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Television viewing associated with adverse dietary outcomes in children ages 2-6

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Abstract

The aim of this paper was to systematically review the evidence for the association between television viewing and diet in children ages 2-6. Data sources included PubMed, PsychINFO, EMBASE, ERIC, SportDISCUS, Sociological Abstracts, Web of Science, and hand searches of reference lists of relevant articles. Twelve studies were reviewed in which the relationship between television viewing and diet was assessed in children between the ages of two and six. All but one study reported significant relationship between television viewing time and adverse dietary outcomes. Parent-reported television viewing time was used to assay child television viewing in all included studies. Food frequency survey was the most frequent method of dietary assessment, and parent served as proxies for children in all studies. Lower fruit and/or vegetable intake was the most frequently reported dietary outcome, followed by increased energy intake with increased television viewing. The majority of studies reported adverse dietary outcomes with as little as 1 hours of daily television exposure. While these results are consistent with recommendations from child health advocates to limit television viewing in young children, they also suggest that further efforts to limit television viewing in young children may be needed to aid in obesity prevention.

Keywords

television; preschool; diet; obesity; nutrition; sedentary

Introduction

Obesity in children is a problem of growing concern that affects children of all ages. Although its etiology is multifactorial, environmental contributors to obesity, such as diet and physical activity behaviors play an essential role¹⁻⁴. Research suggests that these diet

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and physical activity behaviors are established during early childhood^{5, 6}, which make the preschool years (ages 2-6) a developmentally critical period in which to establish healthy eating behaviors in children⁷⁻¹⁴. Twelve percent of children ages 2-5, and 18.2% of children ages 6-11 are obese¹⁵, which points to a need to galvanize efforts to prevent obesity in young children. The American Academy of Pediatrics (AAP) has called for a reduction in television viewing in children as one strategy to prevent childhood obesity. In light of evidence of a positive relationship between television viewing and obesity in children¹⁶⁻²⁴ AAP recommends that children two and older limit total media time to 1-2 hours daily^{25, 26}.

Prior review studies have supported a positive relationship between television viewing and obesity in children²⁷⁻²⁹, however, too few have explored this pathway to elucidate potential mediators such as diet. Fewer still have examined television viewing during early childhood, which is a critical period for the development of food preferences and eating behaviors^{9, 30-33}. In a review of sedentary behaviors and fatness in children, Must and Tybor concluded that a significant, positive relationship existed between television viewing and obesity, but this finding was consistent only among adolescent children³⁴. In a subsequent review of risk factors of overweight and obesity in school-aged children, Must, Barrish and Bandini also reported that the relationship between television viewing and obesity was inconsistent²⁸. In a similar review in children ages 2-18, Rey-López, Vicente-Rodriguez and Moreno²⁹ examined the relationship between sedentary behaviors and the development of obesity. Of the studies that included children younger than 10, half reported significant positive associations between television viewing and adiposity. Moreover, the authors cited increased consumption of energy dense foods as a possible link between television viewing and overweight in children²⁹. Caroli, Argentieri, Carone, and Masi assessed the role of television in obesity prevention in their 2004 literature review. Unlike previous reviews of television viewing in children, their review examined television viewing in relation to diet as well as obesity. In addition to a positive relationship between television viewing and obesity Caroli, Argentieri, Carone, and Masi reported that television viewing was positively related to excess consumption of foods of poor nutritional quality²⁷. Notably, however, their review was descriptive rather than systematic, and the methods and scope of the review were poorly described.

Despite a substantial literature describing the relationship between television viewing and obesity in children, the relationship between television and diet is not well described. While it is clear that a relationship exists between television and obesity, the relationship is inconsistent across studies. It is speculated that the relationship between television and obesity is mediated by diet, which may be more strongly related to obesity than television viewing alone. More importantly, these relationships in early childhood, during which children may be more developmentally susceptible to the effects of television, are also inadequately described in the literature. No reviews, to our knowledge, have examined the relationship between television and diet in young children, for whom the obesogenic effects of television may be especially damaging. Therefore, the purpose of this article is to examine the relationship between TV viewing time and dietary intake among children aged 2-6 years.

Methods

Search Strategies

Systematic literature searches were performed in September 2011 using seven electronic databases: PubMed, PsychINFO, EMBASE, ERIC, SportDISCUS, Sociological Abstracts, and Web of Science. A summary of search terms, databases and articles yielded is presented in Table 1 below.

