



The National Association for Media Literacy Education's
Journal of Media Literacy Education 7(2), 1 – 11

Investigating How MTV's *16 & Pregnant* May be Used as Media Literacy Education with High-Risk Adolescents

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Abstract

Reality television shows featuring teen pregnancy may be used as media literacy education tools to positively affect youth sexual health outcomes. Concerns, however, exist that such programming may glamorize teen pregnancy. The present study examined how viewing and discussing episodes of MTV's *16 and Pregnant*, a reality television series about teen pregnancy, may impact adolescents at high risk for teen pregnancy ($N=162$; $M=13.5$ years). Adolescents indicated that they enjoyed viewing and discussing the episodes and saw the program as realistic but did not perceive the lives of the characters as desirable. Many also reported that they talked with someone afterward about what they had seen. Findings provide preliminary evidence that reality television shows focused on the potential outcomes of sexual behavior may be a useful way to engage adolescents in conversations about sexual health.

Keywords: *teen pregnancy, entertainment education, adolescents, television*

Teen pregnancy is a major public health concern in the United States, which has the highest teen birth rate among comparable countries (Hamilton, Martin, and Ventura 2012). Teen pregnancy and childbearing is estimated to cost U.S. taxpayers approximately \$10.9 billion each year (National Campaign 2011). Compared to women and men who have children after age 19, teen mothers and fathers are less likely to graduate high school and more likely to live in poverty, and children of teen parents suffer disproportionately from health problems and are more likely to enter the child welfare system (Hoffman 2006).

Some groups of adolescents are at a higher risk of teen pregnancy than others. The teen pregnancy rate among Hispanic and black teen girls ages 15-19 in 2008, for example, was more than two and a half times higher than the teen pregnancy rate among non-Hispanic white teen girls of the same age (National Campaign 2012). Teens who abstain from sex until they are older are less likely to become pregnant as a teen than those who do not (Kirby 2007). Teens from higher income households are less likely to become pregnant than teens whose parents have less education and lower incomes (Kirby 2007).

The media can be important sources of sexual health information for adolescents (Lariscy, Reber, and Paek 2010). Youth (8- to 18-years old) spend an average of 7.5 hours a day with media, more time than with any other activity besides sleeping (Rideout, Foehr, and Roberts 2010). Among the top 20 most-watched

television shows by teens, 70% include sexual content, and nearly half (45%) include sexual behavior, according to the most comprehensive content analysis of sexual content on television (Kunkel et al. 2005). Sexual content is also more common in media popular with adolescents than in adult-targeted programming (Strasburger, Wilson, and Jordan 2009), and typically does not contain healthy messages about sex (Eyal and Finnerty 2009; Hust, Brown, and L'Engle 2008; Pardun, L'Engle, and Brown 2005).

Media have also been likened to “super-peers” that influence adolescents’ sexual behaviors (Brown et al, 2005; Strasburger 2006). Greater exposure to sexual content in the media has been associated with earlier sexual initiation, stronger intentions to have sex, and teen pregnancy (e.g., Brown et al. 2006; Chandra et al. 2008; Collins et al. 2004). Longitudinal research suggests that these sexual media effects occur in a cyclical process, such that some teens may seek out sexual content that reinforces existing tendencies which leads to further use of such content and effects (Bleakley et al. 2008; Kim et al. 2006).

The Potential of Entertainment- Education as Media Literacy Education

Although rarely depicted, healthy sexual content in the media (e.g., showing the consequences of unsafe sexual behaviors) could affect adolescents’ sexual health in positive ways. One such strategy for providing healthy sexual messages to teens through the media is entertainment-education (EE). EE is a strategy for delivering persuasive prosocial and health messages in an engaging and appealing manner by embedding educational messages into entertainment media. Recent research and theorizing suggest that the persuasive effects of EE derive from its engaging narrative structure. Thus, viewers may become so absorbed in the narrative that they accept embedded health-related messages with little resistance (Green and Brock 2000; Moyer-Guse and Nabi 2010). The behavioral context within a narrative can also influence viewers. Bandura’s (2009) social cognitive theory posits that viewers learn and model behaviors through observation and vicarious experience. Viewers are more likely to model the observed behaviors if the characters are positively reinforced and less likely to if the characters suffer no or negative consequences.

