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## **Media and advertising influences on adolescent risk behaviour**

**Mark D. Griffiths**

## **Teach Your Children Well**

**Michael Rich**

## **Street-wise? Substance use in town and country as reported by young people**

**David Regis**

## **Homophobic Bullying in Irish Education**

**James O'Higgins-Norman**

## **The development of a comprehensive sexual health education for Western Muslim youth**

**Fida Sanjakdar**

## **Children and their pets: Exploring the relationships between ownership, attitudes, attachment and empathy**

**Joanne M. Williams, Janine Muldoon and Alistair Lawrence**

## **Why educating learners in health and wellbeing is so important**

**Paul Curry**

## **Healthy FE : Barnsley College**

**Polly Harrow**

## ***That's what he said:* What guys think about sex, love, contraception and relationships**

**The National Campaign to Prevent Teen and Unplanned Pregnancy**

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Dr. Mark D. Griffiths is the Professor of Gambling Studies at the International Gaming Research Unit, Psychology Division Nottingham Trent University, Nottingham.

For communication please email: mark.griffiths@ntu.ac.uk

## Mark D. Griffiths

# Media and advertising influences on adolescent risk behaviour

When we are looking for factors that change behaviour we can look inside the individual for personal characteristics that make people vulnerable to engaging in risky behaviours and we can look outside the individual for features of the environment that encourage these behaviours.

This article briefly examines the way the media may influence the development of risky behaviours (e.g., drug use, sexual behaviour) in young people.

### Media effects

The media (television, radio, newspapers, etc.) are an important channel for portraying information and channelling communication. Knowledge about how the mass media work may influence both the promotion of potentially risky behaviour (as in advertising), and for the promotion of health education (such as promoting abstinence or moderation of risky behaviours) (Griffiths, 2009). Much of the research about advertising is carried out by the companies themselves and thus remains confidential.

The media, especially television and film, often portray risky behaviours (e.g., heroin addiction in the film 'Trainspotting', marijuana use in the TV show 'Weeds', gambling addiction in the TV show 'Sunshine', etc.).

Because of this constant portrayal of various risky behaviours, television and film dramas often create controversy because of

claims that they glorify potentially addictive behaviour. The popularity of media drama depicting various risky behaviours requires an examination of their themes and the potential impact on the public and, in particular, adolescents.

### The portrayal of sex and drug use in popular movies

A study by Gunsekera and colleagues (2005) analysed the portrayal of sex and drug use in the most popular movies of the last 20 years using the Internet Movie Database list of the top 200 movies of all time. The researchers excluded a number of films including those released or set prior to the HIV era (pre-1983), animated films, films not about humans, and family films aimed at children. The top 200 films, following the exclusions, were reviewed by one of two teams of two observers using a data extraction sheet tested for inter-rater reliability. Sexual activity, sexually transmitted disease (STD) prevention, birth control measures, drug use and any consequences discussed or depicted were recorded.

### Findings

There were 53 sex episodes in 28 (32%) of the 87 movies reviewed. There was only one suggestion of condom use, which was the only reference to any form of birth control. There were no depictions of important consequences of unprotected sex such as unwanted pregnancies, HIV or other STDs.

Movies with cannabis (8%) and other non-injected illicit drugs (7%) were less common than those with alcohol intoxication (32%) and tobacco use (68%) but tended to portray their use positively and without negative consequences. There were no episodes of injected drug use. The researchers concluded that sex depictions in popular movies of the last two decades lacked safe sex messages. Drug use, though infrequent, tended to be depicted positively. They also concluded that the social norm being presented in films was of great concern given the HIV and illicit drug pandemics.

Drug use in this context could be argued to illustrate a form of observational learning akin to advertisement through product placement. A similar study by Roberts and colleagues (2002) examined drug use within popular music videos. Whilst depictions of illicit drugs or drug use were relatively rare in pop videos, when they did appear they were depicted on a purely neutral level, as common elements of everyday activity.

The makers of such drama argue that presenting such material reflects the fact that risk behaviours are everywhere and cut across political, ethnic, and religious lines. Risk-inducing behaviours (e.g., addiction) are certainly an issue that impacts all communities. However, it is important to consider possible impacts that it might have on society.

## Media influencing behaviours

Empirical research suggests that the mass media can potentially influence behaviours. For example, research indicates that the more adolescents are exposed to movies with smoking the more likely they are to start smoking (Dalton et al. 2003). Furthermore, research has shown that the likeability of film actors and actresses who smoke (both on-screen and off-screen) relates to their adolescent fans' decisions to smoke (Distefan et al. 1999). Perhaps unsurprisingly, films tend to stigmatise

drinking and smoking less than other forms of drug taking (Cape, 2003).

However, the media transmit numerous positive messages about drug use and other potentially risky behaviours, and it is plausible that such favourable portrayals lead to more use by those that watch them (Will, Porter, Geller, & DePasquale, 2005).

Anecdotally, some things may be changing. For instance, there appears to be more emphasis on the media's portrayal of alcohol as socially desirable and positive as opposed to smoking that is increasingly being regarded as anti-social and dangerous (Griffiths, 2009).

## Advertising effects

Back in the mid-1990s, the British Psychological Society called for a ban on the advertising of all tobacco products. This call was backed up by the government's own research which suggested a relationship between advertising and sales (Griffiths, 2009). Additionally, in four countries that have banned advertising (New Zealand, Canada, Finland and Norway) there has been a significant drop in tobacco consumption. However, public policy is not always driven by research findings, and the powerful commercial lobby for tobacco has considerable influence.

In her reply to the British Psychological Society, the Secretary of State for Health (at the time) rejected a ban saying that the evidence was unclear on this issue and efforts should be concentrated elsewhere. This debate highlights how issues of addictive behaviours cannot be discussed just within the context of health. There are also political, economic, social and moral contexts to consider as well.

The British government and European Community made commitments to ban tobacco advertising though they found it difficult to bring it in as quickly as they hoped. It is now rare to see smoking advertised anywhere in the UK but there is a new trend in television drama and films to

set the action in a time or location where smoking is part of the way of life (for example the recent US television programme 'Mad Men').

