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Let's Talk about Sex Baby

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Let's Talk about Sex Baby

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Submitted in partial fulfillment for the requirements for
Honors in the Department of Sociology

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Abstract

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This thesis focuses on parental relationships, communication, and lifestyles and their potential in shaping their children's sexual attitudes and behaviors. Prior research has examined the effect of the media and schools on adolescent sexuality; however, there is little information on parents. The literature review was an evaluation of studies and written works focused on these three factors, media, schooling, and parental involvement, potentially having an effect on adolescent's sexual attitudes and behaviors. It was found that media had a strong ability to over sexualize the youth of America. The educational aspect was two dimensional, there was clearly a positive aspect of learning about sex from a health professional's perspective but there is great controversy in which type of education, abstinence only or comprehensive, should take place and at what age. Parental involvement left the most unanswered questions because of inconclusive findings, which is why the research of this thesis was focused on parents potential affect on their children's sexual attitudes and behaviors. The research was split between a survey, given to 111 students, and eight one-on-one interviews. Though no findings in this sociological study can be conclusive or causational there is to some degree evidence to suggest that parental communication and sex education is associated with safe sexual activity and the use of protection. There was an assortment of limitations ranging from the sample population to the sensitive nature of the topic, but practical conclusions can still be drawn. Respondents as a whole are practicing safe sex, comfortable talking about sex with partners and friends, have communicated with their parents about sex, and had sex education in both middle and high school. The findings from this research lead to several

implications, primarily the continued need for early parental involvement and positive communication. There is also a great need for sex education in schools around the country and mandated curriculum that can give adolescents safe and imperative knowledge. Findings also revealed a lack of comfort with health professionals, which showed the need for physician's to make themselves more readily available to adolescent patients and more open and honest about sexual behaviors and attitudes. This thesis concluded with the suggestion of continued research. With a different sample population and less vague questioning there is potential for both enlightening and possibly significant findings.

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Introduction

Growing up in a family with extraordinarily open and affectionate parents one might assume that they would raise children following suite. In my family this was not the case. I became exceptionally affectionate and comfortable with my sexuality while my older sister struggles having someone simply hold her hand. I always knew that there were factors out side of our upbringing contributing to who we were and our sexual behaviors and attitudes, but was always dumbfounded by how completely different we were. I wondered if we were dissimilar because she had attended private school while I attended public, or because I watched excessive television while she read novels in her free time, unfortunately there was never a simple explanation. After working for several months at Planned Parenthood it was clear that sexual attitudes and behaviors not only varied drastically amongst people but there was no conclusive reasoning to why certain people took part in sexual behaviors while others waited or why some people were extremely open about their sexual attitudes while others shied away from the topic of sex all together. I wanted to understand what dictates our sexual behavior and attitudes. As a sociology major looking into public health concerns I was drawn to seeing if students were making positive decisions sexually, if students had positive sexual attitudes, and if they were comfortable with the topic of sex.

Chapter one begins with a substantial literature review looking at past studies and written works that focus on the sexual attitudes and behaviors of adolescents. There is a section looking at media, education, and parental involvement as separate potential factors molding sexual attitudes and behaviors of adolescents. In chapter two I explain the research that was conducted for this thesis. There were a total of 111 completed

surveys and 8 one on one interviews. Chapter three then reviews the collected data and analyzes the findings from the surveys and interviews. The surveys gave insight into student's sexual attitudes, their level of comfort around sex, and the sexual behaviors taking place on campus. Though the interviews were moderately informative the majority of findings were omitted to provide the maximum amount of confidentiality. Chapter four begins by displaying an overview of the thesis itself and then comparing it to the previous literature review. This section is broken up into four portions: sexual behaviors, education, parents, and sexual attitudes and comfort. Some of my discoveries resembled the pervious literature's conclusions while others challenged them. This chapter then further explains the findings within this thesis and their potential implications. These implications range of the need for parental involvement and communication with their children to potential federal involvement in mandating sex education schools. I then explain the limitations this study faced and how that can be potentially avoided in future studies. This thesis concludes by pleading for the continuation of research on this topic and how it can be better examined and executed.

Chapter 1: Literature Review

This thesis is concerned with teen's sexual attitudes and behaviors and how they are potentially affected by their communication and connection with their parents. This chapter will review existing studies and literature on several factors that potentially dictate adolescent's sexual behaviors and attitudes. First it will look at teen's sexual attitudes and behaviors today and how they have evolved over time in the United States. Secondly, the dangers and consequences that come with having a sexually active younger generation are evaluated. This portion focuses mainly on the major issues of high teen pregnancy rates and the alarming amount of sexually transmitted infections present among teens today. Then this chapter takes a closer look on the change in media and technology and its potential impact on adolescent's sexual attitudes and behaviors. These studies predominantly focus on the increase of sexual exposure and understanding in adolescents today due to the coverage of sexualized content today. Next, the schools involvement in sex education and peer influence is reviewed. The main focus in this literature is the argument on which specific type of sex education is more effective and appropriate. Lastly parents' relationships and communication with their children is assessed. Most studies on this topic analyze the need for parental involvement and continual communication in their adolescent's life when it comes to sexual behaviors and attitudes.

Teens Sexual Attitudes & Behaviors

Sexual behaviors and attitudes today have become dramatically more present and pronounced, especially for young adults. Whether this is being caused by sexualized mass

media or mandated sex education, it is obvious teen's sexual attitudes and behaviors are evolving. "Sex outside of marriage has become the norm for teens rather than the exception" (Averett, Rees and Argy 2002: 1777). The 1960s American "sex revolution" created a lasting change "to a more liberal attitude concerning sexual expression" (Reis 2001: 5). This "revolution" was about sexual empowerment for men and women as well as the ability to openly express sexual attitudes and opinions. What was once considered an inappropriate rebellion has become a standard sexual attitude and set of expected behaviors, especially for adolescents (Reis, 2001). The amount of sexually active teens since the 1960s has gradually rose and this increase in behavior does not appear to be slowing down (Kirby, 2007). The rate of sexual activity amongst male and female teens "almost doubled" from the 1960s to the early 1990s (Little and Rankin 2001: 704). It is disheartening to find that in the 1990s while the number of sexually active teens rose, the age of initial sexual behavior continually lowered (Little and Rankin, 2001).

The vast majority of research about early sexual behavior focuses on the predictors of early sexual onset, the sexual influences and the potential dangers of sexual behavior for the younger generation. Two major predictors found are peer influence and deviant behavior. Peers have a great influence on the behaviors and choices of teens, possibly even more than parents do. Peers have such an immense influence on sexual behavior because of teens desire to fit in. "Teens sexual activity may be affected by what adolescents believe that their friends are doing, regardless of their friends' actual behavior" (Little and Rankin 2001:711). Deviant acts, such as skipping school, trying drugs or alcohol and participating in "other adult like behavior" (Whitbeck, Yoder, Hoyt and Conger 1999: 934) are thought to be a more intense predictor of early sexual onset

then peers influence or pressure. “Adolescents who do better academically and who have aspirations for college are more apt to delay becoming sexually active” (Whitbeck, Yoder, Hoyt and Conger 1999: 936). Academic achievements and college ambitions regularly coincide with a lack of deviant behavior. These two predictors of early sexual onset, deviant behavior and peer influence, often go hand in hand. Little (2001) explains, “a person who closely associates with peers whose behavior and beliefs are deviant is apt to learn to be delinquent from those peers” (Little and Rankin 2001: 705). Little and Rankin (2001) had difficulty deciphering whether these teen friendships began because teens are participating in deviant behavior and are drawn to each other or if deviance was attractive to a non-deviant peer.

Gender is also a factor in sexual attitudes and behaviors amongst adolescents today. With deviant behavior being such a prominent factor in early sexual debut it is important to look at how much more likely boys are to generally take part in deviant behavior. “It has long been the case that males have had higher rates on most indicators of deviance or crime than women, regardless of whether measures by official arrests or self-report” (Little and Rankin 2001: 706). As previously discussed deviance is a major predictor of early participation in sexual behaviors and “throughout the teen years, more males consistently report having had sexual intercourse than females” (Little and Rankin 2001: 708). Little and Rankin also disclosed information about how male and female adolescents are generally motivated sexually by different things. “Women are sexually motivated as an expression of love in the context of emotionally involved relationships while men are more motivated by sex as a source of pleasure with less emphasis on the emotional, relational context of the activity” (Little and Rankin 2001: 706).

Another factor in sexual behavior and attitudes is age. From middle school to high school the change in sexual behavior and attitudes are enormous. In middle school students report having little to no interest in sexual behavior and when these students enter high school the numbers of romantic relationships and sexual intercourse skyrocket (Whitbeck, Yoder, Hoyt and Conger 1999: 934). Kirby (2007) reports that at the age of 15 less than 15% of girls, and only 16% of boys have taken part in sexual intercourse. At the age of 19 over 70% of male and females have had sexual intercourse. In the average high school in the United States over 60% of the senior class has had sexual intercourse; the average number of first and second year high school students is nearly half of that (Kirby 2007: 146). In college these numbers are dramatically higher. A recent study showed that among undergraduate college students nearly 80% had taken part in some sexual interaction (Bersamin, Bourdeau, Fisher and Grube 2010: 159).

A factor rarely taken into consideration, that may be extremely important in sexual attitudes and behavior, is the presence of older or sexual active siblings. Sexually active siblings could potentially be leading by example to their sisters and brothers. “The presence of sexually active older siblings is an often overlooked family influence. There is evidence that sibling’s “attitudes regarding sexual permissiveness and levels of sexual activity are related” (Whitbeck, Yoder, Hoyt and Conger 1999: 935). Whitbeck, Yoder, Hoyt and Conger’s (1999) research, found a strong correlation between early sexual debut and the presence of a sexually active older sibling (Whitbeck, Yoder, Hoyt and Conger 1999: 942).

It is seen through this research that there are a vast amount of potential factors playing into teen’s sexual activity. With this high amount of sexual activity taking place

in this young generation there are also growing dangers within this behavior. The reason that sociologists and health specialists are showing such an interest in early debut to sexual behavior is because more sexual risks are being taken by these teens. These sexual risks include things such as a lack of consistency in the use of contraception and having a higher number of sexual partners. An early debut to sexual behavior is potentially connected to experiencing the adverse effects of sex, such as sexually transmitted diseases and unwanted pregnancy (Halpem and Haydon, 2012).

