

MOTHERS AND FATHERS, CHURCHES AND SCHOOLS: FORMAL AND INFORMAL  
SOURCES OF SEXUAL INFORMATION AS THEY RELATE TO EMERGING ADULT  
WOMEN'S SAFE SEX PRACTICES AND SEXUAL-ESTEEM

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**Title**

Mothers and Fathers, Churches and Schools: Formal and Informal Sources  
of Sexual Information as they Relate to Emerging Adult Women's Safe Sex  
Practices and Sexual-esteem

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State University's regulations and meets the accepted standards for the degree of

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## **ABSTRACT**

This study sought to explore which individuals and institutions 455 emerging adult women recalled as having provided them with sexual information. Independent-samples *t* tests were run to explore how these sources of information related to the emerging adult women's safe sex practices and sexual-esteem. Most common sources of sexual information included mothers, peers, and high school courses, with approximately 28% of participants reporting no individual sources, and approximately 32% of participants reporting no institutional sources. Receiving sexual information from a sibling was related to more frequent safe sex practices, and receiving sexual information from a middle school course was related to higher sexual-esteem scores. These results contribute to the discussion of how best to support the sexual health and wellness of emerging adult women, and have implications for couple and family therapists working with young women and their families.

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## INTRODUCTION

Young women, from adolescence to emerging adulthood, receive sexual information from a variety of formal and informal sources. Informal sources include mothers (Fingerson, 2005), fathers (Hutchinson & Cederbaum, 2011), and peers (Teitelman, Bohinski, & Boente, 2009). Formal sources include churches (Freedman-Doan, Fortunato, Henshaw, & Titus, 2013) and schools (Bourke, Boduszek, Kelleher, McBride, & Morgan, 2014). Each of these sources has the opportunity to influence the development of a young woman's sexuality, defined as follows by the World Health Organization (2006): "Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships" (p. 5). Sexuality is clearly a complex part of a young woman's identity, and a significant aspect of her overall health and wellbeing.

Sources of sexual information overtly or covertly educate young women about sex, sharing information, values, and directives, which adolescents may take with them into the important and intricate developmental stage of emerging adulthood. The influence of these sources is complex. It extends to physical sexual health and wellness, in terms of preventative safe sex practices. While this term was not explicitly defined for participants in the present study, the World Health Organization (2006) links unsafe sexual activity to a number of health concerns, including STIs, HIV/AIDS, and unintended pregnancy. The influence of formal and informal sources of sexual information also extends to emotional sexual health and wellness, in terms of sexual-esteem, defined as "positive regard for and confidence in the capacity to experience one's sexuality in a satisfying and enjoyable way" (Snell & Papini, 1989, p. 256).

Sexuality is gaining recognition as an important aspect of a young woman's development that can affect her overall health and wellbeing, with the potential for benefits existing alongside prospective risks (Tolman & McClelland, 2011). Emerging adulthood is also becoming recognized as a significant stage for growth and identity development (Arnett, 2000). This presents two important questions: first, where have emerging adult women learned about sex, from informal conversations with family and friends, to formal educational settings such as churches and schools? Second, how do each of these sources of sexual information relate to the emerging adult women's safe sex practices and sexual esteem? Exploring such questions may provide important insights on how to positively influence the sexual development of young women, information that may be of particular significance to mental health professionals who work with emerging adult women, adolescents, and their families.

## **LITERATURE REVIEW**

### **Sexual Health and Wellbeing in Emerging Adult Women**

Adolescence is a time of sexual development. Tolman and McClelland (2011) reviewed literature on adolescent sexuality from 2000 to 2009, and identified trends in recent research. They found a shift away from frameworks that focus on risks associated with sex, and toward perceiving adolescent sexuality as a natural part of development with the potential for positive outcomes and benefits. They discuss the influence adolescent sexuality can have on future sexual wellbeing, setting an important foundation that extends into adulthood. This speaks to the importance of studying sexuality in adolescents, in terms of both physical and emotional health and wellbeing, in order to best assist them in navigating this developmental stage.

While adolescence may provide young women initial opportunities for sexual experiences, another developmental stage is now recognized as existing between adolescence and adulthood. Arnett (2000) has written extensively about this stage, known as emerging adulthood, which encompasses the late teens and early twenties, and is a time to grow as an individual and explore life's possibilities before taking on the responsibilities and stability characteristic of adulthood. More mature and complex sexual relationships are a part of this identity exploration: "For people who wish to have a variety of romantic and sexual experiences, emerging adulthood is the time for it, because parental surveillance has diminished and there is as yet little normative pressure to enter marriage" (p. 474). This makes emerging adulthood a significant developmental period in the formation of a healthy and satisfying sexual identity, and a time when sexual health and wellness must be maintained in the face of risks. While this thesis focuses on emerging adult women and their sexual wellbeing, this literature review largely examines sexual information provided to adolescents, as the adolescent years are a time when



opportunities exist to pass along information on sex before emerging adulthood brings greater levels of independence. Emerging adults may take this information with them as they embark on new and enriched developmental pursuits. Studying the health and wellness of emerging adults, in part, means examining influences from the previous developmental stage.

There is a need to study sexual health and wellbeing in women, in particular, as Alexander, Coleman, Deatruck, and Jemmott (2012) express in their literature review on women-controlled safe sex. They note that power differentials between men and women in society put women at higher risk for the potential consequences of risky sexual practices, such as unplanned pregnancy, STIs, and HIV/AIDS. They explore the current dialogue on empowering women in ways that assist them in maintaining their physical sexual health, such as forms of contraception and protection other than the male condom (spermicides, the female condom, etc.) that the women themselves can utilize. Likewise, Siebold (2011) found, in a study of 50 emerging adult female students, that pressure to have unprotected sex was present in many of the participants' lives, with 40% reporting this as a concern. The points in these articles support the importance of studying the sexual information offered to young women, as this could influence their ability to remain physically healthy. Finally, it is important to note how sexual information directed at young women may differ from what is offered to young men. Crawford and Popp (2003) discuss, in a research review dating back to 1980, the persistence of sexual double standards, where women are scorned and men are celebrated for sexual activity. Women must choose between exploring and embracing their sexuality, or remaining socially acceptable. Such social norms may influence the sexual information women receive, and in turn affect their safe sex practices and sexual-esteem.

