

# The Role of Mass Media In Smoking Problems Children

By David Nostbakken

*Television is probably the most "mass" of the mass media. People don't just "watch" television, they live with it. It is how we "see", not just learn, what is going on in the world, how people live, how they look, walk, talk and dress.* Paula Green, 1979

## INTRODUCTION

This article, in examining the role of mass media and smoking problems of children, will focus discussion on the place of television. It is recognized that mass media alone, and television in particular, represent one element among several in a comprehensive nonsmoking program. Legislation efforts, educational program, cessation programs, group and face-to-face interventions, are included in a full comprehensive approach. It is difficult to measure the immediate impact of television, film or other mass media alone, apart from other components of the smoking control program. The research available on the subject is sparse and, as shall be seen, somewhat underdeveloped.

Film will be included in this article inasmuch as television lends itself to the use of film. Of course, films can be used in group settings or in a classroom apart from the television reach. As will be seen, however, the use of film in this setting has a different purpose and value than film used on television. Both uses of film are important in a comprehensive nonsmoking program. When mention is made of television programming throughout, it is meant to include nonsmoking films shown on television.

I will begin with a brief note on the smoking problems of children. This is followed by a review of the effectiveness of television in influencing the performance of children and youth with special reference to nonsmoking. Then, the utility of television in supporting nonsmokers to remain nonsmokers is examined. This is followed by a discussion of the strengths and weaknesses of the television medium, its content, viewing patterns and the viewing context for supporting and crystalizing nonsmoking attitudes and beliefs. Finally, recommendations are offered on the use of television for nonsmoking, and examples of its use in the past are given.

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## SMOKING PROBLEMS OF CHILDREN

It is well recognized that reasons for **beginning** to smoke are not the reasons for **continuing** to smoke. The developmental stages of children and youth leading to adulthood influence the propensity to smoke or not to smoke. In this section, a number of assumptions will be made that may be expressed as follows:

— Children begin modelling significant others (parents, heroes, friends, authority figures) within the first year of life. Smoking parents and other exemplars begin influencing children in relation to smoking long before the child is conscious of the influence.

— By the age of 6 to 12, children, out of curiosity, peer pressure, the desire to experience and emulate, begin to consciously imitate actions of other desirable exemplars, including those friends and individuals who smoke.

— By adolescence, the spirit of independence, particularly from parents and authority figures, often leads to conformity with the peer group or other strong examples in the life of the youngster in alignment against perceived constraints. Where the peer group, for example, is smoking, the influence is obvious.

Clearly, children do not begin to smoke because of a well-articulated and understood rationale or logical argument for them to do so. Rather, personal and interpersonal conditions, needs, desires and curiosities interrelate with strong and persuasive exemplars and their environment.<sup>1</sup>

There are more children not smoking than there are smoking. Prevention of smoking is the name of the game with children and youth. It is an assumption here that emphasis should be placed on supporting nonsmoking youth to remain nonsmokers for their own well-being and to serve as exemplars to those who are experimenting with smoking or are smoking. It should be okay and desirable, by example, for children and young people who do not smoke to **remain nonsmokers**. Our most important role is to support and to encourage nonsmokers never to begin or want to begin smoking.

<sup>1</sup>A thorough discussion of the developing child and smoking problems can be found in a presentation by Dr. Bob Wake recorded in the Proceedings of the 4th World Conference on Smoking and Health entitled *The Smoking Epidemic* (1979).

## THE ROLE OF TELEVISION IN NONSMOKING PROBLEMS OF CHILDREN: A QUESTION OF PERFORMANCE

To determine the role of television in the smoking problems of children, it is necessary to examine also the role of television in the lives of children generally.

A broad review of the literature on the subject would include reference to the sense in which children pay attention to television, comprehend what they see and hear, how children retain the subject matter of television, and just how they interact with television and its programming. Here, however, the sense in which television influences the **performance** of the child will be the centre of discussion, for ultimately, with respect to smoking, that is what counts. "Performance" refers to the display in real life of acquired responses, whether verbal or behavioural. A necessary condition for performance is acquisition, that is the taking-in of information, attitudes and value systems. Acquisition can only be measured by some sort of performance. In practical terms, all the variables that affect acquisition also affect performance.

Maccoby (1959) illustrates why acquisition and performance must be considered separately. She argues that a child may learn parental behaviour by observing his parents, although these behaviours will not be performed until the child becomes a parent. Put differently, acquired responses may not occur until the person encounters eliciting conditions, or roles (Bandura, 1965 to 1969, 1971; Bandura and Walters, 1963; Mischel, 1968).

What one perceives as the alternatives available in a given situation influences the response that one may give. When there are not alternatives, or only a few, the likelihood of display will be affected by the acquisition of new alternatives. Once past early childhood, most humans have acquired a repertoire of responses that may be displayed in a given situation and performance comes more to depend on a number of additional factors.

A good deal of behaviour, contends Bandura (1971), is cognitively mediated and controlled by anticipated consequences of actions. Young children, for example, are more likely to aggress against peers than against parents because they accept different consequences for performing the same behaviour (Bandura and Walters, 1959). The behaviour is governed by the subjective

perceptions of the person, the objective circumstances and on the basis of information acquired previously. In other words, behaviour here is influenced by the individual's "image" of his world or social reality. This "image" includes all of those things that constitute the social norms and expectations held by the child (Roberts, 1971).