Sexual Health Issues Today

With the increasing amount of sexually active teens and young adults today there are growing health concerns surrounding their behavior. Sexually Transmitted Infections, and or diseases, and teen pregnancy are issues faced by thousands of teens in the United States today. “Although young people ages 15-24 represent 25% of the sexually active population, they account for about half of all new cases of STDs” (Kirby 2007: 145). These statistics clearly show lack of understanding and communication around safe sex for adolescents that are sexually active today. “Sexually Transmitted Diseases other than HIV and AIDS are almost never discussed and unintended pregnancies are rarely shown as the outcomes of unprotected sex” (Brown and Keller 2000: 255). The more these issues are brought to teen’s attention the better the chances of making safe choices are. For example, young females who were more secure interacting and talking to their male counterparts on a daily basis showed they were more likely to discuss the need for contraception in a romantic relationship and actually use it (Manlove, Ryan and Franzetta, 2007).

The Centers for Disease Control and Prevention (2007) feel that the high rates of sexually transmitted diseases visible amongst sexually active teens maybe due to them generally having more sexual partners then older sexually active adults (Kirby 207, 146). A factor for safer sex is monogamous relationships and with age there are a higher number of monogamous and lasting relationships. Adolescents in consistent relationships, that were sexually active, showed positive communication about the need for contraception and a high rate of usage (Manlove, Ryan and Franzetta, 2007). This may be due to a comfort level couples share in monogamous relationships or that generally more mature young adults have lasting romantic relationships.

The rates of teen pregnancy are a continual issue for the youth of the United States. Though the rates of teen mothers since the 90s have been going downward, the rates of abortions for teens are rising (Little and Rankin, 2001). The amount of unwanted teen pregnancy in the United States remains much higher than other developed countries as well. It was found that in 2006, “more than 30% of girls in the United States become pregnant one or more times before they reach 20 years of age” (Kirby 2007: 144). Teen births, for females between the ages of 15 and 19, who carried the baby to full term hit unexpectedly high rates in the early 1960s, over 90 births per 1,000 (Cocca 2006: 38) and again in the early 1990s, with over 60 births per thousand (Cocca 2006: 38).

When adolescents are becoming parents there are adverse effects for both the children and the parents. Some negative effects include a lessened chance of the child “succeeding in educational settings” (McCave 2007: 15) and a variety of other “health, social, and economic” hardships (McCave 2007: 15) Health wise children of teen mothers are significantly more likely to be born prematurely and are “three times more

likely to die in infancy” (McCave 2007, 15). Socially the children of a teen mother “are at enhanced risk of negative developmental and social consequences” (McCave 2007: 17), such as potential self-esteem issues and the “internalization of problem behaviors” (McCave 2007: 17).

There are clearly negative effects to having a sexually active younger generation. With the ever-changing media outlets and intrigue in reality television the negative effects of sexual behavior have begun to be seen more and more in the media. Advertisements for condoms and birth control can be seen on just about every network, but is too much information being seen by the younger generation? Is this information sexualizing adolescents?

Sexualized Media

While taking a closer look at the sexual attitudes and behaviors of teens in the United States the consistent stream of sexualized media comes into focus. With ever changing technology and adolescents growing exposure to the mass media we as a society need to understand how much more the youth today sees and understands. “Gone are the ‘I Love Lucy’ days of single beds and polite pecks on the cheeks. Youth today can hear and see sexual talk and portrayals in every form of media” (Brown and Keller 2000: 255). Only recently with exposure to reality television like “Teen Mom” and “16 and Pregnant” has the public seen the consequences of sexual behavior in a public media forum. Sexual behavior in television, film, magazines, and literature is romanticized for the public and the potential risks and dangers are missed. Every decade television and film has gradually become more sexualized and open about attitudes and behaviors

especially amongst teens. In the 1930s and 1940s films would end in emotional embraces and allow the audience to interpret what the loving couple did next. Years later in the 50s sex icons like James Dean hit the scene and an era of explicit flirtation and obvious sex altered viewer's attitudes toward sex on the big screen. They were now more intrigued by the idea of sexual behavior and were willing to watch it unfold. By the 1970s American's were watching movies like *The Graduate* where full nudity and extra-marital affairs were considered breath taking and award winning entertainment and not blasphemy (Cocca, 2006). Television and film has continually been more sexualized and attitudes and behaviors involving sex have become a basic plot line to the vast majority of teen and young adult media.

For teens in the United States today "More than 90 percent have televisions, DVD or VCR players, radios and computers in the home, while 84 percent have both Internet access and cable or satellite TV" (Vahlberg 2010: 6). For people between the ages of 8 and 18 the majority of their media time, excluding cell phones, is spent watching television. A large amount of teens also "have a television (71 percent), computer (36 percent) and Internet access (33 percent) in their bedrooms" (Vahlberg 2010, 6.) This means constant access to this media and less supervision of their media usage. Time spent on the computer used to be for homework and research, now the majority of time is spent on social networking sites (25% of computer time), instant messaging (13%) and playing video games (19%) (Vahlberg 2010, 6).

Television use within the home was taken into account in one study on sexual behavior of adolescents. Bersamin, Todd, Fisher, Hill, Grube and Walker (2010) looked at parents co-viewing television with their children, their communication levels with the

children, and parental control of media outlets and how these all had an effect on the sexual behaviors and attitudes of their children. It was seen that the more potentially sexualized media that was co-viewed by parents and their children often created a steadier forum for communication. Communication between parents and children about sex showed that there was a “delay in initiation of vaginal intercourse” (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 98). It also showed that children and parents with clear and continuous communication on the subject affected children positively by them having fewer sexual partners. There are also potential negatives to co-viewing sexual media material with parents. If parents are unable to have full conversations about their beliefs about sexuality, their opinions may be misconstrued during these programs. Bersamin, Todd, Fisher, Hill, Grube and Walker (2010) spoke about the potential of growing a greater barrier between parents and children when parents react unfavorably to media material, even if it is unconsciously. Things as small as an uncomfortable silence or awkward laugh can grow a deeper gap in a child’s ability and comfort to communicate openly with parents or their guardian.

Within the piece “No Sexuality Education is Sexuality Education” Snegroff (2000) takes a closer look at young adults and how they are gaining a vast amount of their sexual understanding from the media. “Curiosity about sexuality is a normal part of growing up. Today’s media- computers, books, radio, television, magazines, movies, music, videos and advertising- stimulate this curiosity further” (Snegroff 2000: 258). Media has the potential to be a phenomenal resource for positive sex education. The issue with modern media is that programs are primarily concerned with making a profit and gaining viewers, not the accuracy of their message (Brown and Keller, 2000). There

seems to be a disconnect in the sexual information given through media outlets. In these television shows, films, and literature sex is shown almost exclusively in a heterosexual way and the negative consequences of sexual behavior are rarely spoken about. There are few shows that talk about Sexually Transmitted Infections or birth control not always being effective. However the emotional bond and attractive side of sexual behavior is more frequently portrayed through popular media outlets (Brown and Keller, 2000).

As media became more sexualized the availability of parental controls and guidelines were not far behind. A lot of sexual familiarity at a young age is coming from children being exposed to things above their maturity level. Sexual material is rampant amongst “R” rated films today but adolescents need adult consent to enter theaters showing these films (Greenberg, Brown and Buerkel-Rothfuss, 1993). This means that there is a barrier of protection from this sexual material but many are not properly following these guidelines (Whitbeck, Yoder, Hoyt and Conger, 1999).

Within the book *America's War on Sex* (2006), Klein explains how the role of new technologies within media today is further sexualizing adolescents. He explains that technology has continually adapted to trends and fads including that of societies sexual behavior (Klein, 2006). He dates back all the way to ancient Greece and shows how they were able to popularize the technology and need for public baths by adding a sexual element. This can be seen today through advertisements, film, Internet and television. While the use of television within homes is growing readily it was found that “for those shows containing sexual content, there were a reported 6.7 sexual messages per hour” (Callister, Coyne, Stern, Stockdale, Miller and Wells 2012: 478). That means during an average program every nine or so minutes minimally there is a sexual reference of some

sort. With the youth of America spending as much as “6-7 hours each day, on average, with some form of media” (Brown and Keller 2000: 255), meaning either on the phone, watching television, reading a magazine or spending time on the computer, there is an extensive amount of sexual exposure. A study on television use and its relationship to sexual behavior showed that “television exposure has been identified as a potentially important influence on the sexual socialization of children and adolescents. With the average American youth exposed to nearly 14,000 sexual references, innuendos, and behaviors on television annually” (Bersamin, Mourdeau, Fisher, and Grube 2010: 158).

The Internet has become a phenomenal outlet for people to connect and learn, but there are negatives that come from these new forms of technology and their influence on sexual attitudes and behaviors. The new forms of technology are the extremely advanced cell phones, lap top computers, and the mass amount of television exposure. In a “national survey of young people (10-17) who regularly use Internet, one in five say they had been exposed to unwanted sexual solicitations while on-line in the past year” (Brown and Keller 2000: 256). Due to the fact that the Internet was really the first nearly free way to spread information to such a mass amount of people “this propelled entrepreneurs to make the Internet less expensive and easier to access” when it came to information and views of sex and sexuality (Klein 2006: 106). This allowed access to pornography and age inappropriate sexual ideas to be exposed to an even younger audience. With the Internet’s popularity and accessibility there are also many positives when it comes to the effect it has on adolescent sexual attitudes. Thousands of websites are available for people to gain information from and ask questions that they may otherwise ignore or shy away from. The public domain that protects anonymity is an incredibly attractive set up

for many people, especially teens (Brown and Keller, 2000). There is a constant open forum for young adults to communicate about the pressures of sex and their concerns while never having to expose who they are or why they are feeling this way.

As times have changed books have become gradually more sexualized. Though sociologists have been looking deeply into the media's changes sexually in terms of video games, movies and television there are clear changes within the literature of today. It is more common for young females to be spending their free time reading but there has been an overall increase in the last decade of reading for pleasure in adolescents, showing an average of over 20 minutes a day (Callister, Coyne, Stern, Stockdale, Miller and Wells 2012). With the majority of teen readers being female it was also found that "books targeting adolescent females contained more sexual content than books aimed at adolescent males or non-gender specific books" (Callister, Coyne, Stern, Stockdale, Miller and Wells 2012: 483). While these books are becoming increasingly more explicit when talking about sex and sexual attitudes there are details that sometimes surpass the sexual ideas that film and television show. Detail can be described and given in literature that would not make it into prime time television. A recent study took a closer look at the actual content within these popular books and found that "consumption of popular adolescent literature may influence adolescent perceptions of what constitutes normative teen behavior" (Callister, Coyne, Stern, Stockdale, Miller and Wells 2012: 2). For example, in the book series Gossip Girl, when one of the high school's students begins to take part in sexual activity and the behavior is not questioned by their peers but rather embraced at a young age. In many studies on the effects of media today, literature is overlooked by cell phones, television and film, but these books are giving graphic insight into

the intriguing and potentially dangerous aspects of sexual behaviors and desires of teens. Upon further analysis of the literature's content it was reported that, "women who frequently read romance novels were more likely to hold negative attitudes toward condoms and showed a reduced intent to use condoms in any further sexual encounter" (Callister, Coyne, Stern, Stockdale, Miller and Wells 2012: 479).

