EXAMINING THE RELATIONSHIP BETWEEN PARENTAL SEX EDUCATION, RELIGIOSITY AND SEX POSITIVITY IN FIRST- AND SECOND-GENERATION AFRICAN IMMIGRANTS

by

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A Thesis

Submitted to the Faculty of Purdue University

In Partial Fulfillment of the Requirements for the degree of

Master of Science

Department of Child Development and Family Studies

Hammond, Indiana

December 2020

THE PURDUE UNIVERSITY GRADUATE SCHOOL

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I dedicate this work to my African brothers and sisters, both at home and those in the diaspora. Africa, as a whole, deserves better. I love my beautiful continent, its people, and its culture. I hope your voices will be heard, not just in the academic field but worldwide.

"Africa is a paradox which illustrates and highlights neo-colonialism. Her earth is rich, yet the products that come from above and below the soil continue to enrich, not Africans predominantly, but groups and individuals who operate to Africa's impoverishment". – Kwame Nkrumah from Neo-Colonialism: The Last Stage of Imperialism, 1965.

ACKNOWLEDGMENTS

I would first like to say thank you to my committee members, Anne Edwards, Christopher Belous, and Natasha Williams. Anne, thank you for holding my hand through this process because I surely could not have made it here without you. Thank you for being my SPSS guru and encouraging me in my most stressed out moments. Dr. B, thank you for providing me with the most amazing resources and guiding me through this process. Ms. Williams, thank you for taking on the work of being my third committee member. Your open and uplifting presence has been a bright light through this process.

To my dream team, Tori and Mary Kate, I could write another thesis on how you ladies have been instrumental in this process, but I'll save you the read. Thank you for motivating me through this process. Our dream team sessions were often my only motivation to write. Thank you for laughing, crying, dancing, skating, screaming, whining (and sometimes wine-ing) with me through this. I honestly do not think I could have gotten through this program without you. Thank you for being the amazing women you are.

To my loved ones, I want to express my love and appreciation to you all. Derick, Christine, and Kendrick; thank you for listening to me go on and on about my thesis and still supporting me even if you did not know what in the world I was talking about. Your never-ending support and encouragement in this process were comforting and exactly what I needed at that time. Thank you to all my friends and family for always supporting me and being my number one fans.

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ABSTRACT

The following quantitative study examined the relationship between parental comprehensive sexual and reproductive health communication (SRH), religiosity and sex positivity in first- and second-generation African immigrants. Comprehensive SRH communication was measured by frequency through the Sexual Communication Scale (SCS), religiosity was measured through the Faith Activities in the Home Scale (FAITHS) and sex positivity was measured through the Sex Positivity Scale (SPS). It was hypothesized that there would be a negative relationship between religiosity and sex positivity and a positive relationship between religiosity and sex positivity in first-and second-generation African immigrants. Results indicated that higher levels of religiosity in the participant's upbringing was significantly associated with higher sex positivity. Additional findings revealed higher instances of SRH communication correlated with higher sex positivity in men and lower sex positivity in women. This study aimed to set a foundation for future studies on first- and second-generation African immigrants as it relates to sexual health.

CHAPTER 1: INTRODUCTION

Statement of the Problem

According to the Guttmacher Institute (2019), 64% of young people between ages 13 and 17 report having some form of romantic or dating experience. Similarly, 40% of young people between ages 15 and 19 reported having penile-vaginal intercourse in 2015-2017. With a significant amount of young people engaging in sexual activity, it is important to know if they have acquired the appropriate knowledge to engage in healthy sexual activity. Adolescents typically learn about sexual and reproductive health (SRH) in two ways. The first is from formal institutions like schools, places of worship or community centers (Hall et al., 2012). The second is from informal systems like peers, parents and other family members. (Hall et al, 2012; Josephs, 2015). According to Josephs (2015), children likely learn about sex and sexuality through observation of their parents and by imitating the observed behavior with peers. For example, children who play "house" with their peers typically imitate, through play, ideas they have learned from observing their parents. Parents have been shown to have significant influence on their children when it comes to sexual behaviors. Ogle et al. (2008) report that increased SRH communication from parents results in the reduced risk of teen pregnancy and early initiation of sexual intercourse as well as increased contraception use. In their analysis, Hall et al. (2012) found that adolescents who received SRH communication from their parents were more likely to use SRH services such as contraceptive services and gynecologic care.

According to, Glasier et al. (2006) a lack of SRH knowledge increases the rates of morbidity and mortality resulting from unsafe abortions, fatal sexually transmitted infections (STIs) and risky pregnancies. Furthermore, a general lack of SRH communication accounts for a significant amount of human immunodeficiency virus (HIV) infections (Santelli et al., 2006). A 2017 study found that, youth aged 13 to 24 made up 21% of all new HIV diagnoses in the United States (Centers for Disease Control and Prevention [CDC], 2019). Similarly, these youth are the least likely to receive care to prevent the disease from progressing further. According to the CDC (2019), addressing HIV in youth requires giving them access to sexual health information that teaches how to lower their risk, and to make healthy decisions surrounding sexual activity and

HIV treatment options. Without adequate SRH education, adolescents tend to make poor decisions that can greatly influence their life (Bearinger et al., 2007).

Adolescents tend to learn about SRH from four main sources: peers, teachers, the media and parents (Bleakley et al., 2009; Pettit, 2003). SRH communication with peers were found to include information regarding sex as a positive way to improve one's overall self-confidence (Bleakley et al., 2009). Additionally, SRH communication among peers lacked information about STI risks and contraceptive use (Bleakley et al., 2009; Medora & Wilson, 1992). Bleakley et al. (2009) found that 62% of adolescents reported teachers as a source of SRH education. Teachers are a particularly controversial part of SRH education because of the debate surrounding sex education. As of February 1st, 2020, 39 states and the District of Columbia mandate sex education and/or HIV education, yet only 17 states require the material to be medically accurate (Guttmacher Institute, 2019b). Though many states have recognized the importance of SRH communication, there are very few regulations to ensure that students are receiving a factual and comprehensive form of SRH communication.

Bleakley et al. (2009) also found that older adolescents are more likely to use media as a source of SRH education. Of the common forms of media (television, movies, music, Internet, magazines, and video games), television was found to be the most utilized medium for learning about sex. This finding seems consistent with studies that have shown an upward increase in sexual content on television. In 1998, 56% of programs contained some form of sexual content. This number grew to 64% in 2002 and 70% in 2005 (Gottfried et al., 2013). Though no other data past 2005 was found, it can be presumed that this number has possibly increased considering technological advancements and ease of access to technology.

Lastly, Bleakley et al. (2009) found that parents played a significant role in SRH education. Adolescents in the study relied on mothers more than fathers for SRH communication. When discussing SRH, mothers more often addressed the physical consequences and social outcomes of sex. Parents are the primary education agents and typically bear the brunt of the responsibility in SRH education. This is not a simple task as it is important for them to also provide accurate information to counter the possible misinformation adolescents receive (Pop & Rusu, 2015). On the other hand, parents have cited several barriers to talking about sex with their children. Some of these barriers include religiosity, child's gender,

embarrassment and cultural expectations (Afifi et al., 2008; Francis, 2010; Medora & Wilson, 1992).