Search terms and key words were identified for each database with the assistance of a research librarian. In addition reference lists from included articles, as well as conference proceedings, were hand searched. A flow diagram of the search and results is presented in Figure 1 below.

Selection criteria—Only primary research articles available in English were included in the final review. Additionally, articles needed to include children ages 2-6 years, a measure of child television viewing time, and a measure of child diet. Articles were excluded if they did not examine the relationship between child television viewing time and diet, if the study had fewer than 10 participants, or, in the case of studies with participants younger than two or older than 6, if the analysis did not stratify by age such that children ages 2-6 could be examined separately. Because of the limited number of randomized control trials (n=2), only observational studies were included.

Articles were twice screened for inclusion by review of titles and abstracts by the first author, and full text articles were obtained for each of the articles that met the initial inclusion criteria. Articles were independently reviewed for adherence to inclusion criteria by two of the three authors.

Critical appraisal and data synthesis—Potential articles were evaluated for quality using the Health Evidence Bulletin, Wales (HEBW tool) *questions to assist with the critical appraisal of an observation study* (e.g. cohort, case-control, cross-sectional studies)³⁵. Briefly, the HEBW tool was developed by the Support Unit for Research Evidence (SURE) at Cardiff University to establish protocols and instruments to summarize and describe the strength of health-related evidence³⁶. The HEBW methodology is described in detail elsewhere (<http://hebw.cf.ac.uk/projectmethod/title.htm>). Potential quality evaluation instruments were identified from two recent literature review of tools for assessing study quality^{37,38}. The HEBW tool was selected for its adaptability for use with a variety of study designs, simplicity, and use in recent publications³⁹⁻⁴¹. It is included as Appendix Exhibit A.

Articles were distributed such that each article would be independently evaluated for quality by two of the three authors. Discontinuities were discussed among the two reviewers, with the remaining author serving to resolve any disagreements that could not be resolved via discussion. Potential articles were rated as “acceptable” if they met relevancy criteria (part A), and had no more than two “no” responses for questions contained in parts B-D of the instrument. Papers that were rated as “not acceptable” were critically discussed by the two reviewers and excluded from the review. A summary of the data extracted from included

studies is provided in Table 2. Data extraction was initially completed by the first author, then verified by one of the two co-authors.

Results

Identification of included studies

A total of 517 unique articles were yielded from the initial search of the electronic databases and hand searching methods. After review of titles and abstracts, 492 articles did not meet the inclusion criteria and were excluded, resulting in 25 remaining articles for which the full texts were sought. Upon critical review of these articles using the HEBW tool, an additional 13 articles did not meet inclusion criteria and were excluded, resulting in 12 remaining articles included in the final review.

Description of included studies

Table 2 contains a description of select characteristics of included studies. All included studies contained at least some children between ages of two to six years in their sample, and samples ranged in age from one to 11 years. For studies that included children younger than two or older than six, separate analyses were available for children between the ages of two and six ($n=3$). Among the included studies, 13,386 children between two and six years of age were included.

For all studies, child TV viewing time was parent-reported, and three (25%) studies additionally included measures of other electronic media use (computer time and video game use). Similar to measures of television viewing time, child diet measures for all included studies were parent-reported. Seven studies used food frequency questionnaires to assess child diet, three used 24-hour dietary recall surveys, two studies used food diaries (one study used food diaries in addition to 24-hour dietary recall surveys). One study (Tremblay et al, 2010) reported that child diet was parent-reported, but no additional information was given regarding the survey modality.

Eleven (91.0%) of the 12 included studies reported significant associations between television and adverse dietary behaviors in young children. Only one study⁴², failed to find a significant relationship between television viewing and diet. Six studies reported significant inverse relationships between television viewing and fruit and/or vegetable intake⁴³⁻⁴⁸, which was the most commonly reported dietary finding. For two of these studies^{47, 48}, however, this relationship was only significant in boys. Four studies reported that television viewing was associated with higher total energy intake^{43, 46, 49, 50}, and two studies reported that television viewing was positively associated with snacking frequency^{47, 51}. Several studies reported that television viewing was positively related to consumption of select foods, which included sweet snacks, energy drinks⁴³, fast foods⁴⁶, snack foods, sugar-sweetened beverages, fruit juice, whole or 2% milk, and processed meats⁴⁶. Other miscellaneous dietary outcomes related to television viewing included lower intake of brown bread⁴⁵, higher intake of energy from total fat and trans fat, and lower intakes of 1% or skim milk, calcium, and dietary fiber⁴⁶.