Media has also made its way into the classroom. With the growing market in Internet and film there have also been changes in school's sexual education programs. All different kinds of education programs have media aspects such as video and computer modules. These technological advances guide children and their families through intriguing dialogue and often question and answer based "games". These programs are thought to be creating a continually more comfortable and interactive curriculum for sex education (Kirby, 2007).

Schools Say on Sex

Outside of the home, adolescents spend the majority of their time at school learning. State wide there are mandatory subjects such as history, English, basics in sciences and math and in more recent years health education. The controversy around sexual and health education in schools seems to be focused on which type of education should be taking place. The most common sexual health education programs in the United States are abstinence only and comprehensive sex education programs. "Abstinence programs are defined as those that encourage only abstinence and not condom or other contraceptive use, whereas *comprehensive* programs are defined as those that emphasize abstinence as the safest behavior, but also promote condoms or

other forms of contraception for those who do have sex” (Kirby 2007: 151). While both programs have great support sociologists have been able to find significant strength in comprehensive programs over abstinence only.

Studies showed a limited amount of positive influence from abstinence only programming in high schools. Abstinence only education has been seen to be helpful for younger students, late elementary and middle school aged, to help them understand what appropriate touching is. This has been shown to help these students potentially ward off unwanted predators (McCave, 2007). A major issue with abstinence-only education is that nearly half of the abstinence-only programs studied were shown to have “omitted basic health information, provided incorrect information, and or presented a negatively biased view of certain groups of individuals, such as lesbian, gay, bisexual, and transgender individuals, as well as youths who have already had children” (McCave 2007: 20). Statistics also show that with high school students, only four of the 13 studied abstinence only programs were successful in postponing the debut to sexual behavior for teens (McCave 2007: 20). It has been seen that purity or virginity pledges done during abstinence only teaching were seemingly ineffective. Though they postponed sexual activity for about 18 months after the pledge, these students were then less likely to be using contraception when they became sexually active (McCave 2007: 20). The danger in these promises to abstain from sex is that there is no other safety information being provided. There is a trust that these teens are going to make this commitment and abstain in every way sexually. The problem is that when the pledge is broken, or when these teens do decide to become sexually active, they have no information or understanding on how to protect themselves from unwanted pregnancy or sexually transmitted infections

and diseases. Whether or not they are efficiently prolonging teens from having sex or not these programs are falsely educating these students and potentially harming their ability to make safe choices.

Parents and educators that believe abstinence only education is the only option often feel that comprehensive sex education is dangerously promoting sexual promiscuity by giving vast amounts of information about sexual behavior (McCave 2007: 17). The data show that comprehensive programs actually “delays initiation of sexual activity, and improves contraceptive use” (McCave 2007: 18). Practicing communication, providing accurate information and allowing questions and concerns to be readily heard, not only makes the students more comfortable with the topic of sex but also allows them to understand the need for safety. It has been shown that making options and communication readily available allowed students to make smarter decisions and often delay the onset of sexual intercourse (McCave, 2007). For example those who had comprehensive sex education and “access to school based clinics sought out family planning services within two months of sexual activity” while others refrained from medical advice or attention when needed (McCave 2007: 19). Studies have shown that “comprehensive programs that encourages both abstinence and condom/contraceptive use consistently did not increase sexual behavior, about two thirds of them has a positive impact on delaying sex, reducing frequency of sex or number of partners, or increasing condom or contraceptive use” (Kirby 2007: 144). Comprehensive programs often come with the accessibility to condoms. Many thought that by making condoms more accessible to the public teens were going to become more sexually active, but numbers

have actually shown that these students, female and male, are less likely to be initiating sexual behavior and have fewer partners (Sellers, McGraw and McKinlay 1994: 1954).

For many years there was enormous controversy around having comprehensive sex education within schools. To ensure that this curriculum would not be banned there has been legislation put in place to protect programs of this kind. During Nixon's presidency a family planning initiative was put into place called 'Title X'. Originally Title X was put into place to help single mothers avoid unwanted pregnancies. This was due to the high correlation of welfare dependency and unplanned pregnancy during this time (McCave 2007: 21). Many leaders since Nixon have attempted to remove this legislation because, "the original legislation did not explicitly target family planning initiative for adolescents" (McCave 2007, 21). Today Title X is one of the few laws that help comprehensive sex education in schools and programs such as Planned Parenthood continue to thrive. It has also been used to help win cases like *Carey v. Population Services International*, which made it illegal to deny contraception to minors.

There are clear positives to having comprehensive programs within schools. The U.S. Department of Health and Human Services research found that students who were in abstinence only programming for sex education "were not more likely to be abstinent or to delay first intercourse or to have fewer sexual partners than students who did not receive 'abstinence-only' education" (McKay 2009: 8). When these teens are not in school they are spending time at home. What should parents be doing at home to help influence positive sexual attitudes and healthy sexual behaviors of their adolescents.

Parents Place in their Children's Bedroom

Parents generally have an enormous influence in their children's morals and beliefs from a young age. It is likely that children are going to follow their parent's political views and religion, so where does sex come in? Does parent's communication or openness about sex and sexuality change or form their children's sexual attitudes and behaviors?

Bersamin, Todd, Fisher, Hill, Grube and Walker (2008) performed research to see if there was any correlation between communication parents have with their children, the co-viewing of television material, and children's sexual behaviors. A lot of research has concluded that it is challenging to see directly how much influence and family has on their teens and their decision to initiate "risky behavior" within their lives (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 98). Potential factors on influence are "genetic influence, structural features, parenting practices" and how emotionally involved the parents are on a regular basis with their children (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 98). Some intriguing findings within their research were that "adolescents who report more positive communication with their parents were more likely to delay the initiation of vaginal intercourse" (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 98). It was also found that teens' that reported more communication with their parents about sex generally had fewer sexual partners (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 99). Positive communication between parents and their children was measured through a variety of yes and no questions that completed a communication scale. If participants answered yes they scored a 1 while no scored 0. An example of a question was, "in the past year have your parents or other guardians talked

with you about the facts of life” (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 102). There was also evidence that showed parents that enforced rules and regulations about media use, such as the amount of hours teens were allowed to watch television, had children that were more likely to use protection during sexual behavior and generally had fewer partners. This may be because parents who enforced more restrictions on media were also more likely to be communicating more often and created other rules followed by their teen. Bersamin, Todd, Fisher, Hill, Grube and Walker (2008) showed regardless of the direct cause and effect there is a grave “importance of parental attitude in influencing adolescent sexuality” (Bersamin, Todd, Fisher, Hill, Grube and Walker 2008: 108).

“Whether or not they have explicit discussions with their children, parents transmit their attitudes and values about sexuality to them” (Snegroff 2000:258). Snegroff explained that through unspoken attitudes, responses to others, reactions to comments or media and affection can often explain as much about how parents feel about sex as having a long discussion. A study by Hollander (2000) showed when parents are discussing sexual matters with their children it needs to be clear to both parties what they are communicating about. Hollander researched the discrepancies between mothers and daughters opinions on whether they have spoken about sex. Many times when a mother would claim to have had serious conversations and strong communication about sex, the daughter would then explain that they had never talked about sex before. It was clear that there was discomfort about the subject for both the mothers and the daughters. The teens that explained there had been minimal or no communication also held a greater fear of talking about sex (Hollander, 2000). Lack of true communication and an open forum

between parents and children can be dangerous, it “may lead to ignorance and misconceptions if children lack accurate information or seek information from inappropriate sources” (Snegroff 2000: 258). Furthermore if there is no communication at all it can lead to sexual behavior and positive attitudes being feared and embarrassing for these adolescents.

With parents having such an influence on children’s sexual behaviors and attitudes there is a potentially different effect for adolescents in non-traditional homes. Teens growing up in single parent homes or homes of divorce or abuse may have different sexual attitudes and behaviors (Little and Rankin 2001: 704). Little and Rankin found that “children who live with both biological parents are less likely to be sexually active than those from one-parent homes” (Little and Rankin 2001: 709). Dealing with divorce during the maturing teen years of puberty can also be a potential factor in the inability for communication and negative attitudes toward sex. It was also found that Children facing abuse in their young adult life often take part in deviant behavior at a younger age. These deviant behaviors taking place for children in potentially unstable homes are generally gateways to early sexual debuts (Little and Rankin, 2001). Amongst “traditional” two parent biological families there are seems to be positive influences, such as how often the parents show affection or how often they communicate about school and extracurricular activities (Whitbeck, Yoder, Hoyt and Cogner 1999: 938). These influences have been seen to generally make it easier for these adolescents to ask questions and make safer sexual choices.

Regardless of the different parenting methods and familial relationships, it is clear that parents hold a great responsibility in shaping the sexual attitudes of their children.

The way they interact and create relationships with their children potentially also affects the sexual behavior in which these adolescents take part.

Conclusions

It is impossible to find a definitive cause and effect between what is changing in society and how it is altering sexual attitudes and behaviors of teens. Media, schooling, and parental involvement have to some extent an effect on the sexual behaviors and attitudes of adolescents today. A weakness in the research about teens' sexual attitudes and behaviors is that attitudes are not discussed. These studies focus on the behaviors and the statistics far more than they do examining how teens feel about sex and their sexual behaviors. Also multiple studies talked about the problems with the amount of self-reported studies on teen sex. Little and Rankin (2001) found that it was likely for teens to either exaggerate or lie about behaviors in fear of judgment. That means a good amount of information is potentially inaccurate. For the section on media it is extremely helpful that popular media exposure and usage is such a prevalent topic today. Because there is such a great interest in this material there is a great amount of statistics on what type of technology is being used and what content is being explored. A negative within this section is that it is nearly impossible on most sites or television programs to know who exactly is looking searching these webpages or watching specific programs. This makes it hard to see who is seeking out help on sexual advice sites or who is spending the most time watching specific television networks. With the review on schooling there is a vast amount of information on programs and how schools are seeing positive and negative results from comprehensive and abstinence only health education. The missing

information in this material is which programming the teens feel more comfortable with and how these programs are affecting attitudes and comfort for teens about sex. The final section on parenting has a lot of positive information about the need for communication and involvement of parents with their children specifically about sexual behavior and attitudes. There is not enough information about what exactly is being discussed between these parents and children that is enabling these teens to feel comfortable asking questions and making smart sexual choices.

