ABSTRACT

COLLEGE STUDENTS’ PERCEPTIONS OF THEIR SEX EDUCATION:
A QUANTITATIVE STUDY

By Jessica R. Sykes

This investigation focuses on sources of, and satisfaction with, sexuality education, relative importance of significant others (e.g., parents, religious leaders) in influencing the acceptance of sexuality information, and characteristics that give significant others authority among adolescents. General and sex-related rapport are also investigated. New instruments to measure the influence of significant others on learning sexuality information, and two rapport scales for religious leaders are reported. Data were collected from 177 college students through a questionnaire. Respondent perceived, actual, and current sources of sexuality education are reported and compared. Sexuality education satisfaction was assessed to determine whether perceived and actual sources of sexuality education influenced level of satisfaction. Repeated measures ANOVA indicated mothers as the most influential significant other in comparison to fathers and religious leaders. Regression analyses based on four types of authority and two types of rapport determined characteristics, which influence adolescent healthy sexual practices and interpersonal relationships.
COLLEGE STUDENTS’ PERCEPTIONS OF THEIR SEX EDUCATION:
A QUANTITATIVE STUDY

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By
Jessica Rae Sykes
Miami University
Oxford, OH
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Advisor _____________________________
Dr. Charles Hennon

Reader _______________________________
Dr. Gary Peterson

Reader _______________________________
Dr. Reginald Fennell
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Introduction

The debate over sex education raises questions regarding who Americans want educating adolescents and what they want adolescents to learn about sex. This debate about which messages are appropriate to send adolescents about sexuality typically evokes strong opinions from adults (especially professionals who work with young people and parents) because of serious concerns about moral issues relating to sex, sexually transmitted infections (particularly HIV/AIDS), and adolescent unplanned pregnancy. Educating adolescents about sex can be less than comfortable for adults, yet the social implications of uninformed sexual behavior can be devastating. Therefore, an important question is which sources of sexuality education (i.e., parents, teachers, religious leaders, etc.) do adolescents consider to be the most influential when reflecting on their sex education experiences?

This investigation focuses on the preferred and actual sources of sexuality socialization in terms of the relative importance of potential significant others (e.g., mother, father, teacher, religious leader). Specifically, sexual socialization refers to influencing the respondents’ acceptance of sexuality information about healthy sexuality practices and interpersonal relationships. A key part of sexual socialization are the perceived characteristics of potential significant others (e.g., mothers, fathers, and religious leaders) that give them authority in the areas of healthy sexual practices and interpersonal relationships. Also reported is the development of new instruments designed to measure the relative influence of mothers, fathers, and religious leaders. These instruments are intended to measure four types of significant others’ authority in reference to the learning of sexuality information among adolescents and young adults.

It is necessary to determine, from their perspective, how adolescents have learned about sex and sexuality in order to support healthy decision making regarding reproductive health during adolescence and young adulthood. Determining the sources and influential individuals responsible for sexual socialization will allow professionals to create and hone educational programs to prevent the spread of HIV/AIDS, other sexually transmitted infections, and unplanned pregnancies, which threaten healthy futures for American adolescents. This thesis reports findings from a survey of university students that inquired about their perceptions of their sexuality education. Using the concept of significant others and other relevant aspects of the
symbolic interaction framework, this study investigates which sources of sex education were considered the most influential.

Symbolic interaction theory guided the development of the research questions and the survey instrument. Symbolic interaction theory includes the premise that individuals define and make meaning out of events, environments, individuals, and objects in which they interact (Sandstrom, Martin, & Fine, 2003). Socialization, an important concept of this perspective, is the process through which one interacts, learns how to survive in a culture, and develops an identity (Sandstrom et al., 2003). Sexual socialization is the process in which an individual learns values, knowledge, roles, and skills associated with sex and sexuality through social and cultural interactions (Kornreich, Hearn, Rodriguez, & O’Sullivan, 2003). A fundamental premise of symbolic interaction is that social interactions with individuals, groups, or even the self, have the potential to be learning opportunities. Agents of socialization are individuals that help facilitate these learning opportunities.

Socialization and learning occur with the help of significant others. George Herbert Mead (1934), a pioneer of symbolic interaction theory, stated that individuals respond to, and are influenced by, significant others. Parents, peers, teachers, religious leaders, and additional individuals or groups can be considered significant others if the adolescent perceives them to be important in her/his life. Spanier (1977) argued that sexual socialization involves adolescents actively choosing which significant others they are going to pay attention to when receiving information about sex and sexuality.

Spanier’s assertion (1977) is consistent with an assumption of symbolic interaction that individuals construct their social reality and select the influences that shape this reality. Adolescents are active in the process of selecting their agents of socialization. Certain others, including media representations such as film and television, are considered important with regard to learning sexual skills, knowledge, and values, as long as the individual perceives the others as significant. Symbolic interactionists assert that those individuals who are perceived to be significant others during the sexual socialization process will have the most impact on the sexual behavior of the adolescent (Spanier, 1977). It is through these social interactions with significant others that sexual information is exchanged, including verbal and non-verbal messages, that sexual socialization occurs.
Consistent with symbolic interactionism, others might be considered significant if they are regarded as having authority relative to the adolescent. The four types of authority measured in this study are expert authority, legitimate authority, coercive authority and reward authority. Each type of authority deals with the potential of the significant other to have influence on the adolescent based on the adolescent’s perception of the significant other (Sussman, Steinmetz, & Peterson, 1999). For example, expert authority is based on the perception that the significant other knows a lot about a topic. Legitimate authority is based on the perception that the significant other has the right to give the adolescent advice about a topic. Coercive authority is based on the perception that the significant other is the kind of person who could make the adolescent feel bad if he/she did not follow his or her advice, and reward authority is based on the perception that the significant other is the kind of person that could make the adolescent feel good if he/she followed her/his advice about a topic. These four types of authority are used to investigate the differences that the respondents’ reported as to the influences mothers, fathers, and religious leaders have had on their healthy sexual practices and interpersonal relationships. In addition to the types of authority that significant others are perceived to have on adolescent, rapport between the adolescent and the significant other is an important factor in discerning the kind of relationships that are influential. Consequently, this investigation also examines both the general relationship and sex-related rapport, that may exist between significant others and adolescents.

**Social Implications of Uninformed Adolescent Sexual Behavior**

*HIV/AIDS*

Sex educators and other professionals who work with young people are concerned about HIV/AIDS because of the high number of adolescents facing this global epidemic. According to the Centers for Disease Control and Prevention, in 2003, 1,039,000—1,185,000 people in the United States were living with HIV/AIDS and in 1999, HIV-related death was the fifth leading cause of death for Americans aged 25–44 (CDC, 2005; CDC, 2002). It is estimated that many of the people living with HIV/AIDS were infected during adolescence and the majority of young people contract HIV/AIDS sexually (CDC, 2002).

Given these statistics, professionals working with the youth of today have cause for concern about the transmission of HIV/AIDS. At the same time, there is some concern that sex
education might increase the sexual activity of teens. However, in a review of 73 studies reviewing school-based adolescent Comprehensive Sex Education (CSE) and abstinence-only sex education programs, Kirby (2002) found CSE and HIV education programs do not increase sexual activity. Kirby reported that there was an increase in condom and contraceptive use, and a reduction or delayed onset of sexual intercourse. This is an encouraging result for adolescents with access to CSE programs. However, an important issue to be addressed in following sections of this report is, are the facilitators (i.e., teachers) of these educational programs influential sources in the sexual socialization process?

*Sexually Transmitted Infections*

Other health concerns exist within the realm of human sexuality that adolescents face. For example, an estimated 46% of college-aged women have the sexually transmitted infection Human Pampilomavirus (HPV) (CDC, 2000). There are roughly 30 types of genital HPV and of these approximately 10 can lead to cervical cancer (CDC, 2004c). Genital herpes has infected at least 45 million people ages 12 and older in the United States (which is one out of five adolescents and adults) (CDC, 2004a). Between the late 1970s and the early 1990s genital herpes demonstrated a 30 percent increase in infection rate in the U.S. (CDC, 2004a). Gonorrhea also is a common sexually transmitted infection. The CDC estimates that more than 700,000 Americans contract gonorrhea each year. Although gonorrhea is cured with antibiotics, genital herpes and HPV are viral infections that typically stay in the body’s system (CDC, 2004b).

Education about the transmission of these sexually transmitted infections is critical for the reproductive health of America’s young people. Because these infections are affecting many of the lives of adolescents, it is essential for professionals to understand whether the young perceive that they are receiving accurate or adequate sexuality socialization, who they are receiving it from, and which sources are regarded as the most influential.

*Unplanned Pregnancy*

Almost 1 million adolescent women aged 15–19 (which is 10% of all women in this age range) and 19% of those who have had sexual intercourse become pregnant (Alan Guttmacher Institute, 1999a; Henshaw, 1999). Of those pregnant adolescents who have their babies, it is estimated that one third receive inadequate prenatal care and are more likely to deliver low-birth-
weight babies. Moreover, adolescents who give birth are more likely to have children who have childhood health problems than are mothers who are older (Alan Guttmacher Institute, 1999b).

The economic responsibilities that society bears for adolescent mothers high, with almost 80% of teen mothers receiving welfare assistance at some point (National Campaign for Teen Pregnancy, 2004). The average teenage mother receives approximately $1,400 a year for the first 13 years of parenthood from Aid to Families with Dependent Children and lost tax revenues on a yearly basis due to teen births totaling approximately 7 billion dollars (Annie E. Casey Foundation, 1998). Preventing unplanned teenage pregnancy supports a healthier future for the mother and decreases her need to be economically dependent on the government.

**Millenials**

The generation of college students attending universities today (i.e., those who were born in 1982–2002) are numerous, more affluent, more ethnically diverse, and better educated than generations past. This is a generation set apart from Generation X or the Baby Boomers by certain characteristics that could influence how they make meaning out of their social interactions with significant others. Millenials are said to be sheltered, team-oriented, conventional, and have a relatively high level of religiosity (Howe & Strauss, 2000).

