

The Role of Sexual Socialization in the Development of Healthy Sexuality in African
American Girls and Young Women

by

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Dedication

This dissertation is dedicated in loving memory two exceptional women. The first is Dr. Emanique Joe, who I remember her for the unyielding support, kindness, and compassion that she gave so willingly to all that knew her. The second is my mother, Dr. Diane B. Day. Nearly 15 years ago, she completed a doctorate in Immunology and dedicated her dissertation to me, her “lab partner.” Since then, I have strived to carry the monumental legacy that she leaves behind as the most phenomenal woman that I’ve ever known. It is these women that embody the scholar I endeavor to be.

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Abstract

The current sexual development literature has done much to elucidate the factors contributing to sexual risk-taking in African American youth. However, there is a need to expand research approaches to focus on other healthy, non-behavioral sexual outcomes and the factors that predict them. Addressing this gap, this dissertation hypothesized that certain sexual messages would impact a young woman's feeling and beliefs surrounding her sexual experiences. To further discern the development of this relationship over time, two separate studies were conducted with two age groups of African American girls and young women. Study 1 was comprised of 334 emerging adults (ages 18-24) enrolled in a large Midwestern university. Participants completed measures assessing amount and content of sexual messages received by parents and peers, sexual assertiveness, condom-use self efficacy, and their feelings about their level of sexual experience (positive, negative, and shameful). Findings revealed that both parents and peers communicate messages emphasizing sexual agency and a relational orientation to a similar degree. As expected, exposure to agency messages from parents was associated with more positive affect, sexual assertiveness, and condom self-efficacy. However, initial analyses indicated that many associations differed depending on participants' virginity status. For example, virgins receiving sex is natural messages from their peers reported higher negative sexual affect; conversely, coitally experienced participants receiving abstinence messages from peers evidenced higher levels of negative affect.

In Study 2, 73 Midwestern high school students (aged 14-18 years) completed measures assessing all of the same communication and subjective sexual outcomes. Results indicated that although no messages were associated with sexual assertiveness,

greater communication with parents was connected with positive affect and *any* communication with peers was linked with negative affect. Finally, sex positive messages were associated with greater levels of condom-use self efficacy. Findings across studies indicate that African American girls and young women are receiving a wide range of sexual communication and that several components of this communication appear to facilitate their ability to negotiate desires and needs with a sexual partner, feel better and less shameful about their sexuality, and be comfortable in making use of prophylactics.

Chapter I

Introduction

Sexual health in African American females is often painted in a negative light, and perhaps for good reason, Current statistics reveal that this group has the highest prevalence of sexually transmitted infections (STIs), with an estimated prevalence of 48 percent (compared to 20 percent among both Whites and Mexican Americans; CDC, 2005). Specifically, data published by the CDC in 2006 indicated that the rate of chlamydia among African Americans was more than eight times higher than the rate among Whites, with approximately 46 percent of all Chlamydia cases reported among African Americans. Similarly, the CDC (2005) reports that African American girls are 18 times as likely as their European American counterparts to have contracted gonorrhea. Even more staggering are the rates of HIV in African American women; it has been reported that this group represents 64% of all new HIV cases in women (CDC, 2005).

Perhaps in light of these staggering statistics, the majority of the literature investigating sexual behavior in African American teens has focused mainly on understanding the factors leading to such negative sexual outcomes. As such, efforts have largely centered on understanding the role of several variables: demographic factors (e.g., SES and family structure; Voisin, 2002), self-concept factors (e.g., self-esteem and personal future orientation; Robinson, Holmbeck, & Paikoff, 2007), and sexual knowledge and communication (e.g., Hutchinson & Cooney, 1998). Regarding communication, one of the more commonly studied aspects is parental communication about sexuality, with the assumption that the more parents communicate with their children about sex, the fewer risks these children will take. Findings here demonstrate

both expected and null outcomes. However, I argue that this typical approach to understanding the predictors of risk provides only a limited perspective of sexual development among African American youth. Specifically, because the existing literature has focused on the quantity of sexual communication received from parents, it underestimates the role of peers, and offers a limited assessment of the content of the messages received by either source. In addition, analyses of the sexual behaviors affected by this communication have been narrow, focusing mainly on coital initiation rather than a more inclusive definition of sexual activity.

Although it is vital that psychological research continues to investigate the factors that contribute to these alarming health disparities, there is also a need to expand research approaches to focus on positive and healthy sexual behaviors (e.g., feeling entitled and able to communicate with a sexual partners) and the factors that predict them. As such, the current dissertation aims to investigate how specific dimensions of sexual socialization are linked to the sexual risk behaviors typically investigated in the field (e.g., number of sexual partners) *and* sexual health behavior (e.g., efficacy with condoms). In this analysis, I focus on the contributions of sexual socialization by parents and peers, targeting the content of their communications. My premise is that by focusing on the messages and themes communicated, it can be determined which communications are associated with sexual risk and which are associated with agency and sexual health. I also acknowledge the potential role of culture in constructing these processes for African American women. I begin my analysis with an overview of what we currently know about sexual communication among African American parents and peers.

Parental Communication about Sexuality

Through the process of sexual socialization, beliefs, attitudes, and expectations about sexuality and sexual relationships are transmitted to children and adolescents by multiple socialization agents (e.g., parents, friends, and the media; Ballard & Morris, 1998). It has been suggested that one's culture plays a vital role in framing this content, and in shaping the sexual scripts used by its members (Allen, 2001; DeLamater & Hyde, 1998; Landrine, 1995; Tolman, 1996). Studies in the field have acknowledged the unique process of sexual communication for African Americans, and have widely studied the ways in which African American youth learn about sex and sexuality from their parents, friends, and the media (e.g., Fox & Inazu, 1980; Hutchinson & Cooney, 1998; Hutchinson & Montgomery, 2007; Lefkowitz, Boone, Au, & Sigmon, 2003; Townsend, 2008). Of particular note for African American women has been the historical legacy of slavery, in which an African American woman's body was not her own. It has been theorized that parents of African American girls have routinely provided a set of fear-based messages and warnings about sex, understandably seeking to protect their daughters from the real-world dangers of sexual abuse and kidnapping. The psychological repercussions of such messages are substantial and long-lasting, and must be considered along with any attempt to understand sexual development in African American women (Wyatt, 1982). It is also the case that African American girls are socialized in a culture that often stereotypes them as being hypersexual and out of control (Stevens, 1997). As a consequence of these factors, it may be that sexual communication in this group differs from other groups in that it provides an exaggeration of the negative aspects of sexuality, while providing very few positive messages.

Efforts to document the extent and content of this communication have typically focused on specific sexual topics communicated. Here, researchers provide Black youth or their parents with a list of sexual issues (e.g., contraception, menstruation, and disease), and ask them to indicate whether or not each topic was ever discussed or the frequency with which the topic was discussed (i.e., never, a little, a lot). Findings indicate that the sexual communications of African American parents focus heavily on biological topics such as menstruation, contraception, and pregnancy (e.g., Fox & Inazu, 1980), and on the hazards of sexual intercourse (Hutchinson & Cooney, 1998; Lefkowitz, Boone, Au, & Sigmon, 2003). For example, Hutchinson and Montgomery (2007) found that African American college students reported receiving quite a bit of information from their parents about birth control, condoms, protecting oneself from HIV/AIDS and STIs, abstaining from having sex, pressure from friends to have sex, and ways to handle this; however, these students reported receiving relatively little parental communications concerning the normative aspects of sex. Indeed, other studies have found that Black parents are more likely to convey information about abstinence and the risks associated with sex, including STIs and pregnancy, than topics such as the pleasurable aspects of sex (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Fingerson, 2005). It can be concluded from the existing work in the field that parents are communicating mainly negative topics about sexual behavior such as STI's and pregnancy, while omitting discussion of the more positive characteristics, such as notions of a healthy sexual self-concept.

To what extent do these communications affect the sexual behaviors of African American young women? Dominant trends emerging from this literature point to two main sexual outcomes of parental communication: sexual timing and sexual risk-taking.

First, the field has identified a link between parental sexual socialization and the age at which an adolescent has his/her sexual debut (initiates sexual intercourse; e.g., Dittus, Jaccard & Gordon, 1997; Murry, 1996; Salazar, Crosby, DiClemente, Wingood, Lescano, Brown, Harrington, & Davies, 2005). Ohalet (2007) suggests that by imparting norms and expectations about the appropriate time frame under which sexual activity should begin, parents may play a central role in adolescents' sexual debut timing. Indeed, findings indicate that more sexual communication with parents was linked to later sexual initiation (Murry, 1996; Salazar et. al., 2005), and that having parents with more restrictive attitudes towards sexual activity predicted later sexual initiation for boys and girls (Dittus, Jaccard & Gordon, 1997).

Second, parental sexual communication has been linked to sexual risk-taking, framed mainly as consistent use of condoms and/or contraception (e.g., Jaccard, Dittus, & Gordon, 1998; Sionean et al, 2002; Teitelman, Ratcliffe, & Cederbaum, 2008). Findings suggest that larger amounts of communication with both mothers and fathers about birth control, disease prevention, condom-use, abstinence, pressure from friends to have sex, and ways to handle this pressure were linked to lower rates of sexual activity and pregnancy. For example, in their work with 173 emerging adults (ages 19-20 years; 66% White), Hutchinson and Cooney (1998) specifically investigated the role of parental *risk* communication in adolescents' sexual risk outcomes (e.g. amount of communication received about protecting oneself from STIs). Results indicate that more communication with mothers and fathers was associated with increased condom use self-efficacy, more positive attitudes towards condoms, and greater condom use in African American late adolescents. Hutchinson and Montgomery (2007) supported Hutchinson and Cooney's

(1998) findings, identifying a significant inverse correlation between communication with mothers and sexual risk-taking in African American emerging adults.

Limitations with Current Investigations of Sexual Socialization and Sexual Health

Although these findings have been useful in beginning to unravel the role of socialization in African American adolescents' sexual outcomes, the current literature base is limited in its scope. As noted earlier, the majority of the sexual socialization literature has focused only on the role of parents, to the exclusion of the role of peers in the socialization process. In fact, peers have been found to enact a unique influence on the perceptions, beliefs, and actions of an individual, and are arguably even more important than parents in the sexual lives of adolescents. Indeed, when asked, adolescents often name peers as their most frequent source of sexual information (see Lefkowitz & Espinosa-Hernandez, 2007). In adolescence, peer relationships become increasingly essential, and therefore may account for a good portion of the variance that we see in adolescent sexual behavior (Santelli, et. al., 2004). Common assumptions stress that parental values shape adolescents' attitudes and beliefs. However, could it be that adolescents interpret and consider both sources when developing their own sexual belief systems? Might the content of these messages present an array of potential attitudes and beliefs to adolescents? To answer these questions, data are needed that consider the simultaneous and relative role of each source in the sexual socialization process.

A second limitation is that work in the area of sexual socialization has omitted much in the way of the actual content of communication by parents and peers. Instead, the literature has focused on the amount of communication provided on a limited set of

general sexual topics (e.g., Clawson & Reese-Weber, 2003). Yet, this communication is not always uniform. Although prevailing literature suggests that effects of socialization lie in the extent to which certain sexual topics are communicated (Lefkowitz & Espinosa-Hernandez, 2007), might it be the case that the content of the message may account for sexual behavioral outcomes? Rather than assume that one participant's definition and discussion of a topic such as "contraception," for example, is the same as another's, differences in these messages should be examined. Although one participant's contraception message may assert that contraception is needed regardless of the relational context of that sexual behavior, another participant's message might imply that contraception is only needed in the context of a non-exclusive sexual relationship, or that condoms fail. I argue that to better capture the nuanced sexual messages communicated, we must employ a systematic analysis of the specific values and beliefs transmitted during the socialization process. Rather than providing a limited list of sexual topics (which often in the literature will consist of strictly biological and risk-focused concepts), the current study aims to assess the more comprehensive beliefs that may be communicated -- including notions of sexual pressure, pleasure, and emotional response. This approach will provide insight into which specific aspects of socialization have an effect on sexual outcomes.

A third limitation of existing approaches is their sole attention to the developmental trajectory of risk-taking behaviors in African American youth (Fergus, Zimmerman & Caldwell, 2007), with little attention to how healthy and protective aspects of sexuality develop. Existing studies investigating the role of sexual socialization on sexual outcomes assume that adolescent sexuality is necessarily

characterized by unprotected sex, high rates of pregnancy, increasing numbers of sexual partners, and high rates of infectious disease. However, under what conditions do more normative and protective factors come on-line? To more fully understand emerging sexuality among African American youth, we must also consider how sexual socialization may contribute to more positive, subjective aspects of sexuality, such as an adolescent's comfort with her own sexuality and her ability to assert her needs and desires to a partner.

Lastly, the current body of literature has yet to employ a systematic, developmentally-informed approach focusing on how the impact of sexual socialization on sexual outcomes may be informed by changes occurring across adolescence. During the years from 12-24, most youth not only acquire sexual information and initiate sexual experiences, but they also change in almost every way possible – maturing physically, emotionally, and cognitively. These changes are likely to affect adolescents' ability to interpret sexual messages and to weigh the consequences and potential benefits of their sexual activity. Up to this point, most studies have sampled youth from various time periods (e.g., ages 14-17 or ages 18-24), but have not considered the dynamic development of sexual socialization across adolescence and emerging adulthood. Accordingly, to address these limitations, the current study aims to sample from two age periods to address the role of developmental stage, assess the role of peer communication, measure the content of parental and peer communication, and investigate more healthy sexual outcomes. Further discussion of these aspects of the current study is provided below.

Component One: Considering Peer Communication

The first central aim of this dissertation is to expand the field by considering socialization input from both parents and peers. Although parents exert an important and often foundational role in their children's sexual socialization, findings show that peers exert a high level of influence during adolescence, in general. In fact, parents' relative impact is thought to decrease and be replaced by the role of peers (Steinberg & Cauffman, 1996), with some studies even finding that adolescents may be more likely to talk to peers than to parents about sexual topics (Moore & Rosenthal, 1991; Rozema, 1986). As such, the research in this area has slowly evolved from a focus of only parents as sexual educators, to an expanded perspective that takes into account the many messages that society provides for the adolescent. It has been suggested that many of these messages may come from the adolescents' peers, to whom the adolescent may compare her own behavior when deciding which behavior is socially accepted and which behavior is considered deviant (DiIorio, Kelley, & Hockenberry-Eaton, 1999). It may be that peer relationships play a greater role than parents in the transmission of specific sexual values, such as how to choose dating and sexual partners and how to act in dating and sexual relationships (Harper, Gannon, Watson, Catania, & Dolcini, 2004).

One study in the field has suggested that several mechanisms may be operating simultaneously in the determining peers' role in sexual development (Billy & Udry, 1985). Billy and Udry (1985) propose three mechanisms: influence, acquisition, and deselection. According to the first mechanism, influence may encourage adolescents to change their own behavior to match that of their peers; this mechanism has been used in the majority of the peer sexual socialization literature. However, the authors posit that

other constructs may be important as well; for instance, the second mechanism, acquisition, holds that the desire of individuals to reduce conflict and promote mutual approval, can be accomplished by surrounding oneself with other individuals who share a common set of beliefs and behavior. This construct could be applied to understanding why adolescents maintain friendships with other adolescents who share their level of sexual experience. Deselection, the third mechanism, suggests that adolescents will reject as friends those individuals who have different sexual experience levels. This mechanism relates to the adolescent's desire to remove from their peer network those individuals who do not share either their beliefs and attitudes about sex, or a similar level of sexual experience.

The majority of research exploring potential peer contributions to sexual socialization has focused heavily on the first component, influence, typically addressing three main types of peer influences: the pressure received from peers, peers as conduits of sexual beliefs, and peers as behavioral norm setters (e.g., Cortese, 1989; Lewis, Melton, Succop, and Rosenthal, 2000; St. Lawrence, Eldridge, Reitman, Little, Shelby, & Brasfield, 1998; Whitaker & Miller, 2000). The dominant approach within these areas has been connecting adolescents' assumptions about peer sexual behavior to their own sexual behavior. Here, a typical question is: If adolescents assume that more of their peers are sexually active, might this encourage them to become more sexually involved? And indeed, the beliefs adolescents hold about their peers' behavior have been cited as accounting for much of the variance in adolescents' general behavioral (Martens, Page, Mowry, Damann, Taylor, & Cimini, 2006) and sexual outcomes (Eggermont, 2005). For example, assessing condom use of 423 African American women recruited from low-

income serving community agencies, St. Lawrence, Eldridge, Reitman, Little, Shelby, and Brasfield (1998) found that women who perceived higher percentages of their friends to be condom users were also more likely to use condoms themselves. Similarly, findings indicate that African American adolescents who perceive their peers to be engaged in more sexual activity also evidence higher levels of sexual activity (Lewis, Melton, Succop, Rosenthal, 2000). It appears, then, that peers' perceived attitudes and behaviors concerning condom use and sexual behaviors are related to African American women's own condom use and sexual decisions, suggesting an importance of discussions about sexual risk-prevention among peer networks.

In addition to investigating perceived peer behaviors, another approach to assessing peer sexual influence would be to examine the effect of actual peer communications (rather than perceptions) on adolescent sexual outcomes. Although the work in this particular area is quite limited, some attempts have been made to address this issue. Examining a majority White (78%) sample of 9th through 12th grade boys and girls, Holtzman and Rubinson (1995) found that more communication with parents (about HIV and AIDS infections) led to less risky behaviors, while communication with peers had the opposite effect. Findings differed by sex, however, such that boys relied more on peer communication, and girls were more influenced by communication with parents.

Considering the complex role that peers have been cited as playing in adolescent sexual development, I argue that it is essential that we include peer sexual communication as one of the potential factors in healthy sexuality. Specifically, the dissertation will aim to discern effects of this communication, be they facilitative or detrimental.

Component Two: Considering the Content and Complexity of Sexual Communication

A second central aim of this dissertation is to expand current approaches by considering not just the quantity of sexual communication received but focusing on its content. The majority of the studies investigating parental communication focus on the number of topics covered or themes, often asking parents about the *extent* of their communication with their adolescents (see e.g., Clawson & Reese-Weber, 2003; Hutchinson, 2002; Hutchinson & Cooney, 1998; Somers & Canivez, 2003). However, it is important to consider the actual beliefs and values transmitted with certain sexual topics by both parents and peers.

Although previous studies have investigated, to some extent, the role of perceptions about peers' sexual experiences, very few have methodically examined the content of the communication provided by peers. Emerging evidence drawn from qualitative and open-ended data suggest that this communication is likely to be prevalent and consistent, and may differ from the sexual communication provided by parents. For example, using a non-African American sample, early work by Daugherty and Burger (1984) found that participants reported receiving more positive messages from peers than from parents. In a study of 182 racially-diverse undergraduates (91 female, 91 male), Lefkowitz and Espinosa-Hernandez (2007) investigated differences in the content and quality of communication with mothers and close friends of the same sex and the extent to which this communication linked to self-reported sexual attitudes and behaviors. Respondents indicated that close friends provided significantly more communication about sexual behaviors and feelings, condoms, contraception, and dating than did

mothers. Additionally, some aspects of this peer communication (e.g., discussions of behavior and beliefs) were found to be correlated with level of sexual experience. These findings support earlier findings (Lefkowitz, Boone, & Shearer, 2004) indicating that the topics discussed among peers often reflect the collective level of sexual experience among those friends. For instance, Lefkowitz, Boone, and Shearer (2004) found that among 205 (9% African American) emerging adult men and women, those who were sexually inexperienced reported having more conversations about abstinence with their peers, and those who had initiated sexual intercourse were more likely to discuss specific sexual behaviors. Taken together, these findings suggest that peer communication is a primary and fundamental aspect of sexual socialization for youth, and that certain demographic and behavioral factors must be considered when investigating this communication.