Sexuality is also related to other important aspects of a young woman's development, as Hensel and Sorge (2014) note. In a longitudinal cohort study of 387 adolescent women, they found that sexual behavior and sexual emotions were related to the participants' academic success (for example, failing a test was correlated with lower rates of condom use). While this study was unable to comment on causation, it does point to the ways in which one domain, such as sexuality, may influence or be influenced by other domains, such as academic performance. Understanding sexual development in adolescence is important for maximizing young women's overall health and wellbeing.

There is also research to support the importance of studying sexual-esteem, in particular, as it relates to young women's physical and emotional health. Maas and Lefkowitz (2015) explored how sexual-esteem may impact safe sex practices. After analyzing survey data from 518 university students, they found that high levels of sexual-esteem appeared to be beneficial to the female participants, noting that "female emerging adults who have a more positive sexual self-concept are likely more able to assert themselves in a sexual situation and therefore insist on using contraception" (p. 802). In this way, sexual-esteem may play a role in keeping women physically healthy.

Sexual self-esteem may also play a role in sexual revictimization, according to Van Bruggen, Runtz, and Kadlee (2006); they studied sexual revictimization in women who had experienced child sexual abuse (n=54). They found that compared to the control group (n=348), these women had lower sexual self-esteem, and were twice as likely to have experienced sexual assault in or beyond late adolescence. Sexual self-esteem seemed to act as a mediator in these cases, which points to its significance as a variable in women's health and wellness. Likewise, Mayers, Heller, and Heller (2003) explored how damage to sexual self-esteem (SSE) can be

detrimental for those involved. Using case studies to support their arguments, they state that sexual harassment, humiliation, or violence, or impulsive sexual actions undertaken by men and women themselves, can lead to increased feelings of guilt and self-disgust, which negatively influence aspects of his or her wellbeing: “Damage to SSE can be extreme, disabling and can significantly detract from the individual’s self-view, satisfaction with life, capability to experience pleasure, willingness to interact with others and ability to develop relationships” (p. 269). As these cases demonstrate, sexual-esteem can have wide-reaching impacts, making it a noteworthy aspect of both sexual and overall health.

### **Clinical Significance**

Mental health professionals who work with adolescent and emerging adult women have a responsibility to stay informed on the development of safe sex practices, sexual-esteem, and overall sexual health and wellness in this population. Harris and Hays (2008) note, in their argument for the inclusion of sexuality education and supervision for therapists, that discomfort and lack of knowledge regarding sexuality can leave clients underserved, with opportunities for support and growth lost. Likewise, Reissing and Di Giulio (2010) collected data from 188 practicing clinical psychologists and found that over half rarely broached the topic of sexual health in sessions; since many clients face sexual health challenges, they noted that this negligence is an ethical concern for the field. Williams, Prior, and Wegner (2013) argue that, rather than perpetuating sex-negative practices (such as treating sex as a taboo topic), helping professions must take a sex-positive approach to these discussions, where sexuality, in its many forms, can be validated and explored in empowering ways. This approach may be particularly beneficial to women, who face harmful societal messages and sexual double standards (Crawford & Popp, 2003).

Mental health professionals must know what fosters healthy sexual development in the women they serve, so that they can approach their clients' health and wellness from a holistic, sex-positive perspective. This includes gaining a thorough understanding of the sexual information young women are provided: from the sources offering contributions, to related impacts on sexual wellbeing. Clinicians can then better assist these young women, possibly through offering support to their parents, as Krafchick and Biringen (2002) discuss in their article on how family therapists can prepare parents to be sexuality educators for their children. In this way, informed mental health professionals can positively influence the information and guidance these women receive, assisting parents in empowering their daughters.

### **Individuals as Sources of Sexual Information**

Previous research offers clues into the influence of parents and peers in the sexual lives of adolescents: Collins and Steinberg (2008) discuss how an individual's sexuality manifests itself during development, with physical changes and the formation of accompanying beliefs and values. They discuss this as a psychosocial process, shaped by influence from both an adolescent's family and members of his or her age group. Though adolescence is often considered to be an age of differentiation and individualization, it is also a time to make social strides, when adolescents move toward a cohesion that will benefit them as members of society. This makes the potential impact of personally delivered messages about sexual-esteem and safe sex practices all the more significant, and leads to the question: which individuals guide young women, and how might this relate to their subsequent sexual-esteem and safe sex practices? The following studies have analyzed the roles and influence of mothers, fathers, and peers in discussions regarding sex.

Much research has been done to analyze mothers' communication with their daughters surrounding sex: Fingerson (2005) found that mothers are significant figures in their adolescents' lives when it comes to sexual attitudes and behavior, in that these adolescents take their mothers' perceived views into consideration when it comes to sexual decision making. In this study, conducted with data from the Add Health project, Fingerson examined mothers' liberal and conservative attitudes toward sex, and found that their children acted according to their perceptions of those attitudes (though these perceptions tended to be more liberal than actual reports from the mothers). She also found that young adults who had closer relationships with their mothers were less likely to engage in sexual activity, as were adolescents who experienced more feelings of guilt (perhaps as a result of parental messages) surrounding sex. More talk between parent and adolescent on the topic of sex was positively correlated to the adolescent's sexual activity. Khurana and Cooksey (2012) also acknowledged that the messages mothers send, and how adolescents interpret their mothers' views, can influence outcomes. They found that adolescents who had been sexually active, and whose mothers frequently discussed sex with them, tended to use condoms less frequently, or contract STIs, when they felt their mothers did not approve of contraceptive use. As these studies illustrate, adolescents' physical and emotional sexual health and wellbeing can be impacted by conversations with their mothers, and by the adolescents' perceptions of these conversations.

How mothers view themselves and experience these conversations can also impact communication around sex, as Guilamo-Ramos, Jaccard, Dittus, and Collins (2008) found. In their study, which was administered through surveys (668 mother-adolescent sets) in the Bronx in New York City, factors such as mothers' perceptions of their knowledge on the subject matter,

and mothers' comfort levels, influenced whether communication took place. Overall, mothers who felt these conversations were challenging tended to avoid them.

The intersectionality of motherhood and race/ethnicity are also significant, according to Meneses, Orrell-Valente, Guendelman, Oman, and Irwin (2006). They separately analyzed White, Latina, Black, and Asian mothers and noted differences in their communication with their daughters surrounding sex. The researchers found that race/ethnicity influenced factors such as how often such discussions took place, the level of comfort mothers felt, and the mothers' knowledge of their daughters' sexual statuses. This study serves as an important reminder that trends in the communication of sexual information are not generalizable across all races and ethnicities, and in all cultural and social contexts.

