

Web Sites Mislead Teens About Sexual Health

BY BETSY BATES

LOS ANGELES — Teenagers cruising mainstream Web sites can hardly be faulted for thinking that emergency contraception is difficult to obtain, birth control pills will make them fat, and IUDs are meant for older women, not adolescents.

That's because incomplete and inaccurate information abounds on the Internet, even within very well-known Web sites, according to an analysis performed in 2008 by Stanford (Calif.) University researchers.

"We found a lot of myths about IUDs, emergency contraception, birth control,

cluded. The 35 Web sites examined were assessed for accuracy on 26 topics.

In general, sites provided "fairly accurate" information on STDs, Ms. Tolani and Dr. Yen reported in their poster. For example, 100% of Web sites addressing STDs correctly noted that most sexually transmitted diseases are asymptomatic and that when symptoms are present, they may include burning with urination and discharge.

However, information about transmission was often vague or incomplete. Just 9 of 29 (31%) STD Web sites informed adolescents that herpes can be transmitted by kissing, and 14 of 29 (48%) mentioned skin-to-skin contact as a possible source of transmission.

Some contraception information was uniformly accurate, with Web sites making it clear that withdrawal is not a very effective means of preventing pregnancy, and noting that hormonal contraception does not protect against STDs.

On other topics, however, the information gleaned on Web sites was inaccurate or incomplete. More than half of the Web sites that addressed contraception listed weight gain as a possible side effect of birth control pills, a myth contradicted by 47 randomized, controlled trials. Five Web sites incorrectly stated that the calendar/rhythm method is effective at preventing pregnancy, and three misstated the effectiveness of emergency contraception.

Often, the Web sites omitted important information, considering that approximately a quarter of teens use the Internet to answer "some or a lot" of their questions about sexual health, Ms. Tolani said in an interview.

Although 16 of 34 (47%) Web sites noted that minors need a prescription for emergency contraception, they failed to mention that in many states, minors can obtain those prescriptions directly from authorized pharmacists. Very few sites explained exactly where emergency contraception can be obtained by minors or adults. (The Web sites may soon require

more revisions, because a federal judge recently ordered the Food and Drug Administration to allow 17-year-olds to obtain emergency contraception without a prescription, and asked the agency to consider extending the option to younger girls.) Nearly a third of Web sites failed to debunk common myths about emergency contraception by explaining that is not an abortifacient, and making a distinction between emergency contraception and RU-486, mifepristone.

Just 5 of 27 (19%) Web sites dealing with contraception reflected 2007 American College of Obstetricians and Gynecologists guidelines recommending IUDs as a safe means of contraception in adolescents. Many were neutral, failing to mention adolescents and IUDs. But three sites incorrectly stated that IUDs should be re-

served for parous women, they found.

Most Web sites offering information on Pap smears were updated in the past few years. Nonetheless, their recommendations for when women should have Pap smears "were all over the place," with 40% offering advice that contradicted ACOG's 2003 guidelines, which state that women should begin receiving Pap smears at age 21 years or 3 years post coitarche, said Ms. Tolani.

She said adolescents will undoubtedly continue to rely heavily on Web sites to obtain sexual health information, but that doesn't mean physicians can't have a voice. "I think physicians need to specifically debunk the myths that we know are out there."

Neither Ms. Tolani nor Dr. Yen had any conflicts of interest to disclose. ■

Recommended Sites for Teens

- ▶ Go Ask Alice! at www.goaskalice.columbia.edu.
- ▶ Center for Young Women's Health at www.youngwomenshealth.org.
- ▶ TeenWire at www.teenwire.com.
- ▶ TeensHealth at <http://kidshealth.org/teen>.

Sources: Ms. Tolani and Dr. Yen

and when women should be getting Pap smears, especially their first one," said Alisha T. Tolani, a student in the human biology program at the university.

Ms. Tolani and her research mentor, Dr. Sophia Yen of the division of adolescent medicine at Stanford's Lucile Packard Children's Hospital, presented their findings in a poster at the annual meeting of the Society of Adolescent Medicine.

