



Walsh University

**Sex Education, Religious Commitment and the Role of Parental Communication in
Developing Intimacy Attitudes in Young Adults**

A Thesis by

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Social and Behavioral Sciences

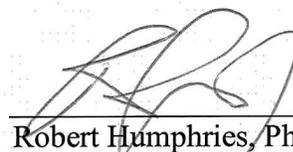
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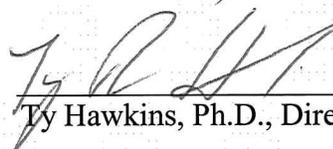
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Table of Contents

List of Tables and Figures	iii
Abstract	iv
Introduction	1
Review of Literature	2
Sex Education and Intimacy	2
Religious Commitment, Sex and Intimacy	5
Parental Communication, Sexual Knowledge and Intimacy.....	7
Research Statement	8
Methodology	9
Data and Participants.....	9
Measures.....	10
Model and Hypotheses	12
Analytic Procedures	12
Results	13
Descriptive Statistics.....	13
Bivariate Statistics.....	15
Multivariate Analyses and Interactions.....	17
Discussion	22
Limitations	25
Future Research.....	26
Conclusion	27
References	28
Appendix A: Survey	33

List of Tables and Figures

Figure 1. Conceptual Model	12
Table 1. Descriptive Statistics for Categorical Variables	14
Table 2. Descriptive Statistics for Continuous Variables	15
Table 3. ANOVA Results for Intimacy Subscales by Type of Sex Education	16
Table 4. Multiple Comparison for Tendency Toward Intimacy	16
Table 5. Correlations Among Key Study Variables	17
Table 6. Regression of Fear of Intimacy on Key Independent Variables	18
Table 7. Regression of Tendency Toward Intimacy on Key Independent Variables	19
Table 8. Regression of Avoidance of Intimacy on Key Independent Variables	20
Table 9. Regression of Attraction & Sexual Closeness on Key Independent Variables	22

Abstract

The purpose of this study was to analyze the factors that contributed to the development of a young adult's attitudes toward intimacy. Two hundred forty-seven participants (191 females, 48 males, 7 other) completed the survey which utilized four measures. The Intimacy Attitudes Scale was used to measure attitudes toward various intimate situations, including physical and emotional closeness. Questions taken from a survey by Harvard University and the Kaiser Family Foundation were used to gauge the type of sex education that a person received in their youth. The Parent-Adolescent Communication Scale was utilized to measure the quality of parental communication as being more positive or more problematic. The Religious Commitment Inventory-10 was used to measure the level of religious commitment. It was hypothesized that the impact of sex education would vary according to a person's religious commitment as well as their quality of parental communication. Sex education did not interact significantly with religious commitment or the quality of parental communication. It was hypothesized that parental communication would have the strongest impact on intimacy attitudes. Parental communication has significant relationships with fear of intimacy and avoidance of intimacy. There was no relationship between parental communication and attraction or sexual closeness.

Sex Education, Religious Commitment and the Role of Parental Communication in
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Intimacy is experienced throughout various relationships that all individuals take part in, such as familial, romantic, and communal contexts. Intimacy is defined as the bond between individuals that allows them to feel a closeness to their companions; typically resulting in the disclosure of personal information (McMonigle, 2017; Horne & Johnson, 2018). Studies have found that higher levels of intimacy are correlated to greater life and relationship satisfaction, therefore making intimacy a desirable goal (Floyd et al, 2005; Arseth et al, 2009; Sangdeh et al, 2018). Intimacy is lucrative in any relationship and is necessary for the development of an emotional connection between individuals. As humans, we crave close contact and emotional bonds with those around us. Due to the prominence of intimacy, it is important to understand the factors that influence intimacy attitudes. Sex education that is received in adolescence is one potential point of influence on an individual's development of attitudes toward intimacy.

Sexual knowledge building is a concept that encompasses what is taught within a classroom, at home ,and throughout life experiences (Jansen et al., 2017). Sexual knowledge building consists of all the activities and information that an individual compiles over their lifetime that enhances their learning about sexuality. Many facets of life are valuable in providing understanding for one to grow in their knowledge of sexual health. Sex education classes within public school systems are one method in which students receive information; however, there is concern that sex education, in many schools, may not be sufficient in equipping students with essential instruction for making informed decisions regarding sexuality. Only 24 states as well as the District of Columbia require sex education be taught in public schools, with twenty states requiring sex education to be medically accurate (Blackman, 2016). Formal sex

education in America is primarily centers on abstaining from sexual activity until marriage; there has also been some emphasis on STI education and pregnancy prevention. Other countries around the world have been working to build curriculums that will best serve the needs of adolescents (Collier-Harris & Goldman, 2017). Such programs are inclusive of information regarding identity, intimacy, relationships, sexual development, reproductive health and more. These programs have led to the reduction of teen pregnancies and fewer cases of STIs. Parent-child communication regarding sexual concepts are relatively infrequent, with parents from all parenting styles agreeing that they do not have much influence over their children regarding sexual behavior (Carlson & Tanner, 2006). Many parents also feel as though their own knowledge of sexual health is inadequate when communicating with their offspring. This study examines how sex education interacts with religious commitment and parental communication to effect intimacy attitudes in young adulthood.

Review of the Literature

Sex Education and Intimacy

Sex education programs in the United States are a vital factor in the development of a person's sexual knowledge building. Current sex education programs are typically framed within the lens of abstinence-only sex education, which has been proven ineffective in delaying sexual activity before marriage while also ostracizing those who have already had intercourse (Gardner, 2015; Rubenstein, 2017). Abstinence-only sex education focuses only on sex within marriage, often times omitting information on contraceptives and sexual orientation. Although abstinence-only curriculums have been found to be ineffective in decreasing premarital sexual encounters and pregnancy among teenagers, it is incentivized by federal funding to have such programs (Rubenstein, 2017). Increases in federal funding toward abstinence-only sex education programs

explain the decrease in instruction on contraceptives in schools. Teenagers who learned about contraceptives in a formal manner, such as in school based sex education programs declined from roughly 84% in 1995 to roughly 58% in 2013 (Lindberg, Maddow-Zimet, & Hileman, 2016). Sex education programs in the United States should have curriculums that are structured to best serve and educate their students.

In a study that was conducted by Gardner (2015), undergraduate students between the ages of 18 and 21 were interviewed. The study found that all of the students were unsatisfied with the sex education that they received in a classroom during their grade school or high school years. Most of the participants of the study reported that their sex education classes were short, lasting anywhere from two days to two weeks. Feedback from the students included that the late onset of their sex education made the information less effective because many of the students were already sexually active. Another piece of criticism of the current sex education programs is that there is little to no instruction on healthy relationship dynamics. While the importance of abstaining from sexual activity until marriage was stressed, the students never received information on marriage or relationships. Almost all of the students reported that there was a gap in understanding when it came to waiting until marriage to have sex. Many individuals found that abstinence until marriage was an unrealistic option for them due to their sexual orientation or having many divorced family members which made them doubt the sanctity of marriage.

