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#RealTalk Beta: A Digital Mosaic of Insights and Advice on Sexual Health from Real Teens

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Abstract

The promotion of positive sexual health behaviors among at-risk youth is a sizeable and multidimensional endeavor for educators, public health practitioners, health communication scholars and health educators. Keeping in mind the scope of both accessibility and audience in particular, health and media literacy are critical constructs in the cognitive building process, acting as interim scaffolding and helping adolescents to negotiate this landmine that is the inexhaustible Internet. #RealTalk Beta serves as said scaffolding, paving the way for safe and knowledgeable youth-oriented information. Authors assess this technological platform to understand the digital sexual health constructs that youth encounter on a day-to-day basis. The website reframes youth as the sexual health narrator, offering a digital platform which facilitates their perspectives as civically engaged information bearers for their peer groups and adolescent population. This article addresses the usefulness of a youth-created website that promotes youth agency and self-efficacy. It also proposes that sites which use educational forums can serve to cultivate dynamic conversations among youth while advancing positive sexual health behaviors.

Introduction

In 2002, Scharrer observed, ‘there is surprisingly little discussion of the goals or “outcomes” ideally associated with participation in a media literacy program’ (354). Thirteen years hence, this approach to media literacy remains roughly the same in the United States. Much of American media literacy work focuses on single-lesson classroom inclusion and revolves around representation; as such, it can stay largely superficial, focused on content at the expense of teaching the ‘behind the scenes’ work of ownership, production, and distribution – where the source of media industries’ power resides.

Perhaps as complicated as negotiating sexual health is navigating sexual health media sources and applying bodily knowledge in a digitally dependent world. As a culture, we have historically struggled to straddle the spaces of sex, sexuality and sexual health, and with the emergence of new technologies and social media, this has become even more complicated.

Intentional or not, youth encounter thousands of sexual references in the media annually, including but not limited to suggestive language, risky sexual behavior and sexual stereotypes. These “glamorized, unrealistic” examples of sex (positive, risk-free, sensation-fulfilling) are portrayed as the socially accepted norm, selling products and famous faces with sex-positive undertones (Pinkleton et al., 2008).

Of course, digital information sharing is a huge part of our youth’s generational upbringing, as is their inherent obsession with connectivity. Today youth can access information through a range of modalities and social media platforms outside of the watchful eye of parents, making this a turbulent scenario (Borzekowski and Rickert, 2001; Rideout, 2002). This can be noted in a recent study, in which 58% of teens classified as online health-seekers (n=983) who participated in an online survey said they used Google to look for health information and advice (Center on Media and Human Development School of Communication Northwestern University, 2015).

The majority of youth say confidentiality is “very important” when turning to the Internet to search for information on health. There are a range of concerns, like: 1) the lack of privacy on public computers (i.e. the eyes and opinions of others); 2) the availability of search history and saved data; and, most common 3) the fear that websites might give away or sell information about their health-related online activity (Rideout, 2002).

Even with the influence of peers, parents and privacy concerns in reviewing their health-related clicks, studies show that youth are still likely to discuss sexual material with parents and close friends. Relevant literature commonly notes that “parents communicate

messages about abstinence, safety and caution to their children,” while more curious, engaging messages arise with close friends (Levin et al., 2012). Of those messages around sexual health that youth receive, they tend to value most highly the messages found in conversations had with close friends exploring personal experiences and common-ground information.

Peer health advice bulletins have gained popularity for those youth willing to trust digital anonymity, riding on the coat-tails of comfortable peer correspondence and the option to view others’ questions and answers without personal posts. These digital peer spaces place less importance on demographics and maintain topical organization via bulletin “threads” and subjects (Suzuki and Calzo, 2004).

As scholars, educators and practitioners with expertise in health and media literacy, we need to think more critically about innovative ways to invite youth to join in the dialogue, sharing from our own varied experiences to facilitate engaging, empowering conversations that eliminate the negative connotations that are often placed on sexual health.

This article contends that websites, specifically those addressing topics of sexual health, which marry technology with the youth as narrators, can offer a digital platform which facilitates youth perspectives as civically engaged information bearers for their peer groups and adolescent population (*#RealTalk Beta*, <http://www.eleep-mosaic.org>). We also believe that as health and media educators address the challenges to infuse sexual health materials into the [high school] curriculum, *#RealTalk Mosaic* and sites that promote candid and transparent conversations can offer a youth-driven perspective and promote self-efficacious platforms. Though challenging, as educators we can mindfully provide direction for youth as they seek to make decisions about sexual health content and how to negotiate it. Our role as bridge builders should be to ground youth using their collective narratives and experiences in health and media literacy training with innovative digital platforms.

