

12-8-2014

Effects of Sex Education and Media on Teenage Pregnancy

Jennifer Coppens
Winona State University

Follow this and additional works at: <https://openriver.winona.edu/counseloreducationcapstones>

Recommended Citation

Coppens, Jennifer, "Effects of Sex Education and Media on Teenage Pregnancy" (2014). *Counselor Education Capstones*. 15.
<https://openriver.winona.edu/counseloreducationcapstones/15>

This Capstone Paper is brought to you for free and open access by the Counselor Education at OpenRiver. It has been accepted for inclusion in Counselor Education Capstones by an authorized administrator of OpenRiver. For more information, please contact klarson@winona.edu.

Jennifer Coppens

A Capstone Project submitted in partial fulfillment of the
Requirements for the Master of Science Degree in
Counselor Education at
Winona State University

Fall 2014

Winona State University
College of Education
Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Effects of Sex Education and Media on Teenage Pregnancy

This is to certify that the Capstone Project of

Jennifer Coppens

Has been approved by the faculty advisor and the CE 695 --- Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

Capstone Project Supervisor: 

Approval Date: 12/08/14

Abstract

Adolescents in the United States have an infinite amount of access to a multitude of the different types of mass media, including movies, television, music, magazines, and the Internet. Most of these adolescents tend to spend more time focusing on the media rather than the education they receive in the school or their parents. The majority of this content glamorizes being sexually active, including different types of sex messages with dialogue and content. Few of these different messages and content in the media include any type of information about being safe by using contraceptives and being mindful of sexual health. This literature review will discuss the effects of sex education and the media on teen pregnancy and adolescents being sexually active. The literature review will also discuss different ways that being sexually active are taught in the education system and how the different types of media play an effect and influence adolescents in their day to day lives.

Contents

Introduction 1
Review of Literature3
Discussion14
References18

Introduction

Each year, U.S. teens experience as many as 850,000 pregnancies, and youth under age 25 experience about 9.1 million sexually transmitted infections (STIs) (Advocates for Youth, 2008). By age 18, 70 percent of U.S. females and 62 percent of U.S. males have initiated vaginal sex (Advocates for Youth, 2008). Since 1997 the federal government has invested more than \$1.5 billion dollars in abstinence-only programs – proven ineffective programs which censor or exclude important information that could help young people protect their health (Advocates for Youth, 2008). There was not any funding for comprehensive sex education, which stresses abstinence, but also includes information about contraception and condoms (Advocates for Youth, 2008).

According to Starkman & Rajani (2002), half of all HIV infections in the United States and two thirds of all STDs occur among young people under the age of 25. By the end of high school, nearly two thirds of American youth are sexually active, and one in five has had four or more sexual partners (Starkman & Rajani, 2002).

Birth rates for the American teenagers had hit a new historic low in 2012 according to the Centers for Disease Control and Prevention (Richinick, 2013). The birth rate for teenagers who are ages 15 to 19 declined. In this age group, there are about twenty nine births per one thousands teenagers (Rickinick, 2013). This may be declining, but teen pregnancy has consistently been a problem in the United States. The majority of these teens that do become pregnant during high school having a difficult time finishing their education and rarely go to college (Rickinick, 2013).

Sex education can play a role in preventing unwanted teenage pregnancies; prevent STDs, HIV, and AIDS because learning things in the school system is essential (Hust, Brown, & L'Engle, 2008). It is vital that there is more of an understanding and awareness of this issue because adolescents may learn ways to prevent teenage pregnancy and understand the

importance of their sexual health (Hust, Brown, & L'Engle, 2008). When sex education does not talk about this and only talks about abstinence based programs teens are more likely to engage in sexual activity because they may be curious or want to follow their fellow peers (Hust, Brown, & L'Engle, 2008).

Media can play a role in sex education because television shows are giving young women fame for being teenage mothers and they are being paid to be a part of this (Brown & Bobkowsky, 2011). Negative sexual health messages are shown because the girls on these shows are asked if they were trying to be safe by using contraceptive and they explain that they were not doing anything to engage in protected sex (Brown & Bobkowsky, 2011).