An alternative to abstinence-only sex education is comprehensive sex education. Comprehensive sex education acknowledges abstinence as the safest way to avoid pregnancy and STIs, however, does teach about contraceptives while also covering many topics that relate to sexual health such as sexual expression and communication skills (Kulik et al, 2016). Comprehensive sex education has been proven to be a more effective option in delaying sexual

activity, empowering students and increasing the use of contraceptives (Kirby & Laris, 2009; Kulik et al, 2016). A study by Grossman et al (2014) found that comprehensive sex education in schools was most effective at postponing sexual initiation of students when there was increased parental involvement. The study encouraged parents to attend lessons on sex education that were held at school, which in turn influenced parents to talk to their children about the contents of the lecture. Parents often report feeling unprepared to educate their children on sexual topics, so the lectures alleviated those concerns (Carolson & Tanner, 2006). Grossman et al (2014) found that engaging parents in sex education seminars empowered them to speak to their children more frequently about intercourse, which when collaborated with comprehensive sex education programs in the schools was effective in delaying sexual activity.

Sex education within school systems plays an important role in building the sexual knowledge of students during their formative years. It has been observed that those who received formal sex education were able to better communicate their sexual needs with their partners (Marshall, Alcott & Eaton, 2010). Increased levels of communication have been linked to higher perceived feelings of intimacy (Floyd et al, 2005; Jiang & Hancock, 2013; Horne & Matthew, 2018). There have also been complementary findings on formal methods of sex education being linked to higher levels of confidence and self-esteem, as was found with parental and peer communication (Floyd et al, 2005; Bongardt, Reitz & Dekovic, 2015). Studies have routinely found that individuals who have higher self-esteem and confidence levels are able to have more open flows of communication with the people around them, thereby nurturing the intimacy in their close relationships (King et al, 2002; Floyd et al, 2005; Marshall, Alcott & Eaton, 2010; Horne & Matthew, 2018). Although sex education has significant evidence that exemplifies its benefits, there are still many students that go without formal instruction. When asked later in life,

individuals agree that they would have benefited from greater amounts of formal sex education that was of better quality (Marshall, Alcott & Eaton, 2010; Benzaken, 2011; Gardner, 2015). College students from a study conducted by Gardner (2015) commented that although abstinence until marriage was stressed in their classrooms, there was no instruction on why marriage was a desirable goal. Students agreed that there was a lack of discussion on the semantics of such intimate relationships; ultimately leading to inadequacy on relationship or intimacy competence.

Religious Commitment, Sex and Intimacy

Acting as an important influential factor, religion forms the identities of many individuals around the world. It provides the framework for developing morals and values a person will choose to live by and reference during decision-making. Personal values dictate the interactions that occur between persons, typically setting boundaries of what is considered acceptable according to a set moral code. A recent study analyzed the sexual congruence of religious individuals related to their own set of beliefs (Farrell et al, 2015). The authors theorize that low sexual congruence indicates that an individual's behaviors and religious values do not align, whereas high sexual congruence means that their morals and actions are reflective of one another. Results of the study also showed that individuals with low sexual congruence had greater difficulty with self-forgiveness while also identifying with having a higher sense of conflict with their spiritual beliefs. Abbott et al. (2016) found that women with higher reported commitment to religion also reported lower sexual congruence. By not following the guidelines that one has created for themselves that reflect their religious beliefs regarding their sexual behaviors, there is an increase in feelings of shame and guilt as well as a negative perception of their spiritual relationship with God. Another study confirmed these findings, adding that religious reminders will often act negatively on the forgiveness of self-process (Van Tongeren,

2016). Activities such as attending church, prayer, and others are reminders of the perceived failed following of particular values as related to sexuality. Religious reminders can in turn cause the individual to feel more guilt and shame regarding their sexual decisions. Abott et al. (2016) also found that those who identified as Catholic had the lowest levels of sexual self-esteem among all other participants. The study concluded that those who were more religiously committed had more conflicts between their sexuality and morality.

Offending the moral code that one has created for themselves, regarding their sexual life has many ramifications. When individuals neglect their own previously set guidelines, created on the basis of their religious beliefs, it can be difficult to practice self-forgiveness (Farrell et al, 2015). The study conducted by Farrell et al (2015) suggests that religious college students may have a heightened dissonance between their sexual morals and sexual acts when compared to other groups. This sexual incongruence could be attributed to offsetting marriage until after graduation, therefore forcing students to be challenged with decisions that oppose their morals on sexuality. Aspects of an individual's culture, such as religion, are important in shaping their values and ideologies. Religious affiliation can affect a person's development into adulthood in ways that are both explicit and implicit (Barry & Nelson 2005). Religious viewpoints are oftentimes passed down from parent to child which may add further complexity into self-forgiveness and decision-making processes. Studies have found that children who act in opposition to the religious beliefs of their parents effectively strain the parent-child relationship (Stokes & Regnerus, 2009; Hwang, Silverstein & Brown, 2017).

Religious commitment in a marriage has been shown to increase intimacy and overall marriage satisfaction, while marriages where couples have dissimilar religious viewpoints had decreased marital satisfaction (Schramm et al, 2012; David & Stafford, 2013; McDonald et al,

2018). Dating couples are much less studied when it comes to their relationship satisfaction and levels of intimacy, specifically with religion as an accounted factor. The only study on record that observes the correlation between relationship satisfaction and religious affiliation among nonmarried couples found that those who shared religious beliefs also tended to have higher relationship satisfaction (Henderson, Ellison & Glenn, 2017). There are currently no modern studies that observe the intimacy levels dating couples in consideration of religious affiliation.

Parental Communication, Sexual Knowledge and Intimacy

Another important determinant in how individuals will grow to interpret the world around them is the level and frequency of communication between themselves and their parents. As well as religion, parents and guardians play a large role in forming the values of a person (Groen & Vermeer, 2013; Akyil, 2015). A study conducted by Bongardt, Reitz, and Dekovic (2016) examined how individuals perceive their sexual experiences while also investigating if parent-child relationships have an effect on the reported quality of sexual experiences. High-quality parental relationships include being supportive, warm, and communicative with one's child. The results of the study found parental relationships and positive sexual emotions, along with experiences, to be significantly related. These findings were complementary and acted as an extension of the findings of a different study by Bongardt, Reitz and Dekovic (2014) which found that high quality parental communication allowed children to have more ownership over their sexual health by comfortably rejecting peer pressure.