Boston offers a dynamic space for health media literacy innovation, boasting a dense academic climate and esteemed public healthcare provisions. With a population of 617,594, it is the largest city in New England and home to more than 100 higher-education facilities (U.S. Census, 2010). It has a rich culture of media, technology and literacy programs, housed on college campuses like MIT, Emerson, Tufts and Harvard, respectively. Often, these institutions pair with Boston organizations and NGOs (i.e. Boston Public Health Commission, Family Health Van, Sociedad Latina, etc.) to incorporate youth programs that encourage new media.

Boston’s main racial and ethnic groups are White non-Hispanic (59.3%) followed by Blacks (24.4%), Hispanics (17.5%) and Asians (8.9%) (U.S. Census, 2010). A quarter of its residents were born outside of the U.S. offering a diverse culture. Twenty two percent of the city’s children and youth live in poverty (Boston Public Health Commission, 2013). The

city's Black and Latino youth face significant health disparities like asthma, diabetes and sexually transmitted diseases (STDs), especially Chlamydia. Issues of relationship violence and Chlamydia are also widespread in Boston. In general, among sexually active Boston high school students, a higher percentage of males than females reported having sex for the first time at the age of 12 or younger while more female students reported having sex for the first time at the age of 15 and above.

Engaging Boston's minority youth from low-income neighborhoods in leadership programs, where they use health and media literacy frameworks to learn skills and gain experiences that contribute to positive lifestyles and healthier choices, offers a critical step towards increasing their self-efficacy and agency. Allowing them to enact those skills via different platforms, like the *#RealTalk* Mosaic, extends their knowledge beyond their communities by providing reach and impact on both local and global levels.

Background

Why Sexual Health

A large percentage of youth ($n=1156$) documented that they owned a cellphone (62%), and when they look for information online they use their cell phones most and prefer this mode of engagement because it is convenient and more private. Followed by laptops (51%) and tablets (37%), it's clear that accessibility is not the concern, but a matter of: a) quality, b) relevance and c) approachability of sexual health information (Center on Media and Human Development School of Communication Northwestern University, 2015).

With ready access and an entire online culture dedicated to digital sharing—applications for uploading, downloading, importing—it's perhaps not surprising that the majority of youth, ages 13-18, found “a lot” of health information online in 2015. To break “a lot” down by race, that's 40 percent of black teens, 31 percent of Hispanic compared to 18 percent of white teens (Center on Media and Human Development School of Communication Northwestern University, 2015). It's important to note also that youth are more likely to search the Internet on topics of health promotion and preventative health, “rather than for diagnosis, treatment or information for friends and family members” (Center on Media and Human Development School of Communication Northwestern University, 2015). And although the generation in question is perhaps the most digitally fluid generation to date, their connectivity does not always yield valuable, or even accurate, information; in fact, among teens who use the Internet for health-related information, the search methods are mediocre. More than half of teens who use the Internet for health information say they “often” begin their questioning with Google, “just click[ing] on the first site that comes up” (Cooke-Jackson, 2016; Center on Media and Human Development

School of Communication Northwestern University, 2015). In the same conducted survey, 37% of teens said they trust health information from educational organization sites (.edu) “a lot,” followed by 29% with trust in government organizations (.gov) and 27% in non-profits (.org), and although this discernment is a crucial step in health and media literacy, the Internet’s size alone continues to qualify simple search queries as a dangerous source of health information (Center on Media and Human Development School of Communication Northwestern University, 2015).

Why Media Literacy

We understand media literacy as the capacity to reason media-based messages in relation to ourselves as a learned means of self identity and social structure. With the influx of digitized communication, we become reliant on our human application of these messages and the analysis of such, be it our understanding or that of our peers, and that knowledge and ability to scrutinize for meaning and misgivings is crucial (Pinkleton et al., 2008). Media literacy is essential in our participatory online community as a means of mapping the digital landscape and its associated benefits and misgivings as they apply to us as consumers (Mihailidis, 2014). In motivating our youth towards becoming empowered natives, it’s important that, “participants develop knowledge about media production processes to enhance their critical thinking and to understand the misrepresentations of reality that commonly are a part of the media landscape” (Pinkleton et al., 2008).