In addition to being the best source of SRH education, parents are particularly well-suited to foster sex positivity in their children. An all-inclusive SRH education should include aspects of sex positivity. Harden (2014) identifies four ways in which parents can foster sex positivity in adolescents. First parents are urged to create an environment where "sexuality is considered a normative and essential part of human development" (p. 457). Second, sex positivity does not assume that abstinence until marriage to the opposite sex is the sole option for healthy sexual behavior (Harden, 2014; Santelli et al., 2006). Rather, sex-positive SRH education, encourages the acceptance of a variety of methods for adolescents to learn about themselves and their bodies while encouraging safety and managing risk. Third, parents are urged to conceptualize sexuality as having positive effects like pleasure and intimacy but also equally focus on disease, disorder and dysfunction. Finally, sex-positive SRH education is to consider the emotional, cognitive and relational elements sexuality and its influence on development (Harden, 2014). When parents take a sex-positive approach, they create an open environment for children to embrace sexuality rather than feel fear and shame (AIDS Action Council, 2018; Harden, 2014). Research has shown that adolescents who associate sex with fear and shame may be more likely to engage in sexual activities in secret. Such secretive behavior results in a lack of knowledge about protective factors such as contraception and STI prevention (Fortenberry, 2014; Hill et al., 2014; Quinn et al., 2019). An individual may be less likely to secretly engage in behavior like premarital sex if feelings of shame or embarrassment associated with that behavior were lower (Hill et al., 2014; Quinn et al., 2019). Accurate SRH education is vital for adolescents, but research has shown that to provide truly comprehensive SRH education also includes a sex-positive approach.

The majority of the research surrounding SRH education has not been applied to more diverse populations like that of first- and second-generation African immigrants. Previous research has shown that comprehensive SRH communication incorporating abstinence and birth control is associated with healthier sexual behaviors and outcomes for adolescents in the United States (Lindberg & Maddow-Zimet, 2012). On the other hand, research has shown that African adolescents face a greater risk of acquiring an HIV infection than other adolescents around the world (Juárez et al., 2008). Research on students and educators in Ghana found that 37% of

females and 22% of males aged 15 to19 had engaged in sexual intercourse (Van der Geugten, et al., 2015). All the while, 25% of Ghanaian females and less than 40% of Ghanaian males aged 15 to 19 admitted to using contraceptives during sexual acts (Doyle et al., 2012). Such minimal use of contraceptives puts these young people at risk for STIs and unintended pregnancies.

CHAPTER 2: SIGNIFICANCE OF THE PROBLEM

Culture and Identity in African Immigrants

The number of African immigrants in the United States has been steadily increasing over the past few decades. According to United States population projections, 82% of the population increase by 2050 will be attributed to immigrants and their decedents (Passel & Cohn, 2008). Of this percentage, African immigrants are one of the fastest growing immigrant populations in the United States (American Immigration Council, 2012). When immigrants arrive in the United States, they are tasked with blending the culture of their native land with that of their new homeland. This often results in a battle of identities and a tough journey of acculturation. Compared to each other, first- and second-generation African immigrants often have different experiences which influences the changing landscape of their cultural identity.

First-Generation African Immigrants

First-generation immigrants are foreign-born persons who have relocated to a new country to become a citizen or permanent resident (United States Census Bureau, 2019). First-generation immigrants are a population with unique differences from other generations. This is primarily because first-generation immigrants are the first to engage with the new society. For many, the process of migration is seen as the opportunity for a new beginning. Yet, migration brings forth a number of challenges ranging from language barriers, economic strain, stereotypical ethnic labeling and more (Clark, 2008). First-generation immigrants in the United States are often forced to embrace multiple identities (Clark, 2008).

Clark (2008) posits that when first-generation African immigrants arrive or are forced into their new homeland, they take on the identity of “African” rather than their national or ethnic identity (i.e. Ghanaian or South African). In the United States, African immigrants are often categorized as “African American,” a label that has historically included persons of color from the Caribbean and even parts of Europe (Berlin, 2010). This label combines a large number of different ethnicities into one, forgetting that Africa is a continent of 54 countries with varying cultural and ethnic practices. By taking on the label of African American, they struggle with losing their ethnic and cultural identity while taking on the pressures that come with being an

African American in the United States. In their qualitative study, Killian and Johnson (2006) noted that incidences of racism, stereotyping, and labeling towards first-generation African immigrants left participants refusing the label of immigrant or association with Black America. Clark (2008) argues that labeling all African immigrants as African American promotes the misconception that Black Americans are a homogenous group, when in fact it incorporates a variety of cultures and ethnicities.

Second-Generation African Immigrants

Second-generation African immigrants often face similar struggles as their predecessors but differ in their view of American culture. Second-generation immigrants are persons born in the United States who have at least one foreign-born parent (United States Census Bureau, 2019). By being born in the United States, second-generation immigrants typically do not face the concern of acculturation in the same way the previous generation did. For many second-generation African immigrants, acculturation comes in the form of the questioning of their identity (Amoah, 2014). This is due to the familial expectations to behave as their ethnic identity but at the same time exist within the greater culture of the United States.

Many second-generation African immigrants have differed from their parents by choosing not to identify as “African American.” In fact, many are choosing to hyphenate their African roots with their American identity, for example, “Nigerian-American” or “Liberian-American” (Clark, 2008). Additionally, second-generation African immigrants are more likely to seek and find communities of other Africans as they attend grade school and university (Clark, 2008). This generation uses these communities to maintain their African roots, socialize, and share their experiences as children of immigrants.

Parenting Practices of African Immigrants

Currently, there is minimal research focused on the parenting practices of immigrant families, but there is even less directed towards African immigrant parents. These studies have found strong differences in the parenting practices of immigrant parents as compared to parents native to the United States. In their analysis of Nigerian immigrants in the United Sates, Akintayo (2009) found that parents had difficulty maintaining their culturally and religiously

informed parenting practices. These parents faced challenges such as a lack of a support system, children's demand for more freedom, and lack of respect from young adults. Parents adapted authoritative parenting styles to match other parents in the United States. Sims and Omaji (1999) addressed the concept of modeling in African immigrant families. The study found that discipline was in the form of communicating strict rules to children, but parents made an effort to model the life they wanted their children to live. After conducting a qualitative analysis of twenty-two African refugees, Sossou and Adedoyin (2012) concluded that aspects of American culture increased anxiety in immigrant parents. For example, some parents had fears concerning their children engaging in drug use, listening to explicit music, engaging in sexual behavior and talking back. This subsequently resulted in more authoritarian parenting style.

A significant theme found across research on African immigrant parenting is that of discipline. In many African countries, physical discipline is an acceptable disciplinary practice (Salami et al., 2017). However, once parents immigrated to the United States, this practice was tested by child welfare laws that dominate many Western countries (Akintayo, 2009; Cook & Waite, 2016; Este & Tachble, 2009; Sims & Omaji, 1999; Sossou & Adedoyin, 2012). Some parents added that their children have threatened to call 911 if they were physically disciplined. Parents spoke about feeling restricted by the laws of Western society and feeling unable to discipline their children in the manner they saw fit (Akintayo; 2009; Cook & Waite, 2016; Este & Tachble, 2009; Sossou & Adedoyin, 2012). These parents subsequently had to seek other forms of punishment, which they viewed undermined their sense of authority.