Parental communication has an indirect link with sexual expression and sexual emotions due to the higher levels of communication being reflective on the person's communication skills and decision making. Mastro and Zimmer-Gembeck (2015) found that more communication about sex with a person's parents or best friend resulted in higher sexual assertiveness and

healthier relationships. Sexual assertiveness is the ability to express one's comfortability in sexual situations and to communicate their sexual desires. Sexual assertiveness is important in maintaining control and ensuring that an individual feels safe in sexual situations. More communication from parents or a friend in high school allows for an individual to become more aware of what is considered sexually safe and pleasurable. This in turn avoids undesirable sexual experiences and an increase in enjoyable ones. Positive communication with parents during the developmental years of a child have a significant impact on their future relationships (Tamm et al, 2016). Children utilize the relationships that they have with their parents as a reference or model for the relationships that they will hold in the future (Cook, Buehler & Fletcher, 2012; Tamm et al, 2016). Childhood friendships have been found to be positively related to the type of relationship that was held between a parent and child. Later in life a similar trend can be observed. A study by Haaz, Kneavel, and Browning (2014) found that individuals who had closer relationships with their father subsequently had higher levels of intimacy in their marriage. These findings are a testimony to the importance of parental involvement in developing the intimacy attitudes of their children. Other studies have shown the link between the influential nature of parents and the attitudes and behaviors of individuals into early adulthood (Duncan, Coatsworth & Greenberg, 2009; Cook, Buehler & Fletcher, 2012; Petegem et al, 2018).

Research Statement

Previous research on parental communication suggests that increased levels of communication within the home leads children to have better quality relationships that experience more intimacy later in life. Studies also suggest that increased levels of self-esteem lead to more empowered young adults who can confidently navigate their sexuality, oftentimes resulting in more emotional intimacy and higher relationship satisfaction. However, studies on

religious commitment and intimacy within a relationship are almost always restricted to marital couples. The purpose of this study is to conduct an in-depth analysis of the intersectionality of parental communication, religious commitment, and sex education to measure the impact of these factors on young adults' attitudes toward intimacy.

The results of this study can inform professionals and society of the major factors that impact the overall well-being of young adults as well as the potential ways in which those factors interact. The knowledge base of factors that impact development of intimacy attitudes will also be broadened. There is a gap in the literature that studies the correlation between sex education and the development of intimacy attitudes. There are also very few studies that observe intimacy within the context of a dating relationship in relation to religious commitment. Most current studies that link religion to intimacy are only concerned with marriages. The current study has no confines on the participants relationship status. Extending the understanding and intersectionality of these variables will lead to better awareness of the development of intimacy attitudes in individuals. An established comprehension on how sex education, parent communication, and religious commitment interact with intimacy will help to better develop value and relationship competence in future generations.

Methodology

Data and Participants

There was a total of 247 participants in the study with ages ranging from 18 to 30 years old. Those who were under the age of 18 and over the age of 30 were excluded from the study. This young adult population was recruited through an email that was sent to all Walsh University students. The email outlined the time that it would take to complete the survey and explained that the research was being completed as a part of the Honors thesis. An IRB approved post was

published online as a Facebook status two times each by the advisor and student on this project. In both the email directed to students and the Facebook posts participants were provided with a link that directed them to the Survey Monkey website where they completed a questionnaire.

Measures

Intimacy. The Intimacy Attitudes Scale – revised was utilized (Amidon, Kumar, and Treadwell, 1985) in the present study. This scale measures an individual's attitudes toward intimate situations (See Appendix A). The scale has 50 statements about being close and connected with persons physically and emotionally. Participants responded to each statement by utilizing a five-point Likert scale with responses ranging from "strongly disagree" to "strongly agree". The Intimacy Attitudes Scale – revised was created in 1985 and has been utilized in various studies since, showing that it is a valid and reliable scale (Conklin, 2009; Ghalami, Saffarinia & Shaghagh, 2013; Ferrer, 2018). Four subscales are created from the 50 items by summing the responses to the items in each subscale. The subscales are fear of intimacy (7 items, $\alpha=.67$), tendency to intimacy (20 items, $\alpha=.74$), avoidance of intimacy (12 items, $\alpha=.63$), and attraction and sexual closeness (8 items, $\alpha=.57$). Fear and avoidance are negative subscales in which a higher value indicates more negative attitude toward intimacy. Tendency to intimacy and attraction and sexual closeness are positive subscales for which a higher value indicates a more positive attitude toward intimacy.

Sex Education. Participants were asked if they received a formal method of sex education and what content was covered throughout their sex education. The questions utilized were taken from a survey that was created and used by Harvard University in conjunction with the Kaiser Family Foundation (Hoff & Greene, 2000; The Henry J. Kaiser Family Foundation,

2004). The variable has four categories: abstinence only, abstinence plus, comprehensive, and none. In regression analyses, comprehensive sex education is the comparison group.

Parental Communication. To analyze the quality of communication between participants and their parent/guardian the Parent-Adolescent Communication Scale was utilized (Barnes & Olson, 1982). The Parent-Adolescent Communication Scale is a 20-item scale that uses a standard five-point Likert scale to measure the level of agreeance that participants have with each statement. The responses to each statement range from “strongly disagree” to “strongly agree”. The scale was created in 1982 and continues to be a reliable measure of parent communication used in numerous research studies (Sales et al, 2007; Ying et al, 2015; Toombs, Unruh & McGrath, 2017; Estévez, Jiménez & Moreno, 2018). Two subscales were created from the original 20 items (10 items in each) by summing items resulting in measures of open communication ($\alpha=.93$) and problems with communication ($\alpha=.80$). Higher scores on the former reflect more positive communication while higher scores on the latter indicate more problems.

Religious Commitment. The level of religious commitment of participants was observed using the Religious Commitment Inventory-10 (RCI-10). The Religious Commitment Inventory has 10 statements that aim at measuring the level of religious commitment of an individual. Participants will rate their level of agreeance with each statement through the use of a five-point Likert scale, with responses that range from “not at all true of me” to “totally true of me”. Higher scores on this scale indicate a higher level of religious commitment. This scale was created by Worthington and colleagues in 2012 and continues to be used today in many studies (Sauer-Zavala, Burris & Carlson, 2014; Van Tongeren et al, 2016; Abbott, Harrison & Mollen, 2016; Wang et al, 2016). For this study, all items were summed to create a final measure ($\alpha=.96$) of religious commitment in which a higher score indicates greater religious commitment.

Controls. Along with the focal measures that are listed above, some demographics of the participants were included as controls. This included gender, age in years, and whether they were currently in an intimate relationship. Other demographic variables were considered but ultimately showed not to be significantly associated with intimacy attitudes, including marital status and religion.

Model and Hypotheses

The conceptual model below represents the relationships among the variables of interest and the proposed hypotheses.

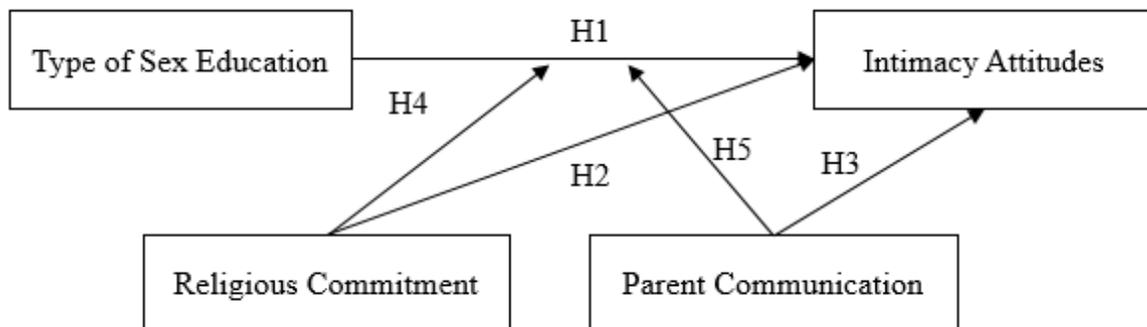


Figure 1. Conceptual Model

H1: Those who received comprehensive sex education will have higher intimacy attitudes.