As we attempt to dissect and understand sexual health media literacy, we must first analyze its dual components: health literacy and media literacy. Defined by The Patient Protection and Affordable Care Act of 2010, Title V, health literacy is “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions” (Centers for Disease Control and Prevention, 2015). It’s the ability to distinguish quality bodily information from the frauds, and apply it to our own well being as it pertains to us; but a combination of the two (health *and* media literacy) exceeds that of sexual education classes and professional health pamphlets, and it becomes our responsibility to utilize our informative, connective, digital means to move information along. Not only is health literacy an important means of dispersing health information, but it introduces a participatory dialogue between public health discourse and public health action, inviting people to engage in assessing and accessing health information (Mihailidis, 2014).

Why Public Narrative

We turn to public narrative to invoke communal change, working to calm emerging

urgency by securing common civic ground via knowledgeable discourse, our most primal and effective means of communication. By combining the elements of the narrative, “*self, us and now*,” beliefs become communal efforts and informed agency, shining light on our collective problems as a means of processing and addressing topics of public priority (Ganz, 2011). Public narrative is a “leadership practice of translating values into action,” and by teaching our youth to become their own narrators, we teach them to utilize public narrative in the digital space and work with them to create youth-driven media sites that address sexual health topics (Ganz, 2011).

“Narrative,” Marshall Ganz, a leading scholar of Public Policy at Harvard University, reasons, “is the discursive means we use to access values that equip us with the courage to make choices under conditions of uncertainty, to exercise agency” (Ganz, 2011). Emotional storytelling then becomes an important component of engaging civic leadership, provoking social action by assuming a collective identity and empowering a community as a mode of change. It encourages our youth to question media messages and their intentions as they relate to the individual’s personal situation and values, as well as their societal participation (Ganz, 2011; Hobbs, 2011).

A 2012 study centering on formative sexual communications articulates the positive consequences of “acknowledging that sexual learning comes from a variety of communication sources and that sexual behavior encompasses more than the initiation of sexual intercourse” (Levin et al., 2012). Sexual learning requires a public narrative—an engaging call to action, articulating real health concerns and resolutions—spanning more than the physical contact, but a social, thought-evoking contact. Promoting our youth as public narrators of sexual health messages prompts a new public narrative acknowledging sexual health as a series of communicative social experiences—be it via face-to-face interaction or digital means—and giving just agency to the next generation of civic leaders (Levin et al., 2012).

What is at Stake?

There are a few things at stake, making health practitioners and media literacy experts’ roles as bridge builders in the process of engaging the 21st century teen critical. First, and not dissimilar to any pre-teen and teenage adolescents’ growth, is the realization that, developmentally, life can seem fragile and especially complicated when it comes to issues of sex, sexuality and sexual health. Secondly, this age group is embedded in a number of societal norms and values (political, religious, etc.) that frame their civic-negotiation trajectory into adulthood.

Developmental Implications

When reflecting on sexual health, the physiological, psychological and psycho-social components of human development must be considered. Adolescence is a breeding ground for self-identity formation—a time at which youth are most malleable, socially and mentally. In terms of sexuality, this development stage is when youth begin negotiating themselves as sexual beings, in their own right and in relation to others, with attention to gender and sexual wants/needs (Levin et al., 2012). Adolescence also contributes to sensation-seeking behaviors, which, according to studies, peak during late adolescence and early adulthood (Charnigo et al., 2013). Studies show that “behaviors and decision-making processes learned and habituated at a young age are likely to be more sustainable over time, and thus may have greater impact than attempting to change the behavior of adults,” when engaging in discourse around health instills personal and civic empowerment (Schnall et al., 2013; Levin et al., 2012).

The Developmental Assets Theory says, adolescents are responsible for bringing their “particular energy to their relational and social world,” essentially “co-producing” their development and putting particular emphasis on social engagement as a molding method (Benson, 2007). These developmental experiences are self-taught practices in contextual engagement, which, paired with the digital scope, can be overwhelming in quantity, quality and accessibility. Sexual socialization research “suggests that early messages received about sexuality may have salient effects on the sexual behaviors of adolescents,” and in this vulnerable cognitive phase it is critical that sexual health messages are understood and processed before prematurely acted on (Levin et al., 2012).

