Sexual health promotion messages for young people in Netflix most-watched series content (2015–2020): mixed-methods analysis study

Solenne Tauty, Philippe Martin, Aurélie Bourmaud, Boris Chapoton, Elise de La Rochebrochard, Corinne Alberti

ABSTRACT

Introduction Sexual health is a major issue for young people, and there is a need to promote it. Sexual health promotion messages may be included in Netflix series that are widely watched by young people, with important emotional dimensions in scenarios.

Objective The aim of this study is to investigate the explicit sexual health promotion messages integrated in Netflix series popular among young people, and to describe them and how they are delivered.

Methods We selected two types of Netflix series, aimed at young people: (1) series whose synopsis is mainly about sexual health and (2) all-subject series. We extracted data from 65 episodes of 6 of the most-watched Netflix series. We used a data extraction grid on EpitData. We analysed sexual health themes and sexual health promotion messages. We described the series and listed all the sexual health and other health themes discussed. For each promotion message, we described scene contents and extracted dialogues.

Results We found 62 promotion messages in the 6 analysed series. The two series that highlight sexual health in their synopsis account for 81% (n=50/62) of these identified promotion messages. Messages mainly focus on sexual harassment and violence (19%), on sexually transmitted infections protection (18%) and on contraception (15%). Messages are mainly delivered as verbal information, and mostly feature 16–18 years old characters in school. Analysis highlighted four main points concerning scenarios in these series: (1) there are different ways to deliver sexual health promotion messages; (2) there is depiction of negative value judgements and gender norms; (3) some information may be incomplete or misleading; and (4) risky behaviours are represented.

Conclusion Netflix series incorporate diverse sexual health promotion messages for young people. Further research could assess how these messages are perceived and whether they increase the knowledge, skills and positive health behaviours of young people.

INTRODUCTION

Sexual health is a major theme in well-being among young people, to consider in a holistic and positive way, beyond problematic indicators. Health promotion actions could then develop individuals knowledge and skills, in order to adopt positive behaviours, to increase health control and empowerment. For it, web-based, digital and communication tools are a promising medium to integrate health promotion content, since these can influence young people’s health.

Media can influence attitudes and behaviours related to sexual health and young people’s sexual scripts; socially shared beliefs presented in media content will impact how people should act in sexual situations. In a health promotion perspective, media interventions that could reverse sexual risk to positive behaviours must be studied. The sexual content media aimed at young people has been analysed in various studies, and these concluded that sexual health promotion was rare.

Few studies looked at sexual content with new and attractive Subscription Video on Demand (SVoD) platforms. Netflix is the most used SVoD platform in the world with 193 million subscribers in more than 190 countries, in 2020. During the COVID-19 lockdown, an unprecedented surge in new
Netflix subscribers was observed. In particular, SVoD series for young people offer opportunities to integrate sexual health promotion messages. Young people are likely to be more responsive to new digital formats than to institutional messages. Through their entertainment potential, these series may avoid the moralising aspect of sexual health promotion messages often perceived by young people.

A study investigates how women who identify as heterosexual are invited to view and engage with lesbian sexual and digital media in France.23 The third was posted by Médiamétrie, a company specialising in audience measurement and in the study of the uses of audiovisual and digital media in France.23 The third was posted by TV time, an international platform for shows and movies available on mobile and web, helping viewers to track what they are watching, when and how.24 In our study, a series met the criterion of ‘most-watched series’ if it appeared in at least two of these three lists. Using this criterion, there was no single series addressing the specificity of the LGBTQ+ community among the most-watched series and teen TV shows. In view of the importance of considering gender identity and sexual orientation in sexual health,25 we decided to include one series addressing LGBTQ+ topics (Lesbian, Gay, Bisexual, Transgender, Queer and others sexual and gender minorities). Using the Netflix search toolbar and the words ‘LGBTQ+ series’ we selected the series that appeared as the first Netflix suggestion, series which could be seen by 16 years old and more.

**Definitions of outcomes and categories of analysis**

A series was classified as a ‘sexual health series’ if its title, trailer or summary indicated that the synopsis addressed sexual health, to all or part of it (example for Sex Education: ‘Insecure Otis has all the answers when it comes to sex advice […] Maeve proposes a sex-therapy clinic.’).

For content analysis of the series, the authors established a list of 15 sexual health themes, plus a miscellaneous category with a free text field to complete; and a list of 14 non-sexual health themes (‘other health themes’) plus a miscellaneous category (see in Multimedia online supplement appendix 1). Sexual health themes were defined to reflect the key concepts listed by the WHO for sexual health programmes,26 the themes covered by the SIECUS guidelines27 and existing content analysis.12-15 Other health themes concerning young people were defined according to the topics addressed by the WHO and Santé Publique France.29 30

Following the Ottawa Charter for health promotion7 we considered that a sexual health theme is classified as a ‘sexual health promotion message’ if it provides factual visual or verbal educative content, with information about sexual health or the staging of favourable sexual behaviour. Importantly, a theme may be addressed without any promotion message being delivered.

To classify the storyline formats of sexual health themes, previous literature was reviewed13 15 and enabled us to identify six different formats: visual clue (brief action without verbal information), brief mention (little information), dialogue (contains at least three lines of text), secondary storyline, main storyline and multipisode storyline.

Following the Pariera et al15 classification, the roles of the characters involved in the promotion messages were organised into three categories of role model: positive (‘a character who is favourably depicted and models a healthy attitude or behaviour’), negative (‘a character who is unfavourably depicted and models an unhealthy attitude or behaviour’) or transitional (‘a character who shifts over the course of the storyline from modelling an unhealthy behaviour or attitude to a healthy one’). We added a fourth category, ‘unclear’, for characters who did not correspond to one of the previous categories. Consideration of these characters is done only to describe the characters portrayed in the scenes where sexual health promotion messages are delivered. Classification was
based exclusively on factual behaviours observed during the scene in which the sexual health promotion message was delivered.

Data collection and coding
Two authors (ST and PM) collected and coded the data. To ensure reliability and reproducibility, they did the collection and coding independently. Disagreements were discussed and resolved by consensus. Both authors had access to the series, through a Netflix subscription. They watched every episode of the series in its original version with subtitles, to ensure a better understanding and to extract dialogues. One series was in Spanish (Elite) and the others in English. Coders watched and analysed a maximum of two episodes per day, to prevent fatigue and possible coding and analysis bias. They were both already familiar with some series, which can be seen as facilitating the understanding and interpretation of messages. To ensure an objective analysis, both coders coded only factual promotion messages, especially to reduce possible overinterpretation or subjectivity due to the coders’ familiarity with the series. They collected quantitative and qualitative data through a common data extraction grid using EpiData (see Multimedia online supplemental appendix 2). The grid was established and then adapted after testing on the first three episodes. It included: (1) description of the series and episodes, (2) identification of themes belonging to one of the two following groups ‘sexual health themes’ or ‘other health themes’ and (3) qualitative material for sexual health promotion composed of dialogue verbatims and scene descriptions. Our data collection and coding process is near to the methodology developed by Jozkowski et al. except that we focused on the episodes as a whole and our coding focused on sexual health promotion messages.

Analysis
We described: (1) series, (2) sexual health themes, (3) other health themes and (4) sexual health promotion messages. Themes and promotion messages were explored for all included series and depending on whether the synopsis was (yes/no) mainly about sexual health. For promotion messages the duration and number, and the number of scenes included in a promotion message were described with median and range. Number and percentage were calculated for types of themes. Quantitative analysis was carried out with R software, V.3.6.1. We qualitatively analysed sexual health promotion messages, with script extraction and described the themes addressed and the staging. For the script extraction, the coders transcribed the dialogues themselves during the scenes of interest, using English subtitles. Analysis of sexual health themes staging allowed us to describe how sexual health was addressed in general, beyond promotion messages, and what implicit messages might emerge. ST and PM followed the phases and steps recommended for theme development in terms of qualitative thematic analysis: initialisation, construction, rectification and finalisation. All analyses were conducted independently by the two coders before pooling and discussion of the results.

RESULTS
Six series were included in the study: Sex Education, Elite, 13 Reasons Why, Stranger Things, The Society and Tales of the City (LGBTQ+ series) (see Multimedia online supplemental appendix 3). Both coders were familiar with four of them. Series characteristics are presented in table 1. We analysed a total of 65 episodes available in March 2020. Among the series included, two have a synopsis that is mainly about sexual health (Sex

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Characteristics of series included in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sex education</td>
</tr>
<tr>
<td>Sexual health synopsis</td>
<td>X</td>
</tr>
<tr>
<td>No of analysed episodes</td>
<td>16</td>
</tr>
<tr>
<td>Maturity rating*</td>
<td>&gt;16</td>
</tr>
<tr>
<td>Target population</td>
<td>General</td>
</tr>
<tr>
<td>Genre</td>
<td>Drama</td>
</tr>
<tr>
<td></td>
<td>Thriller</td>
</tr>
<tr>
<td></td>
<td>Comedy</td>
</tr>
<tr>
<td></td>
<td>Horror</td>
</tr>
<tr>
<td></td>
<td>Science-fiction/fantastic</td>
</tr>
</tbody>
</table>

LGBTQ+ : Lesbian, Gay, Bisexual, Transgender, Queer and others sexual and gender minorities

*According to Netflix France.
Education selected as a most-watched series, Tales of the City selected as a LBGTQ+ series). These two series represent 26 episodes. The four other series are not specifically on sexual health and represent 39 episodes.

Table 2 presents the different sexual health themes addressed by the series’ episodes and by the promotion messages. The theme ‘romantic relationships’ was addressed in all 65 episodes. After this, the most addressed theme was ‘sexual orientation and gender identity’ (in 72% of the episodes), and ‘sexual harassment and violence’ (62%). Some themes are discussed more in series targeting sexual health than other series: pleasure (54% vs 13%), sexually transmitted infection (STI) protection (42% vs 8%), contraception (35% vs 10%), sexual disorders (42% vs 5%) and self-acceptance (35% vs 8%). Only the sexual health series raise issues surrounding puberty (31% vs 0%). In the six series, themes are discussed in multiepisode storylines in 33% of cases, in a dialogue (25%), with a brief mention (20%) or in a secondary storyline (12%).

When a sexual health theme was coded, we analysed whether it contained a promotion message. Overall, 62 sexual health promotion messages were identified (see table 2): 50 (81%) were in sexual health series and 12 (19%) in others series. The three most often discussed themes in promotion messages are: sexual harassment and violence (19%), STI protection (18%) and contraception (15%). Some themes of promotion messages are promoted only by sexual health series, for example: romantic relationship, self-acceptance, discrimination, pleasure and sexual disorder.