EE can increase sexual health knowledge and may also stimulate sexual health conversations. Nationally-representative surveys of teens found that most (73%) agreed that viewing a likeable television character who was dealing with teen pregnancy makes them think more about their own risk related to teen pregnancy and about how to avoid it (Albert 2010), and most (60%) reported learning something helpful from sexual scenes on television, such as how to say no to a sexual initiation and how to talk to a partner about safe sex (Kaiser Family Foundation 2002). Discussing salient issues from the program viewed may increase persuasive effects as discussion can reinforce or weaken what is presented (Southwell and Yzer 2009). A majority of teens (76%) surveyed in a nationally-representative sample said that what they see in the media about sex, love, and relationships can be a good way to start conversations about these topics (Albert 2010).

The research on the influence of EE has typically focused on fictionalized serial programming, like primetime dramas or comedies (Farrar 2006; Collins et al. 2003; Moyer-Guse et al. 2011). Over the past decade, however, reality television has become a popular genre. One series in particular, MTV’s *16 and Pregnant*, was released in 2009 and followed the real lives of teen parents. One major study found that the show may have left to a 5.7% reduction in teen births in the 18 months after its premiere on television (Kearney and Levine 2014).

Context of the Research

The current study is a randomized control trial of viewing and discussing the reality television show *16 and Pregnant*, which may have the potential to function as an media literacy education program by way of entertainment education for adolescents at high risk of teen pregnancy. The show *16 and Pregnant* is a reality television series that follows real teens during pregnancy and postpartum, with a focus on the wide variety of challenges young pregnant and parenting teens can face. More than 2.4 million viewers regularly watched the

first season on television (Gorman 2010), and millions more viewed the episodes online (Freeman and Savage 2009). The first season finale was ranked number one in its timeslot for all television for females aged 12-34 years old (Gorman 2010).

In 2010, the National Campaign to Prevent Teen and Unplanned Pregnancy (herein known as National Campaign) and MTV distributed copies of the first season of *16 and Pregnant* along with discussion guides created by the National Campaign to Boys & Girls Clubs across the United States. These materials were designed to foster discussion about the myths and realities of teen pregnancy and parenthood in the afterschool youth groups. This provided a unique opportunity to study whether a reality television program about teen pregnancy and parenthood could function as an EE program.

Viewing popular reality television programming depicting the struggles of teen pregnancy with others and discussing it afterward in a group with an adult facilitator may provide adolescents the opportunity to think critically about the negative consequences of teen pregnancy and encourage pregnancy prevention strategies. Conversely, viewing and discussing the episodes may normalize teen pregnancy, causing the teens to believe that it is more commonplace than it actually is or may even glamorize teen pregnancy. In a survey of teens, however, only 17% said they felt the show “glamorizes teen pregnancy,” while the other 82% believed that the show helps teens better understand the challenges of pregnancy and parenthood (Albert 2010).

It was therefore hypothesized that, when compared with teens who did not view and discuss the show, teens who did view and discuss three *16 and Pregnant* episodes would be more likely to want to do whatever it takes to avoid becoming a teen parent (H1), more likely to believe that most teens do not want to get pregnant (H2), less likely to have positive expectancies about teen pregnancy and parenthood (H3), and more likely to have negative expectancies about teen pregnancy and parenthood (H4).

We also examined how adolescents who viewed and discussed the episodes perceived and evaluated the experience. We were specifically interested in participants’ perceptions of the realism and desirability of the situations in the episodes (RQ1). They were also asked to evaluate the intervention by indicating whether they enjoyed participating and would recommend it to other teens (RQ2).

It was hypothesized that the more teens reported a positive evaluation of viewing and discussing the episodes, the more likely they would also experience greater viewing and discussing effectiveness (H5). It was also hypothesized that most teens who participated in the three-day media experience would discuss it with someone outside of the group (i.e., parents, friends, etc.) and be more likely to show effectiveness of the experience than teens who did not (H6).

Gender and sexual experience were also investigated as moderators of the hypothesized relationships given prior research on gender differences in adolescent sexual behavior and the expectation that sexually experienced adolescents might find the portrayals more personally relevant than inexperienced adolescents.