## Gambling advertising

Just as the British Government have banned cigarette advertising and banned smoking in public places, they have also deregulated gambling through the introduction of the 2005 Gambling Act. This Act came into effect on September 1st 2007 and allowed all forms of gambling to be advertised in the mass media for the first time. This has led to a large number of nightly television adverts for betting shops, online poker, and online bingo. Whether this large increase in gambling advertising will impact on gambling participation and gambling addiction remains to be seen.

There have been very few studies that have examined gambling advertising and those that have been done are usually small scale and lack representativeness. A worldwide review on gambling advertising and its impact on problem gambling concluded that the empirical base was too small to make any firm conclusions (Griffiths, 2005).

A US study by Youn, Faber and Shah (2000) examined the 'Third-Person Effect' (TPE) in relation to gambling advertising. The TPE postulates that media messages have a greater impact on others than they do on themselves. Youn et al. (2000) hypothesised that some people believe that lottery and casino advertising campaigns adversely affect other people but do not affect themselves. Therefore, those who claim they are unaffected might support censorship of gambling advertising. Youn and colleagues carried out a survey of 194 adults in a US mid-western city where lottery and casino gambling are legal. They were asked about their gambling behaviour, their attitudes about gambling advertising on themselves and other people, and questions concerning gambling censorship.

Most people were defined as 'ordinary' gamblers who gambled two or three times a month. Their results showed a significant relationship between the Third Person perception and gambling advertising (in both casino and lotteries). People did indeed think that casino and lottery advertising had more impact on others in comparison to themselves. They also found that the perceived effects of gambling advertising predicted their desire to censor the advertisements. While this is an interesting study and suffers from the usual limitations (e.g., representativeness of the sample), it fails to differentiate between different advertising forms. For instance, the effect might be more powerful with broadcast media over print media.

## Conclusions

A brief examination of the literature on media influence on risky behaviours has led Griffiths (2009) to conclude that:

*Glamorisation versus reality is complicated:* The issue of glamorisation versus reality is complicated. Although the drama producers hope to depict accurately various risky behaviours, they still need to keep ratings up. Clearly, positive portrayals are more likely to increase ratings and programmes might favour acceptance of (say) drug use over depictions of potential harms.

*Research on the role of media effects is inconclusive:* More research on how the media influence drug use is needed in order to evaluate the impact of such drama. With media and risky behaviours, it is important to walk with caution, as the line between reality and glamorisation is easy to cross. More research is needed that investigates direct, indirect, and interactive effects of media portrayals on risky behaviour.

*Relationship between advertising and risky behaviour is mostly correlational:* The literature examining the relationship between advertising on the uptake of potentially risky behaviour is not clear cut and mostly correlational in nature, therefore it is not

possible to make causal connections.

*There could be different media effects for different risky behaviours:* Although there appears to be some relationship between tobacco advertising and tobacco uptake, this does not necessarily hold for all risky behaviours. For instance, Nelson (2001) claims that virtually all econometric studies of alcohol advertising expenditures come to the conclusion that advertising has little or no effect on market wide alcohol demand.

*Research done to date may not be suitable:* Survey research studies have failed to measure the magnitude of the effect of advertising on youth intentions or behaviour in a manner that is suitable for policy analysis. As a consequence, policy makers may introduce and/or change policy that is ineffective or not needed on the basis of research that was unsuitable in answering a particular question.

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Dr. Michael Rich is the Director of the Center on Media and Child Health at the Children's Hospital Boston, Harvard Medical School and Harvard School of Public Health.

For more information please visit <http://www.askthemediatrician.org>

## Michael Rich

### Teach Your Children Well

Nouns like "text" and "friend" have found new identities as verbs. Tweeting was once only for birds. "Sexting" and "happy slapping" have entered our vocabulary. Parents, many hunched over their own Blackberries, are frequently annoyed, occasionally terrified, by their children's media use. Some schools have banned

electronic devices, others teach with them. Determining how to raise children in a media-saturated world is not only difficult and controversial, but essential.

The Center on Media and Child Health (CMCH), founded by Michael Rich, MD, MPH, a filmmaker turned pediatrician and based at Children's Hospital

Michael Rich is speaking at the Young Peoples Health in the Media - AYPH 2010 Annual Conference ([www.youngpeopleshealth.org.uk](http://www.youngpeopleshealth.org.uk))

Boston/Harvard Medical School, is dedicated to moving beyond the value-laden, usually stalemated debate between protecting children and free expression. Using a scientific approach akin to that applied to nutrition or smoking, CMCH has developed and made available ([www.cmch.tv](http://www.cmch.tv)) the only database of scientific research examining the relationships of media use on the physical, mental, and social health of children and adolescents. While consensus will never be reached on what values should be instilled in children, there are few who would contest scientific findings of relationships between young people's media use and outcomes ranging from improved test scores to social isolation, aggression to connectedness, obesity to creativity.

## Youth and media

Youth use broadcast and communication media for more of their waking hours than any other activity, often multitasking with television, mobile phones, Internet, or videogames simultaneously. U.S. national data show that 8-18 year olds actively use media for an average 7 hours, 38 minutes each day. With multitasking, they are exposed to 10 hours, 45 minutes of media content (which does not even count 1½ hours of texting daily). Twice as many of the heavy media users report below average academic performance and less happiness than those with the least media exposure.

The CMCH research database indicates that exposure to violent media has been consistently associated with fear and anxiety (especially in younger children), desensitization to human suffering, and, in some children, increases in aggressive thoughts and behavior. Home computers have been linked to improved academics, while children with bedroom televisions have significantly lower grades. There is a dose-response relationship between electronic screens and overweight - with each hour of screen time, a child's risk of

obesity increases. Children who watched appropriate amounts of quality educational programs during their preschool years were not only more prepared for school, but performed better throughout their school careers, showing more interest in achievement, greater skills, and more creativity as high school seniors.

