Using Television to Enhance Sexual Health

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Abstract

Sexual health in Canada has room for improvement. Continuously rising sexually transmitted infection (STI) rates and alarmingly high rates of sexual violence are some of the sexual health issues occurring in Canada. One way to address these issues is to increase the sexual health content on television. While there was a lot of sexual content on television, sexual health content was limited. Specifically, sexual talk and sexual behaviour occurred often, while depictions of pregnancy, contraception, and STIs occurred infrequently. Despite the lack of sexual health content on television, studies have shown that depictions of sexual health in media can positively influence people’s sexual health behaviours. This paper uses the theory of planned behaviour and social cognitive theory to show how television can be used to improve Canadian sexual health. Suggestions for improved sexual health television content is provided.

Keywords: Sexual Education, Sexual Health, Social Cognitive Theory, Television, Theory of Planned Behaviour

Introduction

Sexual health can be improved by incorporating positive sexual health representations on television. The world health organization (2006) defines sexual health as “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination, and violence.” Many aspects of sexual health, such as STIs, sexual violence, and unintended pregnancy, need improving in Canada.

In the current paper, it will be argued that sexual health information being integrated into television shows more can positively impact sexual health. This is supported by the theory of planned behaviour and social cognitive theory. First, sexual health issues in Canada will be discussed. Next, the sexual
content that currently exists on television will be reviewed. The theory of planned behaviour and social cognitive theory will be explained. Then research on how social cognitive theories concept of modelling has impacted the facets of the theory of planned behaviour regarding sexual health on television. Next, the impact of communicating with others about television content will be explored. Lastly, the importance of using this information to improve sexual health messages on television will be addressed.

The rates of sexually transmitted infections (STIs) in Canada, particularly chlamydia, gonorrhea, and syphilis, have been rising since 2000 (Public Health Agency of Canada, 2017). For example, from 2005-2015, the number of cases of chlamydia, the most commonly reported STI in Canada, increased 49%, with 307 cases per 100 000 people reported in 2014 (Public Health Agency of Canada, 2017). The STI rates are highest in those 20-24 years old (Public Health Agency of Canada, 2017). A study of 14-17-year-olds Canadians found that 5% of them had been diagnosed with an STI (Frappier et al., 2008). There are likely many more who are unaware they have an STI, as many people do not get tested regularly. For example, only 42% of participants in Frappier et al.’s (2008) study had been tested for HIV in their life. Additionally, 71% of college students those who were married or common-law, and 38% of those in engaged or in a committed relationship had been tested for HIV in their life (Oswalt & Wyatt, 2014).

Sexual violence is also a prevalent problem, with 460 000 sexual assaults occurring in Canada every year, which means that one in three women and one in six men will experience sexual violence in their lifetimes (SACHA, n.d.). The highest rate of sexual violence occurs in those 15-24 years old (Statistics Canada, 2017). Of all the violent crimes reported to the police, one fourth of them are intimate partner violence (Sinha, 2013). In 2011 alone, there were 97 500 victims of intimate partner violence (Sinha, 2013). These statistics are alarming.

These alarming rates are influenced by contraceptive use rates, knowledge of sexual health, and a negative perception of sexuality. Rotermann (2012) reported that 68% of 15-24-year-olds used a condom last time they had intercourse, but condom use is often inconsistent. The 2019 Canadian National College Health Assessment showed that in the previous 30 days, condoms were consistently used by 5% for oral sex, 26% for anal sex, and 42% for vaginal sex. An American study found that while young adults think it is important to avoid pregnancy at this point in their lives, 19% of those trying not to get pregnant did not use any contraceptive and 24% inconsistently used contraceptives (Kaye, Suellentrop, & Sloup, 2009).

There is a lack of knowledge about sexual health, but many people believe they have the information they need to make informed decisions regarding their sexual health. Adolescents in Frappier et al.’s (2008) study lacked knowledge about STIs and their consequences but claimed they were knowledgeable. Seventeen percent of the sample did not know that STIs could be contracted via oral sex, and 23% believed that STIs could be contracted due to poor hygiene or public toilet seats (Frappier et al., 2008). Thirty percent of unmarried young adults knew little to nothing about condoms, and 63% knew little to nothing about the pill, with many believing myths, such as needing to take a break from the pill (Kaye et al., 2009). Additionally, of those who use natural family planning, 40% did not know when a woman’s typical fertile time was, which is the information needed to effectively use this method (Kaye et al., 2009). Despite the misunderstandings around sexual health, 90% of these young adults believed they had all the
knowledge they needed to avoid pregnancy (Kaye et al., 2009). The 2019 Canadian National College Health Assessment found that 2% of sexually active post-secondary students had an unintended pregnancy in the previous year.