The literature reviewed suggests that communication about sex affects teens' attitudes, and in turn, their behaviors, making it important to further examine whether and how people communicate about sex. Parental relationships, schooling, and media exposure are clearly important factors of shaping adolescents attitudes about sex and their sexual behavior. The missing in-depth exposure to how parents genuinely affect these children's sexual attitudes and behaviors justifies the need for this research. There is also a need to see the true effectiveness of sex education. This thesis will take a closer look at parent's relationships with their children and how they potentially have a positive or negative correlation to teens making sexual decisions and shaping their sexual attitudes. It will also look at how the existence of sex education may alter sexual behaviors and attitudes. The next chapter will be explaining the methods involved within this thesis.

Chapter 2: Methodology

The literature that was reviewed primarily examined the effect mass media and schooling has on adolescent's sexual attitudes and behaviors. Though there were studies and previous literature on parental involvement there were many unanswered questions on potential correlation between adolescent's relationship with their parents and their sexual behaviors and attitudes. The following research took a closer look at communication and relationships between children and their parents as well as their education and how these factors potentially shaped their sexual behaviors and attitudes. In order to collect all the necessary data I conducted interviews and distributed surveys.

Survey

To allocate my survey I decided to focus on students in Sociology classes at Union because it is the department I have the most access and connections to. After gaining approval from the Human Subjects Review Board and the Department chair I sent an email to each of the Sociology professors in the department explaining my thesis study and the need to distribute my survey (Please see Appendix A).

I received permission from each Professor to attend at least one of his or her classes and give out surveys and consent forms. As I continued the process and got into higher-level classes there was a bit of overlap in students. All students who had already taken the survey were asked not to take the survey again. Because I did not have access to class rosters I could not figure out how many students were in multiple classes and could not calculate the response rate. Students as a whole were extremely receptive; through this process I was able to collect 111 surveys from five Sociology Classes.

Survey participants remained completely anonymous. Students placed their own consent forms (Please see Appendix B) and finished survey (Please see Appendix C) into separate opaque folders. Before taking part in the survey each class was given the following details:

My name is Elizabeth Cohen and I am a senior here at Union writing a sociology thesis. The focus of this study is to see if there is any connection between communication among parents and their children and their children's sexual attitudes and behaviors.

I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. There is no penalty for not participating. You may also skip any questions that make you uncomfortable.

The data are anonymous. There is a consent form if you choose to participate but you will place this in a separate envelope then your survey and your survey doesn't ask for any identifying information. Thank you so much!

After they completed the survey and placed both the consent forms and finished survey into the opaque folders themselves they were debriefed with the following information:

For my Sociology thesis I am studying sexual behaviors, attitudes and communication of Union College students. After looking at media, schooling, and parental relationships and their effect on sexual behaviors and attitudes I found that there are many unanswered questions about the relationships between adolescents and their parents. After this literature review I want to take a closer look to see whether and how parents talk about sex with their children, and if so, how this affects the sexual attitudes and behaviors of their children.

If you have any questions about this topic, there are resources available, such as the Health Center and Counseling Center on campus, and Planned Parenthood, which is fairly close to campus. I have listed their phone numbers on the board.

Interviews

To administer my interviews I was given all Sociology majors' email addresses and sent a detailed explanation of my study while asking for voluntary participation (Please see Appendix D). I received several emails and text messages responding to this

request. All interviews were conducted within a week of the email being sent out. In total I conducted eight interviews with four female interviewees and four male interviewees. Every interviewee was a sociology major and above the age of 18. Every interviewee was given the choice to meet in Reamer Campus Center or Schaffer Library. At the request of the student all interviews were conducted in the Reamer Campus Center.

The Human Subjects Review Board approved all of my questions and conditions for my interviews prior to reaching out to any students. Additionally each interviewee was debriefed before and after and was required to read and sign an informed consent form (Please see Appendix E) before participating. Both the consent form and debriefing were used to ensure that the participants were voluntarily participating and comfortable with the subject matter. The interview was designed to get more personal as the questions continued hoping that the interviewees would have an increased amount of comfort.

Before asking any questions I introduced myself and explained exactly what my thesis was researching. There was no deception within the interview at all. I began every interview by reciting the following:

My name is Elizabeth Cohen and I am a senior here at Union writing a sociology thesis. The focus of this study is to see if there is any connection between communication among parents and their children and their children's sexual attitudes and behaviors.

I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. There is no penalty for not participating. You may also skip any questions that make you uncomfortable.

The data is all-confidential. There is a consent form if you choose to participate. No data will be recorded, you have the opportunity to read the notes taken during the interview if you choose, the notes will not reference your name or any identifying characteristics. No one outside of my advisor, Melinda Goldner, and myself will have access to my notes. At the conclusion of my research all notes will be shredded. And I will always refer to you as a pseudonym.

When the interview was completed I then explained;

For my Sociology thesis I am studying sexual behaviors, attitudes and communication of Union College students. After looking at media, schooling, and parental relationships and their effect on sexual behaviors and attitudes I found that there are many unanswered questions about the relationships between adolescents and their parents. After this literature review I want to take a closer look to see whether and how parents talk about sex with their children, and if so, how this affects the sexual attitudes and behaviors of their children.

If you have any questions about this topic, there are resources available, such as the Health Center and Counseling Center on campus, and Planned Parenthood, which is fairly close to campus.

The interview contained only eight questions (Please see Appendix F). Every interview was completed in less than fifteen minutes.

Data Analysis

In order to analyze the data in an organized fashion the surveys and interviews were studied separately. The interviews were read over and analyzed without any identifying information. They were compared and examined together with no names or personal details. The majority of quotations and details had to be removed from the interview analysis to guarantee students confidentiality. In order to analyze the surveys all of the information was coded and entered into SPSS where frequencies and cross tabulations were ran. To test statistical significance chi square tests were run on all cross tabulations. Due to the small sample size the majority of data could not be tested for statistical significance but insight into sexual behaviors and attitudes were still found.

The next chapter will further explain the findings from the surveys and interviews.

Chapter 3: Results

This chapter analyzes the data from the eight interviews and 111 surveys. The results were extremely interesting and though not conclusive, informative.

Interviews

After I received permission to reach out to all Sociology Majors from the Human Subjects Review Board, I was able to conduct eight interviews. There were four female student interviewees and four male student interviewees. Although a lot of the information did reflect the findings from the surveys, the interviews were less informative than expected, thus I begin with these findings. Whether people were reluctant to go into detail because of the sensitive topic or if the questions were phrased in a vague way there was limited information received. After explaining the study and receiving their signed consent form I began to ask the interview questions.

The first two questions asked whether the interviewee had sex education in middle and high school, and if they did, if it was informative. Seven out of the eight participants had sex education in middle school. They each recalled it being relatively informative about puberty and the specifics of what sexual behavior entailed, but not on issues of safety and potential outcomes, such as sexually transmitted diseases or unwanted pregnancy. For example, interviewee number eight recalled being explained how “private parts each worked” in explicit detail while interviewee six explained, the extent of sex education in middle school was viewing a movie on “where babies came from.” In contrast, only three of the participants interviewed had received sex education in high school, and for one of them the class was an optional child development class. This interviewee explained that the optional class was quite small and mostly women. It

was thought of as an “easy A,” and no one took the class “to get actual information on sex.” Interviewee four explained that in high school the sexual education was extremely informative because he felt his friends did not have accurate information and he was not comfortable talking to his parents about it either. Interviewee two, who also had sex education in high school, explained that, “it changed from middle school, where everyone was just learning about what everything meant, to teachers [in high school] preaching abstinence and the need to use condoms.” The only student who did not have sex education in middle school also did not have sex education in high school. Two of the interviewees who did not have sex education in high school explained that they attended religious private schools where sex education would not be in their curriculum.

The third question asked whether or not the participant had talked to his or her parents about sex, and if so at what age. Six out of the eight participants had spoken to their parents about sex. Two of these participants also spoke of continued dialogue with their parents about sexual behavior. Interviewees who had discussed sex with their parents had done so between the ages of twelve and seventeen. One interviewee initiated the conversation after becoming sexually active. Question four asked the interviewees who had never talked to their parents about sex if they had ever tried. Neither participant had ever tried to initiate a conversation about sex with their parents. One participant went into detail explaining that they have no desire to talk to their parents about sex. Interviewee three, who has never spoken about sex with his parents explained that he did not need to talk because his parents understand he was “not getting into any trouble,” and if he was, he would feel comfortable going to them with questions or concerns.

The fifth question asked participants if their parents were in a romantic relationship, either together or with someone else, and if they were, are they openly affectionate. Seven out of the eight participants have parents that are still together. Five interviewees who had parents that were still together said their parents were not openly affectionate. Two participants explained that their parents were affectionate but not “too much” or “in your face.” The one participant who did not have parents living together explained that his parents were divorced when he was “still a baby,” and that he had seen both of them in other relationships. He also explained that when they were in these other relationships they were not openly affectionate.

The next question asked participants if they were comfortable talking about sex with friends. Seven out of the eight participants said they felt comfortable. One interviewee explained that amongst friends, sex was “all we really talk about.” Interviewee four explained that she was very comfortable talking about sex but only with select close friends does she discuss “details.” Interviewee one explained he was comfortable talking about sex with friends more than anyone else because he felt, “they are never judging me or thinking that I am being unsafe even if I do something stupid” with a partner. The only participant to say she was not comfortable talking to friends about sex explained that her partner was the “only one” she felt comfortable discussing sex with unless there was a “health issue” where she would need a health professional’s advice.

The seventh question asked if the interviewee felt comfortable talking about sex with the opposite sex. All but two participants said they were comfortable, but most specified that it was a different level of comfort than with their own gender. Interviewee

one, who was not comfortable, explained that she felt sex should not be “a random conversation to have in big groups” and that with both genders included the conversations often take a “graphic or informative turn” that she was not comfortable with. In contrast, interviewee six explained that they were comfortable because her conversations about sex with the opposite sex usually did not get “into details” that she would not feel comfortable sharing.

Question seven and eight asked if interviewees were comfortable talking about sex and protection with a partner. Every participant answered yes to both questions. Five participants also explained that they would never be sexually active with someone who they did not have this comfort level with. Participant three said, “whether or not it’s the most comfortable conversation, you shouldn’t be having sex with someone you can’t talk about sex with.” Interviewee eight even said, “The more conversations and the more open with a partner the better.”

Survey

The survey was distributed to five Sociology courses. All of the surveys were coded together coming to a total of 111 completed surveys. The first question asked was if participants were consistently living in the United States between the ages of 12 and 18. All 111 participants answered yes to this question. This question was only asked because this study focused on the United States, thus the question itself was not coded or put into any cross tabs or frequencies.