In the overheated debate about media and their effects, CMCH seeks to shed some light by creating a solid, unbiased foundation of knowledge with which all stakeholders, from parents to producers, educators to policy-makers, can better understand the issues and develop much-needed solutions. While conducting and compiling rigorous research is critical for those making creative, business, and legislative decisions affecting media, it is not as useful to those who can make the most difference in the lives of children, the parents and teachers with whom they spend each day.

Translating complex science into feasible action steps for children and families, much the way that physicians do when they advise patients, Dr. Rich has combined his expertise in media and child health to become a "mediatrician," providing reliable information and actionable strategies for children and parents at [www.AskTheMediatrician.org](http://www.AskTheMediatrician.org).

## Media: an issue of public health

Rather than engaging in "blame and shame," CMCH sees media not as an issue of morality, but of public health. Media are as pervasive and ubiquitous in the lives of children and adolescents as the air they breathe and the water they drink, arguably the most powerful environmental health influence today. It is neither possible nor desirable to "just turn it off." We must teach our children to recognize and avoid potential harm, while using the remarkable potential of media to express themselves, connect with others, and participate in a larger world.

Dr David Regis is the Research Manager at the Schools Health Education Unit (SHEU).  
For correspondence please e-mail: david.regis@sheu.org.uk

# David Regis

## Street-wise? Substance use in town and country as reported by young people

We have been interested in the differences between urban and rural schools for some time. There is perhaps a popular prejudice that our cities are associated more with use of alcohol and drugs than the countryside, but we haven't always been able to confirm such a difference in our figures.

### Study 1

In our publication *Young People and Illegal Drugs into 1998*, we compared drug use levels in young people in three contrasting areas, and contrary to expectations found the highest use was in the most rural area. This alerted us to the issue, and we have looked at it again from time to time since.

### Study 2

We used to have a question in the survey which asked the pupil to say what sort of area they lived in: in the middle of a city, the outskirts of a town, or outside a town or village. Using these figures we performed a similar analysis, with results again which you might find counter-intuitive:

- For drug experience 'in the last month', there was little difference with location for 12-13 yr olds, with around 4% reporting experience
- However, more 14-15 year olds living in villages compared to towns reported drug experience 'in the last month': 21% in the villages compared with 16% in the towns
- Results about 'Having alcohol last week'

showed figures to be generally higher for village dwellers

### Study 3

By 2006, the location question had been dropped from the survey, because it seemed that we were much more interested in it that our clients, but we remained attentive to the issue of location.

So, that year, we analysed levels of drink and drugs as reported in Year 10 students in different local authorities. We sorted the results and found the top five highest-using authorities, and noted whether they were London/other City council or other councils.

	MALES		FEMALES	
	DRINK	DRUGS	DRINK	DRUGS
1	Other	Other	Other	London
2	Other	City	City	Other
3	City	Other	City	City
4	Other	City	Other	City
5	City	City		

It is non-metropolitan counties, with a higher proportion of rural communities, who top three of the lists.

So, there is no evidence here to suggest that living in an urban environment exposes young people to unique risks with respect to drinking or drug use.

### Study 4

During 2008 we collected responses from more pupils than we ever had before - over

100,000 in various surveys.

We repeated the analysis of authorities, using a different classification system:

**Urban** and *rural* authorities: **Bristol, Cambridgeshire, Camden, Cumbria, Dudley, County of Durham, Essex, Gateshead, Greenwich, Haringey, Hertfordshire, Knowsley, Lambeth, Lancashire, North Yorkshire, Peterborough, Southampton, Stockport, Sunderland, Swindon, Wiltshire, Wirral.**

We also analysed more measures of substance use:

- Smoker - proportion who smoked any cigarettes last week
- Drinker - proportion who drank any alcohol last week
- >10 units - proportion who drank more than 10 units of alcohol last week
- Drug use - proportion who had ever used illegal drugs

'rural', most young people in that authority will still be living in towns. We ask schools lots of questions about their situation, and among these questions, we ask them to estimate the proportions of their pupils who live in an area which can be described as Rural/suburban/urban/inner urban.

If 50% or more of the pupils came from a rural area, we classified the school as a rural school. In the 2008 data set, then, we found:

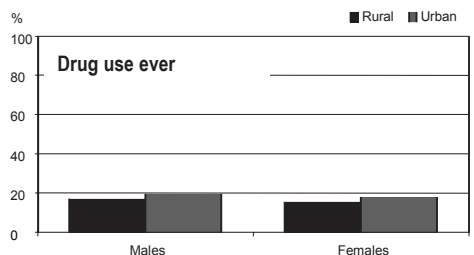
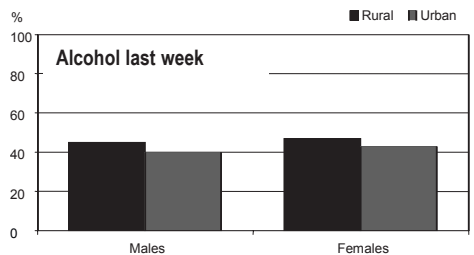
- Pupils attending Rural schools N=11,224
- Pupils attending Urban schools N=18,957
- Rural schools we found were less ethnically diverse, and pupils had a higher mean income, when compared with the more urban schools
- Looking at smoking, alcohol and drug use in Year 10 students, we found that:
  - Females in rural schools were more likely to smoke than were females in urban schools
  - Alcohol use was higher for males and females in rural schools
  - There were no significant differences in proportions ever having used illegal drugs

MALES				FEMALES			
Smoker	Drinker	>10 units	Drug use	Smoker	Drinker	>10 units	Drug use
<i>Rural</i>	Urban	Urban	Urban	Urban	Urban	Urban	Urban
<i>Rural</i>	<i>Rural</i>	<i>Rural</i>	<i>Rural</i>	Urban	Urban	Urban	Urban
Urban	<i>Rural</i>	Urban	<i>Rural</i>	Urban	<i>Rural</i>	Urban	Urban
Urban	<i>Rural</i>	Urban	Urban	Urban	Urban	Urban	Urban
Urban	<i>Rural</i>	<i>Rural</i>	Urban	Urban	<i>Rural</i>	Urban	Urban

Among males, whether rural or urban is not a great predictor of coming in the top 5 authorities for substance use. For females, there seems to be a clear extra likelihood of drinking heavily and of using illegal drugs in more urban authorities.

