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Factors contributing to background television exposure in low-income Mexican American preschoolers

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Abstract

Objective—Background television (TV) exposure is harmful to young children, yet few studies have focused on predictors of exposure. This study’s objectives were to elucidate demographic, environmental, and behavioral correlates of background TV exposure in low-income Mexican American preschoolers and to explore caregiver beliefs about the impact of such exposure.

Methods—A convenience sample of low-income Mexican American female primary caregivers of preschoolers (3–5 years old, n=309), recruited in safety-net clinics, were surveyed by phone. Caregivers reported the frequency of their child’s exposure to background TV and responded to questions on the home media environment, TV use, and whether they had thought about background TV exposure and its impact on their child.

Results—Background TV exposure was common; 43% reported that their child was often, very often, or always exposed to background TV. More hours of TV viewing by the caregiver and greater frequency of TV viewing during meals were associated with an increased frequency of exposure to background TV. Only 49% of participants had ever thought about the impact of background TV. Believing that background TV is not harmful was associated with higher levels of background TV exposure.

Conclusions—Findings suggest that background TV exposure is frequent and caregiver awareness of its potential impact is low in low-income Mexican American families. Beliefs that background TV is not harmful may predict risk of exposure. Potential targets for interventions focused on reducing background TV exposure in this population include increasing caregiver awareness of the potential negative impact of such TV exposure.

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Disclosures

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Keywords

beliefs; media; home environment; behavior; background television; Latino; Mexican-American; preschoolers; children

Introduction

Increasing evidence demonstrates the potential impact of background television (TV) exposure on developmental outcomes in early childhood.[1–6] Background TV is defined generally as TV to which the child is not paying overt attention, possibly because it is not child-oriented [7] or the child is engaged in another activity. Two recent studies reported that a child's attention during play was disrupted in the presence of background TV.[1, 2] The noise and visual stimulation of TV programming could be distracting for a child. Settings with high levels of noise are known to interfere with children's normal cognitive developmental processes.[8] Background TV is also associated with reduced interactions between the child and parent.[3, 4] Such reduced interactions may be the reason why higher levels of background TV exposure are associated with lower reading levels in 4–6 year olds[9], and reduced vocabularies in toddlers.[5] Toddlers learning 2 languages have been found to be at higher risk for having a reduced vocabulary associated with background TV exposure compared to toddlers learning only 1 language.[5] Furthermore, background TV exposure has been found to be associated with lower levels of self-regulation in preschool aged children. [6] Together, the evidence demonstrates a clear need for concern regarding the impact of background TV on the healthy development of young children.

To date, few studies have focused on identifying risk factors for heavy background TV exposure. Single parent homes, lower caregiver education levels, and younger child ages are demographic factors associated with background TV exposure.[10, 11] Identified environmental factors include the number of TVs in the home and a TV in the child's bedroom.[10, 11] The only known behavioral factor is higher frequency of the TV being on in the home, which was identified in a sample of English-speaking participants.[10] Little is also known about parental beliefs about the impact of background TV viewing on children. Understanding such beliefs is important, given that health beliefs often motivate health behaviors.[12, 13] In order to inform the design of interventions addressing background TV exposure in children, further illumination of modifiable environmental factors, behavioral factors, and parental beliefs associated with heavy background TV exposure is needed.

In this study, we focused on low-income Mexican American families. Low-income children are at higher risk for many of the outcomes associated with background TV exposure, including lower executive function, lower school readiness [14], and fewer early interactions with parents promoting school readiness. [15] Hence, an increased understanding of background TV exposure in low-income children is needed. Moreover, because evidence suggests that television use is higher in Latino children compared to other racial/ethnic groups, a focus on low-income Latino children is also needed. [16, 17] Health behaviors, including TV use, are known to differ by country of origin, suggesting that sociocultural differences may be important factors influencing health behaviors.[18, 19] We therefore

focused on one subgroup of Latinos, Mexican Americans, who are the largest subgroup of Latinos in the US.[20]

Children < 8 years old are on average exposed to 4 hours a day of background TV. [10] Given the dearth of existing literature on correlates of background TV exposure, the objective of this study was to elucidate demographic, environmental, and behavioral correlates of background TV exposure in low-income Mexican American children and to explore caregiver beliefs about the impact of such exposure on preschool-aged children.