The term “sheltered” is used because college students of today are the children who were raised during the 1980s anti-child abuse and child safety campaigns that swept the nation. The legacy of this safety movement, which is unique in American history, can be seen in the relationships today’s adolescents and young adults have with their parents (which is especially evident when they venture to college) (Lowery & Strauss, 2001). Parents are involved in the college experience of children from admission to graduation, including parental intrusion on behalf of children in the form of e-mails and phone calls to professors and administrators to create the best experience for their children. As a result, Millennial students rely on parents, share parental attitudes and values, and get along with parents more so than Baby Boomers or Generation Xers. This strong bond with parents might make parents more influential in the sex education of their children compared to generations past.

The focus on group learning and team sports that Millennial students have experienced since they first entered school has created a generation of “team players.” While not unique to this generation, this cohort has tight peer bonds due to the team-oriented nature of schools and
extracurricular activities. College students being labeled conventional may be a counterintuitive descriptor for adolescents, but for Millennials, it is another unique characteristic that sets them apart. Howe and Strauss (2000) used the term conventional to mean this generation of college students understands the need for social norms and rules, along with supporting their family of origin’s values. Howe and Strauss also argued these students take pride in improving their behavior. This team player mentality and adherence to social norms might suggest peer significant others will be an important part of an adolescent’s sexual socialization.

Millenials are more active in their religion than Boomers or Generation Xers (Howe & Strauss, 2000). This is a generation that has experienced religiously-related activities returning to public schools in the form of privately organized prayer groups and school partnerships with faith-based organizations. Especially within the Catholic community, there was a significant rise in attendance in religious conferences. At the National Catholic Youth Conference in 1993, 7,000 adolescents attended; in 1997, 17,000 adolescents attended (Howe & Strauss, 2000). Millennial students have a renewed sense of faith in comparison to their Generation X counterparts, and this could have an impact on who they perceive as an influential significant other in the sexual socialization process. Previous research has not indicated that members of the clergy or religious leaders have been influential figures who impacted the sexual behavior of adolescents (Bennett & Dickinson, 1980; Berne & Huberman, 2000; Spanier, 1977); however, this generation might perceive things differently.

**Previous Research on Adolescent Sexual Socialization**

*Parents*

U.S. society holds a premium on the ability of adults to communicate with their adolescents about their adolescent’s problems. Because adolescent decisions about sexual behavior could lead to life altering consequences, there has been considerable attention given to parent-child communication about sex and sexuality in order to prevent these problems (Kirby & Miller, 2002). Although society holds these expectations, research for the past 40 years has supported that parents, in general, have not been identified by adolescents as a major source of sex information (Bennett & Dickinson, 1980; Fay & Yanoff, 2000; Feigenbaum, 1995; Gebhard, 1977; Lewis, 1963; Spanier, 1977) and therefore are not primary sexual socialization agents.
Ironically, research indicates adolescents give parents the primary responsibility for their sex education (i.e., sexuality socialization) (Bennett & Dickinson, 1980; Fay & Yanoff, 2000). Bennett and Dickinson found that students who reported being satisfied with their mode of sexuality education also reported discussing more topics with each parent than those who reported being dissatisfied. Possible barriers, as indicated by parents that inhibit communication with their adolescent about sexuality are lack of or fear of not having adequate knowledge about sex, discomfort with emotional topics of conversation, not knowing how to communicate values, and denying the adolescent’s sexuality. Other barriers include the fear that adolescents will misuse the sexual information provided and their indicating that they already know what they need to know. Straight forward obstacles include difficulty in finding the right place or the right time as well as simple embarrassment (Bennett, 1984; Jaccard, Dodge & Dittus, 2002; Rosenthal, Feldman, & Edwards, 1998). From the perspective of adolescents, on the other hand, studies have reported youthful barriers to talking to parents about sexuality are personal embarrassment, concern for parental embarrassment, adolescent belief in already knowing what they need to know, and feeling that parents did not treat adolescents as equals or have knowledge about current adolescent lifestyles (Jaccard, et al., 2002; Pistella & Bonati, 1999). In 2002, Aarons and Jenkins conducted a series of focus groups involving African American and Latino/a adolescents in which Latina participants said that parents were often very strict, avoided discussion around the topic of sex, and worked long hours thus leaving their teens home alone unsupervised. Latin youth in general viewed their parents as unapproachable, out of touch, and more apt to scold than give advice about sexual health.

Kirby and Miller (2002) explained that as parents try to discuss intimate sexual behavior with an adolescent, they do so infrequently, inadequately, and with great difficulty. Regardless of the notion that many parents value this kind of communication with their children, there is still a great barrier to communication about sexuality between parent and adolescent. Gagnon (1965) stated that when parents talk about sex with their children this suggests to the adolescent that the parent is a sexual being. This is uncomfortable for adolescents because they typically only view their parents as religious, vocational, or political beings. Gagnon went on to state that parents generally have two reactions to their adolescent’s sexuality: to distract the child from any sexual behavior or to label the sexual behavior as wrong. These two approaches place adolescents in the
position of needing to acquire sexual information from other sources (Gagnon, 1965, Perrino, Gonzalez-Soldevilla, Pantin, & Szapocznik, 2000).

Effective communication about sexuality between parent and child may depend upon perceived expertise and the trustworthiness of the parent (Jaccard, et al., 2002). Knowledge and familiarity with the topic of sexuality refers to a parent’s expertise, or perceived competence while trustworthiness refers to genuineness and honesty or the positive nature of the relationship between parent and child. These two dimensions are central in communicating and accepting a message and for the overall development of rapport. If adolescents feel their parents are judgmental, disrespectful of their privacy, and lack credible information about sex, this creates an impermeable barrier to parent-child communication about sexuality.

Mothers

Although parents overall have not been found to be highly influential socialization agents in the sexual socialization of their adolescents, mothers compared to fathers have been identified as a source of information (primarily for women) on topics such as pregnancy, birth control, and menstruation (Aarons & Jenkins, 2002; Fromme & Emihovich, 1998; Gebhard, 1977; Rosenthal & Feldman, 1999; Spanier, 1977). However, this is the extent to which parents are cited as the main source of information. Spanier found that 24% of males reported their mothers as important sources of sex information while 62% of women reported their mothers as important sources.

Rosenthal and Feldman (1999) found that mothers tailored their communication based on the gender of the adolescent. For example, adolescent females received more information about pregnancy and dealing with sexual pressure than masturbation. Rosenthal and Feldman also found mother-daughter communication the most frequent and communication between fathers and daughters to be the least frequent. Potential reasons for a mother to act as the primary channel of communication could be because child rearing responsibilities typically fall within a mother’s domain or because there are many single-mother homes. Communication about sex is also often times limited to a discussion of birth control, which is typically regarded as the female’s responsibility (Fromme & Emihovich, 1998).

Rosenthal and Feldman (1999) reported that adolescents in their study perceived their parents as interested only in their sexual safety, not the interpersonal relationship aspect of their sexual behavior. The individuals in the Rosenthal and Feldman study attached little importance
to parent communication about private areas of sexuality. Adolescents construct their own social reality and unless parents are deemed significant as sex educators, adolescents will not attach special interest to them. Rosenthal and Feldman suggested that parents are assigned an important role when it comes to sexual safety matters that can help adolescents to understand the threat of HIV/AIDS upon their safety. This definition makes it acceptable for parents, particularly mothers, to discuss these issues, because they are typically regarded as gatekeepers of children’s safety. Issues of safety do not threaten the privacy of adolescents because safety can be discussed without addressing interpersonal relationships. By 2002 in the urban, African American community, females in the Aarons and Jenkins (2002) focus groups indicated that their mothers were either approachable or unapproachable regarding the topic of sexuality. Those mothers identified as approachable were proactive, started discussions, and were open.

Fathers

Gebhard (1977), who surveyed a sample of college students in the mid 1970s and compared the results to previously unpublished Kinsey data from a similar sample, reported fathers were denoted as an unimportant or minor source of sexual information. Fathers who were identified as a source of sex education in Spanier’s (1977) study did not have much influence on male or female sexual behavior. Spanier hypothesized that this finding was due to a less significant role that fathers played in the sexual socialization of their children. Bennett and Dickinson’s (1980) study of American college students found that fathers did not provide the most information about sex to females but they did provide general information for approximately 10% of the males. Bennett and Dickinson reported that all college students participating in their study indicated that they felt more comfortable talking about sex-related topics with their mothers than with their fathers. Mothers and daughters discussed the most topics about sexuality whereas fathers and daughters discussed the least.

Even within the cultural framework of the United States, which dictates that good parenting means good communication, conversations about sexuality between parents and children are restricted by barriers of tension, anxiety, and mistrust that inhibits the effective sexual socialization of adolescents. Good communication requires a strong rapport not only about issues relating to sexuality but also about the adolescent’s life in general. Otherwise, the
cycle of keeping sexuality and the sexual self a secret within the family continues to be a secret (Gagnon, 1965).

**Parents Views of Sex Education**

Kirby (1992) asserted that most parents approve of sex education in schools. The debate, however, is typically over the goals and content of the sex education curriculum (Berne & Huberman, 2000; Fromme & Emihovich, 1998). Jordan, Price, and Fitzgerald (2000) conducted research on rural parents and, of the respondents, only 9% believed most parents adequately communicated with their adolescents about sexual issues. In addition, 20% were “uncomfortable” or “very uncomfortable” when asked about how difficult it was to talk to their adolescent about sexual issues, while 65% reported being “somewhat comfortable” or “very comfortable.” Jordan and colleagues reported that the highest ranking topics for discussion by parents included responsibilities of being an adult (46%), sexuality transmitted infections (40%), dating relationships (37%), and not having sex until marriage (36%). Most parents (64%) believed schools should include sexuality education before children reach seventh grade. This research found that most parents (87%) saw themselves as the leading source of information for their adolescents about sexual issues while a majority (74%) viewed schools as a secondary source.