Research Method

Participants. Boys & Girls Clubs in a Southeastern state that included existing groups of adolescent members were identified for possible participation in the current study. Thirty-four clubs throughout the state were contacted by a conference call and email recruitment notice and offered a chance to participate. The first 18 clubs to indicate interest were selected for the study. Participating Boys & Girls Clubs had not received DVDs of the first season of *16 and Pregnant* as part of the larger national distribution by the National Campaign. Treatment groups received the materials as part of the research study. The control groups received the materials after the study ended.

One youth group at each participating club was randomized to either a control or treatment condition. All youth participants were asked to complete pretest and posttest questionnaires. The pretest questionnaire was completed by 219 participants (132 females, 87 males); 166 (104 females, 62 males) completed the posttest questionnaire. Four participants in the treatment group who completed the pretest and posttest were excluded

from the final analysis because they were absent for all three viewing and discussion sessions. The final analysis sample included 162 participants (101 females, 61 males). Fifty-three participants completed the pretest questionnaire but did not complete the posttest questionnaire (attrition rate of 24.2%). Chi-square analyses and an independent samples t-test revealed there were no significant ($p > .05$) demographic differences between participants who completed the posttest questionnaire ($n = 166$) and those who did not ($n = 53$), and no significant differences between treatment and control groups were found for those who did not complete the posttest.

The respondents' mean age in the final sample was 13.46 years ($SD = 1.71$) with a range from 10 to 19 years old. The majority of participants identified as black or African American (75%), followed by multiracial (12%), white (9%), American Indian or Alaskan Native (3%), Asian (1%), or Native Hawaiian or other Pacific Islander (<1%). Six percent of the participants identified as Hispanic/Latino; 63% of the participants were female. Socioeconomic status was determined by whether the participant received reduced (16%) or free lunch at school (58%). About one-third (34%) of participants reported having engaged in sexual intercourse at the time of the pretest.

Stimulus materials. The episodes of the MTV series, *16 and Pregnant*, featuring Maci, Amber, and Ebony were selected from the six episodes in season one, as they were the episodes with the most similar narrative structure and outcomes experienced by the teen mothers. Each episode followed the life of the teen girl (and to a lesser degree, the teen father) through her unplanned pregnancy and her first few months of parenthood. The episodes provided the viewers a look at the variety of challenges young mothers and fathers can face: tumultuous relationships, family conflict, financial struggles, school and work stress, gossip, and more, all while learning how to care for themselves and their children. Brief summaries of the three episodes were included in the discussion guides and are available online.

Design and procedure. All research procedures were approved by an Institutional Review Board (IRB) prior to commencement. Each club was randomized as a treatment ($n = 9$) or control group ($n = 9$), with an average of nine (range from 6 to 14) youth members participating at each club. Youth in all groups completed a baseline paper-and-pencil pretest questionnaire and were given enough space to complete the questionnaire in privacy. For the treatment groups, a member of the research team returned the day after the pretest and on two subsequent days to assist the group facilitator in showing the episodes (one per day, randomized to avoid order effects). After the viewing, the facilitator led a discussion about the episode, using the guide created by the National Campaign. No formal instruction was provided about how to use the discussion guide so the intervention could occur as a naturalistic study of how facilitators in Boys & Girls Clubs across the United States might use the episodes and discussion guides. Approximately one week after the pretest questionnaire, all groups were administered the posttest questionnaire. Most youth participants completed the questionnaires in less than 45 minutes and received a \$5 gift card for each pretest and posttest questionnaire completed.

The majority of participants in the treatment groups attended all three days (59.5%) ($M = 2.40$, $SD = .81$); 20.2% attended two days, and another 20.2% attended only one of the days the episodes were shown. The group facilitator and project staff member completed a fidelity checklist after each group discussion to note if the program was shown and which questions from the discussion guide were addressed. Missing data were not a significant problem in any of the instruments (ranged from 0% to 6%).

Measures

Primary outcome variables. The following measures were developed by the National Campaign and the research team to address specific issues of interest to the National Campaign.