Some people are aware of the lack of sexual health information but do not know where to get the information. Frappier et al. (2008) found that 76% of mothers did not feel they had all the sexual health information that they needed. Both adolescents and mothers felt they were missing information about sexual violence, sexual communication, and emotional aspects of sexuality. One way of improving sexual health is through comprehensive sexual education, but this is lacking in North America. A recent example is the reversal of a comprehensive sexual education curriculum implemented in Ontario in 2015.

One way to combat the lack of education is to include sexual health information in media, particularly television shows. Television shows were selected as an important medium because adolescents believe they get the most sexual information from television compared to mediums such as books, the internet, and magazines. Specifically, 54% of adolescents stated that they get information about sexuality from television and movies (Bleakley, Khurana, Hennessy, and Ellithorpe, 2018). In addition to adolescents believing that they learn the most from television, Lariscy, Reber, and Pack (2010) found that adolescents actually learn the most from television when compared to radio, print, the internet, and social media. Lastly, television is a prime target for entertainment education (EE), which is when prosocial messages (such as sexual health messages) are embedded in entertainment content (such as television shows; Moyer-Guse & Nabi, 2010). The purpose of EE is to use an entertaining platform to educate the audience.

Sexual Content on Television

There is a lot of sexual content on television today, and the amount of sexual content has increased over the years (Carpentier, Stevens, Wu, & Seely, 2017; Kunkle et al., 2007). Kunkle et al. (2007) found that 64% of primetime television shows contained sexual content and that most of these shows had multiple sexual scenes. Carpentier et al.’s (2017) content analysis found that within popular shows for young adults, one in three scenes included sexual or romantic content. Even in media targeted to adolescents, 12% of it contained sexual content (Hust, Brown, & L’Engle, 2008). Kunkle et al. (2007) and Carpentier et al. (2017) found that 61% of television shows and 49% of scenes, respectively, had sexual talk. Specifically, Carpentier et al. (2017) noted that most (51%) sexual talk was in the form of sexual jokes. Twenty percent of scenes included discussions of romantic feelings for someone and another 20% of scenes included discussions of past or future sexual activity. Discussions of maintaining or ending relationships occurred in 23% of scenes. Lastly, expert advice occurred in less than 1% of scenes (Carpentier et al., 2017).

Physical behaviour occurred in 32% of television shows and 11% of scenes (Carpentier et al., 2017; Kunkle et al., 2007). Sexual behaviour tended to be more suggestive than overt and was not very explicit (Carpentier et al., 2017; Kunkle et al., 2007). This is emphasized in Carpentier et al.’s (2017)’s findings that of the scenes containing physical behaviour, most (49%) were of light kissing. As the type of behaviour increased in explicitness, fewer scenes were showing the behaviour. For example, passionate kissing was in 23% of scenes, while sexual intercourse (depicted or implied) occurred in 20% of
scenes (Carpentier et al., 2017). This is similar to Kunkle et al.’s (2007) results, which indicated that 14% of television programs included sexual intercourse.

The context in which intercourse occurs is dependent on the show. Kunkle et al. (2007) found that 61% of sexual intercourse occurred in the context of established relationships, whereas Carpentier et al., (2017) found that scenes with sexual intercourse were more likely to be recreational than relational. This difference is likely related to the shows that were analyzed. Kunkle et al. (2007) analyzed primetime television, while Carpentier et al. (2017) analyzed shows that were popular with young adults. Alternatively, Kinsler et al. (2018) found that sexual activity on primetime television often occurred in the context of affairs and love triangles.

Sexual health content tended to be rare. Investigations of media targeted to adolescents found that less than 1% of the content included sexual health representations (Hust et al., 2008). On television, Kunkle et al. (2007) and Carpentier et al. (2017) found that 6% and 7%, respectively, included sexual health content. Kinsler et al. (2018) noted that educational messages regarding sexuality, relationship, or reproductive health were included in a limited number of shows. Different studies had different findings as to what this sexual health content entailed, but there was a focus on the consequences of sexual activity, specifically unintended pregnancy and emotional consequences. Media targeting adolescents indicated a much higher rate of content regarding masturbation than media targeting young adults. For example, 31% of media targeting adolescents depicted masturbation, but only 1% of television content targeted to young adults depicted masturbation (Carpentier et al., 2017; Hust et al., 2008). Analysis of primetime television did not code for masturbation.