Methods

This was a cross-sectional study that utilized data from phone interviews focused on parental beliefs and practices related to child media use. This study was approved by the institutional review board at the University of Colorado.

Sample

A convenience sample of participants was recruited in the waiting room of 3 urban pediatric safety net clinics from September, 2013 to May, 2014. Eligible participants were Spanish- and/or English-speaking female primary caregivers of Mexican descent with a child 3–5 years of age and a TV at home. In cases where participants had more than one child between the ages of 3 and 5, a focal child was randomly chosen. The research assistant (RA) used a list of randomly generated 1s and 2s to indicate whether the older or younger child should be enrolled.

Procedures

RAs approached women in the waiting room and introduced the study opportunity verbally using a flyer. If women were interested, they were screened for eligibility. If eligible, contact information was collected and a time was set for a phone call. At the beginning of the phone call, bilingual RAs obtained informed consent from participants prior to enrolling them in the study. RAs then read the survey questions and responses in English or Spanish depending upon the participant's preference. Study data were collected and managed using REDCap electronic data capture tools hosted at the University of Colorado.[21] Participants received a \$35 gift card for remuneration.

Measures

Measures used in this study are described below. All items were translated into Spanish. Bilingual study team members then compared English and Spanish language versions side by side using a decentering technique. [22] This process allowed for changes to be made to both language versions in order to obtain culturally appropriate and linguistically equivalent items.

Dependent variable: Frequency of child exposure to background TV—Child background TV exposure was measured using the item “How often is (focal child's name) playing in the same room or near a TV that is on?” Response options were never, sometimes,

often, very often, and always. This item was developed for this study because no widely used measure of background TV exposure currently exists.

Independent variables—Independent variables were organized into 4 categories: demographic variables, environmental variables, behavioral variables, and caregiver beliefs.

Demographic variables: Variables included child age and sex (male=0, female=1), number of people living in the home (total number of people, number of children, number of adults), and caregiver education level, age, marital/cohabitation status (married/cohabitating = 1, other = 0), employment status (employed = 1, not employed = 0), and acculturation level. Acculturation was measured using an adapted version of the English language use subscale of the Bidimensional Acculturation Scale for Latinos.[23] This subscale contained 5 items with responses ranging from never (1) to always (5) (alpha=0.95). A higher score on this scale indicates a higher level of English language acculturation.

Environmental variables: Environmental variables included number of TVs in the home, presence of a TV in the child's bedroom (yes = 1, no = 0), and number of hours per day the TV was on in the home. For the last item, participants were asked to estimate how many hours per day the TV was on in the home even if no one was watching it.

Behavioral variables: Two behavioral variables were included. The first was participants' estimation of their typical number of hours of daily TV and/or DVDs. The second variable was frequency of TV viewing with child meals. Participants were asked one question for each meal (breakfast, lunch, and dinner) on how often the child viewed TV during that meal with the following responses: never, sometimes, often, very often, and always. Responses to the 3 items were summed.

Beliefs: Participants were asked whether they had ever thought about whether the TV being on near their focal child when s/he is playing affected him/her in any way. For those responding 'yes', a follow up question was asked as to whether they felt that it was good, bad or had no impact on the child. Responses were then categorized as harmful to child (coded as 0) and not harmful to child (responses of good or has no impact on child, coded as 1). Respondents answering that it was good or bad for the child were asked in an open-ended question to elaborate on how this exposure was good or bad for the child. Responses were typed into REDCap by research assistants as they were shared by participants.