H2: Religious commitment will be associated with intimacy attitudes.

H3: An increase in parent communication will be associated with an increase in intimacy attitudes.

H4: The impact of sex education on intimacy attitudes will vary by level of religious commitment.

H5: The impact of sex education on intimacy attitudes will vary by level of parent communication.

H6: Overall, parent communication will have the strongest impact on intimacy attitudes.

Analytical Procedure

Based on the measures being used and the noted hypothesis statements, several different statistical tests were utilized. The first hypothesis was analyzed using a one-way between subjects ANOVA bivariate test as it allows for the comparison of the means for self-esteem

across the different types of sex education. Pearson's R correlations (bivariate) were utilized to assess hypotheses two and three because all three variables are measured numerically with scales. Hypotheses 4-6 were examined using ordinary least squares (multiple) regression.

Results

Descriptive Statistics

Out of the 247 participants, 78% identified as female, 20% identified as male, 3% identified as other and one participant who chose not to reveal their gender identity. Sixty-six percent of participants were college students while 32% were not college students. The religious affiliation of participants consisted of 40% Catholic, 12% Protestant, 12% Christian – Other, 3% from other world religions such as Islam, Buddhism or Judaism, 18% non-religious, 14% Atheist or Agnostic and 2% of participants chose not to answer this question. In this study only 8% of participants identified as being married with 92% identifying as not being in a marital relationship. However, 56% of individuals claimed to be in an intimate relationship while 44% of participants said that they were not in an intimate relationship. Finally, a question was asked to participants to gauge the type of sex education that they received throughout adolescence; 33% received abstinence only sex education, 45% received abstinence sex education that included information about contraceptives, 9% received comprehensive sex education, 5% did not know what type of sex education they received, 67% received no formal method of sex education and 2% indicated they had some other form of sex education.

Table 1
Descriptive Statistics for Categorical Variables

	f	%		f	%
Type of Sex Education			Religious Affiliation		
Abstinence only	81	32.8%	Catholic	97	40.4%
Abstinence plus	110	44.5%	Protestant	29	12.1%
Comprehensive	23	9.3%	Other Christian	29	11.7%
None	17	6.9%	Other World Religion	8	3.3%
Gender Identification			Non-Religious	43	17.9%
Male	48	19.5%	Agnostic or Atheist	34	13.8%
Female	191	77.6%	Married		
Other	7	2.8%	Yes	20	8.1%
College Student			No	227	91.9%
Yes	164	67.8%	In an Intimate Relationship		
No	78	32.2%	Yes	139	56.3%
			No	108	43.7%

Intimacy, communication, and religious commitment are core variables throughout this study. The intimacy measure that is utilized in this study has four subscales as noted – fear of intimacy, tendency toward intimacy, avoidance of intimacy, and attraction and sexual closeness. The fear of intimacy subscale has a mean of 22.29 (SD=4.82), with scores ranging from 8 to 33. The tendency, or need, for intimacy subscale has a mean of 74.18 (SD=8.48), with scores ranging from 46 to 92. The tendency toward intimacy subscale is the only intimacy subscale that has a significant relationship to sex education, having a p-value of 0.005. The avoidance of intimacy subscale has a mean of 27.01 (SD=5.52), with scores ranging from 12 to 42. The final subscale of intimacy, attraction and sexual closeness, has a mean score of 25.43 (SD=4.26), with scores ranging from 14 to 37. The parental communication measure has two subscales – open communication and problems with communication. The open communication subscale has a mean of 22.84 (SD=11.83), with scores ranging from 10 to 50. The problematic communication subscale has a mean of 31.95 (SD=9.92), with scores ranging from 10 to 50. The final variable,

religious commitment, has no additional subscales; lower scores on this measure indicate a less religious commitment, while higher scores indicate more religious commitment. Religious commitment has a mean of 32.48 (SD=7.29), with scores ranging from 12 to 49.

Table 2

Descriptive Statistics for Continuous Variables

	Mean	SD	Min	Max	Alpha	# of Items
Age	21.80	3.21	18	30	NA	NA
Intimacy Subscales						
Fear of Intimacy	22.29	4.82	8	33	0.67	7
Tendency to Intimacy	74.18	8.48	46	92	0.74	20
Avoidance of Intimacy	27.01	5.52	12	42	0.63	12
Attraction & Sexual Closeness	25.43	4.26	14	37	0.57	8
Communication Subscales						
Open Communication	22.84	11.83	10	50	0.93	10
Problems with Communication	31.95	9.92	10	50	0.80	10
Religious Commitment	32.48	7.29	12	49	0.96	10

Bivariate Statistics

Bivariate statistical tests were run to analyze the individual relationships among variables before conducting regression analyses for each subscale of intimacy attitudes. First, an ANOVA test was conducted to determine the relationship between types of sex education and the various intimacy subscales. Of the four, only tendency to intimacy varied significantly across types of sex education, $F(3, 227) = .699, p = .005$. A multiple comparison analysis for tendency toward intimacy revealed that abstinence only sex education ($M=75.88$) was significantly different than comprehensive sex education ($M=69.87; p = .03$). These results would suggest that those who received abstinence only sex education have a greater tendency toward intimacy than those who received comprehensive sex education. While the other comparisons were not significant, it can be noted that they all follow the same trend as tendency toward intimacy. Those who received abstinence only sex education seemed to have the lowest score for both fear and avoidance of intimacy while the values were highest for those who received comprehensive sex education.

The one exception in the trends was for attraction and sexual closeness. All of the scores were very similar with comprehensive being the highest and abstinence only being the lowest.