Within the sexual health content, pregnancy issues were common. Pregnancy-related depictions occurred in 19% and 25% of the sexual health media targeted to adolescents, 44% of the scenes of television shows targeted to young adults, and 73% of primetime television shows (Carpentier et al., 2017; Hust et al., 2008; Kinsler et al., 2018; Pariera, Hether, Murphy, Buffington, & Baezconde-Garbanati, 2014). Kunkle et al. (2007) coded pregnancy and STIs together and found that 44% of the sexual health content fell into this category. Pariera et al. (2014) broke down the pregnancy-related content noting that 35% was about pre- or post-term complications, 15% was focused on labour and delivery, 9% discussed infertility, 7% depicted unplanned pregnancy, and 7% depicted pre- or post-natal care. These depictions of pregnancy may be influenced by medical dramas, whereas content targeted to adolescents or young adults may focus more on unintended pregnancy.

The depiction of contraceptives, including condoms, ranged greatly. Kunkle et al.’s (2007) content analysis found that 53% of the sexual health content depicted contraception, whereas Pariera et al.’s (2014) content analysis found that only 14% of the sexual health content depicted contraception. This may indicate a decrease in contraceptive depictions, as Kunkle et al. (2007) investigated primetime television shows in the early 2000s, and Pariera et al. (2014) investigated primetime television shows in the late 2000s. Shows targeting young adults showed less contraception, as only 7% of the sexual health content depicted contraception and 19% of sexual health media targeting adolescents depicted contraception (Carpentier et al., 2017; Hust et al., 2008). Kinsler et al. (2018) noted that their sample of primetime shows did not mention contraception when characters were engaging in casual sex.
STIs were rarely discussed; 8% of sexual health content on primetime, 11% of sexual health media targeting adolescents, and less than 1% of the sexual health representations on shows targeted to young adults included HIV or STIs (Carpentier et al., 2017; Kunkle et al., 2007; Hust et al., 2008; Pariera et al., 2014). Some content was specific to the individual study. Hust et al. (2008) investigated sexual health content targeted to adolescents found that 14% discussed puberty. Kunkle et al. (2007) found that 15% of sexual health content depicted sexual patience, and Carpentier et al. (2017) found that 43% of sexual health content depicted emotional consequences of sexual activity. Lastly, in primetime programming, sexual violence, abuse, and harassment occurred in 14% of storylines (Kinsler et al., 2018). Overall, sexual health content is rare, and the content that does exist focuses on the emotional consequences, pregnancy, and contraception.

How often sexual health content is shown is important to understand, but the way in which the sexual health content is displayed is also an important aspect to consider. Pariera et al. (2014) evaluated the level of information given when depicted sexual health content and found that only 6% was clear and accurate. Twelve percent had no information, and 39% was brief and incomplete. The remaining 43% was somewhat clear and accurate. Hust et al.’s (2008) analysis of sexual health media targeted to adolescents noted that when sexual health is discussed, it is depicted as embarrassing or humorous. Sexual health information tends to perpetrate gender stereotypes, such as men being obsessed with sex and performance. Media depictions of sex do not show it as pleasurable. Lastly, depictions of consequences, such as unintended pregnancy, show that everything works out in the end. For example, the father helps with the child (Hust et al., 2008). These depictions of sexual health do not show the whole picture and are rooted in stereotypes and inaccurate information. This paper will use the theory of planned behaviour and social cognitive theory to show how increasing the number and accuracy of sexual health messages and storylines on television can help improve sexual health in Canada.

**Theory of Planned Behaviour**

The theory of planned behaviour (TPB; Ajzen, 2012) can be used to explain the decisions to engage in a behaviour. This theory was created to predict behaviour based on beliefs. In this theory, the intention to perform a behaviour is the immediate determinant of the behaviour occurring. The model includes three facets that impact the intention to engage in a behaviour. The facets are attitude, subjective norm, and perceived behaviour control. These three facets influence people’s intentions to engage in a behaviour. Once someone has the intention to engage in a behaviour, they are likely to follow through (Ajzen, 2012; see Figure 1).