**Religious Leaders**

Spanier (1977) found members of the clergy to have a slight influence on adolescent sexual socialization for men, but not women. He reported that personal religiosity rather than clergy themselves accounted for this association. Bennett and Dickinson (1980) reported that being a Roman Catholic was negatively associated with general knowledge of sex and knowledge of birth control, especially among female respondents. Libby and Nass (1971) reported that not one parent participating in the study who identified as Jewish or humanist-agnostic-atheist believed that adolescents should not know about contraceptives. However 29% of Catholic parents and 27% of Protestant parents thought adolescents should not know about contraceptives. As cited in Berne and Huberman (2000), a national sample of 3,000 young people conducted in 1992 indicated that their church programs spent less than 2 hours talking
about sexuality. This poll is over 10 years old with a sample of people from a different generation than today’s adolescents.

Past research demonstrates that adolescents do not indicate that religion in general or the clergy have spent a lot of time discussing sex education or influenced their sexual behavior. However, with the Millennial generation reported as more engaged in more religious activities, perhaps important questions to ask include the following: Are these college students having a different experience, with their religious leaders influencing their sex education? Are these religious leaders more influential as agents of socialization than previous generations? Much like the research concerning parental influences on the sexual socialization of adolescents, in past generations religious leaders have not been identified as significant others in terms of primary sexuality socialization agents (Spanier, 1977).

**Teachers and School-Based Sexuality Education**

Opponents of school-based sex education argue that such curriculum will encourage adolescent sexual behavior and the moral decay of society (Feigenbaum, 1995). Advocates argue that accurate sex information is not being offered to adolescents at home that will protect them from the risks of sex (such as STIs and unplanned pregnancy) and therefore schools should step in and take the role of primary sex educators (Feigenbaum, 1995). Because each state controls its own curriculum and policies concerning sex education, local politics, religious traditions, and culture dictate what is taught in school sex education programs (Berne & Huberman, 2000).

Conservative politics tend to allow only sex education programs that fail to cover public health information that adolescents need to protect themselves from unplanned pregnancy and STIs. However, with each state left to structure their own curricula, the exact nature of sex education programming is dependent on each school district. Thus, it is not surprising that research over three decades has indicated that teachers may or may not be reported as vital sources of information or primary sexual socialization agents (Bennett & Dickinson, 1980; Feigenbaum, 1995; Fromme & Emihovich, 1998; Gebhard, 1977; Spanier, 1977).

Spanier (1977) reported that teachers who were reported as a major source of information had no influence on sexual behavior. Gebhard (1977) reported that elementary school teachers in the Kinsey sample were indicated to have given no sex education by 90% of respondents. This decreased to 64% by 1977 in the Gebhard sample for males and 42% for females. High school
teachers in the Kinsey sample were reported to give about half of both men and women no sex information, but by 1977 in the Gebhard sample only 11% of men and 16% of women reported this. In Gebhard’s sample, over 50% of respondents said that their high school teachers gave them “some” or “much” of their sex education.

By 1980 in the Bennett and Dickinson study, college students’ teachers were found to provide the most amount of information about birth control and STIs specifically, while peers were still cited as the main source of sex information overall (teachers were not distinguished as K-12 teachers or university professors in the article or on the original questionnaire). Teachers were considered an important source of information regarding birth control and STIs, representing a change in what had generally been reported in the literature on college students and adults prior to 1980. Thornburg’s 1981 study showed that although schools were thought to be a primary source of information, they only accounted for about 15% of the information cited by adolescents.

Feigenbaum (1995) reported 20% of a sample of college students indicated they received most of their sex education from schools. In focus groups of African American and Latino adolescents conducted by Aarons and Jenkins (2002), the majority of the participants reported having sexuality education in the schools but said it was inadequate because the curriculum dealt with reproductive health and not with relationships and feelings. School personnel were viewed as out of touch, not trustworthy, and not credible. Chief complaints from students were that the school programs were not comprehensive, information was too sterile and negative, and that programs focused too much on the textbook rather than the realities of sex and relationships. Positive experiences with sex education were equated to the directness and openness of the teacher. Fromme and Emihovich (1998) noted that male adolescent participants reported sex education teachers were not taken seriously and most students did not pay attention or had little to no confidence in teachers. The only students in the Fromme and Emihovich study with positive experiences with sex education were those who were in classes that had more open discussions and talked about relationships.

One conclusion that can be drawn is that without a national mandated school curriculum that supports healthy sexual learning, young people find sex information from a different source. This appears to create a social atmosphere among peers that may or may not facilitate an accurate exchange of information or healthy sexual behavior (Feigenbaum, 1995). It is important
to note that many, if not most, school-based sexuality education programs have not been evaluated thoroughly or have not been evaluated at all. There are differing views among professionals as to the proper role of schools within a school-based sexuality curriculum, in addition to the challenges of assessment (Kirby, 1992).

**Media**

Research has indicated that adolescents report some form of media as a source of sex information (Bennett & Dickinson, 1980; Berne & Huberman, 2000; Feigenbaum, 1995; Fromme & Emihovich, 1998; Peterson & Peters, 1983; Spanier, 1977). Spanier reported two thirds of males and females reported independent reading as a major source of sex information. Bennett and Dickinson (1980) found media contributed to student knowledge of sex, and books and television were cited most frequently as well as magazines and movies. In 1995, Feigenbaum reported that approximately 7% of her sample gained their sexual information from books.

Peterson and Peters (1983) argued that television and peer groups act as socialization agents for adolescents. Although adolescents actively select and reflect upon the messages and symbols defined by television, reference groups help decide which images are significant. Because adolescent reference or peer groups are contexts in which the individual can experiment with roles portrayed by the media, the peer group is a context where social reality is created. It is clear from this perspective the critical role television (and other media) can play in the lives of adolescents in conjunction with the peer group, especially when sexual roles and behaviors are explored. Fromme and Emihovich (1998) asserted that when television characters are used as role models, they can glamorize unhealthy behaviors and stereotypical sexual behaviors.

Entertainment critics argue television portrays young people in sexual situations that do not involve protection or consequences. Given that so many adolescents watch television, it is ironic that the U.S. has not provided a long-term media campaign targeting adolescent sexual health. Possible reasons for this could be fear of lost sponsorship in advertising or political and religious backlash (Berne & Huberman, 2000). Although cable networks such as MTV, VH1, and BET have recently partnered with organizations like the Kaiser Family Foundation and the Global Fund to provide sexual health and HIV/AIDS awareness commercials, this is not a nationally mandated or funded campaign of advertisements.
Peers

The research for the past four decades has overwhelmingly supported that adolescents’
indicate that their peers (or friends) serve as sexual socialization agents by being their main
source of sex information (Andre, Frevert & Schuchmann, 1989; Bennett & Dickinson, 1980;
Fay & Yanoff, 2000; Feigenbaum, 1995; Fromme & Emihovich, 1998; Gebhard, 1977; Lewis,
1963; Perrino et al., 2000; Spanier, 1977; Thornburg, 1981). A possible explanation for this,
cited by Perrino et al., is that in the absence of parent-provided sex education, adolescents turn to
peers, thus they become the most important socialization influences. Another possible
explanation for this, asserted by Andre, Frevert and Schuchmann, is that peers are more likely
than parents to serve as reference sources about sex because of adolescents’ emerging sense of
autonomy from their elders.

Lewis (1963) compared the sexual socialization effects of peers and parents and found
peers to be the most effective agents. Lewis indicated that peers influence what is acceptable
sexual behavior, even if it contrasts with that which adults consider to be acceptable. Lewis also
indicated that peers were effective agents of socialization in transmitting sexual values.
Specifically, the messages sent by peers were usually consistent with sexual permissiveness,
while parents were more effective in transmitting conservative sexual values. Lewis posited that
the most important agents of socialization were peers, because the young tend to identify with
their own age cohort as well as those whom they imitate. While there is pressure and importance
placed on parents to educate their children about sex, they tend not to be the major agents of
socialization for their adolescent’s sexual socialization.

When Spanier (1977) investigated sources of sex information among American college
students, he found same sex peers to be the most important sources of information. Spanier
found that most females reported that female friends and that males reported male friends were
the most important source of sex information. Gebhard (1977) found that same sex peers were
the most important source of sex information in both samples he used (the previously
unpublished Kinsey data and his sample taken in the mid 1970s). By 1980, Bennett and
Dickinson’s sample of American college students found that peers (same sex peers in particular)
provided the most general information about sex. In Thornburg’s (1981) study of the sources of
sex information, peers were the single most frequently cited source (by 37% of the participants).
Other sources cited in order of frequency were literature, mothers, schools, experience, fathers,
physicians, and ministers. Fromme and Emihovich’s (1998) qualitative study of boys’ perceptions of sexuality, representing a variety of different ethnicities, found the participants were learning about sexuality outside the home. Their data also revealed that same sex peers were identified as a significant source of sex information and socialization.

Hypotheses

The literature reviewed concerning the influence of mother and fathers, religious leaders, teachers, media, and peers on the sexuality education of adolescents, and the characteristics associated with the current generation of university students, give rise to the following hypotheses.

Hypothesis 1: Peers will be more influential on college students’ sex education than other sources of information. Based on past research, it is expected that peers (i.e., friends) will be the most important significant others relative to sexuality socialization.

Hypothesis 2: If college students received their sex education from those individuals whom they perceived to be responsible for teaching them about sex and sexuality, satisfaction with sex education will be higher. Hypothesis 2a: Consequently, if college students received sex education from those individuals whom they did not perceive to be responsible for teaching them about sex and sexuality, satisfaction with their sex education will be lower. The student’s perception of who is considered a significant other will influence the weight of the sexuality education message and possibly influence the satisfaction level with their educational experience.

