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When the Cellphone Teaches Sex Education

By [JAN HOFFMAN](#)

THE special cellphone, set on vibrate, begins to whir. Throughout North Carolina, anonymous teenagers are texting questions to it about sex.

"If you take a shower before you have sex, are you less likely to get pregnant?" asks one.

Another: "Does a normal penis have wrinkles?"

A young girl types: "If my BF doesn't like me to be loud during sex but I can't help it, what am I supposed to do?"

Within 24 hours, each will receive a cautious, nonjudgmental reply, texted directly to their cellphones, from a nameless, faceless adult at the Adolescent Pregnancy Prevention Campaign of North Carolina, based in Durham.

There goes the phone again.

"Why do guys think it's cool to sleep with a girl and tell their friends?"

James Martin, the staff member who has text-line duty this week, is 31, married and the father of a toddling son. He hesitates. How to offer comfort, clarity and hope in just a few sentences? He texts back. “Mostly it’s because they believe that having sex makes them cool,” he types, adding, “Most guys outgrow that phase.”

The Birds and Bees Text Line, which the center started Feb. 1, directing its [MySpace](#) ads and fliers at North Carolinians ages 14 to 19, is among the latest efforts by health educators to reach teenagers through technology — sex ed on their turf.

Sex education in the classroom, say many epidemiologists and public health experts, is often ineffective or just insufficient. In many areas of the country, rates of [teenage pregnancy](#) and [sexually transmitted diseases](#) remain constant or are even rising. North Carolina — where schools must teach an abstinence-only curriculum — has the country’s ninth-highest teenage pregnancy rate. Since 2003, when the state’s pregnancy rate declined to a low of 61 per 1,000 girls ages 15 to 19, the rates have slowly been climbing. In 2007, that rate rose to 63 per 1,000 girls — 19,615 pregnancies.

In the last 15 years, school officials and politicians in many states rancorously debated whether sex-ed curriculums should mention [contraception](#). Meanwhile, public health officials became alarmed about the fallout of risky adolescent sexual behavior and grappled with how to educate teenagers beyond the classroom.

A few universities and [hospitals](#) set up blunt Web sites for young people, like Columbia’s [Go Ask Alice!](#) and Atlantic Health’s [TeenHealthFX.com](#), allowing them to post questions online. More recently, researchers have explored how to reach teenagers through social networking sites like MySpace and YouTube.

Now, health experts say, intimate, private and crucial information can be delivered to teenagers on the device that holds millions captive: their cellphones.

Programs in Washington, D.C.; Chicago, Toronto and San Francisco allow young people to text a number, select from a menu of frequently asked questions (“What 2 do if the [condom](#) broke”) and receive automated replies, with addresses of free clinics. Last month, California started HookUp 365247, a statewide text-messaging service. The texter can type a ZIP code and get a local clinic referral, as well as weekly health tips.

“Technology reduces the shame and embarrassment,” said Deb Levine, executive director of ISIS, a nonprofit organization that began many technology-based reproductive health programs. “It’s the perceived privacy that people have when they’re typing into a computer or a cellphone. And it’s culturally appropriate for young people: they don’t learn about this from adults lecturing them.”

The North Carolina program, with a \$5,000 grant for the cellphone line and advertising from the State Department of Health and Human services, takes these exchanges a step further. The Birds and Bees Text Line offers one-on-one exchanges that are private, personal and anonymous. And they can be conducted free of parental scrutiny.

That lack of oversight is what galls Bill Brooks, president of the North Carolina Family Policy Council. “If I couldn’t control access to this information, I’d turn off the texting service,” he said. “When it comes to the Internet, parents are advised to put blockers on their computer and keep it in a central place in the home. But kids can have access to this on their cellphones when they’re away from parental influence — and it can’t be controlled.”

While some would argue that such programs augment what students learn in health class, Mr. Brooks believes that they circumvent an abstinence-until-marriage curriculum. “It doesn’t make sense to fund a program that is different than the state standards,” he said. (The State Legislature is now considering a bill permitting comprehensive sex education.)

As Mr. Brooks suggested, parents who believe these conversations belong in the home could cancel their teenager’s texting service (at possible grave risk to domestic tranquillity).

But they can’t exactly cancel adolescent curiosity about sex. At the very least, said Professor Sheana Bull, an expert on sexually transmitted disease infection and technology at the [University of Colorado](#) School of Public Health, “The technology can be used to connect young people to trusted, competent adults who have competent information.”

The Adolescent Pregnancy Prevention Campaign of North Carolina, which runs the text line, has been helping to set up teenage parenting workshops and after-school programs around the state for 24 years, financed mostly by the state and by the federal [Centers for](#)

Disease Control and Prevention. The nine staff members who take shifts with the text line have graduate degrees in public health or social work, or years of experience working with teenagers.