Intentions to avoid pregnancy. Three items (e.g., “How likely are you to use birth control/protection every time you have sex?”) measured intentions to use birth control and avoid becoming a teen parent on a four-point scale (“Definitely will not” to “Definitely will”). Since the scale was not internally consistent ($\alpha = .53$),

items were analyzed individually. *Perceptions about teen pregnancy.* Three items (e.g., “Most teen girls do not want to get pregnant”) measured perceptions about teen pregnancy on a four-point scale (“Strongly disagree” to “Strongly agree,” $\alpha = .71$). Some of the items were reverse-coded so that higher scores indicated greater agreement that most teens want to get pregnant. *Positive expectancies about teen pregnancy and teen parenthood.* Eleven items (e.g., “If I become a teen mom/dad, the baby’s father/mother and I will be together forever”) measured positive expectancies about teen pregnancy and parenthood on a four-point scale (“Strongly disagree” to “Strongly agree,” $\alpha = .81$). *Negative expectancies about teen pregnancy and teen parenthood.* Seven items (e.g., “If I become a teen mom/dad, I will not be able to achieve my future career goals”) measured negative expectancies about teen pregnancy and parenthood on a four-point scale (“Strongly disagree” to “Strongly agree,” $\alpha = .78$).

Treatment group only measures. Two constructs adapted from the Message Interpretation Process (MIP) Model (Austin and colleagues 1994, 1997a, 1997b) measured intervention group adolescents’ perceptions of viewing the *16 and Pregnant* episodes. *Desirability.* Five items (e.g., “How much did the show make it look like it was fun to have a baby?”) assessed the extent to which participants liked the portrayals and attributes of the characters on the show on a four-point scale (“Not at all” to “Extremely”). The scale was not internally consistent ($\alpha = .38$), so the items were examined individually. *Realism.* Five items (e.g., “The stories on the show were believable”) assessed the extent to which participants believed the portrayals on the shows were realistic on a four-point scale (“Strongly disagree” to “Strongly agree”). The scale had low internal consistency ($\alpha = .66$); therefore, the items were examined individually.

Evaluation of episode viewing. Four items (e.g., “I liked watching the episodes of *16 and Pregnant*”) measured participants’ evaluation of viewing the program on a four-point scale (“Strongly disagree” to “Strongly agree,” $\alpha = .80$).

Evaluation of discussion sessions. Three items (e.g., “I liked participating in the discussion of the episode with the group”) measured participants’ evaluation of the discussion sessions on a four-point scale (“Strongly disagree” to “Strongly agree,” $\alpha = .76$). *Discussion with others.* Participants were asked whether they had discussed the show with anyone else after the intervention (See Table 1): “Who did you talk to about the show after these discussions (choose all that apply)?” Options included: parent, sibling, other family member, friend, girlfriend/boyfriend, teacher/counselor, religious leader, health professional, and/or other.

Table 1
Proportion of adolescents in the treatment group who spoke with someone about their experience after viewing and discussing

Person	N	%
Friend	53	63.1%
Parent	34	40.5%
Sibling	31	36.9%
Girlfriend/boyfriend	26	31.0%
Other family member	22	26.2%
Teacher/counselor	15	17.9%
Health professional	7	8.3%
Religious leader	5	6.0%
Did not discuss with anyone	15	17.9%

(N = 162)

Note: Participants could check all that applied, so percentages add to more than 100%.

Moderator variables and manipulation check. Gender and sexual experience were used as moderators in the analyses. Previous sexual experience was assessed by asking participants to indicate whether they had “had sexual intercourse” (yes/no). Participants were asked two multiple-choice knowledge-based questions about

each of the episodes in the pretest and posttest questionnaires. For example, participants were asked to identify “Where does Maci live after having baby Bentley?” by choosing one of four options, where only one option was correct.

Results

Preliminary Analysis

Effectiveness of group randomization. A set of preliminary analyses were conducted to assess whether the randomization of clubs to conditions produced equal samples with respect to demographic and control variables. Chi-square analyses revealed there were not any significant differences between the groups by gender, race (black or other), ethnicity (Hispanic or not Hispanic), whether they had engaged in sexual intercourse (had sex or not), or socioeconomic status (subsidized lunch or not). An independent samples t-test, however, revealed a significant difference by age; the treatment groups’ mean age was slightly higher ($M = 13.80$, $SD = 1.93$) than the control groups’ mean age ($M = 13.10$, $SD = 1.34$), $t(148) = -2.72$, $p < 0.01$. Age was, therefore, included as a covariate in all analyses.