The attitude someone has toward a behaviour influences their intention to engage in that behaviour. There are two influences on attitude. The first is behavioural beliefs, which are whether the behaviour is seen as positive or negative. The second is outcome evaluation, which is the perception of how likely the outcome is to occur. Those who believe the behaviour will have the expected outcome are more likely to intend to engage in the behaviour than those who do not believe the behaviour will have the expected outcome (Ajzen, 2012). For example, someone who believes that using a condom will protect them against STIs is more likely to use a condom than someone who does not believe a condom will effectively protect them against STIs.

The second facet is subjective norm, which is a social pressure. Behaviours are more likely to be enacted if they are
considered normal and acceptable by others. If it is perceived that others would want the behaviour to be performed, it is more likely for someone to intend to perform the behaviour (Ajzen, 2012). For example, if the whole grade 7 class is encouraged to get the HPV vaccine, people are more likely to intend to get the HPV vaccine. Seeing many classmates get the vaccine likely normalizes the activity.

The third facet is perceived behaviour control. This is the perception of the ability to engage in the behaviour. There are many elements of perceived behavioural control, including past experience, knowledge, and anticipated impediments. Self-efficacy plays a large role in perceived behavioural control, as people need the knowledge and skills to be able to engage in behaviours (Ajzen, 2012). For example, to use a contraceptive, people need to know what contraceptives are available, how effective they are, and how to use the contraceptive they choose correctly. People also need to be able to access the contraceptives. Various barriers can impact people’s perceived behavioural control, such as finances and the ability to get to a doctor.

Social Cognitive Theory

Social cognitive theory is a triadic reciprocality model, which means that three elements, behavioural factors, environmental factors, and cognitive or personal factors, interact and influence each other (Bandura, 1986). Behavioural factors include the skills to engage in the behaviour and self-efficacy to do so. Self-efficacy is someone’s perceived capability to do a task and has a stronger influence on behaviour than actual ability (Bandura, 1989; Costlow & Bornstein, 2018). For example, in order to use condoms, people need to know how to put them on and believe that they know how to do so correctly.

Environmental factors include access and social norms. People must be able to get condoms in order to use them. Additionally, if it is normal in a group of friends to use condoms, those in the group will be more likely to use them. If condom use is seen as negative in a group, those in the group will be less likely to use them. Lastly, personal factors include knowledge and attitudes. A lack of knowledge about sexually transmitted infections (STIs) or a belief that contracting an STI is unlikely will make using a condom less likely. For any given behaviour, some of these elements are stronger than others, and they do not need to occur simultaneously (Bandura, 1989).

One of the main components of SCT is modelling, also called observational learning. Modelling is when people learn by observing others (Costlow & Bornstein, 2018). Specifically, observing a model’s (e.g. a television character) behaviours and the outcomes of those behaviours allow people to expand their knowledge and skills. This is done by watching others and understanding the consequences (good or bad) of the model’s behaviour (Bandura, 1989). Through modelling, behaviours can be promoted or inhibited, such that modelled behaviours that show positive outcomes are likely to be enacted, while behaviour that shows negative outcomes are likely to be inhibited (Costlow & Bornstein, 2018). Bandura (1989) noted that television was an important source of observational learning. Observation learning can lead to behavioural changes. To encourage these behavioural changes, repeated exposure to modelling of the behaviours is important (Bandura, 1989). Additionally, identifying with the model encourages retention and change (Bandura, 1989).

Theory of Planned Behaviour and Social Cognitive Theory

The theory of planned behaviour and social cognitive theory have overlapping constructs. For example, both discuss self-efficacy, social norms, and attitudes. The
purpose of each theory is different, in that the theory of planned behaviour predicts behaviour, while social cognitive theory explains behaviour change. Using these two theories together allows for a deeper understanding of how using media can change sexual health behaviours. The next sections will show how observational learning has impacted attitude, subjective norm, and perceived behavioural control. The importance of repeated exposure and identifying with the model will be discussed.

This paper will show that modelling sexual education through media, specifically television, can positively impact each facet of the theory of planned behaviour in order to encourage behaviours that improve sexual health. Observational learning allows people to acquire new skills and knowledge, which impacts people’s perceived behavioural control. Observational learning helps people to understand the outcomes of their actions, which impacts people’s attitudes (Bandura, 2004). Lastly, models’ engaging in a behaviour gives the behaviour a social approval (Bandura, 2004). Bandura (2004) stated that “media promotes changes by informing, modelling, motivating, and guiding personal changes” (pp. 150). Through observational learning, the key component of social cognitive theory, the facets of the theory of planned behaviour, perceived behavioural control, attitudes, and social norms can be altered. This should then influence intention, which directly impacts behaviour.