Teenage pregnancy may be correlated with the nature of sex education and the media (Hust, Brown, & L'Engle 2008). This is an important issue because adolescent women do not understand the cost of the hospital bills, clothes, food, diapers, and doctor appointments (Brown & Bobkowsky, 2011). More than half of all teenagers who have a baby will not graduate high school (Hust, Brown, & L'Engle 2008).

In the following paper these different topics are going to be discussed. The things that will be discussed in regards to sex education is the type of education that is taught in both public and private high schools, how the school teaches sexual health, and if they focus on abstinence based programs or explaining different contraceptive options for the adolescents. Next, the media may have both a negative and positive impact on adolescents between the ages of 15 and 17. Specific television shows and movies, music, magazines, and video games will be discussed along with how the media may be able to help with education. Last, teenage pregnancy will be the focus. This will look at how the media may glamorize and portray teenage pregnancy in the media, the "no discussion" in the scenes of television shows and movies of using any form of contraceptive.

Review of Literature

One factor that likely contributes to teenage sexual activity is how sex is portrayed in popular media. The media is portraying sex in a degrading manner, and the media makes it appear as if this is something that everybody does. Popular media glorifies teen sex and makes it seem like the norm, and it lacks any information about safe sex practice (Hust, Brown, & L'Engle, 2008). Television shows and movies are based around sex, but contraceptive use rarely seems to be discussed (Hust, Brown, & L'Engle, 2008). Television shows featuring pregnant teenagers are also becoming popular, and really seem to promote this lifestyle (Hust, Brown, & L'Engle, 2008). Teenagers are not seeing is the financial struggles and the impact it has on the teenager physically, mentally, and emotionally (Hust, Brown, & L'Engle 2008).

The school systems do not have a strong educational program when it comes to becoming knowledgeable about sexual intercourse and the repercussions (Bragg, 2006). The majority of schools are mostly providing abstinence based education and this is where adolescents are told and learn about waiting to engage in sexual activity until marriage (Bragg, 2006). Young adolescents are curious, want to experience things, and will also engage in sexual activity if they hear that their peers are as well (Bragg, 2006).

Sex Education

In 2013, 274,641 females aged 15–17 gave birth in the USA (Office of Adolescent Health, 2014). The USA's teen pregnancy rate is almost double that of Great Britain, at least quadruple that of France and Germany, and over ten times that of Japan (Mabray & Labauve, 2002). In a study that was done looking at three different countries it was found that: (a) adolescent sexuality was viewed not as a political or religious issue, but from the health angle; (b) teens received positive messages directed at negative outcomes such as teen pregnancy and sexually transmitted diseases (STDs); and (c) adolescents are viewed as responsible and expected to behave responsibly (Mabray & Labauve, 2002). Part of the reason the other countries differ so much from the USA is because of the openness

and comfort in some societies to address this sexual health information (Mabray & Labauve, 2002). Another one may be that the government policy has easier access to health information for adolescents, especially (Mabray & Labauve, 2002). Lastly, contraceptives are more affordable and more accessible (Mabray & Labauve, 2002).

In the USA, 55% of school districts utilizing a sexual education policy in the south have an abstinence-only policy; this is 20% higher than the national average (Mabray & Labauve, 2002). Eighty six percent require that abstinence is stressed, 51% have an abstinence-plus approach, and 35% have abstinence-only-until- marriage policy (Mabray & Labauve, 2002).

An article by Mabray and Labauve, (2002) looked at comprehensive sexual education programs. The researchers looked at 35 different programs from around the United States and found that programs that focused on only abstinence were less effective than those that promoted the delay of sexual intercourse while teaching practices of safe sex, such as contraception and condom use (Mabray & Labauve, 2002).

Comprehensive sexual education programs are rare in the USA, but they address the needs of the adolescent in a more complete manner (Mabray & Labauve, 2002). Research has shown that adolescents receiving contraceptive education the same year they choose to become sexually active are approximately 70% more likely to use contraceptives and more than twice as likely to utilize oral contraception as those not exposed to contraception education (Mabray & Labauve, 2002).

Teaching abstinence is an important part of preventing pregnancy, but there is so much more to this when it comes to teaching adolescents (Mabray & Labauve, 2002). Telling teens to “just say no” is not going to be as effective as explaining alternatives that can keep the teen safe if they choose to make a decision like engaging in sex (Mabray & Labauve, 2002).