Manipulation check. On the pretest, participants answered an average of 2.61 questions correctly ($SD = 1.64$) out of the six knowledge questions about the episodes. As expected, there were no significant differences between the number of questions answered correctly by condition at pretest, $t(164) = -1.43$, $p = 0.16$. At posttest, as expected, there was a significant difference between the groups on the average number of questions answered correctly, $t(164) = 7.96$, $p < .001$, such that participants in the treatment groups answered more questions about the episodes correctly ($M = 4.44$, $SD = 1.55$) than did participants in the control groups ($M = 2.51$, $SD = 1.56$).

Primary Outcomes

It was hypothesized that, at posttest, compared with adolescents in the control group, adolescents who viewed and discussed the *16 and Pregnant* episodes would be more likely to want to do whatever it takes to avoid becoming a teen parent (H1), more likely to believe that most teens do not want to get pregnant (H2), less likely to have positive expectancies about teen pregnancy (H3), and more likely to have negative expectancies about teen pregnancy (H4). Two groups of analyses, with gender and sexual experience entered independently as control variables and as interactions with condition (i.e., treatment or control), were conducted for Hypotheses 1 through 4 using SAS PROC MIXED to account for within-classroom heterogeneity, with group facilitator serving as the repeated variable. Pretest scores for each outcome variable were also included as predictor variables.

H1 posited that after viewing and discussing the episodes, adolescents would be more likely to report intentions to avoid teen pregnancy than would adolescents who did not view and discuss the episodes. To investigate H1, pregnancy avoidance items were examined individually as the scale was not found reliable. Significant differences between the control and treatment groups did not emerge, however, for any of the items. Compared with participants in control group, participants in the treatment groups were just as likely to report that they would do whatever it takes to avoid becoming a teen parent, $F(1, 137) = 2.11$, $p = .15$; report that they use birth control/protection every time they have sex, $F(1, 137) = 1.28$, $p = .26$; and worry about birth control/protection, $F(1, 138) = .23$, $p = .63$.

H2 posited that after viewing and discussing the episodes, adolescents would be less likely to find teen pregnancy normative than would adolescents who did not view and discuss the episodes. No significant main effect was found for the perceptions of teen pregnancy scale, $F(1, 139) = 1.07$, $p = .30$.

H3 posited that after viewing and discussing the episodes, adolescents would be less likely to have positive expectancies about teen pregnancy than would adolescents who did not view and discuss the episodes. No significance main effect was found for the positive expectancies scale, $F(1, 138) = .05$, $p = .83$.

H4 posited that after viewing and discussing the episodes, adolescents would be more likely to have negative expectancies about teen pregnancy than would adolescents who did not view and discuss the programs. A main effect for condition was not found for the negative expectancies scale, $F(1, 138) = .05, p = .82$.

Treatment Group Analysis

Perceptions of the 16 and Pregnant Episodes. Participants did not indicate that the situations portrayed in *16 and Pregnant* episodes were desirable. They did not feel that the show made it look like it was fun to have a baby ($M = 1.44, SD = .67$), did not think the teen moms/dads on the show were happy ($M = 1.89, SD = .61$), and did not think the relationships between the teen moms and dads improved after having a baby ($M = 1.85, SD = .85$). They also indicated that they felt the lives of the teens on the show were somewhat stressful ($M = 2.12, SD = .97$).

Participants reported that the *16 and Pregnant* episodes were very realistic. They agreed that the episodes were believable ($M = 3.33, SD = .70$), that the episodes showed how it really is for teens who get pregnant ($M = 3.40, SD = .66$), and that the stories were very realistic ($M = 3.42, SD = .72$).

