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## The Effect of Television Watching on Condom Use Among 9th-12th Graders

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Rashidat Mohammed, Student

Katherine Eddens, MPH, PhD, Committee Chair

Dr. William Pfeifle, Director of Graduate Studies

**The effect of television watching on condom use among 9<sup>th</sup>-12<sup>th</sup> graders**

Capstone Project Paper

A paper submitted in partial fulfillment of the requirements for the degree of Master of Public Health in the University of Kentucky College of Public Health

By:

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April 22, 2014

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**Abstract:** At least one out of every three youth will acquire a Sexually Transmitted Infection (STI) by the time they reach 25 years old. Although this may be caused by a variety of factors, sexually-charged media are believed to play a significant role. In television, there are more sexually inaccurate messages than there are portrayals of sexually responsible behaviors. These messages are not only unrealistic, but they could potentially have negative effects on adolescent sexual behavior. Among these negative effects is failure to use condoms. When used correctly, male condoms are about 98% effective. Recommendations are presented to help address the issue of media influence on adolescent sexual behavior.

## ***Introduction***

Sexual content in the media influence the sexual behaviors of adolescents. On average, American adolescents view 14,000 sexual references per year, but only 165 of these references address birth control, self control, abstinence, or the risk of pregnancy or sexually transmitted infections (STI's).<sup>1</sup> The influence that exposure to sexual content on television (TV) has on teenage sexual behavior and teenage pregnancy has received some recent attention.<sup>2</sup> For example, a 2013 study explored the possibility that the association between viewing MTV's *Teen Mom* and *16 and Pregnant* (programs developed by MTV to show young people the unpleasant truth about teen pregnancy) and student females' pregnancy-risk behavior depends on the extent to which females' parents communicated with them about sex while they were growing up.<sup>3</sup> This study concluded that parent-child sexual communication can buffer youth from the scripts for sexual behavior often promoted on TV.<sup>3</sup> Although previous research studies have focused on youth exposure to sexual content through the media and its link to the risk of early sexual initiation, few studies have examined the correlation between sexually-charged media and sexual behaviors, specifically condom use among sexually active youths. For example, a longitudinal national survey of youth concluded that frequent exposure to sexual content on television is associated with early initiation of sex, which is a risk factor for early pregnancy and STI's, even after accounting for the influence of a variety of other known correlates of each.<sup>2</sup>

Additionally, a 2006 longitudinal survey of 1017 black and white adolescents aimed to measure the teens' sexual media diet (SMD) by weighing the frequency of use and sexual content in each of four media channels -- television shows, music albums, movies, and

magazines – that the teen used regularly.<sup>3</sup> The study concluded that exposure to sexual content in music, movies, television, and magazines accelerate white adolescents' risk of engaging in early sexual activity.<sup>4</sup> The same effect was not seen in black adolescents.<sup>4</sup> Black teens appeared more influenced by perceptions of their parents' expectation and their friends' sexual behavior than what they saw in the media.<sup>4</sup>

Furthermore, a Princeton University publication cited that findings from a 2008 study concluded that watching television featuring sexual material had the effect of artificially aging youths, when taking into account factors such as race, ethnicity, and social environment.<sup>5</sup> In other words, those who watched more such content than average behaved sexually as if they were 9 to 17 months older.<sup>5</sup> Moreover, other longitudinal studies conclude that television might have a causal effect on sexual initiation, contributing to the negative ramifications of early sex on youth.<sup>5</sup> Earlier age of first sex is correlated with both pregnancy and STI's and might also have negative social and emotional consequences.<sup>5</sup> A 2006 article supported these conclusions reporting that both female and male teens who are younger at first sexual debut are less likely to use a contraceptive method.<sup>4</sup> One of the few studies that examined the association between exposure to sexually explicit media content and sexual behaviors only focused exclusively on the effect of X-rated movies on black adolescent females' sexual and contraceptive attitudes and behaviors.<sup>6</sup> The study concluded that adolescents exposed to X-rated movies were more likely to have attitudes non-supportive of STD/HIV prevention, to engage in STD/HIV sexual risk behaviors, and to engage in contraceptive risk practices.<sup>6</sup> Additionally, a study conducted in 2006 found that in addition to their direct effect on adolescents' sexual attitudes, sex-related media also produce a significant indirect effect that has been shown to encourage greater sexual

activities of adolescents.<sup>7</sup> However, as of now, no study has specifically examined the effect of TV on condom use in adolescents.