Overall, these studies point to the significant role mothers can play in the sexual decision making of young women, despite the potential for messages to be misperceived, or for barriers to limit communication. Research has also considered the role of fathers, and studied their communication about sex with their adolescent daughters. Hutchinson and Cederbaum (2011) interviewed African American, Caucasian, and Hispanic women in a Mid-Atlantic state. In their study, they asked late-adolescent daughters about their fathers' influence in their sexual development; while participants were able to list ways that their fathers could have been more involved, the number of participants who felt that their fathers had adequately prepared them for dating and sexual activity was below 10%. What fathers did provide tended to be philosophical or supportive, rather than informative and factual. Participants often attributed this to factors such as weak relationships with their fathers or gender differences.

Wilson, Dalberth and Koo (2010) also studied fathers, asking them directly, within focus groups, about their sexual communication with adolescents. The researchers found varying levels

of participation from fathers in terms of conversations around sex, and noted that many men found such conversations to be challenging, particularly when it came to gender differences with daughters. Some fathers attempted to set clear limits on sexuality in order to safeguard their daughters from possible consequences. Fathers often emphasized other aspects of their children's wellbeing, taking a more indirect approach. Such studies seem to show that even fathers who care about their daughters often struggle to communicate with them when the topic is of a sexual nature. They may have the potential to be influential in the sexual development of these young women, but that potential often remains untapped.

Despite the monumental role parents play in their children's lives, other studies have considered the influence of peers, the individuals who make up a young woman's social group: staying within the family realm, Kowal and Blinn-Pike (2004) examined the potential influence of older siblings. They found that adolescents with strong, positive relationships with older siblings tended to talk with those siblings more about safe sex practices, especially when both siblings were women. The older siblings' own sexual choices appeared to be inconsequential: "Older siblings who care about their younger siblings may provide them with information about safe sex practices regardless of their own views about the importance of safe sex for adolescents in general" (p. 383). This research calls to mind the potential significance of a sibling's sexual advice.

Outside of the family system, peers can also influence young women's sexual decision making. Busse, Fishbein, Bleakley, and Hennessy (2010) studied how communication with friends might influence sexual activity in adolescents. They found through self-reports (online surveys taken each spring over three consecutive years) that adolescents who were not sexually active, but who were involved in recurrent conversations with friends about sex, were more

likely to want to initiate sex themselves. Likewise, Ali and Dwyer (2011) found, through analyzing Add Health data, that the sexual activity and number of partners of close friends can influence an adolescent's own sexual activity and number of partners. Teitelman et al. (2009) interviewed urban adolescent girls on their sexual conversations with friends, and found a mix of superficial and meaningful exchanges: "The participants talked with friends about specific and real issues, for instance, slang terms, non-intercourse sex, relationships, and sexual safety as well as sexual feelings" (p. 467). They also explored messages these girls received from their partners. The most prominent conversations between young women and their partners seemed to revolve around pressure to engage in sexual activity.

There are many sources that have the potential to influence the sexual-esteem and safe sex practices of young women, including mothers, fathers, siblings, peers, and partners. While some groups appear to be more influential than others (such as mothers taking more involved roles in sexual communication than fathers), it remains to be seen whether emerging adult women tend to recall certain individuals over others as being influential in their sexual development.

### **Institutions as Sources of Sexual Information**

Aside from personal conversations with family members and friends regarding sex, emerging adult women also report having received formal sex education from institutions such as churches and schools. What does current research offer, in terms of exploring the influence that these formal settings may have on their students?

Freedman-Doan et al. (2013) studied faith-based sex education programs through interviews with youth ministers and teachers. They conducted 65 interviews, with participants sorted into four categories: Mainline Protestant, Evangelical Protestant, Catholic, and Other. Few



differences were uncovered between groups, as they seemed to have similar sex education goals (abstinence and purity) and means of accomplishing them, though some ministers and teachers modified their programs to make them more or less conservative in nature. Differences were noted between faith-based programs and sexual information provided by schools: “Unlike public school programs that teach abstinence only because of health and emotional consequences, religious institutions are able to explore consequences beyond the biological and social...The majority of churches emphasize the moral and spiritual aspects of sexual behavior, rather than just focusing on the dangers and consequences” (p. 259). This increased focus on spirituality often coincided with decreased discussion of the risks of sexual activity and the use of birth control.

Rosenbaum and Weathersbee (2013) collected data from members of Texas Southern Baptist churches, surveying 151 Sunday school students who had recently married. Participants reported having engaged in premarital sex (vaginal or oral) at high rates (72.9%); feelings of regret among those who engaged in these behaviors were also present in a majority of cases (82.7%). The surveys explored sources of sex education, and found that participants reported church sex education as providing information on abstinence, and on the emotional and spiritual components of sex; participants did not tend to associate sex education in schools with these areas, with many participants listing sex education in schools as their only opportunity to learn about sexually transmitted infections (57.0%) and birth control (27.2%) from an adult source. This data once again shows that schools and churches tend to approach sex education from different angles. It also points to concerns for physical sexual wellbeing (high rates of premarital sex, but low rates of safe sex practices being taught), and to concerns for emotional sexual wellbeing (high rates of regretting premarital sex).

The content of school sexuality education in the US was reviewed by Schmidt, Wandersman, and Hills (2015). They found that a risk avoidance approach was predominantly taken, rather than approaches that are more inclusive (exploring topics such as healthy sexual relationships, identify, gender roles, etc.): “Most commonly provided was education about HIV and other STDs and pregnancy prevention. Seventy percent of programs taught sexual refusal skills and tactics to delay sexual intercourse. Seventy percent of the programs stressed abstinence; an equal percentage addressed contraceptive education” (p. 186). These results seem to speak to sex education that emphasizes safe sex practices over sexual-esteem.

Bourke et al. (2014) studied outcomes related to sex education in schools. Using survey data from a sample of 3,002 men and women (ages 18-45) living in Ireland, they found that, “receiving sex education in school may act as a protective factor against some negative sexual health practices, both on the occasion of first sex and later in life” (p. 307). Correlations included later onset of sexual activity, increased contraception use at initial onset, increased testing for sexually transmitted infections, and decreased rates of unexpected and personally traumatic pregnancies. Overall, these results seem to link sex education in schools with increases in safe sex practices. However, in the US, rates of infection with STIs differ depending on the type of sex education required in various states: Hogben, Chesson, and Aral (2010) found that states where abstinence education policies were prevalent had higher rates of infection with gonorrhoea and chlamydia. While there seems to be the potential for an increase in safe sex practices and related health outcomes after receiving sex education in schools, policies and mandates that differ by state may influence the content of these courses, and their subsequent impacts.