Characteristics of the 62 identified sexual health promotion messages are described in Table 3. The series targeting sexual health include more promotion messages per episode than other series (median: 1.7 vs 0.3). Regardless of the kind of series, sexual health promotion messages are mainly delivered as factual information (81%) and via verbal sharing (95%). Most of the time, characters involved are between 16 and 18 years old (86%). Half of the time, in sexual health series, the scene takes place

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### Table 2  Sexual health themes addressed in series’ episodes and in promotion messages, in all series and by type of series

<table>
<thead>
<tr>
<th>Sexual health themes</th>
<th>Sexual health themes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Themes in all series’ episodes n=65 (100%)</td>
</tr>
<tr>
<td></td>
<td>All sexual health promotion messages n=62 (100%)</td>
</tr>
<tr>
<td>Romantic relationships</td>
<td>65 (100)</td>
</tr>
<tr>
<td>Sexual orientation/gender identity</td>
<td>47 (72)</td>
</tr>
<tr>
<td>Sexual violence and harassment</td>
<td>40 (62)</td>
</tr>
<tr>
<td>Discrimination</td>
<td>26 (40)</td>
</tr>
<tr>
<td>Planned or unplanned pregnancies</td>
<td>20 (31)</td>
</tr>
<tr>
<td>Pleasure, masturbation</td>
<td>19 (29)</td>
</tr>
<tr>
<td>Sexually transmitted infections protection</td>
<td>14 (22)</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>13 (20)</td>
</tr>
<tr>
<td>Contraception</td>
<td>13 (20)</td>
</tr>
<tr>
<td>Sexual disorders</td>
<td>13 (20)</td>
</tr>
<tr>
<td>Self-acceptance/self-esteem</td>
<td>12 (19)</td>
</tr>
<tr>
<td>Reproductive health/biology</td>
<td>10 (15)</td>
</tr>
<tr>
<td>Puberty</td>
<td>8 (12)</td>
</tr>
<tr>
<td>Abortion</td>
<td>4</td>
</tr>
<tr>
<td>Adolescent/young parenthood</td>
<td>3</td>
</tr>
<tr>
<td>Other: gay/lesbian parenting, first intercourse, pornography, virginity, thrush, feminism, sexual games, fantasies…</td>
<td>37 (57)</td>
</tr>
</tbody>
</table>

This table presents 15 sexual health themes plus a miscellaneous category (with different other sexual health subjects). We have described the distribution of sexual health themes and sexual health promotion messages, in series in general and by series type. A same series or a same promotion message can address several sexual health themes. All percentages are given by column (with a different denominator for each column).
in school (58%), whereas other series mostly featured the characters at home (33%). Promotion messages are longer in sexual health series compared with non-sexual health series (median 02:07 vs 01:26) and may involve more scenes (range 1–5 vs 1–1).

All identified sexual health promotion messages are detailed in the Multimedia online supplemental appendix 4. We selected six of them (at least one in each series including sexual health promotion, addressing different themes by different ways of delivery) to be presented in table 4, with the delivered message and a depiction of the scene.

The qualitative analysis highlighted three main staging for overall sexual health themes (not promotion messages): (1) depiction of negative value judgements and gender norms; (2) incomplete or misleading information and (3) depiction of risky behaviours.

**Depiction of negative value judgements and gender norms**

In an explicit way, Sex Education and Tales of the City depict characters who adopt gender norms commonly associated with the opposite biological sex. In Sex Education, a main male character wears heels, makeup and colourful nail polish, whereas a girl has short hair and

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Characteristics of the 62 identified promotion messages, in all series and by type of series</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total messages (n=62, 100%)</td>
</tr>
<tr>
<td><strong>Diffusion modality</strong>*</td>
<td></td>
</tr>
<tr>
<td>Verbal</td>
<td>59 (95)</td>
</tr>
<tr>
<td>Visual</td>
<td>14 (23)</td>
</tr>
<tr>
<td><strong>Prevention type</strong>*</td>
<td></td>
</tr>
<tr>
<td>Factual information</td>
<td>50 (81)</td>
</tr>
<tr>
<td>Favourable behaviour depicted</td>
<td>22 (35)</td>
</tr>
<tr>
<td><strong>Place of the characters involved</strong></td>
<td></td>
</tr>
<tr>
<td>Main and minor</td>
<td>43 (69)</td>
</tr>
<tr>
<td>Main only</td>
<td>10 (16)</td>
</tr>
<tr>
<td>Minor only</td>
<td>9 (15)</td>
</tr>
<tr>
<td><strong>Age of the characters involved</strong>*</td>
<td></td>
</tr>
<tr>
<td>16–18 years old</td>
<td>53 (86)</td>
</tr>
<tr>
<td>&gt;18 years old</td>
<td>20 (32)</td>
</tr>
<tr>
<td><strong>Sex of the characters involved</strong>*</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52 (83)</td>
</tr>
<tr>
<td>Female</td>
<td>50 (81)</td>
</tr>
<tr>
<td><strong>Role model</strong></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>35 (56)</td>
</tr>
<tr>
<td>Transitional</td>
<td>14 (23)</td>
</tr>
<tr>
<td>Unclear</td>
<td>9 (15)</td>
</tr>
<tr>
<td>Negative</td>
<td>4</td>
</tr>
<tr>
<td><strong>Setting</strong>*</td>
<td></td>
</tr>
<tr>
<td>School/college/university</td>
<td>30 (48)</td>
</tr>
<tr>
<td>Home</td>
<td>23 (37)</td>
</tr>
<tr>
<td>Party/bar</td>
<td>7 (11)</td>
</tr>
<tr>
<td>Care facility</td>
<td>6 (10)</td>
</tr>
<tr>
<td>Other (street, grocery store...)</td>
<td>13 (21)</td>
</tr>
<tr>
<td>No of messages per episode: median (range)</td>
<td>0.6 (0–2.6)</td>
</tr>
<tr>
<td>Duration of a message in minutes: median (range)</td>
<td>01:50 (00:02–06:29)</td>
</tr>
<tr>
<td>No of scenes concerned by a message: median (range)</td>
<td>1 (1–5)</td>
</tr>
</tbody>
</table>

All percentages are given by column (with a different denominator for each column).

*Total >100%, non-exclusive variables. For example, the same message can be conveyed both verbally and visually.
Table 4 Illustration of some sexual health promotion messages

<table>
<thead>
<tr>
<th>Serie</th>
<th>Season</th>
<th>Episode</th>
<th>Message duration</th>
<th>Theme(s) addressed</th>
<th>Diffused message(s)</th>
<th>Scene(s) depiction</th>
</tr>
</thead>
</table>
| Sex education  | 1      | 6       | 03:43            | Pleasure/masturbation: female masturbation  
Romantic relationships: couple communication                                    | Importance of knowing your body to guide your partner.  
Break the taboo of female masturbation.  
Importance of couple communication.                                                                                                                  | Aimee doesn’t know how to guide her boyfriend during intercourse, because she doesn’t know what she likes. She seems disgusted with the idea of masturbation. Otis explains that there is nothing dirty or shameful and that she should get to know herself before explaining to her boyfriend.  
She discovers masturbation, takes pleasure and can guide her boyfriend. She thanks Otis for his advice.                                                                 |
| Sex education  | 1      | 7       | 04:21            | Sexual violence and harassment: consent                                              | To understand and respect when someone is not interested.                                                                                               | Liam is in love with a girl. He asked her out but she politely refused, explaining that she was not interested. He continues to show interest but despite all his great romantic gestures, she is still not interested and he does not understand why. He does not seem mean but he scares the girl. He talks about it with the main character, who replies:  
'It would have been inappropriate if Jackson had continued to make grand gestures to a girl who made it clear she wasn’t interested. Do you understand, Liam? No means no.' |
| Tales of the city | 1 | 2       | 00:42            | STI protection: condom                                                              | Normalisation of the use of condoms during gay intercourse.                                                                                           | Close-up on two condoms placed on mattresses, one is open. Then zoom out on a couple of men who are having sex.                                                                                                      |
| Elite          | 1      | 5       | 02:22            | STI: HIV                                                                          | Being infected with HIV does not mean having AIDS.  
An HIV-positive person who is under treatment and monitored may see their viral load become undetectable and in this case the virus cannot be transmitted.   | During class, the teacher took Samuel’s phone, who was typing. He asks a classmate to read the text aloud. It says that Marina does not have AIDS but HIV.  
The class not being aware, a girl asks Marina if it is true that she is infected with HIV. Marina stands up and speaks. She explains that she was infected a little over a year ago but that she cannot contaminate them because she is on treatment and that her viral load is undetectable. She is tested every 4 months. |
| The society    | 1      | 8       | 00:17            | Sexual orientation: gay, bisexual                                                  | Sexuality is fluid.                                                                                                                                   | At the hospital, Sam is at Becca’s bedside who is pregnant. 2 girls come to see her and ask if Sam is the father, he says yes. Gwen reacts with a surprised and sceptical ‘huh’ then congratulations them and says goodbye. The two girls leave, the second gives Gwen a disapproving look:  
G:‘What? You know he’s gay.’  
Girl:‘Sexuality is fluid, Gwen.’                                                                                                                                 |

Continued
wears a suit for the prom (season 1 episode 7). A scene between two friends talking about their future first sexual intercourse depicts their romantic expectations (Sex Education, season 1 episode 3). The boy, romantic, imagines that it must be wonderful with someone you love, whereas the girl says ‘I just want a dick in my vagina’ and is depicted throughout the series as openly and actively searching for a sexual partner. Tales of the City portrays an LGBTQ+ community, and only this series includes transgender people and drag queens. The roles of women and men in society are discussed: a female character has left her husband and child to pursue her career and is annoyed to receive criticism, highlighting that men often do this without people objecting (season 1 episode 2).

Some scenes depict a negative value judgement by a character concerning the behaviour of another. For example, a nurse working in an abortion clinic is unpleasant to a woman who is known to have had several abortions and comments about her next one (Sex Education, season 1 episode 2). The next scene depicts a main character, also having an abortion, supporting the woman, who seems sensitive and likeable. In Sex Education a character explains that radiation from mobile phones can lead to testicular cancer (season 1 episode 5) although this is not a scientifically verified fact. In the same series, a sex therapist explains the female anatomy using a model and shows the clitoris which is poorly represented, with only the external part and not the full structure (season 2 episode 5).

Incomplete or misleading information

Some of the information transmitted in the series is incomplete or misleading. In Elite, a young woman is HIV infected and explains that her viral load is undetectable so she cannot transmit the virus, but then has unprotected sex with a male partner because this is ‘safe’, disregarding the risk of unplanned pregnancy and other STIs. In the same way, in Sex Education, after unprotected intercourse, both partners are concerned about the risk of pregnancy but do not talk about the STI risk (season 2 episode 7).

In Sex Education a character explains that radiation from mobile phones can lead to testicular cancer (season 1 episode 5) although this is not a scientifically verified fact. In the same series, a sex therapist explains the female anatomy using a model and shows the clitoris which is poorly represented, with only the external part and not the full structure (season 2 episode 5).

Sex Education shows a female character who needs the emergency contraceptive pill (or morning after pill); the pharmacist is not allowed to deliver it to her partner and charges the 16-year-old girl £25. Such dispensing constraints correspond to the British context and not to other countries, but the scene is not contextualised.
Adolescent characters are sometimes misled by their significant relatives. For example, a 16-year-old boy talks to his dad about his virginity and explains that he feels way behind his peers (Sex Education, season 1 episode 6). The father, a therapist, advises him to ‘rip that band-aid right off’ because first times are often bad, and compares the first sexual intercourse with skydiving, explaining that at some point you just have to jump. The boy then tries to have sex for the first time with a girlfriend but has a panic attack and cannot go through with the act.

### Depiction of risky behaviours

Other health themes coded (other than sexual health) are presented in Multimedia online supplemental appendix 5. Alcohol and drugs are addressed in the majority of the 65 episodes (68%) regardless of the type of series. Parent-adolescent relationships are mostly tackled in sexual health series (92% vs 31%). Depression and suicide is a theme less addressed in sexual health series (4%) than in other series (44%).