Hypothesis 3: Parents will be more influential than religious leaders on college students’ sexual socialization. Hypothesis 3a: Mothers will be more influential than fathers, who will be more influential than religious leaders. Within the Millenial generation of college students there may be a rise in religiosity and influence of religious leaders, however the strong bond between adolescent and parent will still be maintained. Given the important role parents plan in socialization, parents will be perceived as more influential significant others and more instrumental in the sexual socialization process than religious leaders. In addition, mothers will continue to play a more significant role in the sexuality education of adolescents than fathers. Mothers are still the predominant caregivers for children and thus the primary communicator.
Fathers, however, will be more influential than religious leaders as they are more prevalent socialization agents than religious leaders.

*Research Question:* Regardless of the relative ranking of mothers, fathers, and religious leaders, an important question is what characteristics (e.g. various types of authority, rapport) explain the influence these categories of people have on the sexuality education of adolescents and young adults?

Previous research indicates that communication is more effective when parents and religious leaders are open, easy to talk to, trustworthy, and knowledgeable; not punitive and domineering (Jaccard, et al., 2002). This contributes to the types of characteristics that explain the level of influence parents and religious leaders have on the sexuality education of adolescents.

Six characteristics were identified that might be important in terms of parents and religious leaders being considered as significant others in regard to two areas of sexuality education. These two areas are healthy sexual practices and interpersonal relationships. Healthy sexual practices focuses primarily on safety issues related to sexuality (i.e., reproductive health, and preventing and recognizing STIs). Interpersonal relationships refer to relationship communication, negotiation, as well as moral and ethical expectations of sexual experiences. The six characteristics include: (a) legitimate authority, (b) coercive authority, (c) reward authority, (d) expert authority, (e) general rapport between parent/religious leader and adolescent, and (f) sex-related rapport between parent/religious and adolescent. Each type of authority represents what kind of influence a significant other (such as a parent or religious leader) is perceived to have by the adolescent. The significant other’s influence of authority is based on the adolescent’s perception of the significant other’s competence and ability to be resourceful (not necessarily the significant other’s actual competence or resourcefulness) (Sussman et al., 1999).

**Method**

*Participants*

Data were collected from 177 students at a state-funded midsize Midwest university. The university uses selective admission and draws its student population from across the United States. A collective sample comprised of 102 females and 71 males (sex data on 4 participants were missing) was taken during Resident Assistant training for the Office of Residence Life and
New Student Programs during August, 2005. All student participants were training to become Resident Assistants. The age range of participants was mostly 18 to 22 years (2% were 18 years, 29% were 19 years old, 39% were 20 years old, 21% were 21 years old, 5% were 22 years old, and 4% were “other”). The majority of participants (85%) indicated they were raised by a mother and a father, 7% were raised by a single-mother, and 3% were raised by a biological mother and a step-father. Within the sample, 31% of participants identified as Protestant, 26% identified their religious affiliation as Catholic, 16% identified as Evangelical Christian, 10% identified as “other,” and 9% identified as atheist/agnostic. When asked to report their feelings of religiosity, 15% were “very religious,” 36% were “religious,” 23% were “somewhat religious,” 18% were “not very religious,” and 8% identified as “not religious.”

Instrument

The questionnaire used was a modified version of the Student Sex Education Survey (SSES) developed by Bennett and Dickinson (1980), combined with items used to measure the importance of significant others on sexuality education (see Appendix B). Some items were a modification of the items used to measure the four areas of authority identified by Peterson (Sussman et al., 1999). These general items were reworded to indicate four areas of authority concerning healthy sexual practices and interpersonal relationships with items reflecting each type of authority for mothers, fathers, and religious leaders.

A major purpose of the SSES is to measure actual and preferred sources of sexuality education (e.g., “Circle the one letter identifying the category of persons who would have had primary responsibility for teaching you about sex and sexuality during your adolescence.”; “Circle the one letter identifying the category of persons who did have primary responsibility for teaching you about sex and sexuality during your adolescence.”). Possible sources were listed, including friends, parents (sometimes mothers and fathers were split), teachers, physicians/nurses/professional sex educators, religious leaders, people in the media, no one person in particular, and others (write in options were encouraged). Items measuring actual and preferred sources of sexuality education also asked participants to report their sources for specific sexuality topics. Topics included birth control/contraceptives/condoms, preventing sexually transmitted infections, recognizing sexually transmitted infections, moral and ethical questions related to sex and sexuality, and interpersonal relations and sexuality.
Participants’ satisfaction with their sexuality education was assessed by scoring responses from 1 to 7 (1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Somewhat Dissatisfied, 4 = Not Sure, 5 = Somewhat Satisfied, 6 = Satisfied, 7 = Very Satisfied). Sample items assessing sexuality education include: “How satisfied are you with the way(s) in which you found out most of what you know about sex?” and “How satisfied are you with your current knowledge about sex?”

The Sex-Related Rapport Indexes and the General Rapport Indexes (Bennett & Dickinson, 1980) measured respondent-parents (mother and father separately) and respondent-religious leader rapport. Respondents were asked to evaluate each item for religious leaders, father/male guardian, and mother/female guardian giving a total of three sex-related and three general rapport scales (one of each scale for religious leaders, fathers, and mothers for a total of 6 scales). The Sex-Related Rapport Indexes (five items each for mothers, fathers, and religious leaders coded as Completely True = 5; Mostly True = 4; Partly True/Partly False = 3; Mostly False = 2; Completely False = 1; Not Applicable = 1 with two items reversed scored) included statements such as: “My mother and I find it uncomfortable to talk about sex”; “When it comes to sex, my attitudes and my father’s attitudes are pretty much the same”; “My religious leader(s) probably would stand by me if I had a serious problem related to sex” (see instrument in Appendix B, items 20–29, 30–39 and 49–58). The possible score range of each of the three Sex Related Indexes was 0–25 with a higher score indicating greater rapport. The General Rapport Indexes (three items each index coded as in the Sex-Rapport Indexes with one item reversed coded) included statements such as: “I have a lot of respect for my father”; “My religious leader(s) don’t understand what I want out of life”; “My mother has a lot of respect for me.” The possible score range of each of the General Rapport Indexes was 0–15 with a higher score indicating greater rapport. The index used by Bennett and Dickson included five items; however, in this study the alpha reliability coefficient was rather low for the religious leaders scale so two items were dropped to increase the internal consistency to a more acceptable level when the referent person was a religious leader. This reduced the coefficient slightly for mothers and fathers.

The Sex-Rapport Indexes had standardized alpha reliabilities ranging from .74 to .59, while the General Rapport Indexes had alpha reliabilities ranging from .74 to .63 (see Table 1). Missing data were replaced with the sample means for all scales reported in this study.
The final section of the questionnaire used a Likert-scale (Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1 and Not Applicable = 0) to assess how participants responded to the level of influence parental figures and religious leaders have had on their sexual socialization and sexual behavior. Twelve items measured these significant others’ influences, conceptualized as four types of authority and measured in terms of four scales: expert authority, legitimate authority, coercive authority and reward authority. Examples of these twelve items are as follows: “This person knows a lot about what it is like to be an adolescent engaging in intimate relationships.”; “This person has the right to give me advice about my sexual behavior and intimate relationships.”; “This person is the kind of person who could make me feel very bad if I didn’t follow his or her advice about the sexual behavior I engage in.”; “This person is the kind of person that could make me feel very good if I followed this person’s advice about birth control/contraception options.”. The three items for each scale were summed to give a possible scale score ranging from 0 to 12 with a higher score indicating the strength of agreement that the referent person has authority in this area.

Respondents were asked to evaluate each item for religious leaders, father/male guardian, and mother/female guardian giving a total of three expert authority, three legitimate authority, three coercive authority, and three reward authority scales (one of each scale for religious leaders, fathers, and mothers for a total of 12 scales). The items were modifications of those used to measure expert, legitimate, coercive, and reward authority in other studies (e.g., Sussman et al., 1999). These scales demonstrated good internal consistency reliability in previous studies but demonstrated some diversity in reliability for the present investigation. Specifically, the standardized alpha reliability coefficients for the 12 scales ranged from .92 to .49 (see Table 1).

The last 10 items on the questionnaire formed two scales to measure significant others’ influences on healthy practices (e.g., “I would turn to this person to learn how to avoid sexually transmitted infections, including HIV/AIDS.”) and relationships (e.g., “I would turn to this person to learn how to communicate and compromise with my physically intimate partner”). There were five items in each scale (coded as 4 = Strongly Agree to 0 = Not Applicable) summed to give a scale score ranging from 0 to 20 with a higher score indicating a stronger endorsement for turning to the referent person for advice. Respondents were asked to evaluate each item for religious leaders, father/male guardian, and mother/female guardian giving a total of three healthy practices scales (one each for religious leaders, fathers, and mothers) and three
relationships scales (one each for religious leaders, fathers, and mothers). The healthy practices scales had a standardized alpha reliability ranging from .97 to .96. The relationship scales had standardized alpha reliability ranging from .96 to .94 (see Table 1).

In previous studies the SSES test-retest reliability was determined over a two week period by administering the questionnaire to 61 students in an introductory course at a university. The reported median coefficient of stability for 19 ordinal scales was .87 (range = .58–.95). Coefficients for all the parent-student rapport scores were .90 or above. Reported median percentage of agreement for six nominal scales was 77% (range = 69%–98%) (Bennett & Dickinson, 1980).

Procedure

The principal investigator was allotted time during two resident assistant general training sessions in August 2005. Resident assistants were separated into “returning resident assistants” and “new resident assistants” when attending training. In order to reach all resident assistants, the questionnaire was distributed during a “returning resident assistant” general session and a “new resident assistant” general training session.

