



THE LEVEL OF VIOLENCE
ON SATURDAY MORNING
CARTOONS IS HIGHER THAN
THAT OF PRIME-TIME
SHOWS.



CHILD CHAT

A HEALTH AND WELLNESS PUBLICATION FOR KIDS AND THEIR PARENTS.

SUMMER 2004

PARENTS CAN MINIMIZE THE IMPACT OF MEDIA VIOLENCE

INFLUENCE

According to the American Academy of Pediatrics, the average child watches six and a half hours of television a day – more time than he or she spends at school or with parents. Most children have been exposed to 200,000 acts of violence on television by the age of 18. All animated films produced between 1937 and 1999 portray acts of violence, and the level of violence on Saturday morning cartoons is higher than that of prime-time shows. This extraordinary exposure to violence can result in serious short- and long-term consequences to children, but parental involvement can significantly minimize its impact.

Karuna Gupta, M.D., mother of a two-year-old son and a family practice physician at Family Medicine Associates and Beverly Hospital, says, "More than 3,500 studies have focused on the effects of media violence on children. The correlation between exposure to media violence and aggressive behavior is stronger than the correlation between calcium intake and bone mass." In addition to aggressive behavior, exposure to media violence can result in desensitization to violence, depression, fear of becoming a victim, nightmares, and sleep disturbances. Long-term exposure to media violence is a contributing factor to the interpersonal violence that leads to the arrest of 150,000 adolescents each year.

"Children younger than eight years old are not able to distinguish between fantasy and reality. They're particularly vulnerable to learning and adopting behaviors portrayed

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MINIMIZE THE NEGATIVE IMPACT OF MEDIA VIOLENCE

The American Academy of Pediatrics (AAP) recommends the following guidelines to minimize the negative impact of media violence on children.

- ◆ Do not expose children younger than two years old to television or other media.
- ◆ Do not place a television, video game system, computer or other media device in a child's bedroom. Place these items in a common space so you can monitor your child's viewing and initiate conversations about what is seen.
- ◆ Limit television/movie/video watching, as well as Internet use and video games, to a total of one to two hours of quality programming per day.
- ◆ Evaluate the content of the shows, movies, and videos your child watches for violent content. The industry-initiated rating system, though not perfect, is a helpful tool. Other rating resources are available online. Remember that what might be okay for one child may not be right for yours.
- ◆ Evaluate the lyrics of the music your child is listening to for violent content.
- ◆ Choose what shows to watch, video games to play, and music to listen to as a family.
- ◆ Choose video games that do not place your child in the role of the aggressor and do not reward your child for aggressive behavior.

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HELP YOUR CHILD DEVELOP MEDIA LITERACY SKILLS

A child's best defense against the potentially harmful effects of media violence is the ability to understand the messages he or she is receiving. The following suggestions are offered to help you help your child develop his/her media literacy skills.

- ◆ Help your child understand the difference between fantasy and reality.
- ◆ Watch television with your child and discuss what you see.
- ◆ Ask your child what would happen in real life if a character engaged in dangerous or violent behavior.
- ◆ Talk about the consequences of a violent act for the character, the victim, their families, and others in a real-life situation.
- ◆ Ask your child how he/she feels after seeing an act of violence. Share with him or her how the scene made you feel.

PARENTS CAN MINIMIZE THE IMPACT OF MEDIA VIOLENCE

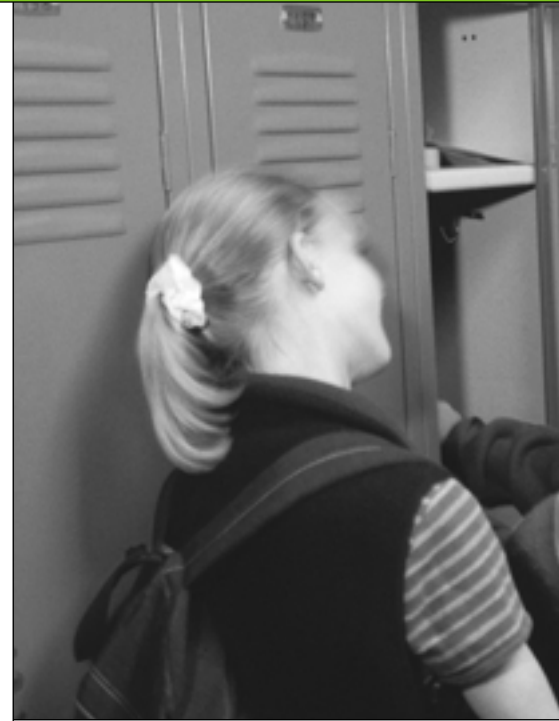
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by the media," says Dr. Gupta. "The media becomes a learning tool, but in most cases glamorizes or trivializes violence instead of teaching its actual consequences." In addition to setting limits and monitoring media content, helping children develop media literacy skills (see sidebar) is the key to minimizing media violence's negative impact.

