Childhood correlates of adult TV viewing time: a 32-year follow-up of the 1970 British Cohort Study

L Smith, B Gardner, M Hamer

ABSTRACT

Background To identify, using a longitudinal data set, parental and childhood correlates of adult television (TV) viewing time at 32-year follow-up.

Method Data were derived from the 1970 British Cohort Study, a longitudinal observational study of 17 248 British people born in a single week of 1970. The present analyses incorporated data from the age 10 and 42-year surveys. When participants were aged 10 years, their mothers provided information on how often participants watched TV and played sports (never/sometimes/often), and parents’ own occupation, as well as height and weight. A health visitor objectively assessed participants’ height and weight at age 10. Thirty-two years later, when participants were aged 42 years, they reported their daily TV viewing hours (none/0≤1/1≤3/3≤5/5≥5), physical activity and health status. Associations between putative childhood and parental correlates and adult TV viewing time were investigated using logistic regression.

Results Valid data at both time points were available for 6188 participants. Logistic regression models showed that those who reported ‘often’ watching TV at baseline were significantly more likely to watch >3 h/day of TV at follow-up (OR 1.42, 95% CI 1.21 to 1.65), as were those whose father was from a lower socio-occupational class (intermediate, routine/manual) compared with managerial (OR 1.55, 95% CI 1.14 to 2.11; OR 2.05, 95% CI 1.47 to 2.87). Body mass index (BMI) at age 10 was inversely associated with high TV in adulthood (per unit increase; OR 0.93, 95% CI 0.90 to 0.96) although fathers BMI when the child was aged 10 was positively associated with high TV in adulthood (per unit increase; OR 1.04, 95% CI 1.02 to 1.06).

Conclusions Findings suggest that childhood TV viewing time tracks into adulthood. Parents’ health behaviours and social position appear to be associated with their children’s viewing habits, which may have important implications for the direction of future policy and practice. Specifically, findings support the case for early life interventions, particularly on socioeconomic inequalities, as a way of preventing sedentary behaviour in later life.

INTRODUCTION

A growing body of research shows prolonged sedentary behaviour—defined as any waking behaviour characterised by energy expenditure below 1.5 metabolic equivalents while in a sitting or reclined posture—is detrimental to adult health, even when adults are sufficiently active (eg, see, Edwardson et al). Recent UK physical activity guidelines include recommendations to reduce sedentary activities (Start Active Stay Active). However, while correlates of physical activity have been well-researched, correlates and predictors of sedentary behaviours have received little attention. The few available studies of the correlates of sedentary behaviour have predominantly focused on children and adolescents.

One important component of leisure sedentary behaviour is television (TV) viewing. Krantz-Kent and Stewart reported that in 2007 US adults (aged 55–59 years) spent approximately 2.8 h a day viewing TV in comparison to 0.4 h a day reading and 0.6 h a day socialising and communicating. Although TV viewing need not be passive, in that viewers can perform physical activities while watching, it is thought that most TV viewing is sedentary and inactive.

Findings suggest that childhood TV viewing time tracks into adulthood. Parents’ health behaviours and social position appear to be associated with their children’s viewing habits, which may have important implications for the direction of future policy and practice. Specifically, findings support the case for early life interventions, particularly on socioeconomic inequalities, as a way of preventing sedentary behaviour in later life.
predict adulthood sedentary behaviour, successful interventions in childhood may have a long-term behavioural impact that is sustained into adulthood. Promoting healthy behaviours in childhood as opposed to intervening only in adulthood could therefore be an optimally effective strategy to prevent morbidity, as exposure to cardiometabolic risk factors throughout the life course may present the greatest health risks. Crucially, what is missing from the current literature is empirical evidence tracking TV viewing time from childhood through to adulthood and identified childhood and parental correlates of adult TV viewing time. The present analyses aims to (1) investigate if TV viewing time tracks from childhood through to adulthood, and (2) identify childhood correlates of adult TV viewing time, to contribute to the growing body of literature to inform policy and practice on the promotion of active lifestyles.

Adults’ occupation, BMI, and leisure time physical activity have been shown to be associated with adults’ sedentary behaviour. Moreover, using a more proximal outcome, previous research has found that parental adiposity and socioeconomic status are childhood predictors of adult obesity. We hypothesised that parental occupation (a strong indicator of early life socioeconomic position (SEP)) and BMI, as well as children’s TV viewing time, participation in sport and BMI are predictors of adult TV viewing time.