One theory that can best explain why TV could influence sexual behaviors in teens is the Cultivation Perspective. The Cultivation Perspective is a media effects theory that supports the idea that the engendering viewpoints disseminated by the media to adolescents takes time, with the strongest impact of TV occurring for those who watch it the most.<sup>8</sup> Sexually charged images portrayed on TV have been found in a high amount of programs viewed by adolescents. A recent content analysis found that 82.1% of program episodes recorded from 11 networks appealing to the younger demographic contained sexual content; however, only 2.9% of program episodes with sexual content contained any messages about sexual patience, and only 5.2% had messages about taking sexual precautions.<sup>9</sup> Although the blanket effect of sexual TV on youths' risky sexual behavior is supported due to TV's prominent portrayal of sex as risk and responsibility free, there is evidence to suggest that TV could inhibit the risky sexual behavior of youth if more messages about sexual risk and responsibility were conveyed.<sup>10</sup> Televised media offers unique opportunities for educating teens about sexual issues, such as how to perform a specific behavior or how to talk with a sexual partner.<sup>8</sup> Mass media efforts could be aimed at providing depictions of realistic consequences to risky sexual behaviors in adolescents as well as encouraging parents to converse with their children about healthy sexual behaviors. Also, a growing body of literature documents effective curriculum-based sex and HIV education programs that help delay sexual activity and improve condom and contraceptive use among those who are sexually active.<sup>11</sup>

In summary, recent investigations have found that use of high sexual content in media predicts the likelihood of engaging in sexual intercourse and the progression to more advanced sexual activity in adolescents, which can lead to unsafe sexual practices such as sex without a

condom.<sup>9</sup> Therefore, the purpose of this study was to understand the relationship between sexual exposure through the amount of TV watched and risky sexual behavior in adolescents.

Specifically, we will investigate the relationship between average hours of TV watched per day and condom use at last sexual intercourse among adolescents in 9<sup>th</sup> through 12<sup>th</sup> grade that participated in the 2011 Youth Risk Behavior Surveillance Survey (YRBSS). We hypothesize that there will be a negative relationship between frequent TV watching and condom use among adolescents. Results from this study could contribute to improving adolescent sexual health.

### ***Methods***

The Institutional Review Board at the University of Kentucky waived review of this study because of the use of publically available, de-identified secondary data.

#### *Study Design and Sample*

The YRBSS is an epidemiologic surveillance system established by the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of youth behaviors that most influence health.<sup>12</sup> The sample for the YRBSS consisted of all regular public and private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia.<sup>11</sup> The YRBSS utilizes a cross-sectional study design because it is given in the form of surveys and questionnaires biennially.<sup>12</sup> The 1,276 primary sampling units (PSU's) consisted of counties or groups of smaller, adjacent counties.<sup>13</sup> PSU's were categorized into 16 strata according to their metropolitan statistical area (MSA) status (i.e., urban, city) and the percentages of black and Hispanic students in the PSU's.<sup>13</sup> Furthermore, PSU's large enough to be selected with certainty were divided into sub-PSU units.<sup>12</sup> Schools then were sorted by size and assigned in rotation to the newly created sub-PSU units.<sup>13</sup>

### *Participants*

In the second stage of sampling, 194 schools with any of grades 9–12 were sampled with probability, proportional to school enrollment size.<sup>13</sup> The third stage of sampling consisted of random sampling in each of grades 9–12, one or two classrooms from either a required subject (e.g., English or social studies) or a required period (e.g., homeroom or second period).<sup>13</sup> All students in sampled classes were eligible to participate and included in the study. Schools, classes, and students that refused to participate were not replaced and were excluded from the study.<sup>13</sup>

To enable a separate analysis of data for African American and Hispanic students, three strategies were used to oversample these students: 1) larger sampling rates were used to select PSU's that were in high-black and high-Hispanic strata; 2) a modified measure of size was used to increase the probability of sampling schools with a disproportionately high minority enrollment; and 3) two classes per grade, rather than one, were sampled in schools with a high minority enrollment.<sup>13</sup>