Attitude

Attitudes regarding sexuality can be impacted by the content on television. Farrar (2006) showed participants three popular hour-long television shows over a seven-day period. Participants either saw three shows that included intercourse with condoms, intercourse without condoms, or no sexual contact (control). After seeing the shows, women in the intercourse with condoms had significantly more positive attitudes towards condoms and safer sex than those who saw the intercourse without condoms or control conditions (Farrar, 2006). The repeated exposure of having three shows in a seven-day period may have positively impacted these results, as social cognitive theory suggests. Hust, Marett, Lei, Ren, and Ran (2015) analyzed rape myth attitudes of people who watched or did not watch Law and Order, including the Special Victims Unit spinoff, which focuses on sexually related crimes and often debunks rape myths. Hust et al. (2015) found that watching Law and Order was associated with lower rape myth acceptance compared to those who did not watch the show. These studies show that various sexually related attitudes can be positively altered by watching models on television shows address these attitudes and behaviours.

Subjective Norms

Subjective norms may be impacted by the frequency of seeing sexual health content, such that the more that people see models engaging in activities, such as condom use, STI testing, and sexual communication, the more normal and acceptable the activities become. This was illustrated after an episode of ER in which a man who had sex with men (MSM) was diagnosed with syphilis (Whittier, Kennedy, St. Lawrence, Seeley, & Beck, 2005). MSM were surveyed, and it was found that those who had seen the episode were more likely to tell others to get tested for syphilis than those who did not see the episode, indicating that seeing the model engaging in STI testing made the behaviour more normalized (Whittier et al., 2005). Three to four weeks after a Friends episode aired in which two main characters had used a condom during sexual activity, 65% of confirmed viewers could recall that the characters had used a condom (Collins, Elliott, Berry,
Kanouse, & Hunter, 2003). Knowing that popular characters used a condom can help positively influence people’s perception that condom use is normal.

Many aspects of sexuality are stigmatized. This stigmatization influences people’s perceptions and willingness to engage in behaviours. Pariera et al. (2014) found that most (76%) health-related storylines did not portray shame or disgrace. The storylines that did include stigma tended to be about STIs, including HIV. Other topics that were stigmatized included unplanned pregnancy, abortion, and breast-feeding (Pariera et al., 2014). Media that does not stigmatize sexuality can influence people’s likelihood of stigmatizing. This is illustrated through the show Makgabaneng. Makgabaneng is a radio show in Botswana in which two episodes air weekly (Pappas-DeLuca et al., 2008). Multiple storylines about HIV testing occur on the show. In one storyline, an engaged couple discusses the need to be tested for HIV and their intentions to do so. Another storyline involves a character testing positive for HIV and struggling with the stigma of his HIV status. Those that regularly listened to Makgabaneng had lower levels of stigma related to HIV (Pappas-DeLuca et al., 2008). As noted by Bandura (1989), identification with characters is important. This is seen by the results indicating that those who identified more with characters of the show Makgabaneng had less stigmatizing attitudes towards HIV. These examples show that modelling on television can impact subjective norms by normalizing sexual health behaviours.

Perceived Behavioural Control

Knowledge and skills about sexual health can be obtained through viewing television. Three to four weeks after watching an episode of Friends in which condom effectiveness was discussed, 31% of confirmed adolescent viewers remembered that condoms were between 90-100% effective (Collins et al., 2003). At a six-month follow-up, 30% of confirmed viewers could recall that condoms were between 90-100%, whereas only 18% of non-viewers knew this information (Collins et al., 2003).

Brodie et al. (2001) studied two episodes of ER. One had a storyline about emergency contraceptive (EC) that was less than three minutes long. The other episode had a clip that was less than a minute long and addressed HPV. Both of these short clips made an impact on the knowledge of the viewers. Three samples were used; surveys were given one week before, one week after, and two months after the episode aired (Brodie et al., 2001). A week after the episode with EC there was more viewer awareness that there are options for preventing pregnancy after sexual activity. Specifically, 17% more participants knew after the show than those in the sample before the show aired (Brodie et al., 2001). Additionally, 23% of participants surveyed in the week after the show aired were able to specifically discuss what EC was (Brodie et al., 2001). The knowledge, however, was not retained long-term. When another group of viewers was surveyed two months later, the awareness level had returned to pre-show levels.