Heavy drinking, drug use and tobacco consumption are among the most depicted unhealthy behaviours. Tales of the City and Elite are the two series that trivialise this kind of behaviours the most. In Sex Education, hard drug addiction is portrayed as having serious consequences for family relations and work and as being difficult to get out of. This series also links cannabis consumption with sexual health. A sex therapist explains to a young man who is known for smoking weed on a daily basis, that it might lead to early onset impotence (season 1 episode 1). In The Society, the drug issue is discussed with a young man who cuts himself off from the world because of opioid addiction. Moreover, 13 Reasons Why shows risky behaviours as consequences of trauma following sexual violence. A boy rapes two classmates; the first one becomes alcoholic, and the second one kills herself. In the episodes analysed, the boy is rich, popular and not punished for his actions.

### DISCUSSION

#### Principal results

This study showed that Netflix series popular among young people include sexual health promotion messages that are, as expected, mainly seen in series with sexual health trailers. Messages mainly focus on sexual violence or harassment, STI protection and contraception. Although all series addressed romantic relationships theme in each episode, promotion messages on this theme were only present in sexual health series. Promotion messages were most often found in material for older adolescents (16–18 years old), and were conveyed through factual information, in settings in their usual places of life. More generally, many sexual themes are addressed throughout all the analysed series. Emotional and romantic relationships feature in the scenarios of all the series analysed. Some themes are more often highlighted in sexual health series, such as self-acceptance, discrimination, pleasure and sexual disorder.

### Meaning of the results

Messages featured in the series could reach young people, and be part of an array of health promotion methods: that notably include information and education. In this study, we considered a sexual health promotion message as ‘factual’ information, concrete advice or a healthy behaviour. There was few coders disagreements, ensuring the validity of our results. However, series could incorporate more implicit messages, through the overall environment of the scenarios or through characters’ representations, especially for sexual health (pleasure, impact of violence and deconstructed gender norms). Differences in interpretation of sexual content are likely due to selective perception, individual experiences and biases, and level of involvement in the content (socio-demographic factors, view of behaviour and attitudes).

It will also depend on the type of content observed. Some may integrate them positively whereas others may reinforce their stereotypes.

Concerning sexual content, the series analysed address emotional dimensions, but promotion messages were mainly focused on risk prevention. Previous studies highlighted that sexual health promotion content in media was rare, with a need to develop educational storylines to promote safer sex among young people. Another study found information about treatment, symptoms and diagnosis, but little information on prevention. Therefore, there is a content evolution, which can be explained by the progression of representations, or the way in which sexual health is approached by new media.

Nevertheless, we temper the potential of series for health promotion. They are generally not primarily intended to do so, and treating only health promotion questions risks losing series entertainment. Some series also depict risky behaviours to represent youth culture. Regarding sexual health definition, series’ scenarios do not address certain topics (adolescent parenthood, trans identity). Moreover, while most of the information provided is accurate, some information may be incomplete or misleading (as shown in results part concerning different countries’ politics for pills administration).

To reduce this risk, the series make information resources available. Sex Education scriptwriters used a sexual health educator to ensure information quality and representativeness. They produced a sex education manual. Each season of 13 Reasons Why begins with actors explaining the issues involved and the value of asking for help, with links to find resources. These series with related resources are potentially a good vehicle for health promotion.

### Future research to use video series for health promotion

Sexual health promotion must be inclusive, comprehensive, and for all ages and specificities, and guidelines advise the use of new numeric tools and media to
target young people. Series could be studied as part of a favourable environment to promote health, and could be integrated into formal education as a complementary tool. For example, educational professionals could step in to discuss series subjects with young people, completing information and addressing missing themes.

In order to use the series for health promotion, it is necessary to have a thorough understanding of youth culture and perceptions. To do so, social marketing methods could be used, to know how to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are a part. For example, Netflix published a testimony of a young woman who experienced the same type of sexual assault as a character from Sex Education, and another of a young man who identified with characters from Elite. These two people explained how feeling represented in these series helped them, with real consequences for their own lives. Moreover, series should be studied taking into account their anchoring in a wider digital universe (music, TV shows). Some other media could discuss sexual themes in a different way, with unhealthy representations (sexism, homophobia, violence), counterbalancing series that diffuse positive messages.

Further research may enable understanding of how young people perceive health promotion messages and the potential to influence health determinants (knowledge, behaviour, representations), considering different receptiveness and interpretations. One study has shown that the representation of sexuality on TV can have a positive impact on sexual behaviours, through normalisation of favourable behaviours, change of attitude and increase in personal belief. Another study of the ER TV series showed an increase in viewers' knowledge of health topics after watching the series, decreasing during the post-episode period. It indicated that message repetition was necessary for retention in the longer term, which may be possible in the storylines of multipisode series.

Also, audience initial awareness of sexual health content (eg, ‘Sex education’) could influence the perception, understanding, and integration of health promotion messages (audience self-acclimatisation). Further research could investigate the relationship between this initial awareness and the appropriation of messages in the series (expect or not to receive promotion messages related to message assimilation). This would require to consider video series as a health intervention, with taking into account of external factors (environment, conditions of viewing and others actions).

**Strengths and limitations**

Our study is the first to examine sexual health promotion messages aimed at young audiences and within the most used SVoD platforms. It offers an innovative methodology for a standardised data extraction and mixed analysis of series content, in global vision of sexual health.

Our study has limitations. First, this study focuses only on 65 episodes. So other themes and promotion messages may have been found through examining future series episodes. Our study was not supposed to be exhaustive but a first step in SVoD analysis for health promotion.

This study covers only the most watched programmes available on Netflix and labelled ‘teen TV shows’, with different scenarios, and the two series providing the most of messages were for audiences at 16 years of age or over. Considering sexuality education should begin at an early age, it would be interesting to see less watched series or others platforms, and also including younger audiences.

To be inclusive, series should represent all populations and specificities of lives which have an impact on sexual health. The series show a youthful diversity, but we did not analyse some characters’ specificities such as sexual orientation or gender identity, disabled and overweight people. Indeed, it was a delicate task to correctly characterise the characters presented. A reflection is necessary to consider and analyse characters’ characteristics in series.

**Conclusion**

The series have the potential to disseminate sexual health promotion messages, especially for young people. Consideration of these preferred media as health promotion tools must, therefore, be part of a comprehensive and complex health promotion landscape. In addition, understanding how individuals integrate these messages should help to determine whether or not the series are effective in promoting the health of young people.

**Acknowledgements**

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**Contributors**

PM is the author responsible for the overall content as the guarantor and accepts full responsibility for the work and/or the conduct of the study. He had access to the data, and controlled the decision to publish. ST and PM wrote the protocol and methodological research documents. BC and CA contributed to the writing of these documents and to the final validation of methods. ST and PM collected and analysed the study data. All authors (ST, PM, AB, BC, EdLR, and CA) participated in the analysis and interpretation of the results. All authors (ST, PM, AB, BC, EdLR, and CA) contributed to the writing of the article.

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**Patient consent for publication**

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**Provenance and peer review**

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**Data availability statement**

Data are available on reasonable request. Non-patient media data. Accessible data.

**Supplemental material**

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ORCID iD
Philippe Martin http://orcid.org/0000-0002-3249-5840

REFERENCES

Multimedia appendix 1: Sexual health themes definitions and other youth health themes list

<table>
<thead>
<tr>
<th>Sexual health themes</th>
<th>Definition: depiction or discussion of…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romantic relationships</td>
<td>All kind of relationships with feelings or sexual attraction: sexfriends, couple, crush, infidelity, etc.</td>
</tr>
<tr>
<td>Sexual orientation / gender identity</td>
<td>The LGBTQ + community. Physical / sexual / emotional attraction to the same sex, the opposite sex, or both. Gender expression and identity.</td>
</tr>
<tr>
<td>Sexual violence and harassment</td>
<td>Sexual violence and sexual harassment, potential or proven, including attempts. Takes into account the notion of consent and slut-shaming.</td>
</tr>
<tr>
<td>Discrimination / homophobia / sexism / grossophobia</td>
<td>Unjust or prejudicial treatment of different categories of people, on the grounds of sexual orientation, sex, gender, gender expression, skin color, body, disability.</td>
</tr>
<tr>
<td>Planned or unplanned pregnancies</td>
<td>Planned or unplanned pregnancy, whether risky / proven / kept or not.</td>
</tr>
<tr>
<td>Pleasure, masturbation</td>
<td>Sexual pleasure, alone or with others.</td>
</tr>
<tr>
<td>STI protection</td>
<td>Any method to prevent an STI, whether scientifically proven or not, and whether it is connected to a sexual act or not.</td>
</tr>
<tr>
<td>STI</td>
<td>STIs, from their prevention to their long-term consequences, including treatments and transmission.</td>
</tr>
<tr>
<td>Contraception</td>
<td>Any method aimed at preventing pregnancy, whether scientifically proven or not, and whether it is connected to a sexual act or not.</td>
</tr>
<tr>
<td>Sexual disorders</td>
<td>Difficulty experienced by one or more individuals during a certain stage of sexual activity, involving desire, arousal or orgasm.</td>
</tr>
<tr>
<td>Self-acceptance / self-esteem</td>
<td>Self and body image, self-esteem.</td>
</tr>
<tr>
<td>Reproductive health / biology</td>
<td>Menstrual cycle, conception, anatomy.</td>
</tr>
<tr>
<td>Puberty</td>
<td>Physical and emotional changes related to puberty. First menstruation, first ejaculation, nocturnal ejaculation and spontaneous erections.</td>
</tr>
<tr>
<td>Abortion</td>
<td>The termination of pregnancy, voluntary or medical, and its conditions, methods, physical and emotional consequences, implications.</td>
</tr>
<tr>
<td>Adolescent / young parenthood</td>
<td>Parenting among adolescents and young adults.</td>
</tr>
<tr>
<td>Other (free text field)</td>
<td>Sexual therapy, gay/lesbian parenting, 1st intercourse, pornography, virginity, feminism, sexual games, fantasies…</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other youth health themes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
</tr>
<tr>
<td>Parent-adolescent relationship</td>
<td></td>
</tr>
<tr>
<td>School harassment</td>
<td></td>
</tr>
<tr>
<td>Disease, disability</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>Depression, suicide</td>
<td></td>
</tr>
<tr>
<td>Social networks, digital</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Popularity, rumors</td>
<td></td>
</tr>
<tr>
<td>Addiction</td>
<td></td>
</tr>
<tr>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td>Road safety</td>
<td></td>
</tr>
<tr>
<td>Peer pressure</td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Friendship, religion, violence, school problems, theft, racism, being adopted, firearms ...</td>
<td></td>
</tr>
</tbody>
</table>

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Projet PREVSEX-NETFLIX

IDENTIFICATION

Coder [ ]
Series title [______________________________]
Season number [ ]
Episode number [ ]

INCLUSION

1) The series is available on Netflix : [ ]
2) The series was launched in 2015 or later [ ]
3) The series is labelled "teen TV shows" on Netflix : [ ]
4) The series is part of the most watched Netflix series in 2019 : [ ]

Does the series is included in the study ? [ ]

EXTRACTION

Series and episode characteristics

Launched year [ ]
Sexual health series [ ]
Episode duration [ ]
Series genre :

Comedy [ ]
Drama [ ]
History [ ]
Anime [ ]
Action [ ]
Documentary [ ]
Horror [ ]
Thriller [ ]
Science-Fiction / Fantasy [ ]
Romance [ ]
Reality [ ]
Biopic [ ]