### Study 5

There is one last angle that we have tried to get insight into this issue. Analysis by authority is not very satisfactory, because even in an authority that we have labelled





There was a difference in the responses to a question, if you wanted information or support about drugs, to whom or what would you go first? Young people in rural areas were significantly more likely to say that they would 'keep it to myself'. This echoes a similar finding where young people in rural areas were much less likely to be aware of a sexual health service for young people available near them.

We also found a higher proportion of females in rural schools who reported that they had been bullied at school in the last 12 months, but we saw no differences in levels of carrying weapons in either sex.

### Conclusions

We can say with some confidence there is little evidence that young people in rural

areas face any less of a challenge from substance use or anti-social behaviour than those in urban areas. In fact, several lines of enquiry over 10 years have shown that there can be higher use of tobacco, alcohol or illegal drugs in rural communities.

When we compared different authorities, we often saw a mixture of types of authority in the top five. This seems to be telling us that the characteristics of specific communities are more important in determining local levels of substance use than whether the community is rural or urban.

One last point, which we are sure is relevant to the nature of the setting, is that young people in rural areas seem less able to find support or information about drugs and other issues than their peers in towns and cities.

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Dr. James O'Higgins-Norman is a Lecturer and Researcher in the School of Education Studies, Dublin City University, where he is also Head of Graduate Teacher Education.

For correspondence please e-mail: [james.norman@dcu.ie](mailto:james.norman@dcu.ie)

## **James O'Higgins-Norman**

### **Homophobic Bullying in Irish Education**

Studies have shown that the daily worlds of our schools teach scripts for what is considered to be appropriate gender behaviour during adolescence and later on in adulthood (Mac an Ghaill, 1994; Sheridan, 1995; Inglis, 1999; Lodge and Lynch, 2004).

There has also been some considerable research into the culture of masculinity and its significance for the production of

homophobia and how masculine culture can shape school relations (Epstein and Johnson, 1994; Mac an Ghaill, 1994; Redman, 1994; Kehily and Nayak, 1996; Plummer, 1999) and overall there seems to be a consensus that young men tend to develop negative attitudes toward homosexuality as part of their achieving a masculine identity (Nayak and Kehily, 1997) or as part of their initiation into what

is considered to be mainstream masculinity (Plummer, 1999). In other words homophobia and homophobic bullying have been shown to be a negative consequence of gender role stereotyping.

### **Awareness in Ireland**

Since the early 1990s there has been an increased awareness in Ireland and elsewhere of the negative effects of bullying in schools and consequently there has been an increase in the amount of international research into this phenomenon (Mellor, 1990; Mooj, 1993; Olweus, 1993; Whitney and Smith, 1993; Rigby, 1996; O'Moore, 1997). Some researchers have argued that not enough attention has been paid to the relationship between gender and/or sexuality and bullying (Duncan, 1999; Leonard, 2002) while others have shown that those who are identified as standing out or being different, such as LGBT students, are more likely to be bullied (Norman, 2006).

### **Homophobic bullying**

It is no surprise then that students perceived as gay or lesbian are often the first targets of bullies in schools. Homophobic bullying has been described as occurring:

... where general bullying behaviours such as verbal and physical abuse and intimidation is accompanied by or consists of the use of terms such as gay, lesbian, queer or lezzy by perpetrators. (Douglas et al. 1997)

However, homophobic bullying is more complex in reality than the above description reflects and can be divided into at least two sub-types of behaviour.

Firstly, there is a type of bullying that underpins the heteronormative ethos of the school environment. With this type of behaviour LGBT students are not necessarily the targets of the bullying but

because of the words used it has a negative effect on them.

The second type of homophobic bullying has to do with the actual direct persecution of persons known or suspected to be lesbian, gay, bisexual or transgender (Duncan, 1999; Thurlow 2001). It seems that in order to stave off any accusations of homosexuality boys must engage in this form of compulsive heterosexual masculinity when in groups and central to this is homophobic and sexist language and behaviour (Pascoe, 2007, p. 114).

### **Recent research**

Recent qualitative research conducted among students, parents, teachers and senior management teams in schools in Ireland revealed a number of themes which might explain the presence of homophobic bullying (O'Higgins-Norman, 2008). The research showed that in order to be considered normal boys and girls must be heterosexual and clearly masculine or feminine.

It was also found that many students and some adults in schools experienced a fear of all things homosexual which led to discriminatory behaviour. This fear seemed to arise from a lack of informed knowledge about homosexuality. Young people were also found to have very limited experience of gay or lesbian people relying solely on media and peer led stereotypes instead. As a result of this lack of knowledge and a certain amount of acquiescence on the part of teachers, many young people engaged in and dismissed the impact of homophobic name calling.

The research in Ireland pointed to the need to look anew at relationships and sexuality education.

For references and further reading:

O'Higgins-Norman, J. (2008) *Homophobic Bullying in Irish Secondary Education*. Palo Alto, California: Academica Press.

Dr Fida Sanjakdar is a Lecturer in Teacher Education at Monash University, Victoria. ([www.education.monash.edu.au/profiles/fsanjakd](http://www.education.monash.edu.au/profiles/fsanjakd))  
For correspondence please e-mail: [Fida.Sanjakdar@education.monash.edu.au](mailto:Fida.Sanjakdar@education.monash.edu.au)

## Fida Sanjakdar

# The development of a comprehensive sexual health education for Western Muslim youth

The misunderstandings of the West towards Islam are frequently directed towards issues regarding the treatment of women, Islamic dress and issues regarding sex and sexuality. The proliferation of pop culture, paperback novels on the mistreatment of Muslim women and mass media has only perpetuated the conundrum of misunderstandings and misconceptions about Islam and Muslims. There is no better time than the present to dispel the myths, misconceptions and misunderstandings of Islam and to promote the views, values and visions of Muslims.

