

Conflicted Messages

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For the past several decades, personal freedom resonated as the message of the day and overshadowed any mention of personal responsibility. This cultural shift gave rise to numerous consequences as evidenced by heightened sexual activity at earlier ages, alarming rates of sexually transmitted infection (STI), and large numbers of children raised in single-parent households. What suffered during this period was the notion of personal responsibility and respect for ourselves and others.

In the context of teen pregnancy prevention, what does it mean to be personally responsible? Research shows that children are likely to have the best outcomes when born into a stable, two-parent family.¹ The decision of whether and when to become pregnant should optimally occur in the context of marriage between a husband and wife who will determine how they will plan for their family. Given the bleak statistics — teenage mothers often do not complete school, increasing the probability that they and their children will live in poverty² — it is difficult to imagine how our culture would ever condone producing children outside the boundaries of marriage and family and deem it “responsible.” Organizations that promote “comprehensive” sex education would argue that personal responsibility means to use birth control/condoms. In *Emerging Answers*

2007, Doug Kirby reports that 30% of teens ages 15-19 who rely on oral contraception do not take a pill every day, which is necessary for protection.³ Is it realistic to expect sexually active adolescents to be “personally responsible?”

Most would agree that teens are not ready for pregnancy and parenthood. The point of disagreement lies in whether youth programs should address preventing the pregnancy by dispensing contraception, or preventing the sexual activity which leads to pregnancy. I believe the most responsible approach is to reduce the sexual activity.

Two critical areas which must be addressed are: (1) the influence of media on popular culture and (2) the lack of clear and consistent messages from adult authority figures, i.e. parents, teachers, clergy, etc.

Teens are bombarded with messages from movies, television, and music that glorify sex, violence, and drug and alcohol use. It has been said that next to parents, television is perhaps a child’s most influential teacher. A recent study reported that the average child spends nearly 45 hours per week with media, compared with 17 hours with parents.⁴ Primetime programming is heavily weighted with sexual references and innuendoes. Another study found that “verbal references to non-married partners outnumbered scenes depicting or implying sex between married partners by a ratio of nearly four to one.”⁵ Nevertheless, nine out of 10 students in a 2007 Best Friends student survey want to be married someday. This indicates that our children still see marriage as a valuable goal. Why, then, is so little attention given to helping them reach that goal? The major media has simply not responded to the viewer’s preference for family shows that depict positive relationships and healthy marriages.

Equally important are the policies of authority figures that significantly influence student's risk behaviors. Some experts recommend that condoms be distributed in high school or even middle school because "kids are going to have sex anyway." Is this a responsible policy? Not so, according to Jim Munn, track coach at the now infamous Gloucester High School, where 17 girls got pregnant last spring. In a letter to the *Gloucester Daily Times* editor he wrote, "Kids drink too. So why not also dispense alcoholic beverages to the students, and give them a 'safe place' to booze it up such as the high school field house..."⁶

Studies indicate the interconnectedness of sexual risk behaviors with other negative outcomes such as drugs and alcohol use.⁷ Certainly, adults in positions of authority are behaving responsibly when they clearly and consistently advise adolescents to reject all risky behaviors related to sex, drugs, and alcohol. Should young children be taught how to play safely with matches? The consequences of adolescent premarital sexual activity are no less serious.

The difference in approach lies in one word — expectation. Given the right information and guidance by caring adults, youth are capable of making good decisions. Research confirms that youth respond to the challenge of high expectations by making positive choices and setting goals for their future. The *Adolescent & Family Health* journal (Spring 2005) compared the research study of approximately 200 Best Friends girls to the Youth Risk Behavior Survey of non-participating peers in D.C. Public Schools. This comparison found that Best Friends participants were: (1) two times less likely to use alcohol, (2) eight times less likely to use drugs, (3) more than two times less likely to smoke, and (4) more than six times less likely to have sex.⁸

Ultimately, teen sexual activity is an issue of character. It is a question of what kind of human being one wants to become. According to character education expert Thomas Lickona, in a culture often hostile to sexual restraint, adolescents must have a sense of ethical and moral competence if they are to exercise sexual self-respect and self discipline.⁹ When these components are in place they are more likely to make good decisions and are better prepared for meaningful relationships, which are important factors for a successful life.

After more than 30 years of working with students, I am convinced that young people really want to do the right thing. When character is not taught, children lack the foundation to exercise personal responsibility and are ill-equipped to make decisions that may affect them and others. Our youth deserve an opportunity to develop these skills and have a childhood before they have a child. Unfortunately, sexual activity and drug and alcohol use rob children of this opportunity.

The Best Friends Foundation has risen to the challenge of positive youth development through implementation of our research-based programs which represent the real “comprehensive” approach to adolescent health and character development. Our children’s future is at stake. If we give our children our best, they will surely respond with their best.

FOOTNOTES

1. Waite, L.J., & Gallagher, M. (2000). *The Case for Marriage: Why Married People are Happier, Healthier, and Better off Financially*, pp. 124-140. Doubleday, New York, NY.
2. Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, pg. 12. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

3. Ibid., pg. 12
4. Common Sense Media, "Media + Child and Adolescent Health: A Systematic Review", November 2008.
5. Bozell, L. Brent, "TV's Contempt for Marriage", Washington Post, August 27, 2008.
6. Munn, J., "Distributing Contraceptives No Answer to Complex Problems", Gloucester Daily Times (August 4, 2008).
7. Shrier, L.A., Emans S.J., Wood, E.R., & Durant, R.H. (1997) The Association of sexual risk behaviors and problem drug behaviors in high school students. *Journal of Adolescent Health*, 20(5), 377-383.
8. Lerner, R. (2005) Can Abstinence Work: An Analysis of the Best Friends Program. *Adolescent & Family Health*, Vol 3. No. 4, 185-192.
9. Lickona, T. and Davidson, M. (2005). *Smart & Good High Schools: Integrating excellence and ethics for success in school, work, and beyond.* Cortland, N.Y.: Center for the 4th and 5th Rs (Respect & Responsibility)/ Washington, D.C.: Character Education Partnership.

Elayne Bennett serves as the President and Founder of the Best Friends Foundation. In addition to teaching the Foundation's abstinence curriculum and training educators throughout the country, Mrs. Bennett serves as a spokeswoman on issues of adolescent behavior and development. Mrs. Bennett developed the Best Friends program in 1987, and due to the overwhelming demand for a boys' program, she launched Best Men in 2000. She earned her B.A. and M.Ed. from the University of North Carolina Chapel Hill.