

Advertising and Youth

In the United States, advertisers spend around \$12 billion each year to advertise to children.

Children can be exposed to advertisements through billboards and signs, television, radio or podcasts, social media, mobile applications (apps), or even an online search. Today, even bathroom stalls at restaurants and airports often have advertisements. It is estimated that children view more than 40 000 advertisements per year on television alone.

Pediatricians and researchers have many concerns about the influence of advertising on children and adolescents. One way that advertisements try to influence children is through brand tie-ins. This strategy is to link a product to a favorite movie, television show, or celebrity. An example is a fast food restaurant providing toys in a kid's meal from a popular movie. Placing products in movies, such as having a movie character drink a particular soda, is another way to tie in products and increase kids' interest in them. Another way that advertisements can influence children is by exposure to products they have not tried. Seeing images of happy people using a product can influence children to see that product as interesting, desirable, or a normal thing that people do. This strategy is particularly concerning in tobacco, alcohol, and food advertising.

In a study in this month's *JAMA Pediatrics*,¹ researchers found that teenagers receptive to tobacco advertising were more likely to use tobacco. Past studies have shown that exposure to tobacco advertising may be a bigger risk factor than having family members and friends who smoke. Alcohol companies spend almost \$6 billion per year on advertisements and promotions. Sports programming is where most alcohol commercials are concentrated, and children who watch sports may see up to 3 alcohol advertisements per hour. Research studies have shown that exposure to alcohol advertisements can influence the likelihood that teenagers will start drinking at a younger age. Most food advertisements aimed at children are for sugared cereals and high-calorie snacks. Research studies have shown that children who see these advertisements are more likely to ask their parents to buy these foods.

What to Watch for

Now that marijuana is legal for recreational use in several states, parents should be aware of exposure to marijuana advertisements. While many states restrict where advertisements can be present, most companies are able to use social media to reach youth.

What Parents Can Do

Parents can work with their children to develop media literacy skills. Media literacy is the ability to identify different types of media and



understand the messages they are sending. These skills can include learning to recognize when an advertisement is trying to get you to buy something and distinguishing fact from opinion. Much of media literacy is centered on parents asking questions and promoting discussion about what they see in media, rather than having the "right" answer. For example, when seeing advertisements, parents can ask questions such as (1) "Who do you think created this message: was it a company, a person, or an artist?" and (2) "Why did they make this message: was it to teach something, to change your mind, to make you laugh, or to sell you something?"

FOR MORE INFORMATION

Commonsense Media
<https://www.common sense media.org/news-and-media-literacy/how-do-i-teach-my-kids-media-literacy>

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1. Pierce JP, Sargent JD, Portnoy DB. Association between receptivity to tobacco advertising and

progression to tobacco use in youth and youth adults in the PATH Study [published online March

26, 2018]. *JAMA Pediatr*. doi:10.1001/jamapediatrics.2017.5756

Online Quiz Questions

Comparison of Surgical and Medical Therapy for Type 2 Diabetes in Severely Obese Adolescents

- In this secondary data analysis, adolescents undergoing medical interventions (ie, in the Treatment Options of Type 2 Diabetes in Adolescents and Youth [TODAY] study) were matched to patients receiving bariatric surgery (ie, in the Teen-Longitudinal Assessment of Bariatric Surgery [Teen-LABS] study) on which of the following characteristics?
 - Baseline age, race, and hemoglobin A_{1c} concentration.
 - Baseline age, race, sex, ethnicity, and baseline body mass index.
 - Race, sex, baseline weight, and baseline hemoglobin A_{1c} concentration.
 - Race, sex, baseline body mass index, and baseline fasting glucose value.
- The primary outcome measure for this study, glycemic control after 2 years, was defined by which value?
 - Hemoglobin A_{1c} concentration.
 - Fasting glucose level.
 - Daily average cumulative insulin dose.
 - Fasting insulin level.
- Adolescents undergoing medical interventions (TODAY study participants) experienced an increase in mean hemoglobin concentration from 6.4% to 7.8%. Which of the following statements best describes the change in mean hemoglobin A_{1c} concentrations in the bariatric surgery (Teen-LABS study) patients between the start and end of the study?
 - Increased from 6.4% to 7.3%.
 - Increased from 4.7% to 6.3%.
 - Decreased from 6.8% to 5.5%.
 - Did not change.
- During the 2-year follow-up period, what percentage of individuals in the bariatric surgery group (Teen-LABS study) experienced complications that required subsequent operation or readmission possibly associated with their prior bariatric surgery (eg, cholecystectomy for gallstones)?
 - 3%.
 - 23%.
 - 50%.
 - 95%.

Educational Objective

To compare glycemic control in cohorts of severely obese adolescents with type 2 diabetes undergoing medical or surgical interventions.

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Read the **CME designated article** on page 452



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