Another significant theme found was the incorporation of religious practices into parenting (Salami et al., 2017). Many parents found it difficult to enforce religious practices without the community of their home countries. For example, a lack of Islamic mosques and schools in the United States and Europe led to parents using their free time to teach their kids about religious practices (Salami et al., 2017). Additionally, Christian parents went to the extent of having their kids pray out loud and set bedtime or early morning devotion routines (Salami et al., 2017). For many of these parents, enforcing religion was the only way for the family to hold on to the traditions of their homeland. For many immigrant parents, culture is a vital part of childrearing. These parents take every opportunity to transmit their culture of their homeland to their children yet are still influenced by the culture of their new homeland.

Religion

For centuries, religion has been involved in the development of many cultures and communities (Howerth, 1903; Turner, 2006). From communal prayers at Mosques in Indonesia to readings of the Tanakh at Synagogues in New York City to sermons at Churches in São Paulo, religion has found its place in every corner of the world (Diamant, 2019; Jewish Virtual Library, 2019). Data collected in 2010 found that Christianity (32.8%), Islam (22.5%), Hinduism (13.8%), Buddhism (7.2%), and Judaism (0.2%) are the most practiced religions around the world (Jacobs, 2019). It should be noted that 11.8% identified as Atheist/Agnostic and another 11.8% were identified as practicing "other" religions. These worldwide trends also reflect trends on the African continent. As of 2010, 63% of people in Sub-Saharan Africa practice some form of Christianity whiles 30% practice Islam. Approximately 3% do not identify with any religion, and a similar percentage are followers of folk or traditional religions (Pew Templeton Global Religious Futures Project, 2016).

With the majority of the world practicing some form of religion, it can be said that the core principles of these religions may impact their view on certain topics. One example is the emphasis that many religions place on the view of family. According to the Pew Research Center (2016), nearly half of highly religious families visit with extended family members monthly as compared to three in ten less religious Americans. Many of the world's top religions promote the importance of family and building community (Sasaki & Kim, 2011). This emphasis on family and community is just one way in which religion influences the values of society. In the same study from the Pew Research Center (2016), respondents were asked to describe their idea of a "moral person." The study found that among Christians and non-Christians, honesty and gratitude were the most essential aspects to the identity of a moral person. Though honesty and gratitude are not concepts specific to Christianity, the religion does promote undying gratitude towards God and their "neighbor" (Manala, 2018).

In addition to the examples above, religion has undoubtedly influenced views on sexuality. The relationship between religion and sexuality is complex. Human sexuality as a whole is greatly defined by our culture and society. Murphy and Elias (2006) argue that human sexuality goes far beyond biology but also includes gender roles, physical maturation, body image, and social relationships, to name a few. While this is a commonly accepted deconstructed look at the nuances of human sexuality, a familial and cultural definition of sexuality may be

more dominant in a person's life. Culture – including country of origin as well as the culture of one's family and community – influence values regarding human sexuality. A study of Ghanaian persons ages 15-49 found that the family system was typically the primary place where individuals first see the expression of human sexuality (Anarfi & Owusu, 2011). However, the family system is also influenced by societal structures like the media, laws and religion.

Studies have found that religion plays a significant role in the sexual development of adolescents (Carroll, 2018). In general, more religious adolescents delay sexual activity as compared to their less religious peers (Bearman & Brückner, 2001; Martin et al., 2018). This phenomenon may be due to a variety of factors. First, more religious adolescents tend to surround themselves with peers who have similar mindsets and are likely to disapprove of early sexual activity (Carroll, 2018). Being held accountable for one's moral character and being surrounded by peers has been shown as a method of delaying sexual activity. Additionally, Bearman and Brückner (2001) found that adolescents involved in religious groups are more likely to build intimate relationships with their peers, preventing them from seeking intimacy from sexual partners.

Religion can also greatly influence SRH communication. Santelli et al. (2006) found that more religious families tend to rely more on abstinence-only SRH communication. Though religious youths are more likely to delay sexual activity, they tend to be less knowledgeable about contraceptives, STIs and reproductive health (Bearman & Brückner, 2001; Carroll, 2018; Martin et al., 2018). Afifi et al. (2008) have found that parents and children who held more religious views demonstrated more avoidance of SRH conversations because sex was not a concern in their home. These parents were under the impression that their children had already chosen abstinence therefore, there was no need to have detailed conversations about sex and sexuality. The study also found that when parents did speak with their children about sex, it was primarily about the negative consequences of sex. It is clear that religion influences communication and views of SRH, but this relationship is far from simple.

Sexual and Reproductive Health Education

SRH education can be defined as any form of communication regarding sexuality used to encourage abstinence and/or promote the use of contraceptives by recipients who are sexually

active (Carroll, 2018; Lindberg et al., 2000). Additionally, SRH education can include teaching about STIs and how to prevent them. For the purposes of this study, SRH communication was defined as the occurrence of any form SRH communication (comprehensive or abstinence-only) between child and parent. In the United States, SRH education is typically given in two forms: abstinence-only and comprehensive sex education. SRH education can be provided by parents/guardians or formal institutions like schools, churches, and community centers (Hall et al., 2012). Abstinence-only SRH education is characterized as strictly promoting no sexual activity until marriage (Carroll, 2018). Such instruction does not typically include information regarding contraceptive use or STI prevention. When contraceptives are discussed, the focus is typically on the ineffectiveness of such products (Kohler et al., 2008).

Abstinence-Only SRH Communication

Considering the nature of abstinence-only education, there has been significant debate surrounding its effectiveness. Supporters of abstinence-only education assert that abstinence is the only effective form of prevention against unintended pregnancies and STIs (Santelli et al., 2006). The National Longitudinal Survey of Youth suggests that when adolescents who have been taught abstinence-only engage in sexual intercourse, many of them fail to use contraception (Bearman & Brückner, 2001). Hall et al. (2012) also addressed the possible ineffectiveness of abstinence-only education, stating that such programs do not influence adolescent use of SRH services like STI testing and routine gynecological exams during adolescence. Studies have also shown that abstinence-only education may not help adolescents delay the initiation of sexual activity or reduce the incidence of teenage pregnancy and the contraction of STIs (Kirby, 2008; Kohler et al., 2008).

Comprehensive SRH Communication

Comprehensive SRH education is defined as communication composed of teachings of abstinence in addition to contraceptive use and STI prevention (Kohler et al., 2008). Comprehensive sex education supports the importance of abstinence, but also recognizes that not all adolescents choose to be abstinent. Because comprehensive SRH education emphasizes abstinence and encourages contraceptive use, proponents of comprehensive SRH education

contend that such instruction can both delay adolescents' initiation of sex and increase their use of contraceptives (Kirby, 2008). Therefore, comprehensive programs can aid in decreasing rates of unwanted pregnancy and STDs among youth compared to abstinence-only programs.

These programs have four goals: to provide accurate information about human sexuality, allow adolescents to develop their values and attitudes about sexuality, develop interpersonal skills and exercise responsibility regarding sexual relationships, abstinence and contraceptive use (Carroll, 2018). Kirby (2008) reviewed 48 comprehensive sexual health programs and found that of those programs, half of them succeeded in delaying the initiation of sex. Furthermore, these programs were found to decrease the number of sexual partners and increase contraceptive use in sexually active adolescents (Kirby, 2008). Kohler et al. (2008) discovered that compared to abstinence-only and no sex education, adolescents who received comprehensive sex education had a significantly lower risk of unintended pregnancy. Adolescents who received comprehensive SRH education also reported higher rates of participating in STI testing as opposed to those who received abstinence-only education (Kohler et al., 2008). Studies have found that when SRH education covers a variety of topics involving the human biology and its functioning, recipients are more likely to seek a variety of services (Hall et al., 2012). This includes health evaluations or checkups, counseling for the provision of a routine or emergency contraceptive and gynecologic care like pap smears and pregnancy testing.