### Research

My research on sexuality sets itself in the middle of both local and international turbulence on Islam and Muslims and is aimed to be an entry point towards a move from the dominant one-dimensional Western representation of Islam. In my research, a contemporary look at the problems, perspectives and possibilities surrounding the development of a comprehensive sexual health education for Western Muslim youth has been explored. Education regarding health and sexual health matters occupies a central position in Islam and should be dealt with as part of the religious upbringing of a Muslim child. An Islamic perspective on health and sexual health education is generally underpinned by the teachings of the Holy Qur'an and Hadith and be in accordance with Sharia. The complexity of achieving comprehensive sexual health education that reflects and honours Islamic teachings as presented in Islam's core texts, the Qur'an, Hadith and Sharia (Islamic Law) were discussed by

Western teachers, students and members of the Muslim community.

Despite the cultural and ethnic diversification of Western societies and the growing Muslim student population in many Western schools, present health education curriculum decision-making and practice exert a dominant Judeo-Christian values system and ideology. Furthermore, the permissive sexual ideology, which endorses many forms of non-procreative sex including masturbation, oral sex and accepts homosexuality as morally valid is the driving force shaping the nature and scope of sexual health education in the West today. In exposing dominant ideological perspectives of sexual health, an opportunity was created to contest these and space was created for conversations about possibilities.

### Greater understanding

The findings of the research offer teachers, students, policy-makers and cultural theorists greater understanding of sexual health for Muslims by Muslims and offer a better means of dealing with the tensions between this curriculum issue and classroom practice.

In discussing their preferences for a comprehensive sexual health education curriculum for their students, the necessary space for the voices of marginalised Westerners on a curriculum issue (which has been the cause of much dissension in the Western Muslim community) was created. A wider dialogue on the importance, necessity and possibility of working with and for marginalised voices was also created in this research.

Dr Joanne Williams is a Lecturer in Psychology and Dr Janine Muldoon is a Research Fellow at the School of Education, University of Edinburgh. Professor Alistair Lawrence is based at the Scottish Agricultural College, Edinburgh. For correspondence please e-mail: Jo.Williams@ed.ac.uk

## Joanne M. Williams, Janine Muldoon and Alistair Lawrence

### Children and their pets: Exploring the relationships between pet ownership, pet attitudes, attachment to pets and empathy

Animals play important roles in children's lives. Many children in the UK, and internationally, grow-up in households with companion animals. The most common family pets in the UK are dogs, cats, rabbits, guinea pigs, caged birds and fish. Kidd and Kidd (1985) found that 99.3% of 3 to 13 year-olds reported that they wanted a pet and 57% had a preference for dogs over other species. Children often consider pets to be members of their family (Morrow, 1998).

Pet ownership confers a range of potential benefits for children's development (Melson, 2001). In a large review (Muldoon, Williams, Lawrence, Lakestani & Currie, 2009), research on children and animals was synthesised into three over-arching themes. The first theme concerns children's understanding of animals. Rooted in theories of cognitive development this work reveals developmental changes in children's naive understanding of biology (e.g. Siegal, 2008; Siegal & Peterson, 1999) and the importance of direct experience, including pet care, for learning about biology (e.g., Inagaki & Hatano, 2002; Williams & Smith, 2006).

Research on children's attitudes towards animals forms a second major theme. This research explores individual differences in attitudes towards pets, the factors that lead to positive attitudes and also the relationship between attitudes and behaviour towards animals (a key concern for animal welfare). Much of this literature

has focused on adults including retrospective accounts of their childhood experience of companion animals (e.g., Serpell, 2004). Studies report marked gender differences in attitudes towards animals with women tending to be more favourable in their attitudes than men (e.g., Kellert & Berry, 1987; Bjerke, Odegardstuen & Kaltenborn, 1998). This research has also revealed predictable changes in attitudes with age during childhood (e.g. Pagani, Robustelli & Ascione, 2007). Moreover, children who grow up in households with pets have been found to have more favourable attitudes to animals as adults (e.g. Serpell, 2004). This in turn could enhance positive interactions with animals.

A third theme to emerge from the Muldoon et al. (2009) review is research that focuses on the emotional attachments children form to key animals in their lives and the consequences of these for socioemotional development. Davis and Juhaz (1995) suggest that children perceive the family pet as providing them with empathic and complementary friendship. Melson, Peet and Sparks (1991) found attachment to pets to be strongest among 9 to 10 year-olds. Furthermore, females express significantly more attachment to pets than males (e.g. Holcomb, Williams & Richards, 1985). This pattern of gender differences mirrors that found in attitudes towards animals. The issue of the attachment to animals has implications for the development of empathy among

children and for their caring behaviour towards animals.

The present study has four main objectives. Firstly, it will examine age differences in attitudes towards and attachment to animals and empathy. Secondly, it will explore gender differences in these measures. Thirdly, the impact of pet ownership on attitudes towards and attachment to animals and empathy will be considered. Finally, the associations between attitudes towards pets, attachments to pets, and empathy will be examined.

## Methods

### Sample

Children from two primary schools and a linked secondary school in a rural area of the UK participated in this research. The sample comprised: 57 9 year-olds (mean=10.1 years, 29 girls and 29 boys); 38 11 year-olds (mean=12.2 years, 21 girls and 17 boys); and 26 13 year-olds (mean=13.11 years, 12 girls and 14 boys).