Target population [ ]
Target age groupe [ ]
Promotion message No.1

Number of scenes [ ]
Message duration [ ]

Dissemination modality of the message: Auditory [ ]

Visual [ ]
If visual, spatial depiction [ ]

Place of the character(s) involved [ ]
Role model [ ]

Age of the character(s) involved
10-15 yo [ ]
16-18 yo [ ]
> 18 yo [ ]
NR [ ]
NA [ ]

Sex of the character(s) involved
Man [ ]
Woman [ ]
Trans [ ]
NR [ ]
NA [ ]

Setting [ ]
Other, specify: [ ]

Prevention type
Factual information [ ]
favorable behavior depicted [ ]

Message theme [ ]

What’s the issue? [ ]

What’s the solution? [ ]

Visual depiction [ ]

Dialogues transcription [ ]

Coders comments (subjective) [ ]

Is there a 2nd sexual health promotion message? [ ]

Promotion message No.2

Number of scenes [ ]
Message duration [ ]

Dissemination modality of the message: Auditory [ ]

Visual [ ]
If visual, spatial depiction [ ]

Place of the character(s) involved [ ]
Role model [ ]

Age of the character(s) involved
10-15 yo [ ]
16-18 yo [ ]
> 18 yo [ ]
NR [ ]
NA [ ]

Sex of the character(s) involved
Man [ ]
Woman [ ]
Trans [ ]

NR [ ] NA [ ]

Setting [ ]

Other, specify: ________________________________

Prevention type Factual information [ ] favorable behavior depicted [ ]

Message theme ________________________________

What's the issue? ________________________________

What's the solution? ________________________________

Visual depiction ________________________________

Dialogues transcription ________________________________

Coders comments (subjective) ________________________________

Is there a 3rd sexual health promotion message? [ ]

Promotion message No.3

Number of scenes [ ] Message duration [ ]

Dissemination modality of the message: Auditory [ ]

Visual [ ] If visual, spatial depiction [ ]

Place of the character(s) involved [ ]

Role model [ ]

Age of the character(s) involved 10-15 yo [ ] 16-18 yo [ ]

> 18 yo [ ] NR [ ] NA [ ]

Sex of the character(s) involved Man [ ] Woman [ ] Trans [ ]

NR [ ] NA [ ]

Setting [ ]

Other, specify: ________________________________

Prevention type Factual information [ ] favorable behavior depicted [ ]

Message theme ________________________________

What's the issue? ________________________________

What's the solution? ________________________________

Visual depiction ________________________________

Dialogues transcription ________________________________

Coders comments (subjective) ________________________________

Is there a 4th sexual health promotion message? [ ]
Promotion message No.4

Number of scenes [ ]
Message duration [ ]

Dissemination modality of the message:
Auditory [ ]
Visual [ ]
If visual, spatial depiction [ ]

Place of the character(s) involved [ ]
Role model [ ]

Age of the character(s) involved
10-15 yo [ ]
16-18 yo [ ]
> 18 yo [ ]
NR [ ]
NA [ ]

Sex of the character(s) involved
Man [ ]
Woman [ ]
Trans [ ]
NR [ ]
NA [ ]

Setting [ ]
Other, specify: [ ]

Prevention type
Factual information [ ]
favorable behavior depicted [ ]

Message theme [ ]

What's the issue? [ ]

What's the solution? [ ]

Visual depiction [ ]

Dialogues transcription [ ]

Coders comments (subjective) [ ]

Is there a 5th sexual health promotion message? [ ]

---

Promotion message No.5

Number of scenes [ ]
Message duration [ ]

Dissemination modality of the message:
Auditory [ ]
Visual [ ]
If visual, spatial depiction [ ]

Place of the character(s) involved [ ]
Role model [ ]

Age of the character(s) involved
10-15 yo [ ]
16-18 yo [ ]
> 18 yo [ ]
NR [ ]
NA [ ]

Sex of the character(s) involved
Man [ ]
Woman [ ]
Trans [ ]
NR [ ]
NA [ ]

Setting [ ]
Other, specify: [ ]
### Promotion message No.6

<table>
<thead>
<tr>
<th>Prevention type</th>
<th>Factual information</th>
<th>favorable behavior depicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message theme</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>What's the issue?</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>What's the solution?</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Visual depiction</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Dialogues transcription</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Coders comments (subjective)</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
</tbody>
</table>

Is there a 6th sexual health promotion message? [ ]

**Promotion message No.6**

Number of scenes [ ] Message duration [ ]

Dissemination modality of the message:
- Auditory [ ]
- Visual [ ]
  - If visual, spatial depiction [ ]

Place of the character(s) involved [ ]
- Role model [ ]

Age of the character(s) involved:
- 10-15 yo [ ]
- 16-18 yo [ ]
- > 18 yo [ ]
- NR [ ]
- NA [ ]

Sex of the character(s) involved:
- Man [ ]
- Woman [ ]
- Trans [ ]
- NR [ ]
- NA [ ]

Setting [ ]
- Other, specify: [ ]

Prevention type | Factual information | favorable behavior depicted |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Message theme</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>What's the issue?</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>What's the solution?</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Visual depiction</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Dialogues transcription</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
<tr>
<td>Coders comments (subjective)</td>
<td>Factual information</td>
<td>favorable behavior depicted</td>
</tr>
</tbody>
</table>

Is there a 7th sexual health promotion message? [ ]
Promotion message No.7

Number of scenes [____]  Message duration [____]

Dissemination modality of the message:  
Auditory [____]  Visual [____]  If visual, spatial depiction [____]

Place of the character(s) involved [____]

Role model [____]

Age of the character(s) involved:  
10-15 yo [____]  16-18 yo [____]  > 18 yo [____]  NR [____]  NA [____]

Sex of the character(s) involved:  
Man [____]  Woman [____]  Trans [____]  NR [____]  NA [____]

Setting [____]

Other, specify: [__________________________]

Prevention type  
Factual information [____]  Favorable behavior depicted [____]

Message theme [______________________________]

What's the issue? [______________________________]

What's the solution? [______________________________]

Visual depiction [______________________________]

Dialogues transcription [______________________________]

Coders comments (subjective) [______________________________]

Is there a 8th sexual health promotion message? [____]

Promotion message No.8

Number of scenes [____]  Message duration [____]

Dissemination modality of the message:  
Auditory [____]  Visual [____]  If visual, spatial depiction [____]

Place of the character(s) involved [____]

Role model [____]

Age of the character(s) involved:  
10-15 yo [____]  16-18 yo [____]  > 18 yo [____]  NR [____]  NA [____]

Sex of the character(s) involved:  
Man [____]  Woman [____]  Trans [____]  NR [____]  NA [____]

Setting [____]

Other, specify: [______________________________]

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Promotion message No.9

Number of scenes [] Message duration []

Dissemination modality of the message : Auditory []

Visual [] If visual, spatial depiction []

Place of the character(s) involved []

Role model []

Age of the character(s) involved 10-15 yo [] 16-18 yo []

> 18 yo [] NR [] NA []

Sex of the character(s) involved Man [] Woman [] Trans []

Trans [] NR [] NA []

Setting []

Other, specify : [ ]

Prevention type Factual information [] favorable behavior depicted []

Message theme [ ]

What's the issue []

What's the solution []

Visual depiction []

Dialogues transcription []

Coders comments (subjective) [ ]

Is there a 10th sexual health promotion message? [ ]
Promotion message No.10

Number of scenes [] Message duration []

Dissemination modality of the message: Auditory []

Visual [] If visual, spatial depiction []

Place of the character(s) involved []

Role model []

Age of the character(s) involved 10-15 yo [] 16-18 yo []

> 18 yo [] NR [] NA []

Sex of the character(s) involved Man [] Woman [] Trans []

NR [] NA []

Setting []

Other, specify: _____________________________

Prevention type Factual information [] favorable behavior depicted []

Message theme _____________________________

What’s the issue? _____________________________

What’s the solution? _____________________________

Visual depiction _____________________________

Dialogues transcription _____________________________

Coders comments (subjective) _____________________________
Sexual health themes addressed

Sexual orientation / Gender identity

Prominence within the episode [ ]


Theme addressed? [ ]

Transgender [ ]
Transsexual woman [ ]
Transsexual man [ ]
Transvestite [ ]
Non binary [ ]
Bicurious [ ]
Bisexual [ ]
Cisgender [ ]
Cissexual [ ]
Gay [ ]
Queer [ ]
Asexual [ ]
Intersexed [ ]
Lesbian [ ]
Questioning [ ]
Pansexual [ ]
Androgyny [ ]
Other [ ]
Specify: ____________________________________________________________

Planned or unplanned pregnancy

Prominence within the episode [ ]


Theme addressed? [ ]

Risk of unplanned pregnancy [ ]
Pregnancy denial [ ]
Unplanned pregnancy but kept [ ]
Planned pregnancy [ ]
Adoption [ ]
Anonymous childbirth [ ]
Child abandonment [ ]
Other __________
Specify: _______________________________________________________

Mother’s age ____________
Father’s age ____________

Abortion Prominence within the episode [ ]
Theme addressed? [ ]

Abortion [ ]
Medical termination of pregnancy [ ]
Instrumental method [ ]
Drug method [ ]
Other [ ]
Specify: _______________________________________________________

The video addresses the technical side (procedure, conditions ...) [ ]
The video addresses the emotional side (fear, guilt ...) [ ]

Adolescent / young parenthood Prominence within the episode [ ]
Theme addressed? [ ]

Mother’s age [ ]
Father’s age [ ]
Parents present [ ]

Sexual harassment and violences Prominence within the episode [ ]
Theme addressed? [ ]

Attempted rape [ ]
Rape [ ]
Sexual abuse [ ]
Sexual harassment [ ]
Forced marriage [ ]
Female genital mutilation [ ]
Virginity check [ ]
Sexual exploitation / forced prostitution [ ]
Domestic violence □
Slut shaming □
Consent notion □
Other □
Specify

Victim's sex □
Specify

Victim's age □

Committed by :
Spouse / partner □
Friend □
Family □
Colleague □
Classmate □
Stranger □
Hierarchy / authority □
Not reported □
Not applicable □
Other □
Specify :

Self-acceptance / Self-esteem
Prominence within the episode □

M1 □ M2 □ M3 □ M4 □ M5 □ M6 □ M7 □ M8 □ M9 □ M10 □ M11 □ M12 □ M13 □ M14 □ M15 □

Theme addressed? □
Body image □
Self-esteem □

Relationship to puberty □

Ashamed of her/his virginity □
Other □
Specify :

Discrimination / homophobia / sexism / grossophobia
Prominence within the episode □

M1 □ M2 □ M3 □ M4 □ M5 □ M6 □ M7 □ M8 □ M9 □ M10 □ M11 □ M12 □ M13 □ M14 □ M15 □

Theme addressed? □
Biphobia □
Lesbophobia □
Gayphobia □
Transphobia □
Serophobia □
Sexism □
Grossophobia □
Other □
Specify: _______________________________________

In what context / by whom was the discrimination committed?