The resident assistants were introduced to the study by the principal investigator and were given a description of the study and directions for the questionnaire. The questionnaire, consent form, pencils, and an envelope were distributed once resident assistants agreed to participate (see Appendix A for consent form). Given the research location (a large lecture style room), privacy was protected by allowing participants to move about the room or step outside to complete the questionnaire and come back to turn in the completed questionnaire. While participants were completing the questionnaire, the principal investigator stayed in the assigned room and was available to answer questions. Participants were given 45 minutes to complete the questionnaire and data collection took place over two days in the two different meetings for resident assistants.

Results

Perceived and Actual Sources of Sexuality Education

Hypothesis 1 is that peers will be more influential on college students’ sex education than other sources of information. This was tested by assessing respondents’ views of who should
have been and who actual were sources of sexuality education experiences during adolescence as well as their perceptions as to the one main source of information for their current knowledge about sex. Most respondents (74.6%) reported that parents should have been primarily responsible for teaching them about sex and sexuality during adolescence. A minority of respondents (35.6%) reported that parents actually did have primary responsibility for teaching about sex and sexuality during adolescence. Parents were the most commonly listed source for both who should have been responsible and who actually did have responsibility for teaching about sexuality. No students reported that religious leaders should have been primarily responsible for teaching them about sex and sexuality and only .6% (one participant) reported that religious leaders had primary responsibility for sex and sexuality education. Friends (i.e., peers) were listed as the responsible (by 2.3% of the respondents) and the third ranked actual (15.8%) source, behind teachers (5.1% should have had responsibility; 24.3% actually did have responsibility). Physicians, nurses, and sex educators were regarded as the responsible parties by 4.0% of the respondents, and the actual sources by 5.6%. No one person in particular was considered responsible by 10.7% and the actual source by 13.1%. Parents, teachers, and friends accounted for 76.6% of the actual sources of sexuality education during adolescence (see Table 2).

Perceived Sources of Sexuality Education across Content Areas

Students’ preference for parents as the source for who should have been teaching them about various sexual health content areas varied (see Table 3). Parents were reported as the most preferred source for who should have taught about the following topics: birth control, contraceptives and condoms (48.6%), moral and ethical questions related to sex and sexuality (65.5%), and interpersonal relations and sexuality (68.6%). Although less than a majority of the respondents indicated that physicians, nurses, or professional sex educators should have been sources about preventing sexually transmitted infections, these people were listed (37.3%) as the source for this information more so than any others. Physicians and others were the most preferred source for recognizing STIs, at 59.3%. Friends, teachers, and media were a consistent choice across all content areas, but were never the leading choice for who should be responsible. Religious leaders were only reported as a perceived source in the content areas of moral and
ethical questions related to sex and sexuality (15.3%) and interpersonal relations and sexuality (15.3%).

Actual Sources of Sex Education across Content Areas

Friends, teachers, and media were the leading reported actual source regarding the content areas of birth control, contraceptives, and condoms (47.5%), preventing STIs (57.1%), and recognizing STIs (45.2%) when the respondents were adolescents (see Table 4). In contrast, parents were the leading source of education regarding moral and ethical questions about sex and sexuality (59.9%) as well as interpersonal relations and sexuality (43.5%). Religious leaders were only reported as a source for education regarding moral and ethical questions (14.1%) and interpersonal relations (2.8%) about sex and sexuality. These percentages were low in comparison to other sources. When combined, parents, friends, teachers, media, and physicians accounted for 93.8% of the actual sources for birth control, contraceptives, and condoms. For preventing and recognizing STIs, the majority actual sources (when combined) were friends, teachers, media, and physicians at 84.2% (preventing STIs) and 85.9% (recognizing STIs). The majority of sources for moral and ethical questions related to sex and sexuality when combined were parents, religious leaders and friends, teachers, and media at 86.4%. The majority sources for interpersonal relationship questions were parents, friends, teachers, media and no one person in particular at 93.2%.

Current Sources of Sex Information for Students

Respondents were asked to respond to the following: “Now that you are older and able to reflect back on your earlier experiences with sex education, please consider the entirety of your sex education. The following section of questions refers to your current knowledge about sex. Circle the letter identifying what you believe to have been your one main source of information about sex that you currently have.” Of the 177 respondents, 15.3% reported mothers, 3.4% reported fathers, and 1.1% reported religious leaders (see Table 2). In contrast, 78% reported other sources such as friends (37.6%); physicians, nurses, and professional sex educators (6.8%); teachers (16.5%); media (17.6%), or others (2.3%). Regarding specific sexual health content areas, friends, teachers, and media were the leading reported source of information for birth control, contraceptives and condoms (48%), preventing STIs (50.8%), recognizing STIs (47.5%),
and interpersonal relations about sex and sexuality (51.4%). Physicians, nurses, and professional sex educators were the second leading reported source for information about birth control, contraceptives, and condoms (32.8%), preventing STIs (38.4%), and recognizing STIs (42.4%).

Parents were the leading reported current source of information about moral and ethical questions related to sex and sexuality (41.2%) and they were the second leading source of information about interpersonal relations (33.5%). This was the only section that asked students about specific content areas of sexual health that gave students the option to separate parents into fathers and mothers. Across all content areas, mothers were reported more frequently as a current source for students than were fathers. Religious leaders made a minor contribution to education in three content areas: recognizing STIs (.6%), moral and ethical questions (24.3%), and interpersonal questions (4.5%).

These data indicate that friends, teachers, and media were determined by respondents as influential current sources of sex information both as a general source and in specific content areas. Parents (mothers more than fathers) were also found to be influential current sources of sex information depending on the content areas, as well as physicians.

Given these findings, Hypothesis 1 received some support. Parents were reported to be the preferred source for most sexuality education and the actual sources of sexuality education with regards to interpersonal relationships and moral and ethical questions about sex. In this sense, parents could be significant others more so than other sources with regard to morals and ethics and interpersonal relations.

Hypothesis 2 states, if college students received their sex education from those individuals whom they perceived to be responsible for teaching them about sex and sexuality, satisfaction with sex education will be higher. Hypothesis 2a is consequently, if college students received sex education from those individuals whom they did not perceive to be responsible for teaching them about sex and sexuality, satisfaction with their sex education will be lower.

Among the respondents, the majority reported being either “satisfied” (47%), “somewhat satisfied” (18%), or very satisfied (10%) with the way in which they found out most of what they know about sex. A relatively low proportion of respondents were dissatisfied (10% were “somewhat dissatisfied,” 5% were “very dissatisfied,”) while 9% reported being “not sure.” Regarding satisfaction with current knowledge about sex, 51% of respondents were “satisfied,” 24% were “very satisfied,” 14% were “somewhat satisfied,” 5% were “not sure,” 5% were
“somewhat dissatisfied,” and only .6% were “dissatisfied.” These results do not offer support for either Hypothesis 2 or Hypothesis 2a.

Hypothesis 3 is parents will be more influential than religious leaders on college students’ sexual socialization. Hypothesis 3a is mothers will be more influential than fathers, who will be more influential than religious leaders. Both hypotheses were tested using the healthy sexual practices and relationships scales. The results of two repeated measures ANOVA tests are shown in Table 5. The Mauchly Sphericity test was significant, so the Greenhouse-Geiser correction was used. For both scales, a significant difference was observed across the mean scale scores. Post hoc analysis indicated that the means for mothers were significantly different (and higher) from fathers and religious leaders, and the means for fathers were significantly different (and higher) from the means for religious leaders. Consequently, Hypothesis 3 and Hypothesis 3a were supported.

To further explore the relationship among mothers, fathers, and religious leaders as significant others for sexuality education, repeated measures ANOVA tests were conducted for each item composing the two scales. The topics in the items included, for example, birth control, advice about sexual behavior, correct use of contraception, how to communicate and compromise with an intimate partner, and moral and ethical expectations within intimate relationships (see instrument in Appendix B, items 62–83). Twenty-two, one-way repeated measures ANOVAs were used to examine if parents were more influential than religious leaders on students’ sex education. The alpha level for these analyses was adjusted to .002 (.05/22) using the Bonferroni procedure to reduce the likelihood of Type 1 error due to multiple analyses. The Mauchly Sphericity test indicated that the condition of sphericity did not exist, therefore the more conservative Greenhouse-Geiser test was used. In post hoc investigations, three pair-wise contrasts of means were conducted.

Repeated measures analysis of variance indicated a non-significant difference in the means on only one variable (item), “This person knows little or nothing about healthy and safe practices of sexual behavior” \( (F(1.12, 197.10) = 6.037, \ p = .012) \). Post hoc analysis indicated that for seven of the items, the means for mothers and fathers also differed in a statistically significant manner, with the means for mothers being the highest (indicating that mothers were considered to be the more important source for the information). Consequently, there is strong support for the assertion that parents were considered to be significant others more so than
religious leaders concerning sexuality education. In addition, regardless of specific topic, mothers were often considered more significant sources than were fathers.

The research question investigated in this study was regardless of the relative ranking of mothers, fathers, and religious leaders, what characteristics of mothers, fathers, and religious leaders could explain why they were considered significant others for information about healthy sexual practices and interpersonal relationships? Specifically, two types of rapport (sex-related and general) and four possible types of authority (expert, legitimate, coercive, reward) were investigated using multiple linear regression analysis. Six analyses were conducted, with the dependent variable healthy practices regressed on the two types of rapport and four types of authority for mothers, fathers, and religious leaders, and the dependent variable relationships regressed on the two types of rapport and four types of authority for mothers, fathers, and religious leaders (see Table 6).

All regression models were significant and explained between 21% and 48% of the variance in the dependent variable. For mothers, sex rapport and expert authority were important in determining their influences on the respondents as sources for sexuality education for both healthy sexual practices and relationships. For fathers, sex rapport, expert authority, and reward authority were significant contributors explaining the variance in the scores on both healthy sexual practices and relationships. General rapport also was significant in the relationship model, but in a negative direction. The models for religious leaders showed that expert and coercive authority were significant variables in both the healthy sexual practices and relationships models, while legitimate authority was also significant in the relationships model.

