

Sexuality, Contraception, and the Media

Committee on Communications

The age at which American adolescents first experience sexual intercourse continues to decline. Approximately half of all American females and two-thirds of all males have experienced coitus by 17 years of age.^{1,2} For those who begin having intercourse before age 18, 45% of females report having had four or more partners,³ and males report having had an average of five partners.² Most adolescent females report that their first experience was unplanned.⁴ More than 85% have first coitus before seeking professional advice about preventing pregnancy or sexually transmitted diseases (STDs). The earlier the first coitus, the longer the interval until such advice is sought.

There are a number of consequences of unprotected coitus including pregnancy, often unwanted, and exposure to STDs that may adversely affect pregnancy outcome, damage the reproductive system, or even threaten life.^{5,6} An estimated 4% of students in grades nine through 12 have a history of a STD.³ The number of adolescents with acquired immunodeficiency syndrome (AIDS) has increased 77% since 1989.⁷ The 10-year latency period between infection with the human immunodeficiency virus (HIV) and development of symptoms suggests that many AIDS patients were probably infected as teenagers.⁵ For females, early intercourse, repeated infections, and multiple partners greatly increase the risk of cervical cancer and infertility.⁵ Although the use of contraception, especially condoms, can prevent many of these conditions, teenagers do not use contraceptives effectively.³

The 1985 Guttmacher Report found that despite levels of sexual activity comparable to their European counterparts, the teenage pregnancy rate in the United States was two to five times higher than in other developed countries.⁸ A partial list of reasons⁸⁻¹⁰ for this disparity includes the following:

1. Lack of comprehensive sex education in the United States;
2. Inadequate access to contraceptives or unwarranted fears about their use; and
3. Inappropriate depiction of sexuality in the American media.

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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THE MEDIA AND SEXUAL LEARNING

By age 18, the average American teenager will have spent more time watching television than learning in the classroom.¹¹ Teenagers view an average of 21 to 22 hours of television per week and listen to the radio several hours per day (usually as background music).^{12,13}

Although there are only a handful of studies that deal with the relationship between sexual content in the media and adolescents' behavior,¹⁴ a number of studies demonstrate that television powerfully influences teenagers' sexual attitudes, values, and beliefs.^{11,13,15} In the media, sex is often associated with humor, excitement, danger, or outright violence; however, the dangers of unprotected intercourse are rarely considered. Television reinforces stereotypical images of masculinity and femininity by suggesting a double standard in which marriage seems important only to women, and nonmarital intercourse is depicted as acceptable behavior.¹⁶

On television, and particularly in the movies, abstinence among teenagers is rarely portrayed in a positive fashion. American media are among the most sexually suggestive in the Western world.¹⁴ Content analyses show that the average American teenager will view nearly 14 000 sexual references, innuendos, and jokes per year, yet only 165 of the references will deal with such topics as birth control, self-control, abstinence, or STD.¹⁷ Between 1975 and 1988, the amount of sexual behavior on prime time programming doubled, the amount of suggestiveness increased more than fourfold, and examples of implied sexual intercourse were not rare.¹⁷

On Music Television (MTV), 75% of concept videos (videos that tell a story) involve sexual imagery, over half involve violence, and 80% combine the two, portraying violence against women.¹⁸ Movies have become increasingly explicit, with teenagers having more access to R-rated movies on cable television, in theaters, and on home videocassette recorders.¹⁹ Rock music has become increasingly graphic as well, although, fortunately, younger teenagers do not often know or comprehend the lyrics.^{13,20}

On soap operas—which are extremely popular with teenage and preteenage girls—the sexual content has more than doubled since 1980.²¹ Soap opera sex is 24 times more common between unmarried partners than between spouses, and birth control is rarely mentioned.²² American advertising uses sex to sell a variety of products. The implicit message seems to be that everyone is sexually active and no one worries about pregnancy or STDs.²³ Massive exposure to prime time programming that deals with

premarital, extramarital, or nonmarital sex may desensitize young viewers to such "improprieties."

