

The Influence of Parents, Church, and Peers on the Sexual Attitudes and Behaviors of College Students

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Male and female undergraduate students were surveyed concerning their sexual attitudes, sexual behaviors, and contraceptive behavior. In addition, the general attitudes about sexuality the students perceived as communicated to them by their parents, their church, and their peers were assessed. It was found for female students that general attitudes about sexuality, as defined on an erotophilia-erotophobia dimension, and sexual behaviors were correlated with the perceived attitudes of peers, rather than those of parents and church. However, male students' attitudes and some sexual behaviors were correlated with the perceived attitudes of their parents, rather than the views of their peers and church. Church attitudes were not found to be related to any of the measures. None of the sources of influence, parents, peers, or church attitudes, or erotophilia-erotophobia was related to contraceptive behavior.

KEY WORDS: sexual attitudes; sexual behavior; contraception; erotophilia-erotophobia.

INTRODUCTION

Individual differences in attitudes toward sexuality have been found to be related to a wide variety of sexual behaviors. Mosher (1968), for example, suggested that individual differences in sex guilt, the general expectation of punishment for violating sexual standards, would be manifested in

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a number of sexually related areas. Mosher and Cross (1971) found that persons high in sex guilt were less likely to have engaged in several sexual acts than were persons low in sex guilt. Gerrard (1982) reported that among sexually active females, high sex-guilt college students were less likely to use contraception than were low sex-guilt students. Given this relationship, it should not be surprising that Gerrard (1977) also found that pregnant women planning to have abortions generally were higher in sex guilt than other, nonpregnant, sexually active females, although in this example it is possible that the unwanted pregnancy contributed to the sex guilt.

In a similar vein, White *et al.* (1977) introduced the more general concept of erotophilia-erotophobia to describe individual differences in sexual attitudes. At one end of this dimension are erotophobes, who report a generally negative attitude about sexuality and other erotic topics. On the other end are the erotophiles, who express positive sexual attitudes. This concept has been found to be related to many different sexual behaviors (Byrne and Fisher, 1983), including sexual activity and the use of contraception (cf. Fisher *et al.*, 1983). For example, Fisher *et al.* (1979) found that women who tended toward an erotophilic orientation were more consistent users of contraception than were women with a general erotophobic attitude.

Because these general sexual attitudes appear to influence behavior, it is important to understand more fully the antecedents of these attitudes. In particular, the problem of unwanted pregnancy continues to grow despite the increased availability and dispersion of information about effective contraception. It is estimated that there are now more than 1½ million abortions in this country each year. Thus, a better understanding of the sources that influence sexual attitudes, and, thereby, sexual behavior may aid in the resolution of a major social problem.

The present investigation asked college students to provide their perceptions about the sexual attitudes that were presented to them by various sources (parents, friends, church). Measures of sexual behavior, erotophobia-erotophilia, sex guilt, and contraceptive behavior also were taken. Although it was anticipated that the males in the sample would report more sexual activity and more positive sexual attitudes, no differential predictions were made for the sources of sexual attitudes of males and females.

METHOD

Subjects

Contacted to participate in the study were 100 male and 100 female undergraduates. All were recruited from several different upper-level psy-

chology courses. None were or ever had been married. The questionnaire was returned by 55 males and 74 females who thus comprised the sample.³

Procedure

Subjects were contacted in nine different classes. The experimenter distributed a questionnaire to each student after explaining the general nature of the items. A stamped, self-addressed envelope was provided for students to use when returning the questionnaire. The voluntary nature of participation was stressed. Students were told not to answer any item they did not wish to answer but that inaccurate responses would hurt the research project. The confidentiality of the responses was also stressed. Students were asked not to put their names or any other identifying information on their questionnaires. Of the 55 males and 74 females returning the questionnaires, one male and one female respondent's answers could not be used because of obvious failures to take the study seriously.

The Questionnaire

The first part of the questionnaire asked subjects about general attitudes toward sexuality expressed by three potentially influential sources. These sources were church, parents, and peers.⁴ Subjects were presented with four sentences and asked to rate on 5-point scales the extent to which each of the three potential sources of sexual attitudes communicated that message. These four sentences were (1) "Premarital sexual intercourse is bad or wrong," (2) "Sexual intercourse is pleasurable or fun," (3) "There are problems connected with premarital sexual intercourse (pregnancy, loss of respect, emotional difficulties)," and (4) "Premarital sexual intercourse is okay—lots of people engage in it." These items thus assessed the extent to which the subject perceived that each of these sources generally communicated positive or negative sexual attitudes.

The second part of the questionnaire consisted of the Sexual Opinion Survey (White *et al.*, 1977), a measure of erotophobia-erotophilia. The third part of the questionnaire assessed sexual experiences. Subjects were asked to indicate if they had ever engaged in each of the following heterosexual behaviors (female examples presented): kissing; French kissing;

³Although nearly two-thirds of those receiving questionnaires returned them, the possibility remains that the one-third who chose not to respond may have biased the sample. It is not possible to determine, for example, if those returning the questionnaires were more or less religious or sexually active than those who did not.