Television viewing time associated with adverse dietary outcomes ranged from 10 minutes to three or more hours of viewing time per day. Television time was modeled as a categorical variable in the majority of included studies (n=7)^{42, 44, 46, 47, 50, 52, 53}, four of which treated television time as a dichotomous exposure^{44, 47, 52, 53}. Two studies^{46, 54}, in which television viewing was categorized into “none, less than 1 hour a day, 1–3 hours a day, 4–6 hours a day, 7–9 hours a day, and 10 or more hours a day”, reported an adverse association between television and diet at 1 hour of viewing per day. Of the studies to model television viewing time continuously^{43, 45}, 10 minutes of daily television viewing was the smallest increment of exposure at which a relationship between TV and diet was reported⁴³.

Discussion

To our knowledge, this is the first systematic review study of television viewing and diet in children ages 2-6. All but one study reported a significant relationship between television viewing time and adverse dietary outcomes in this population. In the majority of studies, television viewing time was modeled categorically with viewing categories in 1 hour increments, which is evidence of a relationship between as little as 1 hour of daily television viewing and maladaptive dietary behaviors in young children.

Ariza, Chen, Binns and Christoffel⁴² was the only study that failed to find a significant relationship between television viewing and diet in young children. This study was unique among included articles in that the sample was comprised exclusively of overweight Hispanic children. It is possible that the relationship between television viewing and diet in obese children may be attenuated due to a ceiling effect. Moreover, homogeneity in television viewing and diet among obese children may impair the necessary contrasts in exposure and outcome needed to observe a relationship. Finally, it bears mentioning that the relationship between television viewing and diet was not the primary focus of the analysis, and thus there may have been inadequate power to examine this relationship.

Our findings are consistent with the American Academy of Pediatrics' (AAP) position on screen time and media use. The AAP recommends that children older than two limit screen time to one or two hours per day of quality programming, noting that television use may contribute to obesity in children by way of advertisements for unhealthy foods, which may adversely affect eating behaviors⁵⁵. Prior research has also pointed to a link between television and diet in children. In a 2001 descriptive review, Robinson noted a relationship between television and child obesity, which may be a mediated⁵⁶ by increased caloric intake as a result of exposure to food advertising (57). Research in older children lends further evidence of an adverse relationship between diet, television and food ads. In a prospective study of public school students, each additional hour of television viewing increased daily energy intake by 167 kcal⁵⁷. In further analyses, foods commonly advertised, such as sweet baked snacks, candy, fried potatoes, fast food entrées, salty snacks and sugar-sweetened beverages, mediated the relationship between television viewing and changes in total energy intake⁵⁷.

An important limitation common to all studies included in this review was the use of parent-report methods to assess child television viewing which may be subject to bias⁵⁸. In a 2007

review of measures of television viewing in children and adolescents, Bryant, Lucove, Evenson, and Marshall reported that studies of younger children were more likely to use parent-report methods⁵⁹. Overall, self- and parent- reported methods were by far the most commonly used television assessment methods, whereas direct measurement of television used was reported in only five of the 88 studies included in the review⁵⁹. An additional limitation of this review is the cross-sectional study design of included studies, which represent the predominance of research to date on the relationship between television viewing and diet in preschool-aged children. With cross-sectional designs, the temporal sequence between television viewing and diet are unclear, which make it difficult to determine if there is a causal relationship⁶⁰.

Conclusion

This study points to a significant association between television viewing and obesity-related dietary behaviors in young children. In the majority of studies, adverse dietary outcomes were associated with as little as 1 hour of television viewing per day, which is evidence that the guidelines for television use in young children should be strengthened. The current guidelines recommend that children older than two limited electronic media used (which included television) to 1-2 hours per day electronic media use. The findings of this review, however, suggest that guidelines for television viewing use in young children should be further delimited.