Of additional note are the methodological limitations in existing work on peer sexual communication; specifically, predominate measures in this literature (e.g., Lefkowitz, Boone, & Shearer, 2004; Lefkowitz & Espinosa-Hernandez, 2007) only assesses the amount of communication provided about a list of pre-determined sexual topics. But what specific beliefs and attitudes are friends communicating about these topics? Using a comprehensive measure of sexual communication that included both the amount of topics communicated by peers and the actual content of such communication, Epstein and Ward (2008) provide much greater perspective on the ways that peers' communication compares to parental communication. In this study, 286 male undergraduates reported that the actual messages provided by their peers centered on personal, sexually-permissive content, whereas messages from parents reinforced hetero-

normative notions placing sex as appropriate in certain context, such as marriage or in a committed relationship with a woman. Although this sample was also unable to assess African American adolescents' peer communication specifically, finding suggests the importance of considering more than just the type of topics discussed by peers; instead, much more is gained by considering the varied values and beliefs transmitted and the tone under which they are communicated.

The current study aims to extend the early work conducted by Daugherty and Burger (1984) and Darling and Hicks (1983) and investigate the content of the actual messages that adolescents receive from both parents and peers. This will enable us to determine the type of beliefs that parents and peers are communicating about sex and sexuality, and discern which types of messages are most and least beneficial.

When conceptualizing the content of sexual communications, which themes are most relevant to consider? There is evidence suggesting that the range of information, beliefs, and attitudes transmitted by parents and peers is actually quite broad. Although some studies (Lefkowitz, Boone, Au, & Sigman, 2003) find that parent-adolescent conversations include discussion of the need to protect oneself against the hazards of sexual behavior, others find that parents focus on abstinence as the primary message about sexual decision-making (Fingerson, 2005). Similarly, findings for the beliefs communicated by peers also vary in content, often as a function of characteristics of the receiver (Lefkowitz, Boone & Shearer, 2004).

Given the apparent breadth and potential incongruity of the messages that these sources communicate to adolescents and emerging adults, it is essential that work in this area consider the actual content that is being conveyed (Ward & Wyatt, 2004). Using a

community-based sample of 248 African American (51%) and Caucasian women ages 18-36 years, researchers assessed the type and content of sexual communication received from parents and the media. One of the first studies to investigate the role of this specific content on sexual risk-taking, the study collapsed the open-ended results into three subscales (positive, negative, and none). There were no ethnic differences found in the content of the verbal parental messages received. However, cumulative sexual risk experiences were found to increase with more negative verbal parental messages for Caucasian women only. These results highlight the importance of considering the tone of parental communication in sexual behavior outcomes, with a special focus on how sexual socialization may operate differently for African American women.

Lefkowitz and Espinosa-Hernandez (2007) argue that results such as these suggest that content must be assessed in order to discern the exact mechanism accounting for this association. For example, it may be insufficient to merely know that parents have discussed a broad topic such as sexual intercourse. We might suspect that some of this content is negative and prohibitive, but other content may be positive and empowering. Of greater use would be knowing whether or not the message implied or stated that sex is bad, and should be avoided, or that sex is good, loving, and empowering. Assessing this level of detail would enable a more comprehensive and thorough understanding of the socialization message.

The current study therefore aims to understand which messages from parents and peers are communicated most often, and the effect of different types of messages on young African American women's sexuality. Specifically, it is believed that prohibitive messages about one's body and sexual behavior will play a destructive role in the

development of healthy sexuality in African American women. On the other hand, it is argued that more encouraging and positive messages about one's sexuality will be linked to the development of constructive sexual outcomes.

Component Three: Considering an Expanded View of Sexuality that Includes Subjective Aspects

A third aim of this dissertation is to expand analyses of Black adolescent sexuality beyond risk to include positive and subjective components. Although work investigating both the normative and problematic features of early sexual behavior is important, it is clear that the literature also needs to identify how other, more healthy and non-behavioral aspects of sexuality develop, such as sexual agency, assertiveness, and communication. It is argued that emergent sexuality includes a range of behaviors, feelings, attitudes, and experiences (Chilman, 1990). Up to now, however, the field has focused heavily on sexual risk behaviors. There is a need to address more subjective aspects; we need to understand what aspects of sexuality lie within the individual, but that have the capacity to impact behavioral outcomes. It may be that these aspects work together to dictate one's healthy sexuality, or engagement with one's own sexuality. Suggesting a broader view of sexual health, Chilman (1990) argues that sexually healthy individuals will feel good about their bodies and about themselves as sexual beings, and are thus able to communicate their desires to others and to act according to their own goals and values.

The current paper will examine healthy sexuality in African American females, as it is evidenced by sexual assertiveness, positive sexual affect, and condom use self-efficacy. I outline below, each of the three aspects of healthy sexuality under investigation.

Sexual Assertiveness

One dimension of healthy sexuality is sexual assertion and expression, which can be defined as the ability to display an authoritative sense of self as a sexual being in the context of sexual communication. It is believed that healthy sexuality encompasses an ability to identify one's sexual needs, wants, and desires, and to be able to communicate these to a sexual partner (Greene & Faulkner, 2005). This ability, referred to as sexual assertiveness, has been investigated by the sexual health literature (e.g., Hurlbert, Apt, & Rabehl, 1993; Noar, Morokoff, & Harlow, 2002; Schooler, Ward, Merriwether, & Caruthers, 2005; Wingood & DiClemente, 1998; Snell & Wooldridge, 1998; Weaver & Byers, 2006; Whyte, 2006; Yamamyia, Cash, & Thompson, 2006).

Sexual assertiveness has been demonstrated to have many benefits for women's health and sexual health. First, findings indicate that sexual assertiveness is linked to decreased sexual risk-taking (e.g., Snell & Wooldridge, 1998). For example, one study, aiming to apply a behavioral change model in STI and pregnancy prevention efforts, found that those participants evidencing greater levels of sexual assertiveness reported lower levels of post-intervention STI acquisition and pregnancy rates (Horowitz, 2003). Other studies have linked sexual assertiveness to greater condom use efficacy and actual condom use (and therefore less sex risk) in women, not taking into consideration the role of race (Noar, Morokoff, & Harlow, 2002; Roberts & Kennedy, 2006; and Snell & Wooldridge, 1998). Although limited, findings for African American women are tandem. Whyte (2006) found that sexual assertiveness was linked to refusal of unwanted sex (and lower HIV-risk) in African American women. Similarly, Wingood and

DiClemente (1998) reported that lower sexual assertiveness was associated with a greater likelihood of having a non-condom using partner for African American women.

Second, sexual assertiveness has been linked to more healthy subjective aspects of sexuality among White women, such as greater sexual satisfaction (e.g., Hurlbert, Apt, & Rabehl, 1993). Finally, sexual assertiveness links to a more positive body image. For example, Schooler, Ward, Merriwether, and Caruthers (2005) found a significant inverse correlation between body shame and sexual assertiveness among a sample of 199 undergraduate women (67% White); feeling more shame about one's body was linked with lower levels of sexual assertiveness.

Although firm conclusions can not be drawn from these few existing findings, the limited evidence demonstrates many potential benefits of sexual assertiveness for African American women. Despite the growing attention to this area of research, no study has specifically addressed the *origins* of sexual assertiveness for young women. From where do these assertiveness skills originate? And, more specifically, how is young women's ability to communicate their needs and desires in the sexual context influenced by the beliefs and values transmitted by their parents and peers? Are there certain messages from parents and peers that lead to the development of such assertiveness? The current study aims to address these questions, investigating whether specific themes present in early communications relate to greater levels of assertiveness abilities with a potential sexual partner.

Sexual Affect

A second aspect of healthy sexual development under investigation is sexual affect (Chilman, 1990; Whitbeck, Yoder, Hoyt, & Conger, 1999). Drawing on Chilman's

(1990) definition, this dissertation conceptualizes sexual affect as representing the emotions expressed in the self-reflection of one's own sexual experience. These would include positive emotions and positive affect, such as pride and comfort, as well as negative emotions and affect, such as shame, embarrassment, and fear. This emotional component is likely influenced by external sources, such as social norms surrounding pre-marital sex, which can then become internalized to become a part of the way in which a woman feels about herself as a sexual being.

The literature concerning this topic has approached it from different perspectives. Whereas some studies consider sexual affect as its own more general construct, there are others that assess very specific aspects of affect. For example, work has been done to investigate the role of sexual pride, regret, and shame. Each of these affective dimensions has been investigated separately and from an individualistic perspective. What is needed is further consideration of the cumulative effect of these feelings and emotions. Given that emotions are rarely experienced in isolation, it is argued that work in this area should include an examination of sexual affect as a multidimensional construct.

Addressing this, the field has included initial examinations of the role of a multidimensional sexual affect construct in an individual's sexuality, with mixed results. Specifically, these studies have assessed the role of sexual affect in sexual behavior. In one such study (O'Sullivan, Meyer-Bahlberg, & McKeague, 2006), 180 "ethnically diverse" (33% African American and 61% Latina) young girls ages 12-14 were asked to indicate how they would feel if they were to have sexual intercourse in the next year, with possible answers ranging from "very good" to "very bad." However, findings from

this study indicate no association between these sexual affects and actual sexual behavior. However, it is important to note that the lack of association may be attributed to the way in which sexual affect was measured- by using sexual anxiety only and not assessing any positive emotions.

Addressing this particular limitation, another study measured contributions of positive and negative dimensions of sexual affect to how an individual appraises her own level of sexual experience. Here, O'Sullivan and Hearn (2008) found that Black and Latina girls (ages 12-14 years) who had never had sexual intercourse regarded potential future sexual encounters in a negative light. However, at a follow-up assessment one year later, those girls who had initiated sexual intercourse reported positive feelings about these experiences. These findings suggest that anticipation about feelings about sexual experiences may not match the feelings expressed after the sexual encounter.

Although some studies employ an investigation of both positive and negative affects to examine likelihood of future sexual behavior, others use it to assess prevalence of past sexual behavior. In one such study, Houlihan, Gibbons, Gerrard, Yeh, Reimer, and Murray (2008) hypothesized that feeling more positively about one's sexual self would be inversely associated with sexual risk and negative sexual outcomes, mediated by a willingness to accept a prototype of a sexually active adolescent. The study examined a sample of 733 African American male and female adolescents (328 and 405, respectively) at three time periods, approximately 20 months apart; the adolescents were between 10 and 12 years old at the initiation of the study. Aspects of sexual risk (e.g., condom use, alcohol use) were collapsed with aspects of adverse sexual outcomes (e.g., history of STIs, history of pregnancy) to create a sexual risk and outcomes index.

Findings indicate that feeling positively about the self was a significant predictor of a significant predictor of engaging in fewer risky sexual behaviors and acquiring fewer adverse sexual outcomes. Similarly, other work has found negative affects to be linked to protective sexual behavior. Sales, DiClemente, Rose, Wingood, Klein and Woods (2007) found that African American emerging adult women's (n=192) beliefs that people with STIs should be ashamed were associated with increased condom use practices (controlling for a history of an STI). Though counter-intuitive, these findings do suggest some link between self-concept and risk. Future work is needed to disentangle the mechanism by which beliefs about the sexual self both cause, and are caused by, sexual behavior choices.

Taken together, these findings suggest the importance of additional work to uncover the role of sexual affect in a women's sexual health. Several questions remain: where do young African American women learn to feel good, bad, or ashamed of their sexuality? Given that society and culture prescribe sexual attitudes and values, how, then, are these internalized and emotionally manifested in young women? In an attempt to address these outstanding inquires, the current paper hopes to expand the definition of sexual affect to include positive, negative, and shameful behaviors felt as a result of one's level of sexual experience. In addition, the study will consider the origins of such emotions, specifically focusing on the value of sexual messages communicated by parents and peers.

Contraception Self-Efficacy

The final aspect of sexual health to be examined is the notion of self-efficacy in taking precautions to prevent negative outcomes in the sexual context. This ability, to be

referred to as condom use self-efficacy, is considered to be a key component in the reduction of sexual risk-taking (Robinson, Scheltema, & Cherry, 2005), and is a central element of both the Health Belief Model (HBM; see Boone & Lefkowitz, 2004) and the Theory of Planned Behavior (see Albarracin, Johnson, Fishbein, & Muellerleile, 2001). Within these models, it is argued that adolescents perform a risk-benefit analysis when deciding to engage in risk-avoidant behavior, and this analysis is driven by adolescents' beliefs that they are able to control their sexual outcomes and their desire to control these outcomes. It has been argued that these beliefs are influenced by the socialization messages that the youth receive from external agents, such as parents and peers (see Albarracin, Johnson, Fishbein, & Muellerleile, 2001).

But does greater condom-use self-efficacy actually lead to safer sex choices (regardless of racial group membership)? The findings in the literature are relatively mixed. Some studies have not found a link between condom use self-efficacy and proper condom use (Crosby et. al, 2001; Forsyth, Carey & Fuqua, 1997). However, others (e.g., Corneille, Zyniewski, & Belgrave, 2008; Robinson, Scheltema, & Cherry, 2005) maintain that there is indeed a link between condom use self-efficacy and condom use behavior in African American girls and women. Specifically, it has been suggested that feeling comfortable and more likely to use condoms in the future was significantly related to actual condom use (O'Leary, Jemmott & Jemmott, 2008).

What is the contribution of sexual socialization to experiences of condom self-efficacy? Although this has not been studied extensively, the field is turning its attention in this direction. A few studies have found a significant association between sexual communication and condom use efficacy (e.g., Boone & Lefkowitz, 2004; Hutchinson &

Cooney, 1998). In Hutchinson and Cooney's (1998) study of African American women's (ages 19-20 years) sexual risk communication experiences, more parental messages about the potentially negative aspects of sexual behavior were linked with higher levels of adolescent efficacy in condom use. Similarly, using a somewhat racially diverse (11% African American) sample of 154 male and female young adults (ages 18-25 years), Boone and Lefkowitz (2004) found that condom use self-efficacy was correlated to actual condom use, and that when entered into a larger model, perceived peer norms accounted for some of the variance in lifetime condom use. Results indicate that those adolescents who believed that their peers endorse sexual behavior also exhibited greater condom use.

The current dissertation aims to extend this work by investigating the contribution of a variety of sexual messages imparted by both parents and peers to increasing condom use self-efficacy among African American girls and young women. It is believed that socialization messages promoting partner communication and comfort, as well as agency in the sexual context ("positive messages") will be linked to increased efficacy.

Component Four: Considering the Developmental Picture

The final aim of this dissertation is to directly confront the developmental story by considering how these dynamics may play out for youth of different ages. When framing sexuality from a developmental perspective, it is important to take into account both the biological and social changes that set the tone for sexual development. The biologically-initiated manifestations of puberty mark the beginning of adolescence, and are thought to subsequently have impacts on the perception of the adolescent to the greater society (Smith, Udry, & Morris, 1985). It is the physical representations of puberty that signal to others that the adolescent is sexually mature. However, there are

many other social influences on this new sexuality. For instance, sexual maturity does not necessarily mean that an adolescent should be engaging in sexual intercourse. Society dictates the circumstances by which an individual should be sexually active, both in terms of the timing and the partner with whom the individual engages in sexual intercourse.

One manner by which the sexual development literature assesses the sexual scripts socialized to the adolescent is by using the construct of sexual communication. A large amount of the work that has examined sexual communication in African American youth has done so with adolescents (12-17 years; e.g., Fasula & Miller, 2007; L'Engle & Jackson, 2008; Sneed, 2009; Somers & Suxmann, 2005), whereas the remaining others have sampled emerging adults (18-24 years; e.g., Hutchinson & Montgomery, 2007). Findings across these studies are quite similar; the majority of findings suggest that there is indeed a link between parental communication or perceived peer behavior and sexual outcomes (e.g., sexual experience, sexual debut; Lefkowitz, & Espinosa-Hernandez, 2007). However, despite this variety in age groups examined, few have employed a developmental perspective to help uncover how the nature of sexual socialization may develop over time (L'Engle & Jackson, 2008), and no studies have conducted a comparison of the role of sexual socialization and sexual outcomes at different ages. Needed is a study that will consider the unique milestones and influences present in each developmental period in assessing the significance of such associations.

In addition, the ways in which socialization changes from late childhood to early adulthood may be informed by the shifting role of environmental and cognitive contexts, and the ways by which they intersect across development. For example, in adolescence,

a core developmental task is managing increased autonomy and an influx of sexual feelings and desire (Brooks-Gunn & Paikoff, 1997). This management has been studied as adolescent sexual decision-making, but exact models for this process are still unclear (Brooks-Gunn & Paikoff, 1997). There are a number of potential influences on adolescents' decisions, but previous research emphasizes the role of families and friends (Wilks, 1986). It has been noted that during adolescence parents' authority is challenged, and peers become central providers of advice (Brown, 1999; Collins, 1990; Paikoff & Brooks-Gunn, 1991). However, it has been suggested that during the shift out of adolescence and into young adulthood, individuals become capable of more objective decision making (Arnett, 2001). It is therefore important to consider that younger adolescents' rejection of parental beliefs may lead to an over-reliance on peers' beliefs. On the other hand, emerging adults may be more likely to begin to incorporate the messages received by their parents *and* peers equally into a comprehensive body of sexual beliefs.

Taking into account the biological, social, and cognitive factors characterizing both adolescence and emerging adulthood, the current dissertation will examine the presence of sexual socialization and subjective sexuality in two distinct age groups. Accordingly, the amount and content of sexual communication from parents and peers and evidence of healthy sexual outcomes will be assessed in a sample of high school students and a sample of college students.

Considering Individual Differences: Religiosity as a Demographic Correlate

Within African-Americans, there are likely to be several factors that affect the sexual socialization dynamics under investigation, including SES, and family structure.

Chief among these factors is religiosity. There is no shortage of literature concerning religiosity and sexual outcomes. Its role has been studied both as an influence on the sexual scripts internalized and on decisions to engage in or abstain from sexual intercourse, and their emotional fallout. Quite a few studies (Hardy & Raffaelli, 2003; Rostosky, Regnerus & Wright, 2003; Whitebeck, Yoder, Hoyt & Conger, 1999) have provided evidence for the association between religiosity and early sexual initiation. For example, Hardy and Raffaelli (2003) found an inverse relationship between religiosity and age at first sexual intercourse, such that greater religious involvement was linked to later sexual initiation.

McCree, Wingood, DiClemente, Davies and Harrington (2003) focused on risk behavior, specifically, in their analysis of religiosity, high-risk sexual behavior, and attitudes toward sex among 1130 African American adolescent girls. Results indicated that higher religiosity was related to more positive sexual outcomes: more self-efficacious behavior, older age at first sexual intercourse (delay of sexual activity), positive attitudes (about condoms), and increased condom use. Wills, Gibbons, Gerrard, Murray, and Brody (2003) reported similar findings among 297 African American adolescents, with higher levels of religiosity being inversely related to sexual behavior, thus indicating that religiosity plays a role as a direct protective factor against negative outcomes. In terms of attitudes, Vincent and Lock (1995) found that positive attitudes toward sex and less premarital sex behavior were positively related to religiosity.