These results suggest that mothers were significant others due to their having good sex rapport with their children and being perceived as experts concerning the sexuality education of adolescents. In comparison, fathers were regarded as having influence due to having good sex rapport, being perceived as experts concerning sexuality education, and their ability to reward the adolescent. The general rapport with fathers was inversely related with their ability to be an influence when it came to healthy sexual practices. Religious leaders were considered significant others due to their being experts and having coercive authority (i.e., the potential to punish or make one feel bad) relative to both healthy sexual practices and relationships, and legitimate authority (i.e., are considered to have normative and thus legitimate authority on this area) relative to relationship education.
Discussion

The purpose of this study is to investigate which sources (e.g., parents, religious leaders, friends, etc.) are perceived as the most influential sources of sexuality education among college students. The findings from this study are consistent with previous studies (Bennett & Dickinson, 1980; Fay & Yanoff, 2000) indicating that although parents are a preferred source of sexual information, they are not always the actual source of sex information, depending on the content area and gender of the parent. Respondents wanted to receive sex information from their parents (particularly information about birth control and contraceptives, moral and ethical issues, and interpersonal relations) but there was an obvious disconnect between the perception about who “should” be a source of sex information and who is an actual source. Although respondents indicated parents should be the leading source of information about moral and ethical issues and interpersonal relations, friends, teachers, and media were the leading sources across three content areas (birth control, contraceptives, and condoms; preventing STIs; recognizing STIs) lending support for Hypothesis 1. This is positive feedback for school-based Comprehensive Sexuality Education programs. These findings are an indicator that teachers are perceived as significant others for adolescent sexual socialization in content areas that are of interest to public health officials, such as unplanned pregnancy and STIs. Schools have the potential to be a place that teaches adolescents how to make healthy decisions about their sexuality which benefit their futures as well as the future of society as a whole.

Reflection on their sex socialization experiences indicated the majority of respondents were satisfied with the sex socialization they received despite the contradiction of receiving education from a source they did not deem responsible for their education. This did not support Hypothesis 2 or Hypothesis 2a. However, it does indicate that receiving sex socialization (or education) from a source other than parents (the majority of students reported wanting their parents to teach them about sex and sexuality) can still lead to a satisfying sex education. In fact, the majority of students in this study reported being satisfied with their current source of sex information that were friends, media, and teachers. This continues to support the idea that students may want their parents to be their sex educators, yet they can still be satisfied with their sex education/socialization experiences if it comes from other sources. Again, this is positive feedback for school-based sexuality education programs as teachers have been found to be an influential source of information.
Religious leaders were only reported as significant others in the sexual socialization areas of moral and ethical questions and interpersonal relationships. Even then, the percentage of respondents who indicated religious leaders were important was low in comparison to parents, thus supporting Hypothesis 3. Religious leaders were not perceived as influential by this sample of the Millenial generation although 74% indicated they were “very religious” to “somewhat religious.” The community of religious leaders should be aware of this as they might want the youth of their congregations to turn to them for guidance for these critical decisions regarding sex-related topics. The question then becomes how do religious leaders deliver sex information in a way that adolescents will render religious leaders as significant others and give their message meaning? Haffner (2002) addressed this in her interfaith guide for religious leaders on how to educate people of all ages within congregations about sex and sexuality to promote sexual health and morality.

When respondents were asked about their current sources of sex information, the results indicated parents are still the most reported source for questions about moral and ethical issues and the second most reported source for interpersonal relationships. Mothers, compared to fathers, were a more consistent source of information across all content areas, a finding that supports Hypothesis 3a. A majority of respondents (78%) identified friends, teachers, media, or other as their current source of sex information, continuing to lend support for Hypothesis 1.

The two types of rapport (sex and general) and the four types of authority (legitimate, expert, reward, coercive) measured the perceived sources of influence that is characteristic of each significant other (mothers, fathers, and religious leaders) for the youthful respondents regarding healthy sexual practices and relationships. Mothers’ influence on both healthy sexual practices and interpersonal relationships was determined by having expert authority, that is perceived knowledge, about sex and sexuality, and by having good rapport with the respondents in terms of sexuality related issues. Mothers tend to be the primary communicators within families and tend to discuss more sex-related issues, especially with daughters (Aarons & Jenkins, 2002; Fromme & Emihovich, 1998; Gebhard, 1977; Rosenthal & Feldman, 1999; Spanier, 1977). This kind of open communication influences adolescents in their perception of mothers as significant others with whom they have rapport and their abilities to view mothers as knowledgeable sources of sex information. Fathers also were reported as having expert authority, but they also were reported to have reward authority or the ability to make the adolescents feel
good about the choices they were making in both the healthy sexual practices and interpersonal relationship areas. Father-adolescent sex-related rapport was important in determining influence, which indicates that fathers who communicate with their adolescents about sex-related issues will be able to have more of an influence on the healthy sexual practices and interpersonal relationships of their adolescents. Religious leaders were found to have expert and coercive authority in both healthy sexual practices and interpersonal relationships of adolescents. Religious leader perceived influence in these areas is characterized by having knowledge and coerciveness (“my religious leader could make me feel bad…”). This finding is important because parents were not found to have an influential coercive characteristic in reference to influencing their adolescent’s relationships, however, religious leaders did have some power in this area. In addition, religious leaders were found to have legitimate authority (“This person has a right to influence me about my sexual behavior and intimate relationships”) in the area of interpersonal relationships. It is apparent that religious leaders have influence in terms of being seen as an expert in some areas, have a legitimate right to influence adolescents concerning interpersonal relationships, and can affect how adolescents feel about their choices when it comes to healthy sexual practices and interpersonal relationships.

This study used instruments developed to measure the influence of significant others such as mothers, fathers, and religious leaders in terms of their authority (legitimate, expert, reward, coercive) on the learning of sexuality information among adolescents and young adults. Previous measures of rapport were also modified to include religious leaders as significant others, including about sex-related issues. This is an important contribution as the reliability for these new scales are generally good (see Table 1).

**Conclusion**

The results of this study indicate that adolescents are in fact active agents in creating their own social reality. Adolescents discern which sources (thus being a desired significant other) they want to learn sexuality information and from whom they actually learn this information (thus being an actual significant other). Consistent with the symbolic interaction framework, this study shows that adolescents and young adults make meaning out of their interactions with socialization agents that influences their world of sexual decision making.
Characteristics that influence whether a parent is perceived as a significant other during the sexual socialization process is based on open communication between parent and adolescent, building sex-related rapport between adolescent and parent, and being perceived as knowledgeable by the adolescent. Parents have an opportunity to play a pivotal role in the sex education of their child if the barriers to communication about sexuality are broken down and good rapport established. Religious leaders, if perceived as significant others, may also have a unique opportunity to influence youth’s sexuality when they are seen as experts on the topic, have an legitimate reason to be influential, and by making youth feel bad about their choices regarding interpersonal relationships.

While it is important to focus on parents and religious leaders in the lives of adolescents, particularly Millenial college students, the influence of peers (that is friends), teachers and media cannot be overlooked. The consistency of these three sources in the sexuality socialization of young people is critical and a resource for promoting healthy choices for sexual practices and interpersonal relationships. Sex education in the United States is controversial and impacts the healthy futures of young people. Efforts made by teachers and others to educate adolescents about sexuality are often thwarted. Given these findings, it is clear an investment in comprehensive school-based sex education, peer sex education, and media-based sex education are targeted approaches for adolescent audiences.

Identifying the actual and perceived sources of sexuality socialization of adolescents and developing a better understanding of the influences of these sources of information will allow professionals who work with parents, religious leaders, teachers and other educators including health professionals, the media, adolescents, and young adults to create more effective educational programs that support and promote healthy decision making when it comes to adolescent sexual health.

Limitations

A limitation of this study was the sample used to gather the data. The sample was rather homogeneous; they were all resident assistants, middle to upper socioeconomic status and although race was not assessed on the questionnaire (another limitation of the study), based on the demographics of the university, most of the student population is white. In addition, another
limitation that may have influenced results was that a high number of participants were raised in two parent homes, accounting for strong parental influences.
References


Table 1  
Reliability Measures

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<th>Scale</th>
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<tr>
<td><strong>Mother</strong></td>
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<tr>
<td>Sex Rapport Index</td>
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<td>Relationships</td>
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<td>6.63</td>
<td>.9417</td>
</tr>
</tbody>
</table>

| **Father**             |       |      |       |
| Sex Rapport Index      | 14.09 | 3.72 | .6296 |
| General Rapport Index  | 13.40 | 2.19 | .7418 |
| Expert Authority       | 7.23  | 2.68 | .4864 |
| Legitimate Authority   | 9.62  | 2.15 | .7857 |
| Coercive Authority     | 6.70  | 2.95 | .8087 |
| Reward Authority       | 9.01  | 2.98 | .7532 |
| Healthy Practices      | 11.23 | 7.97 | .9707 |
| Relationships          | 13.81 | 7.36 | .9422 |

<p>| <strong>Religious Leader</strong>   |       |      |       |
| Sex Rapport Index      | 9.96  | 5.35 | .7345 |
| General Rapport Index  | 10.34 | 3.66 | .5912 |
| Expert Authority       | 5.00  | 3.52 | .7274 |
| Legitimate Authority   | 6.86  | 3.83 | .9171 |
| Coercive Authority     | 5.22  | 3.65 | .8655 |
| Reward Authority       | 6.68  | 4.34 | .8562 |
| Healthy Practices      | 7.59  | 7.92 | .9704 |
| Relationships          | 10.53 | 8.23 | .9614 |</p>
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<th>Main source of current knowledge</th>
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<td>Source</td>
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<td>Preventing STIs</td>
<td>Recognizing STIs</td>
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<tr>
<td>--------------------------------------------</td>
<td>----------------------------------------</td>
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<tr>
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Table 4  
Actual Sources Across Content Areas (in percent)

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<th>Recognizing STIs</th>
<th>Moral and ethical</th>
<th>Interpersonal</th>
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Table 5
Repeated Measures ANOVA Comparing Mothers, Fathers, and Religious Leaders as Sources of Sexuality Education

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### Table 6
Regression Models

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Appendix: A
Questionnaire Participant Consent Form

Investigator:
Ms. Jessica Sykes
227 Warfield Hall
Miami University
Oxford, OH 45056
(513) 529-4625
sykesjr@muohio.edu

Faculty Advisor:
Dr. Chuck Hennon
101 McGuffey Hall
Miami University
Oxford, OH 45056
(513) 529-4908
hennoncb@muohio.edu

Background of the Study:
I invite you to participate in the research study entitled College Students’ Perceptions of Their Sex Education: A Quantitative Study. The purpose of this study is to investigate which sources of sex education (i.e., parents, religious leaders, etc.) are considered the most influential among college students when reflecting on their adolescent sex education experiences. By asking college students about their sex education, it is the aim of this study that their recent retrospect will provide insight into what adolescents’ want out of their early sex education experiences.