References

1. Swinburn B, Sacks G, Ravussin E. Increased food energy supply is more than sufficient to explain the US epidemic of obesity. *Am J Clin Nutr.* 2009; 90:1453–6. [PubMed: 19828708]
2. Swinburn BA, Sacks G, Hall KD, et al. The global obesity pandemic: shaped by global drivers and local environments. *Lancet.* 2011; 378:804–14. [PubMed: 21872749]
3. Scarborough P, Burg MR, Foster C, et al. Increased energy intake entirely accounts for increase in body weight in women but not in men in the UK between 1986 and 2000. *The British journal of nutrition.* 2011; 105:1399–404. [PubMed: 21205425]
4. Marcus MD, Wildes JE. Obesity: is it a mental disorder? *Int J Eat Disord.* 2009; 42:739–53. [PubMed: 19610015]
5. Birch LL. Development of food preferences. *Annual review of nutrition.* 1999; 19:41–62.
6. Steinbeck KS. The importance of physical activity in the prevention of overweight and obesity in childhood: a review and an opinion. *Obesity Reviews.* 2001; 2:117–30. [PubMed: 12119663]
7. Beauchamp GK, Moran M. Dietary experience and sweet taste preference in human infants. *Appetite.* 1982; 3:139–52. [PubMed: 7137993]
8. Birch L, Savage JS, Ventura A. Influences on the Development of Children's Eating Behaviours: From Infancy to Adolescence. *Canadian journal of dietetic practice and research.* 2007; 68:s1–s56. a publication of Dietitians of Canada = *Revue canadienne de la pratique et de la recherche en dietetique : une publication des Dietetistes du Canada.* [PubMed: 19430591]
9. Birch LL. Development of food acceptance patterns in the first years of life. *The Proceedings of the Nutrition Society.* 1998; 57:617–24. [PubMed: 10096125]
10. Birch LL, et al. Research in Review. Children's Eating: The Development of Food-Acceptance Patterns. *Young Children.* 1995; 50:71–78.
11. Birch LL, Fisher JO. Development of eating behaviors among children and adolescents. *Pediatrics.* 1998; 101:539–49. [PubMed: 12224660]

12. Brug J, Tak NI, te Velde SJ, Bere E, de Bourdeaudhuij I. Taste preferences, liking and other factors related to fruit and vegetable intakes among schoolchildren: results from observational studies. *The British journal of nutrition*. 2008; 99(Suppl 1):S7–S14. [PubMed: 18257952]
13. Carruth BR, Skinner J, Houck K, Moran J 3rd, Coletta F, Ott D. The phenomenon of “picky eater”: a behavioral marker in eating patterns of toddlers. *Journal of the American College of Nutrition*. 1998; 17:180–6. [PubMed: 9550462]
14. Cooke L. The importance of exposure for healthy eating in childhood: a review. *Journal of human nutrition and dietetics : the official journal of the British Dietetic Association*. 2007; 20:294–301. [PubMed: 17635306]
15. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999–2010. *Jama*. 2012; 307:483–90. [PubMed: 22253364]
16. Bener A, Al-Mahdi HS, Ali AI, Al-Nufal M, Vachhani PJ, Tewfik I. Obesity and low vision as a result of excessive Internet use and television viewing. *International journal of food sciences and nutrition*. 2011; 62:60–2. [PubMed: 20645888]
17. Beyerlein A, Toschke AM, Schaffrath Rosario A, von Kries R. Risk factors for obesity: further evidence for stronger effects on overweight children and adolescents compared to normal-weight subjects. *PloS one*. 2011; 6:e15739. [PubMed: 21283747]
18. Danner FW. A national longitudinal study of the association between hours of TV viewing and the trajectory of BMI growth among US children. *Journal of Pediatric Psychology*. 2008; 33:1100–07. [PubMed: 18390579]
19. Gable S, Chang Y, Krull JL. Television watching and frequency of family meals are predictive of overweight onset and persistence in a national sample of school-aged children. *Journal of the American Dietetic Association*. 2007; 107:53–61. [PubMed: 17197271]
20. Hancox RJ, Poulton R. Watching television is associated with childhood obesity: but is it clinically important? *International journal of obesity and related metabolic disorders : journal of the International Association for the Study of Obesity*. 2005; 30:171–75.
21. Jackson DM, Djafarian K, Stewart J, Speakman JR. Increased television viewing is associated with elevated body fatness but not with lower total energy expenditure in children. *Am J Clin Nutr*. 2009; 89:1031–6. [PubMed: 19244374]
22. Jouret B, Ahluwalia N, Cristini C, et al. Factors associated with overweight in preschool-age children in southwestern France. *Am J Clin Nutr*. 2007; 85:1643–9. [PubMed: 17556704]
23. Landhuis CE, Poulton R, Welch D, Hancox RJ. Programming obesity and poor fitness: The long-term impact of childhood television. *Obesity*. 2008; 16:1457–59. [PubMed: 18369346]
24. Viner RM, Cole TJ. Television viewing in early childhood predicts adult body mass index. *Journal of Pediatrics*. 2005; 147:429–35. [PubMed: 16227025]
25. American Academy of Pediatrics: Children, adolescents, and television. *Pediatrics*. 2001; 107:423–26. [PubMed: 11158483]
26. Strasburger VC, Jordan AB, Donnerstein E. Health effects of media on children and adolescents. *Pediatrics*. 2010; 125:756–67. [PubMed: 20194281]
27. Caroli M, Argentieri L, Cardone M, Masi A. Role of television in childhood obesity prevention. *International journal of obesity and related metabolic disorders : journal of the International Association for the Study of Obesity*. 2004; 28(Suppl 3):S104–8.
28. Must A, Barish EE, Bandini LG. Modifiable risk factors in relation to changes in BMI and fatness: what have we learned from prospective studies of school-aged children? *International journal of obesity*. 2009; 33:705–15. [PubMed: 19399020]
29. Rey-Lopez JP, Vicente-Rodriguez G, Biosca M, Moreno LA. Sedentary behaviour and obesity development in children and adolescents. *Nutrition, metabolism, and cardiovascular diseases : NMCD*. 2008; 18:242–51.
30. Ashcroft J, Semmler C, Carnell S, van Jaarsveld CH, Wardle J. Continuity and stability of eating behaviour traits in children. *Eur J Clin Nutr*. 2008; 62:985–90. [PubMed: 17684526]
31. Drewnowski A. Taste preferences and food intake. *Annual review of nutrition*. 1997; 17:237–53.
32. Ricketts CD. Fat preferences, dietary fat intake and body composition in children. *Eur J Clin Nutr*. 1997; 51:778–81. [PubMed: 9368813]