Dr. Gupta notes, "Different children will be influenced to a greater or lesser degree, depending on their temperament and circumstances. Seeing violence in the media, be it in a cartoon or on a news broadcast, is not necessarily bad. Not having a way to process it in a realistic way is what can be detrimental. We don't want children to believe that violence is an acceptable means of conflict resolution. Nor do we want them to learn that violence has no real consequences. Children are more likely to believe these things if there is no adult to help them interpret what they've seen."

Children learn by observing and imitating the behavior of others. Although it is not possible or necessary to eliminate media exposure completely, parents should set limits, make thoughtful viewing choices, monitor program content, provide close supervision, and initiate open discussions to prevent the media from negatively influencing a child. "We're all influenced by and desensitized by the media to a certain extent," says Dr. Gupta. "As parents, we can keep its influence to a minimum by putting programs into proper context, helping children differentiate fact from fiction, teaching appropriate conflict resolution skills, and balancing media activities with other activities that keep the mind and body healthy."

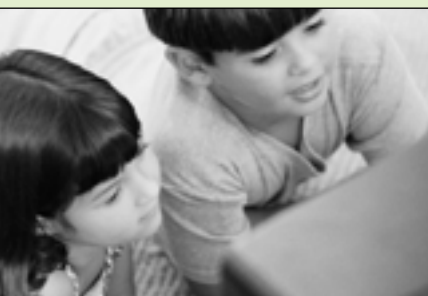
Source: American Academy of Pediatrics: Media Violence Policy Statement, published in PEDIATRICS Vol.108 No. 5 November 2001, pp. 1222-1226



PUBERTY MAY BEGIN SOON

On average, the early signs of puberty begin at about age nine for girls and age 11 for boys. However, it may be normal for a seven- or eight-year-old to show early physical signs of sexual maturity. Much research has been done to determine whether early puberty may be associated with growth hormones being fed to milk- and meat-producing cattle. Researchers also are investigating a possible connection between childhood obesity and early puberty. Such research has been inconclusive to date.

Paula Heimberg, M.D., pediatrician at Garden City Pediatrics and Beverly Hospital, says, "What we know for sure is if a mother or father went through puberty at a younger than average age, their daughter or son is likely to as well. Family history is the most common reason for earlier than average maturation. We are not concerned



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about a possible medical problem unless a child shows signs of puberty before age eight for girls and age nine for boys."

For girls, the signs of puberty include the nipples changing to a darker pink, possible nipple pain, development of a small lump under the nipple (breast budding), and growth of pubic hair. Menstruation begins about three years after these signs begin. Dr. Heimberg says, "One patient of mine began menstruating at age nine. Another began at age 16. Both scenarios are completely normal."

For boys, the signs include an increase in penis size, the testicles growing from almond to walnut size, and growth of pubic hair. Nocturnal emissions generally begin about two-and-a-half-years after these signs appear. Dr. Heimberg notes, "Some children develop fine hair in the genital area that is not the dark, coarse, curly pubic hair that indicates puberty. In addition, girls who are overweight tend to have more fat under their nipples, but this is not the

breast budding that represents the onset of puberty."

Experiencing puberty at an earlier than average age poses few, if any problems for a child. "If young puberty is associated with a parent's history, there is no reason for any short- or long-term medical concern," says Dr. Heimberg. "The child should understand what is happening and be reassured that what she or he is experiencing is perfectly normal."

Your child's doctor is a valuable resource when puberty begins. "You need to explain the physical changes of puberty to a seven-year-old differently than you would to a nine-year-old," says Dr. Heimberg. "During a visit, we can check for signs of puberty, talk with you and your child, and provide age-appropriate hand-outs and resources. The important thing is to help your child understand that what he or she is experiencing is normal."