Considering the above findings, this dissertation aims to investigate religiosity levels and sexuality as an individual navigates transitional periods from adolescence to adulthood. The findings from the religiosity and sexuality literatures suggest that identification with

a religious institution plays a very important role in the lives of African Americans, and, as such, may be vital to sexual development. In the current dissertation, religious identification and involvement will be considered as a potential correlate of sexual communication and subjective sexuality.

Goals of Current Study

The current dissertation sought to address these methodological limitations by investigating the role of sexual socialization in the development of healthy sexual outcomes in African American adolescent girls and young women. It has been framed as separate studies conducted in two age groups: one study with high school students, the other with college students. Because the two samples varied not only in age, but also in socioeconomic status, life trajectories, and sample size, I decided to keep them separate, and to frame study 2 as more exploratory. With these studies, I sought to address existing limitations by assessing the content of the messages African American teens and young adults receive about sex from their parents and peers, and by linking this input to multiple dimensions of healthy sexuality: sexual affect, sexual assertiveness, and condom-use self efficacy. It was argued that sexual socialization experiences would impact a young woman's beliefs about herself as a sexual being, and would also influence the way she feels about her sexual experiences.

Study 1 sought to understand the role of sexual socialization on subjective and risky sexual outcomes in African American emerging adults. Led by the findings from this study, Study 2 investigated the developmental trend of the major associations. The current dissertation was guided by the following research questions:

- 1) How do parents and peers differ in the amount of communication provided on a set of sexual topics?
- 2) How do parents and peers differ in the content of sexual communication provided?
- 3) What is the role of the *amount* of parental and peer sexual communication in sexual affect, sexual assertiveness, and condom-use self-efficacy?
- 4) What is the role of the *content* of parental and peer sexual communication in sexual affect, sexual assertiveness, and condom-use self-efficacy?

Chapter II

Study 1- Emerging Adult Sample

Overview

The goals of Study 1 represent an attempt to address each of the major limitations in the current sexual development and socialization literature bases. As stated in Chapter 1, this literature is limited in its analysis of the role of peer communication, the specific content of parental and peer sexual socialization, the attention to healthy sexual outcomes, and the investigation of sexual development across developmental periods. As such, this study aimed to first consider the amount, content and source of sexual communication for African American emerging adults. Next, it aimed to assess the extent to which this communication is linked to subjective sexual outcomes in this group. Although previous research has included some of these outcomes, virtually no work has been conducted to understand these constructs in African Americans.

This study of the dissertation was guided by the following hypotheses:

- 1) Peers will provide more communication than parents, assessed globally across topics
- 2) Communication on specific themes will differ by source, such that:
 - a. Peers will provide more messages than parents about sex being natural/positive
 - b. Peers will provide more messages than parents about the importance sexual agency
 - c. Parents will provide more messages than peers that sex belongs in marriage

- d. Parents will provide more messages than peers that sex should be relational and emotional
- 3) Sexual communication (amount and content) will be linked with subjective outcomes; specifically:
- a. Amount of communication will be associated with subjective outcomes; this component is exploratory, and no apriori expectations about directionality were set.
 - b. Parental messages about the importance of Sexual Agency, Relational Orientation, and that Sex is Natural (regardless of source) will be linked to higher levels of the positive subjective sexual outcomes, whereas parental messages promoting Abstinence will be linked to lower levels of the positive subjective outcomes
 - c. Peer messages about the importance of Sexual Agency, Relational Orientation, and that Sex is Natural will be linked to higher levels of the positive subjective sexual outcomes, whereas peer messages promoting Abstinence will be linked to lower levels of the positive subjective outcomes

Method

Participants

In the first study of this dissertation, participants were recruited from a large Midwestern university in a small town (population= 115,299). The ethnic representation of the larger university community was as follows: 65% European American, 12.1% Asian American, 5.8% African American, and 4.1% Hispanic American. In addition, in

2004, 55% of freshman estimated a family income above \$100,000. Participants ranged in age from 18 to 24 years ($M=19.95$, $SD=1.31$). There were a total of 334 participants, all reporting to be African American and female and all of whom were undergraduate students (classification not assessed). The majority (80.7%) of the sample reported having an exclusively heterosexual orientation, with 1% indicating a predominately homosexual orientation, and 1.3% indicating an exclusively homosexual orientation.

Measures

Age. Participants were asked to report their age (in months) at the time of the study. Age in months was transformed into an index representing age in years.

Parental education. Because participants may not have been able to accurately report their family/household income, mother's and father's levels of education were used as proxy. Each parent's level of education was assessed on a 10-point scale ranging from "a few years of high school or less" to "Ph.D." Scores on these scales were averaged to create an education index for mothers and fathers. Higher scores indicated indicate higher levels of education.

Amount of communication. In order to capture the extent to which certain sexuality-related topics were discussed by socialization sources, a sexual topic measure was used; of note, only the mother, father, and friend subscales were used in the current study. Participants were asked to indicate the amount of communication received from each source about 19 sexual topics (e.g., "abstinence," "condoms and other birth control," "sexuality as something positive and natural"). Most topics had been drawn from existing literature (e.g., DiIorio, Kelley, & Hockenberry-Eaton, 1999), and several others were generated (e.g., orgasm) to capture more dimensions of sexuality. Participants

indicated the quantity of communication received on each of these topics using a 4-point Likert-type scale, anchored by 0, indicating “none,” and 3, indicating “a lot.” Higher scores on this scale indicated more communication from the source about the specific topic. Scores were averaged across topics to provide an overall index of amount of communication received from each source (mother $\alpha = .91$; father $\alpha = .89$; peers $\alpha = .89$). Mother and father topic totals were combined to create a parent topic total.

Sexual themes in communication. To assess the specific values communicated about sexual issues, a 55-item adapted version of the Sexual Socialization Discourses Measure was used. Versions of this measure have been used successfully with undergraduate and high school samples, and with White, Asian, African American, and Latino students (Epstein & Ward, 2008; Kim & Ward, 2007; Smiler, Ward, Caruthers, & Merriwether, 2005). For this measure, participants were asked to indicate the extent to which each of five socialization sources (mother, father, friends, media, religion) expressed each of 50 statements about sexuality and relationships during their formative years; only the parent and friend subscales were used for the current study. It was stressed to participants that these messages may have been communicated in both direct and indirect ways, and may not necessarily have been true. Responses to each statement were made using a 4-point scale ranging from “nothing” to “a lot;” higher scores on this measure indicated more communication from each source about the particular theme.

The initial version of this measure contained 37 items (Epstein & Ward, 2008), representing five subscales: the male component of the sexual double standard, the female component of the sexual double standard, and the three approaches to sexuality outlined by DeLamater (1989) -- recreational, procreational, and relational. To these five

subscales, an additional subscale was included to assess notions of pain and risk, drawing on the female sexual scripts and discourses outlined by Phillips (2002). Finally, one subscale was created to reflect notions of personal agency in sexuality.

To assess the loadings of the statements in this measure and to validate our thematic subscales, a principal components factor analyses (with an Oblimin rotation) was conducted, based on participants' responses to the *parental* socialization messages. This analysis yielded a 6- factors structure (see Appendix A), of which the following 4 factors were selected for these analyses: Abstinence/Sex-Negative (parent $\alpha = .89$, peer $\alpha = .84$.), Relational Orientation/Importance of Love (parent $\alpha = .88$; $\alpha = .78$), Sex-Positive (parent $\alpha = .77$, peer $\alpha = .77$), and Sexual Agency (parent $\alpha = .84$; peer $\alpha = .68$).

Sexual affect. A 16-item measure was used to assess experiences of sexual affect. This measure was intended to assess each participant's emotions in regards to her own level of sexual experience (being a nonvirgin/virgin). Participants were asked to indicate the extent to which they had experienced each of the 16 listed affects using a 5-point Likert-type scale ranging from "not at all to "a lot." A principal component factor analysis (using an Oblimin rotation) revealed a 3-factor structure (see Appendix B). Next, I ran reliability analyses to confirm the following subscales: positive ($\alpha = .91$; 6 items; "content"), negative (8 items; $\alpha = .89$; "frustrated"), and shame (2 items; $\alpha = .76$; "ashamed"). Higher scores on each subscale indicated a higher likelihood that the affect was experienced in regards to level of sexual behavior.

Sexual assertiveness. Sexual assertiveness was assessed using the Hurlbert Index of Sexual Assertiveness (HISA; Hurlbert, 1991). This measure was designed to assess the levels of assertiveness experienced in the sexual context with a typical partner

(whether short- or long-term). Participants were asked to indicate the level of agreement with each of 25 statements using a 6-point Likert-type scale, anchored by “strongly disagree” and “strongly agree.” Example items included: “I speak up for my sexual feelings” and “I feel comfortable initiating sex with my partner.” Negatively worded statements were reverse-coded, and scores across statements were averaged to create a sexual assertiveness index; higher scores on this index indicated higher levels of sexual assertiveness with a typical partner.

Contraception use self-efficacy. Adapted from the precautions subscale of the Rosenthal Sexual Self-Efficacy Scale (Rosenthal, Moore, & Flynn, 1991), this 5-item measure gauges the amount of comfort felt in regards to contraception use ($\alpha = .69$). For example, participants were asked to indicate the extent to which they felt certain they could “talk about using condoms and/or other contraceptives with a potential partner” and “be able to buy condoms/contraceptives.” Responses were provided on a 5-point Likert-type scale ranging from “very uncertain” to “very certain;” scores on the scale were averaged to create a condom self-efficacy index.

Relationship Status. To determine relationship context, participants were asked to indicate “which of the following descriptions best represents the type of dating or sexual relationships you are having now?” Possible responses included: 1) “not interested in getting involved with anyone right now,” 2) “very interested in getting involved with someone, but cannot find a suitable partner,” 3) “casual dating, playing the field, nonsexual,” 4) “short-term, commitment-free, sexual encounters,” 5) “long-term, commitment-free, sexual encounters (i.e., “friends with benefits”),” 6) “exclusive, committed, nonsexual relationship with a boyfriend/girlfriend,” 7) “exclusive, committed,

sexual relationship with a boyfriend/girlfriend.” Higher scores indicated more serious, committed, and progressively sexual relationship.

Vaginal intercourse experience. To determine whether vaginal intercourse had been initiated, participants were asked to indicate whether or not they had previously engaged in vaginal intercourse. Responses to this item were either “No” (coded as 0) or “Yes” (coded as 1).

Procedure

The data for the current study were collected as part of a larger, ongoing study on the nature of Black and White undergraduates’ sex and gender socialization. Data were collected each semester over the past 5 years (from 2005-2010), accruing a total of 1085 participants, 31% of whom are African American women. Approval to perform the study was first obtained from the author’s Institutional Review Board. Subsequently, participants were recruited from the institution’s Introductory to Psychology subject pool. Participation in this subject pool was a condition of the student’s course requirements, but students were allowed to select the studies in which they wanted to participate. Alternatives to participation in the subject pool were a set of term papers that had to be written by the close of the semester.

Once participants indicated a desire to participate in the study, they were assigned a particular day and time in which to complete the study. Data from participants in the current study were collected in sessions taking place in a laboratory setting at a large university. Each session lasted approximately 45 minutes to one hour, with approximately 5-10 participants per session. After entering the room, participants were asked not to sit directly next to each other, when possible, and were informed that they

were allowed to ask questions as necessary. Participants were then read a consent form and asked to indicate their desire to participate. At this time, they were reminded that they were free to skip any item that they were not comfortable answering. After indicating consent to participate, they were then given the questionnaire packet and asked to put their packet into a brown envelope when completed to assure confidentiality. A debriefing form was given to each participant upon completion of his/her questionnaire packet.

Results

Overview of Analysis Plan

Descriptive analyses were conducted to evaluate means of all continuous variables and frequencies of all categorical variables. Inferential statistics were used to test each hypothesis. Specifically, group differences in the amount and type of sexual communication received from each socialization agent (parent and peer) were examined using t-tests. Links between socialization (overall amounts and specific themes) and subjective sexual outcome variables were analyzed using correlations and regressions. An overview of the sample and results for each of the main hypotheses are listed below.

Characteristics of the Sample

Descriptive statistics outlining demographic characteristics and communication levels for the full sample are provided in Table 2.1. Overall, participants reported moderate levels of religiosity, and had parents who, on average, had at least some college education. In addition, 20% of participants reported being in short-term, casual relationships, 33% were in committed relationships, and 47% were not romantically

involved or interested in getting involved. The sample also evidenced moderate levels of sexual communication with parents and peers. Specifically, participants reported receiving moderate amounts of communication about all of the themes from parents and peers, with the exception of sexual agency messages, which were the highest for both parental and peer input.

It is also important to note that several of the sexual communication themes for parents and peers were inter-correlated (see Table 2.3). Specifically, hearing more messages from parents and peers about almost all of the themes was linked to hearing more of the other themes. However, there was no significant association between hearing abstinence messages from parents and hearing that sex is natural from parents, nor between peer abstinence messages and parental sex agency messages.

Descriptive statistics regarding levels of the subjective sexual outcomes are provided in Table 2.2. Overall, the total sample indicated levels of “healthy” sexual self-concepts higher than the mid-point of each scale for sexual assertiveness, positive sexual affect, and condom use self-efficacy, and lower than mid-point levels of “adverse” sexual self-concepts -- negative affect and shame affect.

Contribution of Selected Demographic Variables to Core Constructs

Sexual communication. Zero-order correlations were run to assess the contributions of participant age, religiosity, and the level of education achieved by each participant’s mother and father to the overall amount and themes of sexual communication provided by parents and peers (see Table 2.4). Age was significantly associated with fewer Sex is Natural messages from parents, and fewer Sex as Relational and Sex Agency messages from friends. A higher level of self-reported religiosity was

associated with receiving more parental and peer Abstinence messages, and fewer Sex is Natural messages from parents and peers. Associations with parental educational attainment were unexpected. Participants whose mothers had more education reported hearing less communication overall from both parents. These same participants (and those whose fathers had obtained greater levels of education) also indicated that when communication did occur, parents conveyed fewer Abstinence and Agency messages.

Subjective sexual outcomes. Zero-order correlations were run to assess the contributions of each participant's age, religiosity, and parental education to her subjective sexual outcomes (see Table 2.5). Findings indicated a significant role for religiosity, such that participants with higher levels of self-reported religiosity reported feeling more positive and less negative about their own level of sexual experience. Parental education and age were not associated with any of the subjective outcomes.

Relationship of Romantic Relationship Status to Core Constructs

Although no specific predictions were made regarding the role of romantic relationships, it was regarded as a potentially important contributor in conceptualizing sexual outcomes. As such, Pearson r correlations were conducted in order to assess the link between participants' current relationship status and the main constructs of interest to the current dissertation. The analyses were conducted with two operational definitions of relationship status. For one approach I dichotomized the types of relationships (coded 0 or 1) into steady and more committed or not committed or exclusive. For the other approach, I used the actual labels associated with the 7 different types of the relationships listed, and conceptualized the score (1-7) on a continuum, with higher scores representing the decision to have more committed, serious, and sexual interactions with one's partner.

Results indicated that relationship status was associated with feelings about sexual experience (see Table 2.6); those in a more committed relationships also reported higher levels of positive sexual affect, and lower levels of negative affect and shameful affect. Being in a more committed and serious relationship was also correlated with higher levels of sexual assertiveness.

Parental and Peer Sexual Communication. It was hypothesized that the quantity of messages provided by parents and peers would differ, with parents providing fewer overall messages than peers. An Independent Samples T-test was conducted to compare the overall amount of communication (across the 19 sexual topics) provided by parents and peers. As expected, the amount of information imparted by each source was found to differ. Specifically, participants reported receiving more communication across the topics from peers than parents: $t(329) = -17.15, p < .001$ (see Table 2.1 for descriptives).

Sexual Communication and Subjective Sexual Outcomes. Zero-order correlations were conducted to assess the associations between the amount and content of parental and peer sexual communication and each of the subjective sexual outcomes (see Tables 2.7 and 2.8). Amount of parent communication was associated with sexual assertiveness; hearing more messages from parents, across sexual topics, was linked with feeling more able to assert one's sexual desires and needs. Exposure to greater amounts of peer sexual communication, across topics, produced more results, although somewhat mixed results. Here, more communication with peers was associated with greater levels of sexual assertiveness and condom self-efficacy. At the same time, however, exposure

to more peer communication was linked to feeling less positive and more shameful and negative about one's level of sexual experience.

Regarding the content of this sexual communication, both parent and peer communication was linked to several of the subjective outcomes. Specifically, receiving more Abstinence messages from parents was associated with feeling more sexual shame. On the other hand, hearing messages about the Agentic and Natural aspects of sex was linked to higher levels of sexual assertiveness and condom efficacy, and hearing Relational message was linked to greater sexual assertiveness. Messages from peers seemed to have slightly different associations. Although exposure to more Natural, Agency, and Relational messages from peers was each linked with greater sexual assertiveness, receiving more Sex is Natural messages was associated with feeling more negative and shameful and less positive about one's sexual experience level. There were no associations between peer Abstinence messages and any of the subjective outcomes.

Modeling the Factors Contributing to Subjective Sexual Outcomes

To assess hypotheses concerning the relative contributions of the content of parental and peer sexual communication to subjective sexual experiences, several linear regressions were performed. The first model, containing all eight parent and peer themes, virginity status, and relationship status, was conducted to predict sexual assertiveness. The results indicate that being in a more committed relationship, being coitally experienced, hearing Agency messages from parents, and hearing Sex is Natural messages from peers was each associated with higher levels of sexual assertiveness, accounting for 30% of the variance in sexual assertiveness (see Table 2.9).

In the second model, a similar regression analysis considering the role of all eight parent and peer themes, virginity status and relationship status predicted 12% of the variance in condom use self-efficacy (see Table 2.9). Here, only two themes emerged as significant factors: more messages from parents about sexual agency and more messages from peers concerning abstinence. No other demographic variables or sexual messages significantly predicted condom efficacy.

The third model considered the role of parental and peer sexual messages, virginity status, relationship status, and religiosity on negative affect, but was found to account for only 6 %R of variance (see Table 2.9). Here, being in a more casual and less committed relationship and receiving messages that sex is natural from one's peers were significant predictors of feeling more negatively about one's level of sexual experience.

The fourth model, which included all eight thematic messages, virginity status, and relationship status, accounted for 14% of the variance in positive affect (see Table 2.9). Similar to the regression results for shame, none of the sexual socialization messages contributed to the model; however, relationship and virginity status were each significant factors in opposite directions. This particular result indicates that those in more committed relationships and who are virgins are more likely to feel more positively about their level of sexual experience.

The fifth model, considering all eight thematic messages, virginity status, relationship status, and religiosity accounted for 9% of the variance in shame-related affect (see Table 2.9). None of the sexual socialization messages contributed to the model; however, relationship and virginity status were each significant factors. It was

found those with coital experience and those in less committed relationships felt more shame in regards to their sexual experience.

Considering Virginitly Status

Preliminary results of the dissertation suggested that there are specific, consistent, and meaningful differences in sexual communication and evaluations of personal sexuality depending on each participant's level of sexual experience. Specifically, the literature has suggested that the decision to engage in sexual intercourse is a major developmental and personal marker, affecting aspects of relationship orientation, gender role beliefs, and other sexual outcomes (Brooks-Gunn & Paikoff, 1997; Miller & Benson, 1999). As such, those who had previously engaged in sexual intercourse (coitally-experienced) were considered separately from those who had not (virgins).