Work □
Family □
Politic □
Public space □
Classmate □
Friends □
Not reported □
Not applicable □
Other □
Specify: _______________________________________

Reproductive health / biology

Prominence within the episode □

M1 □ M2 □ M3 □ M4 □ M5 □ M6 □ M7 □ M8 □ M9 □ M10 □ M11 □ M12 □ M13 □ M14 □ M15 □

Theme addressed? □

Menstrual cycle □
Female anatomy □
Male anatomy □
Conception □
Other □
Specify: _______________________________________

Contraception

Prominence within the episode □

M1 □ M2 □ M3 □ M4 □ M5 □ M6 □ M7 □ M8 □ M9 □ M10 □ M11 □ M12 □ M13 □ M14 □ M15 □

Theme addressed? □
Implant  
Vasectomy  
IUS (hormonal coil)  
Female sterilisation  
IUD (coil)  
Injection  
Vaginal ring  
Patch  
Pill  
Diaphragm  
Male condom  
Cap  
Female condom  
Withdrawal  
Periodic abstinence  
Spermicide  
Emergency contraception  
Other  
Specify:  

Video gives:  
pros  
cons  
brief mention  

STI protection  

Prominence within the episode  

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 M13 M14 M15  

Theme addressed?  
Male condom  
Female condom  
Pre-exposure prophylaxis  
Hepatitis B vaccine  
Papillomavirus vaccine  
Dental dam  

Sexual Transmitted Infections  

Prominence within the episode  

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 M13 M14 M15  

Theme addressed?  
HIV / AIDS  
Gonorrhoea  
Hepatitis B
Genital herpes
Mycoplasma genitalium
Trichomoniasis
Human papillomavirus
Syphilis
Chlamydia

Video gives:
Transmission
Prevention
Symptoms
Diagnosis
Treatment
Long-term consequences
Brief mention

Romantic relationships
Prominence within the episode
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 M13 M14 M15

Theme addressed?
Sexfriends
Couple
Feelings of love
Infidelity
One night adventure
Other Specify:

Pleasure, masturbation
Prominence within the episode
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12 M13 M14 M15

Theme addressed?
Pleasure with partner(s)
Female masturbation
Male masturbation
Other
Specify:

Sexual disorders
Prominence within the episode
Theme addressed? [ ]

- Decreased sexual desire [ ]
- Sexual aversion [ ]
- Female arousal disorder [ ]
- Erectile dysfunction [ ]
- Orgasm disorder [ ]
- Premature ejaculation [ ]
- Dyspareunia [ ]
- Vaginismus [ ]
- Other [ ]

Specify: ________________________________

Puberty

Prominence within the episode [ ]

Theme addressed? [ ]

- Woman's physical change [ ]
- Man's physical change [ ]
- 1st ejaculation [ ]
- Nocturnal ejaculation [ ]
- Spontaneous erection [ ]
- Modification of emotions [ ]
- 1st menstruation [ ]
- Other [ ]

Specify: ________________________________

Does another sexual health theme is addressed within the episode? [ ]

Theme: ________________________________

Prominence within the episode [ ]

Does incomplete / misleading information is disseminated? [ ]

1st: ________________________________
2nd: ________________________________
Other youth health themes

Peer pressure [ ]
Alcohol [ ]
Drug [ ]
Tobacco [ ]
School bullying [ ]
Abuse [ ]
Addiction [ ]
Depression, suicide [ ]
Disease, disability [ ]
Social network / digital [ ]
Eating disorder [ ]
Parents-adolesence relationship [ ]
Popularity, rumors [ ]
Road safety [ ]
Other [ ]
Specify: [ ]
Multimedia appendix 3: Flow chart of the selection of the series included in the study

34 series corresponding to all the series indicated in the three most-watched lists → 24 excluded:
- Does not meet the criteria «most-watched series» (24)

10 series → 5 excluded:
- Do not target teenagers (4)
- Launched before 2015 (1)

5 series:
- *Sex Education*
- *Elite*
- *13 Reasons Why*
- *Stranger Things*
- *The Society*

1 LBGTQ+ series:
- *Tales of the City*

6 series included in the study
In Sex Education, almost each episode raises a sexual health issue, which is discussed along the entire episode, from the description of the problem to its resolution, even when the associated promotion message is delivered during only one scene. Most of the time, the sexual health topic is presented from the first scene of the episode, which is not the case in other series. Some series stage main characters for scenes including sexual health promotion messages, whereas Sex Education involves secondary characters who appear to highlight an issue.