Similar patterns were found in the episode with the HPV clip. Again, three samples were used, but this time the follow-up was one month after the episode aired, instead of two. Before the show aired, 24% of the sample had heard of HPV, and 9% could describe what HPV was. One week after the show aired, 47% of the sample had heard of HPV, and 28% could describe what HPV was. Lastly, 38% of the sample surveyed a month after the show aired had heard of HPV, and 16% could describe what HPV was (Brodie et al., 2001). There was evidence that these changes were due to the ER episodes, as 20%
of those who saw the episode with EC storyline and 32% of those who saw the episode with the HPV clip voluntarily stated that they got the information from \textit{ER}. These two \textit{ER} episodes add to the evidence that shows that repeated exposure is needed to help retain sexual health information.

In addition to the actual knowledge people get from television shows, many people feel that they are learning important health information from the show and are using this information to make decisions about their lives. Seventeen percent of the viewers who watched the \textit{Friends} episode said they learned something new about condoms (Collins et al., 2003). Additionally, 55% of participants surveyed after the \textit{ER} episode with the EC storyline said they leaned important information on \textit{ER} and one-third said they used this information to make decisions regarding their health (Brodie et al., 2001).

Knowledge can be obtained from observing models on television shows, but without repetition, this knowledge is not retained long-term. These health-related messages should be repeated multiple times and across multiple shows, as the continued exposure to the information and modelling of behaviours with aid in retention. The knowledge and skills obtained from television can help increase self-efficacy. Identifying with the characters can also help build self-efficacy, as illustrated by a study of \textit{Sex and the City}. Using the show \textit{Sex in the City}, Moyer-Guse, Chung, and Jain (2011) created three versions of an episode. One version included an STI plotline with discussions of STI testing and sexual history (discussion), another had the STI plotline with no discussions (no discussion), and the third had no STI plotline (control). Their findings indicated that more identification with the main characters of \textit{Sex and the City} led to greater self-efficacy regarding discussions about STI testing.

In addition to learning new information, people seek out more information because of what they see on television. For example, a PSA was shown with the CDC’s STI and AIDS hotline number at the end of two episodes of \textit{The Bold and the Beautiful} that had plotlines regarding HIV. Kennedy, O’Leary, Beck, Pollaard, and Simpson (2004) reported that there was a significant increase in the number of calls to the hotline immediately after the episodes aired. When comparing to other days, months, and years, there were significantly more calls on the days after the episodes aired. There were more than 1000 additional calls to the hotline the days the episodes aired than on any of the comparison days. The day the second episode aired marked the day with the higher number of calls (5313) to the hotline that year. The next day with the most calls (4570) was National HIV Testing day, in which many media outlets share the hotlines number (Kennedy et al., 2004). There were over 700 more calls after the second episode of \textit{The Bold and the Beautiful} than on HIV testing day.

Some of the callers were interviewed. Of those that mentioned \textit{The Bold and the Beautiful}, most were first time callers and were prompted to call because of what they saw on the show. While it is unknown how many of the callers called because of the show, the massive spikes after the show indicates that the show had an impact on people seeking out information regarding HIV. Frequency appears to play a role here as after the second episode of \textit{The Bold and the Beautiful}, the number of calls to the CDC’s hotline was higher than the number of calls after the first episode (1840 versus 1426; Kennedy et al., 2004).
Intentions

EE messages can directly influence people’s intention to engage in sexual health behaviours. An episode of *The OC* with a teen pregnancy storyline was shown to participants (Moyer-Guse & Nabi, 2010). After seeing the episode, female participants intentions to engage in safer sex behaviours significantly increased, but their intentions to engage in safer sex returned to baseline at follow up (Moyer-Guse & Nabi, 2010). This shows that EE can increase intention, but not long-term. Those who listened to the show *Makgabaneng* once a week or more, as well as those who had been listening for a year or more were approximately two times more likely to intend to get tested for HIV in the following three months (Pappas-DeLuca et al., 2008). These studies again illustrate the importance of repeated exposure.