Approximately 51% of the sample had ever had sexual intercourse. From this group, the average age of sexual initiation was 17 years. Also of note, each of the 7 participants reporting an either predominately or exclusively homosexual orientation also indicated at least one vaginal intercourse partner. As such, all of these participants were included in the coitally-experienced sub-group.

To test the effect of virginitly status on the outcomes of interest, interaction terms were created between virginitly status and each of the 8 main sexual themes (4 parental, 4 peer). Next, a set of linear regressions was conducted to assess the role of these interaction variables on each of the subjective sexual outcomes; models were conducted for parental (see Table 2.10) and peer messages (see Table 2.11) separately. Results indicated that participants' virginitly status (dichotomized as virgin or coitally-experienced) was a significant predictor of all but two of the outcomes of peer

communications, but did not predict outcomes concerning parental communications. Specifically, the results indicate that discussing most topics with peers effects the levels of condom efficacy and sexual affect differently depending on whether or not vaginal intercourse had occurred previously. Interestingly, virginity status did not act as a moderator for the effect of peer sexual themes on sexual assertiveness. Although somewhat inconsistent for parents and peers, these findings nonetheless suggest that previous vaginal intercourse experience should be taken into consideration when evaluating the effect of sexual communication on each subjective outcome.

To further examine the differences between virgins and those with prior sexual intercourse experience, independent samples t-test between the two groups were conducted. These analyses revealed significant differences between virgins and those with coital experience on a few demographic and sexual communication variables (see final column of Table 2.1 for t-values). More specifically, virgins reported higher levels of personal religiosity, and exposure to more Abstinence messages from their parents and peers, and more Relational messages from their peers. Coitally experienced young women reported being in more committed relationships.

Descriptive statistics regarding levels of subjective sexuality in virgins and the coitally-experienced participants are provided in Table 2.2. Virgins reported feeling significantly more positive about their virginity status than those coitally-experienced reported about their level of experience. The opposite pattern emerged for shame affect: coitally experienced young women reported feeling significantly more shame in regards to their level of sexual experience than virgins did about their virginity status. Coitally-experienced women did express higher levels of sexual assertiveness, however.

Although a few of the results were identical regardless of sexual intercourse experience, many differences were found between the groups. Therefore, I present a final set of analyses that retest the central study hypotheses, but analyze each group separately. Within these analyses, I note results that were consistent for each group, results that were inconsistent, and a few of the key differences between the two groups. Results should therefore be evaluated under the expectation that participants' conceptual definitions may differ across groups. Specifically, for virgins, sexual affect refers to feelings about being a virgin and sexual assertiveness reflects a belief that communication with a sexual partner *would* be important and necessary; similarly, condom-use self efficacy indicates comfort with condoms should the decision to engage in sexual intercourse be made. For those with previous coital experience, sexual affect refers to emotions experienced in regard to one's sexual intercourse history, sexual assertiveness indicates ability to communicate with a current sexual partner about sexual needs and desires, and condom use self-efficacy refers to comfort and perceived ability to use condoms correctly.

FINDINGS FOR VIRGINS

Contribution of Selected Demographic Variables to Core Constructs

Sexual communication. Zero-order correlations were run to assess the contributions of participant age, religiosity, and the level of education achieved by each participant's mother and father to the overall amount and themes of sexual communication provided by parents and peers (see Table 2.12). Age was not significantly associated with any of the themes or overall amounts of communication provided by parents and peers. In terms of religiosity, participants reporting greater

levels also reported receiving more overall sexual communication from their parents, and more specific messages that sex should wait (Abstinence); greater levels of religiosity were also linked to receiving fewer messages that Sex is Natural from peers.

Associations with parental educational attainment were unexpected. Participants whose mothers had more education reported hearing less communication overall from both parents. These same participants (and those whose fathers had obtained greater levels of education) also indicated that when communication did occur, they received more messages from parents about the importance of a relational orientation to sex.

Subjective sexual outcomes. Zero-order correlations were run to assess the contributions of participant's age, religiosity, and parental education to each participant's subjective evaluation of her sexuality (see Table 2.12). Findings indicated a significant role for religiosity, such that virgins with higher levels of self-reported religiosity reported feeling more positive and less negative about their own level of sexual experience. At the same time, greater parental education (maternal and paternal) was associated with feeling less positively about one's virginity status. Interestingly, for participants with no prior intercourse experience, there was no association between type of current relationship and any of the subjective sexual outcomes (see Table 2.13).

H1: Source Differences in Amount of Sexual Communication

To test whether parents and peers of virgin participants would differ in the amount of sexual communication provided, an Independent Samples T-test was conducted to compare the overall amount of communication (across the 19 sexual topics) provided by each source. As expected, the amount of information imparted by each source was found to differ. Specifically, virgin participants reported receiving more

communication across the topics from peers than parents: $t(104) = -9.02, p < .001$ (see Table 2.1 for descriptives).

H2: Differences in Content of Sexual Communication from Parents and Peers

It was also hypothesized that the specific themes present in the messages imparted by parents and peers would differ; specifically, it was believed that parents would provide more Abstinence and Relational Orientation messages and that peers would provide more Agency and Sex is Natural messages. Results of Independent Samples T-tests investigating mean differences are provided in Table 2.14. As expected, parents did provide more messages than did peers about both abstinence and the importance of love. Also, as expected, peers were more likely than parents to provide messages that sex is positive and natural. However contrary to what was hypothesized, results revealed that parents provided more messages about the importance of sexual agency than did peers.

The variance of message content reported within each source was also assessed. Paired Samples T-tests revealed significant differences in the predominant message provided (see Table 2.1 for means and Table 2.15 for t-values). Of the messages reported by parents, participants reported hearing the most communication regarding the importance of Sexual Agency, followed by Abstinence and Relational Orientation (which were communicated to the same extent, statistically), and little to no communication regarding the notion that Sex is Natural. Conversely, of the messages reported by peers, participants reported hearing the most communication regarding Sexual Agency. The next frequently occurring themes were Relational Orientation and Sexual is Natural; Abstinence was the least occurring sexual theme in peer communication.

H3: Sexual Communication and Subjective Sexual Outcomes

Amount of communication. To assess the hypothesis that the amount of sexual communication from parents and peers would be associated with subjective sexual experiences, zero-order and partial Pearson r correlation tests were conducted between the total amount of communication (across topics) provided by parents and peers and sexual assertiveness, all three sexual affects, and condom-use self efficacy. Zero-order correlations revealed several significant associations; specifically, more communication with peers (regardless of topic) was linked to greater levels of sexual assertiveness and condom self-efficacy (see top half of Table 2.16). However, this communication was also associated with feeling more negative about one's virginity status. Greater amounts of parental communication and were linked to less shame in regards to virginity status. Partial correlations, controlling for maternal education and religiosity revealed the same associations seen in the zero-order correlation analyses (see bottom half of Table 2.16).

Theme of parental message. It was hypothesized that receiving more parental messages about the importance of Sexual Agency, Relational Orientation, and that Sex is Natural (regardless of source) would be linked to higher levels of the positive subjective sexual outcomes, and that exposure to messages promoting Abstinence would be linked to lower levels of the positive subjective outcomes. To assess these connections, zero-order Pearson r correlations and partial correlations were conducted between the four parental message themes and sexual assertiveness, all three sexual affect variables, and condom-use self-efficacy; results are provided in Table 2.17. Partially supporting the hypotheses, parental messages relating to notions of the Relational Orientation and Agency were each linked to higher levels of sexual assertiveness. It

appears as though hearing from parents that being independent, but also valuing a relationship may be associated with being able to communicate needs and desires within a sexual relationship. In partial correlations (controlling for mother's education and religiosity), results remained largely unchanged; however, messages about Abstinence also became linked to greater sexual assertiveness. No parental themes were associated with any of the other subjective sexual outcomes.

Theme of peer message. Expectations for peer communication were similar to those for parents; it was hypothesized that receiving more peer messages about the importance of Sexual Agency, the Importance of a Relational Orientation messages and that Sex is Natural (regardless of source) would be linked to higher levels of the positive subjective sexual outcomes. Conversely, Abstinence messages were assumed to be linked to lower levels of the positive subjective outcomes. To assess these connections, zero-order and partial correlations were conducted between the four peer message themes and sexual assertiveness, all three sexual affect variables, and condom-use self-efficacy; results are provided in Table 2.17. Similar to the findings for the content of parental communication and only partially supporting the predictions, hearing more messages from peers expressing either a Relational Orientation or emphasizing the importance of Agency was each linked to greater levels of sexual assertiveness and higher levels of condom efficacy. However, contrary to expectations, receiving the message that Sex is Natural from peers was linked to higher levels of negative affect, and lower levels of positive affect. Finally, more communication from peers about the importance of Abstinence was associated with the exact opposite: feeling more positive about being a

virgin and less negative. All results remained in partial correlation analyses controlling for maternal education and religiosity (see Table 2.17).

FINDINGS FOR COITALLY EXPERIENCED PARTICIPANTS

Contribution of Selected Demographic Variables to Core Constructs

Sexual communication. Zero-order correlations were run to assess the contribution of participant's age, religiosity, and parental education to the overall amount and themes of sexual communication provided by parents and peers (see Table 2.18). Being older was associated with receiving less communication in general from peers and parents. In addition, with age, participants recalled hearing fewer Relational Orientation messages from parents and peers, and also fewer Agency messages from parents. In terms of religiosity, participants reported higher levels reported receiving fewer messages that sex should wait (Abstinence) from parents; however, this same link was not found for peer messages regarding Abstinence. Interestingly, greater levels of maternal education were associated with perceiving *fewer* messages from parents about the importance of Abstinence.

Subjective sexual outcomes. Zero-order Pearson r correlations were conducted to assess contributions of participant's age, religiosity, and parental education to the subjective sexual outcomes (see Table 2.18) among coitally experienced participants. Only age and religiosity were associated with any of these outcomes. Results indicated that greater religious involvement was associated with higher levels of shameful feelings about one's previous sexual behavior. In addition, being older was associated with lower self-efficacy in condom use.

Contribution of Romantic Relationship Status to Core Constructs

Although no specific predictions were made regarding the role of romantic relationship status, it was regarded to be a potentially important contributor in conceptualizing sexual outcomes. As such, Pearson *r* correlations were conducted in order to assess the link between participants' current relationship status and the main outcomes of interest. Here, as in the analyses with virgins, I will only discuss the results concerning relationship status as a continuous variable (see Table 2.19). Interestingly, analyses indicate that those in more serious relationships report feeling more positive, less negative, and less shameful about their prior sexual experience. In addition, those in more serious relationships evidenced significantly higher levels of sexual assertiveness.

H1: Source Differences in Amount of Sexual Communication

Here again, it was hypothesized that amount of sexual communication provided by parents and peers would differ, with parents providing fewer overall messages than peers. An Independent Samples T-test was conducted to compare the overall amount of communication (across the 19 sexual topics) provided by parents and peers. As expected, the amount of information imparted by each source differed significantly. Specifically, participants reported receiving more communication across the topics from peers than parents: $t(106) = -11.71, p < .001$ (see Table 2.1 for descriptives). Mirroring results for virgins, peers were perceived to discuss sexual topics more frequently than parents do.

H2: Differences in Content of Sexual Communication from Parents and Peers

It was also hypothesized that the specific themes present in the messages imparted by parents and peers would differ; specifically, it was believed that parents would provide

more Abstinence and Relational Orientation messages and peers would provide more Agency and Sex is Natural messages. Results of Independent Samples T-tests investigating mean differences are provided in Table 2.20. Consistent with hypotheses and with the results for virgins, parents provided more messages about the importance of love and relationships than did peers, and also provided more messages than peers about the importance of abstinence. Conversely, peers were more likely than parents to provide more messages that sex is natural. However, inconsistent with hypotheses, findings indicate that parents provided more messages about the importance of sexual agency than did peers.

The variance of message content reported within each source was also assessed. Paired Samples T-tests revealed significant differences in the predominant message provided (see Table 3.1 for means and Table 2.21 for t-values). Of the messages reported by parents, participants reported hearing the most communication regarding the importance of Sexual Agency, followed by Relational Orientation and Abstinence, and little to no communication regarding the notion that Sex is Natural. Mean levels of each theme differed from every other theme. Conversely, of the messages reported by peers, participants reported hearing the most communication regarding Sexual Agency. The next frequently occurring themes were Sex is Natural and Relational Orientation, which differed significantly from each other. Abstinence was the least occurring sexual theme in peer communication, and was significantly lower than each of the other themes.

H3: Sexual Communication and Subjective Sexual Outcomes

Amount of communication. To assess the hypothesis that the amount of sexual communication from parents and peers would be associated with subjective sexual

experiences, zero-order and partial Pearson r correlation tests were conducted between the total amount of communication (across topics) provided by parents and peers and sexual assertiveness, all three sexual affects, and condom-use self efficacy. As illustrated in Table 2.22, zero-order correlations revealed several significant associations; specifically, a greater amount of parental communication was linked to both more sexual assertiveness and condom efficacy, and more communication with peers was linked to greater levels of sexual assertiveness. There were no links between amounts of parental or peer communication and any type of sexual affect. Of note, all of the above associations were upheld in partial correlations (see bottom of Table 2.22).

Theme of parental message. It was hypothesized that receiving more messages about the importance of Sexual Agency, the Importance of a Relational Orientation messages, and that Sex is Natural (regardless of source) would be linked to higher levels of the positive subjective sexual outcomes; on the other hand, Abstinence were expected to be linked to lower levels of the positive subjective outcomes. To assess these connections, zero-order and partial correlations were conducted between the four parental message themes and sexual assertiveness, all three sexual affect variables, and condom-use self-efficacy; results are provided in Table 2.23. Results were mixed, with some findings supporting the hypotheses and others refuting them. As expected, exposure to parental messages about Abstinence was associated with more feelings of shame; however, receiving these messages was also associated with higher levels of condom efficacy. In addition, and contrary to the hypothesis, Relational Orientation messages were linked to *more* positive subjective outcomes (i.e., higher levels of sexual assertiveness and condom efficacy). In line with predictions, Sexual Agency messages

were also linked to more assertiveness and efficacy. Interestingly, in partial correlation analyses controlling for relationship status, nearly all of the above associations were maintained and one additional association was observed; receiving Sex is Natural messages from parents was moderately linked to sexual assertiveness (see Table 2.23). In addition, the link between parental Abstinence messages and shame affect disappeared; it appears that being in a committed relationship may play a role in this association.

Theme of peer message. Expectations for peer communication were similar to that for parents; it was hypothesized that receiving more messages about the importance of Sexual Agency, the Importance of a Relational Orientation messages, and that Sex is Natural (regardless of source) would be linked to higher levels of the positive subjective sexual outcomes. Conversely, Abstinence and messages were expected to be linked to lower levels of the positive subjective outcomes. To assess these connections, zero-order and partial correlations were conducted between the four peer message themes and sexual assertiveness, all three sexual affect variables, and condom-use self-efficacy; results are provided in Table 2.23. Only one significant result emerged; supporting prior predictions, hearing more messages that Sex is Natural from peers was associated with higher levels of sexual assertiveness. This finding was preserved in subsequent partial Pearson r correlation analyses (see bottom half of Table 2.23). In addition, controlling for relationship status also produced a new marginal association between Agency peer messages and sexual assertiveness. No other links between peer themes and subjective sexual outcomes were observed in this sub-sample of coitally experienced participants.

Discussion

The goals of Study 2 were to assess the content of the messages African American emerging adult women receive about sex from their parents and peers, and link this input to multiple dimensions of healthy sexuality. These potential healthy outcomes included feeling more empowered in their own early romantic relationships, experiencing more positive affect regarding their own levels of sexual experience, and expressing a greater comfort with displays of sexual assertiveness in their communication with a sexual partner. It was also believed that both positive sexual communication and these “subjective” aspects of sexuality might be associated with reduced risk-taking among both coitally experienced and coitally inexperienced women. I summarize and analyze the central findings below, organized by the research questions guiding this study. It should also be noted that some results differed as a function of previous vaginal intercourse experiences; I have highlighted those instances where applicable.

What is the Role of Demographic Variables in Subjective Sexual Outcomes?

While not a central research question, I did observe some interesting results in light of the demographic variables. Here, associations with the outcomes of interest were not universal; some demographics were associated with communication, while others were associated with subjective outcomes. It appears that with age, coitally experienced participants report discussing fewer sexual topics with their peers, and that this communication is less inclusive of messages asserting the importance of love and emotions to sexual experiences. Analyses also suggested that religiosity was correlated with many of the core constructs of interest. First, higher levels of religiosity were related to communication levels and content, and, more specifically, to more parental

messages stressing abstinence (for virgins) and fewer peer messages framing sex as natural. Second, for virgins, higher levels of religiosity seemed to help feelings about that virginity status.

What Sexual Discourses Do Black Women Get From Their Parents And Peers?

Of the 4 discourses examined, sexual agency messages were the most dominant type received from parents, followed by abstinence and relational messages, which were relatively equal in prominence. For peers, sexual agency messages were also the most dominant type received, followed by sex is natural and relational messages. This was not entirely as expected. Sexual agency messages played a larger role both for parents *and* peers than I might have expected. Conveying notions of independence and autonomy, these messages may be particularly influential for young women. The literature has not provided much prior investigation of the extent to which this type of message is scripted for women; however, this particular finding may point to a shift in the tone and content of sexual communication. Future work might examine the reasons that socialization sources provide as justification for providing these types of messages. Are there certain contexts under which agency messages are more likely to occur? How exactly might agency messages be processed and incorporated into emerging adults' other aspects of autonomy?

Findings also highlighted the challenges women are likely to face, in that they are confronted with somewhat conflicting messages across sources. I observed a similar pattern for virgins and experienced women; both groups received more sex is natural messages from peers than parents, yet more of each of the other three kinds of messages from parents than from peers. Hearing messages with different underlying beliefs may

lead to some cognitive strain as young women decide how to integrate or reject these notions. I also saw that virgins were exposed to more abstinence messages from parents and from peers, and more relational messages from their friends than were the coitally-experienced women. This finding is not surprising and supports results by Lefkowitz, Boone, and Shearer (2004), suggesting that perhaps hearing parents and friends talk about abstinence and love may lead young women to avoid early or casual sexual experiences. It would be very useful to uncover the specific reasons that parents cite as providing these specific messages. How aware are parents of their children's behavior, and what are the various ways that Black parents respond to this knowledge?

Is Parental Sex Communication Associated With Subjective Sexual Health

Outcomes?

This dissertation found some partial support for the benefits of parental communication, broadly. Overall, receipt of greater amounts of parental communication was associated with less shame about sexual status (among virgins only), and was associated with more assertiveness and efficacy (among coitally-experienced only). Specifically, some communication content was more beneficial than others. For both virgins and experienced women, greater exposure to parental messages about the importance of agency or about the importance of relationships was each associated with greater assertiveness. Additionally, among the experienced women, greater exposure to relational messages also predicted greater condom self-efficacy. It appears that empowering women to feel confident about their decisions may be important in their ability to assert themselves in sexual situations. Effects of abstinence messages, however, were more mixed. Although predicted to be negative, greater exposure to

abstinence messages was linked to *more* sexual assertiveness among virgins and to *more* condom self-efficacy among experienced women. Overall, it seems that parental communication, in general and on specific discourses, is linked with positive subjective sexual health outcomes, and that something very unique might be happening with abstinence messages in particular. Perhaps abstinence message serve as empowerment for young women to refuse sexual advances and control their own choices by reminding them that sexual intercourse is not required of them. Further exploration may be needed to investigate the content and intent of the specific abstinence messages provided by parents and the way that they are integrated into young women's sexual belief systems.