<table>
<thead>
<tr>
<th>Series' title</th>
<th>Season</th>
<th>Episode</th>
<th>Onset time</th>
<th>Sexual health promotion message</th>
<th>Theme</th>
<th>Visual depiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Reasons Why</td>
<td>1</td>
<td>4</td>
<td>21:20</td>
<td>Taking pictures of a person (naked and kissing someone) without their knowledge is forbidden and punishable by law</td>
<td>Other: stalker</td>
<td>Tyler took pictures of Hannah kissing another girl in her room, through her window, without the girls knowing. Clay, very upset, comes to talk to him at school and threatens to report him if he doesn’t delete all the photos and their negatives right away. He explains that this is a crime punishable by law.</td>
</tr>
<tr>
<td>13 Reasons Why</td>
<td>1</td>
<td>7</td>
<td>36:50</td>
<td>Commenting on someone’s appearance can be a form of sexual harassment</td>
<td>Sexual violence and harassment: sexual harassment</td>
<td>At a party, Marina (16 years old, HIV positive) is drunk, and her brother sees her dancing without a T-shirt. He takes her aside to talk to her and lecture her. The brother says that she got HIV because she slept with the wrong person and that she has not learned from her mistakes since she continues to date “that kind of person”. Marina tells him that HIV is not a disease of the poor and that the virus does not care about the size of your house, your money or your last name.</td>
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<tr>
<td>Elite</td>
<td>1</td>
<td>3</td>
<td>19:00</td>
<td>Anyone can be infected with HIV, regardless of social class</td>
<td>STI: HIV</td>
<td>Nano found out that Marina was infected with HIV. He had slept with her, so he is going to talk to her. She explains to him that her viral load is undetectable, so she cannot have infected him.</td>
</tr>
<tr>
<td>Elite</td>
<td>1</td>
<td>3</td>
<td>49:20</td>
<td>A person with HIV who is on treatment and has an undetectable viral load cannot transmit the virus (health promotion message is cited 2 times for 2 different scenarios)</td>
<td>STI : HIV</td>
<td>In class, the teacher takes Samuel’s phone, which he used during class, and forces a classmate to read Samuel’s message. It said: “Marina doesn’t have AIDS, you idiot, it’s HIV”. Since the class didn’t know about it, Marina stood up and spoke to explain her situation. She explains that they don’t have to worry because she is taking her treatment and testing every 4 months. Her viral load is undetectable so she cannot infect them.</td>
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<tr>
<td>Elite</td>
<td>1</td>
<td>5</td>
<td>37:00</td>
<td>Staging the use of the condom with emphasis on the difficulty of putting it on</td>
<td>STI protection + contraception</td>
<td>Marina and Samuel are getting ready to have sex, he takes out a condom, opens it and tries to put it on, but he can’t do it. She reassures him.</td>
</tr>
<tr>
<td>Elite</td>
<td>1</td>
<td>5</td>
<td>15:20</td>
<td>A person with HIV who is on treatment and has an undetectable viral load cannot transmit the virus. Explanation of HIV treatment and monitoring modalities</td>
<td>STI: HIV</td>
<td>In class, the teacher takes Samuel’s phone, which he used during class, and forces a classmate to read Samuel’s message. It said: “Marina doesn’t have AIDS, you idiot, it’s HIV”. Since the class didn’t know about it, Marina stood up and spoke to explain her situation. She explains that they don’t have to worry because she is taking her treatment and testing every 4 months. Her viral load is undetectable so she cannot infect them.</td>
</tr>
<tr>
<td>Elite</td>
<td>1</td>
<td>6</td>
<td>28:50</td>
<td>When the viral load is undetectable, there is less than a 1% chance that the mother-to-be will transmit the virus to the baby</td>
<td>STI: HIV</td>
<td>Nano and Marina (16 years old, HIV positive) are in the car, coming out of the clinic where Marina was supposed to have an abortion. They decided to keep the baby but Nano is worried so Marina reassures him and explains that she has less than one percent risk of transmitting the virus to the baby.</td>
</tr>
<tr>
<td>Tales of the City</td>
<td>1</td>
<td>2</td>
<td>52:30</td>
<td>Staging the use of a condom during sexual intercourse</td>
<td>STI protection</td>
<td>Two condoms are placed on a mattress, one is open. The camera zooms out on a gay couple having sex.</td>
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<tr>
<td>Tales of the City</td>
<td>1</td>
<td>2</td>
<td>04:45</td>
<td>Highlighting gender discrimination with regard to career plans: being a careerist does not depend on one’s gender and family plans do not depend on one’s gender (a woman also has the right to be professionally ambitious)</td>
<td>Discrimination</td>
<td>Scene 1: At the restaurant, Mary Ann and two friends are having brunch together and talk about Mary Ann who abandoned her family and moved to another city for her career. She says she knows that people judge her, although men often do the same thing without anyone being shocked. Mary Ann is at an old friend’s house drinking wine while discussing the situation. Her friend reassures her about her career choices and tells her that no matter what her choices are, there will always be people to criticize.</td>
</tr>
<tr>
<td>Tales of the City</td>
<td>1</td>
<td>3</td>
<td>12:50</td>
<td>Having an undetectable viral load and being on pre-exposure prophylaxis makes the risk of HIV infection very low: it is possible to stop using a condom</td>
<td>STI: HIV + STI protection</td>
<td>Michael sits at a doctor’s desk and looks at a pre-exposure prophylaxis leaflet while she explains to him that his viral load is still undetectable and everything is fine. They then talk about stopping condom use with his boyfriend who has been on pre-exposure prophylaxis for several weeks. The doctor explains that with this prophylaxis and Michael’s undetectable viral load, there is no risk of transmitting HIV to his partner, but that it depends on whether Michael feels ready to stop or not.</td>
</tr>
<tr>
<td>Tales of the City</td>
<td>1</td>
<td>3</td>
<td>46:02</td>
<td>One must be able to consent to the cessation of condom use (if Prep and viral load undetectable) through communication with one’s partner</td>
<td>Sexual violence and harassment: consent + STI protection</td>
<td>Michael is sitting on the bed, a condom in his hand, pensive. He puts it in the drawer and lies down, Ben joins him in his underwear, they kiss and get ready to have sex but Michael stops him and asks him for a minute. Ben seems to understand the problem, he pulls a condom out of the drawer and reassures him that he doesn’t have to rush and that they can continue to use a condom until Michael feels ready to stop.</td>
</tr>
<tr>
<td>Tales of the City</td>
<td>1</td>
<td>4</td>
<td>29:40</td>
<td>Using the term “tranny” can be offensive</td>
<td>Discrimination: transphobia</td>
<td>At a gay men’s dinner party, Ben is the youngest (28 years old) and the only one to be shocked when a guest uses the term “tranny”. He explains that people should be called what they want to be called, for the sake of dignity and visibility. He says that using the term “tranny” as an insult is offensive. An older man gets angry and reminds him that the reason gay men have visibility and more rights today is because his generation fought for it, so they can use the words they want.</td>
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<tr>
<td>Tales of the City</td>
<td>1</td>
<td>4</td>
<td>36:35</td>
<td>Staging of a naked woman in a public place (bar) explaining her choice to show her body: it is about taking control and making your own choices (highlighting two different conceptions of feminism)</td>
<td>Other: feminism</td>
<td>A dancer does her show in a queer bar and ends up topless. Mary Ann is at the bar and after the show she chats with the dancer. Mary Ann does not understand how this is part of the feminist movement and explains that in her day feminism sought to free women from objectification, not to encourage it. The dancer explains that she does not feel objectified, that she takes control of her body and makes her own choices.</td>
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<tr>
<td>Tales of the City</td>
<td>1</td>
<td>7</td>
<td>18:25</td>
<td>The question of &quot;maternal feeling&quot; is deconstructed since the &quot;feeling of being a parent&quot; does not differ according to gender</td>
<td>Discrimination: sexism</td>
<td>Shawna learned that she was adopted and that her birth mother had passed away. She goes to her birth mother's brother's house. The uncle, his wife and Shawna are talking in the garden and Shawna reassures her uncle that she doesn't blame him for not taking care of her, because if she were asked to take care of a baby today she wouldn't want to. The wife replies that she doesn't think she would say no because women are more maternal. Shawna explains that she doesn't agree and that it's not a gender issue and it depends on everyone's plans.</td>
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<tr>
<td>Tales of the City</td>
<td>1</td>
<td>10</td>
<td>06:15</td>
<td>Using the term &quot;pussies&quot; to imply weakness is denigrated to women</td>
<td>Discrimination: sexism</td>
<td>The city's queer community gathered on the site of a house to protest its demolition. The woman who requested the demolition was angry at the female foreman who refused to start the demolition with so many people on the site. She insults her as a &quot;pussy&quot; and a drag queen intervenes to tell her that it is demeaning to women to use this word as an insult.</td>
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<tr>
<td>Sex Education</td>
<td>1</td>
<td>1</td>
<td>00:30 // 33:00</td>
<td>Visual information on how to put on a condom</td>
<td>STI protection + contraception</td>
<td>Scene 1: Adam and Aimee are sleeping together. When Adam finishes, Adam removes the condom and Aimee asks to see it. She grabs it and holds it with her fingertips. Scene 2: In sexuality education class, students in pairs are asked to put a condom on a fake penis. Otis opens the package, &quot;pushes&quot; the reservoir to the right side and places the condom on the top of the penis, he tries to unroll it with his fingertips but is unable to do so, Maeva takes over, pinches the reservoir while unrolling the condom (no dialogue).</td>
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<tr>
<td>Sex Education</td>
<td>1</td>
<td>1</td>
<td>03:50</td>
<td>The age difference between two adults regarding sexual and romantic relationships is not a problem and should not be stigmatized</td>
<td>Romantic relationships: age difference in a relationship</td>
<td>Otis, his mother Jean and his partner (younger than her) are at the table. Otis makes fun of the partner by asking his age and whether he has an Oedipal complex. Jean replies that it is perfectly normal to be attracted to an older woman and that by stigmatizing his choices, Otis is maintaining an unhealthy discourse on middle-aged manhood.</td>
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<tr>
<td>Sex Education</td>
<td>1</td>
<td>1</td>
<td>24:00</td>
<td>Cannabis use increases impotence and decreases the ability to ejaculate</td>
<td>Other: effect of cannabis on sexuality + sexual disorders</td>
<td>Otis, his mother Jean (sexologist) and Adam on the terrace. Adam and Jean smoke cannabis while discussing. Jean asks Adam if he smokes every day and then explains that new studies show a link between cannabis and impotence. She adds that she has many clients who were heavy cannabis users when they were younger and now have &quot;trouble finishing&quot;.</td>
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<tr>
<td>Sex Education</td>
<td>1</td>
<td>1</td>
<td>31:05</td>
<td>Ringardisation of homophobia + defence of a victim</td>
<td>Discrimination: homophobia</td>
<td>In the school hallway, Otis and Eric (openly gay) are talking. Adam arrives, pushes and slams Eric against the lockers, grabbing his jaw. Another student intervenes and tells Adam that homophobia has been outdated for years. Adam lets go of Eric and leaves without saying anything.</td>
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<tr>
<td>Sex Education</td>
<td>1</td>
<td>1</td>
<td>33:10</td>
<td>Schematic and visual information on female anatomy (hymen)</td>
<td>Reproductive health / biology: female anatomy</td>
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<td>In sexuality education classes, in pairs, students must complete a figure of the female anatomy (figure filmed in the foreground, legends &quot;clitoris&quot;, &quot;hymen&quot; and &quot;paraurethral glands&quot; readable) Maeve completes the figure but is mistaken and Otis corrects her.</td>
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<thead>
<tr>
<th>Sex Education</th>
<th>1</th>
<th>1</th>
<th>35:50</th>
<th>Erectile dysfunction may be due to low self-esteem and taking too much Viagra can lead to an erection that is too strong for too long: need to take it correctly</th>
<th>Sexual disorders, self-acceptance / self-esteem.</th>
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<td>Maeve and Otis hear a scream coming from the toilet, they enter and fall on Adam, sitting, panicked, with an erection visible through his clothes. He explains that he took 3 Viagra pills for his impotence problems and that his erection doesn't go away. He explains that he ask himself a lot of questions during intercourse, that he is afraid of not being well enough, etc. Otis reassures him and explains that he has performance anxiety and that he must learn to love himself to overcome it.</td>
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<thead>
<tr>
<th>Sex Education</th>
<th>1</th>
<th>2</th>
<th>20:00</th>
<th>Cranberry juice can help with vaginal yeast infections.</th>
<th>Other: vaginal yeast infection</th>
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<td>A group of young people discuss at a party, sitting in the living room. Otis arrives when a boy says he likes cranberry juice. Otis, wanting to find clients for his sex therapy clinic explains that cranberry juice is good for vaginal yeast infections. No one answers. Otis leaves.</td>
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<thead>
<tr>
<th>Sex Education</th>
<th>1</th>
<th>2</th>
<th>00:00</th>
<th>22:56</th>
<th>25:20</th>
<th>31:50</th>
<th>44:00</th>
<th>Active communication within the couple allows for better management of low self-esteem.</th>
<th>Self-acceptance / self-esteem + Romantic relationships: communication</th>
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<td>1st scene: a couple of teenagers are kissing on the bed, when the boy (Sam) wants to take the girl's (Kate's) shirt off, she stops him and says &quot;no&quot;. He goes to turn off the light and tries to reach her in the dark while she is undressing. They kiss each other and while changing position she kicks him in the testicles with her knees. When he says he is going to turn the light on again she pushes him and the two fall and hurt themselves.</td>
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<td>Scene 2: At a party, Otis walks into a bathroom where Kate is. She has a bottle of alcohol in her hands and a neck brace. The two are drinking and talking. She explains that she doesn't want Sam to see her naked because she is &quot;disgusting&quot;.</td>
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<td>3rd and 4th scenes: Otis, Sam and Kate in the bathroom. The couple argue, Otis sits in a corner, then stands up and interrupts them saying that their communication is ineffective. He makes them talk back to back, one after the other, and Kate finally confesses her discomfort. Sam reassures her but she doesn't believe him. Otis asks her to name five things that she likes about herself and explains that if she doesn't like herself she can never believe that Sam loves her. The couple eventually reconcile and kiss.</td>
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<td>Scene 5: At the high school, the students attend the choir performance. Otis gets a paper ball on him. He unfolds it and is written on it &quot;THANK YOU!&quot;, he turns his head and Kate and Sam smile at him while putting their thumbs up. Otis smiles and does a thumb up. Kate forms the words &quot;thank you&quot; on her lips.</td>
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</table>
| Scene 1: Maeve is at a doctor's appointment, sitting with a woman from the health care staff who asks her questions about her unwanted pregnancy. She explains that someone has to pick her up after the abortion is over, and that she is not allowed to leave alone.

| Scene 2: Maeve and two other women are sitting side by side in operating clothes, waiting for their abortion, tense. The woman in the middle, more relaxed takes the hands of the other two. They make the wave and laugh. Then Maeve is called, she is lying in a hospital bed with the nurses and doctor around. They put a blood pressure monitor around her arm and an IV in her hand (explanation from the nurse that it will sting a little but that it's to put her to sleep) and when she falls asleep they put a mask on her face.

| Scene 3: Maeve wakes up from her abortion and a nurse comes to give her food and water. Then Maeve leaves, she's at the clinic reception, Otis is waiting for her in the waiting room. She speaks with the lady at the reception desk who explains the potential side effects and what to do. Maeve leaves with Otis.

| A couple kissing on a sofa. Maeve needs to sit down and scares them away by saying, "Get your herpes somewhere else!"

| As far as love relationships are concerned, a problem in a sexual relationship can be due to a relationship problem, since sexual and love attractions are not chosen - Honesty advice with your partner

| Ruthie and her girlfriend consult Otis for problems in their sexual relationships. Later, Otis sees Ruthie with another girl (Jessica). In class he asks her if she likes another girl, and Ruthie confirms that with Jessica everything is simple and goes well, but that she feels badly about her girlfriend who was her best friend. Otis explains that you don't choose who you are attracted to and that you can't control a relationship, but that you have to be honest and she has to tell her girlfriend.

| "A "nude" sent over the internet or by message can be reused and disseminated against it (cyberbullying, blackmail) and can remain on the internet forever, with a major and

| An intimate picture of a girl from the high school (Ruby) was sent to all students. Scene 1: Otis and Maeve are walking through the school hallways and discussing the situation. Otis says that Ruby should go to the police because it's a crime.
negative impact for a long time. The dissemination of naked photos against the person concerned is condemnable and punishable by law.

Scene 2: The principal speaks in front of all the students at the high school and says that not only is the release of the photo despicable behavior, but it has very serious consequences that could lead to legal action.

<table>
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<tr>
<th>Sex Education</th>
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<th>27:50</th>
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<tbody>
<tr>
<td>Bodies are all different and no one should be ashamed (acceptance/image of one’s body)</td>
<td>Self-acceptance: body image</td>
<td>Otis Maeve Ruby and a friend are in a room. Ruby is afraid that everyone will find out that the photo they are showing is hers. Otis explains to her that there is no shame to feel, that everyone has a body and that the fact that everyone knows about the photo will only be humiliating if she sees it that way. He tries to show her his big toe that looks like a thumb to reassure her and show her that we all have different bodies.</td>
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<th>Sex Education</th>
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<th>20:40</th>
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<tbody>
<tr>
<td>Sexual rumors (started out of frustration / revenge) can lead to a bad reputation with a psychological impact</td>
<td>Sexual violence and harassment: slutshaming, rumors</td>
<td>Otis and Maeve talk about Ruby whose intimate picture was sent to the whole school. Otis doesn’t understand why Maeve wants to help Ruby when Ruby is mean to her. Maeve tells about the sexual rumors and harassment she has experienced. She explains that these rumors stick to the skin, that it’s painful and that no one deserves it, even Ruby.</td>
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<th>Sex Education</th>
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<th>6</th>
<th>11:10 / 29:14</th>
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<tbody>
<tr>
<td>Staging the prediction of condom use in scheduled sexual intercourse</td>
<td>Contraception + STI protection: condom</td>
<td>1st scene: Otis and Lily in the school hallways. They are planning to have their first sexual intercourse together that night. She asks him to take care of the lube and tells him she is bringing the condoms. Scene 2: In Otis’ bedroom, Otis is shirtless and Lily is in her bra. She plays music and starts to dance in a “sexy” way while looking at Otis. She takes one of the condoms out of her purse while looking and smiling at Otis, she keeps dancing while spinning them.</td>
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<th>Sex Education</th>
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<th>6</th>
<th>14:10 / 27:10 / 43:15 / 46:00</th>
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<tr>
<td>A sexual intercourse is not necessarily the reproduction of a pornographic film scene and you have to be able to think about your pleasure (female masturbation is not shameful). You have to be able to communicate with your partner</td>
<td>Pleasure, masturbation: pleasure in couple, female masturbation + Romantic relationships: communication</td>
<td>Scene 1: Aimee and Otis are in high school for a sex therapy session. She tells him about her last intercourse with Steve: she offered him “daring” sexual practices that he refused. He asked her what she really want and what would make her happy, but she was unable to answer. Otis tells her that all she has to do is think about what she does when she masturbates, but she seems shocked and tells him she never masturbates. He tells her that it would allow her to get to know herself better so she could guide her boyfriend, and that there is no shame in masturbation even if female masturbation is still a taboo. Scene 2: Aimee is on her bed trying to masturbate. She seems to take it as a chore at first, but then she finds what gives her pleasure and masturbates all over her room. Scene 3: In the hallway of the high school, Aimee, with her loose hair and a big smile, doesn’t walk straight and goes to thank Otis for his advice. Scene 4: Steve and Aimee on Aimee’s bed are kissing and getting ready to have sex. Aimee tells Steve exactly what she wants him to do.</td>
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</table>
| Sex Education | 1 | 7 | 2:45 / 39:20 | Consent information: a "no" means "no". Love can be unrequited and it's painful... but you can't force people's interest | Sexual violence and harassment: consent | Liam is in love with a girl. He asked her to go out with him, but she politely declined, explaining that she wasn't interested. He continues to show her interest and despite all his grand romantic gestures, she is still not interested. He doesn't understand why. The girl seems frightened. He discusses it with Otis, who explains the consent and says, "Do you understand, Liam? No, it's no."