Public schools.

There is not a federal mandate to teach sex education in public schools and less than half of all public schools in this country offer information on how to obtain birth control (Starkman & Rajani, 2002). Part of it may also be that society has not come to reality that adolescents are sexually active (Starkman & Rajani, 2002). This type of attitude may endanger many young teens that could possibly become pregnant, be at risk for STDs, HIV, or AIDS (Starkman & Rajani, 2002).

The former Secretary of State, Colin Powell, appeared on a music television network MTV to discuss the importance of practicing “safe sex.” He discussed the importance of the use of condoms to prevent infections and to encourage young adolescents’ to use these for their health (Starkman & Rajani, 2002). This is a little different for a political person to be discussing because there has been increased federal funding for educational programs that stress abstinence-only-until marriage, commonly referred to as “abstinence-only” (Starkman & Rajani, 2002).

Former President George W. Bush spent \$135 million to encourage adolescents to “abstain from sex as their only form of birth control” (Starkman & Rajani 2002, p. 314). These types of programs often restrict students’ access to information on sexuality and contraception (Starkman & Rajani, 2002). These types of programs also often exclude a lot of basic information like puberty and sexual reproduction and also contain little to no information about pregnancy and disease prevention other than abstinence (Starkman & Rajani, 2002).

The decision to teach sex education is up to the states across the nation and individual school districts, both of which are increasingly advocating for abstinence-only education (Starkman & Rajani, 2002). According to a review in the different state policies, 16 states give local school districts total discretion over whether to teach topics of abstinence and contraception and how to teach and the other 34 states require that abstinence be covered (Starkman & Rajani, 2002). Twenty-five of the states require that abstinence be stressed and only 19 states require that contraception be covered, and none require that it be empathized (Starkman & Rajani, 2002).

Studies have shown that abstinence-only programs had not reduced high-risk behavior, while comprehensive sex education had been effective in this regard (Starkman & Rajani, 2002). More importantly, advocates of abstinence-only education claim that programs have a positive impact on sexual behavior and the most rigorous study of an abstinence-only program found that students involved in a “Postponing Sexual Involvement” curriculum were more likely to report becoming pregnant (Starkman & Rajani, 2002).

There is a large gap between what teachers think should be taught and what teachers actually teach. More than 90% of teachers believe that students should be taught about contraception, but 25% are instructed to not teach this (Starkman & Rajani, 2002). Half of these teachers also believe that contraception should be taught in grade seven or even earlier. The reason that many of the teachers avoid sex education topics is due to the fear of the reactions from the community (Starkman & Rajani, 2002). There also appears to be a lack and a need of adequate educational training for teachers in the areas of pregnancy and STD and HIV prevention (Starkman & Rajani, 2002).

A study conducted by Sexuality Information and Education Council of the United States and Advocates for Youth suggest that most Americans support sex education in schools that include information both on abstinence and contraception (Starkman & Rajani, 2002). Ninety-three percent of the respondents supported comprehensive sex education and believed that adolescents should be given this type of information to protect themselves (Starkman & Rajani, 2002).

Private schools.

According to Donovan (1998), a private school board in Franklin County, North Carolina cut out its health book for ninth graders that discussed sexual behavior, contraception, AIDS, and other

sexually transmitted diseases. The school board also instructed that teachers discuss only failure rates in response to any students' questions about contraceptives and if asked about AIDS, the teachers were only to discuss that the disease is caused by a virus that is transmitted primarily by contaminated needles and illegal homosexual acts (Donovan, 1998). Like stated previously, many school districts are under intense pressure to eliminate the discussion of birth control methods and disease-prevention strategies from their sex education programs (Donovan, 1998). Instead, the education system is to focus on abstinence as a means of preventing pregnancy and STDs (Donovan, 1998).

According to Silva (2001), some schools in the private setting want to attempt to delay the onset of intercourse, and reduce the frequency of intercourse or reduce the number of sexual partners. Again, similar to the public school education in sexual health the private school also focus on abstinence-oriented to encourage adolescents to refrain from being sexually active (Silva, 2001). The state in which an individual is living also depends if some discussion about contraceptive, STD and AIDS prevention will be utilized (Silva, 2001).