Table 3
ANOVA Results for Intimacy Subscales by Type of Sex Education

Type of Sex Ed Mean (SD)	Fear of Intimacy	Tendency to Intimacy	Avoidance	Attraction
<i>Abstinence only</i>	22.14 (4.87)	75.88 (7.86)	35.24 (5.50)	24.93 (4.47)
<i>Abstinence plus</i>	22.75 (4.73)	74.50 (7.98)	35.70 (5.86)	25.95 (4.43)
<i>Comprehensive</i>	21.78 (3.73)	69.87 (10.75)	58.87 (5.87)	26.17 (3.58)
<i>None</i>	21.29 (5.41)	70.53 (8.84)	32.63 (6.66)	24.53 (3.61)
F	0.699	4.334	0.915	1.384
DF Between	3	3	3	3
DF Within	227	227	224	226
p-value	0.553	0.005	0.434	0.248

Table 4
Multiple Comparisons for Tendency Toward Intimacy

Comparison	Mean Diff.	SE	p-value
Abstinence Only vs. Abstinence Plus	1.38	1.22	0.734
Abstinence Only vs. Comprehensive	6.01	1.96	0.027*
Abstinence Only vs. None	5.35	2.22	0.124
Abstinence Plus vs. Comprehensive	4.63	1.91	0.119
Abstinence Plus vs. None	3.97	2.17	0.342
Comprehensive vs. None	-0.66	2.66	0.996

Pearson’s r correlations were run to test the relationships among the subscales of intimacy, the two parental communication subscales, and religious commitment. Open communication and fear of intimacy have a significant negative relationship, $r(245) = -.22, p < .01$. An increase in open communication is related to a decrease in fear of intimacy. Open communication was also significantly associated with tendency toward intimacy, $r(245) = .15, p < .05$. This relationship was in the opposite direction, suggesting that an increase in open communication was associated with an increase in tendency toward to intimacy. Open communication has no significant relationship with avoidance of or attraction and sexual

closeness. Problematic parental communication also had a significant relationship with the fear of intimacy subscale, $r(245) = .30$, $p < .01$ and the avoidance of intimacy subscale, $r(245) = .23$, $p < .01$. These relationships were in the same direction, suggesting that an increase in problematic parental communication was associated with an increase in fear of intimacy and avoidance of intimacy. Problematic communication did not have a significant relationship with an individual's reported tendency toward intimacy.

Religious commitment had a significant negative relationship with an individual's fear of intimacy, $r(245) = -.16$, $p < .05$. This inverse relationship suggests that as religious commitment is increased there is a decrease in fear of intimacy. Religious commitment was not associated with either a person's tendency toward intimacy nor avoidance of intimacy. Finally, religious commitment did have a significant negative relationship with the attraction and sexual closeness subscale, $r(244) = -.23$, $p < .01$, suggesting that as religious commitment increases, attitudes toward attraction and sexual closeness decreases.

Table 5

Correlations Among Intimacy Subscales, Communication and Religious Commitment

	Fear of Intimacy	Tendency to Intimacy	Avoidance	Attraction
Open Communication	-0.22**	0.15*	-0.12	0.01
Problems with Communication	0.30**	-0.06	0.23**	0.11
Religious Commitment	-0.16*	0.08	-0.07	-0.23**

* $p < .05$ ** $p < .01$ **Multivariate Analyses and Interactions**

Regression analyses were conducted to analyze the relationships between the key independent variables and each of the intimacy subscales as well as the potential interactions among independent variables. The strongest, significant predictor of fear of intimacy was problematic communication with parents, $\beta = .27$, $t(219) = 2.73$, $p < .01$. An increase in the score for problematic communication was associated with a .17 score increase in fear of intimacy. This

was also the only predictor of fear of intimacy. The interactions between type of sex education and both communication measures as well as religious commitment were not significant.

Overall, only 8% of the variance in fear of intimacy can be explained by the variables included, $r^2 = .12$, $F(9, 219) = 3.018$, $p = .00$. None of the interactions were significant.

Table 6
Regression of Fear of Intimacy on Key Independent Variables

	Model 1				Model 2			
	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>
Constant	21.74	1.17			22.14	1.31		
Abstinence Only	-0.13	1.13	-0.01	-0.11	-0.48	1.24	-0.49	-0.39
Abstinence Plus	0.65	1.07	0.07	0.61	0.30	1.21	0.03	0.25
No Sex Ed	-0.74	1.52	-0.04	-0.49				-1.13
Religious Commitment	-0.03	0.03	-0.09	0.25	0.05	0.14	0.12	0.34
Open Communication	0.01	0.05	0.02	0.16	-0.07	0.20	-0.14	-0.33
Problematic Communication	0.18	0.07	0.27	2.73**	-0.04	0.23	-0.07	-0.19
Female	0.80	0.79	0.07	1.01	0.63	0.80	0.06	0.79
Other	2.57	2.04	0.09	1.26	2.87	2.06	0.10	1.39
In an Intimate Relationship	-0.70	0.64	-0.07	-1.09	-0.81	0.65	-0.09	-1.25
Interactions								
Abst. Only * Rel. Comm.					-0.03	0.15	-0.05	-0.20
Abst. Plus * Rel. Comm.					-0.14	0.15	-0.22	-0.96
No SexEd * Rel. Comm.					0.04	0.19	0.03	0.19
Abst. Only * Open Comm.					0.20	0.22	0.24	0.91
Abst. Plus * Open Comm.					0.03	0.21	0.05	0.16
No SexEd * Open Comm.					-0.20	0.30	-0.14	-0.67
Abst. Only * Problem Comm.					0.31	0.26	0.28	1.21
Abst. Plus * Problem Comm.					0.22	0.25	0.23	0.88
No SexEd * Problem Comm.					0.11	0.42	0.05	0.27

Note. $R^2 = .12$; adj. $R^2 = .08$; $F = 3.018$; $df = 9, 219$; $p = .00$

** $p < .01$ * $p < .05$

The final regression analysis was conducted for an individual's tendency toward intimacy. Abstinence only sex education had a significant positive relationship with tendency toward intimacy, $\beta = .34$, $t(219) = 2.95$, $p < .01$. This relationship suggests that those who received

abstinence-only sex education have a greater tendency toward intimacy. Abstinence plus sex education also had a significant relationship with tendency toward intimacy, $\beta = .28$, $t(219) = 2.49$, $p < .05$. Those who received abstinence plus sex education have greater tendency toward intimacy compared to those who received comprehensive sex education. Tendency toward intimacy and open communication with one's parents also had a significant positive relationship, $\beta = .24$, $t(219) = 2.42$, $p < .01$. The more open communication an individual had with their parents the greater the tendency toward intimacy. None of the interactions were significant.

Table 7
Regression of Tendency Toward Intimacy on Key Independent Variables

	Model 1				Model 2			
	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>
Constant	68.38	2.12			68.70	2.43		
Abstinence Only	6.06	2.06	0.34	2.95**	5.90	2.31	0.33	2.56**
Abstinence Plus	4.85	1.95	0.28	2.49*	4.62	2.24	0.27	2.06*
No SexEd	0.79	2.75	0.03	0.29	-0.11	3.58	0.00	-0.03
Religious Commitment	0.06	0.05	0.08	1.03	0.06	0.26	0.09	0.25
Open Communication	0.21	0.09	0.24	2.42**	0.27	0.37	0.32	0.74
Problematic Communication	0.16	0.12	0.14	1.38	0.30	0.43	0.26	0.70
Female	0.52	1.43	0.03	0.37	0.32	1.49	0.02	0.21
Other	5.93	3.71	0.11	1.60	6.39	3.83	0.12	1.67
In an Intimate Relationship	1.25	1.16	0.07	1.07	1.14	1.20	0.07	0.95
Interactions								
Abst. Only * Rel. Comm.					0.00	0.27	0.00	0.02
Abst. Plus * Rel. Comm.					-0.05	0.27	-0.05	-0.20
No Sex Ed * Rel. Comm.					0.12	0.34	0.05	0.34
Abst. Only * Open Comm.					-0.08	0.40	-0.06	-0.21
Abst. Plus * Open Comm.					-0.08	0.38	-0.06	-0.21
No SexEd * Open Comm.					-0.19	0.56	-0.07	-0.33
Abst. Only * Problem Comm.					-0.27	0.48	-0.14	-0.56
Abst. Plus * Problem Comm.					-0.09	0.46	-0.05	-0.19
No SexEd * Problem Comm.					-0.30	0.77	-0.08	-0.39

