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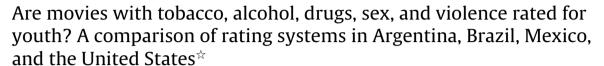
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Research paper





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ABSTRACT

Background: This study aimed to determine between-country differences and changes over time in the portrayal of youth risk behaviors in films rated for youth in Argentina, Brazil, Mexico and the United States

Methods: Content and ratings were analyzed for 362 films that were popular across all four countries from 2002 to 2009. Country-specific ratings were classified as either youth or adult, and Generalized Estimating Equations were used to determine between-country differences in the presence of tobacco, alcohol, drugs, sexual content, and violence in youth-rated films. Within-country differences in this content over time were also assessed, comparing films released from 2002 to 2005 with those released from 2006 to 2009. Results: In the US, films rated for youth were less likely to contain all five risk behaviors than in youth-rated films in Argentina, Brazil, and, when the "15 and older" rating was considered a youth rating, in Mexico. All three Latin American countries "downrated" films that received an adult rating in the US. Nevertheless, tobacco and drug use in youth-rated films declined over time in all countries, whereas moderate to extreme alcohol use and violence involving children or youth increased in all countries. Conclusions: Tobacco and drug use have declined in popular US films, but these behaviors are still prevalent in films rated for youth across the Americas. The apparent success of advocacy efforts to reduce tobacco and other drugs in films suggests that similar efforts be directed to reduce alcohol portrayals.

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Introduction

Exposure to portrayals of tobacco and alcohol in entertainment media promotes these behaviors among youth (Hanewinkel et al., 2012; USDHHS, 2012). In the United States (US), advocacy efforts

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have targeted the US film industry to reduce portrayals of tobacco (USDHHS, 2012; Zolty, 2012) and drug use (Boyd, 2008; Vittala, 2000). Evidence suggests that these initiatives have been relatively successful (Callister et al., 2012; Glantz, Mitchell, Titus, Polansky, & Kaufmann, 2011; Sargent & Heatherton, 2009; Worth, dal Cin, & Sargent, 2006); however, little is known about the implications of these declines for other countries where US films are popular. US films that are popular outside of the US may be those that contain more risk behaviors. Indeed, films that get rated for adults in the US (i.e., R-rated) contain more risk behaviors and are likely to receive youth ratings in other countries (Anderson, Millett, Polansky, & Glantz, 2010; Hanewinkel et al., 2013). In order to inform policy development to limit movie portrayals that promote risk behaviors, the current study analyzed risk behavior content for films that

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were popular in Argentina, Brazil, Mexico and the US, their relationship with country-specific ratings, and changes in this content over time.

Background

In 2008, the United States' National Cancer Institute concluded that smoking in movies is a significant cause of adolescent smoking. This conclusion was based on observational and experimental studies in the US (Dalton et al., 2003; Distefan, Gilpin, Sargent, & Pierce, 1999; Distefan, Pierce, & Gilpin, 2004; Pechmann & Shih, 1999; Sargent et al., 2001, 2002, 2005; Tickle, Hull, Sargent, Dalton, & Heatherton, 2006; Tickle, Sargent, Dalton, Beach, & Heatherton, 2001) but has since received support from research in European countries (Hanewinkel & Sargent, 2007; Hanewinkel, Morgenstern, Tanski, & Sargent, 2008; Hunt, Henderson, Wight, & Sargent, 2011; Morgenstern et al., 2011; Wilkinson et al., 2009), Mexico (Thrasher, Jackson, Arillo-Santillan, & Sargent, 2008; Thrasher et al., 2009) and India (Arora et al., 2012). To address this issue, the World Health Organization's Framework Convention on Tobacco Control (WHO-FCTC) recommends comprehensive bans on tobacco advertising, promotion and sponsorship, including "all forms of commercial communication. . . with the aim, effect or likely effect of promoting a tobacco product or tobacco use" (WHO, 2009). The 187 countries that are Party to the WHO-FCTC have increasingly prohibited tobacco marketing through traditional channels, like television and print advertising (WHO, 2011b). The impact of film smoking exposure on youth smoking appears to strengthen after direct tobacco marketing is banned and films and other entertainment media become the primary vehicle for youth exposure to smoking imagery in mass media (Hanewinkel & Sargent, 2008; Heatherton & Sargent, 2009; Thrasher et al., 2009). The WHO-FCTC recommends giving an adult rating to films with tobacco portrayals (WHO, 2011a), and policy development in this area will benefit from more research on how current rating systems are associated with tobacco use portrayals and other youth risk behaviors.