College courses on sexuality have a tendency to cover a wide range of topics related to physical and emotional sexual health and wellbeing, according to Oswalt, Wagner, Eastman-

Mueller, and Nevers (2015). They collected data from 161 undergraduate sexuality courses across the US, and found that the majority included discussion of contraception, HIV and AIDS, and STIs. Other content areas that were commonly addressed included sexual pleasure, personal skills, and relationships. Research has also explored how college-level, feminist-informed sex education may impact sexual-esteem in women: Askew (2007) conducted qualitative interviews with nine undergraduate women participating in one such course, exploring topics such as what the women had previously learned about sex, and what understandings they gained in the course. The results showed that the women had previously received messages that were negative and that stigmatized sex and women's desire; themes included guilt and fear, a focus on abstinence, and an overall lack of meaningful or useful discussion. Messages from the course were viewed as positive and empowering, and included discussions of body image, confidence, and sexual desire and pleasure. While all college classes on sexuality cannot be classified as feminist-informed, this study speaks to the potential for college sex education courses that encourage critical thinking, and that discuss negative social discourses around sex, to influence the sexual-esteem of their participants.

### **The Present Study**

While researchers have begun to explore who instructs young women about sex, both in their personal lives and inside classrooms, more research is needed on which individuals and institutions emerging adult women are most likely to recall as having offered sexual information. It is also important to better understand how these various sources of information relate to the emerging adult women's safe sex practices and sexual-esteem. Such research would contribute to the current body of knowledge that seeks to support young women's sexual development,

enhancing benefits and minimizing risks. The following research study sought to offer new insight through exploring the following research questions:

*Research Question One: Which individuals and institutions do emerging adult women recall as having offered sexual information?*

*Research Question Two: How are these individuals and institutions associated with emerging adult women's current safe sex practices and sexual-esteem?*

## METHOD

### Participants and Procedures

This study used existing data collected from 455 emerging adult women (ages 18-25). Participants were enrolled at a Midwestern university, and were predominantly undergraduate students ( $n = 418$ ), with the remainder identifying as graduate students ( $n = 36$ ); one participant did not make this distinction. Similar to the demographic characteristics of the community, approximately 94% of participants reported that they identified as White, followed by 3% Asian American, 1% Other, and less than 1% Black, Hispanic, or Biracial. In terms of sexual orientation, the sample consisted mainly of straight women (approximately 95%), with the remaining women identifying as bisexual (4%), lesbian (less than 1%), or undisclosed (less than 1%). A majority of the participants reported being sexually active, either currently or in the past ( $n = 334$ ), while others reported no sexual activity ( $n = 118$ ) or did not respond ( $n = 3$ ). The participants were also asked about their relational status: the majority reported that they were single (approximately 69%). Other common responses included partnered (11%), engaged (8%), cohabitating (8%), and married (5%). No participants reported their relational status as remarried, and few reported their relational status as divorced (less than 1%). Finally, the researchers recorded the participants' current dating status: almost half of the women (approximately 47%) stated that they were dating one person, while others reported not dating anyone (31%) or dating more than one person (3%), or did not respond to the question (19%). Participants were recruited via e-mail and class announcements; compensation for participation was offered in the form of entry into a prize drawing. Students completed a number of questionnaires online that focused on body image, sexual attitudes and behaviors, and related topics.

## Measures

As the data collected were extensive, certain components were analyzed in isolation in order to explore various research questions. This study only utilized data from participants in the 18-25 age range, and focused on four sections of the questionnaires: individual sources of sexual information, institutional sources of sexual information, and measures of the women's current safe sex practices and sexual-esteem, in order to explore the present study's research questions.

**Informal sources of sexual information.** Two items were used to assess participants' recall of informal sources of information about sex. First, they were asked whether anyone had talked to them about sex growing up (a yes/no response). They were then given the opportunity to type a response to the following open-ended question: "If you answered yes: a) who did you talk to about sex (e.g., mother, father, friend, partner, etc.)?" Participants were able to report multiple sources. Answers were numerically coded to create categories such as mother and father, which then allowed for the determination of which individuals were most frequently recalled as having talked to the participants about sex. Individual sources within institutions, and individuals who played more formal roles in the participants' lives (such as teachers or pastors), were not included in this analysis, which aimed to explore personal, informal sources of sexual information.

**Institutional sources of information about sex.** Institutional sources of sexual information were assessed with two items. First, participants were asked if they had ever had a class on or about sexuality (a yes/no response). Next they were asked to provide a qualitative response to the following question: "If you answered yes: a) where did you have this course (e.g., high school, college, church, etc.)?" Participants could report multiple sources. Numerical

coding placed these responses into categories, and frequencies of responses were recorded to determine the most common locations for classes related to sexuality.

**Sexual activity.** Participants were asked to respond to a questions on whether they were currently having sex. Responses included: No, Yes. In the past (e.g. over 6 months ago), and Yes. Currently (e.g. in the past 6 months). Participants who reported having sex in the past or currently were categorized as sexually active, and these participants were included in the analysis of the second research question.

**Safe sex practices.** To measure safe sex practices, participants were asked directly: “How often do you practice safe sex?” For this question, participants were able to select one response, in terms of whether they practiced safe sex every time they engaged in sexual activity, more than half the times, about half the times, less than half the times, or never. Numerical codes ranged from 0 (never) to 4 (every time). Safe sex was not defined for participants.

**Sexual-esteem.** The sexual-esteem of the participants was measured using a 10-item subscale for sexual-esteem (see Appendix A) (Snell & Papini, 1989). Sample questions included, “I am confident about myself as a sexual partner” and “I would rate my sexual skill quite highly” (p. 258). Participants’ responses ranged from disagree to agree on a bipolar, 5-point Likert scale, with low values representing low sexual-esteem and high values representing high sexual-esteem (including some reverse scored items). Total sexual-esteem scores had the potential to range from 0 (lowest) to 50 (highest); actual scores for the present study ranged from 10 to 50, with a mean score of 35.93. In terms of internal consistency, this subscale was found to have an alpha of .92, a strong result (Snell & Papini, 1989).