Analysis

Of the 316 caregivers who responded to the survey, 4 did not respond to the item on background TV exposure. An additional 2 participants were dropped due to missing data on acculturation. One participant who reported implausible data for the TV being on in the home (> 24 hours per day) was also dropped. Thus, the final sample size was 309. We performed a descriptive analysis of participant characteristics using percentages for categorical variables and means with standard deviations (SD) for continuous variables. We examined child exposure to background TV as a continuous variable. We conducted bivariate analyses assessing the relationship of independent variables with frequency of

exposure to background TV. Because the bivariate relationships between background TV exposure and each of the 3 measures of people in the home (total number, number of children, and number of adults) were not significant, we opted to use total number of people in the home in the remaining analyses. Multiple regression analysis was used to determine the relationship of the demographic, environmental, and behavioral variables with frequency of exposure to background TV. We then analyzed, using chi-square tests (for categorical variables) and t-tests (for continuous variables) whether there were any differences in demographic, environmental, and behavioral variables between those who had versus had not thought about the impact of background TV on their child. Using data from the subsample who reported having thought about the impact of background TV on their child, we completed a second multiple regression analysis using the same model and the addition of the belief variable of whether background TV exposure was harmful or not. We excluded from this analysis the one participant who responded “don’t know” to the item qualifying the impact of background TV on their child.

Data from the open-ended questions were analyzed using a thematic analytic approach. [24] Two team members developed codes reflecting the content of participants’ responses and then coded the responses. Coding of each response was then compared by the team members and discrepancies were settled collaboratively.

Results

Table 1 presents demographic characteristics of the study sample. The average age of the focal children was 3.9 years old (SD=0.79). Participants were on average 31.1 years old (SD=6.4) with over half having less than a high school degree.

The majority of children had a TV in their bedroom (65%, n=200) and watched TV with meals at least sometimes (71%, n=220, Table 2). The TV was on from 0–24 hours a day in participants’ homes, with the average being 5 hours a day (SD=4.1). Over 40% of caregivers (n=132) reported their children were often, very often, or always exposed to background TV.

Significant results from bivariate analysis evaluating the relationship of independent variables with levels of exposure to background TV are as follows: TV in the child’s bedroom ($r=0.12$, $p=0.03$), hours the TV is on in the home ($r=0.25$, $p<0.01$), typical daily hours of TV for the caregiver ($r=0.24$, $p<0.01$), and TV viewing with meals ($r=0.32$, $p<0.01$).

Results from the first multiple regression model are shown in Table 3: Model 1. None of the demographic or environmental variables were significantly associated with increasing levels of exposure to daily background TV. Of the behavioral variables, both typical hours of daily TV viewing by the caregiver and frequency of child TV viewing with meals were associated with increased frequency of child background TV exposure ($\beta=0.11$; 95% CI:0.02–0.19; $\beta=0.40$; 95% CI:0.21–0.59 respectively).

Of the 309 participants, only 49% (n=150) reported ever having thought about whether the TV being on near the child when s/he is playing could affect the child in anyway. Results from bivariate analysis showed that the only demographic, environmental or behavioral

variable significantly associated with whether or not a participant had thought about the impact of background TV on her child was caregiver age ($p<0.05$). Of those who had thought about this topic, 75% ($n=112$) felt that background TV was bad for the child. Only 4% ($n=6$) thought it was good for the child, with the remaining responding that it does not affect the child (21%, $n=31$) or “don’t know” ($n=1$).

Of the 75% ($n=112$) who felt that such background TV exposure was bad for the child, there were 118 comments from which we identified 4 main themes (Figure 1). Of these, 35% ($n=41$) felt that such exposure to background TV exposed children to inappropriate content on TV, and 55 participants (47%) felt that it distracted the child from other activities. Of the 12 who felt that background TV exposure could lead to health problems, the main health problem identified was problems with eyesight. Only 6 participants felt that background TV exposure was good, with comments falling into 2 main themes. Three participants reported that the child could learn from the background content, and the other 3 stated simply that the child liked TV.