⁴These three sources were examined because other data collected from this population indicated that subjects believed parents, church, and peers were the most influential sources on their sexual attitudes and behavior.

manual manipulation of clothed breast; manual manipulation of unclothed breast; oral stimulation of breasts; manual manipulation of your genitalia; oral stimulation of your genitalia; oral contact with male chest; manual manipulation of male genitalia; oral stimulation of male genitalia; heterosexual intercourse in face-to-face, male above ("missionary") position; heterosexual intercourse in position other than "missionary" position. As a simple measure of sex guilt, subjects were also asked to indicate how they had felt the first time they engaged in each of these behaviors by checking as many of the following adjectives as applied: afraid, ashamed, disgusted, excited and aroused, guilty, happy, loving, relaxed, and satisfied. Subjects also were asked the number of different partners they had experienced sexual intercourse with and their age at their first coital experience. Finally, subjects were asked to estimate the percentage of time they used contraception during sexual intercourse and to list what types of contraceptive methods they had used.

RESULTS

The questionnaire responses provided several scores for each subject. A sexual attitude score for the subject's parents, peers, and church was obtained by adding the scores for the items indicating a positive attitude about sex (sex is pleasurable; sex is okay) and subtracting the negative attitude item scores (sex is bad; there are problems connected with sex) for each source. The Sexual Opinion Survey provided an erotophobia-erotophilia score. The number of negative adjectives checked by subjects describing their first experiences minus the number of positive adjectives checked was divided by the number of acts and was used as a simple measure of sex guilt.⁵ In addition, information about the number of partners, the age at first coitus and the percentage of contraceptive use was available for each subject.

Gender Differences

Each of the scores was compared for differences between males and females. The results, presented in Table I, indicate that males perceived

⁵This procedure was used instead of the Mosher (1968) scales because of concerns for keeping the already lengthy questionnaire as short as possible. Unfortunately, the validity of the measure must be limited to its face validity at this time. It should be kept in mind that the focus of the present study is with the more general social attitudes as measured by the scale of White *et al.* (1977), rather than with sex guilt per se.

Table I. Female and Male Mean Scores on Questionnaire Scales^a

Variable	Females	Males	<i>t</i>
Parents' attitudes	-4.77	-4.15	ns
Peers' attitudes	1.43	3.55	8.71 ^d
Churches' attitudes	-5.27	-4.88	ns
Erotophilia/erotophobia	54.24	71.56	4.83 ^d
Sex guilt	.69	.43	2.92 ^d
Number of acts	9.40	10.37	ns
Number of partners ^b	3.63	7.41	2.26 ^c
Age at first coitus ^b	17.33	16.92	ns
Contraceptive use (percentage of coital experiences) ^b	60.98	60.54	ns

^aAttitude scores could range from 8 to -8. The higher the score, the more positive the sex attitude.

^bResponse scores of coitally inexperienced subjects were not included in these analyses.

^c $p < 0.05$.

^d $p < 0.01$.

more positive sexual attitudes among their peers than did females. However, there were no gender differences on the extent to which males and females perceived that their parents or the church expressed positive or negative attitudes about sexual matters. Males were found to be more erotophilic than females, to have had more sexual partners, and to have lower sex guilt. There were no gender differences in the number of sexual acts engaged in, the age at first coitus, or the percentage of coital experiences in which contraception was used.

Sources of Attitudes

The perceived attitudes of the church, parents, and peers were then correlated with each of the other indices. As shown in Table II, the females' general attitudes about sexuality (erotophobia-erotophilia) were highly related to the attitudes they perceived their peers to have. These general sexual attitudes were not related to the perceived attitudes of the church or parents. Interestingly, a different pattern emerged for the males. Their general attitudes about sexuality were highly correlated with the messages they perceived as receiving from their parents, not from their peers or church.

Both males' and females' sexual behavior appears to be related to the perceived attitudes of their peers, but this is especially true for the females. All measures of the females' sexual behavior correlated with peers' attitudes but not with the perceived attitudes of parents and church. The age at first coitus was significantly related to peer attitudes for the males, but the number of partners was related to the parents' attitudes.

Table II. Correlations between Perceived Attitudes of Influential Others and Females' and Males' Attitudes and Behaviors

	Parents' attitudes	Peers' attitudes	Church's attitudes	Own erotophilia-erotophobia
Females				
Erotophilia-erotophobia	.20	.56 ^b	.14	—
Sex guilt	-.16	-.16	.00	-.30 ^a
Number of acts	-.14	.37 ^a	.00	.42 ^b
Number of partners	-.05	.24 ^a	-.05	.43 ^b
Age at first coitus	-.16	.41 ^b	.09	.34 ^a
Percentage contraceptive use	-.02	.10	-.03	-.06
Males				
Erotophobia-erotophilia	.44 ^a	.03	.09	—
Sex guilt	-.08	-.11	-.10	-.38 ^a
Number of acts	.06	.14	-.07	.44 ^b
Number of partners	.28 ^a	.24	-.12	.34 ^a
Age at first coitus	.16	.34 ^a	.07	.49 ^b
Percentage contraceptive use	-.26	-.03	-.06	-.05

^a $p < 0.05$.