As you can see from Table 1 below the vast majority of respondents were female (71%). Because all of the participants were currently in sociology classes and this

discipline generally has a higher female population this was not a surprise. The largest group of respondents identified as Catholic (39.4%) and the smallest as Protestant (8.3%). Few people who selected “other” specified their religious identification, but several did write Buddhist and Muslim, and two named specific Catholic sectors.

Table 1. Demographics

<i>Variable Name</i>	Participants N= 111 %	<i>N</i> =
Sex		
Female	70.6%	77
Male	29.4%	32
Missing	–	2
Age		
18	25.5%	28
19	24.3%	27
20	24.3%	27
21	23.4%	26
22	2.5%	2
Missing	–	1
Religion		
None	15.6%	17
Catholic	39.4%	43
Protestant	8.3%	9
Jewish	20.2%	22
Other	16.5%	18
Missing	–	2

The next set of questions, displayed in Table 2, asked about respondent’s education. First about what type of high school they attended, then whether they had received sex education in middle school and or high school, and finally if they had sexual education in high school, if the curriculum included information on safe sex practices.

Table 2. Education

<i>Variable Name</i>	Participants N= 111	
	<i>%</i>	<i>N=</i>
High School Type		
Public	70.3%	78
Private	23.4%	26
Religious	2.7%	3
Private Religious	3.6%	4
Sex Ed. In Middle School		
Yes	81.8%	90
No	18.2%	20
Missing	—	1
Sex Ed. In High School		
Yes	85.6%	95
No	14.4%	16
Safe Sex Discussed in High School Sex Ed		
Yes	97.8%	91
No	2.2%	2
Missing	—	18

As you can see the majority of respondents (70.3%) went to public school while barely any attended a religious high school (2.7%). The majority of respondents had sex education in middle school (81.8%) and high school (85.6%). Of that majority who had sex education in high school, almost all of them (97.8%) had curriculums that included safe sex information.

The next set of questions, seen in Table 3, focused on parent's relationships and the relationships that respondents have with their parents. First respondents were asked if their parents were living together or with a romantic partner. If they responded yes, they were asked if they were affectionate toward each other and if they were open about their sex life. All respondents were then asked to which level they "agreed" they were close to their father and their mother separately.

Table 3. Parents

<i>Variable Name</i>	Participants N= 111	
	%	N=
Parents Living Together or w. Romantic Partner		
Yes	86.5%	96
No	13.5%	15
Parents Affectionate Toward Each Other		
Yes	84.2%	80
No	15.8%	15
Missing	—	16
Parents Talk about their Sex Life		
Yes	11.7%	11
No	88.3%	83
Missing	—	17
Close Relationship with Father		
Strongly Agree	49.5%	54
Agree	36.7%	40
Disagree	7.3%	8
Strongly Disagree	6.4%	7
Missing	—	2
Close Relationship with Mother		
Strongly Agree	72.7%	80
Agree	20.0%	22
Disagree	5.5 %	6
Strongly Disagree	1.8%	2
Missing	—	1

As you can see a surprisingly large amount of parents are living together or with a romantic partner. The majority of these parents are also openly affectionate (84.2%) but do not speak openly about their own sex life. The majority of respondents also strongly agreed that they had close relationships with their father (49.5%) and their mother (72.7%).

These questions about respondent's parents were a prelude to the next set of questions displayed in Table 4. The first question was if their parents had ever talked to

them about sex. If respondents said yes they were then asked at what age they spoke to them. All participants were then asked if their parents were aware if they were or were not sexually active, if they felt comfortable asking their parents about sex, and finally if they wanted to talk to their parents about sex.

Table 4. Communication With Parents

<i>Variable Name</i>	Participants N= 111	
	%	N=
Talked to Parents about Sex		
Yes	65.8%	73
No	34.2%	38
Age of Initial Talk		
7	1.8%	2
8	1.4%	1
9	4.2%	3
10	4.2%	3
11	1.4	1
12	9.7	7
13	16.7%	12
14	8.3%	6
15	11.1%	8
16	20.8%	15
17	12.5%	9
18	2.8%	2
19	2.8%	2
Don't Remember	2.2%	1
Missing	—	39
Parents Aware if you are or are not Sexually Active		
Yes	69.1%	76
No	30.9%	34
Missing	—	1
Comfortable asking Parents about Sex		
Yes	38.7%	43
No	61.3%	68
Want to Talk to Parents about Sex		
Yes	10.2%	11
No	89.8%	97
Missing	—	3

It was interesting to see such a large majority (65.8%) of respondents had talked to parents about sex. The age at which people first talked to their parents about sex seemed random, ranging from 7 to 19. The largest percentage (20.8%) said they spoke about sex with their parents at 16. It was also surprising to have the majority of respondents (69.1%) say that their parents were aware if they were sexually active or not. Though the majority of people did not feel comfortable talking about sex with their parents (61.3%) a larger percent (89.8%) simply did not want to talk to parents about sex. When asked why they did not feel comfortable talking to parents about sex they explained that “it would just be weird” or that they had other people, such as physicians, they were more comfortable talking to.

The next set of questions, seen in Table 5, was based on participant’s sexual behaviors. The questions asked if respondents were or had ever been sexually active, the age at which they first had sex, and how often they used protection. This section appeared later in the survey to allow participants to become slightly more comfortable with the topic.

Table 5. Sexual Behaviors

<i>Variable Name</i>	Participants N= 111 %	<i>N=</i>
Are You/Have you ever been Sexually Active		
Yes	78.2%	86
No	20.9%	23
Missing	—	1
Age you first had sex		
14	4.6%	4
15	14.9%	13
16	28.7%	25
17	29.9%	26
18	13.8%	12
19	5.7%	5
20	1.1%	1
N/A	1.1%	1
Missing	—	24
Do you use Protection		
Always	52.8%	47
Most of the time	30.3%	27
Sometimes	10.1%	9
Not Usually	4.5%	4
Never	2.2%	2
Missing	—	22

As you can see the vast majority (78.2%) of respondents are or have been sexually active. The age at which participants first had sex ranged from 14 years old to 20 years old. The majority of participants who have been or are sexually active first had sex at either 16 (28.7%) or 17 (29.9%). When asked about the use of protection when being sexually active the majority of respondents (52.8%) said they “always” use protection. Very few participants (2.2%) who have been or are sexually active said they “never” use protection.

The last set of questions, seen in Table 6, looked at participant’s comfort about the topic of sex and their sexual attitudes. The questions focused on comfort asked respondents to circle how strongly they agreed or disagreed with being comfortable about

the topic of sex. These questions were asked to all respondents, not just those who had previously responded that they were sexually active. The questions about sexual attitudes, whether the participants are comfortable talking about sex with a partner and if they initiate conversations about protection, were asked only to respondents who are or have ever been sexually active. Every respondent was then asked about their level of comfort in talking about sex with friends, talking about their own sexual behaviors, and being honest with health professionals about their sexual behaviors.

Table 6. Sexual Attitudes and Comfort

<i>Variable Name</i>	<i>%</i>	<i>N=</i>
Participants N= 111		
Comfortable Talking about Sex with Partner		
Yes	96.7%	87
No	3.3%	3
Missing	—	21
Do you initiate conversations about Protection with Partner		
Yes	98.9%	89
No	1.1%	1
Missing	—	21
Comfortable talking about sex with friends		
Strongly Agree	66.7%	74
Agree	30.6%	34
Disagree	2.7 %	2
Strongly Disagree	0%	0
Comfortable Talking about sexual behaviors with others		
Strongly Agree	25.2%	28
Agree	43.2%	48
Disagree	27%	30
Strongly Disagree	4.5%	5
Comfortable being honest about sexual behavior with Health Professional		
Strongly Agree	44.1%	49
Agree	49.5%	55
Disagree	5.4 %	6
Strongly Disagree	.9%	1

It was a positive discovery to see that the vast majority (96.7%) of respondents that are or have been sexually active feel comfortable talking about sex with a partner. Even more respondents (98.9%) who are or have been sexually active are initiating conversations about protection with a partner. As you can see the majority (66.7%) of respondents felt comfortable talking about sex with their friends. Not one respondent “strongly disagreed” that they were comfortable talking about sex with their friends. While the majority of respondents (43.2%) “agreed” that they were comfortable talking about their sexual behaviors with “others”, a much smaller group (25.2%) “strongly agreed.” When asked if they were comfortable being honest with a health professional many respondents “strongly agreed” (44.1%) while a larger group (49.5%) simply “agreed.” As you can see barely any respondents were uncomfortable being honest with health professionals about their sexual behavior; however, it is a potential issue that adolescents are more comfortable talking to friends about sex than they are about being honest to a health professional. This could potentially cause a lack of honesty between a doctor and patient when young sexually active patients need information on safety and health concerns.

Due to the smaller sample size, the previously shown frequencies were generally more informative than the cross tabulations. The first table of cross tabulations, Table 7, tested whether age, gender, religion, and type of high school sex education had any connection with whether respondents were or ever had been sexually active. Because the largest group identified as “Catholic” (39.4%), the variables for religion were recoded. Religion for all cross tabulations is coded into two religious groups “Catholic” and “Other.” For cross tabulations the variables for age were also recoded, 18 and 19 were

placed together and 20, 21, and 22 were place together. The type of sex education in high school was split into “safe sex,” which meant that respondents had comprehensive sex education, and “other.”

Demographics were compared to sexual activity because it was important for me to see if respondents’ age, gender, or religious affiliation was at all connected to their likelihood of sexual behavior. As you can see below, regardless of any of these demographics the mass majority of respondents were sexually active. The cross tabulation did show that older participants (86.5%) were more sexually active than younger respondents (70.4%). These cross tabulations also showed that a higher percentage of male respondents (81.2%) were sexually active than female respondents (77.6%)

Table 7: Cross Tabulations: Sexual Activity

		Are you or have you ever been Sexually Active	
		<u>Yes</u>	<u>No</u>
<i>Age</i>			
<u>18-19</u>	N=	38	16
	%=	70.4%	29.6%
<u>20-22</u>	N=	45	7
	%=	86.5%	13.5%
<i>Gender</i>			
<u>Male</u>	N=	26	6
	%=	81.2%	18.8%
<u>Female</u>	N=	59	17
	%=	77.6%	22.4%
<i>Religion</i>			
<u>Catholic</u>	N=	14	3
	%=	82.3%	17.7%
<u>Other</u>	N=	72	18
	%=	80%	20%

High School Sex Education

Safe Sex	N=	71	19
	%=	78.8%	21.2%
Other	N=	2	0
	%=	100%	0%

I included the cross tabulation about high school education and sexual activity because I was curious if having comprehensive sex education had any relationship with the respondents being sexually active. Because such a mass majority of respondents had safe sex teaching in their high school sex education (97.8%) the percentages did not give insight into a potential connection.