Questionnaire Completion
The researcher will collect data by distributing the questionnaire during Resident Assistant training through the Office of Residence Life and New Student Programs. This session should take approximately 30 minutes. You will not be asked to do anything that exposes you to risks beyond those of everyday life. The benefit of the study, scientifically, is it will help the researcher understand more about what methods of sex education are most influential. In your practice as a Student Staff Member, a benefit of this study is a heighten awareness about sexuality education and intimate relationships. These are issues that you will face in the residence halls and may want to address through corridor or all hall educational programs.

Voluntary Participation
Your participation in this study is voluntary; you may decline to participate. If you decide to participate, you may withdraw from the study at anytime without penalty.

Conditions
1. The information obtained through the questionnaires may be used in all articles and publications.
2. All data collected are anonymous. It will only be made available to the researcher and the thesis committee.
3. As a participant, you may refuse to answer any question on the questionnaire.
4. As a participant, you are entitled to review the data collected for the final report and you may request information you provided not be used.
5. As a participant, you are entitled to receive a copy of the final report.
6. As a participant you may withdraw from this study at any time without penalty.
7. As a participant, you may contact the principal investigator at any time if you have a question or concern about the research project.
Conditions (continued)

8. The names of participants will neither be used during data collection, nor in the final report. When turning in the questionnaire, you will hand them in as a group, in sealed envelopes so that I cannot tell who said what.

I read and understand the information included on this form. I agree to participate in this research study according to the terms stated above.

___________ Initial

Participant’s Signature: ___________________________________________ Date: __________

Investigator’s Signature: ___________________________________________ Date: __________

Confidentiality

All records will be kept anonymous. The information will only be available to the investigator, Jessica Sykes and her thesis committee. The information will not be available to any other person unless you specifically give written permission.

If you have further questions about the study, please contact Jessica Sykes at 513.529.4625 or sykesjr@muohio.edu. If you have questions about your rights as a research participant, please call the Office of Advancement of Research and Scholarship at 513.529.3734 or email: humansubjects@muohio.edu.

Thank you for your participation. We are very grateful for your help and hope that this will be an interesting session for you.
Appendix: B
College Students’ Perceptions of Their Sex Education Questionnaire

Age: A. 18    Sex: A. Female    B. Male    C. Transgender
B. 19
C. 20
D. 21
E. 22
F. Other

For the purpose of this questionnaire, sex education is defined as the process of learning information and developing attitudes about sex, sexual identity, relationships and intimacy. Please note that as you are filling out the questionnaire, some items will use the terms “mother,” “father,” and “parent” as the investigator seeks to assess your relationship with the people who raised you. These terms are the investigator’s generic labels used to refer to the primary female and primary male guardians of the student filling out the questionnaire. The investigator recognizes that families are comprised of a variety of individuals and that students may not have been raised by a mother and a father. Therefore, it is important for you to indicate on Item 1 who you identify as your predominant parental figures. Remember, your answers will remain anonymous.

1. While you were growing up, please circle the one letter identifying the individual(s) who raised you:
   A. Mother and Father
   B. Single Mother
   C. Single Father
   D. Biological Mother & Step-Father
   E. Biological Father & Step-Mother
   F. Biological Parents & Step-parents
   G. Grandparents
   H. Same Sex Parents (Please specify which sex) ________________________________
   G. Other (Please specify) __________________________________________________

The statements and questions in this section ask you to indicate your attitudes and experiences regarding your sex education during adolescence. Please read each item carefully.

2. Circle the one letter identifying the category of persons who should have had primary responsibility for teaching you about sex and sexuality during your adolescence.

   A. Friends
   B. Parent(s)
   C. Teachers
   D. Physicians, nurses, professional sex educators (e.g. personnel at a clinic)
   E. Religious leaders
   F. People in the media (e.g. actors, writers, media personalities)
   G. No one person in particular
   H. Others (Please specify) __________________________________________________.
3. Circle the one letter identifying the category of persons who did have primary responsibility for teaching you about sex and sexuality during your adolescence.
   A. Friends
   B. Parent(s)
   C. Teachers
   D. Physicians, nurses, professional sex educators (i.e. personnel at a clinic)
   E. Religious leaders
   F. People in the media (i.e. actors, writers, media personalities)
   G. No one person in particular
   H. Others (Please specify) ___________________________________________________

*Please complete Items 4 through 13 using the following list (A-H).*

   A. Friends
   B. Parent(s)
   C. Teachers
   D. Physicians, nurses, professional sex educators (i.e. personnel at a clinic)
   E. Religious leaders
   F. People in the media (i.e. actors, writers, media personalities)
   G. No one person in particular
   H. Others (Please specify) ___________________________________________________

*Write the one letter to indicate who should have had the primary responsibility for teaching you about each of the following.*

4. Birth control/contraceptives/condoms ____
5. Preventing sexually transmitted infections ____
6. Recognizing sexually transmitted infections ____
7. Moral and ethical questions related to sex and sexuality ____
8. Interpersonal relations and sexuality ____

*Write the one letter to indicate who did have primary responsibility for teaching you about each of the following.*

9. Birth control/contraceptives/condoms ____
10. Preventing sexually transmitted infections ____
11. Recognizing sexually transmitted infections ____
12. Moral and ethical questions related to sex and sexuality ____
13. Interpersonal relations and sexuality ____
Now that you are older and able to reflect back on your earlier experiences with sex education, please consider the entirety of your sex education. The following section of questions refers to your current knowledge about sex.

14. Circle the letter identifying what you believe to have been your one main source information about sex that you currently have.
   A. Friends
   B. Father(s)
   C. Mother(s)
   D. Other family members
   E. Teachers
   F. Physicians, nurses, professional sex educators (e.g. personnel at a clinic)
   G. Religious leaders
   H. Media (TV, Internet, Reading)
   I. Other (Please Specify) ____________________________________________________.

Now complete Items 15 through 19 by using the following list (A-I). Write the letter of the one main source from which you learned most of what you now know about each of the following:

   A. Friends
   B. Father(s)
   C. Mother(s)
   D. Other family members
   E. Teachers
   F. Physicians, nurses, professional sex educators (e.g. personnel at a clinic)
   G. Religious leaders
   H. Media (TV, Internet, Reading)
   I. Other (Please Specify) ____________________________________________________.

   15. Birth control/contraceptives/condoms ____
   16. Preventing sexually transmitted infections ____
   17. Recognizing sexually transmitted infections ____
   18. Moral and ethical questions related to sex and sexuality ____
   19. Interpersonal relations and sexuality ____

The next section is about your relationship with your family and sex education in the home. Some individuals learn a lot of information about sex from their families and others do not. This questionnaire is designed to assess the rapport you have with your family to see if that relationship influences the amount of sexual information you learned.

Read each item and indicate how much it applies to you by circling the one most appropriate number. If you did not indicate your father as an individual who raised you, please answer Items 20-29 based on a predominant male guardian or male caregiver in your life. If there was no predominant male guardian or male caregiver in your life, please skip this section and go to Item 30.
1=Completely False
2=Mostly False
3=Partly True/Partly False
4=Mostly True
5=Completely True

20. I have a lot of respect for my father  
   1 2 3 4 5
21. I have never really gotten to know my father  
   1 2 3 4 5
22. My father has a lot of respect for me  
   1 2 3 4 5
23. My father doesn’t understand what I want out of life  
   1 2 3 4 5
24. When it comes to sex, my attitudes and my father’s attitudes are pretty much the same  
   1 2 3 4 5
25. My father and I find it uncomfortable to talk about sex  
   1 2 3 4 5
26. I often ask my father for advice about sexual matters  
   1 2 3 4 5
27. My father probably would stand by me if I had a serious problem related to sex  
   1 2 3 4 5
28. When I talk about sex with my father, I tell him only what I think he can accept  
   1 2 3 4 5
29. My father has very traditional ideas about a man’s role in life  
   1 2 3 4 5

Read each item and indicate how much it applies to you by circling the one most appropriate number. If you did not indicate your mother as an individual who raised you, please answer Items 30-39 based on a predominant female guardian or female caregiver in your life. If there was no predominant female guardian or female caregiver in your life, please skip this section and go to Item 40.