### *Data Collection*

There were 194 schools with any of grades 9-12 sampled in a three-stage cluster sample design for this study. Schools were selected systematically with probability proportional to enrollment in grades 9 through 12 using a random start.<sup>13</sup> For the national survey and for the majority of state, territorial, tribal, and large urban school district surveys, trained data collectors traveled to each participating school to administer the questionnaires to students.<sup>13</sup> In certain state, territorial, tribal, and large urban school district surveys, the questionnaires were sent to the

school, and teachers of the selected classes administered the survey to their class by using the standardized script.<sup>12</sup>

The school then sent the completed questionnaires and accompanying documentation forms to the agency conducting the survey.<sup>12</sup> For all the surveys, students completed the self-administered questionnaire during one class period and recorded their responses directly in a computer-scannable booklet or on a computer-scannable answer sheet.<sup>12</sup> Students who were absent on the day of data collection still could complete questionnaires if their privacy was able to be maintained.<sup>13</sup> These make-up data-collection efforts sometimes were administered by the data collector; however, if the data collector could not administer the questionnaire, school personnel performed this task.<sup>13</sup>

### ***Measures***

The 2011 YRBSS measured six categories of priority health-risk behaviors among youths and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; 3) tobacco use; 4) alcohol and other drug use; 5) unhealthy dietary behaviors; and 6) physical inactivity. In addition, YRBSS monitors the prevalence of obesity and asthma among this population.<sup>13</sup>

This research study will examine the relationship between the frequency of TV watching and condom use during last sexual intercourse. Of the questions asked, this study will focus on prevalence of sexual intercourse, hours of watched TV and condom use during last sexual intercourse. The prevalence of sexual intercourse was measured by the occurrence of sexual intercourse in an individual's lifetime. Hours of watched TV was measured in regards to an

average school day (Monday through Friday) with the following question: “On an average school day, how many hours do you watch TV?” Response options were: (I do not watch TV on an average school day, less than 1 hour per day, 1 hour per day, 2 hours per day, 3 hours per day, 4 hours per day, and 5 or more hours per day). Lastly, condom use was measured based on last sexual intercourse with a single item: “The **last time** you had sexual intercourse, did you or your partner use a condom?” Responses included **yes** or **no**. The predictor or independent variable is hours of TV watched on an average school day. The dependent variable is condom use during last sexual intercourse. Correlates included grade level, gender, race/ethnicity, and having had HIV/AIDS education in school (Refer to Conceptual Model). Grade level, gender, and race/ethnicity were used as correlates because past studies have shown that differences exist in the effect of media influence among these particular demographics.

### *Analysis*

This study examined the relationship between hours of watched TV on an average school day and condom use during last sexual intercourse among 9<sup>th</sup>-12<sup>th</sup> graders. These data are representative of all regular public and private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia. Descriptive statistics were calculated for all variables. Individuals who were un-graded or in grades other than 9<sup>th</sup> -12<sup>th</sup> and had never had sexual intercourse in their lifetime were excluded from this analysis. Chi-square tests using Gamma statistics were used to analyze the relationship between the ordinal variable of hours of TV watching and the dichotomous variable representing condom use at last sexual intercourse.

Chi-square tests with the Gamma statistic were also conducted to analyze whether grade level (9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup>) affected the relationship between hours of watched television and condom use. In addition, separate chi-square tests with the Gamma statistic were conducted for

those who had ever been taught about HIV/AIDS infection in school and those who had not been taught about HIV/AIDS infection in school to analyze whether prior HIV/AIDS education affected the relationship between watched television and condom use. Finally, chi-square tests with the Gamma statistic were also conducted to analyze whether race or ethnicity (Black or African American, Hispanic, American Indian or Alaska Native Asian, Native Hawaiian or Other Pacific Islander, or White) had an effect on the relationship between hours of watched television and condom use. A logistic regression model was built using all of the predictor variables on non-condom use at last sexual intercourse. All analyses were conducted in IBM SPSS Statistics 21.0 and significance levels were set at an alpha of 0.01.