## **Analysis Plan**

In order to determine which individuals and institutions emerging adult women recalled as providing them with sexual information, responses were numerically coded. After assessing the data, responses regarding influential individuals were placed into one of the following categories: mother, father, parent, sibling, partner, peer, or other individuals. Responses regarding influential institutions were placed into one of the following categories: elementary school course, middle school course, high school course, college course, church, or other institutions. Statistical frequency tests were run to determine the most common responses given by participants.

Once numerically coded, this data was analyzed in relation to the participants' safe sex practices and sexual-esteem. Only women who reported current or past sexual activity ( $n = 334$ ) were considered in the analysis of these two variables. Missing data was removed for participants who did not complete all of the questions regarding sexual-esteem; the analysis was run on data from the remaining 322 participants. There was no missing data for the question on safe sex practices. The individuals and institutions functioned as the independent variables, while the frequency of safe sex practices and the sexual-esteem scores functioned as the dependent variables. Independent-samples  $t$  tests were performed on this data in order to determine how each category of individuals or institutions, when analyzed in isolation, related to the emerging adult women's current safe sex practices; the same procedures were used to determine how each of these categories related to the participants' sexual-esteem. Data was also collected in the form of frequencies and independent-samples  $t$  tests that examined differences between participants who reported no individual sources vs. one or more individual sources, and no institutional sources vs. one or more institutional sources.



## RESULTS

### Research Question 1

Descriptive statistics were run to analyze frequencies and determine which individuals the emerging adult women recalled having spoken to them about sex, and which institutions they recalled as having provided sexual information. Two participants did not select a yes/no response regarding whether anyone had spoken with them about sex, but as they went on to recall individuals who had provided sexual information, they were included among participants who reported that someone had talked with them about sex. Only one participant did not select a yes/no response regarding whether she had taken a course on sex, but since she went on to recall an institutional source, she was included among participants who reported having taken a sexuality class.

Of the 455 emerging adult women in the sample, approximately 72% reported that someone had talked to them about sex, while 28% reported that no one had talked to them about sex. Seven categories were created to encompass the range of individuals the participants reported as having taken part in these discussions. The most common response was mother ( $n = 186$ ), followed by peer ( $n = 145$ ). Other categories included sibling ( $n = 35$ ), partner ( $n = 26$ ), and father ( $n = 7$ ). A category was also created for parents ( $n = 54$ ), which included responses where both mother and father were identified as sources of sexual information, as well as responses where the gender of the parent or parents was not specified. Finally, a category was created for miscellaneous responses, other individuals ( $n = 13$ ); responses in this category included extended family and other adults, such as grandmother, cousin, aunt, sister-in-law, or friend's mom. See Table 1 for complete frequency results regarding individual sources of information.

Table 1.

*Frequencies regarding the individuals recalled by emerging adult women as having provided sexual information*

Source of Information N = 455		
	<i>n</i>	Percentage
One or more sources	329	72.3%
No sources	126	27.7%
Mother	186	40.9%
Father	7	1.5%
Parent	54	11.9%
Peer	145	31.9%
Partner	26	5.7%
Sibling	35	7.7%
Other Individuals	13	2.9%

*Note.* N = Population Size. *n* = Sample Size.

When this same sample responded to a question on whether they had ever taken a sex education course, approximately 68% reported having taken a course, while 32% reported never having taken a course. Six categories were created to encompass the various institutions where the participants reported having taken these courses. The most common response was high school ( $n = 222$ ). College ( $n = 93$ ) and middle school ( $n = 62$ ) were also institutions frequently cited. Other categories included elementary school ( $n = 21$ ) and church ( $n = 21$ ). A category was also created for miscellaneous responses, other institutions ( $n = 8$ ); this included participants who reported having attending classes at locations such as hospitals and home school, or who

reported taking part in a sex education course at school but who did not specify a grade level. See Table 2 for complete frequency results regarding institutional sources of information.

Table 2.

*Frequencies regarding the institutions recalled by emerging adult women as having provided sexual information*

Source of Information N = 455		
	<i>n</i>	Percentage
One or more sources	308	67.7%
No sources	147	32.3%
Elementary School	21	4.6%
Middle School	62	13.6%
High School	222	48.8%
College	93	20.4%
Church	21	4.6%
Other Institutions	8	1.8%

*Note.* N = Population Size. *n* = Sample Size.

### **Research Question 2**

Independent-samples *t* tests were conducted to explore how the emerging adult women's sources of sexual information related to their safe sex practices and sexual-esteem. First, independent-samples *t* tests were run on each of the thirteen individual and institutional sources, to explore how each category related to the participants' frequency of safe sex practices; these tests were also run to explore whether differences were present when a participant reported one or more individual sources vs. no individual sources, and one or more institutional sources vs. no institutional sources. Fourteen of the fifteen tests did not yield significant results. One significant

result was found in regards to safe sex practices: siblings as a source of sexual information,  $t(332) = -2.30$ ,  $p = .027$ , with participants who did not report talking with siblings ( $M = 3.35$ ,  $SD = 1.10$ ) practicing safe sex at lower rates than participants who did report talking with siblings ( $M = 3.69$ ,  $SD = .68$ ). The 95% confidence interval for the difference in means ranged from  $-.64$  to  $-.04$ . An effect size of  $0.13$  was calculated, which is a large effect size. See Table 3 for complete  $t$  test results regarding safe sex practices.

Table 3.

*Independent-samples t test results regarding how source of sexual information relates to emerging adult women's safe sex practices*

	Source of Information			Not a Source of Information			<i>t</i> test
	<i>n</i>	Mean	SD	<i>n</i>	Mean	SD	Sig.
Individual Source	240	3.40	1.09	94	3.33	1.07	n.s.
Institutional Source	230	3.33	1.13	104	3.49	.97	n.s.
Mother	138	3.38	1.08	196	3.38	1.09	n.s.
Father	7	3.71	.76	327	3.37	1.09	n.s.
Parent	34	3.44	1.26	300	3.37	1.06	n.s.
Peer	114	3.34	1.10	220	3.40	1.07	n.s.
Partner	24	3.38	1.06	310	3.38	1.08	n.s.
Sibling	26	3.69	.68	308	3.35	1.10	.027
Other	9	3.22	1.09	325	3.38	1.08	n.s.
Individuals							
Elementary School	17	3.29	1.31	317	3.38	1.07	n.s.
Middle School	39	3.08	1.37	295	3.42	1.03	n.s.
High School	159	3.34	1.13	175	3.42	1.04	n.s.
College	80	3.50	.97	254	3.34	1.11	n.s.
Church	14	3.29	1.14	320	3.38	1.08	n.s.
Other	6	2.83	1.60	328	3.39	1.07	n.s.
Institutions							

*Note.* *n* = Sample Size. M = Mean. SD = Standard Deviation. Safe sex practices ranged from 0 (Never) to 4 (Every time I engage in sexual activity).