Performance, then, is a function of at least two factors: the conditions and contingencies operating in the external real-life situation, and the child's individual cognitions or perceptions about those conditions and contingencies. For example, the presence of a teacher may sharply decrease the probability that a teenager will smoke in the school hallway. However, a teenager's perception of cigarettes, teachers and school will influence the probability of performance. The teenager who believes he can charm the teacher out of punishment, or who expects praise from his peers for his actions, is more likely to smoke in the hallway than someone who fears and respects the teacher.

Television may have minimal influence on social behaviour to the extent that performance is **governed** by the first set of conditions. Incentives and conditions in the social environment are not under the control of broadcasters. However, television can influence social behaviour to the extent that it influences the norms and expectations that a child brings to the behavioural situation. Many psychologists agree that children's definitions of social reality are largely dependent on socially-mediated information, and several have pointed out that mass media are important sources of such information (Bandura, 1969; R. Brown, 1965; E.E. Jones and Gerard, 1967; Roberts, 1973). Television's influence on social behaviour lies in some ability to teach new behaviour, and also in its contribution to the young person's definition of what constitutes appropriate and inappropriate behaviour and what constitutes the situational and behavioural contingencies which should control performance (Leifer and Roberts, 1972). For example, to the extent that television content influences children to expect that aggressive behaviour is frequently rewarded or that submissiveness is the appropriate behaviour for women, or that smoking is a common and acceptable practice, the medium can be expected to influence behaviour (although not to a known degree). This is not necessarily to imply that television content is more im-

portant than other agents of socialization.

It is generally accepted that television most effectively influences the role of social behaviour either when it reinforces the attitudes, expectations and definitions promulgated by direct experience and interpersonal communication, or when it defines situations about which other sources have not provided information (B.S. Greenber, 1974; Klapper, 1960; Roberts, 1971).

With the respect to children, performance itself depends, of course, on many of the same stimulus-related, child-related and environmentally-related factors that mediate acquisition. Some typical examples follow.

Television content that provides information about the **likely consequences** of various actions, like smoking, for example, or about the conditions under which behaviour, like jogging, for example, can be effectively carried out, or about what constitutes appropriate behaviour, such as nonsmoking, in various situations, has been shown to affect the likelihood of children's performance of similar behaviour. A number of studies indicate that when symbolic behaviour is explicitly portrayed as **rewarded** or punished, subsequent performance of similar behaviours on the part of children respectively increases and decreases (Bandura, 1965; Elliott and Vasta, 1970; Leifer and Roberts, 1972). Further, performance is more likely to follow after viewing models who manifest characteristics that imply **positive consequences**. This is often influenced by models who are high in prestige, attractive or powerful (Schramm, 1968).

Those behaviours shown on television that are portrayed as **justified** (Berkowitz and Rawlings, 1963; Collins, Berndt and Hess, 1974), to the extent that the behaviours are effective even though negatively evaluated (Bandura, Ross and Ross, 1963; Zajonc, 1954), and to the extent that they are portrayed by role-appropriate models (Hicks, 1965), or by characters or within situations which children can easily **identify** because of perceived similarity, increase the performance of television-mediated behaviour.

Children's perceptions of the appropriateness of portrayed behaviours also appear to depend on the "**reality**" of the presentation. The more realistic or true-to-life the content, the more likely viewing is to lead to subsequent performance of observed behaviour (Berkowitz, 1962; Feshbach, 1972).

There is some evidence that the **fre-**

**quency and consistency** with which certain behaviours are portrayed leads children to perceive those behaviours as appropriate, as reflections of society's norms or definitions of what to expect in the "**real**" world (Gerber and Gross, 1976; Leifer and Roberts, 1972). Of course, the extent to which television content forms children's definitions of social reality is influenced by the same child-related variables known to be factors in connection with the acquisition process. Whether a child will associate portrayed behaviours with portrayed consequences, for example, or comprehend particular consequences as positive or negative, or a behaviour as useful, or a portrayal as realistic, depends on such child-related characteristics as age and level of cognitive development, sex or personality. In short, the acquisition of social norms and expectations from television is governed by the same conditions as is the acquisition of behaviour or fact (Comstock, et al., 1978).

Clearly, then, television is only one of many contributors to a definition of social norms. Regardless of where young people acquire social norms and expectations, however, the degree to which they control behaviour depends on how well the behaviours have been "**internalized**". Thus, while a child's inhibition of anti-smoking behaviour, like smoking, for example, may largely depend on some external sanction, like punishment or rejection, for another child the performance may be governed by an internalized control, such as expectations of self-condemnation or a feeling of guilt.

Comstock, et al. (1978) point out that a number of variables influence the degree to which social norms are internalized. One of the most important in the present context, however, is age. Socialization is a cumulative process. The more experience the child has with social situations, and the longer he has been exposed to definitions that are both explicit and implicit of the rules of social behaviour, the more likely he is to have internalized those rules. It follows that the likelihood that internalized social norms will govern the overt performance of any behaviour is inversely related to age.

