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## Editorial

## Text Messaging and Adolescents: Clues to Promoting Sexual Rights

Most health professionals are well acquainted with the challenges of effective sexual health promotion in adolescents, particularly among at-risk youth, who are disproportionately affected by unintended pregnancy and sexually transmitted infections (STIs) [1,2]. Despite young people's wanting guidance on sexual topics [3,4], they face significant obstacles to accessing accurate sexual health information and receiving adequate developmentally appropriate preventive counseling and clinical care screening [5,6], in a manner that affirms their rights to, and concerns about, confidentiality [7]. In the absence of these elements, adolescents are likely to forego health care services, even when they know such services are needed [8].

Such barriers are incongruent with an emerging clinical and public health approach to sexual health, such as those offered by the World Health Organization [9,10] and International Planned Parenthood Federation [11], placing individual sexual rights as a core tenant in the achievement of sexual well-being. Intended for people of all ages, but for adolescents in particular, this paradigm includes the recognition of developing an appropriate sexual autonomy, the importance of sexual privacy, and the necessity of accurate sexual information and education, as well as the ability to attain the highest standard of health and security [9–11]. As clinicians and researchers, this means that our efforts to promote adolescent sexual health must provide young people a foundation on which to achieve these rights. These efforts are especially important among youth who identify themselves as racially/ethnically diverse, as a sexual minority, as well as those in impoverished neighborhoods, all of whom face the greatest risk of sexual health disparities.

In this issue of the *Journal of Adolescent Health*, Perry et al. provide an important application of these principles, analyzing adolescents' perspective on the use of short message service (SMS) text messaging as a preventative sexual health mechanism [12]. The use of SMS as a sexual health promotion tool [13], even among young adults [14,15] and adolescents [16–18], is not a new application. The utility of cellular phones has been increasingly recognized as an innovative tool for education and intervention in young people, especially given the ubiquity of cell phone ownership and SMS use among adolescents. For example, young people cite having SMS ability as the primary reason to

own a cell phone, finding it easier and faster than voicemail, sending an average of six texts every hour that they are awake [19].

This study is notable in two important ways. First, their sample engages ethnically diverse economically disadvantaged adolescents from two different community clinics. As the authors acknowledge, some degree of bias may be introduced through this mode of recruitment, whereby those who participated may have greater knowledge and comfort with sexual health issues. However, this is precisely the point: successful education and intervention programs rely on a culturally informed design, and participants offered their own opinions, as well as opinions they would have expected from their peers. Moreover, emerging research suggests that this population is especially likely to use SMS as a form of communication [20].

Second, these data are relevant to the principles of sexual rights in a traditionally underserved population. Consistent with the tenant of sexual autonomy, SMS content covered topics around responsible sexuality (e.g., the ramifications associated with sexting). With regard to accessing accurate sexual information and education, participants expressed appreciation for the ease of text readability and suggested that truthful information was a useful addition to one's sexual health knowledge bank (e.g., what to do when a condom breaks or how to recognize symptoms of an STI), regardless of sexual experience. Additionally, SMS content can enhance a young person's level of health through integration of new knowledge into their behavior repertoire, as well as through use of the zip code-based clinic location service. Among a population with barriers to regular clinical care [21], participants expressed gratitude with the ability to easily find a place where they or a friend could receive care. Finally, with respect to sexual privacy, most participants believed that SMS afforded a level of privacy unavailable through other media. SMS-delivered messages are, for the most part, under complete control of the user, residing on a phone until deleted. However, some participants did suggest that some teens may be concerned about and/or uncomfortable around a parent or other adult finding a sexually related text message. Future research will need to explore the "perceived as reality" aspect of confidentiality in text messaging.

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Perry et al.'s findings raise additional considerations for those of us who may consider SMS as a sexual health promotion tool in the future. First, the use of SMS requires that adolescents have cellular phones capable of receiving text messages and that their cellular usage plans include receiving and, in some instances, sending of text messages. Cost was identified by participants as a potential barrier to the success of an SMS-based sexual health program. Those of us interested in engaging adolescents in this mode may consider providing cell phones and/or voice and texting service as part of an education or research program. Research among clinically recruited emerging adults at high risk for STIs has demonstrated the feasibility of such an approach [22]. Second, depending on the device, some SMS messages are limited in length, potentially constraining the type and scope of a message that can be delivered [23]. Third, as youth targeted in programs come from vastly different backgrounds, have different levels of sexual experience, and have varying knowledge gaps, we need to be particularly cognizant of ensuring the adaptability of SMS-based prevention and interventions to accommodate these differences [24].

Ultimately, this article serves as a useful illustration that SMS-based sexual health intervention is a feasible and culturally acceptable way for at-risk youth to receive sexual health information and referrals to sexual and reproductive health services. Around the principles of sexual rights, SMS also offers an ideal medium for inexpensive, efficient, and proactive sexual health information access, whereby information can either be pushed to the adolescent's phone or actively sought by specific topic. SMS reaches adolescents where they already are, offering an inexpensive, as well as relatively effortless and private, integration of sexual health information into their lives.

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