Next, thirteen independent-samples *t* tests were conducted on each of the individual and institutional sources of sexual information, to determine how they related to the emerging adult women's sexual-esteem scores; tests were also run to explore differences between participants who reported one or more informal sources vs. no informal sources, and one or more formal sources vs. no formal sources. Fourteen of the tests were not significant. One significant result was found in regards to sexual-esteem: middle school courses as a source of sexual information,  $t(320) = -2.58$ ,  $p = .013$ , with participants who did not report taking a middle school course ( $M = 35.63$ ,  $SD = 7.79$ ) rating lower on sexual-esteem than participants who reported having taken a middle school course ( $M = 38.36$ ,  $SD = 5.71$ ). The 95% confidence interval for the difference in means ranged from -4.85 to -.61. An effect size of 0.14 was calculated, which is a large effect size. See Table 4 for complete *t* test results regarding sexual-esteem.

Table 4.

*Independent-samples t test results regarding how source of sexual information relates to emerging adult women's sexual-esteem*

	Source of Information			Not a Source of Information			<i>t</i> test
	<i>n</i>	Mean	SD	<i>n</i>	Mean	SD	Sig.
Individual Source	230	36.33	7.34	92	34.96	8.27	n.s.
Institutional Source	222	36.45	7.58	100	34.79	7.67	n.s.
Mother	132	36.61	7.30	190	35.47	7.84	n.s.
Father	7	37.86	7.15	315	35.89	7.65	n.s.
Parent	33	35.33	6.93	289	36.00	7.72	n.s.
Peer	108	36.68	7.34	214	35.56	7.77	n.s.
Partner	23	36.09	6.10	299	35.92	7.74	n.s.
Sibling	23	34.74	6.77	299	36.03	7.70	n.s.
Other	9	35.11	8.68	313	35.96	7.61	n.s.
Individuals							
Elementary School	16	38.50	5.79	306	35.80	7.70	n.s.
Middle School	36	38.36	5.71	286	35.63	7.79	.013
High School	156	36.41	7.63	166	35.49	7.63	n.s.
College	77	36.26	8.67	245	35.83	7.29	n.s.
Church	14	34.07	7.50	308	36.02	7.64	n.s.
Other	5	33.60	7.16	317	35.97	7.64	n.s.
Institutions							

*Note.* *n* = Sample Size. M = Mean. SD = Standard Deviation. The Sexual-esteem Subscale ranged from 0 (lowest) to 50 (highest).

## **DISCUSSION**

This study was conducted to explore the formal and informal sources of emerging adult women's sexual information, as well as how these sources relate to various aspects of the women's sexual health and wellbeing. Forming a clearer understanding of who talks to young women about sex, and how this relates to their safe sex practices and sexual-esteem, can offer insights into how individuals, institutions, and mental health professionals can assist young women in successful emotional and physical sexual development. Since emerging adulthood can bring greater sexual independence and exploration (Arnett, 2000), and because women face extra challenges and societal expectations regarding sex (Alexander et al., 2012; Siebold, 2011; Crawford & Popp, 2003), knowing how to best support this population is of particular importance. The following discussion section will explore the results of each research question in more depth, including consistency with previous research, limitations, future directions, and clinical implications.

### **Sources of Sexual Information**

This study's first research question explored who the emerging adult women reported having provided them with sexual information. In terms of individual sources of information, mothers and peers were the most common responses; for institutional sources of information, high school and college were most often reported. Results for the first research question in this study were consistent with previous research, as Guthrie and Bates (2003) found that their participants most often reported receiving sex education from peers, parents, and high school courses. Similarly, Wisnieski, Sieving, and Garwick (2015) found mothers to be a main source of sexual information. Many studies have emphasized the role of mothers in providing sexual information to their children (Fingerson, 2005; Khurana & Cooksey, 2012; Guilamo-Ramos et



al., 2008), while others have shown fathers taking on less active roles (Wilson et al., 2010; Hutchinson & Cederbaum, 2011). Research has also shown peers to be prominent sources of information (Secor-Turner, Sieving, Eisenberg, & Skay, 2011; Rutledge, Siebert, Chonody, & Killian, 2011).

In regards to receiving sex education from college courses, Guthrie and Bates (2003) reported lower frequencies than the present study. The likelihood of having taken a college-level course could have been influenced by the types of students who participated in each study (students from psychology classes from the previous study, vs. students who may have had an interest in completing questionnaires on sexuality); since the two studies also took place years apart, there could also have been a shift in the number of women who felt comfortable taking, or who had access to, such courses. Finally, Wisnieski et al. (2015) reported that one-third of their participants stated that there were no adult figures in their lives from whom they could obtain sexual information. Many of the current study's participants ( $n = 126$ ) also reported a complete lack of informative communication, even with peers. While results on frequencies regarding sources of sexual information have varied somewhat in past studies, depending on the participant pool, the results of the present study overall appear consistent with what has been previously reported.

### **Safe Sex Practices and Sexual-esteem**

The second research question for the present study explored how the sources of sexual information, both formal and informal, related to the emerging adult women's safe sex practices and sexual-esteem. Thirty independent-samples  $t$  tests were run, one regarding safe sex practices and one regarding sexual-esteem for each of the thirteen categories of institutional and individual sources, and four exploring differences between participants who reported one or more sources

vs. no sources. Two significant results were found, in terms of positive or negative relationships between these variables. Safe sex practices related positively to talking about sexual information with siblings, and sexual-esteem related positively to having taken a middle school sex education course. This relative lack of significant findings was consistent with research conducted by Guthrie and Bates (2003), who found no correlation between future condom use and various sources of sexual information. Conversely, Bates and Joubert (1993) found correlations between self-esteem and sex education (ex: self-esteem as positively correlated with receiving sexual information from parents). Secor-Turner et al. (2011) also found associations between various sources of sexual information and sexual risk outcomes, such as lower rates of unprotected intercourse at last sex for participants who had received sexual information from parents, peers, or both.