Note. $R^2 = .11$; adj. $R^2 = .08$; $F = 2.887$; $df = 9, 210$; $p = .00$

** $p < .01$ * $p < .05$

The regression analysis of the avoidance of intimacy subscale revealed a significant positive relationship with problematic communication, $r = .34$, $t(219) = 3.34$, $p < .01$. An increase in problematic communication with one's parents was associated with an increase in avoidance of intimacy. There was also a significant negative correlation between avoidance of intimacy and those who are in an intimate relationship, $r = -.14$, $t(219) = -2.01$, $p < .05$. This relationship was in the opposite direction, suggesting that those who are in an intimate relationship are lower on avoidance of intimacy compared to those who are not. None of the interactions were significant.

Table 8
Regression of Avoidance of Intimacy on Key Independent Variables

	Model 1				Model 2			
	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>
Constant	37.10	1.44			36.92	1.59		
Abstinence Only	-1.36	1.40	-0.11	-0.97	-1.06	1.52	-0.09	-0.701
Abstinence Plus	-0.74	1.32	-0.06	-0.56	-0.38	1.47	-0.03	-0.257
No Sex Ed	-4.17	1.91	-0.19	-2.18*	-4.82	2.58	-0.22	-1.872
Religious Commitment	-0.01	0.04	-0.02	-0.24	-0.07	0.17	-0.14	-0.416
Open Communication	0.06	0.06	0.11	1.09	0.01	0.24	0.01	0.021
Problematic Communication	0.27	0.08	0.34	3.34**	0.03	0.28	0.04	0.103
Female	0.54	0.97	0.04	0.55	0.30	0.98	0.02	0.304
Other	-3.19	2.51	-0.09	-1.27	-2.88	2.51	-0.08	-1.146
In an Intimate Relationship	-1.60	0.80	-0.14	-2.01*	-1.77	0.80	-0.15	-2.22*
Interactions								
Abst. Only * Rel. Comm.					0.13	0.18	0.17	0.76
Abst. Plus * Rel. Comm.					0.00	0.18	0.00	0.02
No Sex Ed * Rel. Comm.					0.15	0.24	0.10	0.64
Abst. Only * Open Comm.					0.32	0.26	0.31	1.22
Abst. Plus * Open Comm.					-0.05	0.25	-0.06	-0.20
No SexEd * Open Comm.					-0.02	0.37	-0.01	-0.06
Abst. Only * Problem Comm.					0.49	0.31	0.35	1.54
Abst. Plus * Problem Comm.					0.18	0.30	0.16	0.60
No SexEd * Problem Comm.					0.36	0.52	0.13	0.69

Note. $R^2 = .11$; adj. $R^2 = .07$; $F = 2.830$; $df = 9, 207$; $p = .00$

** $p < .01$ * $p < .05$

In the regression analysis of attraction and sexual closeness on key independent variables, significance was found between many of the relationships. Religious commitment had a significant negative correlation with attraction and sexual closeness, $r = -.21$, $t(219) = -2.91$, $p < .01$. This relationship was in the opposite direction, suggesting that an increase in religious commitment was associated with a decrease in attraction and sexual closeness. Open communication as well as problematic communication each had strong positive correlations with reported levels of attraction and sexual closeness; open communication $r = .20$, $t(219) = 2.04$, $p < .05$, problematic communication $r = .24$, $t(219) = 2.40$, $p < .05$. This relationship suggests that both an increase in both positive communication and problematic communication with one's parents were associated with an increase in attraction and sexual closeness. Individuals identifying as female or other also had significant negative correlations with attraction and sexual closeness, female $r = -.20$, $t(219) = -2.89$, $p < .01$, other $r = -.15$, $t(219) = -2.22$, $p < .05$. This relationship suggests that those identifying as female and other had a decrease in their attraction and sexual closeness, unlike men who had an increase in attraction and sexual closeness. No interactions were significant.

Table 9
Regression of Attraction & Sexual Closeness on Key Independent Variables

	Model 1				Model 2			
	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>	<i>B</i>	<i>s.e.</i>	<i>Beta</i>	<i>t</i>
Constant	27.14	1.04			27.16	1.19		
Abstinence Only	-0.82	1.01	-0.09	-0.81	-0.90	1.13	-0.10	-0.80
Abstinence Plus	-0.17	0.95	-0.02	-0.18	-0.24	1.10	-0.03	-0.22
No SexEd	-1.02	1.35	0.06	-0.75	-1.09	1.75	-0.07	-0.62
				-				
Religious Commitment	-0.08	0.03	-0.21	2.91**	-0.09	0.13	-0.23	-0.68
Open Communication	0.09	0.04	0.20	2.04*	0.11	0.18	0.25	0.61
Problematic Communication	0.14	0.06	0.24	2.40*	0.21	0.21	0.36	1.01
				-				-
Female	-2.02	0.70	-0.20	2.89**	-2.04	0.73	-0.20	2.81**
Other	-4.03	1.81	-0.15	-2.22*	-3.61	1.87	-0.14	-1.93
In an Intimate Relationship	0.68	0.57	0.08	1.20	0.69	0.59	0.08	1.18
Interactions								
Abst. Only * Rel. Comm.					0.02	0.13	0.04	0.16
Abst. Plus * Rel. Comm.					0.00	0.13	-0.01	-0.03
No Sex Ed * Rel. Comm.					0.01	0.17	0.01	0.06
Abst. Only * Open Comm.					-0.08	0.20	-0.10	-0.39
Abst. Plus * Open Comm.					0.01	0.19	0.01	0.03
No SexEd * Open Comm.					-0.15	0.27	-0.11	-0.55
Abst. Only * Problem Comm.					-0.19	0.23	-0.19	-0.81
Abst. Plus * Problem Comm.					-0.03	0.22	-0.03	-0.11
No SexEd * Problem Comm.					-0.20	0.38	-0.10	-0.52

Note. $R^2 = .15$; adj. $R^2 = .11$; $F = 4.058$; $df = 9, 210$; $p = .00$

** $p < .01$ * $p < .05$

Discussion

Looking at the regressions of all four intimacy subscales, there were no significant relationships between having received comprehensive sex education and attitudes toward intimacy; ultimately disproving the first hypothesis that those who received comprehensive sex education would have more positive attitudes toward intimacy. However, it was found that individuals who had abstinence only sex education in adolescence have an increased tendency toward intimacy along with those who received abstinence plus sex education. Abstinence only and abstinence plus sex education may have been significantly related a greater tendency toward

intimacy due to a multitude of reasons. A vast majority of participants received abstinence-based sex education in adolescence. With only 23 individuals having claimed to have received comprehensive sex education and 191 individuals claiming to have had either abstinence plus or abstinence only sex education, I believe that it is possible that there were not enough individuals who had received comprehensive sex education to find similar significance. The dissonance between the number of participants receiving abstinence-based sex education and comprehensive sex education may have acted as a confounding variable in this study. Hypotheses 4 and 5 were also not supported as the impact of type of sex education did not significantly vary by religious commitment or either type parental communication.