Considering the relationship between acquisition of television-mediated behaviour and age, we are faced with the situation where younger children are less likely to learn complex behavioural sequences but more likely to perform the behaviours that they do learn because of lack of internalized norms. Older

children, who experience little difficulty acquiring behaviours from television, are also more responsive to internalized social norms. These norms have been defined by many other sources in addition to television. This point becomes particularly critical if one considers the evidence that young children often comprehend and retain specific behaviours and actions portrayed on television, but not the contingencies surrounding them. The pre-schooler may learn about smoking and note that smoking frequently occurs. The child, however, may not comprehend the contingency surrounding such behaviour. By virtue of his age, he is also less likely to have internalized controls against smoking and thus is more likely to try out the observed behaviour of smoking at some time, if only in later life in the face of other conditions.

Berkowitz (1962) has argued that the more a situation is similar to that portrayed on television, such as the setting of the situation and the types of characters in the setting, the greater the likelihood that the child will display the behaviour portrayed on television. Berkowitz (1965) reports a series of studies showing that when elements that are similar to those portrayed on television are present in the child's real-life situation, performance similar to that exhibited on television increases in the child. Subsequent performance of observed behaviour increases the more nearly the child's situation or setting matches that of the setting represented on television (Flanders, 1968; Schramm, 1968; Shirley, 1973).

Comstock, et al. (1978) review how information provided directly to the young person by his environment also influences how he interprets and accepts television information. When television provides information about social situations and norms which are unavailable to the person, from other sources or from direct experience, that information is likely to guide overt responses if and when the person encounters a situation similar to that portrayed on television. Way back in 1933, Peterson and Thurstone reported that the attitudinal impact of movies dealing with various ethnic groups was greater with unsophisticated children or children from homogeneous rural towns, as opposed to a large heterogeneous urban centre where there was more direct contact with other ethnic groups. Later, in 1958, Siegel revealed that the impact of radio programs on second-grade children who had little or no experience with taxi drivers. B.S. Greenberg (1972) found that children from rural and suburban backgrounds were more likely to say that they used television for information about how to behave with black people than their urban counterparts. Those in the urban setting, where blacks and whites work and live together in a normal fashion,

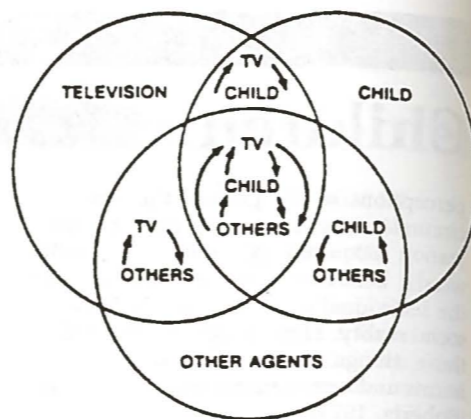
reported less use of the medium for this purpose. Gerson (1966) found that when necessary information about dating behaviour was not easily found in the immediate environment of teenagers, the teenagers reported turning to television to get that information.

The importance of parental influence in the smoking patterns of children is well documented. A body of literature not related to the smoking problem or to television shows that parental behaviours and sanctions, as well as the manner in which these behaviours and sanctions are communicated, significantly shape the expectations and behaviour of children (Baumrind, 1972; Maccoby and Jacklin, 1974). Also, there are a number of studies indicating that comments made to children by adults while viewing a television program significantly affect the way the child interprets the program and the likelihood that the child will subsequently perform behaviours acquired from the program (Prasad, Rao and Sheikh, 1978; Corder-Bolz and O'Bryant, 1978). Children who view Sesame Street in the presence of parents who discuss the program with them learn significantly more than the children who view it alone (Ball and Bogatz, 1970).

In summary, the period between birth and the end of adolescence is a period of rapid change. In 20 years, experiences, capabilities, all undergo developmental changes, most of which have implications for the relationship between television and the young person (Roberts, 1973). Age locates: (a) degree of experience against which to judge new information, (b) qualitatively and quantitatively different cognitive capabilities and strategies by which new information is processed, and (c) different physical capabilities for performing a behaviour. As a result, although for convenience one may often speak of how television influences "young persons" or "children", it is rapidly becoming apparent that in many instances the question is how it influences and is used by 4 year olds, 6 year olds, 10 year olds, and perhaps 14 year olds. Unfortunately, the wealth of literature on children and television fails to deal in any major way with these considerations.

#### TELEVISION FOR THE SUPPORT OF NONSMOKING AMONG CHILDREN AND YOUTH

The foregoing discussion as it relates to television as an agent of change in the performance of children and in the sense in which it is an agent for socialization with children can be sketched in the following figure:



#### Hypothesized relationship between television and other agents of socialization.

SOURCE: Adapted from A.D. Leifer, N.J. Gordon, and S.B. Graves, 1973. *Children and Television: Recommended Directions for Future Efforts*. Center for Research in Children's Television, Harvard University.

In this figure, all influences on the behaviour and socialization of the child, such as parents, peers and environment, have been collapsed into the segment called "Other Agents". Also to be taken into account, of course, are socio-economic factors, levels of education, literacy levels and social conditions. The figure emphasizes that socialization is a process of many interactions. The young person may be directly influenced by television or others. Each may be influenced by the child. Television and other agents also interact. At centre, multiple interactions among the child, television and other agents is apparent. The effect of television on young people is more likely to be better understood as a result of such multiple interactions than it is as a direct influence.