After performing chi-square tests on all of these cross tabulations the only comparison that could be measured was gender with sexual activity, but the results showed that this relationship was not statistically significant. The other demographics and type of high school education was unable to be tested for significance because of a lack of respondents in particular columns. Specifically, there were fewer than five cases in more than 25% of the cells.

The following cross tabulations in Table 8 looked at potential connections with age, gender, religion, type of high school sex education, and comfort talking to friends about sex with whether participants initiated conversations about protection. Because barely any respondents do not initiate these conversations (1.1%) the percentages did not reveal any potential connections.

Table 8: Cross Tabulations: Communication about Protection
Do you initiate conversations about Protection

		<u>Yes</u>	<u>No</u>
<i>Age</i>			
<u>18-19</u>	N=	40	1
	%=	97.6%	2.4%
<u>20-22</u>	N=	46	0
	%=	100%	0%
<i>Gender</i>			
<u>Male</u>	N=	26	1
	%=	96.2%	3.8%
<u>Female</u>	N=	61	0
	%=	100%	0%
<i>Religion</i>			
<u>Catholic</u>	N=	15	0
	%=	100%	0%
<u>Other</u>	N=	74	1
	%=	98.7%	1.3%
<i>High School Sex Education</i>			
<u>Safe Sex</u>	N=	74	0
	%=	100%	0%
<u>Other</u>	N=	2	0
	%=	100%	0%
<i>Comfortable Talking about Sex with Friends</i>			
<u>Agree</u>	N=	86	1
	%=	98.8%	1.2%
<u>Disagree</u>	N=	3	0
	%=	100%	0%
<i>Talked to Parents About Sex</i>			
<u>Yes</u>	N=	62	1
	%=	98.4%	1.6%
<u>No</u>	N=	27	0
	%=	100%	0%

None of the cross tabulations from the table above could be tested for statistical significance because of certain columns of data having too few respondents.

The following cross tabulations in Table 9 looked at the potential connection between age, gender, religion, what type of high school sex education the respondent had, and if they had talked to their parents with the use of protection. I was interested to see if demographics affected how often respondents were using protection. As you can see in the table below the majority of both age groups always” used protection.

The use of protection was originally coded into five separate variables but for all cross-tabulations the variables “Sometimes”, “Not Usually”, and “Never” were combined

Table 9: Cross Tabulations: Use of Protection

		How Often Do You Use Protection		
		<u>Always</u>	<u>Most of the Time</u>	<u>Sometimes/Not Usually/Never</u>
<i>Age</i>				
<u>18-19</u>	N=	19	15	4
	%=	50%	39.5%	10.5%
<u>20-22</u>	N=	27	12	7
	%=	58.7%	26.1%	15.2%
<i>Gender</i>				
<u>Male</u>	N=	12	11	3
	%=	35.7%	42.8%	21.4%
<u>Female</u>	N=	34	15	10
	%=	57.7%	28.7%	13.6%
<i>Religion</i>				
<u>Catholic</u>	N=	5	6	3
	%=	35.7%	42.8%	21.4%
<u>Other</u>	N=	42	21	10
	%=	57.7%	28.7%	13.6%

High School Sex Education

<u>Safe Sex</u>	N=	39	21	11
	%=	54.9%	29.5%	15.6%

<u>Other</u>	N=	1	1	0
	%=	50%	50%	0%

Parents Talked about Sex

<u>Yes</u>	N=	32	19	9
	%=	53.3%	31.6%	15%

<u>No</u>	N=	15	8	4
	%=	55.5%	29.6%	14.8%

Due to the fact that the majority of respondents “always” use protection (52.8%) the cross tabulations did not show any potential connections to demographics, high school sex education type, and parental communication.

None of these cross tabulations were able to be tested for significance because of a lack of respondents in particular columns. By just looking at the percentages it is interesting that respondents who had not spoken to their parents had a higher percentage of people who “always” (55.5%) used protection than those who had talked to their parents (53.3%), but the percentages were close. A much larger percentage of female respondents (57.7%) are “always” using protection comparatively to their male counterparts (35.7%).

Table 10 shows the potential connections between demographics and level of comfort when talking to friends about sex, talking about their own sexual behaviors, and being honest with health professionals. The three questions about comfort were redefined so that “strongly agree” and “agree” were both defined as “agree,” and “strongly disagree” and “disagree” were defined as “disagree.”

As you can see in the cross tabulations below, older respondents were slightly more comfortable talking about sex with friends (98.1%) than their younger counterparts (96.3%). Younger respondents were more comfortable talking about their sexual behaviors (72.7%) than the older respondents (64.1%). This could potentially show that with age comes maturity and people are less willing to communicate about their sexual encounters later on in college. As you can also see both age groups are extremely comfortable being honest with health professionals. Female respondents were more comfortable talking about sex with friends (98.7%) than males (96.8%). Females were significantly less comfortable talking about their sexual behaviors with others (63.6%) than male respondents were (81.2%). This difference in comfort was moderately significant ($p < .71$). This was not a surprise, because the stereotypes of discussing sexual acts are generally geared toward men. It was also not surprising that the male participants were less comfortable (90.6%) being honest with a health professional than female participants were (94.8%).

When looking at just percentages, Catholic respondents were unanimously comfortable talking about sex with friends (100%) and unanimously comfortable being honest with health professionals (100%). Catholic participants were also more comfortable talking about their sexual behaviors (70.5%) than respondents that identified with other religions (67.4%).

Table 10: Cross Tabulations: Comfort

		Comfortable Talking about Sex with Friends	
		<u>Agree</u>	<u>Disagree</u>
<i>Age</i>			
<u>18-19</u>	N=	53	2
	%=	96.3%	3.63%
<u>20-22</u>	N=	52	1
	%=	98.1%	1.88%
<i>Gender</i>			
<u>Male</u>	N=	31	1
	%=	96.8%	3.2%
<u>Female</u>	N=	76	1
	%=	98.7%	1.3%
<i>Religion</i>			
<u>Catholic</u>	N=	17	0
	%=	100%	0%
<u>Other</u>	N=	89	3
	%=	96.7%	3.3%

Comfortable Talking about Sexual Behaviors with Others

<i>Age</i>			
<u>18-19</u>	N=	40	15
	%=	72.7%	27.2%
<u>20-22</u>	N=	34	19
	%=	64.1%	35.8%
<i>Gender</i>			
<u>Male</u>	N=	26	6
	%=	81.2%	18.8%
<u>Female</u>	N=	49	28
	%=	63.6%	36.4%

Religion

<u>Catholic</u>	N=	12	5
	%=	70.5%	29.5%
<u>Other</u>	N=	62	30
	%=	67.4%	32.6%

Comfortable Being Honest with Health Professional***Age***

<u>18-19</u>	N=	51	4
	%=	92.7%	7.27%
<u>20-22</u>	N=	50	3
	%=	93.4%	5.6%

Gender

<u>Male</u>	N=	29	3
	%=	90.6%	9.4%
<u>Female</u>	N=	73	4
	%=	94.8%	5.2%

Religion

<u>Catholic</u>	N=	17	0
	%=	100%	0%
<u>Other</u>	N=	85	7
	%=	92.4%	7.6%

Though the majority of these cross tabulations were unable to be tested for significance, gender and religion were successfully tested when compared with the variable of being comfortable talking about sexual behaviors. It was found that gender was moderately significant when it came to respondent's comfort about discussing their sexual activity ($p < .071$). This shows that to some degree male respondents are more comfortable talking about their sexual behaviors than their female counterparts. Religious affiliation was found to not be statistically significant when compared to the same

variable. This means that identifying with a particular religion did not have any relationship with respondents' level of comfort when discussing their sexual behaviors.

Table 11 shows cross tabulations that look at potential connections between parents cohabitating and if they have talked to their children about sex, if they are aware if their children are sexually active, and if their children are comfortable asking them about sex.

Table 11: Cross Tabulations: Parents Living Together or with Romantic Partner

		Parents Living Together	
		<u>Yes</u>	<u>No</u>
<i>Talked to Parents about Sex</i>			
<u>Yes</u>	N= %= 67 69.7%	29 30.2%	
<u>No</u>	N= %= 6 40%	9 60%	
<i>Parents Aware if you are Sexually Active</i>			
<u>Yes</u>	N= %= 69 71.8%	27 28.1%	
<u>No</u>	N= %= 7 50%	7 50%	
<i>Comfortable Asking Parents about Sex</i>			
<u>Yes</u>	N= %= 39 40.6%	57 59.3%	
<u>No</u>	N= %= 4 26.6%	11 73.3%	

Respondents who had parents that were living together or with a romantic partner were more likely to have talked to their parents about sex (69.7%) than those who had

parents that were not living together or with a romantic partner (40%). Parents that are living together or with a romantic partner are also much more likely to know whether their child is or is not sexually active (71.8%) than parents who are not living together or with a romantic partner (50%). This may show more communication between parents living in one home. Although the majority of respondents, whether or not parents are living together, were not comfortable asking parents about sex a higher majority of the children with parent's cohabitating were comfortable (40.6%) than those who had parents that were not living together or with a romantic partner (26.6%). I could perform chi-square tests on all of these cross tabulations, however, none were statistically significant. This means that even though the percentages do show an interesting comparison, parents living together or with a romantic partner does not have a statistically significant connection with whether parents have talked to their children about sex, if they are aware if their children are sexually active, and if their children are comfortable asking them questions about sex.

When respondents had parents living together they were then asked if their parents were affectionate, which means that there was a smaller group of respondents to this question. The following cross tabulations in Table 12 view potential connections with parents affection or lack their of with whether they have talked to their children about sex, if they are aware if their child is sexually active, and if their children are comfortable asking them questions about sex.

Table 12: Cross Tabulations : Parents Affection

		Parents Affectionate	
		<u>Yes</u>	<u>No</u>
<i>Talked to Parents about Sex</i>			
<u>Yes</u>	N= %= =	58 86.6%	9 13.4%
<u>No</u>	N= %= =	22 78.6%	6 21.4%
<i>Parents Aware if you are Sexually Active</i>			
<u>Yes</u>	N= %= =	59 73.7%	21 26.2%
<u>No</u>	N= %= =	10 66.6%	5 33.3%
<i>Comfortable Asking Parents about Sex</i>			
<u>Yes</u>	N= %= =	32 40%	48 60%
<u>No</u>	N= %= =	8 53.3%	7 46.6%

Parents that are affectionate were more likely to have talked to their children about sex (86.6%) than those that were not affectionate (78.6%). The vast majority of parents that are affectionate (73.7%) are aware if their children are or are not sexually active. Parents that are not affectionate were less likely (66.6%) to know if their children were sexually active or not. It was interesting to see that more respondents with parents that were not affectionate (53.3%) were comfortable asking parents about sex than respondents of parents that were not affectionate (40%). This was an unexpected finding potentially caused by awkward wording of the question. Though this was a surprise this cross tabulation was the only one from the table above that was able to perform a chi-

square analysis. It showed that this relationship was not statistically significant. This means that parents' affection has no actual connection to respondent's comfort in asking their parents questions about sex.