Is Peer Communication Associated With Subjective Sexual Behaviors?

This dissertation study found mixed support for the benefits of peer communication on subjective sexuality; the effect seemed to depend of level of prior sexual experience. For virgins, more communication with peers was linked to higher sexual assertiveness and condom-use efficacy; this association was also found for specific peer message themes concerning the relational and agency aspects of sex. Whereas the predominant peer literature suggests that perceptions of peers' sexual behavior influences an individual's own sexual behavior (Lewis, Melton, Succop, Rosenthal, 2000), it may also be that peers may also play a role in non-behavioral aspect of sexuality. Specifically, they may help young women feel more confident in their sexual abilities.

However, for these same sexually inexperienced participants, communicating with peers may be detrimental to feelings about their virginity. Whereas virgins hearing messages asserting the need to save oneself for marriage reported feeling better (less

negative, more positive), those hearing messages that sex is natural and that everyone is doing it seemed to feel worse, and reported feeling more negative and less positive about their decision to remain a virgin. It appears, then, that when emerging adults' behavior is aligned with the beliefs and values transmitted by friends, they feel affirmed by their decisions and feel good about the level of sexual experience. This may not be entirely surprising if we consider a developmental perspective. In late adolescence, and particularly in emerging adulthood, individuals actively and constantly seek approval from friends. As such, the young woman may become overly dependent and sensitive to her friends' thoughts, perspectives, and beliefs. What may be driving this is the fact that adolescents and young adults may be consistently feeling pressure to evaluate and conform their behavior to that which is socially acceptable. At that age, that which is socially acceptable is determined by the peer group (Brown, 1999). Given that we rarely feel that we are "up to par" with the expectations of those around us, it would only go to reason that there would always be a sense of underachievement. This might then manifest as negative affects about the target behavior (i.e., sexual behavior). Might adolescents and young adults regard *any* behavior in a negative light in response to their friends' opinions and beliefs?

Initial Concluding Thoughts

In conclusion, the findings presented here offer a unique and somewhat complex picture of the sexual socialization content and effects for African American women. I observed that both their parents and peers communicate many of the same messages, especially those emphasizing sexual agency and a relational orientation. However, these messages may be linked differently to subjective sexual outcomes. Although exposure to

these messages from parents seems to facilitate positive feelings about sexuality and encourage assertiveness and efficacy, peer communication seems to have deleterious associations. Those containing beliefs contrary to one's own behavior was hurtful to sexual affect (for all women).

However, there were some limitations specifically related to this study. First, the participants included were limited to a convenience sample obtained from a large university in a small town. As such, the sample may not be representative of a more economically and diverse African American population. Although the results contribute to an understudied area, it should be seen as a very initial first step in understanding the role of sexual socialization in this particular group. The study aimed to extend the few existing studies that focus on at-risk African American young adults by including lower-risk sample. However, future work might be conducted to examine this topic in the very under-examined groups of African American emerging adults not enrolled in college courses, but also not recruited from STD clinics and HIV prevention programs.

Second, this study may have been limited in its recruitment of participants. Obtaining a large sample of African American women was difficult due to the use of a convenience group from a predominately white university. Two different methods of recruitment were used: from an introductory to Psychology course and from a list of all self-reported African American students from the registrar's office. The two groups of participants differed on at least three dimensions: compensation, course enrollment, and mode of survey participation. The group recruited from the course received course credit for their participation, opted for enrollment in a psychology course and completed the survey online and in paper format. Participants recruited from the registrar's list received

monetary compensation, were *not* necessarily enrolled in a psychology course, and completed the survey in an online format only. It is possible that any one of these factors may have produced substantive difference between the two groups. In the future, it would be useful to standardize compensation, course participation, and survey collection format.

Despite these limitations, I believe that the results from this particular study were clean and strong because: 1) of the large sample size, and 2) perhaps the more advanced decision-making present in emerging adulthood. Taken together, these results suggest that both parents and peers are linked to the presence of subjective sexual outcomes in emerging adulthood. I will discuss in greater detail the specific results from this study and their larger implications in Chapter 4.

Chapter III

Study 2- Adolescent Sample

Overview

The results from Study 1 were a first step in addressing the presence of subjective sexual outcomes in emerging adulthood, and the role that sexual socialization may play in the expression of these constructs. In that study, certain messages (those more positive and encouraging in valence) were generally linked to more positive subjective outcomes. However, what do we know of when these constructs come on line? How are these more positive outcomes experienced at younger ages?

To address these questions, I conducted an exploratory investigation of the sexual socialization and the subjective outcomes in a younger age group. Due to the demographic differences between the two samples used in each study, I did not attempt to compare them. Instead, I consider Study 2 a separate, initial first step in understanding the core constructs of Study 1 as they might occur in a high school sample. As discussed in Chapter 1, previous work in the developmental literature suggests that biological and cognitive milestones in adolescence may impact sexual initiation and sexual risk-taking (e.g., Smith, Udry, & Morris, 1985). It is also imperative to consider the unique socialization environment during this developmental period. Whereas emerging adults may be more likely to begin to incorporate the messages received by their parents *and* peers equally into a comprehensive body of sexual beliefs, younger adolescents' rejection of parental beliefs may lead to an over-reliance on peers' beliefs.

Taking these developmental differences into account, this study first assessed the amount and content of sexual communication provided to African American adolescents

by their parents and peers. To assess the amount of communication, the same set of 19 topics were used. However, to assess the content of this communication, the sexual socialization measure used in Study 1 was modified for use in a younger sample. As such, preliminary analyses resulted in slightly different subscales for this group. These subscales have thus been given distinctive names. Second, the main outcomes of interest were the same subjective sexual variables from study 1: sexual assertiveness, condom use self-efficacy, and sexual affect. Although previous research has included some of these outcomes, virtually no work has been conducted to understand these constructs in African American youth. This study of the dissertation addressed the following hypotheses:

- 1) Peers will provide greater levels of overall sexual communication than parents.
- 2) There will be differences in the themes of sexual messages provided by parents and peers, such that:
 - a. Peers will provide more messages than parents about sex being natural/positive
 - b. Parents will provide more messages than peers that sex belongs in marriage
 - c. Parents will provide more messages than peers about the importance of love in sexual relationships
 - d. Parents will provide more messages than peers about the pain and risks involved in relationships
- 3) There will be associations between amount and content of sexual communication and subjective sexual outcomes, such that:

- a. Amount of communication will be associated with subjective outcomes
- b. Messages (from either source) about the importance of love and sex as natural will be associated with *higher* levels of positive subjective outcomes; messages (from either source) about abstinence and the pain and risk of relationships will be associated with *lower* levels of subjective sexual outcomes.

Method

Participants

In this second study participants were recruited from the sole high school in a small school district in a Midwestern suburban city with a population of 22,362. The ethnic representation of the school district is as follows: 61.4% European American, 30.6% African American, 3.18% Asian, and 3.01% from two or more races (Hispanic or Latino of any race were 2.47% of the population). The median income of a household in this town was: \$35,733. In total, there were 73 participants in this study, all reporting to be African American and female. Participants ranged in age from 14 to 18 years, with a mean age of 15.5 years. The majority (75%) of the sample reported having an exclusively heterosexual orientation, while 10.3% indicated a predominately heterosexual orientation, 1.5% a bisexual orientation, 1.5% a predominately homosexual orientation and 1.5% an exclusively homosexual orientation.

Measures

Socioeconomic status. Because participants may not have been able to accurately report their family/household income, their mother's and father's levels of

education were used as proxy. Both parents' level of education was assessed on a 10-point scale ranging from "a few years of high school or less" to "Ph.D." Scores on these scales were averaged to create a socioeconomic status index. Higher scores indicate higher status.

Amount of communication. In order to capture the extent to which certain sexuality-related topics were discussed by socialization sources, a sexual topic measure was used; of note, only the mother, father, and friend subscales were used in the current study. Father and mother subscales were averaged to create one "parent" subscale. Participants were asked to indicate the amount of communication received from each source about 19 sexual topics (e.g., "abstinence," "condoms and other birth control," "sexuality as something positive and natural"). Participants indicated the quantity of communication received on each of these topics using a 4 point Likert-type scale, anchored by 0, indicating "none," and 3, indicating "a lot." Scores were averaged across topics to provide an overall index of amount of communication received from each source ($\alpha = .89$ for mothers; .93 for fathers, and .88 for friends).

Sexual themes in communication. To assess the specific values communicated about sexual issues, I used a measure adapted from Darling and Hicks (1983) and from open-ended messages provided in previous studies. Participants were asked to indicate the extent to which their parents and their peers had expressed each of 55 statements about sexuality and relationships. It was stressed to participants that these messages may have been communicated in both direct and indirect ways, and may not necessarily have been true. Example items include: "the primary goal of sexual intercourse is to have children" and "men think about sex all the time." Responses to each

statement were assessed using a 4-point Likert-type scale (ranging from “nothing” to “a lot”); higher scores indicate more communication from each source about the particular theme.

Because of the low sample size, a priori conceptualizations were used to determine the following four themes into which the statements were categorized: Importance of Love; Sex is Positive; Sex for Marriage; and Pain & Risk of Relationships (see Appendix C). The Importance of Love subscale (5 items; Parent $\alpha = .64$; Peer $\alpha = .72$) assesses the degree to which sexual intercourse is considered a part of a loving and committed relationship where both partners are emotionally connected; an example item states “You should be in love before you have sex.” The Sex is Positive subscale (8 items; Parent $\alpha = .77$; Peer $\alpha = .79$) promotes all sexual behavior as natural, fun, and appropriate (with protection), regardless of level of commitment; an example item states “Being sexual is a natural part of being human.” The Sex is for Marriage subscale (7 items; Parent $\alpha = .73$; Peer $\alpha = .79$) promotes abstinence until marriage and endorses the notion that sexual intercourse is only acceptable as a means of procreation; an example item states “Sex belongs in married relationships.” Finally, the Pain & Risk subscale (7 items; Parent $\alpha = .69$; Peer $\alpha = .48$) indicates the degree to which beliefs about the emotional and physical dangers of sexual behavior are received; an example item states “One night of pleasure can bring a lifetime of pain.”

Sexual affect. A 16-item measure was used to assess experiences of sexual affect. This measure is intended to assess one’s emotions in regards to his/her own level of sexual experience. Participants were asked to indicate the extent to which they had felt each of the 16 listed affective items (in regards to their *current* level of sexual experience

(nonvirgin/virgin). Responses were indicated on a 5-point Likert-type scale ranging from “not at all to “a lot.” A principal component factor analysis (using an oblimin rotation) revealed a 2-factor structure (see Appendix D). Next, I ran reliability analyses to confirm the following subscales: positive ($\alpha = .84$; 6 items; “content”) and negative ($\alpha = .82$; 8 items ;“frustrated”). The two remaining items did not load well onto the above factors, and were excluded from analyses. Higher scores on each subscale indicate a higher likelihood that the affect was experienced in regards to level of sexual behavior.

Sexual assertiveness. This scale, adapted from the Hurlbert Index of Sexual Assertiveness (HISA; Hurlbert, 1991) is designed to assess the levels of assertiveness experienced in the sexual context with a typical partner (whether short- or long-term). Example items of the 25-item scale include: “I speak up for my sexual feelings” and “I feel comfortable initiating sex with my partner.” In the current study, participants were asked to indicate the level of agreement with each statement using a 6-point Likert-type scale, anchored by “strongly disagree” and “strongly agree.” Negatively-worded statements were reverse-coded, and scores across statement were averaged to create a sexual assertiveness index; higher scores on this index indicate higher levels of sexual assertiveness with a typical partner.

Contraception use self-efficacy. The precautions subscale of the Rosenthal Sexual Self-Efficacy Scale (Rosenthal, Moore, & Flynn, 1991) ($\alpha = .69$) was used to assess contraception use self-efficacy. This 5-item measure gauges the amount of comfort felt in regards to contraception use. For example, participants were asked to indicate the extent to which they felt certain they could “talk about using condoms and/or other contraceptives with a potential partner” and “be able to buy condoms/

contraceptives.” Responses were provided on a Likert-type scale ranging from “very uncertain” to “very certain”; scores on the scale were averaged to create a condom self-efficacy index.

Level of sexual experience. In order to determine their general amount of sexual interaction/experience, participants responded to one item stating “How would you describe your current level of experience with dating and sexual relationships?” Participants indicated the extent of their sexual involvement using the following scale: 0-3, indicated “just starting out,” 4-7 indicated “1-2 sexual relationships,” and 8-10 indicated “several sexual relationships.” Higher scores on this index denote greater self-reported sexual experience.

Relational context of sexual behavior. To determine the relational context under which the sexual activity is currently occurring, participants were asked to indicate “which of the following descriptions best represent the type of dating or sexual relationships you are having now?” Possible responses included: 1) “not interested in getting involved with anyone right now,” 2) “very interested in getting involved with someone, but cannot find a suitable partner,” 3) “casual dating, playing the field, nonsexual,” 4) “short-term, commitment-free, sexual encounters,” 5) “long-term, commitment-free, sexual encounters (i.e., “friends with benefits”),” 6) “exclusive, committed, nonsexual relationship with a boyfriend/girlfriend,” 7) “exclusive, committed, sexual relationship with a boyfriend/girlfriend.” Higher scores indicate more serious, committed, and progressively sexual relationship.

Procedure

The data for study 2 were collected as part of a larger study on the nature of African American early adolescents' media use and sexual socialization. Approval to conduct the study was first obtained from the school district. After initial consent was given, permission for the study was obtained from the author's Institutional Review Board. Prior to the start of the study, the Literature Arts teachers from each grade were contacted. After learning about the nature and goals of the study, each teacher provided permission for the research team to distribute consent forms at the beginning of one week and to return at the end of that same week to collect the consent forms and administer the survey during class time. Data were collected in one class session lasting approximately 50 minutes, with approximately 10-15 students participating in each class session (out of an approximate 25 students total). While some students completed the survey, students without consent to participate in the study completed other teacher-assigned work. While completing the survey, participants were asked not to sit directly next to each other, when possible, and were informed that they were allowed to ask questions as necessary. Participants were then read a consent form and asked to indicate their desire to participate. At this time, they were reminded that they were free to skip any item to which they were not comfortable answering. After indicating consent to participate, they were then given the survey questionnaire packet. Participants were allowed the entire 50 minutes of scheduled class time to complete the survey. At the end of that time, questionnaire packets were collected, regardless of the amount of unanswered items. A debriefing form was given to each participant upon completion of his/her questionnaire, and each participant was given a movie pass as compensation.

Results

Overview of Analysis Plan

Descriptive analyses were conducted to evaluate means of all continuous variables and frequencies of all categorical variables (see Table 3.1). Inferential statistics were used to test each hypothesis. Specifically, group differences in amount and type of sexual communication received from each socialization agent (parent and peer) were examined using t-tests. Links between socialization (overall amounts and specific themes) and the subject sexual outcome variables were analyzed using correlation analyses. Results for each of the main hypotheses are listed below.

Role of Demographics

Overview of sample. The sample used in Study 2 reported moderate levels of religiosity, and had parents who on average, had at least some college education. In addition, this sample reported being in commitment-free relationships (short and long-term) for the most part. In addition, 38% of the sample reported being in a committed relationship, 42% in short-term/casual relationships, and 20% reported no current relationship. Overall, the sample evidenced higher levels of sexual communication with parents (more with mothers than fathers), and a strong amount of communication with peers. Specifically, participants reported receiving moderate amounts of communication about all of the themes from parents and peers. In addition, the sample reported surprisingly high levels of sexual assertiveness, condom efficacy, and positive sexual affect, while also evidencing low levels of negative affect. It appears that these

adolescents may feel pretty good about their sexual experience, and may be quite able to communicate sexual desires and interest in using protection.

Sexual communication. Zero-order correlations were run to assess the contribution of participant's age, religiosity, and parental education to the amount and type of communication provided by their parents and peers. Findings indicated that religiosity was positively linked to the parental theme concerning abstinence and that higher levels of paternal education were associated with receiving fewer messages from peers about abstaining from sexual intercourse. Higher levels of maternal and paternal education were also associated with lower levels of overall parental sexual communication (see Table 3.2). It appears that more educated parents are saying less to their children about sexuality. An additional Pearson r correlation analysis was conducted to evaluate the role of relationship status in the variables of interest. Again, as was done in Study 1, two versions of the variable were used, one involving a continuous scale from 1-7, and a second that dichotomized (0 or 1) participants' current involvement in a committed, romantic/sexual relationship. Results indicate that those in more committed relationships reported receiving more overall sexual communication from peers. In addition, with more committed relationships, participants were also more likely to report receiving more messages from peers that sex is positive, and *fewer* messages from peers that sex should wait until marriage. There were no links found between relationship status and degree and content of parental communication (see Table 3.3).

Subjective sexuality. Zero-order correlations were conducted to test the association between participant's age, religiosity, parental education, and relationship status and each of the four subjective sexual outcomes (see Tables 3.3 and 3.4).

Significant associations emerged between age and both sexual assertiveness and condom use self efficacy. Specifically, with age, participants reported higher levels of assertiveness in the sexual context and greater levels of perceived self-efficacy in terms of condom use. In addition, higher levels of maternal education were linked with feeling more positively about one's level of sexual experience. Interestingly, religiosity was not linked to any of the subjective sexual outcomes. Being in a more committed relationship (see bottom of Table 3.3) was associated with feeling more positive about one's level of sexual experience, more sexually assertive, and more efficacious in condom use.

H1: Source Differences in Amount of Sexual Communication

It was hypothesized that the quantity of messages provided by parents and peers would differ, with parents providing fewer overall messages than peers. An Independent Samples T-test was conducted to compare the overall amount of communication (across the 19 sexual topics) provided by parents and peers. The amount of information imparted by each source was found to differ significantly. Specifically, participants reported receiving more communication across the topics from peers ($M=1.63$, $SD= .65$) than from parents ($M=.98$, $SD= .55$): $t(72)=-7.90$, $p<.001$.

H2: Differences in Content of Sexual Communication from Parents and Peers

It was also hypothesized that the specific themes present in the messages imparted by parents and peers would differ; specifically, it was believed that parents would provide more abstinence, importance of love, and sex as pain and risky messages. Results of Independent Samples T-tests investigating mean differences are provided in Table 3.5. As expected, parents did provide more messages about the importance of love than did

peers, and also provided more messages than parents about the importance of abstinence. Interestingly, and contrary to what was expected, parents were no more likely than peers to impart messages about the pain and risk of relationships. On the other hand, as expected, peers were more likely than parents to provide messages that sex is positive and natural.

As a supplemental question, I also investigated how message content varied within each source. Paired Samples T-tests revealed significant differences in the predominant message provided. Participants reported hearing the most messages from parents about the importance of love in the sexual context, and the least messages that sex should be positive and natural (see Table 3.6). For peers, participants reported receiving the least amount of messages that sex belongs only in marriage, but the same amount of messages that sex is positive, is painful and risky, and should involve love.