METHOD
The 1970 British Cohort Study (BCS70) follows the lives of 17,284 people born in England, Scotland and Wales in a single week of 1970. The present analyses incorporated data from the age 10 and age 42 surveys. At the age 10 survey, conducted in 1980/1981, parents provided informed consent and were interviewed about the child’s home background, social experience, hospital admissions, accidents and a number of factors concerning the experiences of the child and the family. The information was gathered through a structured interview with the mother of the child, or if she was not available, with someone who had knowledge on the child’s health and development. The age 42 survey was conducted in 2012/2013 and comprised of a 60-min face-to-face computer-assisted-personal-interview, which included a vocabulary task and a self-completion section. The present analysis focused only on the variables described below (hypothesised to be associated with TV viewing time in adulthood). Participants provided informed consent and all data collection on BCS70 has received full ethical approval. In accordance with the University College London Research Ethics Committee Guidance, ethical approval was not required to perform secondary analyses of anonymous health surveillance survey data.

Variables at age 10
The cohort member’s mother provided information regarding how often their child watched TV and played sports (categorised as: never/sometimes/often). The health visitor recorded height and body mass for the calculation of BMI. Parents provided information on their occupation, which was categorised using the 1970 and 1980 Office of Population Censuses and Surveys Classification of Occupations (Managerial/Professional/Intermediate (skilled and non-skilled)/Routine and manual), and also provided self-reported weight and height, from which BMI was calculated.

Variables at age 42
Respondents reported how many hours they spent watching TV per day (none/0≤1/1<3/3<5≥5); frequency of participation in 15 types of physical activities and sports (every day/5–6 times a week/2–3 times a week/once a week/2–3 a month/less often/not in past 12 months); self-rated health (excellent/very good/good/fair/poor); and assessment of own weight (about right/underweight/overweight/very overweight).

Statistical analysis
We examined associations between childhood exposures at aged 10 (TV viewing, sports, child’s and father’s BMI as continuous variables, father’s occupational class,) and TV viewing at age 42 using logistic regression models. TV viewing at age 42 was categorised into a binary variable and higher TV viewing roughly reflected the upper third of the distribution (<3 h/days or ≥3 h/day). We calculated ORs and 95% CIs for the risk of high TV viewing at age 42. Initially we performed univariate analysis for each of the childhood exposures. We then mutually adjusted the models for each of the childhood exposures. Lastly, the models were adjusted for possible confounders in adulthood (sports participation at age 42, self-rated health and weight status). We wanted to examine whether results changed when we replaced fathers’ BMI with mothers BMI. In addition, previous research has consistently shown that SEP from birth has a cumulative effect on poor health in adulthood. Thus we wanted to examine if the association between fathers SEP and adult TV viewing was robust after adjustment for the participants own educational attainment. Therefore, we conducted several sensitivity analyses. First, mothers’ BMI was included instead of fathers’ BMI. Second, we added participants’ highest educational attainment at age 42 (none/GCSE or O-level/ A-level/higher education) as a covariate, since education is an indicator of SEP through adult life. All analyses were conducted using SPSS V.20.

RESULTS
At the age 10 survey 14,874 cohort members participated, and 9,842 (66.2%) took part in the age 42 survey. After excluding missing data from both assessments the final analytic sample comprised 6188 participants (41.6% of participants in age 10 survey; 62.9% of those in age 42 survey), which is described in figure 1. Compared with the analytic sample, those excluded from the final sample were more likely to be from a lower SEP background (% with father reporting routine/manual occupation: 14% vs 18.8%, p<0.001), more likely to report watching TV often at age 10 (78.5% vs 80.0%, p=0.031), and more likely to have a father with higher BMI (24.4 vs 24.6 kg/m2, p=0.007). No differences in sports participation were observed (53.8% vs 55.1%, p=0.17).

Of the 1546 participants who reported watching ≥3 h/days of TV at age 42 years, 50.2% were male, 82.9% often watched TV at age 10, 54.3% often played sport at age 10, 56.9% were from an intermediate socio-occupational class, 35.4% had a father in the upper third of the BMI distribution (>25.4 kg/m2; table 1).

Longitudinal associations between childhood characteristics and TV viewing at age 42
Final adjusted logistic regression models (table 2) showed that those who reported often watching TV at 10 years were significantly more likely to watch ≥3 h/days of TV at follow-up (OR 1.42, 95% CI 1.21 to 1.65), as were those whose father was from a lower socio-occupational class (intermediate, routine/ manual) compared with managerial (OR 1.55, 95% CI 1.47 to 2.87). BMI at age 10 was inversely associated with high TV in adulthood (per unit increase; OR 0.93, 95% CI 0.90 to 0.96, p-trend <0.001)
although fathers’ BMI when the child was aged 10 was positively associated with high TV in adulthood (per unit increase; OR 1.04, 95% CI 1.02 to 1.06, p-trend=0.001).

Some differences between univariate and final adjusted models exist; in univariate models girls watched significantly less TV than boys, and children whose fathers were professional workers watched significantly more TV than managerial. However, these associations were no longer apparent in final adjusted models.