1=Completely False
2=Mostly False
3=Partly True/Partly False
4=Mostly True
5=Completely True

30. I have a lot of respect for my mother  
   1 2 3 4 5
31. I have never really gotten to know my mother  
   1 2 3 4 5
32. My mother has a lot of respect for me  
   1 2 3 4 5

46
33. My mother doesn’t understand what I want out of life
   1 2 3 4 5
34. When it comes to sex, my attitudes and my mother’s attitudes are pretty much the same
   1 2 3 4 5
35. My mother and I find it uncomfortable to talk about sex
   1 2 3 4 5
36. I often ask my mother for advice about sexual matters
   1 2 3 4 5
37. My mother probably would stand by me if I had a serious problem related to sex
   1 2 3 4 5
38. When I talk about sex with my mother, I tell her only what I think she can accept
   1 2 3 4 5
39. My mother has very traditional ideas about a woman’s role in life
   1 2 3 4 5

40. Which parent(s)/guardian(s) have you discussed sex related topics with most often?
(Circle one letter).
   A. Never discussed with my parent(s)/guardian(s)
   B. Father/male guardian
   C. Mother/female guardian
   D. Both/All parent(s)/guardian(s) equally
   E. Other (please specify) ____________________________________________________

41. Circle letters next to all the factors which have discouraged you from discussing sex-related topics with your father/male guardian.
   A. I was embarrassed to ask
   B. He didn’t know how to answer my questions
   C. I was afraid of his reaction
   D. He told me things that were not true
   E. He gave me a lecture instead of answering questions
   F. He asked me why I wanted to know
   G. He wasn’t around when I had questions on my mind
   H. I seldom had a chance to talk to him without other people listening
   I. He never brought up sex-related subjects
   J. Other (please specify) ____________________________________________________
42. Circle letters next to all the factors which have discouraged you from discussing sex-related topics with your mother/female guardian.
   A. I was embarrassed I to ask
   B. She didn’t know how to answer my questions
   C. I was afraid of her reaction
   D. She told me things that were not true
   E. She gave me a lecture instead of answering questions
   F. She asked me why I wanted to know
   G. She wasn’t around when I had questions on my mind
   H. I seldom had a chance to talk to her without other people listening
   I. She never brought up sex-related subjects
   J. Other (please specify) _____________________________________________________

43. Which family member(s) should take a more active role in the sex education of children? (Circle one letter.)
   A. Responsibility should be equally shared among parents/adult guardians.
   B. The mother/female guardian
   C. The father/male guardian
   D. It depends on the gender of the children. The father/male guardian should be more responsible for the boys and the mother/female guardian should be more responsible for the girls.
   E. Other (please specify) _____________________________________________________

Please indicate your reaction to the following statements by circling the one most appropriate number.

1=Very dissatisfied
2=Dissatisfied
3=Somewhat dissatisfied
4=Not Sure
5=Somewhat Satisfied
6=Satisfied
7=Very Satisfied

44. How satisfied are you with the way(s) in which you found out most of what you know about sex?
1  2  3  4  5  6  7

45. How satisfied are you with your current knowledge about sex?
1  2  3  4  5  6  7

46. If you plan to have children, would you handle your own children’s sex education the same way yours was handled?
   A. Yes
   B. No
   C. Not Sure
The next section focuses on religion and religious leaders. For the purpose of this questionnaire, religious leaders will be defined as a person who has influenced your understanding of what it means to be a part of your religious tradition and to live one's life in accordance with that tradition (i.e. rabbi, priest, priestess, teacher, youth leader, minister, monk, etc.) Please note that your experiences with religious leaders are not limited to your experiences at Miami’s campus. The investigator recognizes that religion and religious leaders may or may not be a guiding force within the lives of students. The following questions inquire about your religious affiliation and how religion may or may not have influenced your sex education.

47. Please indicate your religious affiliation:
   A. Atheist/Agnostic
   B. Buddhist
   C. Catholic
   D. Evangelical Christian
   E. Hindu
   F. Jewish
   G. Mormon/LDS
   H. Muslim
   I. Orthodox Christian
   J. Protestant
   K. Other (Please Specify) _____________________________________________________

48. Do you feel you are:
   A. Very religious
   B. Religious
   C. Somewhat religious
   D. Not very religious
   E. Not religious

Read each item and indicate how much it applies to you by circling the one most appropriate number.

1=Completely False
2=Mostly False
3=Partly True/Partly False
4=Mostly True
5=Completely True
N/A=Not Applicable

49. I have a lot of respect for the religious leader(s) in my life
   1 2 3 4 5 N/A
50. I have never really gotten to know my religious leader(s)
   1 2 3 4 5 N/A
51. My religious leader(s) have a lot of respect for me
   1 2 3 4 5 N/A
52. My religious leader(s) don’t understand what I want out of life
   1 2 3 4 5 N/A
53. When it comes to sex, my attitudes & religious leader(s) attitudes are pretty much the same
   1 2 3 4 5 N/A
54. My religious leader(s) and I find it uncomfortable to talk about sex
   1 2 3 4 5 N/A
55. I often ask my religious leader(s) for advice about sexual matters
   1 2 3 4 5 N/A
56. My religious leader(s) probably would stand by me if I had a serious problem related to sex
   1 2 3 4 5 N/A
57. When I talk about sex with my religious leader(s), I say only what I think they can accept
   1 2 3 4 5 N/A
58. My religious leader(s) have very traditional ideas about a man or woman’s role in life
   1 2 3 4 5 N/A

59. Circle letters next to all the factors which have discouraged you from discussing sex-related topics with your religious leader(s).
    A. I was embarrassed to ask
    B. He/She didn’t know how to answer my questions
    C. I was afraid of his/her reaction
    D. He/She told me things that were not true
    E. He/She gave me a lecture instead of answering questions
    F. He/She asked me why I wanted to know
    G. He/She wasn’t around when I had questions on my mind
    H. I seldom had a chance to talk to him/her without other people listening
    I. He/She never brought up sex-related subjects
    J. Other (please specify) ___________________________________________________

The next section of questions deals with the level of influence parental figures and religious leaders have had on your sex education and sexual behavior. Read each item and next to each category of people, circle the one letter associated with how much you agree or disagree with the following statements, according to the scale below.

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree
N/A = Not Applicable

60. My religious leader(s) have given me advice & information about sexual behavior.

   SA  A  D  SD  N/A

61. My religious beliefs have shaped and guided my sexual behavior.

   SA  A  D  SD  N/A
62. This person has a right to give me advice about my sexual behavior.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/male guardian</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
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</tr>
<tr>
<td>Mother/female guardian</td>
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<td>D</td>
<td>SD</td>
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</tr>
<tr>
<td>Other parent/guardian/caregiver:___________</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

63. This person is the kind of person who could make me feel very bad if I didn’t follow his or her advice about the sexual behavior I engage in.

<table>
<thead>
<tr>
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<td>A</td>
<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

64. This person is the kind of person who could make me feel very good if I followed his or her advice about the sexual behavior I engage in.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
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<td>A</td>
<td>D</td>
<td>SD</td>
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</tr>
</tbody>
</table>

65. This person knows a lot about what it is like to be an adolescent engaging in intimate relationships.

<table>
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<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

66. This person knows little or nothing about healthy and safe practices of sexual behavior.

<table>
<thead>
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<td>A</td>
<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

67. This person has a right to give me advice about my sexual behavior and intimate relationships.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
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<th>SD</th>
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<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>
68. This person is the kind of person that could make me feel very good if I followed this person’s advice about birth control/contraception options (i.e. abstinence, condoms etc.)

<table>
<thead>
<tr>
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<th>A</th>
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<th>SD</th>
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<td>A</td>
<td>D</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

69. This person has a right to influence me about my sexual behavior and intimate relationships.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
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<th>A</th>
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<td>D</td>
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</tr>
</tbody>
</table>

70. If I didn’t follow this person’s relationship advice, I would suffer harsh consequences.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
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</table>

71. This person has a great deal of knowledge about sex in general.

<table>
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</tbody>
</table>

72. If I didn’t follow this person’s advice about my sexual behavior, I would suffer harsh consequences.

<table>
<thead>
<tr>
<th>Religious Leader(s)</th>
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</tbody>
</table>

73. This person is the kind of person that could make me feel very good if I followed their advice about choosing an intimate partner.

<table>
<thead>
<tr>
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</tbody>
</table>
Items 74-83 are written in the future tense because the investigator recognizes that not all students have engaged in physically intimate behavior and not all students may be in a relationship with a partner. Therefore, these items are stated “I would turn to…” to allow you to hypothesize what you would do in the situation indicated. The term “physically intimate relationship” is used to describe a relationship between two people that involves sexual behavior.

Continue to Read each item and next to each category of people, circle the one letter associated with how much you agree or disagree with the following statements, according to the scale below:

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree
N/A = Not Applicable

74. I would turn to this person to learn about the correct use of contraceptives.

<table>
<thead>
<tr>
<th>Category</th>
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<th>A</th>
<th>D</th>
<th>SD</th>
<th>N/A</th>
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</tr>
</tbody>
</table>

75. I would turn to this person to learn about how to select contraceptives.

<table>
<thead>
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<th>A</th>
<th>D</th>
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76. I would turn to this person to learn about how to recognize the signs and symptoms of a sexually transmitted disease.

<table>
<thead>
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<th>D</th>
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</tbody>
</table>

77. I would turn to this person to learn about how to avoid sexually transmitted diseases, including HIV/AIDS.

<table>
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</tr>
</tbody>
</table>
78. I would turn to this person to learn information about sexual health and reproduction.

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A

79. I would turn to this person to learn how to communicate and compromise with my physically intimate partner.

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A

80. I would turn to this person to learn how to negotiate a physically intimate relationship that I am comfortable with, with my partner.

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A

81. I would turn to this person to learn about moral and ethical expectations within a physically intimate relationship (i.e. fidelity, when to become sexually intimate, etc.).

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A

82. I would turn to this person to learn about what to do if I were in an abusive physically intimate relationship with my partner.

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A

83. I would turn to this person to learn about how to communicate my emotional needs within a physically intimate relationship.

Religious Leader(s)   SA   A   D   SD   N/A
Father/male guardian   SA   A   D   SD   N/A
Mother/female guardian   SA   A   D   SD   N/A
Other parent/guardian/caregiver:___________   SA   A   D   SD   N/A