Comprehensive Education Programs

Teen outreach.

There are some comprehensive programs that schools have adapted into their education system. One of them is called Teen Outreach. This includes 10 weeks' worth of curriculum. Weekly sessions in the classroom focus on goal setting, managing personal problems, and discussion of the meaning of commitment and marriage (Mabray & Labauve, 2002). The sessions after school involve the child participating in a form of community service two to three times each month. The main purpose of this is to help the adolescents' self-esteem and to develop a sense of awareness of issues occurring in the world. Issues that involve sexuality and health are a small part of the program. The

open discussion is meant to help these adolescents be more open, honest, and comfortable to discuss topics like sex education (Mabray & Labauve, 2002).

Postponing sexual involvement.

This program occurs in the school and is based on building a support for abstinence and consists of 10 sessions spread over two units: Human Sexuality and Postponing Sexual Involvement. Human Sexuality covers adolescent development, reproductive health, birth control and STDs, and is geared to young teens (Mabray & Labauve, 2002). Postponing Sexual Involvement utilizes a peer norm favoring delayed sexual activity (Mabray & Labauve, 2002). Also, in this program awareness and skill development are also taught and practiced to help the students be assertive and resist and form of peer pressure (Mabray & Labauve, 2002).

The two main approaches to adolescent sexual education in the USA are abstinence-only-until-marriage and comprehensive sexual education (Mabray & Labauve, 2002). Presently, most school districts advocate abstinence education that may be partially funded by the state (Mabray & Labauve, 2002). Even though pregnancy rates are declining in the USA, it still has higher teen pregnancy rates than most Western countries (Mabray & Labauve, 2002). Utilizing a multidimensional approach like offering other programs that teach and educate contraceptive options allow children to make the choice and possibly postpone being sexually active (Mabray & Labauve, 2002). This type of approach may be able to incorporate a community involvement and looking at the health aspect of being sexually active (Mabray & Labauve, 2002).

Media

One factor that likely contributes to teenage sexual activity is how sex is portrayed in popular media. The media is portraying sex in a degrading manner, and the media makes it appear as if this is something that everybody does. Popular media glorifies teen sex and makes it seem like the norm, and it lacks any information about safe sex practice (Hust, Brown, &

L'Engle 2008). The United States has the highest rates of teenage pregnancy and birth in the Western industrialized world, and research indicates that television and other mass media are important sources of sexual information for young people (Pinkleton, Austin, Cohen, et al. 2008). According to Somers & Surmann (2005), the media has impacted adolescents sexual attitudes in a way where the majority of the interactions have been men seeing women as sex objects, sex as defining aspect of masculinity, or sex as a competition. Somers and Surmann (2005), have documented that sexual media exposure may lead to early sexual debut among adolescents. Media is intertwined in the lives of adolescents today. In 2007, 90% of eighth grade students reported having a home computer, and nearly 59% of adolescents' age 12 to 17 reported having their own home computer (Harris, 2011). Sixty five percent of adolescents use social networking sites, 27% blog, 18% visit chat rooms, and 11% have their own webpages (Harris, 2011). The amount of time adolescents spend with other types of media and technology continues to grow. As technology progresses, adolescents are able to use their cell phones, tablets, and handheld video game players for connection to the internet and the media (Harris, 2011).

Media plays an important role in the lives of adolescents, providing them with opportunity for education. Media content is increasingly permeated with violence and sexual references that can be highly influential as adolescents continue the developmental process. (Harris, 2011).

Hust, Brown, and L'Engle (2008) assess how frequently middle school adolescents are exposed to various media and examine these sources for sexual health content. Television, magazines, music, and movies tend to include very little information on sexual health. The media may affect adolescents' ideas of appropriate and inappropriate behavior. Hence, the more frequent exposure to sexual contents in the media at an early age the more apt they are to engage in sexual behavior at an early age (Hust, Brown, & L'Engle, 2008).

Television and movies.