33. Skinner JD, Carruth BR, Wendy B, Ziegler PJ. Children's food preferences: a longitudinal analysis. *Journal of the American Dietetic Association*. 2002; 102:1638–47. [PubMed: 12449287]
34. Must A, Tybor DJ. Physical activity and sedentary behavior: a review of longitudinal studies of weight and adiposity in youth. *International journal of obesity*. 2005; 29(Suppl 2):S84–96. [PubMed: 16385758]
35. Weightman, A.; Barker, J.; Lancaster, J. *Project Methodology 4*. Cardiff: University of Wales College of Medicine; 2001. *Health Evidence Bulletin Wales: A systematic approach to identifying evidence*.
36. Mann M, Sander L, Weightman A. Signposting best evidence: a role for information professionals. *Health Information & Libraries Journal*. 2006; 23:61–64. [PubMed: 17207000]
37. Sanderson S, Tatt ID, Higgins JPT. Tools for assessing quality and susceptibility to bias in observational studies in epidemiology: a systematic review and annotated bibliography. *International Journal of Epidemiology*. 2007; 36:666–76. [PubMed: 17470488]
38. Weightman, A.; Ellis, S.; Cullum, A.; Sander, L.; Turley, R. Support Unit for Research Evidence (SURE). Information Services, Cardiff University: Health Development Agency; London: 2005. *Grading evidence and recommendations for public health interventions: developing and piloting a framework*.
39. Crawford MJ, Weaver T, Rutter D, Sensky T, Tyrer P. Evaluating new treatments in psychiatry: the potential value of combining qualitative and quantitative research methods. *International Review of Psychiatry*. 2002; 14:6–11.
40. Evans S, Huxley P. Studies of quality of life in the general population. *International Review of Psychiatry*. 2002; 14:203–11.
41. Greasley P, Small N. Evaluating a primary care counselling service: outcomes and issues. *Primary Health Care Research and Development*. 2005; 6:125–36.
42. Ariza AJ, Chen EH, Binns HJ, Christoffel KK. Risk Factors for Overweight in Five- to Six-Year-Old Hispanic-American Children: A Pilot Study. *Journal of Urban Health*. 2004; 81:150–61. [PubMed: 15047793]
43. Campbell KJ, Crawford DA, Ball K. Family food environment and dietary behaviors likely to promote fatness in 5-6 year-old children. *Int J Obes (Lond)*. 2006; 30:1272–80. [PubMed: 16491108]
44. Dubois L, Farmer A, Girard M, Peterson K. Social factors and television use during meals and snacks is associated with higher BMI among pre-school children. *Public Health Nutrition*. 2008; 11:1267–79. [PubMed: 18547454]
45. Gubbels JS, Kremers SPJ, Stafleu A, et al. Clustering of dietary intake and sedentary behavior in 2-year-old children. *The Journal of Pediatrics*. 2009; 155:194–98. [PubMed: 19394036]
46. Miller SA, Taveras EM, Rifas-Shiman SL, Gillman MW. Association between television viewing and poor diet quality in young children. *International Journal of Pediatric Obesity*. 2008; 3:168–76. [PubMed: 19086298]
47. Sasaki A, Yorifuji T, Iwase T, Komatsu H, Takao S, Doi H. Is There Any Association between TV Viewing and Obesity in Preschool Children in Japan? *Acta Medica Okayama*. 2010; 64:137–42. [PubMed: 20424669]
48. Tremblay L, Rinaldi CM. The prediction of preschool children's weight from family environment factors: Gender-linked differences. *Eating Behaviors*. 2010; 11:266–75. [PubMed: 20850062]
49. Manios Y, Kourlaba G, Kondaki K, Grammatikaki E, Anastasiadou A, Roma-Giannikou E. Obesity and television watching in preschoolers in Greece: The GENESIS study. *Obesity*. 2009; 17:2047–53. [PubMed: 19282823]
50. Proctor MH, Moore LL, Gao D, et al. Television viewing and change in body fat from preschool to early adolescence: The Framingham Children's Study. *International journal of obesity*. 2003; 27:827–33. [PubMed: 12821969]
51. Brown JE, Broom DH, Nicholson JM, Bittman M. Do working mothers raise couch potato kids? Maternal employment and children's lifestyle behaviours and weight in early childhood. *Soc Sci Med*. 2010; 70:1816–24. [PubMed: 20299142]