### Questionnaire and Procedure

The questionnaire was composed of a series of five questions on pet ownership followed by standardised measures:

1. Pet Attitude Scale (Templer et al., 1981; Munsell et al., 2004; Daly & Morton, 2006). This 8-item version measures attitudes towards pets (Cronbach's alpha= 0.76).
2. Attachment to Pets Scale (e.g. Staats et al., 1996; Kafer et al., 1992) comprises 12 items to gauge people's relationships with their pet animals (Cronbach's alpha = 0.80).
3. The Lexington Attachment to Pets Scale (Johnson, Garrity & Stallones, 1992) an 11-item sub-scale for 'general attachment' (Cronbach's alpha = 0.90).
4. Affective Empathy (Enz et al., 2008) 10-item scale assesses general affective empathy (not specifically towards animals) among school-aged children (Cronbach's alpha = 0.86).

Children were asked to complete the questionnaire in the classroom during class time. A researcher was present to answer any questions relating to the procedure and to clarify the meaning of any of the items the children were unsure of. The questionnaire took approximately 15 minutes for children to complete.

## Results

**Pet Ownership:** 79% children had a pet in their home. However, of these children 35% did not consider the pet(s) to belong to them personally. By contrast, 22% of children who did not have a pet in their own home reported that they did feel they had a pet of their own (e.g. at grandparents' home, separated parents' home or neighbourhood pet).

**Age Differences:** A series of ANOVAs were conducted to test for age differences in each variable. No age differences were found in children's attitudes to animals (9 years mean=4.38; 11 years mean=4.25; 13 year mean=4.28), Pet Attachment Scale (9 years mean=4.14; 11 years mean=4.07; 13 year mean=4.03), Lexington Attachment Scale (9 years mean=4.34; 11 years mean=4.16; 13 year mean=4.09), or Affective Empathy Scale (9 years mean=3.94; 11 years mean=3.65; 13 year mean=3.66).

**Gender Differences:** t-tests revealed no gender differences in children's attitudes to animals (girl mean=4.39; boy mean=4.24), Pet Attachment Scale (girl mean=4.18; boy mean=4.01), or Lexington Pet Attachment Scale (girl mean=4.33; boy mean=4.13). However, girls scored statistically higher on affective empathy (girl mean=4.03; boy mean=3.53,  $t(118)=3.85, p<.01$ ).

**Impact of Pets:** t-tests showed no differences between children who had a pet in their home and those who did not on the four measures. However, children who felt they had a pet of their own tended to have more positive attitudes towards pets (have pet mean=4.43; do not have pet mean=4.24,  $t(115)=1.92, p=0.058$ ).

Relations between variables: There were strongly significant correlations between attitudes towards pets and attachment to pets. There were also weaker but significant correlations between these measures and affective empathy. Attitudes to pets was positively correlated with the Pet Attachment Scale ( $r=0.75$ ,  $p<.01$ ), Lexington Attachment Scale ( $r=0.76$ ,  $p<.01$ ) and affective empathy ( $r=0.29$ ,  $p<.01$ ). The Pet Attachment Scale was also correlated with the Lexington Attachment Scale ( $r=0.86$ ,  $p<.01$ ) and affective empathy ( $r=0.3$ ,  $p<.01$ ). Finally, The Lexington Attachment Scale was correlated with affective empathy ( $r=0.3$ ,  $p<.01$ ).

## Discussion

The majority of children participating in this study reported living with at least one pet in their home. This supports the observation that pet ownership in the UK is the rule rather than the exception. This finding is simple yet potentially important. Very little research has focused on this pervading childhood experience; there is clearly an important gap in educational and psychological research on children's development.

Although there was a trend in the data of a decrease in positive attitudes towards pets with age, this failed to reach statistical significance. The small sample size contributed to this lack of effect. The potential decrease in positive attitudes with age was, however, supported by qualitative work also conducted by the authors (see Muldoon et al., 2009). This finding suggests that educational interventions to improve attitudes to animals might be most fruitful if they focus on preadolescents because at this age children are already receptive to positive messages about animal care and animal welfare. There was no gender difference in attitudes towards pets. This is interesting and unexpected because research with adults has often revealed robust gender differences in attitudes

towards animals. Future research is required to examine the age at which gender differences become apparent and the social and psychological processes that might contribute to this gender effect. An important finding was that children who feel they have a pet tend to hold more positive attitudes towards pets. The direction of effect remains, however, unclear. Children who hold positive attitudes are more likely to want to have a pet. Conversely the experience of pet ownership may lead to more positive attitudes to pets. The latter seems quite likely because simply having a pet in the home was not linked with more positive attitudes to pets in this study.

There were no developmental or gender differences in attachments to pets. The lack of gender effect here is again surprising and highlights the need for further research with a wider age-range to identify the age at which gender differences in attachments to pets emerge. All children in the study scored highly on attachment to pets indicating the important role pets play in children's social and emotional development. For many children having a pet is a source of emotional support and social interaction and helps them avoid loneliness (c.f. Melson, 2003; Davis & Juhasz, 1995).

The results also revealed that affective empathy is higher among girls in this sample and positively correlated with attitudes towards and attachments to pets. Pet ownership offers children the opportunity to engage in nurturing and caring behaviour towards another living creature (e.g. feeding, grooming, cleaning, giving and receiving affection). This is likely support the development of empathy during childhood not only towards animals but also in relation to other people (e.g. Melson, 2001).

This research has the limitation of a relatively small sample size. However, the results highlight the importance of animals in children's lives and the need for more

extensive research on child-animal interactions. It is part of a large-scale programme of work to create a scientific evidence base for the development and evaluation of interventions to promote a sense of 'duty of care' towards animals among children.

In conclusion, pet ownership is widespread but its effects on child development are under-researched. This study has revealed the highly positive attitudes girls and boys aged 9 to 13 years have towards pets and has revealed the strong attachments children form to their pets. This study has also highlighted the importance of direct experience of owning a pet for children's attitudes towards companion animals. Fostering children's positive relationships with animals is important because it can potentially lead to reciprocal benefits for both child development and animal welfare.

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Paul Curry is the Principal Officer for Further Education, Ofsted.  
For correspondence please e-mail: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

## Paul Curry

# Why educating learners in health and wellbeing is so important

Further education colleges should improve health and wellbeing provisions to help learners achieve success.