Comprehensive SRH education has been shown to be a credible form of SRH education, and as a result has become highly recommended as an effective manner of teaching adolescents about SRH (Hall et al., 2012; Kirby, 2008; Kohler et al., 2008; The American College of Obstetricians and Gynecologists [ACOG], 2016). The Sexuality Information and Education Council of the United States [SEICUS] (2004) provides a number of recommendations for comprehensive SRH education. The first is that SRH education be taught by trained professionals who are able to provide medically accurate, evidenced based and age-appropriate education. The focus should be on six key areas including: human development, relationships, personal skills, sexual behavior, sexual health and society and culture. SEICUS (2004) and ACOG (2016) makes it clear that SRH education should focus not only on reproductive development prevention of STIs, and unintended pregnancy, but also on sexual expression, healthy sexual and nonsexual relationships, gender identity and sexual orientation,

communication, consent, and decision making. Thus, comprehensive SRH education cover an array of subjects all of which are essential to the upbringing of adolescents.

SRH Communication in African Communities

In most African countries, sexual and reproductive health education is not as clear cut as compare to the United States. Anarfi and Owusu (2010) found that the process in which children learn about sexuality is often done covertly through gender role socialization. In this case, discussions surround girls maintaining their virginity, parenting responsibilities, pre-natal/post-natal care, menstruation and menstrual hygiene. From this, it can be seen that these topics seemingly focus on girls and hygiene connected to pregnancy and menstrual cycles, leaving out information regarding sexuality and STIs. According to Van der Geest et al. (2000), this is because the mention of sex or anything surrounding sexuality is considered taboo. Similar to adolescents in the United States, this changes once adolescents in Africa begin secondary school. A study by Avotri (1992) on curricula in Ghanaian secondary schools found that students frequently got their first lesson on sex through biology courses. Additionally, Osborne (1978) found that girls relied more on school and maternal figures to learn about sex, whereas boys generally receive this information from male friends. There is currently very little research on SRH communication from African parents to adolescents. The research here shows that when SRH is taught it focused more on the biological aspects of sex with an emphasis on abstinence. Such communication focuses mainly on girls maintaining their virginity whiles boys do not receive the same treatment. It can be said that African adolescents receive some form of SRH communication, whether it is through family or school systems, but it is blanketed with covert gender role socialization.

The author could find no research on SRH communication in African immigrants in the United States. However, there is previous research on SRH communication in persons living in Africa. There are a variety of factors that influence the lack of SRH communication in African populations. Some studies have cited conservative mindsets, lack of resources, stigma and embarrassment (Bearinger et al., 2007; Francis, 2010; Glasier et al., 2006; Juárez et al., 2008). Further research needs to be conducted on this population to further reveal the barriers that prevent SRH communication and methods of promoting that communication.

Sex Positivity

Sex positivity is defined as the belief that sexuality is a positive force in one's life that emphasizes open and nonjudgmental attitudes about sexuality and sexual expression (Donaghue, 2015). This is contrasted with sex-negativity, which views sexuality as a problematic force and promotes closed-minded attitudes towards sexuality and sexual expression (Queen & Comella, 2008). Sex positivity is a relatively new area of study. It is composed of two parts. The first is attitudes towards sexuality, which suggests that sexual activities and sexual desires provide benefits beyond that of procreation (Gromer-Thomas, 2014). From this viewpoint, a person's sexual intimacy, orientation, and eroticism play an important role in developing their personality, communication, and love (World Health Organization, 2006). The second component of sex positivity is "non-judgmental attitudes toward others' sexual fantasies and mutually consensual behaviors" (Queen & Comella, 2008, p. 5). Sex positivity celebrates sexual diversity, various desires/relationship structures, and promotes an individual's right to choose based on consent (Queen & Comella, 2008). According to Glickman (2000), sex positivity strives to remove the pressure of being "normal" or adapting to the sexual scripts of the greater society. A sex-positive society aims to eliminate insecurities surrounding sexuality and promotes freedom and acceptance of differing views of sexuality.

There is currently minimal research on sex positivity. According to Glick (2000), the term sex positivity grew out of the feminist movement where some activists argued that pornography degrades women and others advocated for the overall liberalization of female sexuality, including through pornography. Over recent decades, scholars have adopted a variety of definitions of sex positivity to include consensual sexual experiences, gender presentation, access to health care and education, respect for sexual diversity, sexual expression, relationship structures and more (Glickman, 2000; Ivanski & Kohut, 2017; Kimmes et al., 2015; Queen & Comella, 2008).

Research has shown that sex positivity can be beneficial to sexuality education. Despite research that has shown the efficacy of comprehensive SRH education, current programs are rooted in sex-negativity and privileges dominant versions of white, middle-class, cis-gendered, heterosexual, monogamous, and reproductive-focused sexuality (Williams et al., 2013). A sex-positive approach to comprehensive SRH communication includes a behavioral component (Dailey, 1997). Additionally, information regarding safe and pleasurable sex for all sexual

orientations and relationship types should be provided (Dailey, 1997). A sex-positive approach further challenges traditional erotic practices and heterosexist and mono-normative biases (Williams et al., 2013). A sex-positive perspective in SRH communication conveys that people have more options to enjoy consensual sexual activities and can enjoy them without fear and judgment (Williams et al., 2013).

Ecological Systems Theory and Acculturation Theory

Ecological systems theory as developed by Bronfenbrenner (1979) and acculturation theory developed by Berry (1997) will serve as the theoretical foundations for this study. Ecological systems theory is based on a series of systems that make up an individual's ecological environment. These systems include: (1) the microsystem, which includes an individual's immediate environment; (2) the mesosystem, which are the links between two or more microsystems; (3) the exosystem, which is comprised of institutions that individuals do not experience directly but are still effected by; (4) the macrosystem, which is the individuals culture, customs, and laws; and finally (5) the chronosystem which involves the timing and development of history (Bronfenbrenner 1979; Smith & Hamon, 2012).

Acculturation theory identifies acculturation as a process of cultural and psychological change resulting from continuous contact with people of a different culture (Berry, 1997; Berry et al., 2006). Ultimately, acculturation results in some form of change in the immigrant groups customs and overall lifestyle (Berry et al., 2006). Berry (1997) argues that the majority of the world's cultures are multicultural, meaning migrants settle and impact and are impacted by the dominant culture. Acculturation theory assumes that adapting to new cultures occurs in linear ways with newer generations adopting more of the dominant culture's values at a faster rate than older generations (Cook & Waite, 2016). Cultural and psychological changes such as customs, economic lifestyle, cultural identities, and social behaviors occur across generations (Berry et al., 2006; Cook & Waite, 2016). Eventually, migrant families adopt beliefs and social skills that are needed to function in the new culture.