52. Manios Y, Kondaki K, Kourlaba G, Grammatikaki E, Birbilis M, Ioannou E. Television viewing and food habits in toddlers and preschoolers in Greece: the GENESIS study. *European Journal of Pediatrics*. 2009; 168:801–08. [PubMed: 18836742]
53. Nelson JA, Carpenter K, Chiasson MA. Diet, activity, and overweight among preschool-age children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *Preventing chronic disease*. 2006; 3:A49. [PubMed: 16539790]
54. Taveras EM, Sandora TJ, Shih MC, Ross-Degnan D, Goldmann DA, Gillman MW. The association of television and video viewing with fast food intake by preschool-age children. *Obesity (Silver Spring, Md)*. 2006; 14:2034–41.
55. Strasburger VC. Children, adolescents, obesity, and the media. *Pediatrics*. 2011; 128:201–8. [PubMed: 21708800]
56. Robinson TN. Television viewing and childhood obesity. *Pediatric clinics of North America*. 2001; 48:1017–25. [PubMed: 11494635]
57. Wiecha JL, Peterson KE, Ludwig DS, Kim J, Sobol A, Gortmaker SL. When children eat what they watch: impact of television viewing on dietary intake in youth. *Archives of pediatrics & adolescent medicine*. 2006; 160:436–42. [PubMed: 16585491]
58. Elgethun K, Yost MG, Fitzpatrick CTE, Nyerges TL, Fenske RA. Comparison of global positioning system (GPS) tracking and parent-report diaries to characterize children's time-location patterns. *J Expos Sci Environ Epidemiol*. 2006; 17:196–206.
59. Bryant MJ, Lucove JC, Evenson KR, Marshall S. Measurement of television viewing in children and adolescents: a systematic review. *Obesity reviews : an official journal of the International Association for the Study of Obesity*. 2007; 8:197–209. [PubMed: 17444962]
60. Rothman KJ, Greenland S. Causation and causal inference in epidemiology. *American journal of public health*. 2005; 95:S144–S50. [PubMed: 16030331]