| Sex Education | 1 | 7 | 20:30 | Feeling oneself makes it possible to take responsibility for oneself and to strive for well-being, even if this does not necessarily correspond to the normality imposed by society | Self-acceptance / self-esteem | Eric came with his family to the church. Since his aggression in the street (he was walking around in make-up, in women's clothing), he no longer dares to be himself and hides behind classic men's clothing. The priest makes a speech about love and says that love begins by loving oneself, and that if you don't love yourself you can't really love others. After that, Eric feels better and goes to the high school dance wearing make-up, jewelry and a very colorful outfit.

| Sex Education | 1 | 8 | 14:30 / 25:55 | Vaginism can be an automatic reaction of the body due to the fear of vaginal penetration. The body and the psyche are not disconnected, which can have an impact on the course of sexual intercourse and influence the functioning of the body (beginning of explanation of vaginismus as a psychophysiological process) | Sexual disorders: vaginism | During a sex therapy session, Lily explains that she tried to have sex but her vagina seemed to close up and she couldn't even put a finger in it. She doesn't understand because she really wanted to and has been waiting a long time for this moment. Otis tells her about vaginismus and explains what it is.

| Sex Education | 1 | 8 | 25:55 | Virginity is not a social or sexual problem and you have to be able to release the pressure you put on yourself to lose that virginity | Other: virginity, first intercourse + Self-acceptance | Otis doesn't understand why Lily is in such a hurry to lose her virginity. She tells him that she doesn't want to feel like she's behind the others and that she's afraid to end up alone. He reassures her and explains that it's not a race.

| Sex Education | 2 | 1 | 03:28 | There is no shame in masturbating (healthy and normal), but if it is done in public, it is an offence | Pleasure: male masturbation | Otis masturbated in the car in the supermarket parking lot and his mother (Jean) surprised him. Later, she told him that it is healthy and normal to masturbate, but that he should not do it in public because it is a crime.

| Sex Education | 2 | 1 | 07:50 / 16:30 / 26:30 | The Chlamydia epidemic is not transmitted through the air but through the exchange of sexual fluids. An infected sexual fluid can transmit the disease to the eye. Chlamydia can be treated with antibiotics (+staging of defensive behavior in the face of slut-shaming insults of sexual practices) | STI: chlamydia, transmission + Sexual violence and harassment: slut-shaming | Scene 1: There is an outbreak of Chlamydia in the high school and students are running around screaming, some of them with surgical masks on their faces. Otis tells the student selling the masks that Chlamydia is not transmitted through air but through sexual contact with a carrier. Students come to him for advice and Otis gives information on the transmission of the STI.

Scene 2: Fiona is fought and insulted by her two friends who accuse her of having transmitted chlamydia to her, claiming that she is having sex with several boys. Otis defends her and asks the girls to stop slut-shaming.

Scene 3: Parents' meeting to discuss the chlamydia epidemic, the principal speaks up and says that the infected students must take antibiotics. Faced
<table>
<thead>
<tr>
<th>Time</th>
<th>Scene Description</th>
<th>Theme related to STI protection or Prevention</th>
<th>STI Protection or Prevention</th>
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<tbody>
<tr>
<td>19:25</td>
<td>Otis and Eric approached Jackson in high school because he seems to have</td>
<td>STI protection</td>
<td>Otis and Eric approached</td>
</tr>
<tr>
<td></td>
<td>transmitted chlamydia to 2 girls. Jackson defends himself by saying that he</td>
<td></td>
<td>Jackson in high school</td>
</tr>
<tr>
<td></td>
<td>protects himself every time and that he got tested. He shows his negative</td>
<td></td>
<td>protects himself every time</td>
</tr>
<tr>
<td></td>
<td>results.</td>
<td></td>
<td>and that he got tested.</td>
</tr>
<tr>
<td>39:55</td>
<td>Owen confesses to being the one who passed on chlamydia to two girls in high</td>
<td>STI</td>
<td>Owen confesses to being the</td>
</tr>
<tr>
<td></td>
<td>school. Otis asks why he didn’t say anything before and Owen says he was</td>
<td></td>
<td>one who passed on chlamydia</td>
</tr>
<tr>
<td></td>
<td>ashamed. Otis explains that there is nothing to be ashamed of, that you can’t</td>
<td></td>
<td>to two girls in high school.</td>
</tr>
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<td></td>
<td>control your body, but you have to be honest with your partners and tell them.</td>
<td></td>
<td>Otis asks why he didn’t say</td>
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<td></td>
<td></td>
<td></td>
<td>anything before and Owen</td>
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<td></td>
<td></td>
<td></td>
<td>says he was ashamed. Otis</td>
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<td></td>
<td>explains that there is</td>
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<td></td>
<td></td>
<td></td>
<td>nothing to be ashamed of,</td>
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<td>that you can’t control your</td>
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<td>body, but you have to be</td>
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<td>honest with your partners</td>
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<td></td>
<td></td>
<td></td>
<td>and tell them.</td>
</tr>
<tr>
<td>21:41</td>
<td>Listening to your partner and understanding each other’s functioning allows you to</td>
<td>Pleasure + Romantic relationships</td>
<td>1st scene: Ola and Lily are</td>
</tr>
<tr>
<td>37:50</td>
<td>better approach sexual intercourse.</td>
<td></td>
<td>talking and Ola admits that</td>
</tr>
<tr>
<td>43:40</td>
<td></td>
<td></td>
<td>she doesn’t dare tell Otis</td>
</tr>
<tr>
<td>44:00</td>
<td></td>
<td></td>
<td>that she didn’t like it when</td>
</tr>
<tr>
<td>44:30</td>
<td></td>
<td></td>
<td>he fingered her. Lily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>repeats it to Otis. A teacher</td>
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<td></td>
<td></td>
<td></td>
<td>asks Otis for advice because</td>
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<td></td>
<td></td>
<td></td>
<td>he doesn’t understand his</td>
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<td></td>
<td></td>
<td></td>
<td>partner. Scene 2: Otis asks</td>
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<td></td>
<td></td>
<td></td>
<td>for advice from a classmate</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>at school who asks him to</td>
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<td></td>
<td></td>
<td></td>
<td>show what he has done with an</td>
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<td></td>
<td></td>
<td></td>
<td>orange. She then tells him</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>that every orange is different,</td>
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<td></td>
<td></td>
<td></td>
<td>that there is no magic</td>
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<td></td>
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<td></td>
<td>technique that works for</td>
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<td></td>
<td></td>
<td></td>
<td>everyone, and that he needs</td>
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<td>to talk about it with his</td>
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<td></td>
<td></td>
<td></td>
<td>girlfriend to find out what</td>
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<td></td>
<td></td>
<td></td>
<td>to do. Scene 3: Otis is</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>riding his bike outside the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>school, catches up with the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>teacher about his problem</td>
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<td></td>
<td></td>
<td></td>
<td>and tells him to listen to</td>
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<td></td>
<td></td>
<td></td>
<td>his partner. Scene 4: Otis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>rings Ola’s doorbell, tells</td>
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<td></td>
<td></td>
<td></td>
<td>her he knows she didn’t like</td>
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<td></td>
<td></td>
<td></td>
<td>it the first time but asks</td>
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<td>her to show him what to do.</td>
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<td></td>
<td></td>
<td></td>
<td>Scene 5: The teacher rings</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>his partner’s doorbell and</td>
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<td></td>
<td></td>
<td></td>
<td>asks him to explain his</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>wishes.</td>
</tr>
<tr>
<td>40:00</td>
<td>Advice to use a water-based lubricant, because oil-based lubricants deteriorate</td>
<td>STI protection</td>
<td>During the sexuality education</td>
</tr>
<tr>
<td></td>
<td>the condom</td>
<td></td>
<td>session, Jean (sexologist)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>is at the back of the room</td>
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<td></td>
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<td>and intervenes when the</td>
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<td></td>
<td>teacher does not know how to</td>
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<td></td>
<td></td>
<td></td>
<td>answer questions. She explains</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>which lubricant to use when</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>having sex with a condom.</td>
</tr>
<tr>
<td>40:00</td>
<td>Anyone can refuse sex if their partner does not wish to use a condom</td>
<td>Contraception + STI protection + Sexual</td>
<td>During the sexuality education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>violence and harassment: consent</td>
<td>session, Jean (sexologist)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>is at the back of the room</td>
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<td>and intervenes when the</td>
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<td>teacher does not know how to</td>
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<td></td>
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<td>answer questions. She explains</td>
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<td></td>
<td>that one can always say no to</td>
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<td></td>
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<td>sex, and that this also</td>
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<td>applies in the event that</td>
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<tr>
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<td></td>
<td></td>
<td>one’s partner refuses to use</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>a condom.</td>
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</tbody>
</table>

During the sexuality education session, Jean (sexologist) is at the back of the room and intervenes when the teacher does not know how to answer questions. She explains which lubricant to use when having sex with a condom. During the sexuality education session, Jean (sexologist) is at the back of the room and intervenes when the teacher does not know how to answer questions. She explains that one can always say no to sex, and that this also applies in the event that one’s partner refuses to use a condom.
### Friction and non-consensual ejaculation received from another person and not consented in public transports is a sexual assault and a complaint must be filed

**Sexual violence and harassment: sexual assault**

1st Scene: Aimee is on the bus, standing. She unintentionally pushes the man behind her and apologizes with a smile. She then realizes that he is masturbating on her and she shouts but nobody reacts. As she gets off the bus she notices semen on her jeans.

Scene 2: In high school, Aimee and Maeve are talking. Aimee shows the stain left by the attacker’s semen on her jeans. She seems detached but Maeve insists that they go to the police station to file a complaint.