Cross-sectional associations with TV viewing at age 42
Watching TV ≥3 h/day was associated with reporting fair or poor health (fully adjusted OR, 2.10, 95% CI 1.69 to 2.61) in comparison to those reporting excellent health. Those participating in vigorous sports at least once a week were less likely to watch ≥3 h TV per day (OR, 0.75, 0.65 to 0.85); watching ≥3 h TV per day was associated with self-reported overweight/obese (OR 1.60, 1.31 to 1.95).

Sensitivity analyses
The pattern of results did not change when we replaced fathers’ BMI with mothers’ BMI. Mothers’ BMI was also associated with TV viewing at age 42 (per unit increase in final adjusted model, OR 1.04; 1.03 to 1.06). When we introduced participants’ highest educational attainment at age 42 into the final model, the association of fathers’ socio-occupational class with TV viewing was attenuated but remained in the model. Compared with managerial, having fathers from professional, intermediate, routine/manual socio-occupational classes was associated with 1.10 (0.79 to 1.52), 1.47 (1.08 to 2.01), 1.96 (1.40 to 2.75) higher odds of greater TV viewing at age 42. Participants’ educational attainment at age 42 was also independently associated with greater TV viewing at age 42;

### Table 1 Descriptive characteristics of the sample at baseline (age 10) relative to TV viewing at follow-up (age 42)

<table>
<thead>
<tr>
<th>Variable at baseline</th>
<th>Daily TV viewing at age 42</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1 h/days (n=1061)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>456 (43.0)</td>
</tr>
<tr>
<td>Girls</td>
<td>605 (57.0)</td>
</tr>
<tr>
<td>TV viewing at age 10</td>
<td></td>
</tr>
<tr>
<td>Never/sometimes</td>
<td>285 (26.9)</td>
</tr>
<tr>
<td>Often</td>
<td>776 (73.1)</td>
</tr>
<tr>
<td>Playing sports at age 10</td>
<td></td>
</tr>
<tr>
<td>Never/sometimes</td>
<td>523 (49.3)</td>
</tr>
<tr>
<td>Often</td>
<td>538 (50.7)</td>
</tr>
<tr>
<td>Body mass index at age 10 (kg/m²)</td>
<td>16.9±2.0</td>
</tr>
<tr>
<td>Fathers body mass index (at child age 10 years)</td>
<td>24.1±2.9</td>
</tr>
<tr>
<td>Fathers’ socio-occupational class (child’s age 10 years)</td>
<td></td>
</tr>
<tr>
<td>Managerial</td>
<td>120 (11.3)</td>
</tr>
<tr>
<td>Professional</td>
<td>370 (34.9)</td>
</tr>
<tr>
<td>Intermediate (skilled and non-skilled)</td>
<td>454 (42.8)</td>
</tr>
<tr>
<td>Routine/manual</td>
<td>117 (11.0)</td>
</tr>
</tbody>
</table>

Percentages denoted in brackets.
compared with participants with higher education, having only A-levels, GCSEs/O-levels, or no education was respectively associated with 1.62 (1.28 to 2.06), 2.93 (2.44 to 3.53), 3.16 (2.61 to 3.84) higher odds of greater TV viewing.

**DISCUSSION**

This study found that children who reported ‘often’ watching TV at baseline were significantly more likely to watch >3 h/days at 32-year follow-up, as were those who had a father in the lowest occupational class compared with managerial. Interestingly, BMI at age 10 was inversely associated with watching high TV in adulthood although the converse was observed for fathers BMI.

To the best of our knowledge this is the first study to investigate early life correlates of TV viewing time in middle age adults in a large representative birth cohort. Two childhood correlates were identified at aged 10 years—TV viewing time and BMI—that were associated with high TV viewing time at aged 42 years. Participants who reported often watching TV at baseline were likely to watch a higher amount of TV at follow-up. This supports previous literature that suggests health behaviours may track from childhood to adulthood and potentially contribute to poor health in adulthood.

