Television Viewing and Health Behaviour of Children in South India

Baby S Nayak

Health behaviours of early childhood are linked to health-related problems later in life. Television is a powerful influence in the lives of most children. Children’s television-viewing habits have been reported to be associated with a variety of significant behavioural consequences, including obesity and poor eating habits, decreased physical activity and physical fitness, and impaired school performance. An association between children’s exposure to violent images on television and subsequent aggressive behaviour also has been documented repeatedly in the literature. Extended and frequent television viewing also has been shown to decrease the time and opportunity available for social interaction within the family (Os et al, 1999).

Children aged 8-18 years spend more time in front of the computer, that is 6.5 hours daily in front of television, computer and video games. More than half of television viewers in India today are children below 15 years (Sudha, 2007).

The role television plays on health behaviour of children especially in India is unexplored. Thus the present study aims to examine the television viewing pattern among school children of 10 - 16 years of age and the influence of TV viewing on health behaviour of children.

The objectives of the study were: (1) to assess the television viewing pattern of school children, (2) to assess the health behaviours of school children, (3) find the relationship between television viewing pattern and health behaviour of school children, and (4) to find the association between television viewing, health behaviour of children and demographic variables.

Hypotheses

H1: There will be a significant negative relationship between the duration of television viewing during week days and health behaviour of children at 0.01 level of significance.

H2: There will be a significant negative relationship between duration of television viewing during weekend and health behaviour of children.

H3: There will be a significant association between duration of television viewing and selected demographic variables

Methodology

The study was based on Cox’s interaction model of client health behaviour. A cross-sectional design was adopted. The present study was conducted at selected high schools of Udupi District. The institution was selected on the basis of convenience and approachability.

Participants: The study population identified was children between 12 -16 years of age attending regular academic programme. A total of 142 children participated in the study. The children who had television at home were included by purposive sampling.

Data Collection: Following instruments were developed by the investigator to collect the data.

Questionnaire 1: Demographic proforma

Questionnaire 2: Questionnaire to assess the television viewing pattern of the children.

Questionnaire 3: Questionnaire to assess the health behaviour of the children.

The demographic proforma included the information on identification of the children, age, gender, religion and type of family. Questionnaire to assess the television viewing pattern of the children contained items related to duration of television viewing, type of programmes and the TV programmes influencing the child most.

Questionnaire to assess the health behaviour of the children contained items related to healthy behaviour of the children. The areas included dietary habits, personal health and spiritual health. The content validity of the tool was established by experts’ agreement. To ensure reliability, the tools were administered to 20 children. Reliability coefficient was established by test retest method and was calculated by Pearson’s product moment cor-
relation formula. The reliability of the Questionnaire 2 was 0.82 and that of Questionnaire 3 was 0.89. Thus the tools were found to be reliable.

Data collection procedure: Formal permission was obtained from the school. Children were explained about the study and their role in the study. Verbal consent was taken from the children. Three tools were administered to the children studying in standard 8, 9 and 10. Time taken for completing the questionnaire was 30-45 minutes.

Data Analysis: Master data sheet was prepared. Data analysis was done using SPSS package version 11.5. Data was analysed using descriptive and inferential statistics. Frequency and percentage were calculated for demographic data, television viewing pattern and health behaviour of children. Correlation coefficient was calculated to find the relationship between television viewing and health behaviour. Correlation coefficient was computed to test the relationship between health behaviour and duration of television viewing; it showed a negative correlation between hours spent during week days and health behaviour (r = -0.412, p < 0.01). There also exists a negative correlation with duration of television viewing during weekend and health behaviour (r = -0.491, p < 0.01). Thus it is interpreted that the longer the duration children view television, poor will be their health behaviour.

The chi square computed to test the association between duration of television viewing during week days and health behaviour (r = -0.412, p < 0.01). There also exists a negative correlation with duration of television viewing during weekend and health behaviour (r = -0.491, p < 0.01). Thus it is interpreted that the longer the duration children view television, poor will be their health behaviour.

The study shows that over 50 percent of children view television for 2 hours or more during week days. Many studies have observed that there exists a relationship with duration of television viewing and dietary practice of children. Similar patterns are found in the present study. No studies could be traced in the literature about the relationship between television viewing and general health behaviour.

Study Limitations: (a) The study was done on a small sample, selected on convenience, which limits the generalisation, (b) Information was collected only from the children, (c) Information was obtained only on the basis of self-administered questionnaire, and was not observed directly.

References
4. The Hindu, Online edition of India’s National Newspaper Sunday, September 09, 2001

Results
About 54 percent of children were females; majority (47%) of children were aged 13 years. Majority (81%) of children were Hindu; 68 percent of them belonged to nuclear families. Forty-nine percent of children were viewing television for more than two hours per day and 7 percent for more than 4 hours per day during week days. Out of 142 children, 71 percent of children were watching television for more than two hours and 24 percent for more than 4 hours on weekends. Most (44%) of children were influenced by the advertisement of food items in the television whereas 9 percent were influenced by advertisements of food items, cosmetics and different roles played by the heroes/heroines.

The health behaviour of the children was in the average category with the mean of 88.73 and standard deviation of 12.07.

The Pearson’s product moment correlation coefficient was computed to test the relationship between health behaviour and duration of television viewing; it showed a negative correlation between hours spent during week days and health behaviour (r = -0.412, p < 0.01). There also exists a negative correlation with duration of television viewing during weekend and health behaviour (r = -0.491, p < 0.01). Thus it is interpreted that the longer the duration children view television, poor will be their health behaviour.

The study shows that over 50 percent of children view television for 2 hours or more during week days. Many studies have observed that there exists a relationship with duration of television viewing and dietary practice of children. Similar patterns are found in the present study. No studies could be traced in the literature about the relationship between television viewing and general health behaviour.

Study Limitations: (a) The study was done on a small sample, selected on convenience, which limits the generalisation, (b) Information was collected only from the children, (c) Information was obtained only on the basis of self-administered questionnaire, and was not observed directly.

References
4. The Hindu, Online edition of India’s National Newspaper Sunday, September 09, 2001