Of those who called into the CDC’s STI and AIDS hotline after a PSA at the end of *The Bold and the Beautiful*, most (57%) intended to make changes after seeing the show (Kennedy et al., 2004). Specifically, 44% intended to get STI tested and 28% intended to use condoms (Kennedy et al., 2004). Whittier et al. (2005) investigated intentions after an episode of *ER* aired that included a storyline regarding a man who has sex with men being diagnosed with syphilis. Those who saw the episode were significantly more likely to intend to get tested for syphilis than those who did not see the storyline (Whittier et al., 2005). Additionally, seeing the episode was the sole predictor of intention to get tested, indicating that the episode was driving this intention, not other factors (Whittier et al., 2005).

Intentions can be positively or negatively influenced depending on how the content is shown. Participants who watched *Law and Order*, including the *Special Victims Unit* spinoff, had greater intentions to refuse unwanted sexual activity and to adhere to others’ consent decisions (Hust et al., 2015). *SVU* addresses sexual crimes and tends to promote a woman’s right to refuse sexual activity. Alternatively, *CSI* tends to show graphic depictions of sexual assault and dehumanize the victim (Hust et al., 2015). Those exposed to *CSI* had lower intentions to seek consent and adhere to others’ consent decisions (Hust et al., 2015). The way sexuality is portrayed is important to what intentions are formed. Portrayals that encourage positive sexual health are needed to improve behaviours.

Behaviour and multiple facets of the theory of planned behaviour

Although the direct impact EE has on behaviour has not been statistically studied, the director of *The Bold and the Beautiful* noted that they received anecdotal evidence of behaviour change. This anecdotal evidence was in the form of letters and calls in which viewers stated that they got HIV testing because of the HIV storyline on the show (Kennedy et al., 2004).

Some studies have investigated how multiple facets of the TPB model affect each other. A meta-analysis conducted on the impacts of EE on various health issues, including sexual health, found that EE significantly and positively impacts each facet of the TPB model, except subjective norm as it was not evaluated (Shen & Han, 2014). Moyer-Guse et al. (2011) tested a model which showed that those with higher self-efficacy to have a conversation with their partner about STI testing were more likely to intend to have the conversation. This intention then positively impacted the likelihood of them having a conversation with their partner by the two-week follow-up (Moyer-Guse et al., 2011).
Communication

While not a part of the TPB model, communication with others about the television content being watched is an important influence on behaviour. This is likely because like observational learning, communication can impact the facets of TPB. Those who watch shows that include sexual health storylines discuss the issues presented with family, friends, partners, and health care providers. After an episode of Friends that mentioned the effectiveness of condoms, 24% of adolescents discussed the episode with an adult, of which 31% specifically discussed condoms (Collins et al., 2003). Those who had watched the episode with an adult were two times more likely to talk with an adult about the episode. These conversations that were brought up due to the episode were often the only conversation of sexual health issues the adult and adolescent had had in the previous months (Collins et al., 2003). In a study of regular viewers of the show ER, findings indicated that 51% of participants talked with family or friends about the health issues, including sexual health issues discussed on the show (Brodie et al., 2001). Additionally, those who had been listening to the show Makgabaneng for a year or more were more than two times as likely to discuss the need for testing with a sexual partner (Pappas-DeLuca et al., 2008).

Televisions’ encouragement of sexual communication is further illustrated by the study of Sex and the City. Those who watched the discussion version (in which discussion of STI testing occurred) were significantly more likely to have discussions regarding STIs and protection with their partner, friend, and/or healthcare profession by the two-week follow-up than those in the no discussion (STI storyline, but no discussion) or control groups (no STI storyline; Moyer-Guse et al., 2011). Most participants (76%) discussed the episode with a friend, and many (26%) discussed the episode with a partner in the two weeks after seeing the episode. Those who were in the discussion group were significantly more likely to talk to their partner than those who were in the control or no discussion groups (Moyer-Guse et al., 2011). Specifically, 46% of those in the discussion group talked to their partner about the episode. Additionally, those in the discussion group were significantly more likely to mention STIs, such that 39% of participants in the discussion group discussed the STI storyline versus 3% of the no discussion group and 2% of the control group (Moyer-Guse et al., 2011). Only those in the discussion group personalized their conversations about STIs. This means that 28% of the participants in the discussion group discussed how the storyline related to themselves, for example, noting the need to get tested (Moyer-Guse et al., 2011). These examples show that the amount of exposure to sexual health topics impacts people’s intentions and the likelihood of communicating with a partner.