Berry (1997) identified four acculturation strategies. These strategies include: (1) assimilation in which the immigrant group does not wish to maintain their cultural identity and adapt to the culture of the dominant group; (2) separation in which the immigrant group holds on

to their culture while avoiding interaction with the dominant culture; (3) integration where there is interest from immigrant culture in maintaining their culture while being open to interaction with the dominant culture; and (4) marginalization in which the immigrant group does not maintain their own culture or seek involvement with the dominant culture. Berry (1997) recommended integration as the most conducive strategy for acculturation but acknowledged that for it to occur, both the immigrant and the dominant group must be open and inclusive to cultural diversity. Berry (1997) also acknowledged that some immigrants may not have the freedom to choose how they want to acculturate. In these cases, separation may not be a choice but a requirement that results in segregation.

Ecological systems theory and acculturation theory maintain that human beings are impacted by the culture they live in. Furthermore, these theories acknowledge that the family system is an open and dynamic system that is susceptible to changes from the environment (Paat, 2013). Unlike other families, immigrant families face social pressure to acculturate and fit into the dominant society to better function. For this reason, acculturation can vary based on the ecological system. This study was unable to find previous research on acculturation and ecological system theories as applied to African immigrants. However, researchers have applied these theories to general immigrant populations.

Acculturation in the Microsystem

Within the microsystem, the immediate family plays a vital role in the acculturation process. Parenting practices shape the adolescent's beliefs and behaviors in the present and future. African immigrants typically come from a collectivist society and upon arrival in an individualistic society, like the United States, they face changes in areas like gender roles and authority (Cook & Waite, 2016). Western models of parenting encourage different values than those of African parenting practices. Concepts such as authoritative and authoritarian parenting have different meanings across cultures (Renzaho et al., 2011). When African immigrant parents come from a culture where values of authoritarian parenting (obedience, respect, discipline, etc.) are the cultural norm and arrive in the United States where there is an emphasis on autonomy and individuation, there is often conflicting parenting practices (Renzaho et al., 2011).

For many African cultures, conversations surround sexuality are considered distasteful (Van der Geest, 2000). Most African parents take the approach of abstinence-only SRH communication by focusing on virginity in girls (Anarfi & Owusu, 2010). Research has shown African parents are less likely to discuss virginity and other aspects of sexuality with male children (Osborne, 1978). In the United States, the responsibility of SRH education is not only on the family but also in school systems as a number of states in the United States require some form of SRH (Guttmacher Institute, 2019b).

The microsystem plays a significant role in shaping the adolescent's development and behavior. Paat (2013) suggests that difference in beliefs will occur between parents and their children, but it is important that parents share the same pace of acculturation as their children and that children respect their parent's desires to maintain the culture of their home country. Creating reciprocal understanding of each member's experiences can serve as a protection against intergeneration conflicts and cultural dissonance (Paat, 2013).

Acculturation in the Mesosystem

The family system does not exist apart from other systems. As a result, the mesosystem accounts for the interactions between different microsystems (Bronfenbrenner 1979; Smith & Hamon, 2012). Acculturation theory contends that the degree to which an immigrant joins the dominant culture is shaped by how much they choose to sustain or reject their own culture and the dominant culture. In this case, forming relationships with peers, religious affiliations, coworkers, etc. helps to create a frame of reference about the dominant culture. For many adolescents, creating close bonds with other immigrants supports them in maintaining their ethnic identity whereas bonding with non-immigrant peers strengthens their identity in the dominant culture (Clark, 2008; Paat, 2013).

Within the mesosystem, integration can occur as immigrants create strong ties with other social institutions like schools, workplaces, and religious organizations. Many immigrant parents encourage their children to interact with the dominant culture's institutions to decrease language barriers, social isolation and increase future employability (Paat, 2013). However, this creates the risk of the children being exposed to beliefs that go against their immigrant culture. This seems to be the case with SRH communication outside the parental system in African immigrant

families. For example, when adolescents are exposed to sexual beliefs at school that go against the parent's beliefs, the result may be conflict between the two systems. In this event, parents can choose to step in to counter such messages or become less involved in the child's interaction with the other systems. (Paat, 2013; Portes & Hao, 2002; Van der Geest, 2000). However, research has found that integrating immigrant parent's cultural traditions and mainstream norms have been shown to increase the wellbeing of immigrant children and decrease social isolation (Portes & Hao, 2002).

Acculturation in the Exosystem

The exosystem includes settings in which the child does not have direct contact with but that still affect the child's development. For example, parent's employment opportunities and ability to support the family can impact the child's acculturation into the new society. Though the child does not directly interact with the parent's workplace they often see its influence on the family. Immigrant families often face financial difficulties and economic strain, forcing parents to work multiple jobs (Clark, 2008). When immigrant parents work multiple jobs, they are less likely to provide their children with higher levels of parental supervision (Paat, 2013). This often leads to the parentification of children. In other words, the child, often the first-born, takes on parenting roles (Burton, 2007). This creates a disadvantage for immigrant parents as they are likely to be involved in aspects of their children's life.

Research has also found that immigrant African parents often lack access to government services that could make acculturation easier. African parents admitted that Western laws focused more on protecting the child than the entire family (Cook & Waite, 2016; Este & Tachble, 2009; Levi, 2014). Parents added that when they immigrated, they were instructed about laws against things like physical discipline, but were not educated on other forms of discipline. Additionally, these parents argued that the resources given by government agencies were not culturally appropriate, leading to confusion about appropriate parenting strategies in the Western world (Levi, 2014). These parents were told what not to do but were not given the necessary tools to raise a family in a new country. This left many immigrant African families feeling unsupported and with fear that if they broke certain rules their children would be removed from the home (Cook & Waite, 2016; Este & Tachble, 2009; Levi, 2014).

The acculturation hardships that occur within the exosystem seemingly impact a parent's ability to provide SRH communication. When immigrant parents work multiple jobs, they are unable to be as present as other parents (Paat, 2013). In this case, the responsibility is placed on the parentified child to teach their younger siblings about a variety of topics, including sexuality (Burton, 2007). On the other hand, children may not have the opportunity to ask the parent about SRH because they are not always present. Additionally, without the proper tools from government agencies, many immigrant African parents may not be aware of the importance of discussing SRH or may not know how to speak with their children about it.

Acculturation in the Macrosystem

The macrosystem includes the culture, beliefs, customs, and laws of the individual's society. Though this system is more distant from the individual, it provides an important social context for parenting practices (Paat, 2013). Immigrant populations cannot count on the dominant society to pass on their culture to future generations. For this reason, it is up to the parents to decide the degree to which they will teach their children about their home culture. Children of immigrants typically do not identify as strongly with the culture of their home country as compared to their parents (Paat, 2013). Studies have shown that many African parents criticized their children's new way of dress, lack of respect and peer groups following migration (Cook & Waite, 2016; Renzaho et al., 2011; Sossou et al., 2012). A lack of understanding from parents and children creates a cultural gap between the parent and child. Clark (2008) recommends parents close the cultural gap by incorporating the food, language, stories, music and other parts of the parent's home culture. into the child's everyday life.

Parents may prefer to pass on their beliefs but have to contend with children being exposed to the dominant culture's beliefs. As previously mentioned, many immigrant African families believe it is taboo to discuss sexuality (Van der Geest, 2000). Apart from discussing abstinence and virginity with girls, many of these parents do not discuss other aspects of sexuality (Anarfi & Owusu, 2010; Avotri, 1992; Osborne, 1978). Research has shown comprehensive SRH communication to have many benefits not seen with abstinence-only SRH communication (Bearman & Brückner, 2001; Hall et al., 2012; Kirby, 2008; Kohler et al., 2008; Santelli, et al., 2006). However, instructing immigrant African parents to engage in

comprehensive SRH education would require them to reject certain teachings of their culture, making it even more difficult to have a conversation with their children about sexuality.