Educational, Political and Religious Expectations

Given that educational, political and religious expectation vary greatly in society, it becomes difficult to find normalized sexual health topics in a public forum. In all scenarios (educational, political and religious) discourse around sexual health remains a controversial subject with regulated opportunities for youth seeking understanding and/or relevant learning material (Edwards, 2002). Furthermore, communication between parent and child can be a spectrum of views—ranging between conservative and liberal—complicating further the conversations about appropriate sexual behaviors (Okami et al., 1997). The digital ethics surrounding sexual health are unbalanced, which puts information-seeking youth at a disadvantage. Meanwhile, the expedience of the Internet is acknowledged as a useful tool by these affiliations, employing certain sexual health websites to promote abstinence and similar moral-bound health education. Misinformation and societal anxieties among spiritual-political coercion discourages seeking “indulgent” sexual health

information, and “among the competing narratives about sexual education little space remains for the adolescents to express their understanding of their sexuality” (Szucs, 2013).

The scope of these conflicting opinions and information distribution can strain an adolescent’s comprehension of sexual health, hindering their ability to comfortably trust and master such information as knowledgeable civic agents. At an informatively crucial time in teens’ lives, information concerning sexual health creates the foundation that spans the development of their sexual identities, and this lack of effective communication around sexual health—not to mention the associative taboo that some affiliations advocate—makes navigating and engaging with sexual health (and sexuality, social prejudices, etc.) difficult and more likely to lead to negative views and outcomes (Levin et al., 2012).

Existing research (e.g. Dunn et al., 1998; Pinkleton et al., 2008) shows that peer-led programs yield positive, structured outcomes, in terms of both insight and approach. It is thought that the parity construct of peer-led learning may be the underlying appeal; “that when participants identify with and perceive similarities to their peer leaders they may reap benefits specifically related to knowledge gain, perceived self-efficacy, and stronger behavioral outcome” (Pinkleton et al., 2008). In keeping with this model, youth not only exchange sexual health information, but they build a confidence in information, a sense of personal agency, which, with the support of accuracy and substance, have the potential for a civically-engaged youth-led program (Jones and Biddlecom, 2001).

Method

Description

The authors have partnered with a number of Boston’s urban youth—50 to 75 youth per summer respectively—under the umbrella of the Boston Public Health Commission for three consecutive summers. This peer-to-peer health-media literacy program teaches them to find, assess and create valuable health information, during which time they become knowledgeable disseminators of sexual health information in their own respect. Given the tools to find, dissect and then create their own PSA-like sexual health lessons through mixed media, we’ve watched these participating youth scour substantial information through a number of digital devices (see Cooke-Jackson and Barnes, 2013). We’ve also experienced their role as knowledge bearers as they go back into their communities to teach younger children at community youth centers and after-school programs. We know that these young people not only have the tools and accessibility to the information discussed, but they have the questions and curiosities pushing them to investigate. We have gradually been able to gather data that reflects the shifts in sexual health knowledge and the skills necessary to negotiate the online information highway independently

(Cooke-Jackson and Barnes, 2013; Cooke-Jackson, 2016).

The data for this study was collected between June 2014 and August 2014 as part of a summer health and media literacy training program. Since its emergence in 2011 the program has thrived. Each summer youth participate in the creation of digital health vignettes which are used throughout the year (September through May) for peer-to-peer mentoring programs that transpire in their communities with middle school youth. Typically, 50 to 75 youth from Boston communities come to the institution, Emerson College, each summer. The programmatic partnership between Emerson College and the Boston Public Health Commission's youth initiative—college students as peer leaders working alongside youth—and the youth-created vignettes have provided a powerful synergy. The appeal to younger audiences given the novelty of media creation and the youths' responsiveness to hearing about and sharing sexual health information is palpable. This work—*#RealTalk*, a digital mosaic—is grounded in a 2013 project in which youth were asked to share their perspectives on questions that had emerged from comments made during their prior training sessions. Like other innovative transmedia projects of this nature (see Question Bridge), *#RealTalk* Beta is a site for diverse perspectives from teens on topics of relationship development, sex, sexuality and sexual health. This interactive medium is intended to encourage conversations, reflections and candid dialogue that challenge normative attitudes on how teens understand and represent sexual norms, values and beliefs. The goal is to create a safe setting for trained teens' honest exploration.