Hypothesis two, which states that religious commitment would be associated with the intimacy attitudes subscales was partially supported. Religious commitment had a significant positive correlation with an individual's fear of intimacy, meaning that as a person is more religiously committed, their fear of intimacy is decreased. Oftentimes individuals who are religiously committed have a strong relationship with God and believe that God is responsible for what happens in their life. It is possible that more religiously committed individuals would have a trust in God's doings that lead them to not fear intimacy. However, as an individual's religious commitment increases their attitudes or openness toward attraction and sexual closeness decreases, displaying a significant negative correlation between these two variables. These findings align with past research which conclude that individuals with high levels of religious commitment are at an increased chance of having more conservative attitudes toward attraction and sexual closeness (Abbott et al, 2016). Past studies have found that religiously committed individuals experience more sexual guilt, struggle with self-forgiveness in relation to sexual acts, and view their sexual activity as hyperactive even if consistent with their peers

(Abbott et al, 2016; Farrell et al, 2015). The findings from past studies may help to explain why more individuals with higher religious commitment have a decrease in attraction and sexual closeness.

Parental communication, both positive and negative, was related to various intimacy subscales. Parental communication that was open and positive lead to a decrease in an individual's fear of intimacy and an increase in individual's tendency toward intimacy. The latter result indicates that the more open communication that an individual had with their parental figures in their youth, the greater the tendency they have toward developing intimate relationships with others. Increases in problematic communication with one's parental figures was found to be related to an increase in fear of intimacy. This was also found to be the strongest of all the correlations. Similarly, problems in communication with parents was also related to increases in the avoidance of intimacy. This was one of the most consistent findings in the research. Poor communication with parents in adolescence appears to be tied to a decrease in positive intimacy attitudes in young adults to a greater degree than the impact of good communication on positive views of intimacy.

The results of this study also indicate that there was a significant relationship between both problematic and open parental communication and the attraction and sexual closeness intimacy subscale. Whether individuals reported open communication or problematic communication with their parents, there was still an increase in attraction and sexual closeness. These findings are unique and may have many explanations. One potential reason for an increase in attraction and sexual closeness for those who had problematic communication with their parents may be an act of rebellion. It is possible that individuals who had problematic communication with their parents may have "acted out" when it came to their attraction and

sexual closeness. Oppositely, those who had positive, open communication with their parents also experienced an increase in their attraction and sexual closeness. This relationship may be explained by a general openness to discuss topics on sexuality or an overall more accepting style of parenting.

The data had some significant predictors at the bivariate level, fear of intimacy was significantly associated with all the parental communication and religious commitment scales, though not type of sex education. The regression of fear of intimacy revealed, however, that, when all variables were included, only the impact of problematic communication with parents remained significant. Across the board, interactions between type of sex education and both parental communication and religious commitment were not significant. It is possible that other potential interactions could be evaluated in future research.

Limitations

The subjects of this study were a convenience sample of individuals that ultimately were not representative of the general population. Most of the participants of this study identified as being female at 78%, with only 20% identifying as male, and only 3% identifying as neither male nor female. Most of the participants are also college educated, with 68% of the subjects being current college students. The religious affiliations represented in the study are also disproportionate and not representative of the general population. This study focuses only on individuals between the ages of 18 to 30, making the findings not generalizable to those outside of this age range.

Although this study did have demographic questions about the participants, there were many questions that were left out that could have enhanced the findings. This study was not considerate of the sexual orientation of its subjects. Cultural differences were not accounted for

or explicitly reported by subjects in the survey. Individuals from the United States may have had different cultural impacts to their upbringing that persons from another country did not experience, ultimately influencing their attitudes toward intimacy. Socioeconomic status is another factor that would have been interesting to add to the survey of this study. Knowing the socioeconomic status of participants would have yielded interesting results; allowing for conclusions to be made about the upbringing of those who are of higher or lower socioeconomic status and the effects that may have on their attitudes about intimacy.

Future Research

Further research should be conducted on the interactionary impact of sex education, parental communication, and religious commitment on the development of intimacy attitudes in young adults. The current study was the first to examine the previously mentioned variables simultaneously and the first to analyze the impact that each variable had on one another. Future studies should replicate the current study to solidify its findings. Additional studies would enhance the current findings by gaining knowledge from a broader range of young adults.

The sexual orientation of an individual may have an impact on their attitudes toward intimacy. In a culture that is dominated in heterosexuality, those who do not adhere to the traditionally accepted view of sexuality do not typically receive information about intimacy or sexuality in a way that is relevant to them. Oftentimes parental communication is strained when a person reveals their sexual orientation to their parents, which could potentially play negatively into the development of their attitudes toward intimacy. Religious affiliation may also become a point of conflict for individuals when religious teachings speak negatively upon relationships that are not between a man and a woman. Future studies should analyze the effect that sexual orientation has on the development of intimacy attitudes in young adults.

Conclusion

Overall, the type of sex education that individuals received had no significant impact on their development of intimacy attitudes into adulthood. However, religious commitment and parental communication had many significant relationships with the various subscales of intimacy that were examined. Broadening society's understanding of intimacy attitude development is vital to the human experience. The results of this study will help to broaden society's understanding of the intersectionality of sex education, parental communication, and religious commitment and how these variables impact the attitudes toward intimacy in young adults.

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Appendix A: Survey

Section 1: Demographics

1. What is your current age in years? (Please enter a whole number) _____
2. Are you currently a student enrolled in classes at a college or university? Yes No
3. What gender do you identify as?
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to answer
4. What is your religious affiliation?
 - a. Christian – Catholic or Protestant
 - b. Christian – Other
 - c. Other world religion (Islam, Buddhism, Judaism, etc.)
 - d. Non-religious
 - e. Atheist or Agnostic
 - f. Prefer not to answer
5. Are you currently married? Yes/No (*If No, proceed to question 5. If Yes, please proceed to Section 2.*)
6. Are you currently in an intimate relationship? Yes/No

Section 2: Sex Education

1. Did you ever have sex education or family life classes/sessions in school? These are any classes or talks in school that discussed relationships, how babies are made, abstinence, AIDS, pregnancy prevention, and the like. These topics may have been taught in a separate sex education course, as part of another course (i.e. health or science), or as independent lessons in the school auditorium or gym. Yes No (If Yes, go to Question 2 in this section. If No, proceed to Section 3).
2. Thinking back to the sex education you received while in school, which of these statements best describes the approach to sex education that was taken?
 - a. Abstinence from sexual intercourse was best for teens. Sex education did not provide information about condoms and other contraceptives.
 - b. Abstinence from sexual intercourse was best for teens but some teens do not abstain, so information about condoms and other contraception was provided.
 - c. Abstinence from sexual intercourse was not the most important thing. We were taught to make responsible decisions about sex.
 - d. Don't know/Can't recall
 - e. Other, please specify: _____
3. Did you receive your primary form of sex education in the United States of America? Yes No

Section 3: Scales**Intimacy**

Below is a list of statements dealing with your general feelings and attitudes that you have toward relationships with others. The questions are concerned with attitudes of closeness, intimacy, and trust. Please indicate how strongly you agree or disagree with each statement.