In designing a program, therefore, to use television in support of nonsmoking, television should be regarded as but one of several elements of the program for change or support. The initial viewpoint that mass media exercises an all-powerful or hypodermic impact on receivers was popular in the 1930's and 1940's (Lazarsfeld, Berelson and Gaudet, 1948). This notion soon fell out of favour, however, due to lack of evidence of the direct impact of mass media in influencing voters during elections. The onset of systematic scientific research studies after World War II led to pessimistic conclusions among several media specialists and funding agencies that media were impotent. Subsequent research recognized that the "silver bullet" compliance models of communication and change were insufficient (Schramm and Roberts, 1971). Examination of the direct influence of television on changing beliefs and attitudes and broader cognitive behavioural trends were carried out

(Becker, McCombs and McCloud, 1975; Blumler and McLeod, 1974; Kraus and Davis, 1976; McCombs, 1972). In the health field, Griffiths (1957) suggested three basic steps necessary for bringing about change in behaviour that depend not only on the use of mass media but on other social change efforts as well. The three steps were: (1) creating or changing perceptions (beliefs, attitudes, values, feelings), (2) utilizing motivational forces, (3) providing for the decision to act. All three, he maintains, must be considered for a realistic attempt at changing or in-

fluencing smoking behaviour. Fishbein (1977) describes "an empirically-based" socio-psychological theory of the relationships among beliefs, attitudes, intentions and behaviour that is consistent with and can account for all the diverse findings in the smoking literature. These spokesmen, and others, are clear that the ultimate goal of changing smoking behaviour can be achieved only in relation to changes in other human states besides behaviour. The following figure illustrates what some of these human states and desired conditions are:

HUMAN STATE	DESIRED CONDITION
<b>PERCEPTIONS</b> - beliefs - attitudes - opinions	- People are more attractive when they don't smoke - Most people don't smoke - Smoking leads to poor health - If I smoke I increase my chances of getting cancer
<b>INTENTIONS</b> - motivation - enthusiasm - commitment	- Never begin smoking - I will quit on Monday - I will hang out with kids who don't smoke
<b>BEHAVIOUR</b>	- Continued nonsmoking - Stop smoking - Throw out ashtrays - Avoid smoking situations

Further, there is evidence that some change methods are more suited than others for bringing about desired changes:

TO BE CHANGED	MOST EFFECTIVE CHANGE METHODS
<b>PERCEPTIONS</b>	Mass media methods (television, radio, posters, billboards, pamphlets)
<b>INTENTIONS</b>	Group methods (family, classroom, clubs, community programs, workshops, seminars, conferences, business and workplace)
<b>BEHAVIOUR</b>	Personal decision and change methods (individual, face-to-face, e.g., parent-to-child, teacher-to-student, doctor-to-patient)

The strength of mass media is in supporting or crystalizing beliefs and attitudes. People are more effectively motivated by other people. Individualized face-to-face methods are often the necessary final touch for important decisions that lead to action and change (Escarpit, 1977; Atkin, 1978).

This is not to say that one change method has exclusive jurisdiction over a given behaviour or pattern of change. It is important, however, that expectations for the effectiveness of a given approach are not unrealistic in relation to probable outcomes. A strong mass media appeal for smoking control may yield disappointing behaviour results if the interpersonal is missing totally or in part, either in group settings or in one-to-one situations. However, beliefs, opinions and levels of awareness may be significantly changed or supported following mass media efforts. Group activities in the classroom, for example, and social movement influenced by policies and laws restricting smoking in public places, may be supportive of nonsmoking in the short run but insufficient in the long haul if there is no mass media promotional support. One-to-one situations, particularly among peers or between individuals with mutual respect (husband and wife among adults, father and daughter, brother and sister) or in authority situations (doctor to young patient, teacher to student) are often at the root of major behavioural or lifestyle changes in individuals. Ideally, the three change methods mentioned work together supportively, and all three are necessary for a cogent, comprehensive smoking control program. It should be clear by now that a strong media program is not meant to take the place of personal contact through schools, community groups, a doctor's office, or the home. When the three approaches are combined in a supportive, nonsmoking climate, we maximize the potential for creating what has been called in the UICC manual *Guidelines for Smoking Control* "... a living atmosphere of social rejection of the smoking habit, an atmosphere where no one wants to smoke."

#### TELEVISION AS AN AGENT FOR SUPPORTING AND CRYSTALIZING ATTITUDES AND BELIEFS

Early in this Article, a number of assumptions regarding the "Smoking Problems of Youth" were expressed. In sum, the assumptions point to the importance of providing appealing and popular examples for young people to imitate and model. The International Union Against Cancer technical series, Vol. 73, *A Manual on Smoking and Children*, states:

Since more children do not smoke than do, the highest priority for pre

vention should be allocated to maintaining the nonsmokers as nonsmokers. This calls for support and reward in all our educational efforts. By so doing, the nonsmokers will be encouraged to stand firm, to become impervious to peer pressure, curiosity and other inducements to smoke and increasingly will be seen as popular exemplars by the coming generation. . . ."