### ***Results***

A total of 7,195 respondents in the 9<sup>th</sup> through 12<sup>th</sup> grades had ever had sex and so this was the sample size for this analysis. Of these respondents, 48% were females, 26% Black/African American, 31% Hispanic/Latino/Multiple Hispanic, 10% Multiple Races (Non-Hispanic), and 33% White (Table 1). Of these respondents, 11% watched No TV on an average school day, 16% watched an average of <1 hour of TV on an average school day, 14% watched an average of 1 hour of TV on an average school day, 22% watched an average of 2 hours of TV on an average school day, 17% watched an average of 3 hours of TV on an average school day, 9% watched an average of 4 hours of TV on an average school day, and 13% watched an average of 5 or more hours of TV on an average school day (Table 1). Over a third (36%) reported NO condom use at last sexual intercourse and 85% were ever taught about HIV/AIDS education in school (Table 1).

There was a statistically significant association between the ordinal variable of hours of TV watching and the dichotomous variable representing no condom use at last sexual intercourse. Specifically, the significant, positive Gamma statistic implies that as television watching increases, you move from condom use to non-condom use ( $\gamma=.048$ ,  $p=.005$ ). In addition, there was a statistically significant association specifically between those that watched an average of five hours or more of TV and condom use at last sexual intercourse ( $\gamma =31.4$ ,  $p < .001$ ) (Table 2 & Table 2.1). Among the correlates, there were significant differences in condom use at last sexual intercourse for Males ( $X^2=38.4$ ,  $p < .001$ ), 12<sup>th</sup> graders ( $X^2=24.4$ ,  $p < .001$ ), Hispanic/Latino/Multiple races ( $X^2=28.8$ ,  $p < .001$ ), Whites ( $X^2=25.0$ ,  $p < .001$ ) and those who had not been taught about HIV/AIDS in school ( $X^2=23.0$ ,  $p < .001$ ). Because these variables were significantly associated with the outcome, we included them in the logistic regression. In the logistic regression model, controlling for the above correlates, the odds of not using a condom at last sexual intercourse increased by 1.218 (99% CI [1.047, 1.417] see Table 3) for every unit increase in TV watching. The odds of not using a condom at last sexual intercourse were 1.819 times higher for females versus males (99% CI [1.585, 2.087] see Table 3). The interaction between hours of TV watched having not had HIV/AIDS education and not using a condom at last sexual intercourse did make a significant contribution to the model in that, for those with no HIV/AIDS education, the odds of not using a condom increased by 17% for each unit of increase in TV watching (99% CI [1.041, 1.313] see Table 3). The interaction between hours of TV watched and HIV/AIDS education and not using a condom is shown in Figure 1. No other interaction terms were found to be significant. When all variables were added to the logistic regression equation, the  $R^2$  value was 0.04.

## *Discussion*

In this sample of sexually active 9<sup>th</sup> through 12<sup>th</sup> graders, increasing hours of TV watched was predictive of not using a condom at last sexual intercourse. Furthermore, it was found that having no HIV/AIDS education increased the predicted probability of not using a condom at last sexual intercourse as hours of TV watched increased (increased odds of no condom use by 17%). This association held even when controlling for race/ethnicity, grade level, and gender. A 2011 analysis on sex education curriculum found that sex education programs can be most effective and have a perceived benefit to adolescents if they offer interventions to help adolescents integrate new knowledge, develop healthy attitudes and behavioral intentions, and develop self-efficacy for health-protective behaviors.<sup>11</sup> The findings from this study present a new understanding to HIV/AIDS education and its association with increased hours of TV watched in adolescents. The hypothesis for this study was that as the level of average TV watched increased, no condom use at last sexual intercourse would increase as well. The results of this study supported the hypothesis by finding that as the level of average TV watched increase, adolescents who had no HIV/AIDS education had a higher predicted probability of not using a condom at last sexual intercourse. Therefore, this study found that the significant correlate for whether an adolescent used a condom at last sexual intercourse if they watched TV at increasing levels was whether they had HIV/AIDS education.

These findings are supported by the Cultivation Perspective in that adolescents who watched more hours of TV were more at risk for its negative effects. Studies have shown those who were older, Male, and White to be less likely to believe that engaging in sex would result in negative consequences, which could be associated with less condom use.<sup>6</sup> It is highlighted by literature in earlier studies that adolescents between the ages of 18 and 19 were especially

sexually active and sex-related media produces a significant indirect effect that will promote greater sexual activity among these adolescents.<sup>8</sup> Therefore, it could be that more 12<sup>th</sup> graders were sexually active versus those in the lower grades which could cause a higher percentage of 12<sup>th</sup> graders to show higher proportions of no condom use at last sexual intercourse as the level of TV watching increased.