The second regression model was calculated with the 49% of the sample who reported a belief about whether background TV could affect the child, excluding the 1 participant who responded “don’t know.” Results from this regression analysis, which included the belief variable (Table 3: Model 2), showed an association between the belief that background TV does not harm a child and increased frequency of child exposure to background TV ($\beta=0.69$, 95% CI=0.28–1.1).

Discussion

This study identifies behavioral factors as well as caregiver beliefs associated with child exposure to background TV in low-income Mexican American families. The poor outcomes associated with frequent background TV exposure in young children underscore the importance of the findings presented here. [1, 4, 5, 11, 25] Most concerning is the finding that many caregivers have never thought about the impact of background TV on their young child. Given the large numbers of low-income Mexican American children in the US and their high risk for poor outcomes related to background TV exposure [14, 15], these results will inform the development of interventions aiming to address background TV exposure in this population.

Results of this study identified 2 behavioral correlates of increased frequency of exposure to background TV: increased caregiver daily hours of viewing TV and increased frequency of watching TV with meals. Prior work by Lapierre et al in an English-speaking sample of children < 8 years old reported that heavy TV use at home is a risk factor for exposure to background TV.[10] However, they did not evaluate caregiver use of TV and its relation to background TV exposure. Regarding watching TV with meals, to our knowledge, this is the first study to examine the role of having the TV on with meals and its relationship with background TV exposure. Nearly three-quarters of the participants in this study reported the TV was on at least sometimes with child meals. For many families, it is a household routine to have the TV on while eating. [26]

None of the environmental or demographic variables were associated with increased exposure to background TV, despite previous research showing that some of these variables were related to background TV exposure. Two previous studies, for example, reported that TV in the bedroom was associated with heavy background TV exposure.[10, 11] Additionally, Vandewater et al found that the number of TVs in the home was associated with heavy household TV use, which they considered to be a proxy for child exposure to background TV. [11] Furthermore, Lapierre et al, 60% of whose sample had at least some college education, noted that lower caregiver education levels were associated with heavier background TV exposure.[10] The lack of a relationship between education and background TV use in our study may be due to the fact that only 12% of participants reported completing any schooling past high school. Acculturation, defined as the process of acquiring another culture's attitudes, beliefs, and behaviors, has been found to be associated with numerous health behaviors, including foreground TV exposure.[18,27] However, we found no relationship between acculturation and exposure to background TV. Future studies could further evaluate these potential relationships.

Our findings regarding caregiver beliefs about background TV exposure were revealing. Fully half of the participants had not previously thought about the impact of background TV exposure on children. This finding suggests that the impact of background TV on child development is an emerging field of research, and that the deleterious effects of exposure to background TV have not been sufficiently covered in the popular press or included in media use guidelines. For example, the American Academy of Pediatrics (AAP) 2013 policy statement on media use in children and adolescents and the Bright Futures 3rd edition do not address background TV exposure.[28, 29] Of note, the 2011 policy statement from the AAP on media use in children < 2 years old does encourage parents to recognize the distracting effect of background TV. [30] In this study, of those who reported that they had thought about background TV exposure, 75% felt that it had a negative impact on their child, with most sharing beliefs that background TV is distracting or exposes the child to inappropriate content. Both of these beliefs have been supported in the literature. Tomopoulos and colleagues found that a large percentage of background TV content was not appropriate for young children.[31] Moreover, 2 studies reported that children engaged in distracted play when exposed to background TV.[1, 2] We found that the caregiver belief that background TV was not harmful was associated with higher levels of background TV exposure. This suggests that increasing parental awareness of the effects of background TV exposure may be an important avenue to decreasing background TV exposure.