Given that mass media in general and television in particular for the purpose of this discussion, have their strength in influencing perceptions (beliefs and attitudes) we shall see next how support and strength for nonsmokers to remain nonsmokers is derived from television. First, a brief review is offered on the nature of the television medium, its content, the viewer and the viewing context.

### The Medium

The medium of television is pervasive. In Canada, 98% of homes have at least one television, and 94% of Canadians use the set every day. The following table illustrates the extent to which television permeates free time in several countries:

Television Usage and Free Time in 12 Nations for an Average Day (in 1965)

Sample Site	Percent Set Ownership	Percent That Watched Any TV	Minutes of TV Viewing		Total Mass Media		Total Free Time	
			Total	As the Primary Activity	Mins	TV Percent	Mins	TV Percent
USA (Jackson)	98	80	134	101	135	75	310	33
USA (44 cities)	97	80	129	92	131	70	301	31
East Germany	85	72	100	81	108	75	233	35
West Germany	76	64	87	74	112	66	300	25
Belgium	72	65	94	84	137	61	297	28
Czechoslovakia	72	52	73	66	116	57	239	28
West Germany (100 dists)	66	56	74	63	98	64	264	24
France	65	65	96	58	91	64	245	24
Poland	59	60	82	70	120	58	262	27
Peru	54	47	63	54	87	62	309	17
USSR	52	40	45	42	116	36	249	17
Yugoslavia (m)	49	41	47	41	81	51	222	18
Hungary	45	36	45	43	85	51	200	22
Yugoslavia (k)	35	35	48	37	87	43	311	12
Bulgaria	26	17	17	16	79	20	231	7

SOURCE: Adapted from J. P. Robinson, and P. E. Converse. 1972. The impact of television on mass media usages: A cross-national comparison. In A. Szalai (ed.), *The Use of Time: Daily Activities of Urban and Suburban Populations in Twelve Countries*. The Hague: Mouton and Co., pp. 197-212.

An average child between the ages of 4 and 12 in Canada spends four hours of each day with television, that is nine years of his life by the age of 65. Television influences eating, sleeping, conversation, family interaction and social movement. In short, many aspects of modern life are influenced by the television medium by virtue of its impact on the use of time and on social interaction. Television has become a way of life in many

countries of the world. Health educators have an opportunity to integrate their perceptions into the character of life for most children, on most days, where the children are in the privacy of their homes.

### The Content

In most countries, and certainly in North America, programming of all kinds, from comedy, to drama, to variety, to documentary and news, is designed first and foremost to **entertain**. Entertainment formulas, thus, become the structure of any content, message or imagery offered through the medium. There is a good deal of repetition throughout programs and commercials. The illusion of motion on the screen makes for immediacy and intimacy. Things move only in the present. Television, thus, affords, through the illusion of movement, something for the viewer to deal with in the present — an experience, an existential happening. Television, through its fast-paced content, is an experiential mode that does not support "hard-core" factual information, statistics or the didactic approach. It provides, rather, appealing imagery, appealing identifiable characters and models and a feeling of

reveals that television is a very poor information source. Because of the program formula and the enjoyment expectation of audiences, little substantive content is retained. Rather, overall impressions and feelings are remembered in slim detail. Audiences participate intensely with programming, and are not "passive" as is the common belief. But the participation is not one of critical awareness or intellectual effort. Because of the repetitiveness of programming in format, characterization and content, because audiences wish to be entertained and relaxed for long hours each evening, and because the viewer seeks the familiar rather than the unfamiliar, the participation is what Herbert E. Krugman (1965) terms "passive participation". This is participation not unlike that of dancing, where one loses oneself in familiar rhythms and movements on the floor, or like bicycle riding, where one is unaware of the many familiar functions he is performing, or like the rock concert, where intellectualization or objective discussion has little place. One can remain in a room with television for hours in a stretch without discussion, without being asked to recall and never having to untangle the

participation — more akin to a musical concert than to, for example, the rational process of reading the printed page.

### The Viewer

Individual personal differences notwithstanding, audiences the world over go to the television set primarily to be **entertained**. They do not, generally speaking, go to be informed or challenged; they go to print for that. Research

unfamiliar. As in the above analogies, the more regular and intense the participation, the less the critical awareness.

In a way, audiences treat television programming as though it were a cliché of our everyday language. In a metaphorical and sometimes literal sense, they watch the same show time after time and see the same commercials again and again until they become second nature through hours each day of participation. Although

they may not be able to recall the details of shows and commercials, somehow they assimilate them along with the implicit **attitudes, beliefs and values** programmers put in them. Like clichés, programs and commercials are very familiar but we pay little attention to them and have stopped trying to pry out their meaning. We "become" the commercials and programs we participate in each day in the sense that we unconsciously begin assuming their perception of our social and personal conditions. Attitudes towards women, sex, ethnic groups, children, religion, health, even smoking, are a part of situation comedies and dramas. Beliefs about life after death, democracy, capitalism, pollution, conservation, are in a variety of talk shows. Values relating to love, hate, tolerance, ecology, are in documentaries, dramas and news. The implicit messages can go unnoticed and as such have influenced us long before we know it.