More than 85% of the respondents reported having HIV/AIDS education, but those who had no HIV/AIDS education had higher proportions of no condom use at last sexual intercourse. These results reinforce a 2011 article that noted that a sexual health education initiative in the form of a conference was well received by students who lacked confidence in their knowledge and ability to implement safer sex practices.<sup>11</sup> Average TV watched, gender, grade level, race/ethnicity, and whether or not you were taught about HIV/AIDS accounts for approximately 4 % of the variability in no condom use at last sexual intercourse among sexually active 9<sup>th</sup> through 12<sup>th</sup> graders. The odds of not using a condom at last sexual intercourse increased by for every one unit increase in TV watching and females had higher odds of not using a condom at last sexual intercourse. As previously stated, studies have concluded that males show higher levels of no condom use, but one explanation could be that females may find it difficult to practice safer sex through condom use because of the necessity for women to actually negotiate use of the male condom in order for it to be used.<sup>14</sup> In other words, condom use may have interpreted as a gender-specific act being more applicable to males because males are the ones that actually use the condoms whereas; females are more involved with condom use negotiation.

To our knowledge, this is one of the first studies to demonstrate a specific correlation between watching increased hours of TV and the predicted probability of not using a condom in adolescents. The results from this study helps to create a new understanding for the effects of

hours of TV watched on the sexual behaviors of adolescents by concluding that HIV/AIDS education could serve as a protective factor against the negative effects that the media may have on adolescent sexual behaviors. Also, the results from this study are strengthened by the fact that data was collected through a national dataset.

Although new findings are presented, a few limitations to the study should be considered. First, the data source was from cross-sectional surveys therefore, causality cannot be determined. For example, it is not possible to determine which behavior came first, watching increasing levels of TV or not using a condom as last sexual intercourse. Second, since the survey utilized self-reported data there are possibilities of recall bias because of questions referring to last sexual intercourse and social desirability bias because of sensitive questions about sexual activity. Third, the questions used for the analysis survey could leave room for misinterpretation or may not capture specific details effectively, which could inflate significant results. For example, respondents were not asked which particular TV shows they were watching therefore, we cannot explicitly conclude that the adolescents were watching sexually-charged media. Also, the analysis only included questions about condom use and excluded questions about any other forms of contraceptive such as intrauterine device (IUD's), birth control pills, or birth control shots. As a result, more females could have answered YES to the other forms of contraceptive use question and NO to the condom use question, which would have created higher odds of no condom use at last sexual intercourse for females versus males. Despite these limitations, this study suggests that television plays a distinct role in shaping the sexual behaviors of adolescents who have not been educated on HIV/AIDS and supports the need for more awareness about media influence on this specific population of adolescents.

The findings from this study have several implications for the future of adolescent sexual health. For instance, media literacy education for parents and youth, entertainment-education opportunities, physician training and interventions<sup>3</sup>, and support from The States Departments' of Education can help to reduce the harmful effects that the media can have on the sexual behaviors of adolescents. Creating programs that focus on educating parents and adolescents on the dangers of unsupervised TV watching and its possible correlation to sexual behaviors can be beneficial for bringing awareness to the influence of media. Secondly, entertainment-education can be used as a process of purposely designing media messages to both entertain as well as educate in order to increase knowledge about an issue, create favorable attitudes, and shift social norms.<sup>15</sup> These media messages would be in the form of webisodes aim to reference sexually responsible behaviors such as birth control, self control, abstinence, STI prevention, and the risk of teen pregnancy.

The dangers of media influence on the sexual behaviors of teens should be identified in the Anticipatory Guidance for Adolescents and Parents, as part of the Guidelines for Adolescent Preventative Services (GAPS), so that providers can help parents as well as adolescents better understand psychosexual development.<sup>16</sup> Eventually, asking questions regarding TV watching habits will become protocol at doctor appointments. Lastly, more support from State Department's of Education as a result of this study and other studies of the same topic can assist in encouraging teachers to teach approved sex and HIV/AIDS education in more schools. As of January 2014, only 22 states and the District of Columbia require public schools to teach sex education (20 of which mandate sex education and HIV education).<sup>17</sup>