H3: Sexual Communication and Subjective Sexual Outcomes

Amount of communication. To assess the hypothesis that the amount of sexual communication from parents and peers would be associated with subjective sexual experiences, zero-order and partial Pearson r correlation tests were conducted between the total amount of communication (across topics) provided by parents and peers and sexual assertiveness, positive and negative sexual affects, and condom-use self efficacy. Tests revealed several significant associations (see Table 3.7) for peers, but only one such association for parental communication. Zero-order correlations indicated that receiving more communication from parents across sexual topics was associated with greater efficacy in condom use. On the other hand, for peers, exposure to greater levels of overall sexual communication was significantly linked to more sexual assertiveness, and

to marginally greater efficacy in condom use and positive affect. However, the marginal associations did not hold in partial correlations controlling for age, mother's education, and relationship status. Specifically, positive affect and condom efficacy were no longer significant for peers (see Table 3.7). Interestingly, in this partial correlational analysis a significant association between overall parental communication and positive affect emerged (where one did not exist in the zero-order correlation). Thus, it appears that certain demographic correlates may play a role in the links found between sexual communication and feelings and efficacy surrounding the sexual context.

Theme of parental message. It was hypothesized that receiving more messages about the importance of love and that sex is positive from parents would be linked to higher levels of the subjective sexual outcomes; conversely, it was expected that greater exposure to messages that sex is painful/risky and highlighting the importance of abstinence would be linked to lower levels of the subjective sexual outcomes. To test these associations, zero-order and partial order Pearson r correlations were conducted between the four parental message themes and sexual assertiveness, positive and negative sexual affect, and condom-use self-efficacy; results are provided in Table 3.8. Results for both sets of analyses are quite similar, and I first discuss below the findings from the zero-order correlations, and then discuss pertinent differences in the partial correlation results.

Messages about the importance of delaying sexual intercourse were not linked to any of the subjective sexual outcomes; however, each of the other three themes had some association with these outcomes. As expected, hearing more messages from parents about the importance of love was linked to feeling more positively about one's own

sexual status. Also as expected, receiving more messages from parents that sex is positive was associated with marginally greater ability to use and discuss condoms. On the negative side, yet still consistent with the hypotheses, hearing that sex is painful and risky from parents was linked to feeling negatively about one's level of sexual experience. However, contrary to that which was expected, hearing that sex is something positive and natural was also associated with marginally higher levels of negative affect. Additionally, exposure to messages that sex is painful and risky was associated with more positive affect. There was no association between any parental theme and sexual assertiveness. Controlling for age, mother's education and relationship status, partial Pearson r correlations revealed the same associations as above, with an additional link between parental abstinence messages and positive sexual affect. Here, it appears that hearing more from parents that sex should be delaying until marriage was linked to feeling better about one's level of sexual experience.

Theme of peer message. It was hypothesized that receiving more messages about the importance of love and that sex is positive from peers would be linked to higher levels of the subjective sexual outcomes; conversely, it was expected that greater exposure to messages that sex is painful/risky and highlighting the importance of abstinence would be linked to lower levels of the subjective sexual outcomes. To test these associations, zero-order and partial order Pearson r correlations were conducted between the four parental message themes and sexual assertiveness, positive and negative sexual affect, and condom-use self-efficacy; results are provided in Table 3.8. Results for both sets of analyses are quite similar, and I first discuss below the findings from the

zero-order correlations, and then discuss pertinent differences in the partial correlation results.

Zero-order correlations reveal that all four thematic messages from peers (regardless of valence) were positively associated with feeling negatively in regards to one's level of sexuality. This suggests a unique role of *any* message received from peers on adolescents' negative perceptions of themselves. This is perhaps supported by the lack of association between any of the peer themes and positive affect. In addition, peer messages stressing the importance of delaying sex until marriage were associated with lower levels of sexual assertiveness, consistent with hypotheses. Also, supporting predictions, hearing more messages that sex is positive and natural was marginally linked to greater efficacy in condom use and to higher level of sexual assertiveness.

Once I controlled for age, mother's education and relationship status, all of the above associations were retained, with two exceptions. First, the association between peer abstinence messages and sexual assertiveness disappeared. Perhaps religiosity may be playing a larger role in determining the effect of being around friends who believe that sex should wait. Second, the association between peer sex positive messages and sexual assertiveness dropped out in the partial correlations.

Discussion

Findings Supporting Predictions

Peers provide more communication than parents. As expected, reports of the amount of sexual communication provided by parents and peers differed. Participants reported hearing more messages from friends about the various sexual topics. At this particular developmental period, peer groups become more pronounced and more

influential (Blyth, Hill, & Thiel, 1982; Furman & Buhrmester, 1992). Previous work (e.g., Lefkowitz & Espinosa-Hernandez, 2007; Moore & Rosenthal, 1991) reports that adolescents cite peers as the most frequent and most preferred source of sexual communication at that age. In fact, adolescents rank friends as the source with whom they prefer to discuss concerns, successes, and personal failures, in general (Furman & Buhrmester, 1992). It is therefore not surprising that these same sources are the ones to whom adolescents turn to discuss sexuality. In line with previous research (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Moore & Rosenthal, 1991; Rozema, 1986), these results stress that parents may not be as well-regarded as peers as the primary provider of sexual scripts. Added to this is the sensitive nature of sexual topics. In addition to playing a larger role in the adolescents' daily experiences, peers may also be seen as a "safer" place for adolescents to discuss sexuality. Because parents also act as rule-setters and monitors of behavior, adolescents may be reluctant to suggest to their parents any reason for concern or additional monitoring. By "admitting" to an interest in sex or even discussing actual prior experiences, the adolescent may be susceptible to additional parental scrutiny.

Peers discuss more positive themes. It was believed that participants would recall different content in the communication received by peers and parents. The prediction asserting that peers would provide more messages that sex is positive and natural was supported; this theme was reported as occurring more from peers than from parents. This result indicates that friends may be focusing more on the pleasurable and desirable aspects of sexual behavior. This also seemed to be the predominant message provided by peers; analyses indicated that peers provided significantly more Sex Positive

messages than any of the other sexual message. Previous work in the area of content of sexual communication is limited, particularly for that provided by peers. Results from this study contribute to this dearth in the literature, and suggest that peers may differ from parents in the communication of more positive sexual messages suggesting that sex is natural and normative. In this way, peers mirror predominant societal messages that sexual behavior is commonplace.

Parents focus on love and abstinence. Whereas messages from peers were reported to center on the notion that sex is normative and pleasurable, adolescents reported receiving more messages from parents that sexual intercourse should be delayed until marriage. This is not surprising given the vast amount of previous literature that supports this result (e.g., Fasula, Miller, & Wiener, 2007). Specifically, it supports findings from Hutchinson and Montgomery (2007) indicating that African American parents include messages promoting abstinence in the sexual messages they provide to their children. Both empirical work and commonly held beliefs note that parents downplay sex outside of marriage as an option, and instead focus the majority of their communication on this type of prohibitory message. The results from this study of the dissertation support these findings; participants indeed seem to mainly recall abstinence messages from their parents.

Valence of message matters to subjective outcomes. It was hypothesized that negative sexual themes would be linked to negative subjective outcomes, and positive sexual themes would be linked to positive subjective outcomes. Work in this particular area has been previously under-examined. As such, this study represents very initial steps in this regard. Results confirmed the hypotheses that hearing

more positive messages from parents and peers is linked, to some extent, to healthy subjective sexual outcomes. Specifically, it was found that hearing more messages from parents about the importance of love was associated with feeling more satisfied with one's level of sexual experience. It may be that adolescents are conceptualizing their own behavior as an expression of love and therefore feel good that this behavior is aligned with what parents are communicating. In addition, receiving greater messages concerning the positive and natural aspects of sex from both parents and peers was associated with higher levels of condom use self-efficacy. With this finding, we see that adolescents who are socialized with notions that sex is normative may be empowered to feel comfortable with taking precautions to protect against the potentially adverse outcomes of sexual intercourse.

Conversely, those reporting higher amounts of parental communication about the pain and risk of relationships also reported more negative feelings about their sexual experience. This particular finding suggests that by focusing on the dangers of sexuality and romance, parents may actually be causing some degree of cognitive discomfort for their adolescents. It may be that after hearing parents' assertion that sex is dangerous and should be avoided, youth become more critical of the sexual experience that they have already had. To address this, it is necessary that future work be conducted to discern the direction and mechanism underlying the relationship between socialization and subjective sexuality; how might adolescents integrate these notions of danger into their own sexual decision-making? Does it make them any less likely to engage in sexual intercourse? It is also imperative that future studies account for, and test, the role of previous sexual experience when evaluating sexual communication and subjective outcomes.

Findings Not Supporting Predictions

Parents and peers did not differ on messages of pain and risk.

Contrary to expectations that parents more so than peers would portray sex as dangerous and full of possibilities to be hurt physically and emotionally, there were no differences in the extent to which this message was received from parents and peers. It is important to note that the reported means of the extent to which this theme was received was relatively high for each source. This suggests that this is a message being communicated to a large extent by multiple sources. Specifically, results suggest that in adolescence, peers may also convey such prohibitive messages, extending beliefs that parents are the main providers of such messages (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Fingerson, 2005).

Few messages (from parents or peers) linked to sexual assertiveness.

Although it was expected that certain messages from parents and peers would be associated with subjective sexual outcomes, surprisingly, this link was not found for sexual assertiveness. There was no association between any of the four parental socialization themes and sexual assertiveness. Here, it appears that an adolescent's ability to assert herself sexually is not necessarily linked to the sexual messages that she receives from her parents. However, this ability was associated with peers to a slight degree: greater levels of sexual assertiveness were linked to hearing more messages from peers that sex is positive, and fewer messages from peers that sex should wait until marriage. Communication with a peer who promotes non-relational sexual activity, may facilitate the ability to express needs and desires to a partner.

However, although these associations highlight that the content of peer sexual communication is important, it is important to note that these associations disappeared in analyses controlling for age, parental education, and relationship status. Preliminary analyses suggested that with age and increasingly committed relationships, participants reported greater sexual assertiveness. It may be that these demographic variables may account for more of variance in sexual assertiveness than do communication variables. Perhaps being more assertive in sexual encounters, for adolescent girls, is a skill that occurs with age and as a function of partner characteristics. Future studies could investigate this further, perhaps using a larger and more diverse sample to assess more closely the role of multiple demographic factors in these dynamics.

Noteworthy/Surprising Findings

Same message from parents and peers linked differently to outcomes. Drawing from previous work (e.g., Sionean et al, 2002; Teitelman, Ratcliffe, & Cederbaum, 2008) indicating that sexual messages can impact aspects of sexual behavior in unique ways, it was hypothesized that this would also hold true for subjective sexual outcomes. Results, however, were mixed. Sexual messages were linked to sexual subjectivity, with certain messages linking with certain outcomes. However, the source of the message seemed to matter. For example, whereas Importance of Love messages from peers was associated with negative affect, the same message from parents was associated with positive affect. Also, the results linked almost all of the peer themes to negative affect. On the other hand, only messages concerning the pain and risk of sexual relationships and the notion that sex is positive from parents was linked to negative affect. Could it be that messages received from peers are regarded as criticism by

adolescents, regardless of the valence of the content? It may be that particularly in adolescence, peer perceptions are quite important, and may act as *the* sexual script against which any sexual behavior is compared. Therefore, any messages from peers may be perceived as a critique or check of one's own behavior.

Religiosity linked to parental abstinence messages. Previous findings cite a strong link between religious identification and the presence of parental endorsement of abstinence (e.g., Regnerus, 2005). Mirroring these results, as well as the findings present in Study 1, it was found that adolescents high in subjective religiosity were more likely to receive messages from parents stressing the need to delay sexual intercourse until marriage. It appears, then, that this link may be relevant at different developmental periods. The role of religious identification is strong enough for it to be present in both adolescence and emerging adulthood. What is needed is additional work examining the specific messages provided by religious institutions. With this information, we could investigate the similarities of these messages to the ones that parents communicate, and could assess the ways that parents might perhaps integrate these very religious beliefs into their socialization attempts.

Initial Concluding Thoughts

Taken together, the findings resulting from this study present an initial foray into understanding the role of sexual socialization content in the development of sexual subjective outcomes in African American adolescents. Findings indicated that although neither parent nor peer messages were associated with sexual assertiveness, they were linked to sexual affect and condom efficacy. Specifically, communication with parents seems to be connected with more positive feelings about one's sexual experience, while

any communication with peers is linked with more negative feelings. However, results also suggest that messages that sex is positive are associated with feeling more empowered to obtain and use condoms.

However, there were some limitations specifically related to this study. First, the participants included were limited to a sample obtained from a small, under-performing high school in a small school district. Although this study is one of the very few to examine this topic in African American youth, the results may not be generalizable to the larger African American population due to the lack of economic and contextual representation in the sample. It would be most useful for additional studies to consider the full spectrum of African American families and youth; it is vital that research in this area consider the normative sexual socialization process and sexual development of *all* the members of this group. Also, because of the small sample size, I was not able to make distinctions between sexually experienced and virgin students, which proved to be a valuable distinction in Study 1.

Second, the assessment of parent and peer communication was not able to consider other, possibly related, variables. For instance, previous work has suggested that parental closeness is an important consideration when evaluating the sexual behavior in adolescence (e.g., Miller, 2002). Extending this, it may be that adolescents may incorporate sexual communication differently based on the quality of the parent-child relationship. In the future, this component should be included as a potential covariate. In the same vein, an adolescent's relationship with and perception of his/her peers is also an important factor. Prior studies have conceptualized peers in various ways. For instance, Brown (1990) cites the following important dimensions: the size of the group (two

members or more), formality (organized around an activity), clique or crowd (depends on how the group is formed- extrinsically by stereotype or intrinsically by members), and actual membership in the group versus using the group as a reference point for determining the individual's own beliefs and behaviors. Subsequent studies might account for the varying context under which sexual communication occurs in peer groups, and the impact of these factors on the adoption of these messages.

Despite these limitations, this study is a first step in identifying factors that contribute to African American youth's positive and non-behavioral sexual outcomes. Indeed, there are several components of sexual communication that work to facilitate these young girls' ability to communicate desires with a sexual partner, more feelings positive about their sexuality, and comfort with using and discussing condoms.

Chapter IV

Conclusion

With the two studies of this dissertation, I sought to assess the content of the messages African American teens and young adults receive about sex from their parents and peers, and link this input to multiple dimensions of healthy sexuality. These healthy outcomes included feeling more empowered in their own early romantic relationships, experiencing more positive affect in regards to their level of sexual experience, and displaying a greater comfort with displays of sexual assertiveness in their communication with a sexual partner. It is believed that these “subjective” aspects of sexuality may be associated with reduced sexual risk-taking. In general, these expectations were met; indeed, parents and peers are communicating quite a bit about multiple aspects of sexuality, and this communication seems to be playing a role in the sexual development of African American girls and young women. However, the findings were a bit more nuanced than anticipated; although some of the links were strong and in the expected direction, others were more complex and unexpected, suggesting a need for additional work in this area.

What Can we Conclude About Sexual Socialization in African American Women?

How much and what are peers and parents saying? This dissertation demonstrated the utility of assessing discourses and not just amounts of communication across multiple topics. Looking at total amounts of communication, across the sexual topics, peer means were significantly higher than parental means. This might suggest that parents are not saying much. But when we looked at specific themes, we saw that participants often perceived their parents as communicating more than peers on specific

sexual themes. It appears that parents *are* giving very specific and guided messages about the types of relationships in which young women should be engaging. In fact, although both virgins and sexually experienced women in the adult sample recalled equal amounts of communication from their parents and peers, women without coital experience reported greater exposure to messages about abstinence from parents and peers, and more relational messages from their peers. Thus, it is very likely that women who are virgins are experiencing a different sexual socialization climate, one more heavy in abstinence messages, than are women who have coital experience. Whether the messages caused the abstinence or whether the abstinence made these specific messages more salient is a conclusion that can not be drawn with these data.

However, perhaps one of the most exciting communication themes to emerge was the notion of sexual agency. It was found that these messages were quite prevalent in both samples and were reported as being received from *both* sources. Indeed, by promoting a certain view of self, peers and parents may be encouraging a more positive and healthy sexual self-concept in adolescents and emerging adults. This particular finding contributes quite a bit to the sexual socialization literature, which asserts that African American youth are mainly receiving communication about negative and risky aspects of sex (e.g., Hutchinson & Cooney, 1998; Lefkowitz, Boone, Au, & Sigmon, 2003). Perhaps there is a turning tide in what parents and peers believe are important beliefs and values to convey. Or, it might be the case that the field needs to re-conceptualize the way that we assess this communication. It appears that by using the prevailing methods of assessment focused on global topics, we may be missing the nuances in socialization climates.

Parents and peers are similar in adolescent sexual communication. The literature has provided several potential reasons why parents might be compelled to provide restrictive sexual messages. For instance, given the prevalent sexual stereotypes that African American youth are more sexually active than their peers (Stevens, 1997), parents may feel the need to stress avoidance of any sexual behavior that would conform to these stereotypes. In addition, the disproportionate rates of HIV and STDs in African Americans provide parents with justification for attempting to protect their children from the physical risks of sexual behavior. As such, it would stand to reason that African American adolescents would report a high level of communication from their parents about the pain and risk of sexual relationships. However, of particular interest here is the fact that peers were also cited as providing this message quite a bit. This finding is not as prevalent in the current literature base, and should be investigated further. Future research should examine the unique motivations of African American sexual socialization agents. Although we now know a bit more about the content of these messages, what reasons are cited for the content of this sexual communication? How might these motivations influence the frequency and degree of communication?

Re-Conceptualizing Normative Sexual Development in African American Women

Evidence of subjective sexual outcomes. The majority of work on the sexual development of African American adolescents and young adults has centered almost exclusively on the sexual risk-taking of this group (see Fergus, Zimmerman & Caldwell, 2007). However, I was also quite interested in investigating aspects of sexuality outside of sexual risk-taking. The two studies of this dissertation thus included specific types of outcomes, designed to tap into the subjective components of one's sexual repertoire.

Findings regarding the prevalence and precursors to these components were quite interesting. It was found that both adolescents and emerging adult African American women report relatively high levels of “healthy” subjective sexual outcomes (represented here by sexual assertiveness, sexual affect, and condom use self-efficacy). They seemed to feel empowered to make decisions about contraception use and express sexual desire, and also felt positively about their levels of sexual experience. The high levels of each of the subjective outcomes were an unexpected, but positive finding; it suggests that women may be experiencing more positive sexual outcomes, despite the insistence of the sexual health literature that all sexual outcomes in this group are negative. Of particular note is that this dissertation was able to begin to disentangle some of the correlates of these positive and healthy outcomes.

Parental and peer communication related to sexual assertiveness. Sexual assertiveness is one specific subjective construct strongly linked to sexual communication in emerging adults (see Horne & Zimmer-Genbeck, 2006). My results indicated that receiving sexual agency messages from either source is associated with higher levels of sexual assertiveness. Considering this, one would expect that receiving permission to make sexual decisions more generally would extend to feeling empowered to communicate these needs and desires to a partner. Although the sexual partner should be a person with whom one feels most comfortable, this is often not the case for many women. According to the heterosexual script, which outlines the culture’s sexual roles (see Kim, Sorsoli, Collins, Zylbergold, Schooler, & Tolman, 2007), women may expect a sexual partner to desire them, to want them to be pleased, and for them to regard the sexual activity in a positive light. As a consequence, women’s own needs and desires

may be overlooked, and never enter into the sexual context. Given these obstacles, it is not surprising that many women encounter difficulty valuing their own sexual desires and needs, and expressing these to a male sexual partner. Findings from this dissertation suggest that being empowered with sexual agency discourses may aid this ability to assert oneself. Specifically, parents and peers can empower a woman with messages of sexual agency, which in turn may increase the likelihood that she will express her needs and desires to her partner.