Acculturation in the Chronosystem

The chronosystem involves the individual's experiences over their lifetime. These can include environmental events, life transitions and historical events (Bronfenbrenner 1979; Smith & Hamon, 2012). Transitioning from childhood to adulthood can be difficult as the individual experiences physiological, cognitive and emotional changes. Immigrant children must experience these transitions coupled with the changes associated with moving to a different country (Portes & Hao, 2002). The impact of acculturation in the chronosystem is mainly felt between immigrant generations. First-generation immigrant children (i.e., foreign-born) who immigrate with their parents are likely to experience acculturation differently than second-generation immigrants (i.e., native-born) (Paat, 2013). Compared to first-generation immigrants, second-generation immigrants are likely to have less difficulty learning a new culture or language because they are born into that culture (Paat, 2013). Furthermore, newer generations face the concern of spreading aspects of their culture to future generations (Cook & Waite, 2016). Without the influence of older generations, newer generations have the decision to pass down culture through the sharing of life experiences.

SRH communication can also evolve over time and through generations. Family systems tend to pass on or reject beliefs through generations (Kerr & Bowen, 1988). Second-generation immigrants who have spent significant time in American culture, may not ascribe to similar behaviors and practices as their parents (Jakub et al., 2018). In the case of SRH communication, an adolescent who received one form over the other can raise their children with the same values or choose the opposite. Medora and Wilson (1992) recommend that parents facilitate the healthy sexuality development in their children to help future generations become more “comfortable, responsible and joyous in their sexuality” (p. 27).

CHAPTER 3: METHODOLOGY

Present Study

From reviewing the previous literature, it can be said that there is some sort of relationship between religiosity and SRH communication. Research has shown that religious families are more likely to engage in abstinence-only SRH communication (Afifi et al., 2008; Bearman & Brückner, 2001; Carroll, 2018; Martin et al., 2018; Santelli et al., 2006). Though there is minimal research on sex positivity, Dailey (1997) found that a sex-positive approach in comprehensive SRH education can promote a nonjudgmental view of sexuality. Within African families, research has shown that SRH communication is primarily given in the form of abstinence-only with the focus being on a girl's virginity (Anarfi & Owusu, 2010; Avotri, 1992; Osborne, 1978). Taking an ecological systems theory and acculturation theory perspective, it can be seen that African families experience significant changes to their cultural practices once they immigrate to the United States. The present study sought to find if there was a relationship between these variables in first-and second-generation African immigrants by looking at the relationship between religiosity and sex positivity and comprehensive SRH communication and sex positivity.

Research Questions and Hypotheses

This study incorporated the following research question and hypotheses.

RQ1: What is the relationship between religiosity and sex positivity in first-and second-generation African immigrants?

H1.1: There is a negative relationship between religiosity and sex positivity in first-and second-generation African immigrants.

RQ2: What is the relationship between comprehensive SRH communication and sex positivity in first-and second-generation African immigrants?

H2.1: There is a positive relationship between comprehensive SRH communication and sex positivity in first-and second-generation African immigrants.

Participants

This study required a minimum of 102 complete cases to ensure enough statistical power to have significant results (Cohen, 1992). An effort was made to gather at least 125% of this minimum number for significant results.

The primary requirement for this study was that participants be first or second-generation African immigrants living in the United States. This study adopted the definition of a first and second-generation immigrant as outlined by the United States Census Bureau. Participants who identified as first-generation African immigrants must have been born on the continent of Africa and subsequently immigrated to the United States (United States Census Bureau, 2019). Participants who identified as second-generation African immigrants must have been born in the United States, but have at least one parent born on the African continent (United States Census Bureau, 2019).

Furthermore, participants must be between the ages of 18 and 35. This range was chosen because compared to younger age groups, this group has had more time to receive SRH communication from their parents. Additionally, persons of this age are more likely to exhibit the outcomes of the SRH communication received as children. This is an important age group to consider because it is more likely that people of this age have formed opinions of sexual behaviors that may be categorized as sex-positive or sex-negative. Lastly, participants must have been raised by a biological parent or legal guardian for the first 18 years of their life. Legal guardians must have been awarded guardianship by a court according to state laws (Administration for Children and Families, 2019). Legal guardians can be adoptive parents, foster parents or relatives who were given physical or legal custody of the child. This is a necessary criterion that ensures that the child had long term contact with the parent(s) who provided SRH communication.

Procedure

Data Collection

The researcher applied for human subject approval from Purdue University Institutional Review Board (IRB). Data was collected online through a survey on Qualtrics. The first page of the survey was an informed consent that detailed the purpose of the study, risks/benefits and how the data will be used – which participants were required to sign/affirm. Data was collected from two methods. The first collection method was through social media (Facebook and Instagram). The researcher reached out to organizations (African Diaspora Network and Africans in the Diaspora) geared towards persons of the African diaspora. The researcher requested for the organization's administrator to distribute the link to the survey to its members. Data was also collected through crowdsourcing via Amazon Mechanical Turk (MTurk). MTurk is a "crowdsourcing web service that coordinates the supply and the demand of tasks that require human intelligence to complete" (Paolacci, Chandler & Ipeirotis, 2010, p. 411). Recently, MTurk has become a method for gathering participants for experimental research.

MTurk has many practical benefits. First, it offers quick access to diverse populations while protecting the participant's anonymity (Buhrmester et al., 2016; Paolacci et al., 2010). MTurk also provides the researcher with the option of sending questions to specific countries. This is important for the study because it allows the focus to be on participants in the United States and eliminates contamination of African immigrants in other countries (Paolacci et al., 2010). Furthermore, MTurk offers the advantage of anonymity by making individual responses not visible to the researcher. This reduces the concern of storing confidential data (Paolacci et al, 2010). Participants who complete the survey received a payment of 40 cents. To ensure the integrity of this research, the participant received a unique code at the end of each Qualtrics survey. The participant will then have to enter this code back into MTurk.

In addition to MTurk, social media advertisements on Facebook and Instagram were used to recruit participants. The purpose of these advertisements were to reach participants who may not be registered with MTurk. Social media permits the study to reach even more diverse participants seeing as an estimated 247 million Americans utilized social media platforms between 2008 and 2019 (Clement, 2019). Participants who were recruited through social media

were directed to a Qualtrics link to complete the same survey given to those participants on MTurk. These participants had the option of entering a drawing to win one of three $20 Amazon gift cards.

Though these data collection methods offer many benefits, there are a few disadvantages that must be noted. One disadvantage of online surveys is that it alienates a portion of the population that does not have access to online resources like MTurk and social media. This reduces the ability to generalize the sample because everyone in the population did not have an equal chance of being selected. When using online surveys, there is the risk of respondent fatigue, where the respondent may become tired and not finish the survey (Debois, 2019). Furthermore, there may be a greater chance of the participant misinterpreting the survey questions because the researcher is not physically present to provide explanations. All of these disadvantages could negatively impact the study (Debois, 2019).

Measures

This study utilized several scales. The first part of the survey was used to determine if the participant fits the requirements for the study. The rest of the survey was used to collect data on the participants. Three measures were used to gauge the participant's degree of religiosity, frequency of comprehensive SRH communication and sex positivity.