While this study focused on source of sexual information, existing research comments on factors beyond the scope of the present study. Kohler, Manhart, and Lafferty (2008) have found differences in sexual health outcomes, depending on whether sex education curricula were comprehensive or abstinence-only; likewise, Guilamo-Ramos et al. (2008) noted differences in the extent to which mothers provided sexual information to their children, based on factors such as a mother's perception of her sexual knowledge and skills in navigating the conversation, or her feelings of discomfort or embarrassment. Examining the content and extent of the sexual information the emerging adult women received could potentially influence results. Other research addresses sources outside of individuals and institutions. Based on their research and literature review, Andre, Dietsch, and Cheng (1991) hypothesized that, "as individuals develop from early adolescence to young adulthood and become more sexually active, individual reading becomes a more important source of sexual information" (p. 215). The extensive expansion of

the internet and related media in recent years may also be influencing how young women learn about sex, though some research has shown that adolescents do not consider the internet a prominent source for sexual information, and instead approach it with skepticism (Jones & Biddlecom, 2011). Finally, some researchers have considered the age of the recipient of sexual information, and argued that earlier introductions to sexual information may be more advantageous in promoting sexual health and wellness (Somers & Surmann, 2005; Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006; Ochiogu, Miettola, Ilika, & Vaskilampi, 2011). Jaccard, Dittus, and Gordon (2000) reported that the age of an adolescent impacted the specific reservations held by the mother regarding conversations around sex, which shows the potential for the extent and content of such discussion to shift with the young woman's age.

Participants who took a middle school sex education course tended to have higher scores on the sexual-esteem subscale than participants who did not report middle school as an institutional source. This is consistent with research on the timing of sex education, as it relates to adolescents' development. Somers and Surmann (2005) found that earlier introduction to sexual information tended to correlate with fewer instances of various forms of sexual activity in high school students. The authors of this study advocate for sex education that is administered prior to the high school years. Other studies have also noted the potential benefits of earlier sexual communication (Eisenberg et al., 2006; Ochiogu et al., 2011). Likewise, participants who received sexual information from a sibling tended to report higher frequencies of safe sex practices, compared to participants who did not report speaking with a sibling. This is consistent with research by Kowal and Blinn-Pike (2004), who noted the potential positive impact such conversations could have on the recipients' perceptions of these practices.

## **Limitations and Suggestions for Future Research**

The present study's limitations include the composition of its participants. This study's results are only representative of the college student population, and do not account for the experiences of emerging adult women who did not attend college. The study was also largely comprised of White, heterosexual women. While this population was most readily available to take part in the current study, the experiences of emerging adult women from other racial and ethnic backgrounds, of other sexual orientations, and of various levels of education should be considered in future studies. Many studies on sex education and the imparting of sexual information to adolescents report differences and unique patterns that relate to the racial and ethnic background of participants (Meneses et al., 2006; Somers & Surmann, 2005; Lee et al., 2013). Other studies note ways that sex education often does not meet the needs of youth with same-sex attractions (Hillier & Mitchell, 2008; Pingel, Thomas, Harmell, & Bauermeister, 2013). When these factors are overlooked, the implications and benefits of the research cannot be effectively applied to these populations. It will be important for future researchers to collect data from participants of various backgrounds, in order to explore intricacies within different populations, and to expand on the field's understanding of young women's sexual knowledge and wellbeing.

Other limitations of this study include selection bias and self-reporting. It is possible that participants who had an interest in or comfort with the topic of sexual health and wellbeing took the time to participate in this study, to the exclusion of women who might have felt less knowledgeable or comfortable with the topic of sexuality. As Askew (2007) found, many women report receiving negative messages, based in guilt and fear, regarding sex, which may have affected some women's willingness to participate and discuss their own sexual experiences.

These women's thoughts, feelings, and experiences are then not accounted for in the data. Self-reporting is also a concern, as is always the case with all questionnaires where participants are asked to reflect on their experiences and provide accurate accounts. It is possible that the data collected on both research questions was not completely accurate, as some of the participants may have unintentionally excluded significant individuals and institutions in their report of where they obtained sexual information. They may have exaggerated their safe sex practices inadvertently, or answered questions, such as those on sexual-esteem, in ways that are socially desirable, rather than accurate, all of which could impact the results.

Finally, the second research question in the present study did not yield many significant results, in terms of how emerging adult women's sources of sexual information related to their current safe sex practices and sexual-esteem. While not statistically significant, trends did appear in the data that seemed to speak to the potential importance of formal and informal sources of sexual information: participants who reported one or more individual sources of sexual information had higher sexual-esteem scores and frequencies of safe sex practices than those who reported no individual sources; participants who reported one or more institutional sources of sexual information had higher sexual-esteem scores than participants who reported no institutional sources (this trend was not present for safe sex practices, possibly due to the factors explored below). Future research, with a different set of participants and a different means of measuring variables, may result in findings that more strongly support the value of exposure to these sources.

There are many factors that the present study did not explore, such as extent of communication, content, timing, and alternative sources, which may have influenced the results, and which may be taken into consideration in future research. First, the current study did not

inquire about the content or extent of the sexual information provided by the various sources. For example, some mothers may have spoken very briefly with their daughters, while others may have talked extensively on multiple occasions; likewise, some high schools may have placed more weight on abstinence, rather than offering a more comprehensive curriculum, or vice versa. The age of the young women when these discussions took place was also not identified for the individual sources of information. Creating categories where the same sources were grouped together, but where the timing of the conversations may have been different, could have impacted results. It may also be beneficial for future research to consider the role and potential impact of sources outside of individuals and institutions. Finally, it is worth noting sexual information provided indirectly to emerging adult women, such as the values faith-based institutions may hold regarding sex, but may not deliver within a formal course, as these kinds of messages were not within the bounds of the current study.

The results of the present study could potentially show that the source of the information may be less important than, or just as important as, other factors related to the communication of sexual information, which future researchers may choose to explore in more depth. Future research could also involve different measurements of safe sex practices and sexual-esteem, or could consider different variables entirely. It is possible that other variables related to sexual health and wellness may have yielded more significant results. One such option would be to explore how emerging adult women's sexual activity relates to the various sources of sexual information. The way the present study's variables were measured may also have influenced the analysis. For example, a single question on safe sex practices, where the variable was not explicitly defined, may not have fully encompassed the sexual behaviors and experiences of the participants, in a way that more numerous and specific questions might have revealed more

extensive differences. All of these directions for future research would help to shed light on how these sources of information may contribute to young women's sexual health and wellness.