On the other hand, messages about the relational aspects of sex were associated with higher levels of sexual assertiveness. It appears that when women hear from their parents that sex is emotional and belongs in serious, committed relationships, they may be empowered to use their relationship status to bolster their confidence in their ability to communicate their sexual desires and needs with that sexual partner. In essence, those in more serious relationships have gotten “permission” from their parents to regard sexual intercourse with that particular sexual partner as acceptable. As such, interactions with that partner may come to take on a new meaning. Could it be that communication with a romantic partner rather than a sexual partner is easier? Indeed, research has demonstrated that women in more committed relationships are more likely to assert their own desires. To extend these findings, and the assertions made in this dissertation, future work might aim to uncover the ways that partner communication is gendered and influenced by the communication practices established with parents and friends.

In addition, from the positive association between parental sexual agency messages and sexual assertiveness we may conclude that hearing these particular messages from parents, specifically, may tap in to and support the emerging adults’ own

desires for self-control. Armed with parental support and endorsement, the emerging adult may be more likely to venture outside of the pre-existing societal scripts that confine, constrict, and prevent her from expressing her sexuality to others. Of note, however, is the notion that this sexual “freedom” may only be perceived as permissible in the context of a loving and stable romantic relationship. It would be useful to understand further the specific circumstances under which this assertiveness is able to be expressed.

Developmental Differences in African American Girls’ and Women’s Sexuality

Because the two samples were not parallel demographically, it was not possible to compare results of the two age groups investigated in this dissertation. However, I would like to discuss some of the trends that were both similar and dissimilar across the groups. From this analysis, perhaps we can begin to understand how sexual communication and subjective sexuality might change with age.

In terms of sexual socialization, it should be noted that communication with peers was reported as being higher than parental communication among both adolescents and emerging adults. It appears that peer messages may be prevalent across developmental periods. In addition, in both groups, parents seemed to tout the importance of delaying sexual intercourse until marriage. Although not surprising, this finding does suggest that this message is consistent across age. It supports previous work finding that African American youth are hearing this message quite a bit from their parents, and it is one that seems to stay with them through adulthood.

In terms of the precursors to subjective sexuality, the content of the communication with peers seems to be linked to sexual assertiveness for both age groups. Here it was observed that in adolescence, exposure to notions of sex as something

positive was associated with higher levels of assertiveness, whereas in emerging adulthood, it was messages about agency that were so associated. Where the age groups seemed to differ, however, was in the role of peer communication on sexual affect. For adolescents, *any* communication with peers seemed to result in participants' feeling worse about their sexual experience. However, among the emerging adults, only peer communication that espoused beliefs contrary to women's own behavior was linked to these negative feelings. It may be that at younger ages, any peer behavior will be perceived as superior, and youth may never feel that they measure up. Alternatively, with age, this social comparison may become less powerful; instead, only that behavior which doesn't conform to that of peers is regarded negatively.

Role of Religiosity in Sexual Development of African Americans Women

Results from this dissertation did not support previous findings that suggest a link between religious identification and sexual behavior. Instead, it seems to support studies that do not find a relationship between religiosity and sexual outcomes (Belgrave, Van Oss Marin, & Chambers, 2000; Wyatt et al., 2000). However, religiosity was linked to sexual communication. In both the adolescent and emerging adult virgin groups, it was associated with receiving more abstinence messages from parents. This is not surprising given the vast amount of previous literature that supports this connection. Both empirical work (e.g., Fingerson, 2005) and commonly-held beliefs suggest that parents downplay sex outside of marriage as an option, and instead focus a good deal of their communication to this type of prohibitory message. The results from this study of the dissertation support these findings; participants indeed seem to recall heavy abstinence messages from their parents, especially within really religious families.

Limitations Across Studies

Limited sample. The sample size of these studies limited my analytical options. Specifically, the small number of participants in the second study made it difficult to conduct some statistical analyses. Although the descriptive statistics and specific inferential statistics used (i.e., T-test, correlations) were useful and informative, a larger sample would have allowed us to divide the sample even further, looking at patterns for virgins and coitally-experienced youth. The findings from this dissertation can be regarded as initial steps in uncovering the associations between these constructs, and future studies can work to discern the direction of these associations.

Retrospective accounts. This dissertation's use of retrospective accounts may limit the accuracy of some of the recalled socialization messages. Participants were asked to recall the messages provided to them in prior situations, but it is not certain that all messages were recalled, nor that the ones that were recalled are accurately reported. Although this method is used in the majority of the sexual socialization literature (e.g., Epstein & Ward, 2008), there is a possibility that some memories may have been lost or distorted with time. Future work in this area could examine socialization content both as it has previously occurred, and how messages are presently transmitted to adolescents. If it is not possible to get current accounts, care can be taken to reduce the length of time between occurrence and date of recall. This might help reduce the likelihood of data loss and/or corruption. Some strides have been made in this area with the use of daily dairies (e.g., Hensel, Fortenberry, Harezlak, Anderson, & Orr, 2004); here youth can record the individual occurrences and happenings that are both directly and indirectly related to sexual socialization.

However, it is also worth noting that it may be the case that retrospective accounts are beneficial in some respect. Specifically, when asking participants to recall communication that may have been transmitted years prior, we may be able to filter out many of the less relevant messages (Kim & Ward, 2007). In this regard, we can assess those messages that feel most compelling and influential for the young adult, and as such, may play a larger role in shaping the outcomes of interest.

Inclusion and measurement of sexual subjectivity constructs. Although this dissertation employed a unique examination of sexual outcomes other than sexual behavior, it was limited in the scope of these constructs. Although sexual assertiveness, sexual affect, and condom use self-efficacy are important and interesting aspects of sexual health, they do not encompass the entirety of sexuality. There are several other constructs that should be included in future studies of normative sexuality. Specifically, it would be useful to consider similar constructs such as sexual cognition (e.g., O'Sullivan & Hearn, 2008), body consciousness in the sexual context (e.g., Wiederman, 2000), sexual desire (e.g., Tolman, 2000; Welles, 2005), and sexual satisfaction (e.g., Impett & Tolman, 2006). These components of sexuality are purported to be vital to sexual development, yet we do not yet have a clear concept of when they come on line in the developmental process, and what factors seem to promote them. The literature is beginning to consider these aspects individually; however, what is needed is a more comprehensive approach to the study of sexuality. We should no longer consider individual components, but rather, how these components might each inform and interact with one another. One study has attempted to employ this approach by using a measure termed the Female Sexual Subjectivity Inventory (FSSI; Horne & Zimmer-Genbeck,

2006). Results of this particular study suggest that it is important and useful for work in the sexual development literature to consider sexual subjectivity as encompassing both emotional and cognitive psychosexual outcomes. Building on this previous study by examining three potential aspects of subjective sexuality, this dissertation contributes to what I hope will be the start of a more in-depth approach to human sexuality, especially concerning African Americans.

I also acknowledge the measurement issues with each of these constructs. First, participants (particularly adolescents) may be unaccustomed to thinking about their own sexuality. As such, an in-class exercise requiring them to do so may not accurately capture the process that may occur in a more natural setting. Answering questions about how you would feel communicating your desires to a partner may be very different from the reality of doing such. Future work in this area should consider additional and innovative methods for assessing these cognitions and behaviors. Specifically, the field's use of diary studies (e.g., Hensel, Fortenberry, Harezlak, Anderson, & Orr, 2004) is one way in which we might begin to assess the day-to-day occurrences relating to young women's sexuality. This is just one potential avenue to gathering information in a more authentic way.

Concluding Thoughts

This dissertation represents an important next step in the process of distinguishing the relevance of sexual socialization in African American girls and young women's sexual development. It contributes to an understanding of the comprehensive beliefs that different socialization agents may be providing, including a unique assessment of less understood concepts such as sexual pleasure and notions of autonomy. We see that

African American youth are indeed receiving a wide range of communication, from expected abstinence messages to unexpected encouraging and empowering sexual agency messages. Furthermore, this dissertation elucidates the factors that contribute to African American youth's more positive and empowered sexual outcomes. Indeed, there are several components of sexual communication that work to facilitate these young women's ability to negotiate desires and needs with a sexual partner, to feel better and less shameful about their sexuality, and to be comfortable in making use of prophylactics. Representing a dearth in the sexual development literature, these outcomes symbolize an innovative conceptualization of sexuality as inclusive of physical, cognitive, and emotional sexual well-being.

Table 2.1

Descriptive Statistics and Group Differences of Sexual Communication Variables among Virgin and Coitally-Experienced (CE) Emerging Adults

Variable	Sample Mean	Virgin Mean (SD)	Virgin Range	CE Mean (SD)	CE Range	t
Age	19.78	20.03 (1.36)	18-24	19.86 (1.25)	18-22.58	.03
Religiosity	3.65	3.77 (1.00)	0-5.00	3.53 (1.11)	0-5.00	2.10*
Mother's Education	15.86	15.79 (2.61)	11-24.00	15.94 (2.85)	11-29.00	-.51
Father's Education	15.43	15.43 (2.89)	11-24.00	15.43 (2.88)	11-24.00	.00
Relationship Status	3.71	2.41 (1.58)	1-7.00	4.82 (2.47)	1-7.00	-9.94***
Parent Sex Topic-Total	.96	.97 (.53)	0-2.20	.94 (.55)	0-2.33	.45
Peer Sex Topic-Topic	1.73	1.66 (.66)	0-3.00	1.81 (.67)	.40-3.00	-1.65
Parent-Abstinence	1.71	1.85 (1.02)	0-3.00	1.58 (1.04)	0-3.00	2.31*
Parent Relational	1.80	1.84 (1.05)	0-3.00	1.77 (1.08)	0-3.00	.63
Parent-Natural	.54	.54 (.59)	0-3.00	.54 (.57)	0-3.00	-.03
Parent-Agency	2.48	2.43 (.87)	0-3.00	2.53 (.80)	0-3.00	-.98
Friend-Abstinence	.88	1.02 (.78)	0-3.00	.74 (.69)	0-3.00	2.76**
Friend-Relational	1.63	1.74 (.74)	0-3.00	1.53 (.79)	0-3.00	2.00*
Friend-Natural	1.68	1.57 (.73)	0-3.00	1.73 (.66)	0-3.00	-1.65
Friend-Agency	2.13	2.20 (.77)	0-3.00	2.13 (.71)	0-3.00	.66

Note. * $p < .05$, ** $p < .01$, $p < .001$

Table 2.2

Descriptive Statistics and Group Differences of Subjective Outcomes among Virgin and Coitally-Experienced (CE)

Variable	Sample Mean	Virgin Mean (SD)	Virgin Range	CE Mean (SD)	CE Range	t
Positive Affect	2.45	2.65 (1.19)	0-4.00	2.27 (1.03)	0-4.00	2.40*
Negative Affect	.63	.65 (.79)	0-3.50	.65 (.70)	0-3.50	.07
Shame Affect	.53	.30 (.59)	0-2.50	.73 (1.02)	0-4.00	-3.69***
Sexual Assertiveness	2.54	2.19 (.79)	0-4.00	2.74 (.63)	1-3.50	-5.02***
Condom Use Efficacy	4.33	4.25 (1.27)	1-6.00	4.40 (.81)	1-6.00	-.72

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.3

Zero-Order Correlations among Sexual Socialization Themes- All Participants

Theme	1	2	3	4	5	6	7	8
Parent								
1. Abstinence	--	.51***	.10	.51***	.39***	.14***	.15**	.22**
2. Relational		--	.35***	.68***	.12*	.36***	.36***	.36***
3. Sex Natural			--	.21***	.16**	.31***	.30***	.22***
4. Agency				--	.09	.16**	.38***	.39***
Peer								
5. Abstinence					--	.40***	-.16***	.34***
6. Relational						--	.14*	.61***
7. Sex Natural							--	.16**
8. Agency								--

Note. * $p < .05$, ** $p < .01$, $p < .001$

Table 2.4

Zero-Order Correlations between Demographics and Sexual Communication variables-

All Participants

Variable	Age	Religiosity	Mom Ed	Dad Ed
Parent Total	-.02	.08	-.15**	.03
Peer Total	-.12	-.07	.01	.06
Parent-Abs	.05	.27**	-.19**	-.10**
Parent-Relational	.07	.10	-.01	.06
Parent-Agency	.10	-.07	-.09*	.01
Parent-Sex Nat	-.13*	-.14**	.03	-.02
Friend-Abs	-.09	.29**	-.11*	.02
Friend-Relational	-.17**	-.03	-.03	.05
Friend-Agency	-.15*	.02	.00	.00
Friend-Sex Nat	-.09	-.20**	-.01	.06

Note. * $p < .05$, $p < .01$

Table 2.5

Zero-Order Correlations between Demographics and Behavioral Outcomes of Interest-

All Participants

Variable	Age	Religiosity	Mom Ed	Dad Ed
Pos Affect	-.06	.11*	-.09	-.12
Neg Affect	-.01	-.11*	-.01	.05
Shame Affect	-.08	.05	.01	.04
Sex Assert	.07	-.08	-.12	-.05
Condom Eff	-.09	.10	-.07	.04

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.6

Zero-Order Correlations between Relationship Status and Subjective Sexual Outcomes -

All Participants

Variable	Relationship Status (steady/not steady)	Relationship (cont)
Pos Affect	.19**	.16**
Neg Affect	-.19**	-.16**
Shame Affect	-.12*	-.12*
Sex Assert	.41**	.40**
Condom Eff	.08	.09

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.7

Zero-Order and Partial Correlations between Amount of Communication and Subjective

Sexual Outcomes- All Participants

Variable	Parent Total	Peer Total
Sexual Assertiveness	.25**	.30**
Positive Affect	.10	-.12*
Negative Affect	-.07	.13*
Shame Affect	-.08	.13*
Condom Efficacy	.05	.27**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2.8

*Zero-Order and Partial Correlations between Parent and Peer Sexual Communication**Themes and Subjective Outcomes- All Participants*

Variable	Pos Aff	Neg Aff	Shame Aff	Condom Eff	Sex Assert
Parent					
Abs	.05	.05	.14*	.07	.07
Relational	.14	.03	.01	.10	.36***
Sex Nat	.08	.01	-.00	.14*	.20**
Agency	.13	.01	.00	.22**	.41**
Friend					
Abs	.10	-.05	.01	.19	-.07
Relational	.10	.02	-.05	.08	.15*
Sex Nat	-.12*	.14*	.11*	-.05	.33**
Agency	.05	.00	-.02	.17**	.26**

Note. * $p < .05$, ** $p < .01$, $p < .001$.

Table 2.9

Regressions: ALL Parent & Peer Themes Predicting Sexual Assertiveness (Sex Assert), Condom Use Self-Efficacy (CUSE), Negative Affect (NA), Positive Affect (PA), and Shame Affect (SA)- All Participants

	B				
	Sex Assert	CUSE	NA	PA	SA
Age	---	---	---	---	---
Relationship Status	.26***	---	-.24**	.34***	-.24**
Religiosity	---	---	-.10	.11	---
Mother's Ed	---	---	---	---	---
Virginity Status	.20**	.14	.06	-.29***	.36***
Parent- Abstinence	-.07	-.21	.10	-.16	.15
Parent- Relational	.05	-.21	.05	.05	.03
Parent- Natural	.02	.02	-.10	.08	-.05
Parent- Agency	.24*	.57***	-.10	.17	-.07
Friend- Abstinence	.04	.33*	-.05	.04	.04
Friend- Relational	-.02	.02	.03	.04	-.07
Friend- Natural	.19*	-.12	.24**	-.15	.07
Friend- Agency	.10	-.01	-.04	.01	-.02
Adjusted R2	.30	.12	.06	.14	.09
DF	152	82	169	169	175
F	8.02	2.34	2.07	3.56	2.72
P	.000	.021	.025	.000	.022

Note. n=. Standardized Betas reported. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2.10

*Regressions: All **Parent** Themes Predicting Sexual Assertiveness (Sex A), Condom Use Self-Efficacy (CUSE), Negative Affect (NA), Positive Affect (PA), and Shame Affect (SA)*

	B				
	SexA	CUSE	NA	PA	SA
Age	---	-.18*	---	---	---
Relationship Status	.23**	---	-.25**	.36***	-.24**
Religiosity	---	---	---	---	.06
Mother's Ed	---	---	---	---	---
Virginity Status	.42	-.26	-.05	-.27	.28
Parent- Abstinence	.09	-.03	-.06	-.15	.00
Parent- Relational	.09	-.23	.11	.21	.06
Parent- Natural	.11	-.10	-.10	.01	-.04
Parent- Agency	.29*	.27	-.04	-.09	-.04
Virgin * Abstinence	-.27	.00	.21	-.53	.30
Virgin * Relational	-.10	.08	-.12	-.37	-.10
Virgin * Natural	.01	-.13	.12	.11	.03
Virgin * Agency	.11	.38	.01	.70	-.10
Adjusted R2	.28	.06	.04	.15	.09
DF	152	81	175	175	169
F	7.36	1.61	1.22	4.37	2.58
P	.000	.120	.282	.000	.005

Note. n=. Standardized Betas reported. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2.11

Regressions: All Peer Themes Predicting Sexual Assertiveness (SexA), Condom Use Self-Efficacy (CUSE), Negative Affect (NA), Positive Affect (PA), and Shame Affect (SA)

Predictors	B				
	Sex A	CUSE	NA	PA	SA
Age	---	-.21*	---	---	---
Relationship Status	.25**	---	-.24**	.31***	-.22**
Religiosity	---	---	---	---	.11
Mother's Ed	---	---	---	---	---
Virginity Status	.52*	.38	.26	-.57*	.57*
Friend- Abstinence	.14	.04	-.25*	.23*	-.11
Friend- Relational	.03	.29	.04	.00	-.03
Friend- Natural	.25	-.23	.27**	-.22*	.11
Friend- Agency	.24	.18	.03	-.01	.04
Virgin * Abstinence	-.21	.15	.34**	-.31*	.28*
Virgin * Relational	-.11	-.70*	.00	.14	-.19
Virgin * Natural	.11	.57	-.19**	.45*	-.09
Virgin * Agency	-.19	-.22	-.30	.00	-.19
Adjusted R2	.28	.15	.09	.15	.11
DF	153	83	178	178	172
F	7.40	2.65	2.90	4.39	2.99
P	.000	.007	.002	.000	.001

Note. n=. Standardized Betas reported. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 2.12

Zero-Order Correlations between Demographics and Outcomes of Interest- Virgins

Variable	Age	Religiosity	Mom Ed	Dad Ed
Parent Total	.14	.20*	-.26**	-.01
Peer Total	.10	-.18	.09	.04
Parent-Abstinence	.16	.24**	.01	.14
Parent-Relational	.03	.11	.16*	.19*
Parent-Agency	.07	.15	-.01	-.08
Parent-Sex Natural	-.12	-.12	.02	.07
Friend-Abstinence	-.02	.13	-.12	.04
Friend-Relational	-.24	-.11	-.12	-.01
Friend-Agency	-.14	-.08	-.07	-.05
Friend-Sex Natural	.12	-.26**	.05	.11
Pos Affect	.04	.28**	-.20*	-.20*
Neg Affect	-.04	-.33***	-.00	.01
Shame Affect	-.13	-.17	.16	.19
Sex Assert	.32	-.11	-.20	-.20
Condom Efficacy	-.08	.19	-.04	.02

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.13

Correlations between Relationship Status (Continuous, Progressively Committed and Sexual) and Subjective Sexual Outcomes- Virgins