Strengths of this study include the evaluation of factors not previously reported in the literature on background TV viewing, including caregiver beliefs related to background TV exposure and viewing TV with meals. Additionally, our focus on a population at high risk for the poor outcomes associated with background TV exposure offers findings that can inform future interventions aiming to prevent such outcomes in this population. The study also has several limitations. The cross-sectional design of this study limits any interpretation of causation. Additionally, our measure of background TV viewing consisted of 1 survey item with unknown reliability and validity. Other methods, such as 7-day TV use diaries, may offer better measurement of background TV exposure. [32] Nevertheless, given that there is no widely-used measure of background TV exposure, this is a limitation of all

current studies on this topic. Furthermore, this study did not elucidate the motivations for having the TV on in the background. Understanding parental motivations regarding background TV is critical to informing the design of behavior change interventions.

In summary, this study reports on behavioral factors and caregiver beliefs associated with child exposure to background TV. Increased caregiver daily hours of viewing TV, viewing TV with meals, and the belief that background TV does not harm children were associated with increased child background TV exposure. Additionally, our findings show limited parental awareness on this topic, indicating the need to increase parental awareness of the evidence suggesting that background TV viewing may have a deleterious impact on children. Provider organizations such as the AAP and other organizations interested in child development (e.g. preschools, early child care) should consider efforts focused on increasing parental awareness of the negative impact of background TV exposure. Moreover, future research should continue elucidating the impact of background TV exposure on children and parental motivations for using background TV.

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Abbreviations

TV	television
CI	confidence interval

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Significance

What's known on this subject

Background TV exposure is associated with poor outcomes in young children, yet little is known about predictors of such exposure or about caregiver awareness of this issue and related beliefs.

What this study adds

In a sample of low-income Mexican American female primary caregivers of preschoolers, background TV exposure was frequent and more common in homes with increased caregiver TV viewing and TV viewing with meals. Caregiver awareness of the potential impact of background TV was low. Participants who believed that background TV was not harmful had young children with higher exposure levels.