### The Viewing Context

The viewer, whether child or adult, is engaged in a private, unthreatening quiescence of home, in semi-darkness, usually in a relaxed, often uncritical, state. There is no need for human interaction or discussion of the program being viewed. Often, viewing is taking place, however, when other things are going on. Children will play in the room for hours, for example, when there is a television present and turned on (J.P. Robinson, 1972).

The nature of the television medium, its typical content, the way children interact with television, and the viewing context leads to a view of television as a dominant experiential force in the lives of children. As health educators, we are faced with the realization that the television networks and stations exist and are there for us to use, and that audiences are attracted to programming that already exists and that is imperceptibly changing beliefs and attitudes. Changes take place, of course, in relation to the beliefs, attitudes, intentions and behaviours already held by individuals in the audience. It is up to health organizations to ensure that the beliefs and attitudes implicit in programming reflect nonsmoking. Television should be used in all aspects, not just through commercials and public service announcements, but through existing programming as well. Smokers must be shown that nonsmoking is a normative condition, that the alternatives to smoking are more desirable than smoking. Nonsmoking should not only be the norm on television, but should appear to be the norm. What follows are a few recommendations or tips on how to use the medium in support of continued nonsmoking among children and youth.

### RECOMMENDED USES OF TELEVISION FOR NONSMOKING

On the basis of the review of television's character, its strengths and weaknesses, and its influence on the performance of children and youth, the following tips are offered in support of television's use in supporting nonsmoking among children and youth.

(1) Use both public service spots (15, 30 and 60 second) and programs (15, 30 and 60 minute).

(2) Repeat the public service spots as often as possible. Repeat the programs as often as possible as well and repeat the nonsmoking theme in a frequent and constant fashion throughout the programs.

(3) Tailor spots and programs for the specific audience in mind according to age. For example, in the United States and Canada, audience research has found the following:

- (a) A pre-school child prefers cartoons, situation comedies and non-cartoon children's programs, generally in that order;
- (b) By the first or second grade, situation comedies dominate the list of preferred shows and their presence as favourites remains substantially well into the beginning of adolescence;
- (c) The end of elementary school years tends to mark a transition period when, in addition to the situation comedies and even some of the cartoons favoured by younger children, action and adventure, music and variety, and various dramatic shows begin to come into favour;
- (d) By the middle of the teens, "adult" entertainment programming tends to dominate the list of preferences (Schramm, 1971; Lyle and Hoffman, 1972; Schramm, Lyle and Parker, 1961).

(4) Programming and spots should be entertaining. North American evidence is that audiences go to television to watch television rather than to watch specific programs. Typically, they search the various channels until they find the program that is least objectionable and stay with that. In other words, audience tastes for entertainment demand that programming be structured to entertain. Where there are competitive channels or competitive programming, audiences will choose those usually that are most entertaining or at least most unobjectionable (Klein, 1979).

(5) Refrain from offering statistics, excessive information, and avoid using a heavy didactic approach.

(6) Use characters and character types that are familiar, popular and have a high appeal for the target audience. What the

character does is more important than what he or she says. The character should serve as an appealing and cogent model of behaviour.

(7) Use both adult characters (models) and young or peer-aged characters. There is some evidence that young people appreciate and learn from others of their own age (Atkin, 1978).

(8) Audiences tend to trust sources similar to themselves that they directly identify with. Spokespersons with ordinary attributes are also effective as well as those with outstanding or heroic attributes (Atkin, 1978).

(9) Programs should show the beneficial social and personal aspects of remaining a nonsmoker.

(10) Situations shown should be as close to the children's "reality" as possible, and be "true to life".

(11) Situations that portray the nonsmoker as being rewarded for nonsmoking behaviour are desirable.

(12) Programs that appeal to the emotions are preferable over the programs that appeal to rational and logical thought.

(13) Avoid using fear tactics showing the health consequences of smoking. There is no evidence that such tactics work, and it is more effective to support pro-social, desirable, rewarding imagery of nonsmoking (Atkin, 1978; Farquhar, et al., 1977).

(14) Programs and spots should be scheduled according to peak target audience viewing patterns. Programs scheduled in the wrong times or against very strong competition on alternative channels will not reach the critical audience.

(15) Where possible in programs and spots, tie the imagery and messages, the attractive characters in the situations portrayed, to other elements of a comprehensive nonsmoking program that includes the schools, community and home. In other words, the television effort should not be an end in itself, but should be an ostensible part of an overall comprehensive program utilizing group and individualized methods.

### PRACTICAL EXAMPLES OF TELEVISION USE

Organizations and funding bodies desirous of influencing smoking patterns of youth must, of necessity, take the cost benefits of efforts into account. Two general approaches should be considered in the use of television. The first is to persuade the television industry to incorporate the nonsmoking emphasis into existing program formats and schedules at no cost to the health organization. The second is for the health organization or

agency alone or in cooperation with other agencies to develop programming and promotional materials at cost and to buy space and time for their use as part of an overall smoking control program. Both approaches are expanded on briefly next.