A secondary goal of the website is to continue to populate the mosaic with videos of other youth who complete the training program so it can serve as an online space that teens feel is credible as well as a space where they can hear from their peers; peers that are multi-national, multi-racial and multi-gendered. Finally, a long-term goal will be to create a curriculum to go with this platform so that health educator and teachers can use it to begin the important dialogue of sexual health with teens. Because this mosaic is still unfolding the term *Beta* is used.

Participants

As noted earlier, our participants come from neighborhoods in Boston that have large populations of immigrants and people of color. These teens represent the cultural diversity of Boston. The majority of teens who attend the program report their race and ethnicity as African American, Hispanic, Haitian, and Cape Verdean, Asian Pacific Islander, African and West Indian (Guyanese). In considering the applicability of these results to other U.S. cities, it is important to note that the majority of participants come from neighborhoods where adult residents have low levels of educational achievement and over 18% of families

live below the federal poverty level. On average, families of color have household incomes lower than the Boston median income, while only white families have an average annual income that is greater than the city's average (Cooke-Jackson and Barnes, 2013).

Content Analysis

A content analysis of 41 individual videos was used to examine 6 questions on the topic of sexual health and relationship development (see Table 1). Krippendorf (1980) state that content analysis involves four steps including generating data that is illustrative of real phenomenon, data reduction, inference and analysis that leads to standardization of future research. While 41 teen videos are featured in the mosaic (see Table 2), authors only transcribed 24 different videos to respect the word count parameters of the journal.

The video compilations are completed after youth have been given time to become immersed in the basic goals and objectives of the program. Parental consent was acquired and waivers were signed to let teens know that their information would be public domain. We had 100% participation even though teens were told they did not have to participate in the videotaping process and/or be featured in the mosaic. Not all video and audio was viable so those are not a part of the website.

The questions youth were asked to respond to were: 1) Who taught you about how to be in a relationship?; 2) What do you believe teens should know about being healthy sexually?; 3) What do you believe teens should know about relationships?; 4) What messages does media send to younger teens about relationships?; 5) What do teens want to hear about sex?; 6) Did anyone tell you about the good and the bad things that can happen in a relationship? This work seeks to provide an analysis and code the content of the videos (See Table 1).

Observations

The Who, What and How on Sexual Health

In one to three minute sound bites, teens were asked to offer their perspectives on the above questions. Prior to videotaping, a program peer mentor (college student) stated questions 1-6 so teens could pick one that they wanted to answer. Their comments were not scripted or provoked by peer mentors, instructors, or lead staff. Instead teens were encouraged to reflect and respond with comments they felt most comfortable sharing with their peers about relationship and sexual health topics.

Discussion

This study acknowledges the value that a visual and interactive platform can offer as a

mechanism to show that teens, particularly teens from vulnerable communities, can be narrators of sexual health information and behaviors. It also shows that they can take a leadership role as public narrators of sexual health messages, prompting a new public narrative that acknowledges sexual health as a series of communicative social experiences giving just agency to the next generation of civic leaders (Levin, 2012). Thus, #RealTalk Beta is a powerful teen-oriented platform for shared knowledge on the topic of sexual health. We see this by the different responses teens offer to the questions they were asked. This section will address the findings by discussing each set of questions and providing an overview of how this work can be a beneficial mechanism toward an innovative model for educational development and an online forum for teens.

Table 1: Mosaic Questions and Responses

Who taught you about how to be in a relationship?

- “My mom and dad taught me about relationships.”
- “I don’t think anyone really teaches you how to be in a relationship. I think you follow your own instincts when you’re in a relationships, and each relationship you’re in teaches you a lot...I follow my own instincts and what I believe is best.”
- “My mother. She taught me that if I’m not happy, then there’s no reason to be in the relationship. Also, if you’re not happy then the other person shouldn’t be happy because it takes both of you to be happy to have a good relationship.”
- “Watching my friends’ relationships, I saw what I wanted and what I didn’t want. That taught me to prepare myself for the time when I want to be in a relationship, so my relationship can be best for me and best for him, too.”
- “I just assumed how to be in a relationship by watching my Mom and Dad...”

What do you believe teens should know about being healthy sexually?