Variable	Relationship Status
Pos Affect	.19
Neg Affect	-.18
Shame Affect	-.14
Sex Assert	.12
Condom Efficacy	.09

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.14

Differences in Themes Communicated by Parents and Peers- Virgins

Theme	Parent	Peers	T-Value
Abstinence	2.01	1.02	10.28**
Relational Orientation	2.05	1.73	3.34**
Sexual Agency	2.54	2.21	4.41**
Sex Natural	.53	1.58	-13.34**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.15

Within-Source Differences in Themes Communicated – Virgins

Parental Themes Compared	DF	T-Value	Significance
Abstinence-Relational	149	-.13	.895
Abstinence-Natural	150	13.39	.000
Abstinence- Agency	148	-7.94	.000
Relational- Natural	148	14.92	.000
Relational-Agency	147	-9.74	.000
Natural- Agency	147	-23.66	.000
Peer Themes Compared			
Abstinence-Relational	105	-9.68	.000
Abstinence-Natural	105	-4.95	.000
Abstinence- Agency	104	-14.27	.000
Relational- Natural	106	1.73	.000
Relational-Agency	104	-7.28	.000
Natural- Agency	104	-6.47	.000

Table 2.16

*Zero-Order and Partial Correlations between Amount of Communication and Subjective**Sexual Outcomes- Virgins*

Variable	Parent Total	Peer Total
Zero-Order		
Sexual Assertiveness	.21	.38***
Positive Affect	.19	-.17
Negative Affect	-.15	.29**
Shame Affect	-.26*	.05
Condom Efficacy	-.13	.38**
Partial		
Sexual Assertiveness ^{c,d}	.23	.39**
Positive Affect ^{c,d}	.13	-.12
Negative Affect ^{c,d}	-.10	.25*
Shame Affect ^{c,d}	-.22*	.01
Condom Efficacy ^{c,d}	-.18	.43**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; demographic controls: ^aage, ^brelationship status, ^cmaternal education, ^dreligiosity

Table 2.17

Zero-Order and Partial Correlations between Themes and Subjective Outcomes- Virgins

Variable	Pos Aff	Neg Aff	Shame Aff	Condom Eff	Sex Assert
Parent					
Abstinence	.19	-.03	.00	-.06	.22
Relational	.17	.02	.04	-.03	.30*
Sex Natural	.08	-.08	-.03	.12	.21
Agency	.12	-.02	-.00	.10	.36**
Friend					
Abstinence	.28**	-.25*	-.13	.24	.17
Relational	.06	-.01	.02	.31*	.29*
Sex Natural	-.28**	.34***	.20	-.20	.21
Agency	.07	-.00	.03	.33*	.33**
PARTIAL CORRELATIONS					
Parent					
Abstinence ^{c,d}	.15	.06	.04	-.11	.28*
Relational ^{c,d}	.19	.08	.03	-.05	.37**
Sex Natural ^{c,d}	.12	-.12	-.05	.15	.20
Agency ^{c,d}	.02	.10	.04	.07	.40*
Friend					
Abstinence ^{c,d}	.24*	-.22*	-.10	.17	.22
Relational ^{c,d}	.07	-.06	.02	.36*	.26*
Sex Natural ^{c,d}	-.22*	.28*	.16	.19	-.16
Agency ^{c,d}	.09	-.04	.03	.35*	.32**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; demographic controls: ^aage, ^brelationship status, ^cmaternal education, ^dreligiosity

Table 2.18

Correlations between Demographics and Outcomes of Interest- Coitally Experienced

Variable	Age	Religiosity	Mom Ed	Dad Ed
Parent Total	-.24*	-.04	-.06	.06
Peer Total	-.31***	.05	-.04	.10
Parent-Abstinence	.40***	-.30***	-.20*	-.20*
Parent-Relational	-.20*	.04	-.15	-.03
Parent-Agency	-.26**	.02	-.12	-.05
Parent-Sex Natural	-.15	-.13	-.07	.06
Friend-Abstinence	-.05	.18	-.13	-.03
Friend-Relational	-.21*	.01	.01	.09
Friend-Agency	-.19	.07	.04	.06
Friend-Sex Nat	-.14	-.02	-.05	.03
Pos Affect	-.22	-.05	.00	-.10
Neg Affect	.03	.12	-.03	.08
Shame Affect	-.01	.22*	-.04	.01
Sex Assert	-.10	-.01	-.04	.10
Condom Eff	-.43**	.04	-.13	.07

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.19

Zero-Order Correlations between Relationship Status (Continuous, Progressively Committed and Sexual) and Outcomes of Interest

Variable	Rel' ship - Coitally Exp
Pos Affect	.39***
Neg Affect	-.26**
Shame Affect	-.27**
Sex Assert	.36***
Condom Eff	.06

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.20

Differences in Themes Communicated by Parents and Peers--- Coitally Experienced

Theme	Parent	Peers	T-Value
Abstinence	1.71	.74	10.03**
Relational Orientation	1.89	1.53	3.32**
Sexual Agency	2.57	2.13	4.91**
Sex Natural	.53	1.73	-19.16**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.21

Within-Source Differences in Themes Communicated – Coitally-Experienced

Parental Themes Compared	DF	T-Value	Significance
Abstinence-Relational	160	-2.20	.029
Abstinence-Natural	160	11.32	.000
Abstinence- Agency	158	-12.90	.000
Relational- Natural	160	16.69	.000
Relational-Agency	158	-12.29	.000
Natural- Agency	158	-30.81	.000
Peer Themes Compared			
Abstinence-Relational	104	-9.08	.000
Abstinence-Natural	104	-10.15	.000
Abstinence- Agency	103	-16.91	.000
Relational- Natural	104	-2.29	.024
Relational-Agency	103	-9.37	.000
Natural- Agency	103	-5.10	.000

Table 2.22

*Zero-Order and Partial Correlations between Amount of Communication and Subjective**Sexual Outcomes- Coitally Experienced*

Variable	Parent Total	Peer Total
Zero-Order		
Sexual Assertiveness	.28**	.23*
Positive Affect	.09	.02
Negative Affect	.00	.04
Shame Affect	.02	.07
Condom Efficacy	.32*	-.09
Partial		
Sexual Assertiveness ^b	.26**	.24*
Positive Affect ^b	.08	.01
Negative Affect ^b	.02	.05
Shame Affect ^b	.04	.08
Condom Efficacy ^b	.32*	-.09

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; demographic controls: ^aage, ^brelationship status, ^cmaternal education, ^dreligiosity

Table 2.23

*Zero-Order Correlations between Themes and Subjective Outcomes- Coitally**Experienced*

Variable	Pos Aff	Neg Aff	Shame Aff	Condom Eff	Sex Assert
Parent					
Abstinence	-.15	.13	.19*	.29*	.08
Relational	.09	.04	.03	.30*	.32***
Sex Natural	.07	.10	.01	.20	.16
Agency	.17	.03	.00	.57***	.39***
Friend					
Abstinence	-.18	.16	.17	.24	-.17
Relational	.09	.04	-.05	-.21	.04
Sex Natural	.15	.09	-.01	.19	.39***
Agency	.02	.01	-.05	-.07	.13
Parent					
Abstinence ^b	-.17	.14	.18	.29*	.09
Relational ^b	.04	.08	.07	.29*	.31**
Sex Natural ^b	.15	.08	-.10	-.05	.19+
Agency ^b	.11	.08	.05	.54***	.36**
Friend					
Abstinence ^b	-.13	.12	.14	.22	-.12
Relational ^b	.09	.06	-.04	-.23	.03
Sex Natural ^b	.15	.10	-.00	.16	.40**
Agency ^b	.06	-.01	-.07	-.09	.19+

Note. + $p < .06$, * $p < .05$, ** $p < .01$, *** $p < .001$; demographic controls: ^aage, ^brelationship status, ^cmaternal education, ^dreligiosity

Table 3.1

Descriptive Statistics of Main Variables of Interest

Variable	Min	Max	Mean	Standard Deviation
Age	14.00	18.00	15.45	1.00
Religiosity	0.00	5.00	3.11	.95
Maternal Education	1.00	7.00	3.55	2.43
Paternal Education	1.00	7.00	3.54	1.92
Relationship Status	1.00	7.00	4.30	2.16
Mother Sex Topic-Total	0.00	3.00	1.47	.72
Father Topic-Total	0.00	2.26	.48	.61
Peer Topic-Total	0.00	3.00	1.63	.63
Parent-Abstinence	0.00	3.00	1.73	.74
Parent- Imp. of Love	0.00	3.00	2.03	.79
Parent -Pain & Risk	0.00	3.00	1.79	.68
Parent-Sex Positive	0.00	2.50	1.09	.72
Friend - Abstinence	0.00	2.86	1.10	.69
Friend- Imp of Love	0.00	3.00	1.76	.72
Friend-Pain & Risk	.00	3.00	1.70	.69
Friend -Sex Positive	0.00	3.00	1.80	.71
Positive Affect	.00	3.50	2.08	.82
Negative Affect	0.00	3.50	.89	.81
Sexual Assertiveness	1.71	5.64	4.02	.79
Condom Use Efficacy	1.40	5.00	3.89	1.03

Table 3.2

Correlations between Demographics and Sexual Communication Amount and Themes

Variable	Age	Religiosity	Mom Ed	Dad Ed
Parent Total	-.06	.10	-.30*	-.37**
Peer Total	-.02	.17	.02	.11
Parent-Abs	-.06	.28*	-.11	-.07
Parent-Imp. Love	-.07	.21	-.04	-.08
Parent-Pain/Risk	-.19	.06	-.02	-.15
Parent-Sex Pos	-.09	-.05	-.14	-.22
Friend-Abs	-.07	.03	-.07	-.27*
Friend-Imp. Love	-.04	.16	.12	-.06
Friend-Pain/Risk	-.00	.00	.01	-.13
Friend-Sex Positive	-.09	.14	-.07	.11

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.3

Correlations between Relationship Status and Outcomes of Interest

Variable	Relationship Status
Parent Total	.07
Peer Total	.31**
Parent-Abs	-.15
Parent-Imp. Love	.03
Parent-Pain/Risk	.12
Parent-Sex Pos	.07
Friend-Abs	-.29*
Friend-Imp. Love	-.11
Friend-Pain/Risk	.13
Friend-Sex Positive	.25*
Pos Affect	.29*
Neg Affect	-.21
Sex Assert	.48**
Condom Eff	.30*

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.4

Correlations between Demographics and Subjective Outcomes of Interest

Variable	Age	Religiosity	Mom Ed	Dad Ed
Positive Affect	.12	.07	.28*	.01
Negative Affect	.04	-.07	.03	.14
Sex Assertiveness	.24*	-.10	.04	.10
Condom Efficacy	.26*	-.03	-.19	-.07

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.5

Differences in Themes Communicated by Parents and Peers

Theme	Parent	Peers	T-Value
Abstinence	1.73	1.10	6.71***
Importance of Love	2.03	1.76	2.68**
Pain & Risk	1.79	1.70	1.23
Sex Positive	1.09	1.80	-8.53***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3.6

Within-Source Differences in Themes Communicated

Parental Themes Compared	DF	T-Value	Significance
Importance of Love- Abstinence	72	3.20	.002
Importance of Love- Sex Positive	72	9.67	.000
Importance of Love- Pain & Risk	72	2.65	.010
Abstinence- Sex Positive	72	5.48	.000
Abstinence- Pain & Risk	72	-.75	.454
Sex Positive- Pain & Risk	72	-8.65	.000
Peer Themes Compared	72		
Importance of Love- Abstinence	72	8.86	.000
Importance of Love- Sex Positive	72	-.33	.742
Importance of Love- Pain & Risk	72	.77	.444
Abstinence- Sex Positive	72	-6.47	.000
Abstinence- Pain & Risk	72	-8.44	.000
Sex Positive- Pain & Risk	72	1.03	.309

Table 3.7

*Zero-Order and Partial Correlations between Amount of Communication and Subjective**Sexual Outcomes*

Variable	Parent Total	Peer Total
Sexual Assertiveness	.07	.43***
Positive Affect	.13	.22+
Negative Affect	.13	.11
Condom Efficacy	.25*	.23+
PARTIAL CORRELATIONS		
Sexual Assertiveness	.10	.36**
Positive Affect	.25**	.15
Negative Affect	.16	.19
Condom Efficacy	.23+	.17

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; controlling for age, mother's education, and relationship status

Table 3.8

Zero-Order and Partial Correlations between Parental and Peer Themes and Subjective Outcomes

Variable	Sex Assert	Positive Affect	Negative Affect	Condom Eff
Parent				
Abs	-.05	.14	.20	-.04
Imp. Love	.17	.24*	.02	.11
Pain/Risk	-.02	.31**	.27*	.11
Sex Pos	-.05	.01	.22+	.23+
Friend				
Abs	-.33**	-.12	.34**	.05
Imp. Love	-.11	.05	.24*	.03
Pain/Risk	.03	.15	.32**	.17
Sex Positive	.27*	.16	.28*	.27*
PARTIAL CORRELATIONS				
Parent				
Abs	.05	.25*	.18	.00
Imp. Love	.19	.27*	.04	.12
Pain/Risk	-.03	.35**	.32**	.14
Sex Pos	-.05	.06	.25*	.23+
Friend				
Abs	-.21	-.01	.30**	.16
Imp. Love	-.09	.04	.23+	.08
Pain/Risk	-.04	.13	.36**	.15
Sex Positive	.22	.14	.36**	.24+

Note. + $p < .07$, * $p < .05$, ** $p < .01$, *** $p < .001$; controlling for age, Mother's education, and relationship status

APPENDIX A

Principal Components Factor Analysis for Sexual Themes Communicated – Study 1

		Factors					
	Item	1	2	3	4	5	6
Sexual	In dating, the goal for men is “to score” with as many women as they can	.84					
Double Standard	Men are most interested in women as potential sex partners and don’t want to be “just friends” with them.	.78					
	It is worse for a woman to sleep around than it is for a man.	.73					
	Men want as much as they can get on a first date.	.72					
	Men want sex, women want relationships.	.67					
	It’s a man’s nature to have a roaming eye.	.66					
	Almost all men cheat at some time.	.66					
	It’s difficult for men to resist their sexual urges.	.66					
	Men think about sex all the time.	.63					
	Disappointment is inevitable in sexual relationships.	.53					
	It is not appropriate for women to be too interested in sex or to plan for sex.	.51					
	It’s better for a woman to use her “feminine charm” (e.g., flirting, body language) to indicate her interest than to express it directly.	.45					
	Men lose respect for women who sleep with them too early in a relationship.	.44					
	Love hurts.	.41					
	It is up to women to limit the sexual advances of men and to keep men from “going too far.”	.41					
Gay OK	Homosexuality is a question of sexual orientation, not morality.	.84					
	Homosexuality is okay.	.78					
	Lesbian, gay, or bisexual people should have the same rights as everyone else.	.63					
	Homosexuality is perverse and unnatural.	-.51			-.48		
Sex	Sex should be a deep and beautiful expression of love between two people.			.63			

Emotional/ Relational	Partners should be intellectually and emotionally intimate before they are physically intimate.	.61
	Sex is best when the partners are in a loving and committed relationship.	.60
	Romantic/sexual relationships are best when they start as friendships.	.53
	Only you can know when you are ready for sex.	.50
	The primary goal of sexual intercourse is to have children.	.40
Sex is for Marriage	Sex belongs only in married relationships.	.89
	You should abstain from sex until marriage to avoid getting pregnant or getting someone pregnant.	.76
	Sex outside of marriage is a sin.	.76
	Abstinence is the best policy. Just say no.	.67
	People who have sex before marriage typically regret it later.	.63
	Good girls don't have sex.	.46
	Sex outside of marriage is perfectly fine as long as "protection" is used to prevent STDs and pregnancy.	.43
	Men should be the initiators in romantic relations and should be the ones to ask women out.	.42
Sex Natural	Women have just as many sexual urges and desires as men.	.62
	Having sex is just something fun to do.	.59
	Having sex with someone should not necessarily imply your commitment to that person.	.58
	Being sexual is a natural part of being human.	.55
	Having a "one-night stand" is okay as long as both partners agree that's all it is.	.55
	Having sex should be viewed as just a normal part of dating relationships.	.54
	No sexual act should be considered immoral as long as both parties are consenting adults.	.47
Sex Agency	Be yourself. Don't try to act a certain way to please a boy/girl.	.62
	The decision to have sex is serious and should not be taken lightly. With it comes	.56

a lot of responsibilities.

Don't let anyone make you do anything you don't want to do.

It is unsafe for a woman to be alone with a man she doesn't know well.

.54

.41

APPENDIX B

Principal Components Factor Analysis for Sexual Affect Scale- Study 1

Item	Factor		
	1	2	3
Positive Affect			
Happy	.93		
Pleased	.88		
Satisfied	.84		
Content	.77		
Proud	.66		
Comfortable	.55		
Negative Affect			
Uneasy		.69	
Frustrated		.67	
Self-Conscious		.68	
Sad		.67	
Insecure/ Inadequate		.66	
Anxious		.63	
Confused		.65	
Embarrassed		.49	
Shame			
Ashamed			.63
Regretful			.53

APPENDIX C

Statements Comprising Four Subscales of Sexual Socialization Scale- Study 2

SEX AS POSITIVE

Relational Orientation/Importance of Love (5 items; Parent $\alpha = .64$; Peer $\alpha = .72$)

Sexual intercourse should be a deep & beautiful expression of love between 2 people
The decision to have sex with someone should not be taken lightly. It is a serious decision that carries a great deal of responsibility.

You should be in love before you have sex.

Romantic/sexual relationships are best when they start out as friendships.

Be friends first.

Recreational Orientation/Sex-Positive (8 items; Parent $\alpha = .77$; Peer $\alpha = .79$)

Having sex is just something fun to do.

Having a one-night stand is okay as long as both people agree that's all it is.

Being sexual is a natural part of being human.

Having sex with someone should not imply your commitment to that person.

Women have just as many sexual urges and desires as men.

Having sex should be viewed as just a normal part of dating relationships.

Sex outside of marriage is fine as long as protection is used to prevent STS and pregnancy.

SEX AS NEGATIVE

Abstinence/Sex-Negative (7 items; $\alpha = .73$; Peer $\alpha = .79$)

The primary goal of sexual intercourse is to have children.

Sex outside of marriage is a sin.

Sex belongs in married relationships.

You should abstain from sex before marriage to avoid an unwanted pregnancy.

People who have sex before marriage typically regret it later.

Abstinence is the best policy. Just say no.

Sex is dirty.

Pain and Risk of Relationships (7 items; Parent $\alpha = .69$; Peer $\alpha = .48$)

Love hurts.

Women can't be trusted.

Almost all men cheat at some time.

Disappointment is inevitable in sexual relationships.

Sex can kill.

One night of pleasure can bring a lifetime of pain.

It is unsafe for a woman to be alone with a man she doesn't know well.

APPENDIX D

Principal Components Factor Analysis for Sexual Affect Scale- Study 2

Item	Factor		
	1	2	3
Positive Affect			
Satisfied	.87		
Pleased	.75		
Proud	.71		
Comfortable	.69		
Content	.54		
Happy	.51		
Negative Affect			
Ashamed		.85	
Frustrated		.67	
Confused		.65	
Sad		.57	
Self-Conscious		.55	
Embarrassed		.54	
Regretful		.53	
Insecure/ Inadequate		.49	
Not Loading			
Anxious			-.66
Uneasy			-.66

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