

Can the Mass Media Be Healthy Sex Educators?

By Jane D. Brown and Sarah N. Keller

The mass media—television, music, magazines, movies and the Internet—are important sex educators. Yet, the media seldom have been concerned with the outcome of their ubiquitous sexual lessons. Typically, those who own and create communications media have been more concerned with attracting audiences and selling products than they have been in promoting healthy sexuality. Most are driven by profit margins, not social responsibility, and are not in the business of promoting healthy sexuality. If irresponsible sexual behavior attracts audiences, then that is what will be produced.

Could the media be healthier sex educators? Absolutely. Will they do it? That's less clear.

Young people in the United States today spend 6–7 hours each day, on average, with some form of media. A majority have a television in their bedroom; all have access to music and movies. Computer and Internet use is diffusing rapidly. By 2010, it is expected that most homes with children in the United States will have access to the Internet. It is not clear, however, when and if the current “digital divide” between lower and higher income families and between those who are less literate or non-English-speaking and those who are literate or English-speaking will disappear.¹

The media-saturated world in which children live is a world in which sexual behavior is frequent and increasingly explicit. Gone are the “I Love Lucy” days of single beds and polite pecks on cheeks. Youth today can hear and see sexual talk

and portrayals in every form of media.

Adolescents rank the media with parents and peers as important sources of sexual information. This may be because the media are better at depicting the passion and positive possibilities of sex than its problems and consequences. Despite increasing public concern about the potential health risks of early, unprotected sexual activity, only about one in 11 of the programs on television that include sexual content mention possible risks or responsibilities. Sexually transmitted diseases other than HIV and AIDS are almost never discussed, and unintended pregnancies are rarely shown as the outcomes of unprotected sex.² Abortion is a taboo topic, too controversial for commercial television and magazines. Homosexual and transgendered youth rarely find themselves represented in the mainstream media. Although a few youth-targeted programs, such as “Dawson’s Creek,” have recently included gay characters, what some have called “compulsory heterosexuality” prevails.³

The clash between the media’s depiction of sexual relations and the real-life experiences of youth contributes to their difficulties in making healthy sexual decisions. Although we still have much to learn about how the media influence young people’s sexuality, evidence is accumulating that besides imparting basic information about sex, the ubiquitous and risk-free media portrayals, coupled with inadequate alternative models from other sectors, encourage unhealthy sexual attitudes and behavior.⁴

Government regulation of media content is unlikely and probably the least desirable remedy, so two strategies for working with the media hold greater promise. A number of groups, including the Henry

J. Kaiser Family Foundation, Advocates for Youth and the National Campaign to Prevent Teen Pregnancy, have been working with Hollywood scriptwriters and television and music producers as well as magazine editors to encourage more sexually responsible media content. As a result of these efforts, hit shows like “Felicity” have included sensitive portrayals of homosexual youth, have provided explicit lessons in how to put on a condom and have portrayed teenagers postponing sexual intercourse, apparently with no decline in audience interest. Additionally, magazines such as *Teen People* and *YM* have produced excellent articles on such relevant topics as adolescent pregnancy and contraceptives.

The second strategy available to sex educators is the Internet, which has the advantage over other media of allowing any group to make their information and point of view available relatively inexpensively. Children soon will take for granted that they have access to almost any information and any form of entertainment in one place at any time they want it. At this point, unfortunately, it is easier to find sexually explicit, unhealthy sites than it is to locate those that promote sexually responsible behavior in an equally compelling way.

A number of comprehensive sexuality education websites for young people have been launched. Some of the earliest, such as Columbia University’s www.goaskalice.columbia.edu, were established to provide college students with easily accessible health information and to offer sexual health information. A number of the current sites that focus on sexual health include sections for users to send in questions that a panel of experts will answer. Most of these also include a “frequently asked questions” (FAQ) section, since teen-

Jane D. Brown is James L. Knight Professor, School of Journalism and Mass Communication, University of North Carolina, Chapel Hill, NC. Sarah N. Keller is assistant professor, Department of Communication, Emerson College, Boston, MA.

agers often share similar concerns (e.g., www.sxetc.org, the site run by the Network for Family Life Education at the Rutgers University School of Social Work).

Sites typically include other features that might attract teenagers to learn more about specific topics, such as “Sex: What to do?! Did your first time get you into a sticky situation?” and “Four birth control methods not recommended for teens” (Planned Parenthood Federation of America’s www.teenwire.org). Others, such as the American Social Health Association’s www.iwannaknow.org site, also include chat rooms in which teenagers can discuss sexual concerns with their peers. The [iwannaknow.org](http://www.iwannaknow.org) site’s chat room is monitored by an experienced sexuality educator who can stop inappropriate talk and solicitation or interject accurate information.