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
1. I like to share my feelings with others.	1	2	3	4	5
2. I like to feel close to other people.	1	2	3	4	5
3. I like to listen to other people talk about their feelings.	1	2	3	4	5
4. I am concerned with rejection in my expression of feelings to others.	1	2	3	4	5
5. I'm concerned with being dominated in a close relationship with another.	1	2	3	4	5
6. I'm often anxious about my own acceptance in a close relationship.	1	2	3	4	5
7. I'm concerned that I trust other people too much.	1	2	3	4	5
8. Expression of emotion makes me feel close to another person.	1	2	3	4	5
9. I do not want to express my feelings that would hurt another person.	1	2	3	4	5
10. I am overly critical of people in a close relationship.	1	2	3	4	5
11. I want to feel close to people to whom I am attracted.	1	2	3	4	5
12. I tend to reveal my deepest feelings to other people.	1	2	3	4	5
13. I'm afraid to talk about my sexual feelings with a person to whom I'm very interested.	1	2	3	4	5
14. I want to be close to a person who is attracted to me.	1	2	3	4	5
15. I would not become too close because it involves conflict.	1	2	3	4	5
16. I seek out close relationships with people to whom I am attracted.	1	2	3	4	5

17. When other people become close they tend not to listen to each other.	1	2	3	4	5
18. Intimate relationships bring me great satisfaction.	1	2	3	4	5
19. I search for close intimate relationships.	1	2	3	4	5
20. It is important to me to form close relationships.	1	2	3	4	5
21. I do not need to share my feelings and thoughts with others.	1	2	3	4	5
22. When I become very close to another I am likely to see things that are hard for me to accept.	1	2	3	4	5
23. I tend to accept most things about people with whom I share a close relationship.	1	2	3	4	5
24. I defend my personal space so others do not come too close.	1	2	3	4	5
25. I tend to distrust people who are concerned with closeness and intimacy.	1	2	3	4	5
26. I have concerns about losing my individuality in close relationships.	1	2	3	4	5
27. I have concerns about giving up control if I enter into a really intimate relationship.	1	2	3	4	5
28. Being honest and open with another person makes me feel closer to that person.	1	2	3	4	5
29. If I were another person I would be interested in getting to know me.	1	2	3	4	5
30. I only become close to people with whom I share common interests.	1	2	3	4	5
31. Revealing secrets about my sex life makes me feel close to others.	1	2	3	4	5
32. Generally, I can feel just as close to a woman as I can to a man.	1	2	3	4	5
33. When another person is physically attracted to me I usually want to become more intimate.	1	2	3	4	5
34. I have difficulty being intimate with more than one person.	1	2	3	4	5

35. Being open and intimate with another person usually makes me feel good.	1	2	3	4	5
36. I usually can see another person's point of view.	1	2	3	4	5
37. I want to be sure that I am in good control of myself before I attempt to become intimate with another person.	1	2	3	4	5
38. I resist intimacy.	1	2	3	4	5
39. Stories of interpersonal relationships tend to affect me.	1	2	3	4	5
40. Undressing with members of a group increases my feelings of intimacy.	1	2	3	4	5
41. I try to trust and be close to others.	1	2	3	4	5
42. I think that people who want to become intimate have hidden reasons for wanting closeness.	1	2	3	4	5
43. When I become intimate with another person the possibility of my being manipulated is increased.	1	2	3	4	5
44. I am generally a secretive person.	1	2	3	4	5
45. I feel that sex and intimacy are the same and one cannot exist without the other.	1	2	3	4	5
46. I can only be intimate in a physical sexual relationship.	1	2	3	4	5
47. The demands placed on me by those with whom I have intimate relationships often inhibit my own need for satisfaction.	1	2	3	4	5
48. I would compromise to maintain an intimate relationship.	1	2	3	4	5
49. When I am physically attracted to another I usually want to become intimate with the person.	1	2	3	4	5
50. I understand and accept that intimacy leads to bad feelings as well as good feelings.	1	2	3	4	5

Parent-Adolescent Communication Scale

Using the scale below, please indicate how much you agree or disagree with each of the following statements about the general communication between you and your parents or primary guardian when you were a teenager in high school.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I could discuss my beliefs with my parents without feeling restrained or embarrassed.	1	2	3	4	5
2. Sometimes I had trouble believing everything my parents told me.	1	2	3	4	5
3. My parents were always good listeners.	1	2	3	4	5
4. I was sometimes afraid to ask my parents for what I wanted.	1	2	3	4	5
5. My parents tended to say things to me which would be better left unsaid.	1	2	3	4	5
6. My parents could tell how I was feeling without asking.	1	2	3	4	5
7. I was very satisfied with how my parents and I talked together.	1	2	3	4	5
8. If I was in trouble, I could tell my parents.	1	2	3	4	5
9. I openly showed affection to my parents.	1	2	3	4	5
10. When we were having a problem, I would often give my parents the silent treatment.	1	2	3	4	5
11. I was careful about what I said to my parents.	1	2	3	4	5
12. When talking to my parents, I tended to say things that would be better left unsaid.	1	2	3	4	5
13. When I asked questions, I got honest answers from my parents.	1	2	3	4	5
14. My parents tried to understand my point of view.	1	2	3	4	5
15. There were topics I would avoid discussing with my parents.	1	2	3	4	5
16. I found it easy to discuss problems with my parents.	1	2	3	4	5
17. It was very easy for me to express all my true feelings to my parents.	1	2	3	4	5
18. My parents nagged/bothered me.	1	2	3	4	5

19. My parents would sometimes insult me when they were angry with me.	1	2	3	4	5
20. I couldn't tell my parents how I really feel about some things.	1	2	3	4	5

Religious Commitment Inventory

Instructions: Read each of the following statements. Using the scale to the right, select the response that best describes how true each statement is for you.

	Not at All True of Me	Somewhat True of Me	Moderately True of Me	Mostly True of Me	Totally True of Me
1. I often read books and magazines about my faith.	1	2	3	4	5
2. I make financial contributions to my religious organization.	1	2	3	4	5
3. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
4. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
5. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
6. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
7. Religious beliefs influence all my dealings in life.	1	2	3	4	5
8. It is important to me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
9. I enjoy working in the activities of my religious affiliation.	1	2	3	4	5
10. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5