New research shows that not all children and adolescents interpret media portrayals of sex in the same way,²⁴ nor are they equally susceptible to sexual suggestiveness.¹⁰ Adolescents' sexual self-perceptions may influence their interpretation as well.²⁵ Therefore, a clearly defined value system and discussion of responsible sexual decision-making within the family, in addition to active, critical viewing skills are essential complements to make accurate, pro-health sexual messages.¹⁰

CONTRACEPTIVE ADVERTISING AND THE MEDIA

Despite the 1982 removal of a ban on contraceptive advertising by the National Association of Broadcasters, the major networks have resisted airing such advertisements. Only the Fox network has agreed to air condom advertisements, but the network dictated that such ads can only deal with prevention of HIV transmission, not with pregnancy prevention. References to responsible behavior associated with sexual activity continue to be rare. Usually they are censored as too "controversial." Network executives continue to cite fear of adverse public response, despite numerous polls which show that a large majority of the American public favors contraceptive advertising and responsible portrayal of sexuality in the media.⁸ No evidence supports the notion that increased sexual knowledge increases the likelihood of teenagers having sexual intercourse at a younger age.

However, there is evidence that increased knowledge leads to increased use of contraception and decreased consequences of pregnancy and STDs in those teenagers who are sexually active.^{26,27} Teaching that "teenagers should not have intercourse at a young age but, if they do, they should use contraception" is not a double message. Rather, it instructs teenagers about what is healthiest for them but acknowledges that teenagers do not always listen to their elders.

EVIDENCE FOR MEDIA'S POSITIVE INFLUENCE

Television has been effective in promoting the use of family planning clinics in selected American communities.²⁸ Trial advertising of barrier contraceptive methods for women on local radio, local television, and national cable television has elicited few viewer complaints and many positive comments.²⁸ Such advertising has been carefully developed, is generally considered to be in good taste, and focuses on adult women who choose to delay childbearing until a more appropriate time in their lives.

With the overabundance of sexual messages permeating television programming and contained in rock music and music videos, it seems incongruous for national networks to avoid or censor any reference to responsible sexual behavior. The broadcast media should provide messages that support and encourage the delay of first coitus. The media should also present information on the use of methods to avoid unintended pregnancies, STDs, and their consequences. A few prime time programs have done

this. Promoting responsible and healthy sexual behavior by adults as well as by adolescents may result in a greater percentage of wanted and well-spaced pregnancies, with improvement in the health and well-being of many children and their families.

RECOMMENDATIONS OF THE COMMITTEE ON COMMUNICATIONS

The American Academy of Pediatrics recommends the following:

1. Pediatricians should encourage discussions between patients and their families on the effect of media on sexual behavior.
2. Pediatricians and the Academy should encourage the broadcast industry to endorse the Advocates for Youth's "Guide to Responsible Sexual Content in Television, Films, and Music" (Table).
3. Pediatricians and the Academy should encourage the broadcast industry to use public service announcements that promote abstinence. Just as strongly, the use of public service announcements that promote the use of condoms to prevent STDs and pregnancy for teenagers and adults who are already sexually active should be encouraged. Other forms of contraception to prevent pregnancy should be promoted as well.
4. Pediatricians and the Academy should encourage the broadcast industry to air advertisements for nonprescription contraceptives on television and radio with guidelines to ensure content that is educational, realistic, and focused on responsible sexual behavior and decision making.
5. Pediatricians and the Academy should encourage the broadcast industry to encourage programs aimed at adolescents (on MTV, for example) to air advertisements and public service announcements described above.

TABLE. Guide to Responsible Sexual Content in Television, Films, and Music*

In film, television, and music, sexual messages are becoming more explicit in dialogue, lyrics, and behavior. Unfortunately, too often these messages contain unrealistic, inaccurate, and misleading information which young people accept as fact.

Following are some suggestions for the presentation of responsible sexual content:

- Recognize sex as a healthy and natural part of life.
- Parent and child conversations about sex are important and healthy and should be encouraged.
- Demonstrate that not only the young, unmarried, and beautiful have sexual relationships.
- Not all affection and touching must culminate in sex.
- Portray couples having sexual relationships with feelings of affection, love, and respect for one another.
- Consequences of unprotected sex should be discussed or shown.
- Miscarriage should not be used as a dramatic convenience for resolving an unwanted pregnancy.
- Use of contraceptives should be indicated as a normal part of a sexual relationship.
- Avoid associating violence with sex or love.
- Rape should be depicted as a crime of violence, not one of passion.
- The ability to say 'no' should be recognized and respected.

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6. Pediatricians and the Academy should encourage movie theater and video store owners to enforce the R-ratings designated by the broadcast industry.
7. Pediatricians, the Academy, and the broadcast industry should support further research into the impact of sexual content in the media on children and adolescents' knowledge and behavior.