It is vital that we provide our young people with the skills, opportunities and services they need to lead healthier, happier lives. Traditionally, Ofsted has been concerned with students' abilities to achieve success in their education and this remains important. However, we recognise that learners' physical and emotional wellbeing is crucial in helping them to enjoy their education and training, and to enable their progression to work or further learning.

### What is the Healthy Further Education (FE) programme?

The Healthy FE programme aims to improve the health of those who study or work in the FE sector. It isn't about creating something new: it's about working with FE providers to make the health and wellbeing of staff and students an integral part of all aspects of life in FE.

This sector-led programme seeks to support FE colleges' community leadership role and the wider FE sector in responding to the needs of the environment around them. It will enhance a provider's ability to cater for the health and wellbeing of its staff and students through the self-review tool, support through partnership with local health services and established regional networks.

This initiative is supported by the Department of Health, the Department for Children, Schools and Families and the Department for Business, Innovation and Skills, and delivered through the Learning

and Skills Council (LSIS).

### What are the advantages of building health and wellbeing into the Ofsted inspection framework?

The main focus for many learners at a college is to achieve a qualification; therefore our inspections place considerable emphasis on attainment of qualifications - an important component of measuring success. A key question in our last inspection framework - 'How well do learners achieve?' - focused closely on achieving qualifications and the progress made by learners. Whilst the Every Child Matters themes - Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution and Achieve Economic Wellbeing - were also considered, they are now more prominent in the new framework, which came into operation in September 2009.

The new framework focuses on educating the whole person - not just in an academic sense. Arguably if, for example, you feel safe, healthy and enjoy your learning experience, your capacity to study and achieve is greatly increased. We believe that by placing the Every Child Matters themes at the centre of our inspection judgements, this will encourage all providers to consider and recognise the progress, development and achievement of the whole person.

### What does the new framework mean for colleges in real terms?

Whilst we previously looked at the list of health and wellbeing activities on offer at



colleges, we will be looking for such developments to be taken further. We would hope to see a more systematic approach to planning and evaluating health related activities: using learner health and wellbeing data, to ensure the activities and services offered by colleges meet learners' needs and are informed by local health priorities.

There is also a greater focus on the learner voice: have learners been involved in developing the health awareness programme, and ultimately does their involvement ensure high levels of participation?

In addition we would like to see examples of partnership working with local health agencies and any evidence of changes in attitudes through evaluation.

### **Why are colleges so important when it comes to tackling the health and wellbeing priorities across the country?**

The college sector is significant and caters for around 3.5 million learners. The majority of these learners are adults and many have their own families. Therefore the influence of the sector is amplified in terms of changing attitudes and lifestyles of many more people.

On 19 January, I spoke at the Healthy Further Education (FE) 2010 conference to an audience of colleges, health professionals and local authorities. I was able to reinforce the place of health education in the inspection framework.

The Healthy FE programme encourages mutually beneficial partnerships through tools, guidance and regional networks. Colleges can play an important role in promoting a local health strategy and health partners can support colleges in meeting their own health and wellbeing objectives. For example, colleges might consider ways to work at a strategic level with health organisations, especially their local hospital

trust, GPs and specialist health clinics.

Once these relationships are established, they can learn from each other, fund joint projects and share resources. It is not expected, nor is it realistic, that colleges can tackle the health and wellbeing problems of staff and learners without the support of other organisations in their local community.

This type of work should be recognised in colleges' self assessments and may be considered in inspections. The Ofsted Handbook for FE and skills sets out in more detail what inspectors might consider in judging health and well being.

### **Is there a role for Ofsted through the inspection framework to encourage colleges' engagement in learner health and wellbeing?**

We are not here to tell colleges what to do, and I would not want them to feel that they have to engage with the Healthy FE programme because Ofsted requires it. Ofsted's role is to inspect to raise standards and improve lives for children, young people and adults of all ages. We are one partner in the process of improving health and wellbeing provision for learners, and our rationale is that by incorporating the 'Be Healthy' agenda into the inspection framework, we are recognising the importance of this theme in developing the 'whole person'.

We hope that with the Healthy FE programme, and the revised Ofsted assessment criteria, learners will have the opportunity to make informed choices about their own health and wellbeing.

Ofsted acknowledges that the 'Be Healthy' agenda is part of a whole college experience. Improved health and wellbeing services should support improved student attendance and attainment, assist learning and teaching, and empower people to look after themselves and make better life choices.

Polly Harrow is the Head of Personalised Learning at Barnsley College  
For correspondence please e-mail: p.harrow@barnsley.ac.uk

## Polly Harrow

### Healthy FE : Barnsley College

**B**arnsley College is a tertiary college, which means it offers a range of qualifications from pre-entry level to level 4. It has a large student population - over 4,000 full time, and 6,000 part-time learners. Barnsley is a deprived area, with higher levels of Teenage Pregnancy (TP) than the national average. The launch of the Health and Wellbeing Centre enables staff and learners at the college to access important information and services to address their health needs.

#### The challenge

I am the Head of Personalised Learning at Barnsley College, and have helped to create the valuable partnership with the PCT, and introducing health and wellbeing initiatives to learners and staff at the college. However, progress and change are never without challenges. When Barnsley College first started working with the PCT, we all experienced a bit of a culture shock. When the NHS nurses arrived it was quite a tall order for them to get used to being in an educational institution - they have different ways of doing things. This was inevitable - after all, it was about health and education institutions coming together to reach a common goal of improving health and wellbeing for staff and learners - so there were bound to be teething problems. For example, the CASH nurses had never dealt with so many 16-19 year olds before so it took them a while to get used to it.

#### The activity

Before conversations concerning the Health and Wellbeing Centre began, we

worked on a campaign to encourage staff and learners to stop smoking. The activity led to meetings with Dave Ramsey, Deputy Director of Operations at Barnsley PCT, where we discussed the possibility of having a nurse based at the college full-time. As a result of this partnership, and the proactive support of the College SMT, the PCT provided Barnsley College with the resources we needed to offer staff and students the services they required - including the three full-time nurses.