Chapter 4: Discussion and Conclusion

After studying previous research and a multitude of studies about media, schooling, and parental factors playing a part into youth's sex lives, I found that not all sections had vast findings and suggestions. When it came to media, everything from television, movies, magazines, even novels, were shown to be overly sexualized (Brown and Keller 2000). Sex was portrayed on screen as a smart and safe decision more times than not and it was seen as overly romantic in advertisements (Snegroff 2000). With the growing world of technology, it was impossible for teens and young adults not to view countless sexualized aspects of culture on a daily basis (Vahlberg 2010, 6). The literature I focused on when studying educational factors primarily talked about the debates of comprehensive sex education against abstinence only. Scientific findings were minimal, but it was clear that comprehensive sex education had a far larger success rate and allowed teens to make smarter choices (McCave 2007). When it came to researching parents as a potential factor to shaping adolescent's sexual attitudes and behaviors the literature was not consistent. Some studies would say that if parents are too open at an early age children become overly sexualized while others would say that was the only way to allow children to have positive sexual attitudes (Bersamin, Todd, Fisher, Hill, Grube, and Walker 2008). These inconsistencies allowed me to create survey and

interview questions mainly based on the significance of a child and parent relationship on the adolescent's sexual attitudes and behaviors.

After receiving permission from the Human Subject Review Board I conducted 111 surveys and eight one on one interviews. The interviews, while interesting, showed little information that was very useful. A lot of specific quotations and telling information had to be removed from the analysis to guarantee maximum confidentiality. When coding and analyzing the surveys the frequencies showed great insight into the sexual attitudes and behaviors of Union College student's. Due to the minimal sample size tests on statistical significance for the majority of comparative cross tabulations could not be performed.

When comparing my findings with the literature review they were vastly different in many ways. When looking further into my sample population and the limitations of completing my research on a somewhat homogeneous college campus, the differences make a lot of sense.

Sexual Behaviors

Countless different sources that focused on adolescent sexual activity spoke about the majority of adolescents in the US taking part in premarital sexual intercourse. One specific source explains that in today's culture "Sex outside of marriage has become the norm for teens rather than the exception" (Averett, Rees and Argy 2002: 1777). In one study it was found that 90% of American adolescents take part in "premarital vaginal intercourse" (Halpen and Haydon 2012:1221). Though my findings were slightly lower (78.2%), the majority of respondents are or have been sexually active. Though I did not

ask participants their marital or relationship status the majority of Union College students are not yet married. In the literature review it was seen that with age more people were becoming sexually active (Whitbeck, Yoder, Hoyt and Conger 1999). This research is consistent with my findings. Prior research also found that teenagers who are succeeding academically, and who have the “aspirations” of a college education, are more likely to delay their initial sexual activity (Whitbeck, Yoder, Hoyt, and Conger 1999: 936). Because my sample population is all college students toward the end of their teen years I was unable to see if this research was in line with my findings. Prior research also reported gender and age having great influence on sexual activity.

When looking at gender differences in previous research, it was seen that women and men were not only sexually driven by different things but that adolescent males were “reporting” more sexual activity regularly than their female counterparts (Little and Rankin 2001: 708). My findings supported this prior research. More men reported having been sexually active (81.2%) than female respondents (77.6%). Age was found to be a factor in adolescent’s potential to be sexual active. With age it was found more adolescents were likely to take part in sexual behavior (Kirby 2007: 146). My data found on age was consistent with prior research’s discoveries as well. Older respondents, ranging from 20-22 years old, were more sexually active (86.5%) than 18 and 19 year old respondents (70.4%).

Previous research on sexual behaviors and attitudes showed that peers often took part in sexual activity and geared their outlook on sexual norms by what they thought their friends were doing (Little and Rankin 2001:711). Having such a high rate of sexually active respondents in my data and the fact that most respondents were

comfortable talking about sex with friends this is very possible. Little and Rankin (2001) discussed a potential problem with adolescents taking part in sexual behavior thinking it was the “norm” when in reality others were not participating in this sexual behavior. My data showed that while the majority of respondents feel comfortable talking about sex with friends (66.7%), very few are actually comfortable talking about their own sexual behaviors with friends (25.2%). This leads me to wonder if the mass amount of sexual activity on our college campus is the average behavior because students are trying to keep up with what they think their friends are doing.

Education

The majority of respondents from my data collection went to public school (70.3%) which was most likely the reason so many of them also had sex education in both middle and high school. Previous research found that comprehensive sex education programs were most commonly found in public schools. Private and religious schools are except from the majority of state legislation for curriculum requirements, so they are generally less likely to have sex education (Kirby 2007).

Prior research found that comprehensive sex education that contained safe sex material delayed “initiation of sexual activity and improves contraceptive use” (McCave 2007: 18). Due to the vast majority (97.8%) of respondents having had comprehensive sex education in their high school sex education I was unable to find potential connections with the onset of sexual behavior. My data did show that the majority (54.9%) of respondents who had comprehensive sex education “always” use protection,

while a smaller percentage (50%) of those who had not had comprehensive sex education “always” use protection.

A previous study spoke of how sexual attitudes and behaviors change drastically between middle and high school (Whitbeck, Yoder, Hoyt and Conger 1999:934). My collected data through interviews supported this finding. Students who had sex education in high school and middle school all spoke about the dramatic difference in material and understanding. Respondents talked about how in middle school the topics were based on puberty and the body while high school was specifically geared toward safe sex and sexual behaviors. Though this does not reflect adolescents changing mindset it shows potential factors to why attitudes and behaviors change so much during this time. The youngest respondent from the survey to be sexually active was fourteen, which is freshman year old high school. Though there are obvious reasons for why sexual behavior is delayed in middle school, such as the onset of puberty, my data strongly support the literature’s finding that with age comes more sexual activity.

Parents

The thesis’ main focus was on parent’s communication and potential influences on their children’s sexual attitudes and behaviors. The findings showed that although most participants (89.8%) do not want to talk to their parent’s about sex the majority of them (69.1%) have parents that were aware if they are or are not sexually active. The vast majority of respondents (97.8%) have talked to their parents about sex before. Prior research showed that communication between parents and children about sex could prolong the child’s initial sexual behaviors (Bersamin, Todd, Fisher, Hill, Grube, and

Walker 2008). Though I was unable to find this specific connection in my research the majority of respondents are taking part in safe sexual behaviors, such as always using protection (52.8%), and have also talked to their parents about sex before (97.8%). There is a potential connection that future researchers should look more deeply into.

Previous studies had shown that adolescents from single parents homes or homes of abuse tended to have alternate sexual attitudes or behaviors (Little and Rankin 2001: 704). I found potential evidence disputing the idea of single parent homes changing sexual attitudes and behaviors in one of my interviews. One interviewee from a divorced household had been able to positively communicate about sex with both of his parents and took part in safe sexual behaviors. This respondent “always” communicated with partners about protection and had what he felt was a positive and safe sexual attitude. Evidence potentially supporting Little and Rankin’s theory is that respondents from homes where their parents lived together or with a romantic partner were more comfortable (40.6%) asking parents about sex (26.6%). Participants who had parents living together or with a romantic partner were also more like to have talked to their parents about sex (69.7%) than those whose parents did not live together or with a romantic partner (40%). Future research should look into the potential of abusive home situations negatively affecting sexual behaviors and attitudes of adolescents.

Sexual Attitudes and Comfort

Reviewed literature explained that gender made a drastic difference in sexual attitudes, comfort with communication, and behaviors (Little and Rankin: 706-8). I had expected to see this within surveys and interviews and to some extent I did. Female

respondents were more likely (94.8%) to be honest with health professionals about their sexual behavior than male respondents (90.6%). Female respondents were also more likely (100%) to initiate conversations about protection than men (96.2%), and more likely to “always” use protection (57.7%) than male respondents (35.7%).

Previous research revealed that adolescents in romantic relationships were more likely to be comfortable with talking about sex and using contraception (Manlove, Ryan, and Franzetta, 2007). Though I was unable to calculate the relationship status of respondents the vast majority (96.7%) of students felt comfortable talking to partners about sex and initiating conversations about protection (98.9%). One specific interviewee continually spoke about how her communication and comfort about sex has drastically increased since she has been in a committed monogamous relationship. Future researchers should ask all respondents their current relationship status.

Findings and Implications

The major finding within this thesis is how many Union College students are or have been sexually active (78.2%). The implications of this finding are that regardless of background, gender, age, parental relationships, and education college students are extremely likely to participate in sexual behavior. With this finding there is also the positive reinforcement that the majority (52.8%) of respondents are “always” using protection and being comfortable initiating conversations about protection with partners (98.9%).

Data found on parental communication and relationships produced several implications. It was a shock to see how many parents (97.8%) have talked to their

children about sex and are aware that they are or are not sexually active (69.1%). The implication of this finding is that on whole respondents had “close” relationships with family and this potentially was helping create a comfort with sex and sexual attitudes that was also seen from the majority of respondents. It was interesting to see that the majority of participants had sex education in middle school (81.8%) and high school (85.6%). Though it is not causal there may be a correlation between the mass amounts of safe sexual behavior and how many students were getting education sex information. The major implication of this finding is that sex education within schools needs to continue and expand. Though it cannot be shown to be statistically significant, through percentages it seems that the positive sexual attitudes and safe sexual behaviors have a potential connection to learning about sex in school. The respondents as a whole are well educated about the safety of sex, taking the proper precautions of sexual behavior, and are comfortable with their chosen partners. The implications of these findings are multifaceted. It is important to be talking about sex, whether in school or with parents, because there is a likely connection to safety and understanding. The most positive finding is that respondents as a whole are much safer than most literature and pop culture often suggests.