**Table 2** Association between baseline characteristics (child’s age 10) and odds of high TV viewing (>3 h/days) at follow-up (age 42; n=6188)

<table>
<thead>
<tr>
<th>Baseline independent variable</th>
<th>OR (95% CI) for high TV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Univariate model</td>
</tr>
<tr>
<td>Gender</td>
<td>Ref</td>
</tr>
<tr>
<td>Boys</td>
<td>Ref</td>
</tr>
<tr>
<td>Girls</td>
<td>0.87 (0.78 to 0.98)</td>
</tr>
<tr>
<td>TV viewing at age 10</td>
<td>Ref</td>
</tr>
<tr>
<td>Never/sometimes</td>
<td>1.45 (1.29 to 1.69)</td>
</tr>
<tr>
<td>Often</td>
<td>Ref</td>
</tr>
<tr>
<td>Playing sports at age 10</td>
<td>Ref</td>
</tr>
<tr>
<td>Never/sometimes</td>
<td>1.03 (0.91 to 1.15)</td>
</tr>
<tr>
<td>Often</td>
<td>0.98 (0.95 to 1.00)</td>
</tr>
<tr>
<td>Childs body mass index at age 10 (per unit increase)</td>
<td>1.05 (1.03 to 1.07)</td>
</tr>
<tr>
<td>Fathers body mass index per unit increase (at child age 10 years)</td>
<td>1.48 (1.09 to 2.00)</td>
</tr>
<tr>
<td>Fathers’ socio-occupational class (child’s age 10 years)</td>
<td>2.50 (1.88 to 3.33)</td>
</tr>
<tr>
<td>Managerial</td>
<td>3.51 (2.58 to 4.78)</td>
</tr>
<tr>
<td>Professional</td>
<td>1.48 (1.09 to 2.00)</td>
</tr>
<tr>
<td>Intermediate (skilled and non-skilled)</td>
<td>2.50 (1.88 to 3.33)</td>
</tr>
<tr>
<td>Routine/manual</td>
<td>3.51 (2.58 to 4.78)</td>
</tr>
</tbody>
</table>

*Multivariate model 1 mutually adjusted for all baseline independent variables.
†Multivariate model 2 additionally adjusted for: self-rated health age 42 (excellent; very good; good; fair; poor); participation in vigorous sports age 42; assessment of own weight at age 42 (about right; underweight; overweight; very overweight).
validated. However, previous literature has shown that mother-reported questionnaires on correlates of physical activity, in preschool children, have shown reasonable validity and internal consistency. The authors are unaware of similar literature in older children. Whereas measures at baseline were mostly based on parental report, data at 32-year follow-up were based on self-report, and inconsistencies between parent and participant may have introduced bias. It is possible that parents and/or participants may have misreported TV viewing time. For example, parents may have underestimated TV viewing time in fear of being judged for bad parenting. Moreover, owing to its passive nature and high prevalence, TV viewing may be difficult to recall accurately. Nevertheless, TV viewing at age 42 in the present study is broadly comparable with data on TV viewing from Health Survey for England (http://www.hscic.gov.uk/catalogue/PUB00430/health-survey-phys-act-fittm-eng-2008-rep-v2.pdf), which is a representative sample of the general English population. The data are, however, from a specific birth cohort and associations may not be generalisable to other birth cohorts. Strengths of this study include its large population-based sample of English, Scottish and Welsh adults and its prospective design with a 32-year follow-up. These findings add to the growing body of cross-sectional literature on TV viewing correlates in adults and further support the implementation of interventions to reduce passive TV viewing time or make TV viewing active rather than predominantly passive to benefit public health.

CONCLUSION
Findings from the present analyses suggest that childhood TV viewing time and body weight may be important correlates of adult TV viewing time. Findings also suggest that fathers’ TV habits may determine children’s viewing habits, which may have important implications for the direction of future policy and practice. Specifically, findings support the case for early life interventions, particularly on socioeconomic inequalities, as a way of preventing sedentary behaviour in later life.

What is already known on this subject
Prolonged sedentary behaviour is detrimental to adult health; one important component of adult leisure sedentary behaviour is TV viewing. To successfully modify viewing patterns, correlates of the behaviour need to be identified. Crucially, what is missing from the current literature is empirical evidence tracking TV viewing time from childhood through to adulthood and identified childhood correlates of adult TV viewing time.

What this study adds
Childhood TV viewing time appears to track into adulthood. Parents’ health behaviours and social status appear to be associated with their children’s TV viewing habits at 32-year follow-up. Interventions to reduce passive TV viewing time should target children and their parents.

Correction notice This article has been corrected since it was published Online First. The licence has been changed from CC-BY-NC to CC-BY.

Contributors MH had full access to the data, and takes responsibility for the integrity and accuracy of the results. LS and MH drafted the paper. All authors contributed to the concept and design of the study and critical revision of the manuscript.

Competing interests The data were made available through the UK Data Archive. This study is partly supported through a grant from the Economic Social Research Council (ES/M003795/1). LS is supported by the National Institute for Health Research’s School for Public Health Research. MH is supported by the British Heart Foundation (RE/10005/28296).

Patient consent Obtained.

Ethics approval In accordance with the University College London Research Ethics Committee Guidance, ethical approval was not required to perform secondary analyses of anonymous health surveillance survey data.

Provenance and peer review Not commissioned; externally peer reviewed.

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Research report

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