Evaluation of viewing and discussing episodes of 16 and Pregnant. Participants positively evaluated viewing ($M = 3.34, SD = .58$) and discussing ($M = 3.14, SD = .61$) the episodes. Significant differences between the treatment groups, were not found, although females liked viewing ($M = 3.48, SD = .54$) and discussing ($M = 3.28, SD = .55$) the episodes significantly more than did males ($M = 3.12, SD = .53; M = 2.88, SD = .58$), $F(1, 71) = 5.85, p < .05; F(1, 71) = 6.91, p < .05$, respectively.

Hierarchical linear regression analyses were then conducted to examine whether the evaluation of viewing and discussing the episodes influenced participants' scores on the primary outcome variables (H5). Club membership, gender, sexual experience, and age were entered in the first block, the relevant pretest measure was entered in the second block, and the scores for evaluation of viewing and discussing the episodes were entered in the third. Each of the primary outcome variables (e.g., negative expectancies) was entered individually as dependent variables. The hierarchical linear regression analyses did not reveal any significant relationship between evaluation of the viewing and discussing of the episodes with change in the primary outcome variables from pre to post.

Interpersonal communication. More than three-fourths (82.1%) of participants reported talking with someone outside the group about what they viewed or discussed. Most talked with a friend (63.1%), followed by a parent, sibling, girlfriend or boyfriend, other family member, teacher or counselor, health professional, and religious leader (see Table 1). Chi-square analyses did not reveal any significant differences in participants' talking with someone by individual treatment group.

ANCOVA analyses were conducted to examine whether talking with anyone outside of the group influenced participants' scores on the primary outcome variables (using the change score) (H6). Talking with someone outside the group, club membership, gender, and sexual experience were entered as fixed factors with age as a covariate. A significant main effect of talking with a friend on normative perceptions of teen pregnancy was found, $F(1, 71) = 5.56, p < .05$. Post-hoc analyses revealed that those participants who discussed what they viewed or discussed in the group with a friend were more likely to decrease in their belief that teen pregnancy is a desirable and normative behavior for most teens ($M = -.18, SD = .42$) than were those who did not talk with a friend ($M = .19, SD = .47$). Only talking with a friend produced these significant results.

Discussion

This study presents results from a randomized control trial of viewing and discussing MTV's *16 and Pregnant*, a reality TV show that may function as EE about teen pregnancy and parenthood. The analyses focused on discovering if viewing and discussing three episodes of the program in a facilitator-led group of peers resulted in positive changes in adolescents' perceptions of teen pregnancy. The participants in the study

were adolescents who are at risk for teen pregnancy, predominately non-white adolescents living in low SES households. One-third had previously engaged in sexual intercourse.

This study did not reveal significant differences in intent to avoid teen pregnancy, perceptions about teen pregnancy, and expectancies about teen pregnancy and parenthood between the treatment and control groups. The results suggest that viewing and discussing episodes of *16 and Pregnant* does not positively impact the aforementioned sexual health outcomes. However, although critics of the program may argue that depicting teen pregnancy and parenthood in a reality television format may glamorize or promote teen pregnancy, the results of this study did not support this assertion. The treatment group adolescents found the program to be realistic but did not see the lives of the teen parents as desirable. These adolescents also reported learning that teen parenthood is harder than they had imagined. Furthermore, participation in this experience promoted post-viewing discussion with friends (among others).

Adolescents enjoyed the experience overall, indicated strong interest in watching more episodes, were likely to think that all teenagers should watch a show like *16 and Pregnant*, and reported that they would recommend the experience to friends. Positive participant evaluations of the experience indicate that this kind of experience would be well-received by adolescents.

A majority of the adolescents in the treatment groups also spoke with someone after participating, which is consistent with other research linking EE programs with increased discussion about the health topic (Pappas-DeLuca et al. 2008; Sood et al. 2006). Most adolescents reported talking with a friend, but many also talked with a family member (i.e., parent or sibling). Participants who reported talking with a friend were more likely than those who did not talk to someone to believe that most teens do not want to get pregnant. Communication about sexual health, such as discussing the consequences that arise from unprotected sex, may be an important factor that can prevent adolescents from engaging in sexual risk behaviors (Guzman et al. 2003; Noar et al. 2006; Widman et al. 2006). Adolescents who discuss sex with their parents more often are also less likely to engage in sexual behaviors (DiIorio et al, 1999; Leland and Barth 1993) and more likely to engage in safe sex behaviors once initiated (Holtzman and Rubinson 1995; Miller et al. 1998). Programs such as *16 and Pregnant* could be productive ways to start conversations about the realities of teen pregnancy and could even enhance parents' roles as sex educators.