In conclusion, our study clearly suggests that TV plays a role in adolescent sexual behavior. In particular, this study found that adolescents who have not been educated on

HIV/AIDS have increased odds of failure to use a condom at last sexual intercourse as the hours of TV watched increase. Although future longitudinal studies need to be conducted in order to support the theory that hours of TV watched is indeed a predictor of no condom use at last sexual intercourse among adolescents, our findings offer valuable insight to the important and novel service of HIV/AIDS education in adolescents. Having the ability to partially shield the negative effects of increased exposure to sexualized media, such as not using a condom when engaging in sexual intercourse, HIV/AIDS education should be included in curricula in all schools across the United States. Disseminating findings from this study and future studies of the same topic are necessary to create a strong impact in public health. Encouraging physician-parent conversations about teen TV watching habits and the potential risks involved with increased levels of sexually-charged media exposure as well as pressuring State Department's of Education to support HIV/AIDS approved curricula in schools are only a few of the impacts that the findings from our study could have on adolescent sexual health and public health as a whole.

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**Table 1. Characteristics of 9<sup>th</sup> -12<sup>th</sup> graders in 194 Schools in the United States of America and the District of Colombia who have ever had sex in their lifetime, YRBSS 2011**

Variables	N=7195
<b>Gender</b>	
Female	(3446)47.9%
Male	(3749)52.1%
<b>Grade Level</b>	
9th	(1223)17%
10th	(1511)21%
11th	(2159)30%
12 <sup>th</sup>	(2302)32%
<b>Race/Ethnicity(n=7084)</b>	
Black/African American	(1850)26.1%
Hispanic/Latino/Multiple Hispanic	(2175)30.7%
White	(2360)33.3%
Multiple Races	
Non-Hispanic	(318)4.5%
American Indian/ Alaska Native	(184)2.6%
Asian	(126)1.8%
Native Hawaiian/Other	(71)1%

<b>Frequency of Television Watched on Average School Day</b>	
None	(777)10.8%
<1 hour per day	(1151)16.0%
1 hour per day	(971)13.5%
2 hours per day	(1569)21.8%
3 Hours per day	(1202)16.7%
4 Hours per day	(597)8.3%
5 or more hours per day	(928)12.9%
<b>No use of condom at last intercourse</b>	<b>(2576)35.8%</b>
<b>Ever taught about AIDS/HIV @ school (n=6860)</b>	<b>(5852)85.3%</b>

**Table 2. Bivariate association between hours of TV watched and not using a condom at last sexual intercourse among 7195 9<sup>th</sup> through 12<sup>th</sup> grade students in the YRBSS who had ever had sex.**

Hours of TV watched on average school day	Condom use at last sexual intercourse		Gamma Test statistic	P value
	Yes (n=4466)	No (n=2514)		
No TV, n=751	10.9%	10.6%	.048	<b>.005</b>
Less than 1 hour per day, n=1113	16.3%	15.5%		
1 hour per day, n=948	13.6%	13.6%		
2 hours per day, n=1522	22.5%	20.6%		
3 hours per day, n=1163	17.4%	15.4%		
4 hours per day, n=574	8.1%	8.5%		
5 or more hours per day, n=909	11.2%	15.7%		

**Note: Significance level= p-value < 0.01**

**Table 2.1 Bivariate association between hours of TV watched (for each level) and not using a condom at last sexual intercourse among 7195 9<sup>th</sup> - 12<sup>th</sup> grade students in the 2011 YRBSS who had ever had sex.**