At this point, we know little about who has access to such sites and how they are used, but they have promise. A major hurdle will be making sure that youth are aware of and can find the “good” sites. We also have to be careful that the good is not thrown out with the bad, as concern about protecting children from the risks of web-surfing increase. According to a recent national survey of young people (10–17 years old) who regularly use the Internet, one out of five said they had been exposed to unwanted sexual solicitations while online in the past year. One in four reported having inadvertently encountered explicit

sexual content.⁵ Unfortunately, current screening devices are as likely to block sites containing information about breast self-exams, for example, as they are to block the many sites depicting bare breasts.

It is unlikely that the media, including the Internet, will shift toward a healthier depiction of sexuality anytime soon. Nonetheless, it is important that those concerned continue to push for healthier representations in commercial media and to create alternative portrayals and sources of information whenever possible. In the meantime, the most effective strategy may be to help children learn how to navigate this remarkable ocean of information, ideas and images. In some countries, such as Canada and Australia, media literacy is taught at all grade levels and throughout the curriculum, so children learn early that all media are constructed, convey a particular set of values and, in general, are designed to sell products. The need for media literacy is beginning to gain adherents in the United States as well. For example, a number of states have included media education in their public education standards. Children who know more about how the media work, how images are constructed and the potential effects of media exposure should be less negatively affected by media use and should be more able to find what they are looking for without being

ambushed by unwanted, unhealthy sexual material or by predators.

In short, the media are important sex educators today and will continue to be in the future. Therefore, efforts both to encourage the media to present a healthier view of sexuality and to create, promote and make accessible healthier sources of sexual information should continue. Most importantly, children should be armed with the navigational and analytic tools they’ll need to be able to create sexually healthy lives—despite what most of the media teach.

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Teenagers Educating Teenagers About Reproductive Health and Their Rights to Confidential Care

By Katy Yanda

Teenagers are more likely to use health services when they are guaranteed confidentiality.¹ But what rights do minors have to confidential care, including reproductive health care? To what services can minors give informed consent without their parents’ knowledge or permission? Using foundation funding and private donations, the Reproductive Rights Project of the New York Civil Liberties Union (NYCLU) created the Teen Health Initiative (THI) to fill the need for an accurate understanding of teenagers’ rights to health care in New York.

New York broadly protects minors’ rights to obtain and consent to confidential health care. Still, health care professionals—who cannot provide appropriate

and comprehensive care unless they know exactly what the law specifies—are often confused about those rights.² THI makes the state’s laws understandable and explains minors’ legal rights to health care.

THI not only provides extensive training for professionals who work with adolescents, but also runs a peer education program. The program involves teenagers in discussions about their rights to confidential health care and gives them the tools to present that information to other adolescents around the state. In 1998, THI produced *Teenagers, Healthcare and the Law*, a booklet outlining minors’ health care rights in New York. This booklet presents clear explanations, for both teenagers and professionals, of the state and federal laws that apply to minors’ health care, specifically those related to confidentiality, informed consent and the health services to

which minors are legally entitled.

Many teenagers will seek reproductive health care only if they know that it is available to them and that they can obtain it confidentially. According to Wilson, one peer educator, “The problem with laws is that teenagers aren’t aware of the rights they have concerning their sexual health, and therefore do not receive the help they would like.”

Sixteen peer educators, aged 14–19, make up the core of the program. Their weekly meetings in the offices of the NYCLU are a jumping off point for activities throughout New York. In a given month, members of the group may give workshops for other adolescents, identify “teenager-friendly” health centers in talks at schools and youth groups, participate in health fairs, attend rallies and demonstrations, call on state legislators

Katy Yanda is director of the Teen Health Initiative at the New York Civil Liberties Union, New York.

and write letters to the editor. Currently, the peer educators are conducting interviews with adolescents throughout New York City about the barriers and problems they face in obtaining health care. This information will be incorporated into a Youth Summit that THI will hold in December for New York City peer educators who are working on health issues. THI is also producing a video on minors' legal rights to health care and the peer education program.

As peer educators organize and carry out these activities, they come to understand how reproductive health laws affect them. They are engaged in active learning and teaching; they are involved in their communities and become activists. "One of the things I like best about THI is its emphasis on teenagers' responsibilities," says Sophie, a peer educator and intern. "Although we discuss safe sex, contraceptive methods, HIV testing and AIDS, we also discuss teenagers' rights. We teach teenagers the power over their health care that the law gives them, and we emphasize the wide range of choices that a teenager has about his or her own health."