### **Implications**

First and foremost, the results of the present study indicate a large gap in young women's sex education: approximately 28% of the participants in this study reported that no one had spoken with them about sex during adolescence, and 32% reported never having received formal sex education. At the same time, nearly three quarters (73%) of participants reported past or current sexual activity. These numbers show that many women are not receiving sexual information from individuals and institutions, and are not being supported in preserving and enhancing their sexual health and wellbeing, despite high rates of sexual activity. These circumstances become even more concerning when paired with the fact that many emerging adult women in the present study also reported having turned to peers for sexual information. If many of their peers are without accurate or extensive sexual knowledge, there is the risk of inaccurate, and potentially dangerous information being communicated.

Even young women with no intention of becoming sexually active in their teens or early twenties may benefit when they have access to individual and institutional sources of sexual information, as they may then assist peers, or utilize this knowledge later in life. They may also benefit from conversations that, on a broader scale, explore healthy physical and emotional sexual relationships, and assist them in navigating sexual safety and confidence. The present study speaks to the importance of equipping young women with sexual information, as this may have ripple effects, and positively impact others in their age-range.

Also of significance is the fact that, out of the individual sources, mothers were most often reported as having provided sexual information to the emerging adult women. It is unclear

whether mothers, in these instances, are reaching out to daughters, or vice versa; regardless, the frequency of these conversations should not be ignored. Mothers and daughters, as women, share the struggle of navigating society's sexual double standards (Crawford & Popp, 2003); mothers have the potential to discuss significant sexual knowledge and experience with their daughters in ways that either support this standard and its negative impacts, or help young women to succeed despite it. Some studies have noted challenges mothers may face in initiating sexual conversations (Guilamo-Ramos et al., 2008; Jaccard et al., 2000), which speaks to the need to support them, and help them to feel confident in assisting their daughters with their sexual development. Also of importance is the limited involvement of fathers in the present study, as they may also need support and guidance in order to take on more prominent roles. As Hutchinson and Cederbaum (2011) note, "From daughters' perspectives, there are ways in which fathers can contribute to their adolescent girls' sexual socialization and there are benefits that can be reaped from promoting and supporting this aspect of the fathering role" (p. 566). Finally, the present study's results call attention to another part of the family unit: siblings, who may be an effective, but underutilized resource when it comes to promoting safe sex practices.

Also worth noting is the greater frequency with which the emerging adult women reported taking high school courses, compared to middle school or elementary school courses. High school appears to be a popular time to provide sex education, though researchers have explored the potential for greater benefits when sexual information is provided at younger ages (Somers & Surmann, 2005; Eisenberg et al., 2006; Ochiogu et al., 2011). Studies have even begun to explore age-appropriate sexual communication that can take place in the earliest years of a child's life (Stone, Ingham, & Gibbins, 2013; Byers, Sears, & Weaver, 2008). Institutions should consider when their sex education curriculums are being administered, in order to reach



their students at younger and more advantageous ages, instilling appropriate and beneficial knowledge at each stage of development.

### **Clinical Implications**

Mental health professionals who work with young women and their families have the opportunity to positively influence young women's sexual development. Researchers have explored this often untapped potential in clinicians, regarding the discussion of sexual information, in relation to possible impacts and ethical necessity (Harris & Hays, 2008; Reissing & Di Giulio, 2010). Other researchers have taken this a step further, exploring ways that mental health professionals can provide parents support and guidance in communicating sexual information to their children (Krafchick & Biringen, 2002; Wisnieski et al., 2015).

Couple and family therapists, in particular, are well equipped to take on this challenge. They are trained to take a relational approach to therapy, in order to improve the overall health and wellness of the family unit. Their training also encompasses development and sexuality (Commission on Accreditation for Marriage and Family Therapy Education, 2014). Couple and family therapists can use this knowledge and systemic perspective to assist parents, and facilitate difficult or uncomfortable conversations that can promote young women's sexual wellbeing. As Krafchick and Biringen (2002) state, regarding family therapists and their potential influence, "Parents can be empowered to effectively provide accurate information and communicate values to their child in the course of therapy" (p. 70). Their study also explored how couple and family therapists can approach such conversations from a feminist perspective that is sex positive, and promotes equity in gender and sexual orientation. Through encouraging parents, and perhaps even incorporating siblings into the conversation, couple and family therapists can do their part to help reduce the number of young women who report no sources of sexual information; they

can assist them in receiving this information at earlier ages, and help them to be knowledgeable sources of sexual information for peers. In this way, informed clinicians can take stands for young women's sexual development, health, and wellness.

## **Conclusion**

The present study sought to explore which sources of sexual information, both formal and informal, emerging adult women recalled as having played a role in their sexual development. It also sought to gain insight into how these various sources related to the women's current safe sex practices and sexual-esteem. This study's goal was to contribute to an existing body of research that seeks to better understand young women's sexual development, in order to support them as they navigate societal double standards and threats to their health and wellness, all the while encountering valuable opportunities for personal growth. Commonly cited sources of sexual information included mothers, peers, and high school courses. Receiving sexual information from siblings was significantly related to more frequent safe sex practices, and having taken a middle school sex education course was significantly related to higher sexual-esteem scores. A large number of participants lacked individual or institutional sources of sexual information. Implications were noted based on these findings, particularly ways that couple and family therapists can use this information to do their part in promoting positive physical and emotional sexual health and wellness in young women. Future research should continue to explore sources of sexual information, variables related to sexual development, and their many facets, in order to better assist this population.

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**APPENDIX A: SEXUAL-ESTEEM SUBSCALE**

*Snell & Papini, 1989*

Please circle the answer that best indicates to what extent you agree. Consider “sex” to refer to your definition of sex.

	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree
1) I am a good sexual partner.	1	2	3	4	5
4) I would rate my sexual skill quite highly.	1	2	3	4	5
7) I am better at sex than most other people.	1	2	3	4	5
10) I sometimes have doubts about my sexual competence.	1	2	3	4	5
13) I am not very confident in sexual encounters.	1	2	3	4	5
16) I think of myself as a very good sexual partner.	1	2	3	4	5
19) I would rate myself low as a sexual partner.	1	2	3	4	5
22) I am confident about myself as a sexual partner.	1	2	3	4	5
25) I am not very confident about sexual skill.	1	2	3	4	5
28) I sometimes doubt my sexual competence.	1	2	3	4	5