Web sites were selected for analysis based on practitioner recommendations and Google searches of key terms, such as "birth control," "morning after pill," and "sexually transmitted disease." The top 10-15 results for each search term were in-

Six Common Myths About Sex on the Internet That Physicians Can Debunk

Myth: Emergency contraception is difficult to obtain.

Reality: Emergency contraception is over the counter for women 17 and older and may be available OTC soon for younger minors as well. Minors can currently receive prescriptions directly from authorized pharmacists in nine states: Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, and Washington.

Myth: Emergency contraception induces an abortion.

Reality: Emergency contraception does not cause an abortion and is not RU-486.

Myth: IUDs are for multiparous women.

Reality: IUDs are safe for use in adolescents, including the nulliparous and serially monogamous.

Myth: Oral contraceptives cause weight gain.

Reality: A review of 47 randomized, controlled trials found no evidence that combined hormonal contraceptives caused weight gain.

Myth: Women should have Pap smears with each change of sexual partner, at age 18 years, or immediately following coitarche.

Reality: The American College of Obstetricians and Gynecologists recommends that women have a Pap smear beginning at age 21 years or 3 years post coitarche.

Myth: Kissing is safe, even if your partner has herpes.

Reality: Herpes can be transmitted by kissing an infected individual.

Source: Dr. Yen

Early Onset of Puberty May Flag Early Substance Use

BY BETSY BATES

LOS ANGELES — Perhaps not surprisingly, sixth graders who demonstrated an aggressive temperament and/or symptoms of depression were more likely than their peers to begin using alcohol and other drugs by eighth grade, in a longitudinal study performed by researchers at the University of Washington, Seattle.

It was the third independent risk factor researchers detected—an early onset of puberty—that was less predictable, and it might serve as an early red flag for physicians.

Dr. Carolyn A. McCarty and her associates in the university's departments of pediatrics and psychology recruited 521 sixth graders from four public schools in the Seattle area, interviewing them every 6 months for 2.5 years, until they entered the eighth grade.

Children with conduct problems in school and/or depressive symptoms on a psychological instrument were oversampled in the survey supported by grants from the

National Institute of Mental Health. At the study's onset, just 5.4% of sixth graders were using any substance, the most common being alcohol at 4.2%. By the study's conclusion, 16.7% of the teens—who had now reached eighth grade—reported using alcohol (13.2%), tobacco (4.2%), marijuana (6.8%), and/or other illicit substances (1.5%).

Sex, race, frustrated temperament, and externalizing symptoms were not significantly, independently associated with initiation of substance use over the course of the study, but several factors were, after adjustment for other variables. Most pronounced were aggressive temperament (hazard ratio, 1.61), pubertal status (HR, 1.42), and depressive symptoms, (HR, 1.04).

The link to early puberty (by sixth grade) "doesn't seem to be a blip," since it is consistent with previous research that only examined initiation of alcohol use, said Dr. McCarty, a psychologist who has a dual appointment in pediatrics and psychology at the university.

The reason for the apparent link is still unclear, but sev-

eral theories have been proposed, she said in an interview at the annual meeting of the Society for Adolescent Medicine, where the study was presented in poster form. "Some of the literature suggests that kids who go through puberty early associate with more deviant peers. It could also be that biologically, morphologically, they look older, so people treat them as if they're older. People might be more willing to offer them substances that they wouldn't [offer] to someone who looks younger."

Dr. McCarty suggested that pediatricians, family physicians, ob.gyns., and endocrinologists take note when a girl or boy enters puberty early (by sixth grade), or shows signs of aggression and/or depression. "I would recommend doing a more thorough risk assessment of behavior so that they can know whether [alcohol and/or substance use] may or may not be an issue for a particular child." In the case of early puberty, physicians need to consider possible behavioral implications of the physiological change. "Are they feeling older than their peers? And what does that mean for them?" she said. ■