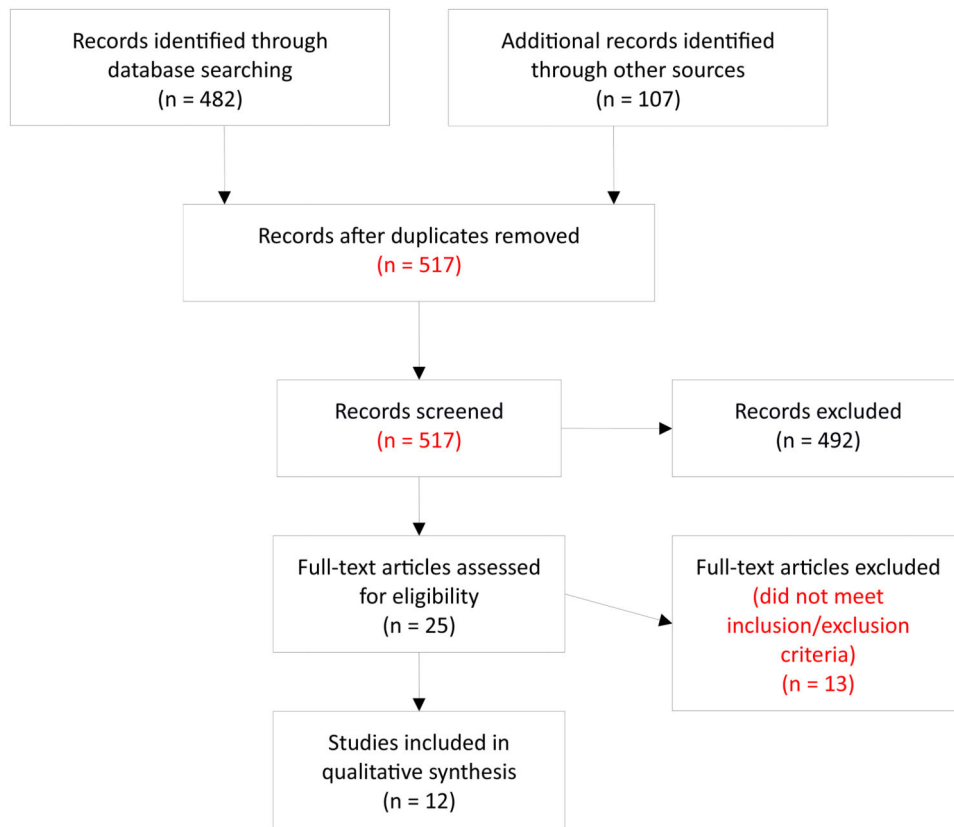


Figure 1. Flow diagram of search and results

Table 1
Electronic databases in order searched

| Database | Search terms | Unique articles |
|-----------------------------------|---|-----------------|
| PubMed | Leisure activities, life style, television, child, preschool overweight, obesity, diet, food and beverages, eating, food habits | 198 |
| PsychINFO | Television, sedentary, leisure, inactive, inactivity, overweight, obesity, preschool, early childhood, young child | 79 |
| EMBASE | Preschool child, television viewing, obesity | 69 |
| ERIC | Television, sedentary, leisure, inactive, inactivity, overweight, obesity, preschool, early childhood, young child | 21 |
| SportDISCUS | Television, sedentary, leisure, inactive, inactivity, overweight, obesity, preschool, early childhood, young child | 24 |
| Sociological Abstracts | Television, sedentary, leisure, inactive, inactivity, overweight, obesity, preschool, early childhood, young child | 35 |
| Web of Science and hand searching | References of included articles and conference proceedings | 91 |
| Total number of articles | | 517 |