Media is one way that adolescents receive information about sex and it may have harmful effects. One-third to one-half of the television shows teens commonly watch contain verbal references to sexual issues (Somers & Tynan, 2006). It is vital that adolescents are aware of these sexual images, especially the negative portrayals of women. Most of our learning is observational, modeling, or imitation. With that being said, adolescents are watching these television shows that may motivate them to become more sexually active (Somers & Tynan, 2006). Somers and Tynan (2006) found that the exposure to sexual dialogue and sexual content on television was related to adolescents' sexual outcomes. Those adolescents who were more exposed to television of a sexual nature were more sexually active and with a greater number of partners (Somers & Tynan, 2006). Consistent media exposure may influence the ways that adolescents develop their self-identity and how they deal with the developmental tasks of adolescence (Somers & Tynan, 2006).

A study by Somers and Tynan (2006) looked at the frequency of sexual intercourse, number of sexual partners, age of first sexual intercourse, and the frequency of the use of contraception in a variety of television shows and movies.

Hust, Brown, & L'Engle (2008) findings show that the media content that is the most exposed on movies is masturbation. This is when a person stimulates their own genitals for pleasurable sensation for self-pleasure (Hust, Brown, & L'Engle, 2008). The next sexual content that is exposed is pregnancy and in television and movies the producers used this as being either an unplanned pregnancy and/ or looking at the risk of getting pregnant as a teen (Hust, Brown, & L'Engle 2008). Entertainment education can be effective in promoting reproductive health. It can be much more effective also if media producers portray adolescents in TV and movies are more responsible sexually (Hust, Brown, & L'Engle 2008).

Magazines and other mass media.

A study that looked at four teen girl magazines including: *Seventeen*, *Teen*, *Sassy*, and *YM*. These magazines have been shown to focus more so on sexual pleasure rather than sexual health (Hust, Brown, & L'Engle, 2008). Less than half of the content that was in the magazine was pertaining to any form of sexual health information (Hust, Brown, & L'Engle, 2008).

Music has shown to depict the burden of pregnancy on teens and other young women. A song by Outkast told the story of a young woman in the song that committed suicide due to her pregnancy and it was her "responsibility to deal with the pregnancy" (Hust, Brown, & L'Engle, 2008). Another song by a rapper named DMX rapped in his song that the "rubber busted" and the girl became pregnant. The lyrics continued to explain that just because the male was responsible for the sexual act, he was not responsible for the result of the pregnancy (Hust, Brown, & L'Engle 2008).

Influences of all media.

Brown and Bobkowski (2011) found that adolescents spend 7.5 hours of their day being consumed with the variety types of media and this is much more time spent in school or with their parents. Most often media contains portrayals of sex and potential negative consequences of sexual activity. Responsible behaviors like the use of birth control and other contraceptives are rarely discussed or shown. These media depictions have become a model for adolescents and this potentially put young teens at risk for teen pregnancy or for a sexually transmitted disease. Collins, Martino, Elliott, and Miu (2011) concluded that exposure to television sexual content predicts and may quicken adolescent sexual activity and pregnancy. Portrayals of sex in the media and their consequences for teen health are of significant concern to health professionals. Misleading sexual portrayals in the different types of media are common; experts estimate that adolescents are exposed to 14,000 messages concerning sex each year (Pinkleton, Austin, Cohen, et al. 2008).

Today's adolescents are experts on multi-tasking (Henningesen, Henningesen, McWorthy, et al 2011). They are able to simultaneously listen to music, surf the net, and chat online. The portable electronic devices available today allow them to have quicker and better access to the media (Henningesen, Henningesen, McWorthy, et al 2011). Given that adolescents spend this amount of time using and listening to media, developing and understanding of the influence of media on adolescents' behaviors and the risks posed by media exposure is critical. Henningesen, Henningesen, McWorthy, et. al (2011) explores the perceptions of dating online. People date for a variety of different reasons and some have different goals in mind.

Media and Contraceptive Use; STDs, & AIDS.

In Hust, Brown, & L'Engle (2008) the researchers found that the different types of mass media had a rare instance that the different types of contraceptive use was even a concern. When they were, it was seen that the males looked at condoms, especially, as a kind of toy (Hust, Brown, & L'Engle, 2008). Female adolescents were more knowledgeable, aware, and more likely to have the condom if it were needed (Hust, Brown, & L'Engle, 2008). Hust, Brown, & L'Engle (2008) discuss that rarely in any movie or other type of media is there sexual health messages and that any type of message pertains to gender stereotypes. There were some magazines that did encourage women to learn more about contraceptives like birth control and condoms.