Tutorials have also taken a more prominent place in education and now offer various kinds of support. By introducing health and wellbeing themes into tutorials, the college has taken a holistic approach to addressing health and wellbeing with learners. Tutorials allow for learner voice, and provide an opportunity to discuss difficult issues such as sexual health and drug misuse in an informal environment. Tutorials also enable tutors to remind learners about the services on offer at the Health and Wellbeing Centre, such as the following:

- ~ Full contraceptive & Sexual Health service
- ~ All general health cover
- ~ Depression, bereavement, anxiety issues
- ~ Healthy eating programmes
- ~ Diet and exercise programmes
- ~ Help to stop smoking
- ~ Alcohol and drug abuse
- ~ Help to stop gambling
- ~ Cervical cancer vaccination

- ~ Blood donation
- ~ Bone density screening
- ~ Anger and stress management

## Overcoming challenges

The key to overcoming the challenge of implementing new initiatives and launching the Health and Wellbeing Centre has been perseverance, and a common goal to improve health and wellbeing for learners and staff. The SMT's close involvement and support has also made the process a success.

It was important for everyone to remain committed to changing the culture of health and wellbeing at the college. We accepted that there was a learning curve, and that we would come across difficult moments. We wanted to change the culture, and thanks to the support and commitment from everyone from SMT level, through to tutors, support staff, and learners, it has started to happen. For example, we wanted young people to realise how important it is to use condoms. Now we are inundated with learners - boys and girls - coming to collect condoms with their C-Cards (which entitles them to get free condoms)."

## The outcomes

The commitment to improve health and wellbeing services for staff and learners has resulted in a number of important outcomes:

- ~ The student response to the Health and Wellbeing Centre has been overwhelmingly positive, as the college has discovered in surveys and through learner voice
- ~ Students expressed feeling more independent as a result of the accessible advice and support available, and feel they have more autonomy regarding their own health and wellbeing
- ~ Young people said they were more inclined to use the Health and Wellbeing Centre due to its confidential nature

~ Ed Balls officially launched the Health & Wellbeing Centre in October 2009, stating that 'health should be at the core of educational programmes'

~ The Department of Health also visited Barnsley College and described the provision as excellent

~ In September 2009 the college had a target for the year of 500 young people signing up to C-Card - 540 signed up within the first month

~ Since September 2009, 350 learners have had Chlamydia screenings, and over half of those were boys

~ Young people are using their C-Card to collect condoms before the weekend which shows they do not want to have unprotected sex

## The impact

These outcomes are measurable success of the work being done by the college to change the culture around health and wellbeing. We believe that these results will translate to new habits and philosophies for young people, which will mean they leave college with an appreciation for their own physical and emotional health.

We are delivering an education, not just a service without meaning. It is critical that young people understand the impact of the decisions they make, and some of the risks involved as they continue to develop into adults. That is why it is so important that we address learner health holistically, and in doing so, young people will gain a greater understanding of how important it is to look after themselves, both physically and emotionally.

I also believe it is our responsibility to bridge the gap for young people between school and either the world of work, or Higher Education. We are teaching them invaluable life skills which will stay with them for the rest of their lives.

This article is reprinted with permission from The National Campaign to Prevent Teen and Unplanned Pregnancy and *Seventeen* magazine. The report is available from: <http://www.thenationalcampaign.org/resources/pdf/pubs/ThatsWhatHeSaid.pdf>

## *That's what he said:* What guys think about sex, love, contraception and relationships

Recently, in the United States, the National Campaign to Prevent Teen and Unplanned Pregnancy and *Seventeen* magazine developed and commissioned a survey of 1,200 boys and men ages 15-22. This article is taken from the report's *Introduction* and provides basic key findings.

Teen and unplanned pregnancy remain a serious challenge in the United States. Consider the following:

- At present, nearly three in ten girls get pregnant by age 20.
- After declining for 14 straight years, the teen birth rate has increased five percent since 2005.
- The rates of teen pregnancy and childbearing in the United States remain far higher than in other comparable countries.
- Fully seven in ten pregnancies among unmarried women in their 20s are unplanned.

To date, much of the research on teen and unplanned pregnancy - its causes and remedies - has focused on girls and women. But the nearly 1.5 million teen girls and single women in their early 20s who find themselves unintentionally pregnant every year don't get there by themselves.

To better understand what guys think about these issues, The National Campaign to Prevent Teen and Unplanned Pregnancy and *Seventeen* magazine developed and commissioned a survey of 1,200 boys and men ages 15-22. The survey results presented in *That's What He Said* shed light on what guys think and how they behave when it comes to love, sex, contraception, relationships, unplanned pregnancy, and related issues. Too often, discussions about guys' responsibility don't happen until it's time to buy diapers. We asked about their attitudes and actions pertaining to romance

and relationships in order to paint a more complete picture and encourage more informed conversation.

The results may be surprising. Many commonly accepted stereotypes about guys:- that they're all in a rush to have sex; that relationships don't matter; that they don't care what girls or their parents think are not supported by this survey. However, other stereotypes - the double standard that exists between the genders when it comes to sex, and the fact that guys tend to lie a lot about sex - live on.

Interestingly, there are not a lot of dramatic differences between the responses from those aged 15-18 and those aged 19-22. Certainly the older group has had more relationships and more sexual experience, but their attitudes, anxieties, intentions, and knowledge gaps tend to be consistent with those of the younger group.

### Key findings

Relationships are more important than - and even preferable to - sex.

Guys feel pressure to have sex - and from many different sources.

Guys have a lot to say about respect, relief, and regret. The first time is meaningful.

What they don't know about preventing pregnancy could get them into trouble, especially because they think they know it all.

Guys often talk a good game when it comes to responsibility, but many are risk-takers too.

There's lots of lying about sex.

Girls have more influence than they may think, and guys are waiting for them to speak up.

Parents play an important role.

Sex doesn't guarantee anything.

The double standard is alive and well.