On a micro level, after finding that the majority of respondents had comprehensive sex education (97.8%) rather than abstinence only or alternate programing, and have talked to their parents about sex (65.6%) there are potential correlations with the high levels of positive sexual attitudes and safe sex. It needs to be reiterated to parents how important they really are. Even though teens are potentially going to resist the communication about sex there is an indication that they are listening

to these sex talks. A potentially detrimental finding is that adolescents are more comfortable talking about sex with friends (66.7%) than they are being honest to health professionals (44.1%). This means that health professionals need to do more to draw out information and make themselves available. Having the majority of respondent's uncomfortable being honest with health professionals means that they are most likely not being honest. Having adolescents reluctant to speak with professionals or seek help is extremely dangerous. Pediatricians should reinforce to their young patients the importance of being honest with doctors and the confidentiality agreements between doctors and patients as they get older. If doctors start talking about sexual attitudes and behaviors with young patients they may be more likely to feel comfortable later on in life when they become sexually active.

On a state and federal level there is good work being done getting health education into school but we need to ingrain more positive messages of sexual attitudes. During the one on one interviews it was made clear that health classes and sex education in middle and high school not only felt like a chore but did not allow adolescents to talk about feelings, concerns, or insecurities. I think that it would be helpful for class sizes to be small and potentially separating genders so that adolescents are more likely to open up about sex. Even though the majority of respondents had sex education in middle school (81.8%) and high school (85.6%), I think that sex education should be mandated by every school in the country. The programs provided should be comprehensive to ensure accurate informative and needed sexual understanding. I believe this will be extremely beneficial to adolescents' sexual attitudes and behaviors.

Limitations

With any study there are going to be limitations to findings. With a subject of such a sensitive nature as sex there were quite a few barriers. One major limitation was the topic itself. I was unable to ask about unwanted pregnancies, sexually transmitted diseases, unwanted sex partners, number of sexual partners, and opinions on sexual behavior. I also believe that respondents were not entirely honest in surveys and interviews because of the small sample sizes and the topic itself. I think they were reluctant to have me identify their specific sexual attitudes and behaviors documented in my surveys even without any identifying questions.

The interviews themselves were probably a mistake because of the vast amount of limitations. People were visibly uncomfortable with openly speaking about the topic of sex with a stranger. The survey and interview questions were also at times vague causing potential limitations. For example, the survey question asking participants about their comfort levels with their parents showed unexpected findings. People with parents that were less affectionate were more (53.3%) comfortable talking about sex with their parents. Though this type of relationship may actually be true, future researchers should look into the best way to word a sensitive question of this sort.

Limitations of the sample population were quite large. There were many more women than men that participated in the survey; this was probably because of the tendency to have more female than male sociology students. On a whole Union College also tends to have a relatively homogenous campus being a major limitation to the study. The majority of students in a small liberal arts college such as Union College are

generally middle and upper class Caucasians. These results are not representative, and cannot be generalized to a larger population.

Future Research

With the high rates of teen pregnancy and sexually transmitted diseases it is extremely important to continue research on adolescent's sexual attitudes and behaviors. Future research should change two major things about this study, the questions and the population sample. It would have been ideal to ask more personal questions, but this was difficult at a smaller school like Union College. Class sizes were small, and thus students knew other students in the class. This could have affected their likelihood to answer more personal questions on the survey or during the interview. Doing this research at a school in a big city would also make the sample size larger and potentially more diverse in terms of sex, age, race, ethnicity and religion. Future researchers should also look into more detail about a respondent's past. They should find out what students specifically learned in their sex education programs in school and how their parents talked to them about sex. This information could help make sense of potential correlations better. Future researchers should also look into how honest adolescents are with their friends about sex and sexual behaviors. I did not foresee the potential need for a question of this sort but I think it would give interesting insight into the potential cause of attitudes and behaviors for teens. It is also important for future research to dissect the factors affecting sexual attitudes and behaviors and figure out what aspects of schooling, media, and parental involvement are creating comfort or safe sexual behaviors. This can probably be done best with more intensive interviews.

I think that this research is important to continue because of how taboo sexual behaviors and attitudes continue to be. The overall message gained from this research is that participants have comfortable and positive sexual attitudes and safe sexual behavior on campus. A larger and more diverse sample population can potentially give needed understanding to why this is the case in order to help teens throughout the United States where this is not the current situation. Future research has the ability to provide educators, parents, and possibly media outlets the ability to communicate about sexual attitudes and safe sexual behaviors in a favorable and supportive nature.

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Appendices

Appendix A:

Email to Sociology Professors for Survey Permission

Hi Sociology Professors,

My name is Elizabeth Cohen, I'm a senior and sociology major. I just received permission to begin the research section of my thesis from the human subjects board. My thesis is entitled "Let's talk about sex, baby". It is looking into a potential connection between parents and their communication with their children and if it helps the kids make safer and smarter decisions in their sex life.

There is a one page survey that I was wondering if I could hand out either at the beginning or the end of your class period. I will debrief before and after on what my research is, there is no deception involved.

If it is not too much of an inconvenience I would love to do this as soon as possible.

Thank you,

Elizabeth Cohen

*Appendix B:***Survey Consent Form**

I consent to participate in this survey about sexual behaviors, attitudes and communication. Elizabeth Cohen, the student who is researching this topic for her senior thesis in sociology under the direction of Professor Melinda Goldner, has explained the purpose of this study in full detail and how the survey or interview will be conducted, analyzed and reported on. I understand that this information will be kept anonymous. I have had the opportunity to ask any questions that I may have regarding this study and I have received answers that meet my satisfaction. I understand that I am free to discontinue my participation in this study at any time (without penalty). I have read and fully understand this consent form. I sign it freely and voluntarily. Upon my request a second copy of this consent form was available.

Date _____

Signed _____ (Participant)

Signed _____ (Principal Investigator)

Appendix C:

Survey
Sexual Behavior and Attitudes

Please answer the following questions to the best of your ability:

1. Were you consistently living in the United States between the ages of 12 and 18?
 - a. Yes
 - b. No

2. Religious Preference:

None	Catholic	Protestant	Jewish	Other (Please Specify)

3. Please identify what type of high school you attended (circle all that apply):

Public	Private	Religious
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4. Did you have sex education in a middle school class?
 - a. Yes
 - b. No

5. Did you have sex education in a high school class?
 - a. Yes
 - b. No (**Skip to Question 6**)
 - 5 a. Did you learn about safe sex practices?
 - a. Yes
 - b. No

6. Are your parents living together or with any romantic partner?
 - a. Yes
 - b. No (**Skip to Question 7**)
 - 6 a. Are they affectionate toward each other?
 - a. Yes
 - b. No
 - 6 b. Do they talk openly about their sex life?
 - a. Yes
 - b. No

7. Please identify your level of agreement with the following statements:
 - 7 a. I have a close relationship with my father
 Strongly agree Agree Disagree Strongly Disagree
 - 7 b. I have a close relationship with my mother
 Strongly agree Agree Disagree Strongly Disagree

8. Have you ever talked to your parents about sex?
 - a. Yes
 - b. No (**Skip to Question 9**)
 - 8 a. How old were you when you first talked about sex with them?

9. Are your parents aware if you are or are not sexually active? _____

- a. Yes
- b. No

10. Would you feel comfortable asking questions about sex to your parents? Please explain in the space provided:

- a. Yes
- b. No

i. Why/Why not:

11. Do you want to talk about sex with your parents?

- a. Yes
- b. No

12. Are you or have you ever been sexually active?

- a. Yes
- b. No (**Skip to Question 17**)

13. At what age did you first have sex?

14. Do you feel comfortable talking about sex with your partner?

- a. Yes
- b. No

15. Do you initiate conversations about protection or safety with a partner?

- a. Yes
- b. No

16. Do you use protection?

Always Most of the Time Sometimes Not Usually Never

17. Please identify your level of agreement with these statements:

- a. I feel comfortable talking about sex with my friends

Strongly agree Agree Disagree Strongly Disagree

- b. I feel comfortable talking about my sexual behaviors with others

Strongly agree Agree Disagree Strongly Disagree

- c. I would feel comfortable being honest about my sexual behavior with a health professional

Strongly agree Agree Disagree Strongly Disagree

18. Age _____

19. Gender: M F

*Appendix D:***Interview Participation Email to Sociology Majors**

Hello Sociology Majors!

My name is Elizabeth Cohen and I am a senior here at Union writing a sociology thesis, which examines sexual behaviors, attitudes and communication of college students. After looking at factors affecting young adult's sexual attitudes and behaviors, such as the media, I found that there are many unanswered questions about the relationship between parents and children. I want to take a closer look to see whether and how parents talk about sex with their children, and if so, how this affects the sexual attitudes and behaviors of their children.

I know that everyone is busy during this part of the term, but I was wondering if anyone was interested in taking part in my research. This would involve a one on one interview during the daytime in an enclosed space either in the library or Reamer Campus Center. Involvement in the study is completely voluntary, so you may choose to participate or not, and there is no penalty for not participating. You may also skip any questions during the interview that make you uncomfortable.

The data are confidential. There is a consent form if you choose to participate. No data will be recorded, and you will have the opportunity to read the notes taken during the interview. The notes will not reference your name or any identifying characteristics. No one outside of my advisor, Professor Melinda Goldner, and myself will have access to my notes. At the conclusion of my research all notes will be shredded. And I will always refer to you as a pseudonym.

Going through the consent form and the interview should take under 30 minutes. This would be a great help to me and my research. If you are at all interested please respond via email or text/call me at [\(914\)-772-2037](tel:914-772-2037).

THANK YOU,
Elizabeth Cohen

*Appendix E:***Interview Consent Form**

I consent to participate in this interview about sexual behaviors, attitudes and communication. Elizabeth Cohen, the student who is researching this topic for her senior thesis in sociology under the direction of Professor Melinda Goldner, has explained the purpose of this study in full detail and how the survey or interview will be conducted, analyzed and reported on. I understand that this information will be kept confidential. I have had the opportunity to ask any questions that I may have regarding this study and I have received answers that meet my satisfaction. I understand that I am free to discontinue my participation in this study at any time (without penalty). I have read and fully understand this consent form. I sign it freely and voluntarily. Upon my request a second copy of this consent form was available.

Date _____

Signed _____ (Participant)

Signed _____ (Principal Investigator)

Appendix F:

Interview Questions

1. *Did you have any sex education in middle school? If so, was it informative?*
2. *In high school did you have sexual education? If so, was it informative?*
3. *Have you ever talked to your parents about sex? If so, how old were you?*
4. *If you have not talked to your parents about sex, have you ever tried? Please explain.*
5. *Are your parents in a romantic relationship, either together or with someone else? If so, are they openly affectionate?*
6. *Do you feel comfortable talking to your friends about sex? Please explain.*
7. *Do you feel comfortable talking to the opposite sex about sex? Please explain.*
8. *Do you feel comfortable talking about sex with a partner? Please explain.*
9. *Do you feel comfortable talking about protection (e.g., contraception) with a partner? Please explain.*