There is little discussion of sexual health content in regards to STD prevention (Collins, Martino, Elliott, and Miu 2011). When it was discussed it was seen that this was the female's responsibility (Hust, Brown, & L'Engle, 2008). There has been some education on how to prevent contracting or transmitting any types of infections, like what type of contraceptives may be used. In the magazines, illustrations are being depicted as unhealthy sex messages like, being sexual toward a male will "keep him interested" or seeing oral sex as not "real sex." In different types of media, like magazines, these are meant to draw in a person's attention (Hust, Brown, & L'Engle, 2008).

Along with STDs, AIDS is also rarely mentioned (Hust, Brown, & L'Engle, 2008). When it is discussed in media, it is in the context of a celebrity death or some type of activism (Hust, Brown, & L'Engle, 2008). AIDS has been mentioned in negative ways and had been removed from some types of media (Hust, Brown, & L'Engle, 2008).

When looking at the previous research that has been done on the media, sex education, and teen pregnancy it is noticeable that teen pregnancy is based on a variety of these different factors. Some of these can be controlled by parents who can talk to their children about being sexually active (Bragg, 2006). Parents can also keep an eye on what their children are doing when they are on the internet or what they are watching on the television (Bragg, 2006). As for the schools, there needs to be educational programs implemented in health classes that do not only focus on being abstinent (Bragg, 2006). Bragg (2006) found that the inadequacy of home and school helped account for the appeal of the media as a source of information and adolescents' ideas about love, sex, and relationships. Adolescents thought that schools only offered the "basic" facts and also feel that their parents hold back from an explanation because it may be uncomfortable (Bragg, 2006). It has been seen that adolescents are not always going to be abstinent until they are married, and so it is important that teachers and researchers take the next step to implement programs of being sexually active (Bragg, 2006). It is important for parents, teachers, school counselors, and other health professionals in the school to explain to students about being sexually active and the different things that could happen if they do not practice sex, safely (Bragg, 2006).

Discussion

It is important for the awareness of young adolescents who are being sexually active and not knowing or understanding the precautions that need to be taken if they choose to do so. Many of the research articles showed that the educational system is not doing justice for its students because for the majority the only sexual education the adolescents receive are abstinent based approaches.

Many young adolescents are receiving their information from different forms of mass media like the television, movies, magazines, video games, and the Internet (Hust, Brown, L'Engle, 2008). A lot of the popular media tends to glorify being sexually active and does not look at how to be safe like using contraceptives and the different types that can be used (Hust, Brown, L'Engle, 2008). This is important because many young women are becoming pregnant and other adolescents are contracting different STDs, and even HIV/AIDS (Brown & Bobkowski, 2011).

Previous research has shown that when adolescents are solely exposed to abstinent based programs they are more prone to being sexually active in an unsafe manner (Collins, Martino, Elliott, & Miu 2011). Adolescents are often exposed to negative portrayals of media, and follow these in their personal sexual life. It is pertinent that adolescents are exposed to positive and healthy messages like being tested for sexually transmitted diseases and practicing safe sex by using a type of birth control (Bragg, 2006).

The implications of this research are that adolescents are focusing much of their time on different types of media. A lot of the time, many adolescents begin to retain information or other things they might see through the media. More particularly, many adolescents watch television and movies and this is where adolescents may learn something that is pertaining to their sexual health. Many movies contain sexual content and dialogue. Many of the different types of media that contain sexual content rarely discuss how to practice safe sex. From the research above many adolescents are influenced more by the media than by the sex education they receive in the school system influenced by the media when it comes to being sexually active.

Some of the limitations in this study are that it was difficult to find many schools around the United States of America that taught any type of lessons about sex education. Many of the lessons were abstinence-based programs. While it was interesting that many parents and even teachers feel there is a need to provide sex education, teachers steer away from teaching because they feel that stating their own opinions and thoughts may be detrimental to their careers. While this may be a limitation it can also help show that there is a need for some type of education with the issue that is at hand.

Another limitation is the lack of information available about private and public schools and their education system. It would be important to find this because researchers could see if there was an attempt to teach adolescents more about their sexual health and ways to prevent pregnancy. Many of the articles that were used in this literature review had only discussed abstinence based approaches.