### Incorporative Programming

Many countries have had good success in persuading the television industry to incorporate nonsmoking content into existing program formats. In Canada, the annual "National Non-Smoking Week" includes the carriage of non-smoking messages, skits, films, presentations and dramas in children's programs, in news, in public affairs programs and in situation and variety programming that are regularly scheduled. This is accomplished by approaching program developers in the television systems with ideas, materials, films and background evidence on the subject six months before the National Non-Smoking Week is to be run. This allows program planners and television stations time to prepare for the support they are giving. Often, health organizations or agencies have access to well-known personalities, heroes, politicians, actors, who are willing to donate time and efforts for the nonsmoking topic. In fact, health organizations often get the cooperation of well-known national figures more easily than do television stations or programmers. Well-known sports figures and television stars are more likely to donate their efforts to the Canadian Cancer Society, for example, than they are to the CBC or CTV networks that serve the country. Follow-up visits and letters, phone calls and promotion to the television stations ensure coverage prior to National Non-Smoking Week. Following the Week, letters and expressions of public appreciation are offered by the Canadian Cancer Society and other health organizations for the support given by the media for National Non-Smoking Week. The news coverage before, during and after National Non-Smoking Week on the subject of non-smoking encourages parents to be mindful of their influence on the smoking patterns of children.

The American Cancer Society sponsors The Great American Smoke-Out which follows similar patterns to National Non-Smoking Week. The Great American Smoke-Out program is detailed in the Proceedings of the 4th World Conference on Smoking and Health entitled *The Smoking Epidemic*. The American Cancer Society makes good use of famous American movie stars and television personalities to give examples of the dramatic and glamorous identification of nonsmoking. Most of this effort is donated by the actors and time is given free by television networks and stations.

### Health Organization-Sponsored Television

A number of studies have been conducted in several countries that include television in smoking control programs. Some of these include children and youth as target audiences. A good deal of the research is based on the assumption that a single intervention through television or film should result in immediate behavioural change. Thus, when the evidence indicates little significant change in behaviour, it misses an opportunity to demonstrate the sense in which attitudes and beliefs or general perceptions are influenced by the intervention.

In the United Kingdom, M. Jefferys in 1962 conducted a project through BBC Television on "Smoking and Health". The twenty-five-minute program produced in a "Spotlight" series was broadcast to schools. Its effects were assessed using pre-test, post-test evaluation designs with a matched control group. Six pairs of secondary schools near London were used in the experiment. The twenty-five-minute program was in the format of a doctor talking and using graphs, diagrams and a healthy and a cancerous lung to show the relationship between smoking and death and illness. Extracts from films helped to illustrate how experimental work points to various adverse effects of smoking. At the end, the doctor showed how advertisers encourage young people to smoke, teenagers were interviewed with the resulting messages of how most young people begin to smoke and how they attempt to emulate their smoking friends. The cost of smoking was stressed and alternative ways to spend money were suggested. A prominent sportsman, television personality and the doctor talked about their reasons for not smoking. Little difference in the smoking patterns of young people in the experimental and control groups were shown. However, a much higher proportion of young people in the experimental group were able to identify the desirability of nonsmoking from a social and health point of view than those in the control group (Jefferys, 1963).

O'Keefe conducted a study in the United States to examine the relationship between attitudes and smoking behaviour utilizing the anti-smoking campaigns launched on television by the various health organizations in the late 1960's. The investigation was carried out in Orlando, Florida, and the immediately surrounding cities. The sample was broken down into those people under and over 21 years of age, and questionnaires and telephone surveys were used to obtain information. During the time of the study, 80 to 100 commercials were shown each week. These commercials were produced by the health organizations but were carried free on the net-

works and local stations. The ads were aimed at persuading young people and adults to stop smoking or to persuade them not to begin smoking. Ninety percent of respondents indicated that they had seen commercials, and 50% were able to recall specific commercials. Thirty-four percent of students said that they had cut down smoking as a result of the commercials, and 22% of the students said the commercials had made them stop smoking temporarily. Thirty-four percent of students said they thought more about the effects of smoking as a result of the commercials, and 49.7% indicated that they wished to quit smoking. In an overall sense, 63.1% of student smokers and 72.7% of smokers in general population subscribed to the belief that smoking is harmful to one's health, but 2/3 of the sample did not change their smoking behaviour (O'Keefe, 1971).

In 1969, Porter conducted a study in Ontario, Canada, through an educational campaign on cigarette smoking and disease using contests, speakers, films, radio, television, cinema, film clips, posters and pamphlets. Surveys were done before and after the campaign using questionnaires. These surveys were carried out in the community, secondary schools and elementary schools. This was a community-intensive program. Unfortunately, there was some difficulty in getting the mass media to carry the promotional material. There was no appreciable difference in behaviour noted in the community, particularly in relation to smoking as a result of the campaign. However, there was a significant increase in secondary school students' perceptions of heart disease as the greatest killer as a measure of information received through the promotional material. There was an increase of knowledge among students as to the curability of cancer. A significant percentage of high school students changed their minds to say that early treatment of heart disease was helpful and to endorse early treatment of cancer as worthwhile. There was a demonstrated reduction in levels of fear toward cancer as a result of the campaign. However, there was no significant effect demonstrated in the thinking of the population on the injurious effects of smoking on health. 85% felt that smoking was injurious to health (Porter, 1969).