The lack of overall significant differences in the primary outcome variables between the treatment and control groups may signal that viewing and discussing three episodes with a facilitator has neither healthy nor unhealthy effects on high-risk adolescents, though other factors may also explain the lack of effects. First, a three-day media exposure may not shift adolescents' intentions and perceptions sufficiently enough that they are visible in the short term. A longer-term follow-up might have revealed that this intervention resulted in some kinds of behavioral change. A recent study, for example, found that watching the discussion of past sexual behavior between sexual partners on HBO's hit show *Sex and the City* did not result in significant intentions to engage in conversations about sexual health but did result in an increase in actual conversation about sexual health in the following two weeks (Moyer-Guse, Chung, and Jain 2011).

The naturalistic design of this study also may have made it more difficult to reveal changes in youth outcomes. The larger context for evaluating this intervention was that the National Campaign was distributing the *16 and Pregnant* DVD and discussion guide to all Boys & Girls Clubs across the United States to use as they saw fit. Thus, to maintain fidelity with the national distribution model, none of the club facilitators who received the DVDs and discussion guide received specialized training. The study documented that approximately two-thirds of the discussion guide was covered by the facilitators, but the facilitator's competency for handling group dynamics was not assessed. The content of discussion and subsequent conversations are also important in that discussion can reinforce or weaken what is presented in the media program (Southwell and Yzer 2009). Relevant group feedback may also increase the likelihood that members will share the same interpretation of the media messages (Ho 2007; Rouner, Long, and Slater 2006). Since the

groups' discussions and the conversations they had afterward were not analyzed, it is not possible to know to what extent those communications supported or undermined what was depicted in the episodes.

This study has other notable limitations as well. Outcome measures were based solely on the adolescents' self-report and included only behavioral intentions, not actual sexual behaviors. The design of this study did not allow for distinguishing the role of viewing the episodes versus viewing and discussing the episodes. Finally, one of the challenges of using EE for health promotion is that the program has to be entertaining as well as educational. Given the independence of the media in the United States, organizations such as the National Campaign typically serve only as expert consultants and have little input about final storylines and characters. MTV produced *16 and Pregnant* with the primary goal of attracting and engaging an audience, so episode storylines and choice of pregnant teens were not based on behavior change theories, which might result in more powerful effects than those found in this evaluation.

This study of *16 and Pregnant* as a potential EE program illuminates a variety of paths for future studies. First, group dynamics may play a role in how the messages found in *16 and Pregnant* are viewed and accepted. Comparisons between a "viewing plus discussion" and a "viewing only" group should shed light on the importance of discussion of the material. Second, the training of discussion leaders and closer analysis of the content and dynamic of the discussion would be valuable. Third, a longer-term follow-up design should help capture behavioral effects that are not immediately detectable with measures of intentions and perceptions.

This study adds to the growing body of literature that shows how documenting the consequences of risky health decisions in entertainment media popular with youth can be combined with other tools, such as interpersonal communication, to enhance sexual health education and possibly encourage healthy sexual behaviors. These findings provide preliminary evidence that viewing and discussing reality television shows that are appealing and interesting to adolescents and focus on potential outcomes of sexual behaviors, such as teen pregnancy, may be a useful way to educate and engage adolescents in conversations about sexual health.

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NOTE 1 . Full length episodes of *16 and Pregnant* are available online at http://www.mtv.com/shows/16_and_pregnant/video/full-episodes/

NOTE 2. Discussion guides can be found online at: <https://thenationalcampaign.org/resource/16-and-pregnant-discussion-guides>

Acknowledgements

This research was supported by funding from The National Campaign to Prevent Teen and Unplanned Pregnancy. We would like to thank Amy Kramer, Senior Director of Entertainment Media, and Marisa Nightingale, Senior Media Advisor, with The National Campaign for their review and extensive feedback on the manuscript. In addition, we wish to thank the staff and youth at the Boys and Girls Clubs of America for their help with this research.