Modeling their service on a similar city program in Alexandria, Va., the North Carolina staff members worked up guidelines: No medical advice — urge questioners to speak with a doctor. Do not advocate abortion. When necessary, refer questioners to local clinics, Web sites or emergency hot lines. Give reasoned, kind advice. Read answers twice before sending. No sarcasm.

The North Carolina center permitted a New York Times reporter to read through some phone logs, after cellphone numbers and towns were redacted. The questions span the spectrum of adolescence itself, from the goofy to the ghastly. Many ask how to talk with parents about sexuality. Combining a teenager's capacity to cut to the chase with the terseness of texting, they are often brutally direct:

“Do I love her or do I love the sex?”

“What happens if you swallow a piece of condom?”

Some questions could have been written to teen magazines 50 years ago:

“Why don't girls like short guys?”

“how do u move yr tongue when u tongue kiss?” (“Kissing is not a science,” the reply notes. “Go at your own pace and you will figure it out.”)

But many questions vault past the basic training manual: “I like boys but I also like girls. What should I do?” (“Some people just like who they like. ... Only you can know for sure and only you know what is right for you.”)

Some reveal dangerous chasms of ignorance. Girls and boys alike ask about anal intercourse: Will it prevent pregnancy? Let a girl remain a virgin?

“If ur partner has aids,” one teenager asks, “and u have sex without a condom do u get aids the first time or not?”

Parents haven't complained yet, perhaps because they haven't seen the exchanges.

Sally Swanson, a staffer and mother of two teenagers, said if parents did read them, “It would highlight how much disconnected information kids are already getting at younger ages than we did.” The questions can be salacious. The staffers try to answer them all, said Mr. Martin, but discreetly and always urging protection. In offering this service to teenagers, he said, “you can’t say ‘I’ll be honest except or until.’ ” That’s often what happens with parents, he added, “when the child brings up something shocking, the parents tend to shut down.”

Last week, Ms. Swanson answered a flurry of questions from someone who finally identified herself as a 12-year-old girl. She texted, “Do u think its awkward txtin things about sex to kids?”

Ms. Swanson’s reply, in part: “I think communicating with teens in whatever way they need to ask a question is important.” Ms. Swanson gets questions about practices and body parts using slang that is unfamiliar to her. Her reference source: urbandictionary.com.

What pulses powerfully through the phone logs is the teenagers’ longing to unburden themselves. One night, as Mr. Martin was getting ready for bed, the cellphone vibrated. He read it and sat down abruptly. His wife asked what was wrong.

The texted question: “If I was raped when I was little and just had sex was it technically my first time when I was raped or when I recently had sex?”

He wrote three drafts. An hour later, he texted back: “Your first time is whatever you make it. There is no ‘right’ answer: I believe your first time can be many things (good, bad, fun, embarrassing, wonderful) but it should never be nonconsensual. Your first time is the first time you choose to have sex, not when some horrible person forces you.”

Professor Bull, the Colorado expert on technology and reproductive health information, says that such services have benefits but also limitations.

They are great for referrals and short answers to quick questions, she said. But unlike the California model, which can reach thousands automatically, these one-to-one text lines rise and fall on human interaction.

But it's not an alternative form of therapy. Although some texters ask Ms. Swanson to reveal her age and gender, she refuses. "I don't want them to feel connected to me," she said, "because I'm never going to be real to them. I'm a texter. I want them to find someone real to talk to."

Even so, the voices of an anonymous few, their thoughts floating across that text screen like a 21st-century Magic 8 Ball, haunt her.

A certain 15-year-old.

Last week, the girl texted that she had taken four pregnancy tests. Two negative, two positive. Which were wrong?

"I just recently moved in with just my dad," the girl continued. "I can't tell him." She is an only child. The family has been through turmoil.

Ms. Swanson asked whether the girl could turn to other adults.

The teenager texted: "I talked to my sex ed teacher but she wasn't much help. She made me feel ashamed."

Ms. Swanson replied: "I am sorry to hear that. Please don't feel ashamed. That won't help anything and this situation certainly does not determine your worth as a human being. Life is full of twists and turns and difficult times — it's how we handle them that matters — at least that is what I believe."

Ms. Swanson promised to send her phone numbers for public health clinics in her area.

"Be easy with yourself," she texted. "You'll be O.K."

The next morning Ms. Swanson texted her the contacts. "I hope these numbers can connect you with somebody who can take more time thinking this through with you."

The cellphone vibrated in reply.

"Thanks."

Ms. Swanson has not heard from her since.