- “They should know different types of contraceptives, birth control, a lot of teens don’t get health class at school and that plays a key role in teen pregnancy.”
- “Always be protective about sex—my best friend’s sister has HIV and she’s only 15.”
- “Being protective is the most important thing and knowing your partner—how they are you might be at risk of having serious disease that we are trying to get rid of.”
- “When different things happen, things they see in the media, like TV or music, should not be repeated because they could have adverse or worst effects then what they see there and that they should take caution and be safe when engaging in sexual relations.”

What do you believe teens should know about relationships?

- It takes two to be in [a relationship] and that also there should be equal boundaries in a relationship and there should be trust and consent moving forward. I believe there are plenty of relationships that are healthy, but plenty that are unhealthy.
- I think that teens should know that there are many consequences to being in a relationship, especially if you are sexually active. There are many diseases you can catch and you may end up pregnant. So you should always have in mind your goals and the obstacles you may face so if your goals are stronger you should definitely stay abstinent or stay protected because you don't want to catch a disease or end up pregnant and have that be one of the biggest obstacles you have to face.
- I think teens should know about relationships, especially in our generation, they should know that sorry doesn't mean anything unless it's proven and that loyalty doesn't run that deep. I also think teens should know it's okay to get out your character to make somebody else happy as long as they're doing the same and going out of their way to keep you happy too. And most important, I think teens need to know you cannot love or respect someone else or receive it if you can't love and respect yourself.

What messages does media send to younger teens about relationships?

- "I feel like the media portrays a false picture of relationships, because they only show the good parts of relationships, not the bad parts of relationships... and if it's the bad parts of relationships; it's over dramatic. So I feel like teenagers are looking for a fairy tale relationships and they're looking for a relationship that's going to go well 100% and nothing bad is gonna happen but there's always a good and bad part of relationships. The media needs to do a better job of showing how real relationships are and how people get influenced by relationships because the relationships that they show is more like everybody lives happily ever after and that's not always the case."
- "Music videos portray relationships as the men are on top with all the money and the women are their slaves."
- "The media is pressuring younger teens to have sex early in the relationships, and they feel like they're not going to have a long-lasting, stable relationship unless they have sex—I feel like that's the wrong message because sex is not the only thing in a relationship, it's also emotional too."
- "Younger guys or teens think they should treat their girlfriends with disrespect based off music videos and the music they listen to."
- "Media sends a bad message to young kids because the media shows people in relationships as fighting and arguing and I think that's bad."

What do teens want to hear about sex?

- Teens want to hear that it's pleasurable, that it's just fun. And that there's no consequences if you have sex without protection. They want to hear that there's no disease that comes with having unprotected sex... I think that's what the media tells us that's what we want to hear all the time."
- "They want to hear how to protect themselves from STDs and HIV and AIDS."
- "They want to hear that sex is OK, that there are no consequences. and they don't really understand the risk and consequences. They just want to hear how it feels good and it's fun."

Did anyone tell you about the good and the bad things that can happen in a relationship?

- "People tell me that you the bad things that can happening in a relationship is that you can be in an abusive relationship or even get pregnant at an early age or get a disease. The good things that can happen in a relationship is that if you love somebody you can get married for a long period of time or even like plan to have a family."
- "I saw it myself when I'm on the streets or walking around... I see how people in good relationships usually treat each other - no one really told me about it. In good relationships there's amusement, there's humor..."

When asked, “Who taught you about how to be in a relationship?” most teens responded that their parents were instrumental in modeling healthy relationship behaviors, thus teaching them the ins and outs of relationship cohesion. For the population of teens who might frequent the *#RealTalk* website, this powerful message from their peers reminds them that their parents are not obsolete, but can serve as an important visible role model for understanding relationships. It is also a poignant reminder to parents that their young teens are watching them, not to see perfection, but to see how communication works in relationship negotiation.

Teens who stated they did not have someone teaching them “how to be in a relationship” noted that observing good and bad behaviors of others around them was critical for understanding relationship development and negotiation. This response confirms that teens look to others—friends, family, communities—to see the various nuances of what a relationship should look and feel like. Notably, teens are seeing and processing numerous behaviors, picking up relational skills from adults and others in their own endeavors to establish a roadmap for relationship cohesion.

Another important finding that emerged from our content analysis of the *#RealTalk* mosaic relates to teens’ responses to the questions, “What do you believe teens should know about relationships in general and about being healthy sexually?”