THI's work with the peer educators provides much of its energy, ideas and inspiration. In creating a two-tiered program—working with both teenagers and professionals—the program gains information and knowledge from each group. The peer educators become "advisors," experts on being adolescents in New York. By giving advice and asking questions, they provide information about their concerns and what they feel is important to include in the workshops. This process helps shape the direction of the advocacy, the production of materials and the professional training sessions offered by the program. Working directly with teenagers adds valuable depth to THI's training sessions for professionals. The THI program staff running these sessions can truthfully say, "Teenagers in New York are concerned about confidentiality in health care" or "Many adolescents don't know they can receive emergency contraception."

In turn, the peer educators benefit from being part of a professional organization that works on legal aspects of health care. Each teenager goes through an intensive training program at the beginning of the year that introduces or reinforces knowledge about issues related to reproductive health, civil liberties, youth rights and sexuality. The peer educators create a workshop called "Know Your Rights! Minors' Legal Rights to Health Care in New York." According to Wilson, "One of the most im-

portant aspects of the THI program is that it focuses on teenagers educating teenagers. The workshop feels more like a sharing of information than the lectures that some sex education classes present." The workshop covers the areas of health care to which minors can give informed consent and that they can receive confidentially. In New York State, in addition to mental health care and drug and alcohol counseling, these areas include reproductive health care—birth control (including emergency contraception), pregnancy testing, prenatal care and counseling, testing and treatment for sexually transmitted diseases (STDs), HIV and AIDS testing and treatment, and abortion.

The peer educators often open up the workshops by using a question as an icebreaker. One of the most telling is: "Can you talk to your parents about sex?" The majority of the adolescents attending say no. When asked what they consider the most crucial health problems teenagers are facing right now, they cite pregnancy, HIV infection and depression—all problems requiring services that teenagers can obtain confidentially in New York. The THI workshop shows teenagers that they have the right to receive these services and gives them a forum for asking questions. "Do I really have the right to an abortion without my parents knowing?" "Can I go for treatment of an STD by myself?" "Where can I get emergency contraception?" "Where can I obtain confidential counseling?" The questions raised in the workshops provide evidence of a great need for comprehensive sex education programs that include accurate information on teenagers' legal rights.

The creation of a peer education program around the legal rights of teenagers to health care expands the concept of sex education. The content of the workshop helps the peer educators and their audience to understand why they do and do not have access to different services, and encourages them to delve into the legal framework of access to health care. It discusses reproductive health, but also gives them the tools to understand the history and the current status of their rights to reproductive health care. This, in turn, leads them to question how health care is provided, and to learn what they can do if they feel they do not have access to the services they need. Wilson notes: "Another thing that draws me to THI is that instead of presenting ideas or opinions on sex, it presents nonnegotiable facts about the rights teenagers have." Teresa, also a peer educator and intern, says, "The informa-

tion that THI provides for teenagers is vital and unique in that it really empowers youth. It is helpful for teenagers to know that they have choices; our group reinforces this knowledge by letting youth know what their options and legal rights are when dealing with their health care."

The key is to make teenagers understand that they have a right to confidential health care and lead them to believe that they can assert and defend those rights and should tell their peers about them. THI involves adolescents in the legal processes of health care by explaining their rights and helping them to become advocates for their own health. Teenagers who understand and value their rights are a powerful voice in their defense when policymakers seek to put politics before public health. As Sophie comments, "We believe that when fully educated and treated respectfully, most teenagers are willing and able to make responsible choices about their health and their lives."

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No Sexuality Education Is Sexuality Education

By Stanley Snegroff

As I stood outside the hospital nursery after the birth of my daughter, a little girl and her brother, both about 10 years old, were excitedly peering through the window at the new addition to their family. Turning to her father, the little girl asked, "Daddy, how can you tell if the baby is a girl or a boy?" The father, looking a bit flustered, stammered slightly and answered, "Girls have pink blankets, and boys have blue blankets." His son immediately replied, "What happens if the blankets get switched?" The father, giving me an exasperated look, led the children away.

Most parents realize the importance of educating their children about sexuality, but, as this story illustrates, many of them find themselves unable to address the sub-

Stanley Snegroff is an associate professor of health studies at Adelphi University, Garden City, NY.

ject comfortably. They want to be helpful but are unsure what, when or how to discuss sexual issues. Some believe they don't know enough, feel embarrassed or are not clear about their own sexual values and attitudes. In addition to their own discomfort, many are concerned about how their children will feel about discussing sex with them.