^b $p < 0.01$.

Interestingly, the messages about sexuality that the students perceived as receiving from their churches did not seem to be related to their sexual attitudes, sexual behavior, or contraception. None of the sources of influence seemed to be able to predict contraceptive behavior for either the males or the females. Even the erotophobic-erotophilic score was not related to the frequency of contraceptive behavior. It was found that the students were using contraception only about 60% of the time. There is even reason to believe that this number probably is inflated somewhat, for some students listed the questionable practices of rhythm and withdrawal as contraceptive methods. One student included on her list of methods "prayer."

DISCUSSION

The results reveal an interesting difference between the perceived sources of influence on sexual attitudes and behaviors for male and female college students. Although it is no doubt true that sexual attitudes and behaviors are influenced by a wide variety of sources, the data presented here suggest that American males and females may not be influenced by parents and peers in a similar manner. Specifically, females' general attitudes about sexuality tend to resemble the attitudes they believe their peers to hold more

than they resemble the views they heard expressed by their parents. The females' sexual behavior follows a similar pattern. In contrast, the males' general attitudes about sexuality tend to be more closely related to those views they perceived being expressed by their parents than to those attitudes they heard expressed by peers.

There is an interesting paradox in these data, however. Whereas males report sexual attitudes that correlate with those expressed by parents, an examination of the mean scores for these variables presents a different picture. Both the males and females in this study report that their parents communicated fairly negative attitudes about sexuality. However, males report that their peers expressed significantly more positive attitudes about sexuality than do females. In addition, males report significantly more positive attitudes about sexuality than do females. Thus, although one might expect from an examination of these means that males, rather than females, are influenced more by peers than parents, the correlational analyses indicate that the opposite is the case.

The question generated by these results is why females should be influenced by peers while males are influenced by parents. One explanation is that parents are more reluctant to discuss sexual matters with daughters than they are with sons. Although the present study did not examine this, a failure to discuss sex-related issues with daughters might cause females to seek out information and values concerning sexuality from peers. Another possibility is that differences in male and female friendship styles may prevent males from being influenced greatly by their peers. Some researchers have found that females are more likely to develop intimate bonds with same-sex friends than are males (Bell, 1981). The failure to develop relationships with the level of intimacy required for personal discussions of sexual matters thus may prevent peers from becoming strong influences on sexual attitudes for males.

The apparent lack of influence on sexual attitudes or behaviors by the church uncovered in this study is somewhat surprising. This is especially interesting because the subject sample was taken from a private university with a long tradition of ties with the Baptist church. The messages about sexuality the students heard from their churches were generally quite negative. Although it is therefore tempting to suggest that the students simply rejected this negative message because it did not fit well with the more liberal views of their peers or the media, similar negative attitudes expressed by parents apparently were not rejected by the males in the study. One possibility for the lack of significant effects for the perceived attitude of the church is the failure to consider the subjects' devoutness. It is possible that for some highly devout subjects the church has been a major source of influence on sexual attitudes and behaviors. The data suggest, however, that this may not be the case for most of the subjects in this sample.

One note of caution that needs to be considered when interpreting the data is that perceived rather than actual messages from parents, peers, and church were assessed. Whereas this was considered appropriate in that it is the perceived message that holds the potential for influencing the individual, it also raises the possibility that subjects reported perceived attitudes that were distorted by their own attitudes. That is, it is difficult to know the extent to which, for example, female subjects altered the perceptions of their peers' attitudes in order to make them resemble their own. However, there is reason to suspect that this potential source of distortion probably is not large. Otherwise it would be expected that the females, for example, would similarly distort the perceived attitudes of their parents, and possibly the church, to match their own attitudes, which was not found in the data.

The failure to uncover those sources that influence contraceptive behavior was disappointing. One possible explanation for this may have to do with the way contraception use was measured. Subjects were asked to estimate the percentage of time they used contraception when engaging in sexual intercourse. This method relies heavily on the honesty of the subject. There is good reason to suspect that subjects may distort their estimates to avoid stating publicly that they are doing something (sex without contraception) that is not only unwise but surely potentially anxiety provoking. In addition, subjects who recently have used contraception may have responded as if they always have done so, even if this were not the case. A better assessment of contraceptive behavior also might examine the kind of contraceptive method used. Because many students included such methods as withdrawal and rhythm in their estimates, it is difficult to know how much planned, effective contraception was used.

Finally, the results suggest that, at least for females, parents may not have as much influence over sexual attitudes and behaviors as they may want. Counselors and educators working on sex-related problems may want to work with the peers of the females rather than, or in addition to, working through the family. For example, distribution of basic information about sexuality, contraception, and health-related issues might be best approached by working with groups of students. Discussions of values and attitudes about sexuality also might be directed at the peer group level to maximize effectiveness when working with females.

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