Qualifiers and Demographics Questionnaire

To determine eligibility, participants were first given the sample qualification survey. Participants who did not meet the study's requirements were screened out. Data for demographics were collected next, questions were asked regarding the participant's gender, age, race, highest education level, parent's highest education level and more. It should be noted that questions regarding the participant's place of birth and parent's place of birth were used to determine if the participant is a first or second-generation African immigrant. Items in the survey include questions such as: "What country were you born in?" The qualifiers and demographics questionnaire can be found in Appendix A.

Degree of Religiosity

For the purposes of this study, the parent's degree of religiosity and the participant's degree of religiosity was also measured. Parent's degree of religiosity was measured with the Faith Activities in the Home Scale (FAITHS)-Short Version (Lambert & Dollahite, 2010). FAITHS is a 9-item Likert scale ranging from 0-6 for frequency and 0-4 for importance. The scale was used to measure the extent of religious activities in the participants' childhood home. FAITHS asks participants to report the frequency and importance of activities such as family prayer (family together other than at meals), parent giving/speaking religious blessings to child and family contributing financial resources for religious reasons. The scale was empirically tested through an exploratory factor analysis using three samples. The first study utilized two samples of highly religious families representing the three major Abrahamic faith and the second with undergraduate students from a Southeastern university. The Cronbach's alpha in sample A was α =.88, in Sample B it was α =.94, and in Sample C it was α =.92 (Lambert & Dollahite, 2010). FAITHS can be found in Appendix A. For the purposes of this study, family activities were specifically defined as behaviors of the participants' parental figure(s) and others living in the home. The participants were asked to consider their first 18 years of life when responding to the FAITHS. The resulting variable is continuous with a high score indicating a greater degree of religiosity in the family and higher occurrence of faith-based activities.

The participant's degree of religiosity was measured through the Centrality of Religiosity Scale-5 (CRS-5) (Huber & Huber, 2012). The CRS-5 is a 5-item scale used to measure the general intensities of the core dimensions of religiosity. The scale identifies five dimensions of public practice, private practice, religious experience, ideology and the intellectual. The internal validity of the CRS-5 is α =.93 and can be found in Appendix A. The resulting variable was continuous with a high score indicating a greater degree of religiosity.

SRH Communication

The Sexual Communication Scale (SCS) is a 20- item scale used to assess the frequency of communication about sexual matters between a parental figure and adolescent (Somers & Canivez, 2003). Participants in this study were asked to reference the parental figure with whom they had the most communication about sex. The SCS has been previously used to measure the

frequency and scope of communication from parent to child and its impact on later onset of sexual behavior (Angera et al., 2008). Additionally, Thoma and Huebner (2014) utilized the SCS to study parental monitoring, frequency of communication about sex, outness to cohabitating parents, and sexual behaviors. The five-point scale asks participants to report their perceptions of the frequency of communication they received on topics like sexual reproductive system ("where babies come from"), consequences of teen pregnancy (other than AIDS) and love and/or marriage. The items were chosen based on an exploratory factor analysis. The mother's communication scale was found to have a Cronbach's alpha of α =.93. The father communication scale was found to have a Cronbach's alpha of α =.92. To provide more information a variable was created that measures a number of different domains in which communication takes place. Additionally, for each item in the SRH scale a question was asked to examine if the communication was positive negative or neutral. The SCS is referenced in Appendix A. The resulting variable was continuous with a high score indicating a greater degree of comprehensive SRH.

Sex Positivity Scale

Sex positivity was measured through self-report on the Sex Positivity Scale (SPS). To measure participants' attitudes towards sexual behaviors, the SPS developed by Belous et al. (2020) was utilized. Participants were asked to responded to statements like "I do not judge others for their sexual behaviors or desires" and "I am comfortable talking about sex in private" on a five-point Likert scale. This scale is in its final phase of development and has yet to be published at the time of this proposal. The scale was developed and has been validated through standard classical test theory psychometric procedures. It provided evidence of a stable three factor structure (subscales of Behavior and Attitudes (α = .832), Talking about Sex and Communication (α = .832), and Personal Beliefs, Knowledge, and Exploration (α = .788), total scale α = .865) with 26 total items plus one screener question at the beginning, and had all acceptable levels of reliability as measured by Cronbach's alpha. The resulting variable was continuous with a high score indicating a greater degree of sex positivity. The SPS can be found in Appendix A.

The Cultural Socialization Scale

To examine the role of acculturation in this study, the Cultural Socialization Scale (CSS) was used. The CSS was developed by Wang et al. (2015) to assess the extent to which youth learn about a culture. The developed the scale based on retrospective reports from 208 young adults. Four subscales (family socialization toward the heritage culture, family socialization toward the mainstream culture, peer socialization toward the heritage culture, and peer socialization toward the mainstream culture) were identified. An exploratory factor analysis was conducted and found that the final one-factor models all showed a good fit to the data. All factor loadings were above .30 and significant at $p < .001$. Reliabilities were high across the four subscales (α = 86 to .94). The CSS is referenced in Appendix.

Data Analysis

Analytical Procedure

A hierarchical regression analysis was used to determine the impact of SRH communication and religiosity on sex positivity in first and second-generation African immigrants (see figure 1). For the purposes of this research, the independent variables was identified as degree of religiosity and the amount of SRH communication that a parent had with the participant. The dependent variable was identified as sex positivity. Gender (male or female) was viewed as an interaction term to test its relationship with religiosity variable.