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REFERENCES

1. Centers for Disease Control. Premarital sexual experience among adolescent women—United States 1970–1988. *MMWR*. 1991;39:929–932
2. Sonenstein FL, Pleck JH, Ku LC. Levels of sexual activity among adolescent males in the United States. *Fam Plann Perspect*. 1991;23:162–167
3. Centers for Disease Control. Sexual behavior among high school students—United States 1990. *MMWR*. 1992;40:885–888
4. Harris L and associates. *American Teens Speak: Sex, Myths, TV and Birth Control*. New York, NY: Planned Parenthood Federation of America; 1986
5. Schydlower M, Shafer M-A, eds. AIDS and other sexually transmitted diseases. *Adolesc Med: State of the Art Rev*. 1990;1:409–647
6. Coupey SM, Klerman LV, eds. Adolescent sexuality: preventing unhealthy consequences. *Adolesc Med: State of the Art Rev*. 1992;3:165–376
7. Futterman D, Hein K, Rueben N, Dell R, Shafer N. Human immunodeficiency virus-infected adolescents: the first 50 patients in a New York City program. *Pediatrics*. 1993;91:730–735
8. Advocates for Youth. *Media and Adolescent Sexuality Fact Sheet*. Washington, DC: Advocates for Youth; 1991
9. Klein L. To have or not to have a pregnancy. *Obstet Gynecol*. 1985;65:1–4
10. Bryant J, Rockwell SC. Effects of massive exposure to sexually-oriented prime time television programming on adolescents' moral judgment. In: Zillmann D, Bryant J, Huston AC, eds. *Media, Children, and the Family: Social, Scientific, Psychodynamic, and Clinical Perspectives*. Hillsdale, NJ: Lawrence Erlbaum Associates; 1994
11. Dietz WH, Strasburger VC. Children, adolescents and television. *Curr Probl Pediatr*. 1991;21:8–32
12. AC Nielsen Company. *1992–1993 Report on Television*. New York: Nielsen Media Research; 1993
13. Strasburger VC. Television and adolescents: sex, drugs, rock 'n roll. *Adolesc Med: State of the Art Rev*. 1990;1:161–194
14. Strasburger VC. Adolescent sexuality and the media. *Curr Opin Pediatr*. 1992;4:594–598
15. Greenberg BS, Brown JD, Buerkel-Rothfuss NL. *Media, Sex and the Adolescent*. Cresskill, NJ: Hampton Press; 1993
16. Pearl D. *Television and Behavior: Ten Years of Scientific Progress and Implications for the Eighties*. US Department of Health and Human Services; Washington, DC: US Government Printing Office; 1982. Publication No. ADM 82-1195
17. Harris L and associates. *Sexual Material on American Network Television During the 1987–88 Season*. New York, NY: Planned Parenthood Federation of America; 1988
18. Sherman BL, Dominick JR. Violence and sex in music video: TV and rock 'n roll. *J Commun*. 1986;36:79–93
19. Greenberg BS, Linsangan RL, Soderman A. *Adolescents and Their Exposure to Television and Movie Sex*. Project CAST (Children and Sex on Television), Report No. 4. Michigan State University, Department of Telecommunications; 1987
20. Brown EF, Hendee WR. Adolescents and their music: insights into the health of adolescents. *JAMA*. 1989;262:1659–1663
21. Greenberg BS, Stanley C, Siemicki M, et al. *Sex Content on Soaps and Prime Time Television Series Viewed by Adolescents*. Project CAST (Children and Sex on Television), Report No. 2. Michigan State University, Department of Telecommunications; 1986
22. Lowry DT, Towles DE. Soap opera portrayals of sex, contraception, and sexually transmitted diseases. *J Commun*. 1989;39:76–83
23. Kilbourne J. Killing us softly: gender roles in advertising. *Adolesc Med: State of the Art Rev*. 1993;4:635–649
24. Brown JD, Schulze L. The effects of race, gender, and fandom on audience interpretations of Madonna's music videos. *J Commun*. 1990;40:88–102
25. Walsh-Childers K. Adolescents' interpretation of the birth control behavior of a soap opera couple. Presented at International Communication Association Annual Meeting; May 1991; Chicago, IL
26. Marsiglio W, Mott FL. The impact of sex education on sexual activity, contraceptive use, and premarital pregnancy among American teenagers. *Fam Plann Perspect*. 1986;18:151–162
27. Selverstone R. Sexuality education for adolescents. *Adolesc Med: State of the Art Rev*. 1993;3:195–205
28. Advocates for Youth. *Contraceptive Product Advertising: Broadcast Media, Teenagers, and Sexuality*. Washington, DC: Center for Population Options; 1984

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