Media violence and youth behaviour

The phenomenon of media portrayals of violence and the potentially negative impact on youth behaviour has been documented internationally over the past few decades. Much of the earlier work focused on television and movies. However, the concept of media goes beyond the aforementioned media forms and includes rock music and music videos, advertising, video and computer games as well as computers and the internet. In addition, print media in the form of books, magazines and newspapers as well as radio should be included. However, the dominant concerns appear to involve movies, television and electronic media forms.

Media exposure is known to influence knowledge, behaviour and value systems amongst children, with the perception of media messages being strongly associated with behaviour. Children and adolescents in America spend an average of 3-5 hours per day with a variety of media forms. There appears to be a consensus that viewing of media violence is associated with a host of behavioural problems. Acceptance of violence as a solution to problems, as well as imitative behaviour has been described. Desensitisation to violence in the form of diminished arousal when witnessing violence with a reduced tendency to intervene in a fight and a reduction in sympathy for the victims of violence has been documented. There also appears to be an increase in risk behaviours associated with viewing of media violence in that both alcohol and tobacco use as well as earlier onset of sexual activity have been described. Cumulatively these effects are seen as a public health risk for the spread of sexually transmitted disease and teenage pregnancy.

Given the consequences of viewing media violence for youth behaviour and the implications for both physical and emotional health, a response from health professionals, parents as well as the media community is essential. Recent research has focussed on the rating system used by the industry in terms of designating material suitable for certain ages. It appears that where the industry has rated a product unsuitable for children, parents tend to agree. However, parents tend to disagree on certain material deemed suitable by the industry for children of different ages with regard to violent content and portrayals of violence. The implications are clear. Parents need to be more involved in screening material designated appropriate for children of certain ages. In addition, there needs to be a revision of industry standards for rating content. Reliance on the industry as a “watchdog” is clearly inadequate. Health professionals need to be involved in the process. There should be an active dissemination of knowledge regarding the effects of media violence on youth behaviour. Furthermore, it has been suggested that the extent to which viewing of such material occurs should be part of history taking, given the documented effects.

Aggression and violence are behaviours seemingly endemic to South Africa. The crime situation in the country attests to this and has been a cause for concern in the medical community. Research into such behaviour amongst South African youth has shown that in a community based sample 9.6% to 13.8% had been a victim of such behaviour in various settings and 11% had been involved as perpetrators. A number of possible contributory factors were suggested, including socio-political transformation, related to South Africa being a country in transition as well as media violence related to television and films.

Whilst solutions to the problem of violence in our society appear to be outside the scope of daily medical practice beyond interventions for the victims of violence, it is time to revise our understanding in this regard. A recent report from the World Health Organisation argues that violence should be regarded as a problem of public health rather than one of crime. This is debatable, however as our awareness of factors implicated in such behaviour increases, so potential roles for health professionals become more apparent.

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References