. Out of the lab and into the bathroom: evening short-term exposure to conventional light suppresses melatonin and increases alertness perception. *Int J Mol Sci.* 2013;14(2):2573–2589
 18. Moreno MA, Jelenchick L, Cox E, Young H, Christakis DA. Problematic Internet use among US youth: a systematic review. *Arch Pediatr Adolesc Med.* 2011;165(9):797–805
 19. Holtz P, Appel M. Internet use and video gaming predict problem behavior in early adolescence. *J Adolesc.* 2011;34(1):49–58
 20. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Washington, DC: American Psychiatric Association; 2013
 21. Liu TC, Desai RA, Krishnan-Sarin S, Cavallo DA, Potenza MN. Problematic Internet use and health in adolescents: data from a high school survey in Connecticut. *J Clin Psychiatry.* 2011;72(6):836–845
 22. Jelenchick LA, Eickhoff J, Zhang C, Kraninger K, Christakis DA, Moreno MA. Screening for adolescent problematic Internet use: validation of the Problematic and Risky Internet Use Screening Scale (PRIUSS). *Acad Pediatr.* 2015;15(6):658–665
 23. Gentile D. Pathological video-game use among youth ages 8 to 18: a national study. *Psychol Sci.* 2009;20(5):594–602
 24. Brasel SA, Gips J. Media multitasking behavior: concurrent television and computer usage. *Cyberpsychol Behav Soc Netw.* 2011;14(9):527–534
 25. Jacobsen WC, Forste R. The wired generation: academic and social outcomes of electronic media use among university students. *Cyberpsychol Behav Soc Netw.* 2011;14(5):275–280
 26. Carrier LM, Rosen LD, Cheever NA, Lim AF. Causes, effects, and practicalities of everyday multitasking. Special issue: Living in the “Net” Generation: Multitasking, Learning, and Development. *Dev Rev.* 2015;35:64–78
 27. Klein JD, Brown JD, Childers KW, Oliveri J, Porter C, Dykers C. Adolescents’ risky behavior and mass media use. *Pediatrics.* 1993;92(1):24–31
 28. Robinson TN, Chen HL, Killen JD. Television and music video exposure and risk of adolescent alcohol use. *Pediatrics.* 1998;102(5):E54
 29. Winpenny EM, Marteau TM, Nolte E. Exposure of children and adolescents to alcohol marketing on social media websites. *Alcohol Alcohol.* 2014;49(2):154–159
 30. Dalton MA, Beach ML, Adachi-Mejia AM, et al. Early exposure to movie smoking predicts established smoking by older teens and young adults. *Pediatrics.* 2009;123(4):e551–e558
 31. Titus-Ernstoff L, Dalton MA, Adachi-Mejia AM, Longacre MR, Beach ML. Longitudinal study of viewing smoking in movies and initiation of smoking by children. *Pediatrics.* 2008;121(1):15–21
 32. Ashby SL, Arcari CM, Edmonson MB. Television viewing and risk of sexual initiation by young adolescents. *Arch Pediatr Adolesc Med.* 2006;160(4):375–380
 33. Hinduja S, Patchin JW. Personal information of adolescents on the Internet: a quantitative content analysis of MySpace. *J Adolesc.* 2008;31(1):125–146
 34. Moreno MA, Parks MR, Zimmerman FJ, Brito TE, Christakis DA. Display of health risk behaviors on MySpace by adolescents: prevalence and associations. *Arch Pediatr Adolesc Med.* 2009;163(1):35–41
 35. McGee JB, Beggs M. What medical educators need to know about “Web 2.0”. *Med Teach.* 2008;30(2):164–169
 36. Moreno MA, Ton A, Selkie E, Evans Y. Secret Society 123: understanding the language of self-harm on Instagram. *J Adolesc Health.* 2016;58(1):78–84
 37. Moreno MA, Briner LR, Williams A, Walker L, Christakis DA. Real use or “real cool”: adolescents speak out about displayed alcohol references on social networking websites. *J Adolesc Health.* 2009;45(4):420–422
 38. Litt DM, Stock ML. Adolescent alcohol-related risk cognitions: the roles of social norms and social networking sites. *Psychol Addict Behav.* 2011;25(4):708–713
 39. Jernigan DH, Rushman AE. Measuring youth exposure to alcohol marketing on social networking sites: challenges and prospects. *J Public Health Policy.* 2014;35(1):91–104
 40. Waasdorp TE, Bradshaw CP. The overlap between cyberbullying and traditional bullying. *J Adolesc Health.* 2015;56(5):483–488
 41. Raskauskas J, Stoltz AD. Involvement in traditional and electronic bullying among adolescents. *Dev Psychol.* 2007;43(3):564–575
 42. Vaillancourt T, Brittain HL, McDougall P, Duku E. Longitudinal links between childhood peer victimization, internalizing and externalizing problems, and academic functioning: developmental cascades. *J Abnorm Child Psychol.* 2013;41(8):1203–1215
 43. Del Rey R, Casas JA, Ortega R. The impacts of the CONRED program on different cyberbullying roles [published online ahead of print 2015]. *Aggress Behav.* doi: 10.002/ab.21608
 44. Temple JR, Choi H. Longitudinal association between teen sexting and sexual behavior. *Pediatrics.* 2014;134(5):e1287–e1292
 45. Mitchell KJ, Finkelhor D, Wolak J. Youth Internet users at risk for the most

- serious online sexual solicitations. *Am J Prev Med*. 2007;32(6):532–537
46. Bélanger RE, Akre C, Berchtold A, Michaud PA. A U-shaped association between intensity of Internet use and adolescent health. *Pediatrics*. 2011;127(2):e330–e335
 47. Moreno MA, Jelenchick L, Koff R, Eickhoff J. Depression and internet use among older adolescents: an experience sampling approach. *Psychology (Irvine)*. 2012;3(9):743–748
 48. Kross E, Verduyn P, Demiralp E, et al. Facebook use predicts declines in subjective well-being in young adults. *PLoS One*. 2013;8(8):e69841
 49. Madden M, Lenhart A, Cortesi S, et al. Teens, Social Media, and Privacy. Available at: <http://www.pewinternet.org/2013/05/21/teens-social-media-and-privacy/>. Accessed September 2, 2016
 50. Marwick A, Boyd D. Networked privacy: How teenagers negotiate context in social media. *New Media Soc*. 2014;16(7):1051–1067
 51. Hoadley CM, Xu H, Lee JJ, Rosson MB. Privacy as information access and illusory control: the case of the Facebook News Feed privacy outcry. *Electron Commer Res Appl*. 2010;9(1):50–60
 52. Tsukayama H. Facebook draws fire from privacy advocates over ad changes. *The Washington Post*. June 12, 2014. Available at: <https://www.washingtonpost.com/news/the-switch/wp/2014/06/12/privacy-experts-say-facebook-changes-open-up-unprecedented-data-collection/>. Accessed September 2, 2016
 53. Fiese BH. Family mealtime conversations in context. *J Nutr Educ Behav*. 2012;44(1):e1
 54. Jago R, Thompson JL, Sebire SJ, et al. Cross-sectional associations between the screen-time of parents and young children: differences by parent and child gender and day of the week. *Int J Behav Nutr Phys Act*. 2014;11:54–62
 55. Radesky J, Miller AL, Rosenblum KL, Appugliese D, Kaciroti N, Lumeng JC. Maternal mobile device use during a structured parent-child interaction task. *Acad Pediatr*. 2015;15(2):238–244

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