The responses to these questions remind us to consider how much teens hear and see information about sex and sexual health. Whether we choose to believe it or not, our teens are being asked to mature at a rapid speed, with little grounded direction and an overabundance of stimuli, particularly from the media. A few topics emerged with *#RealTalk* teens as they reflected on these questions. They reminded their viewers to be “protective,” that “there are consequences,” and that “it takes two to be in [a relationship].” They also state that you need to have, “equal boundaries in a relationship and there should be trust and consent moving forward.” Finally, teens state that, “there are many diseases you can catch and you may end up pregnant. So you should always have in mind your goals and the obstacles you may face.”

A final insight from the *#RealTalk* mosaic emerged from teens’ responses to the questions, “what message does the media send about sex and what do teens want to hear?” While it was a given that teens want to hear that sex is “pleasurable” or that there are “no consequences” in reality teens see the media as a place that, “portrays a false picture of relationships” through music videos and misrepresentations of money and women. As such, teens feel that “the media needs to do a better job of showing how real relationships are and how people get influenced by relationships” because though everyone wants a happy ending that is not always the outcome.

Application

The applicability of this research for at-risk youth, educators, as well as media and health experts is twofold. First, the application for youth means they are given opportunities to co-create and share their perspectives via these interactive interfaces, which better equips them to address their own personal health issues, specifically as it relates to sexual health.

Second, the application for educators, and health and media experts is important given our role as scholars of media and bridge builders for our teens. Jones and Biddlecom (2011) note that while the Internet cannot fill the gap for sexual health education, it does serve as a promising platform. If we as educators can think more critically about ways to harness this platform and close the gaps by incorporating our youth's inherent digital skills and connected utilization into their corporeal responsibilities with sites of this nature, we can create and employ educational forums that cultivate dynamic conversations among youth while advancing positive sexual health behaviors.

As we consider the value of health and media literacy—the ability to distinguish quality bodily information from the frauds, and apply it to one's well being—and its informative nature, we also consider the opportunities for community integration, both domestic and global. The digital connectedness which health media literacy relies on allows for interconnected teaching methods independent of geographical relevance to Boston.

Strengths and Limitations

One of the strengths of this study is the realization that youth who participate in health and media literacy program can offer unique and multiple perspectives on their views of sexual health. Their presence on interactive web-based platforms like *#RealTalk* can be significant—inciting empowerment, voice and agency for them while simultaneously providing direction and support to their peers.

As our teens have more and more Internet access, more collaborative interdisciplinary work must transpire to create online spaces that offer comprehensive resources for this growing audience. This study serves as an effort to increase literacy and civic engagement that encourages partnerships whereby teens can co-create curricula and media with health communication, public health and/or media experts. The strength in this model is that it can empower teens to understand their personal space, autonomy and their role as information bearers for personal agency and self-efficacy.

Though the narrators of the *#RealTalk* mosaic are a small cohort of teens, which is not representative of the larger populations, their diverse racial and ethnic makeup is valuable and provides a powerful, positive representation of what is often perceived as a racial and ethnic group daunted by numerous health risk and disparities.

A perceivable limitation is that teens who participated in the video mosaic are also participants in the health and media literacy program and only puppeting what they are learning in their curriculum. While this might be true, we have been able to observe first hand that as teens create and share health information with peers their health knowledge increased and their confidence not just in the message, but in themselves as messengers grows.

Conclusions

This research examines #RealTalk Beta—a mosaic compilation of teen videos—that address topics of sexual health and healthy relationship behaviors. The goal has been to address the usefulness of a youth-created website that promotes youth agency and self-efficacy. Authors propose that sites of this nature can serve as educational forums that cultivate dynamic conversations among youth while advancing positive sexual health behaviors. As more teen-friendly web sites emerge we believe the sexual health messages that teens narrators on #RealTalk Beta promote can overtime provide a comprehensive teen-driven social catalyst to encourage and enlighten others.

Teens are inundated with information on a daily bases. The extent to which they hear and use the information is difficult to understand. What this research has shown is that when teens can co-create—actually get into the grit of creating messages—they have a greater commitment to and respect for what it means to be bearers of health information both individually and collectively. While “connecting teens to credible websites by way of parents or other family members is important it is also more challenging” (Jones and Biddlecom, 2001). Thus, as media educators, health communication scholars, public health practitioners we must create technological platforms with teens that encourage their development of a collective voice on topics of sex, sexuality and sexual health.

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Table 2: #RealTalk Beta mosaic (<http://www.eleep-mosaic.org>)