What has been called the "North Karelia Project" was conducted in Finland to reduce the prevalence of smoking, the serum cholesterol concentration, and rising blood pressure among the population. Although this project was not directed toward youth specifically, it is a well-known study that should be noted here. The program included constant exposure through the mass media of television, radio, leaflets, posters and stickers; group involvement at health education meetings, public forums, schools and

places of work, organization and involvement of existing community health services in support of the program; training of personnel including teachers, volunteer workers, community leaders; utilization of environmental services such as nonsmoking restrictions and laws. The community program effectively reduced the levels of the three risk factors in the population. Approximately 7% of the adult population and 10% of the smokers watched some or all of the 45-minute television shows. Of the smokers, 20% gave up smoking and roughly 10%, or some 10,000 people, were still nonsmokers after six months or more. Among the viewers who took part in some 100 self-help groups that had formed in North Karelia, the cessation rate was roughly twice as large - 20% after six months.

The Stanford Heart Prevention program conducted through Stanford University in the U.S.A. utilized similar methods to engage entire communities in support of the nonsmoking process using mass media, group activity and individualized counselling, and has some positive results. Three years after the program started, the proportion of smokers had decreased by 3% in the control community, by 8% in the media-only community, and by 24% in the media-plus-counselling communities. Fifty percent of the high-risk smokers received face-to-face counselling, but only 11% receiving just media had quit.

In Canada, a large-scale nonsmoking program called "Time to Quit" was developed and tested by the Canadian Cancer Society and Health and Welfare Canada in 1982 to engage large populations in three half-hour television shows, full community-level publicity and support, and self-help smoking cessation material. These, and other projects like them, are special intensive programs from which we can all learn in developing our nonsmoking programs.

In the United Kingdom, the BBC is aired six 10-minute television programs on nonsmoking during January, 1982. Series was presented by Dr. Miriam Stoppard, who is known for her practical approach to health problems. Three people were followed over six weeks as they made the decision and deal with the difficulties and experience the benefits of stopping smoking. The program also featured advice from specialists in the smoking cessation field, success stories from well-known personalities, some humour, and hints and tips from some of the many millions of ordinary people who have successfully stopped smoking.

The above examples are by no means exhaustive, but give some indication of some of the successful and some not-so-successful approaches taken to use television in a program to support nonsmoking. Several articles are mentioned at the end

of this section which more fully review efforts that have been taken to use television and other mass media in the health field and a number of other fields from which example can be taken.

One final note here. In most countries, there is no tobacco advertising on television. In those countries where tobacco continues to be advertised on television, measures should be taken immediately to eliminate that advertising. The modelling influence on young people is considerable through television, and promotion of tobacco should be disallowed. In addition to this, in many countries of the world, tobacco companies promote sports and cultural events which receive coverage on television. This also undoubtedly influences the perceptions of young people toward the tobacco industry and the product itself. Measures should be taken in every country to restrict promotions of these kinds that adhere to the letter of the elimination of tobacco advertising from television but fly in the face of the spirit of the desire to remove promotion of tobacco through a mass medium of this power.

The television medium should be free of imagery and messages promoting smoking. This should be true of its advertising, its programming, its news and its current affairs. Health organizations and agencies concerned with smoking and health, particularly in relation to youth, have a responsibility to persuade television networks and stations to clean up the television air. Further, as has been argued above, health organizations and agencies have a responsibility to influence programmers to include nonsmoking imagery and messages in all forms of programs and to carry public service announcements and public service programming.

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- Barron  
CHILDREN'S MEDIA WORKSHOP
- Braun and Kolomeychuk  
THE ART OF TELEVISION
- Laucht  
MICROCOMPUTER ACQUISITION CONSIDERATIONS
- Shears  
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- Bates  
COMPUTER RESOURCE BOOKING: A DEVELOPING PROCESS
- Duncan  
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SLOW ROAD TO INTERNATIONAL AV STANDARDS

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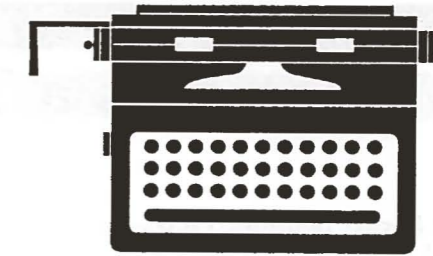
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## LETTERS TO THE EDITOR

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. . . And, in my position with the Vancouver School Board, I would like to congratulate you on the incredible development of your publication. It has become a "must read" journal in the last few years. I congratulate you!

Ken Haycock  
Co-editor, EMERGENCY LIBRARIAN

Your journal, Canadian Journal of Educational Communication is within the scope of the ERIC Clearinghouse on Information resources. . . We examine new journals for one full year before we make a decision concerning additions to our CIJE list. We will index and annotate articles from the first volume and subsequent issues. . . We appreciate your consideration of our request.

B.J. Vaughn  
Director of Acquisitions  
ERIC

I have just finished reading the January issue of CJEC and am very impressed with the quality and variety of the articles. You are doing an excellent job, Denis.

June Landsburg  
Co-ordinator,  
Knowledge Network Projects

Thank you for sending me the two issues of the CJEC. . . (My) article looks good and I thank you and your staff for the fine job you have done in putting together this unorthodox article.

Nikos Metallinos  
Assoc. prof. of Communication Studies  
Concordia University


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