Discussions about the shows being watched are important as they can impact the perception of social norms, knowledge, attitudes, and satisfaction. General discussions about the show can positively impact communication about sexual health content and social norms. For example, those that discussed the radio show Makgabaneng with someone had lower stigmatization towards HIV and were more likely to talk to their partner about STI testing (Pappas-DeLuca et al., 2008). Communicating specifically about the sexual health content can mean that people get more information about the topic. Additionally, those talking to their sexual partner about protective aspects of sexuality are more likely to engage in protective behaviours (Quina, Harlow, Morokoff, Burkholder, & Deiter, 2000). People who discuss their preferences about their sex life, which may be encouraged by a television show, have higher levels of sexual and
relationship satisfaction (McNeil & Byers, 2009; Quina et al., 2000).

**Conclusion**

In conclusion, positive sexual health representations on television can help to improve the sexual health of Canadians. Using social cognitive theory and the theory of planned behaviour, it was shown that portrayals of sexuality on television can positively impact the sexual health behaviours people choose to engage in. Showing accurate and frequent information regarding sexuality on television can change attitudes, normalize behaviours, and improve self-efficacy. These outcomes then impact intentions to engage in behaviours that can improve sexual health, such as safer sex, getting vaccines, talking to partners, and decreasing sexual violence, which in turn will lead to engaging in these behaviours. Seeing depictions of various aspects of sexual health encourages conversations about these topics, which positively impacts behaviour as well as satisfaction.

More research in this area would be helpful. There are limited experimental studies on media’s impact on sexual health. Experimental studies allow for more concrete evidence of the direction and impact of modelling on the facets of the theory of planned behaviour. Additionally, studies need to investigate when and for whom sexual health messages are most useful and salient.

Currently, depictions of sexual health are lacking on television. The number of sexual health messages and storylines needs to increase, and these messages need to be clear and accurate. As this paper has shown, the repetition of modelling is important for behaviour change. While more in-depth storylines and actions regarding sexuality are useful, adding simple, small actions can make a large impact. Actions can include adding a helpline number, showing characters grabbing a condom before having sexual intercourse, or short storylines (even less than a minute as shown in *ER*). Additionally, having a variety of characters on television is important, as people need to find the models relatable. For example, having more LGBTQ+ characters and characters of colour would increase the relatability for people in these groups.

The way sexuality is shown on television is also important. Putting forth a realistic, and non-stigmatizing portrayal of sexuality will help to improve sexual health. Showing that behaviours have consequences, for example, showing that people get STIs or that men do not always stick around after an unwanted pregnancy. When including sexual health messages, it is vital to ensure that the message is not stigmatizing sexuality or perpetrating gender stereotypes. Lastly, television producers can go above and beyond the tradition of sexual education and show sex as pleasurable.

There may be various reasons networks and shows have not taken up the mantle to add positive sexual health content. These concerns may include ratings and cost. Adding sexual health actions and storylines can positively influence people’s attitudes, self-efficacy, and social perception, but it does not negatively influence ratings. Rating enjoyment between the three *Sex and the City* episodes did not differ (Moyer-Guse et al., 2011). Of nine health-related storylines on *ER*, regular viewers were most interested in a storyline on HIV status (Brodie et al., 2001). Forty-eight percent of regular viewers were very interested in the HIV status storyline, and 36% of regular viewers were very interested in a storyline about someone living with HIV (Brodie et al., 2001).

Newer networks, such as Netflix, are starting to include more sexual health content and diversity, but more needs to be done. An
example of actions Netflix is taken includes the Netflix original show *Insatiable*, which has multiple scenes that show or discuss condoms. In one scene, the male character notes that they cannot have sex because he does not have a condom on him. In another, the male character gives the female character a box of condoms and tells her to open them. The condom package was clearly labelled Trojan, which likely was a product placement. Product placement may be an avenue to explore for networks and shows that are concerned about additional costs of adding sexual health content.

It is essential that the opportunity to use media, particularly television, to encourage sexual health behaviour is taken advantage of. The rates of STIs and sexual violence in Canada are alarming and need to be addressed. Addressing these issues in an entertaining and educational way in which viewers can identify with characters and see representations of sexual health consistently is beneficial, particularly in a political climate in which comprehensive sexual education is limited.

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Perceived Behavioural Control

Attitude

Subjective Norm

Intention

Behaviour

Figure 1. Theory of Planned Behaviour (TPB) diagram.