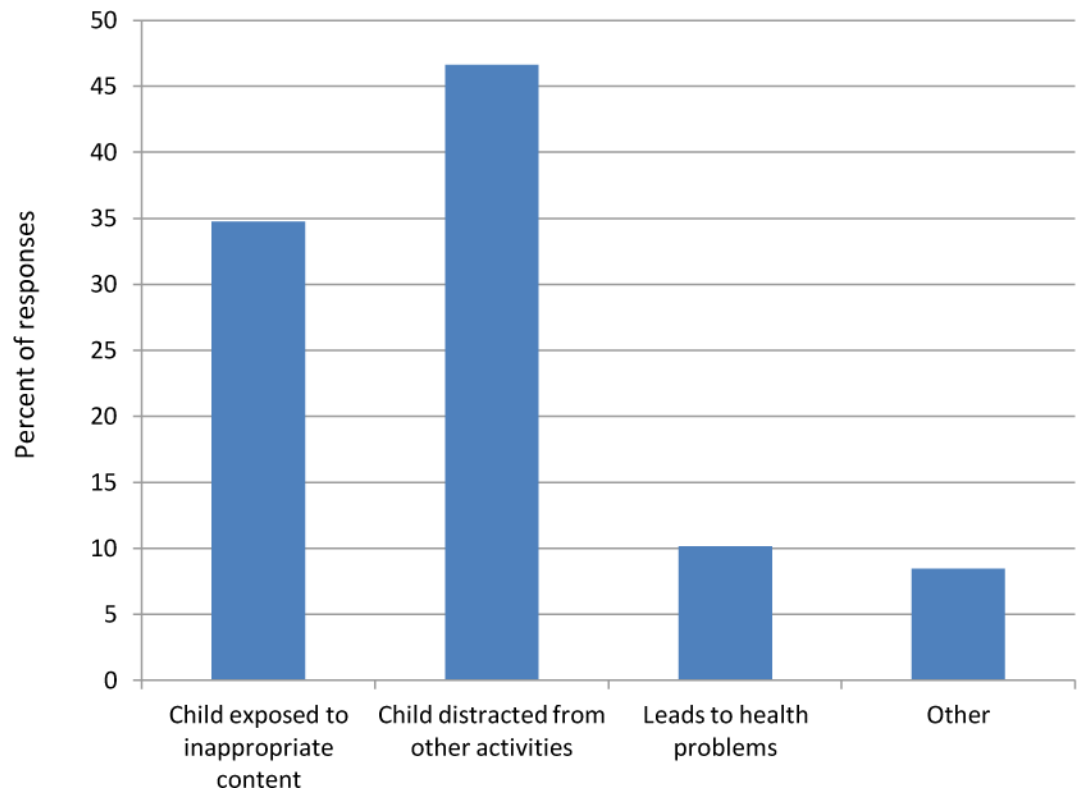


Figure 1. Low-income Mexican American caregivers' beliefs about why background TV exposure is harmful for their preschool aged children (n=112)

Table 1

Characteristics of a sample of low-income Mexican American caregivers of children 3–5 years of age (n=309).

	% or Mean (SD)
Child age (y)	3.9 (SD=0.79)
Child male sex	53%
Caregiver education level	10.1 (SD=2.9)
Married/Cohabiting	72%
Number of people in home	5.1 (SD=1.52)
Caregiver age (y)	31.1 (SD=6.4)
Caregiver employment	23%
English language acculturation	2.6 (SD=1.5)

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Table 2

Environmental variables, behavioral variables, beliefs, and frequency of exposure to background television in a sample of low-income Mexican American caregivers of children 3–5 years of age (n=309).

	% or Mean (SD)
Environmental variables	
TV in child's bedroom	65%
Number of TVs in home	2.5 (SD=0.98)
Behavioral variables	
Hours TV is on in home daily	5.0 (SD=4.1)
Typical hours of daily TV for caregiver	2.5 (SD=1.74)
Child views TV with meals at least sometimes	71%
Frequency of child exposure to background TV	
Always	13%
Very Often	10%
Often	20%
Sometimes	45%
Never	12%
Belief about impact of Background TV Exposure (n=149)	
Harmful to child	75%
Not harmful to child	25%

Table 3

Regression models of demographic, environmental, behavioral and belief variables associated with frequency of child exposure to background TV in low-income Mexican American children 3–5 years of age

	Model 1 (n=309) ^a		Model 2 (n=149) ^a	
	β	95% confidence interval	β	95% confidence interval
Demographic variables				
Child age (y)	0.09	−0.08–0.25	0.05	−0.19–0.29
Child male sex	0.09	−0.17–0.35	0.23	−0.14–0.59
Maternal education level	−0.01	−0.06–0.04	0.02	−0.05–0.08
Married/Cohabiting	0.06	−0.26–0.37	0.55	0.14–0.96
Number of people in home	0.02	−0.08–0.11	0.02	−0.12–0.16
Maternal age (y)	0.01	−0.01–0.03	−0.001	−0.03–0.03
Maternal employment	0.19	−0.12–0.50	0.52	0.12–0.93
Acculturation: English scale	0.03	−0.08–0.14	−0.12	−0.27–0.03
Environmental variables				
TV in child's bedroom	0.29	−0.01–0.59	0.06	−0.36–0.48
Number of TVs in home	−0.05	−0.21–0.11	0.05	−0.16–0.26
Behavioral variables				
Hours TV is on in home daily	0.03	−0.01–0.07	0.04	−0.01–0.09
Typical hours of daily TV for mother	0.11	0.02–0.19	0.09	−0.01–0.19
Frequency of TV viewing with child's meals	0.40	0.21–0.59	0.57	0.32–0.81
Beliefs				
Background TV does not harm the child			0.69	0.28–1.1
R-squared	16%		35%	

^aStatistically significant findings (p<0.05) are bolded above.