This literature review would be broader if other articles were discussed that looked at how other countries may teach this topic in the school system. While researching, many articles discussed other countries and how there was education about contraceptive use and compared this with low birth rates among young adolescents.

Some possible future research could include using updated and valid sexual health education material and presenting it to a classroom. The adolescents could learn this material and study and a way that it could be determined if they had learned more about being safe about their sexual health would be to give quizzes throughout the semester. Other possible research could be involving parents into a research study. Many parents might not otherwise take the time to discuss these issues because it may come off as awkward and uncomfortable for both. When

adolescents know that they can approach their parents with things they are more apt to ask questions and be open and honest.

This topic is important in the American society today. Many adolescents are engaging in unprotected sex, becoming pregnant, and are at risk for STDs. There is an increased need for sexual health education because so many adolescents are engaging in the use of the different types of media that portray being sexually active in a negative manner. This topic is beneficial because it is showing that there is a need for adolescents to understand the safety precautions as well as being educated about the various topics regarding sexual health.

References

- Bragg, S. (2006). 'Having a real debate': Using media as a resource in sex education. *Sex Education, 6*(4), 317-331. doi: 10.1080/14681810600981830
- Brown, J. D., & Bobkowski, P.S. (2011). Older and newer media: Patterns of use and effects on adolescents' health and well-being. *Journal of Research on Adolescence, 21*(1), 95-113. doi: 10.1111/j.1532-7795.2010.00717.x
- Collins, R. L., Martino, S. C., Elliott, M. N., & Miu, A. (2011). Relationships between adolescent sexual outcomes and exposure to sex in media: Robustness to propensity-based analysis. *Developmental Psychology, 47*(2), 585-591. doi: 10.1037/a0022563
- Donovan, P. (1998). School-based sexuality education: The issues and challenges. Guttmacher Institute. *Family Planning Perspectives 30*(4), Washington, DC.
- Harris, A. L. (2011). Media and technology in adolescent sexual education and safety. *Journal of Obstetric, Gynecologic, & Neonatal Nursing: Clinical Scholarship for the Care of Women, Childbearing Families, & Newborns, 40*(2), 235-242. doi: 10.1111/j.1552-6909.2011.01218.x
- Henningsen, D., Henningsen, M., McWorthy, E., McWorthy, C., & McWorthy, L. (2011). Exploring the effects of sex and mode of presentation in perceptions of dating goals in video-dating. *Journal of Communication, 61*(4), 641-658. doi: 10.1111/j.1460-2466.2011.01564.x
- Hust, S. T., Brown, J. D., & L'Engle, K. (2008). Boys will be boys and girls better be prepared: An analysis of the rare sexual health messages in young adolescents' media. *Mass Communication & Society, 11*(1), 3-23. doi: 10.1080/15205430701668139

Mabray, D. & Labauve, B. J. (2002). A multidimensional approach to sexual education. *Sex Education, 2*(1), 31.

Pinkleton, B.E., Austin, E., Cohen, M., Chen, Y., & Fitzgerald, E. (2008). Effects of a peer-led media literacy curriculum on adolescents' knowledge and attitudes towards sexual behavior and media portrayals of sex. *Health Communication, 23*(5), 462-472. doi: 10.1080/10410230802342135

Richinick, M. (2013). Fewer teen moms as birth rate hits new low. Retrieved from: MSNBS News. [http:// www.wordpress.com](http://www.wordpress.com).

Silva, M. (2001). The effectiveness of school-based sex education programs in the promotion of abstinent behavior: a meta-analysis. Health Education Research. Oxford University Press.

Somers, C. L., & Surmann, A. T. (2005). Sources and timing of sex education: Relations with American adolescent sexual attitudes and behavior. *Educational Review, 57*(1), 37-54. doi: 10.1080/0013191042000274178

Somers, C. L., & Tynan, J. J. (2006). Consumption of sexual dialogue and content on television and adolescent sexual outcomes: Multiethnic findings. *Adolescence, 41*(161), 15-38.

Starkman, N., & Rajani, N. (2002). The case for comprehensive sex education. *AIDS Patient Care and STDs, 16*(7), 313-318. doi:10.1089/108729102320231144