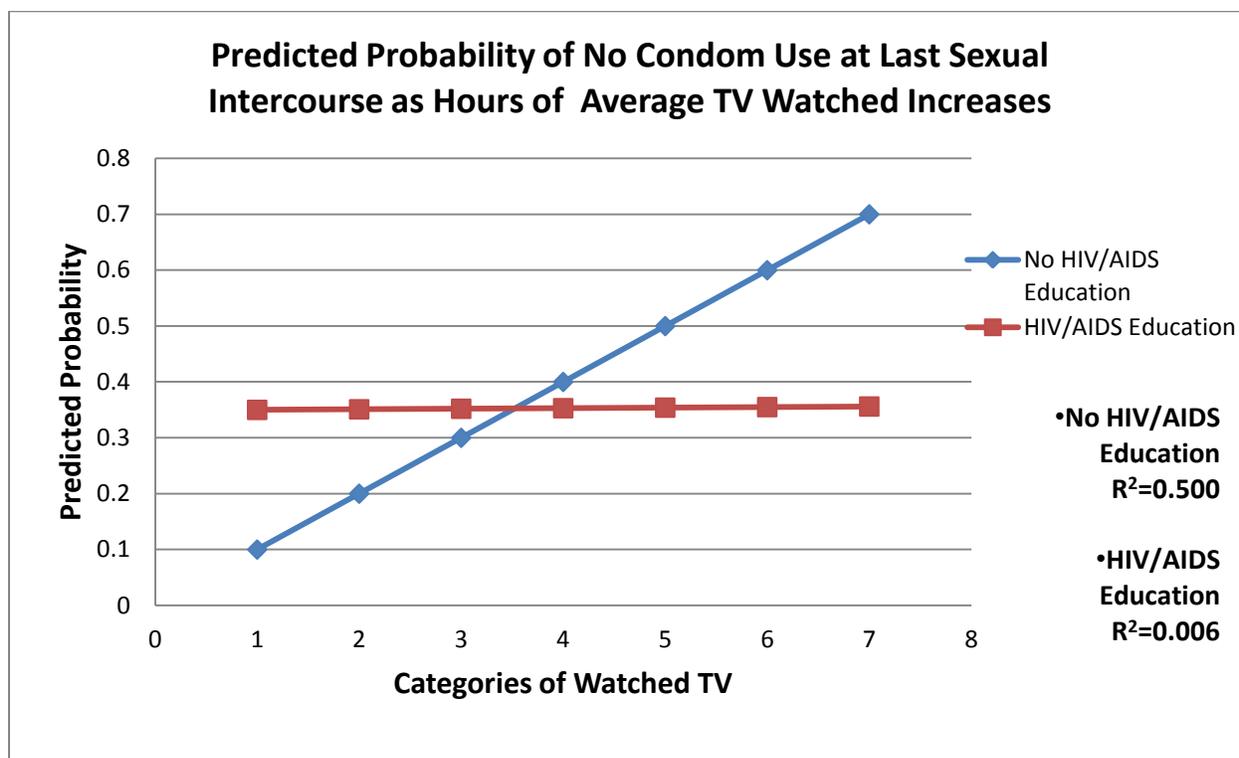
Hours of TV watched on average school day	Condom use at last sexual intercourse		Gamma Test Statistic	P value
	Yes (n=4466)	No (n=2514)		
No TV, n=751	10.9%	10.6%	.040	.841
Less than 1 hour per day, n=1113	16.3%	15.5%	.786	.378
1 hour per day, n=948	13.6%	13.6%	.001	.974
2 hours per day, n=1522	22.5%	20.6%	3.78	.050
3 hours per day, n=1163	17.4%	15.4%	4.84	.026
4 hours per day, n=574	8.1%	8.5%	.228	.635
5 or more hours per day, n=909	11.2%	15.7%	31.4	<b>.001</b>

**Note: Significance level= p value < 0.01. The “dummy” variable technique was used in order to obtain statistics for each category of TV watching.**