Table 2

Summary of studies of TV viewing and diet in young children

| Study | Design | Child participants | Assessment of child TV | Child diet assessment | Key findings | Modeling of TV exposure |
|----------------------------|------------------------------|--|------------------------------------|---|---|--|
| Ariza et al., 2004 (42) | Cross-sectional | 250 overweight Hispanic children, ages 5-6 | Parent-reported TV time in minutes | Parent reported frequency of consumption of select foods | No significant relationships between diet and TV identified, although this was not the primary focus of the analysis | Average daily use in hours (binary); >3h/d or <3h/d |
| Brown et al., 2010 (51) | Cross-sectional, prospective | 4,983 children ages 4-7 | Parent-reported TV time in minutes | Parent reported consumption of select foods using 24-h dietary recall. | In cross-sectional analysis, TV weakly correlated with snacking in separate models using children ages 4-5 ($\beta = 0.073$, $P < 0.001$), and 6-7 ($\beta = 0.070$, $P < 0.001$). In prospective analysis, TV exposure at ages 4-5 weakly correlated with snacking at ages 6-7 ($\beta = 0.060$, $P < 0.001$). | Average daily use in hours (continuous) |
| Campbell et al., 2006 (43) | Cross-sectional | 560 children ages 5-6 | Parent-reported TV time in minutes | Parent-reported frequency of select foods using food frequency questionnaire. | TV viewing (minutes per day $\times 10$) associated with higher energy intake ($\beta = 81.9$), greater sweet snack ($\beta = 0.2$) and high-energy drink consumption ($\beta = 0.4$), and lower vegetable intake ($\beta = 0.2$). | Average daily use in minutes (continuous) |
| Dubois et al., 2008 (44) | Cross-sectional | 1,549 children ages 4-5 | Parent-reported TV time in minutes | Parent reported consumption using 24-h dietary recall. | TV viewing (< 3 h/d) associated with eating meals and snacks while watching television ($d = 0.0446$), lower daily consumption of fruits and vegetables ($d = 0.0594$). TV did not increase the odds of drinking soft drinks every day. | Average daily use in hours (binary) 3h/d or <3h/d |
| Gubbels et al., 2009 (45) | Cross-sectional | 2,578 children age 2 | Parent-reported TV time in minutes | Parent-reported frequency of consumption of select foods. | TV viewing inversely correlated with intake of fresh fruit ($r = -0.22$, $P = 0.01$), and vegetables ($r = -0.15$, $P = 0.01$), and positively correlated with intake of sugar-sweetened drinks ($r = 0.16$, $P = 0.01$) and snacks ($r = 0.22$, $P = 0.01$). | Average daily use in hours (continuous) |
| Marios et al., 2009 (49) | Cross-sectional | 2,374 Greek children ages 1-5 | Parent-reported TV time in minutes | Parent-reported consumption using 24-h dietary recall, food diary and weighing. | TV associated with higher total energy intake ($\beta = 46.5$, $P = 0.008$). | Average daily use in hours (binary); 2h/d or <2h/d |
| Miller et al., 2008 (46) | Cross-sectional | 1,203 children age 3 | Parent-reported TV time in minutes | Parent-reported consumption using food frequency questionnaire. | TV viewing positively associated with intakes of SSB ($\beta = 0.09$), fruit juice ($\beta = 0.11$), whole or 2% milk ($\beta = 0.08$), fast food ($\beta = 0.49$), snack food ($\beta = 0.12$), red and processed meats ($\beta = 0.08$), total daily energy intake ($\beta = 41.1$), and percent energy intake from total fat | Average daily use in hours (categorical); 0-1/2h/d, >1/2- <2h/d, 2h/d, >2h/d |

| Study | Design | Child participants | Assessment of child TV | Child diet assessment | Key findings | Modeling of TV exposure |
|----------------------------|--------------------|---|--|--|---|---|
| Nelson et al., 2006 (53) | Cross-sectional | 526 children ages 2-4 | Parent-reported TV time in minutes | Parent-reported frequency of consumption of select foods using adapted NHANES questionnaire. | $(\beta = 0.39)$, trans fat $(\beta = 0.05)$, and polyunsaturated fats $(\beta = 0.05)$, and polyunsaturated fats $(\beta = 0.11)$. TV viewing was inversely associated with intakes of fruit and vegetables $(\beta = -0.17)$, skim or 1% milk $(\beta = -0.11)$, calcium $(\beta = -0.379)$, dietary fiber $(\beta = -0.44)$, and percent of total energy intake from protein $\beta = -0.23$. | Average daily use in hours (binary); 2h/d or >2h/d |
| Proctor et al., 2003 (50) | Prospective cohort | 106 children ages 4 (at enrollment) to 11 (at last follow-up) | Parent-reported TV + video game time in minutes. | Parent-reported consumption using food diary. | TV positively associated with intake of "nonjuice fruit drinks" ($d = 0.2741$). | Average daily use in hours (categorical, tertiles); low (1.1 ± 0.1) , medium (1.6 ± 0.7) , and high (2.4 ± 1.6) h/d |
| Sasaki et al., 2010 (47) | Cross-sectional | 449 children ages 2 to 6 | Parent-reported TV + video game time in minutes. | Parent-reported, methodology unclear. | TV positively associated with snacking frequency (OR = 2.71, $P < 0.01$), and negatively associated with daily consumption of breakfast (OR = 0.29, $P < 0.01$). | Average daily use in hours (binary); <2h/d or 2h/d |
| Taveras et al., 2006 (54) | Cross-sectional | 240 children ages 2 to 5 | Parent-reported TV + computer time in minutes. | Parent-reported frequency of consumption of select foods. | TV viewing (each hour) associated with greater consumption of fast food (OR = 1.60, 95% CI = 1.03, 2.49). | Average daily use in hours (continuous) |
| Tremblay et al., 2010 (48) | Cross-sectional | 1,192 children aged 4 | Parent-reported TV time in minutes. | Parent-reported child frequency of fruits and vegetables | TV inversely associated intake of vegetables ($r = -0.123$, $P < 0.01$) in boys only. | Average daily use in hours (continuous) |