URINARY TRACT INFECTIONS ARE COMMON IN YOUNG CHILDREN

Your one-year-old has a fever, is irritable and is not interested in eating. She could be getting a cold. Or she may have a urinary tract infection (UTI). Abhinav Garg, M.D., pediatrician with North Shore Pediatrics and Beverly Hospital, says, "The symptoms of a UTI mimic the symptoms of a number of other conditions. Parents are savvy enough to know when something just isn't right. It is best to see your child's physician as soon as you suspect a problem so we can make a diagnosis, begin treatment, alleviate discomfort, and avoid the possibility of the infection spreading to the kidneys or into the blood." If untreated, UTIs can also lead to more long-term medical problems, including developing hypertension and permanent kidney damage.

What Is a UTI?

A UTI is an infection within the urinary tract – which includes the kidneys, urethra, and bladder. Infection results when bacteria enter the urinary tract. Most commonly, bacteria come from the skin around the rectum or genitals. Dr. Garg says, "In children younger than two years, a higher percentage of UTIs are caused by the presence of predisposing conditions, and these children are at higher risk of developing renal damage. Therefore, it is important to diagnose and treat the condition to avoid more serious problems."

Symptoms, Diagnosis, and Treatment

A child between ages two months and two years with a high fever and no other symptoms has a one in 20 chance of having a UTI. Other symptoms include: more frequent urination; pain or burning when urinating; irritability; vomiting; and decreased feeding. Parents should contact their child's physician right away if an infant younger than three months runs any higher-than-normal fever.



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URINARY TRACT INFECTIONS ARE COMMON IN YOUNG CHILDREN

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A urine culture is the test that determines if a UTI is present. If a child is not yet toilet trained, the simplest way to collect the urine needed for a urine culture is to insert a catheter (small tube) into the child's bladder. Using this method, known as bladder catheterization, eliminates the possibility of the sample being contaminated by bacteria on the surrounding skin. Dr. Garg says, "The methods used to collect urine from young children externally lead to false positive results (the test indicates the presence of an infection, but the result is not accurate) as high as 85 percent because it is difficult to clean the area well enough to obtain an uncontaminated sample. Cultures done on urine obtained by bladder catheterization are significantly more accurate, and the procedure has a low risk of complications."

Antibiotics are used to treat a UTI. "Antibiotics can be taken at home, unless a child is not able to take the medication by mouth or if there is a concern that the child has developed a more serious condition because the bacteria has spread beyond the urinary tract system into the blood," says Dr. Garg. "In these cases, antibiotics are given intravenously in the hospital. After

finishing the medication, the child may need further testing to determine whether he or she has a predisposing condition."

Preventive Measures

"As boys get older, they generally are at lower risk for a UTI unless a congenital anomaly is present," says Dr. Garg. "However, UTIs remain common among older girls." Proper hygiene helps prevent UTIs. During diaper changes and potty training, girls should be taught to wipe from front to back to decrease the likelihood of bacteria from the rectum entering the urinary tract.

According to the American Academy of Pediatrics, about three percent of girls and one percent of boys will develop a UTI by the age of 11. By knowing the symptoms and seeking prompt medical care, parents can minimize their child's discomfort quickly and easily. "The challenge with our young patients is they can't tell you how they are feeling," Dr. Garg says. "It's up to us as parents and doctors to recognize that something is wrong and help them feel better."



KIDGITS SUMMER SAFARI AT THE NORTHSHORE MALL

ON THE HUNT FOR A SAFE SUMMER ADVENTURE!

Sponsored by Beverly Hospital

Beverly Hospital is proud to sponsor the Kidgits Summer Safari on Saturday, June 5, from 10:00 a.m. to 2:00 p.m. at the Northshore Mall in Peabody. Please come and join us for a fun-filled summertime gathering at the Northshore Mall – it's all about summer fun and safety. The event will feature different interactive stations relating to summertime safety that will be both educational and fun for children and their parents.

- ◆ "Wheels of Summer"—safety relating to activities that involve wheels such as skateboards and roller blading
- ◆ Water Safety at both the pool and beach
- ◆ Safe and fun summer outdoor and indoor activities
- ◆ Safety IDs such as fingerprinting, videotaping and toothprinting, provided by the Massachusetts Freemasons
- ◆ Hydration station
- ◆ Giveaways, entertainment, and much more!

For more information, please call Beverly Hospital at 978-922-3000, ext. 2124.



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