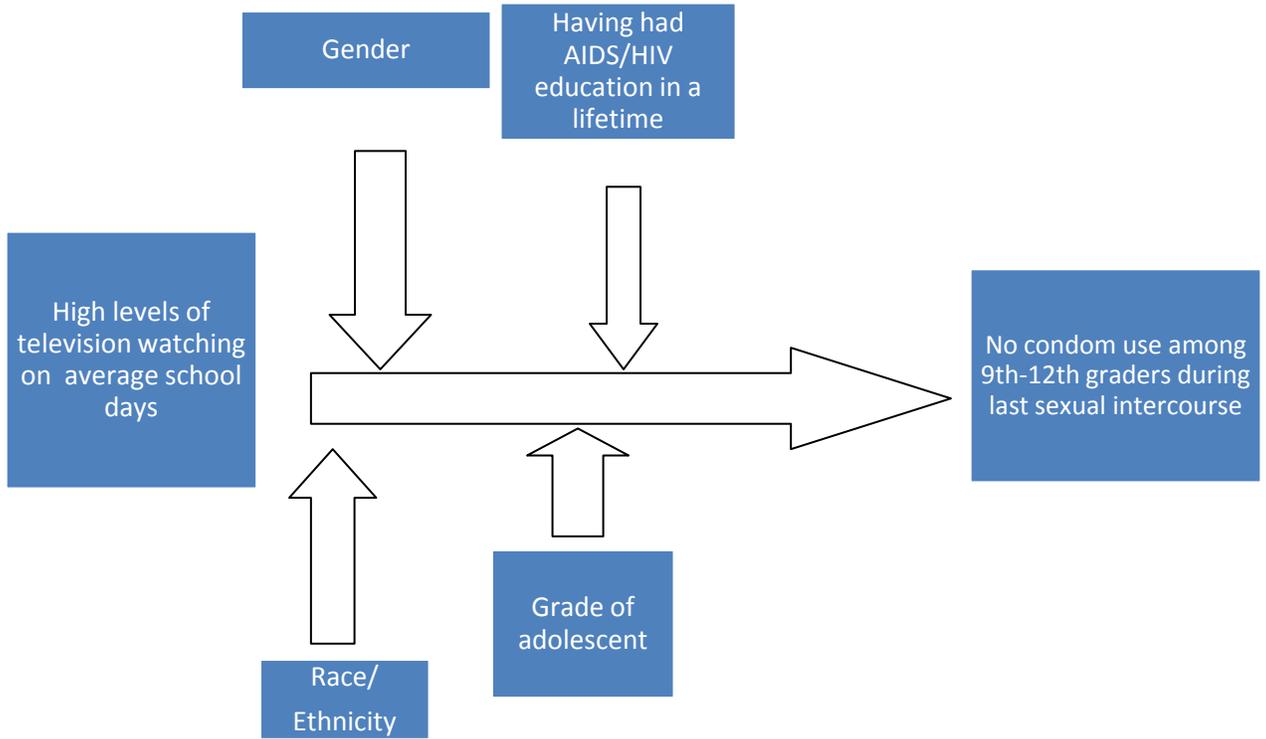
**Table 3. Logistic regression predicting the likelihood of no condom use at last sexual intercourse**

<b>Variables</b>	<b>Odds Ratio</b>	<b>99% CI</b>	<b>P-value</b>
Avg. TV watched (per additional hour of TV watched)	1.22	(1.047, 1.417)	<b>.001</b>
<b>Gender</b>			
Male (Ref)	1.00		
Female	1.82	(1.585, 2.087)	<b>.001</b>
<b>Grade Level</b>			
9 <sup>th</sup> (Ref)	1.00		
10 <sup>th</sup>	.775	(.438, 1.303)	.185
11 <sup>th</sup>	.778	(.468, 1.292)	.202
12 <sup>th</sup>	.884	(.535, 1.459)	.185
<b>Race/Ethnicity</b>			
Multiple (non-Hispanic) (Ref)	1.00		
Black/African Am.	1.358	(.770, 2.394)	.165
White	.875	(.543, 1.409)	.470
Hispanic/Latino/Multiple (non-Hispanic)	.583	(1.089, .729)	.583
<b>AIDS/HIV Education</b>			
Yes	1.693	(.992, 2.891)	.011
No	.598	(.351, 1.016)	.012
*Interaction of AIDS/HIV education by hours of TV watched*	.853	(.758, .959)	<b>.001</b>
*Interaction of NO AIDS/HIV Education by hours of TV watched*	1.169	(1.041, 1.313)	<b>.001</b>
Constant R <sup>2</sup> =.040	.216		<b>.001</b>

**Figure 1. Plot of the Interaction for Hours of TV Watched and No Condom Use at Last Sexual Intercourse by Whether or not HIV/AIDS Education was Received**



*Conceptual Model*



**Biographical Sketch****Rashidat Olaide Mohammed, B.S. Health Promotion and Behavior**

To gain clinical experience she has worked as a patient care technician in a dialysis clinic initiating, monitoring, and terminating dialysis treatments. She has also completed a 200 hour practicum with the American Diabetes Association where she held the title of Program Assistant. Her dedication to public health was enhanced by becoming an officer (Treasurer) of the University of Kentucky Student Public Health Association for the 2013-2014 academic school year. Promoting health in the community and collaborating with community organizations on various campaigns were only a few duties strengthened by this experience.

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