Most films that are rated as appropriate for youth contain smoking, whether the film is rated in the US (Tickle, Beach, & Dalton, 2009), Brazil (Vargas, Thrasher, & Sargent, 2011), or European countries (Anderson et al., 2010; Hanewinkel et al., 2013). Films that contain smoking are more likely to be rated for youth in European systems compared to the US system (Anderson et al., 2010; Hanewinkel et al., 2013) because films rated for adults in the US system are often "downrated" to have youth ratings in Europe (Anderson et al., 2010; Hanewinkel et al., 2013). This downrating is not because the US system emphasizes smoking; rather, it appears to be due to greater tolerance of sexual content in the European systems, along with a possible correlation between the portrayal of smoking and of sex and other youth risk behaviors (Tickle et al., 2009). However, no study has systematically compared how rating systems treat the youth risk behaviors that may co-occur with smoking, such as drug use, alcohol use, sex, and violence.

In the US, legislation prohibiting tobacco industry payoffs for product placements in films (USDHHS, 2012), monitoring of tobacco portrayals in films, and pressure from smoke-free movie advocacy groups appears to account for declines in smoking content in US-produced films (Sargent & Heatherton, 2009; Worth, dal Cin, et al., 2006), with some evidence suggesting accelerated declines after 2005 (Glantz et al., 2011). These decreases should result in lower smoking content in countries where US-produced films are popular, such as Latin American countries. However, these decreases may be offset by the "downrating" of R-rated films that contain the highest levels of smoking. The degree of concordance between the US and Latin American rating systems with respect to tobacco and associated youth risk behaviors is unknown. It is also unknown whether the portrayal of other risky behaviors has

changed over time, although teenage drug use portrayals appear to have declined in US-produced films (Callister et al., 2012).

Early onset of alcohol use and youth binge drinking in the US and Europe has been associated with exposure to alcohol use in movies (Dal Cin et al., 2009; Hanewinkel & Sargent, 2009; Hanewinkel et al., 2012; Hanewinkel, Tanski, & Sargent, 2007; Sargent, Wills, Stoolmiller, Gibson, & Gibbons, 2006; Stoolmiller et al., 2012). The WHO has not identified alcohol use in films as a specific target for policy development (WHO, 2010); however, support for prohibiting industry promotions through entertainment media is implied by the WHO's focus on regulating alcohol marketing activities that reach youth, including indirect marketing (i.e., marketing through a third party). Nevertheless, we are unaware of any policy initiatives to limit youth exposure to alcohol imagery in films. Furthermore, film rating systems in the Argentina, Brazil, Mexico and the US do not take tobacco or alcohol use images into account when determining the age-appropriateness of films (see Table 1).

The current study examined how a large sample of contemporary movies were rated in Argentina, Brazil, Mexico, and the US, in order to better understand how between-country differences in rating systems affects potential youth exposure to these risk behaviors in each country. Our study posed the following questions: 1. Are films that portray tobacco, alcohol, drugs, violence, and nudity more likely to be rated for youth in Latin American countries than in the US?; 2. Are films rated for adults in the US (i.e., R-rated) rated for youth in Latin American countries?; and 3. In films rated for youth, have tobacco and other youth risk behavior content decreased over the last decade within study countries? The results aim to inform policy development to reduce media effects on youth risk behaviors.

Methods

Box office data from Argentina, Brazil, Mexico, and the US were used to determine the top grossing films in each year, from 2002 through 2009 (although we only obtained data on the top 50 grossing films for Brazil for 2002). US-produced films accounted for between 75% and 86% of all films on each country's list. From these films, we selected the 362 films on the lists for all four countries as the analytic sample, which included a median of 48.5 films for each year (range = 30–50; the lowest number was from 2002, when the sampling frame was limited to only the top 50 films that were popular in Brazil even though the top 100 were used for the other countries).

Movie ratings

Each country's rating system is different, using four to six categories (see Table 1) (DOJ, 2008; MPAA, 2011; Secretaría de Gobernación, 2002). A film was classified for youth if the rating indicated appropriateness for youth up to 14 years old. The "16 and older" category for Argentina and Brazil was treated as an adult rating, as was the "17 and older" US category. The "15 and older" rating in Mexico was analyzed as both a "youth" rating and an "adult" rating to determine the sensitivity of study results to our coding.

Content coding of movies

The Dartmouth Media Research Laboratory (DMRL) uses a reliable methodology for coding the content of the top 100 grossing films in the US each year (Sargent, Worth, & Beach, 2008; Worth, Tanski, et al., 2006). Films contained tobacco content if any tobacco product was visible. Alcohol content (i.e., beer, wine, liquor) was similarly assessed, with coders also providing a global assessment of the salience of alcohol use (i.e., no alcohol; not salient;

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