Whether or not they have explicit discussions with their children, parents transmit their attitudes and values about sexuality to them. From the moment of birth, children observe and learn from their parents' behavior in everyday life. For example, parents who express affection for each other are, in effect, modeling the open expression of love. The way parents answer questions and discuss issues related to sexuality also conveys a great deal. Do they hesitate, act uncomfortable or avoid the subject entirely? Parents who are unwilling or unable to discuss this important and sensitive part of life with their children present sexuality as a negative and a taboo rather than as a natural part of being human. No sexuality education is sexuality education, and the message received from this education may be a negative one.

If young children receive a negative message about sexuality from their parents, they will be highly unlikely to turn to their parents to discuss sexual matters as they get older. On the other hand, positive communication about sexual information, feelings, attitudes, values and behavior when children are young often leads to ongoing discussions as they mature. Establishing an environment conducive to open and comfortable communication is therefore extremely important.

Children's curiosity about sexuality is a normal part of growing up. Today's media—computers, books, radio, television, magazines, movies, music, videos and advertising—stimulate this curiosity further. Refusing to discuss sexuality—and thus stifling children's developmental need to learn and understand—can result in fear and embarrassment. These feelings, in turn, may lead to ignorance and misconceptions if children lack accurate information or seek information from inappropriate sources.

Although it may become more difficult to open lines of communication as children enter their teens, it is never too late to try. Professionals working with parents to improve their ability to educate their children about sexuality should emphasize the following messages:

- *Be askable.* Askable parents generally un-

derstand what a child is developmentally capable of understanding, have a sense of humor and are good listeners. Such parents raise "asking" children. Children who have been encouraged to communicate openly with their parents are much more likely to ask their parents what they want and need to know, leading to "teachable moments." When children initiate a discussion, they are often more receptive than they are when the parent addresses a topic simply because the parent believes the child "needs to know."

It is not always wise, however, to wait until children exhibit interest in sexuality. They may never ask or comment. There are numerous issues and topics that may need to be discussed prior to a child's asking. Parents must judge their children's readiness and needs for information about sexuality just as they would if the topic were arithmetic or reading, and when appropriate initiate a conversation.

- *Be accepting*—an important part of being askable. An accepting parent does not convey a negative attitude or exhibit negative behavior when a child's natural curiosity leads to a question or comment. They convey the impression that all questions are good ones and all comments can be discussed.

- *Discuss issues and answer questions simply.* Parents often "overanswer" questions because they interpret them as much more complex and profound than they actually are. Parents should make every effort to try to understand questions and comments by repeating them and clarifying any words or phrases that are subjective and open to misinterpretation ("sex," for example). It is best to answer questions and discuss issues as factually, clearly and concisely as possible. After discussion, it is helpful to determine if a child is satisfied with the answer or comment. If not, repetition and additional clarification may be necessary.

Frequently, parents are concerned that their children will not understand and as a result do not respond to a comment or question. When a response is too complex and technical—whether the subject is sexuality, arithmetic or photography—the child simply will not understand it, but will not be harmed.

- *Discuss issues and answer questions honestly.* Because of embarrassment or a lack of knowledge, many parents find it difficult to answer questions about sexuality or discuss sexual issues honestly. Unfortunately, many of us have been conditioned to believe that we must be experts and are reluctant to admit that we are not.

When parents do not know an answer or are not sure how to comment, they can simply say, "I don't know," "I'm not sure" or "Let me think about it." Then they can seek the appropriate response, perhaps with the help of the child. Exploring books or Internet sites together, for example, is an excellent way to promote dialogue. It is most important that parents not use evasive tactics in an effort to convince their children that they are all-knowing. Evasiveness conveys a negative message about sexuality and diminishes trust.

Parents do not realize that most questions and comments about "sex," prior to the age of 10 or 11, are primarily about biology. Basic and simple information about anatomy and physiology is usually all that is necessary. If children were curious about the workings of the knee or heart, most parents would attempt to discuss it or research the information for discussion. This should also apply to the anatomy and physiology of sexuality. Questions and discussions that focus on values give parents the opportunity to express their beliefs and guide their children in what they deem to be the appropriate direction. It is unlikely that these opportunities will present themselves if the lines of communication have not been opened by discussions about simpler factual information. If parents realize that conversations about sexuality are basically about love, relationships and biology, they will probably feel much less threatened and will welcome opportunities to communicate.

Programs sponsored by local schools, civic organizations or religious groups can help narrow the communication gap that exists between parents and their children concerning human sexuality.¹ For example, an after-school program for 10–12-year-olds, together with their parents, on a topic such as puberty can be very effective. Led by a sexuality educator or a health educator trained in sexuality education, these sessions can open lines of communication that can last a lifetime. Participants may compile lists of anonymous questions to be answered by the group, solve problems posed in case studies and engage in role-playing exercises. As they work in teams throughout the program, parents and children learn that they are able to discuss sexual issues simply and honestly in a climate of acceptance.

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