Scenes 3 and 4: Aimee and Maeve are at the police station and file a complaint. At first, Aimee doesn’t feel legitimate and thinks she is wasting the police officers’ time because she doesn’t think she has been sexually assaulted. The police officers and Maeve reassure her and explain to her the value of filing a complaint.

### When you are ashamed of your face during an orgasm, there are ways to play it down and to help take responsibility for the whole sexual experience. It is important to explain to your partner your feelings.

**Self-acceptance + Romantic relationships: communication**

1st scene: Olivia and Malek are sleeping together, at orgasm she grabs a pillow and puts it over his face. Malek goes to Jean (sexologist) and talks to him about the problem, she suggests that it may be related to a fantasy and Malek goes to Olivia to tell her to solve her fantasy problem because it makes him uncomfortable.

Scene 2: Otis is leaving school on his bike when Olivia appears in front of him and explains that it’s not a fantasy but just a way to prevent him from seeing her face because she thinks she’s ugly when she comes. Otis reassures her and explains that it’s not about looking good but about feeling good with her partner, that it’s about trust and that she should talk to him about it to reassure her. He gives her advice.

3rd scene: Olivia and Malek are on the bed in their underwear, tape on their faces to distort them. They seem to have talked about Olivia’s blockage. The tape allows them to see themselves disfigured and to realize that even like that, they love each other and desire each other.

### Staging of favorable behavior with a request for consent just before sexual intercourse

**Sexual violence and harassment: consent**

1st scene: Otis and Ola are on Otis’ bed, playing a video game and kissing. Ola asks Otis if he wants to go further.

2nd scene: Eric and Otis meet up at the high school and Otis tells him that he is nervous about doing his first time with Ola. Eric tells him that he doesn’t have to do it if he is not ready.

3rd scene: Ola and Otis kiss on the bed, they start to undress but Otis gets angry because he can’t undo Ola’s bra. Ola asks him if all is well and tells him that they can stop if he wants to.
<table>
<thead>
<tr>
<th>Sex Education</th>
<th>Scene 1: Otis and Ola are on Otis's bed, getting ready to have sex, and Ola asks if Otis has a condom. Scene 2: Otis and Ola are in high school. Otis tells Ola that he forgot the condoms but that he can go home and get some. Ola says that she will take care of it. Scene 3: Ola buys a box of condoms. 4th scene: Otis receives an SMS from Ola, displayed on the screen it reads &quot;I've got the condoms, when are you coming over?&quot;. Otis answers &quot;Be there ASAP!&quot;, the message is displayed for 6 seconds.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scene 2: Jean, sexologist, in his sexuality education office in the high school. A student enters and expresses her concern because she does not want to have sex, with anyone, ever. She is afraid of being &quot;broken&quot; and still wants to fall in love. Jean explains to her what asexuality is and reassures her that love and sex are two different things and that she can have one without the other.</td>
<td></td>
</tr>
<tr>
<td>Scene 3: Jean teaches a class on female pleasure to a few women, including Maureen. Jean shows a model of the female anatomy of the clitoris and talks about pleasure. Maureen asks her if after a long period without sex she will still be able to feel something. Jean reassures her that the pleasure does not diminish with age or lack of contact.</td>
<td></td>
</tr>
<tr>
<td>Scene 4: Rahim is at the blackboard, he has drawn a figure explaining the steps of the anal enema and explains them to Otis and Eric sitting in front of him. 2nd scene: following the 1st scene, a teacher enters the room and asks them what they are doing and then kicks them out. When the boys leave the room, the teacher takes a picture of the board with the figure.</td>
<td></td>
</tr>
<tr>
<td>Scene 5: In a classroom, Rahim is at the blackboard, he has drawn a figure explaining the steps of the anal enema and explains them to Otis and Eric sitting in front of him. 2nd scene: following the 1st scene, a teacher enters the room and asks them what they are doing and then kicks them out. When the boys leave the room, the teacher takes a picture of the board with the figure.</td>
<td></td>
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<tr>
<td>Scene 6: Counselling and staging of communication with your partner in order to have a good sexual intercourse 1st scene: At a party, Anwar comes to talk to Rahim and asks him to explain how to do an anal enema because he doesn’t know how to do it and he doesn’t want to tell his boyfriend. Rahim tells him that if he doesn’t feel ready to talk to his boyfriend, he is not ready to have sex with him. He advises him to go and talk to him 2nd scene: same evening, Anwar and his boyfriend Nick are talking and Anwar confesses to him that he doesn’t know how to douche and that he is a virgin. His boyfriend reassures him and tells him that he is going to explain to him.</td>
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<tr>
<td>Scene</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
<td>Rahim and Eric are kissing, and Eric asks him why he has never tried to have sex with him when he seems to have experience. Rahim answers that he doesn't want to pressure him and that he is waiting for Eric to feel ready.</td>
</tr>
<tr>
<td>2</td>
<td>Anwar is standing alone in a corner, his boyfriend comes up to him and asks him to leave. Anwar refuses and his boyfriend tells him that he hopes he hasn't pressured him into having sex, and that they don't have to do anything until Anwar is ready.</td>
</tr>
<tr>
<td>3</td>
<td>Scene 1: Ruby and Otis are talking after having sex while drunk. They can't remember if they used a condom. Scene 2: Otis and Ruby are in front of the pharmacy and Ruby asks Otis to go buy the morning-after pill for her. Scene 3: Otis is in the pharmacy and asks for the morning-after pill. The pharmacist tells him that she can't give it to him because he's a man. Otis comes out of the pharmacy to get Ruby and reassures her that this happens to everyone and that there is nothing humiliating about it. He promises to help her if she's pregnant and chooses to keep the baby. Ruby is at the pharmacy cash register with Otis who is a few meters away. The pharmacist asks Ruby questions about her menstrual cycle and history and then sells her the morning-after pill. Otis pays. Scene 4: Otis and Ruby are sitting in the forest, each with a can of Coke, Ruby reads the pill instructions and takes it.</td>
</tr>
<tr>
<td>4</td>
<td>Aimee, Maeve, Ola, Vivian, Olivia and Lily, in collective punishment, must find a subject that binds them as women. Finding no common ground, Ola and Maeve argue about Otis. Aimee bursts into tears and tells them to stop arguing over a boy and then explains her discomfort. She explains that she doesn't dare to take the bus anymore because of her sexual assault. The girls empathize with her, support her and take turns telling about the abuse they have suffered. One girl said that two-thirds of the girls experience unwanted sexual contact in public spaces before the age of 21.</td>
</tr>
<tr>
<td>5</td>
<td>To treat vaginismus, there are specific dilators available. It is also possible to have non-vaginal sex during vaginismus.</td>
</tr>
<tr>
<td>6</td>
<td>Gordie goes through Cassandra’s medical records and wonders what a certain medication is for. She explains to him that it is the pill, and that it is best to be careful. He replies that she should avoid smoking while on the pill.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scene</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Scene 1: Rahim and Eric are kissing, and Eric asks him why he has never tried to have sex with him when he seems to have experience. Rahim answers that he doesn't want to pressure him and that he is waiting for Eric to feel ready. Scene 2: Anwar is standing alone in a corner, his boyfriend comes up to him and asks him to leave. Anwar refuses and his boyfriend tells him that he hopes he hasn't pressured him into having sex, and that they don't have to do anything until Anwar is ready.</td>
</tr>
<tr>
<td>2</td>
<td>In the case of sexual intercourse between a girl and a boy with doubts about the use of contraception, there is the morning-after pill, which is delivered anonymously. There is no shame in using it and it concerns both partners.</td>
</tr>
<tr>
<td>3</td>
<td>Scene 1: Ruby and Otis are talking after having sex while drunk. They can't remember if they used a condom. Scene 2: Otis and Ruby are in front of the pharmacy and Ruby asks Otis to go buy the morning-after pill for her. Scene 3: Otis is in the pharmacy and asks for the morning-after pill. The pharmacist tells him that she can't give it to him because he's a man. Otis comes out of the pharmacy to get Ruby and reassures her that this happens to everyone and that there is nothing humiliating about it. He promises to help her if she's pregnant and chooses to keep the baby. Ruby is at the pharmacy cash register with Otis who is a few meters away. The pharmacist asks Ruby questions about her menstrual cycle and history and then sells her the morning-after pill. Otis pays. Scene 4: Otis and Ruby are sitting in the forest, each with a can of Coke, Ruby reads the pill instructions and takes it.</td>
</tr>
<tr>
<td>4</td>
<td>Scene 1: Rahim and Eric are kissing, and Eric asks him why he has never tried to have sex with him when he seems to have experience. Rahim answers that he doesn't want to pressure him and that he is waiting for Eric to feel ready. Scene 2: Anwar is standing alone in a corner, his boyfriend comes up to him and asks him to leave. Anwar refuses and his boyfriend tells him that he hopes he hasn't pressured him into having sex, and that they don't have to do anything until Anwar is ready.</td>
</tr>
<tr>
<td>5</td>
<td>Scene 1: Rahim and Eric are kissing, and Eric asks him why he has never tried to have sex with him when he seems to have experience. Rahim answers that he doesn't want to pressure him and that he is waiting for Eric to feel ready. Scene 2: Anwar is standing alone in a corner, his boyfriend comes up to him and asks him to leave. Anwar refuses and his boyfriend tells him that he hopes he hasn't pressured him into having sex, and that they don't have to do anything until Anwar is ready.</td>
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</tr>
<tr>
<td>The Society</td>
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<td>The Society</td>
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<td>The Society</td>
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</tbody>
</table>
Multimedia appendix 5: Other health themes addressed in series episodes, in all series and by type of series

<table>
<thead>
<tr>
<th>Other youth health themes:</th>
<th>Number of all series' episodes addressing it (n=65)</th>
<th>Sexual Health Series' Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>Yes (n=26)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>44 (68)</td>
<td>19 (73)</td>
</tr>
<tr>
<td>Drugs</td>
<td>44 (68)</td>
<td>22 (85)</td>
</tr>
<tr>
<td>Parent-adolescent relationship</td>
<td>36 (55)</td>
<td>24 (92)</td>
</tr>
<tr>
<td>School harassment</td>
<td>23 (35)</td>
<td>10 (39)</td>
</tr>
<tr>
<td>Disease, disability</td>
<td>22 (34)</td>
<td>10 (39)</td>
</tr>
<tr>
<td>Tobacco</td>
<td>19 (29)</td>
<td>10 (39)</td>
</tr>
<tr>
<td>Depression, suicide</td>
<td>18 (28)</td>
<td>1</td>
</tr>
<tr>
<td>Social networks, digital</td>
<td>16 (25)</td>
<td>10 (39)</td>
</tr>
<tr>
<td>Popularity, rumors</td>
<td>16 (25)</td>
<td>10 (39)</td>
</tr>
<tr>
<td>Addiction</td>
<td>9 (14)</td>
<td>7 (27)</td>
</tr>
<tr>
<td>Abuse</td>
<td>6 (9)</td>
<td>0</td>
</tr>
<tr>
<td>Road safety</td>
<td>6 (9)</td>
<td>2</td>
</tr>
<tr>
<td>Peer pressure</td>
<td>5 (8)</td>
<td>4 (15)</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>1 (2)</td>
<td>1</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friendship, religion, violence, school problems, theft, racism, being adopted, firearms ...</td>
<td>61 (94)</td>
<td>24 (92)</td>
</tr>
</tbody>
</table>