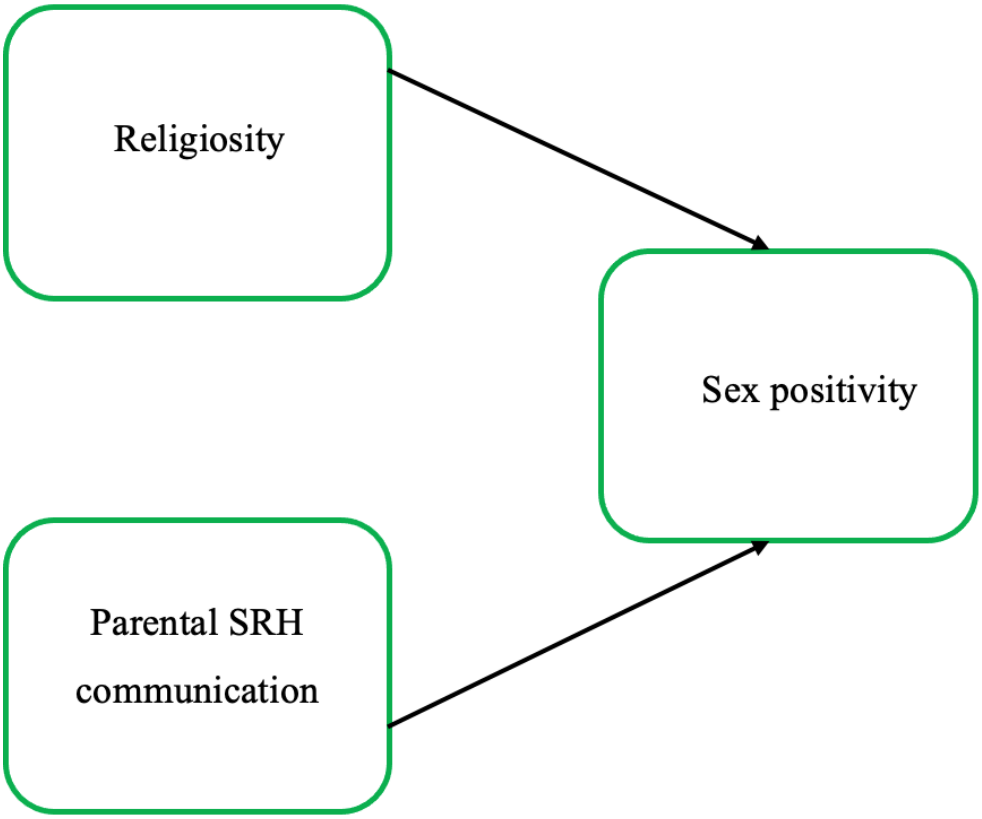

Figure 1. Regression Model

CHAPTER 4: RESULTS

Data Screening

Data was collected via social media and MTurk. A total of 34 participants were collected through social media (Facebook and Instagram). Data was collected on MTurk in two phases. A total of 313 participants were collected in the first phase and 287 in the second phase for a total of 633 participants. It was determined by examining the MTurk identification numbers that 16 participants took the survey twice via MTurk. For this reason, the second responses of these participants were deleted. Overall, 633 participants consented to participate in the survey, and 1 participant did not give consent. Of the 633, 327 participants were excluded from the analysis for one or more of the following reasons: 1) multiple missing answers or missing answers to questions essential to analyses, such as gender identity and immigrant generation; 2) spending less than 5 minutes to complete the survey; or 3) inconsistent patterns to answering questions. Overall, 306 participants, or 48% of the participants who originally accessed the survey, were included in the final analysis.

All data analyses and screening used the Statistical Package for the Social Sciences (SPSS 26). Before conducting analyses, the key continuous variables (religiosity, sex communication discussed, sex communication classification, and sex positivity) were screened for statistical assumptions, outliers, and normality. There were no out-of-bounds data, outliers, and missing data. A skewness diagnostic was calculated by dividing the skew statistic by the standard error. Results of $> \pm 3$ indicates significant skewness. Religiosity had a skewness of -3.28 (SE=0.139), and sex communication discussed had a skewness of -4.68 (SE=0.139). According to the Central Limit Theorem, in samples above 30 participants, the sampling distribution will approach normality (Field, 2013). Additionally, this data is reasonably distributed and homogenous, making data transformation unnecessary. A kurtosis diagnostic was also calculated by dividing the kurtosis statistic by the standard error. Results of $> \pm 6$ indicates significant kurtosis. None of the variables tested showed significant kurtosis.

Linearity and homoscedasticity were represented through the use of scatterplots. The scatterplots indicated that the examined variables were linear and homoscedastic. Multicollinearity was checked by running correlations among the variables. Screening found no

multicollinearity within the data. Multivariate normality was checked using Mahalanobis, Cooks, and Leverage values. The Mahalanobis test detected 9 multivariate outliers ($p < .001$) with a value greater than the critical value (13.82). These cases were examined, and it was found that they fit into the population being studied. For this reason, the cases remained in the study but may have undue influence on the final analysis.

Demographics

All participants surveyed were residents of the United States. The participants' ages ranged from 18 years old to 35 years old. The mean age of the participants was 27.02.

Table 1. Age of Participants.

	N	Minimum	Maximum	Mean	SD
Age	306	18	35	27.02	4.05

In terms of gender identity, 188 participants identified as male (61.4%), and 118 identified as female (38.6%). Looking at sexual orientation, 210 participants identified as heterosexual or straight (68.6%), whiles 78 identified as bisexual (25.5%), 1.3% as gay, 0.7% as lesbian, 1.6% as asexual, and 0.3% pansexual. In terms of race, a large number identified as Black or African-American (49.7%) and White (46.7%). Several participants also identified as American Indian/Native American (2%) and Latinx (0.7%). In regard to relationship status, 59.8% of participants identified as married, 33% as single, 5.6 % partnered (unmarried), 0.7% as widowed and 0.3% separated. Participants were also asked about their employment status. The majority of participants were employed full time, working 40 or more hours a week (81.4%), and 11.1% were employed part-time, working less than 39 hours a week. Eight participants were students (2.6%), and 5 were self-employed (1.6%). Five participants (1.6%) also identified as unemployed and not looking for work, while four (1.3%) stated they were unemployed and looking for work.

The survey also inquired about the participant's yearly income, which varied from 8.5% earning between $0 and $14,999 to 11.4% earning $75,000 and above. Parental income in the participant's childhood home also varied, with 9.5% stating their parents earned between $0 and

$14,999, and 11.4% stating their parents earned $75,000 and above. Parental provision was further examined, and 152 participants (49.7%) confirmed that their parents had difficulty getting food on the table. On the other hand, 133 participants (43.5%) stated their parents had no difficulty getting food on the table. Next, the survey inquired about the participant's education level. A vast majority of participants (68.6%) have earned a bachelor's degree. The survey also asked about the education level of both of the participant's parents. Over 40% of mothers and fathers had achieved bachelor's degrees (mothers: 43.8% and fathers 41.2%).

The participant's religious affiliation and their parent's religion was also examined in the survey. In both cases, 275 (89.9%) of participants identified themselves and their parents as Christian. Following this, participants were asked to describe the area in which they reside. A majority (62.1%) of participants identified as living in an urban area, 22.9% as living in suburban areas, and 14.4% as living in a rural area. The participants were also asked what type of sex education they received growing up. The number of participants in each category were comparable, with 139 (45.4%) of participants receiving abstinence-only, and 135 (44.1%) receiving comprehensive sex education. To determine the generation position, participants were asked if they were born in Africa. A majority (71.6%) percent answered yes, and 26.5% answered no.

Table 2. Demographics.

Gender Identity (N=306)	**Frequency**	**Percent**
Male	188	61.4%
Female	118	38.6%
Sexual orientation (N=306)	**Frequency**	**Percent**
Heterosexual or straight	210	68.6%
Gay	4	1.3%
Lesbian	2	0.7%
Bisexual	78	25.5%
Asexual	5	1.6%
Pansexual	1	0.3%
Not listed above	2	0.7%
I don’t know	1	0.3%
Prefer not to answer	3	1%
Race/Ethnicity (N=306)	**Frequency**	**Percent**
White	143	46.7%
Black or African-American	152	49.7%
American Indian or Native American	6	2%
Asian	1	0.3%
Latinx	2	0.7%
Not Listed	1	0.3%
Prefer not to answer	1	0.3%

Table 2 continued

Relationship status (N=306)	**Frequency**	**Percent**
Single, never married	101	33%
Married	183	59.8%
Partnered, unmarried	17	5.6%
Widowed	2	0.7%
Separated	1	0.3%
Prefer not to answer	2	0.7%
Employment status (N=306)	**Frequency**	**Percent**
Employed full time (40 or more hours per week)	249	81%
Employed part time (up to 39 hours per week)	34	11.1%
Unemployed and currently looking for work	4	1.3%
Unemployed and not currently looking for work	5	1.6%
Student	8	2.6%
Homemaker	1	0.3%
Self-employed	5	1.6%
Yearly Income (N=306)	**Frequency**	**Percent**
$0-$14,999	26	8.5%
$15,000-$29,999	28	9.2%
$30,000-$44,999	49	16%
$45,000-$59,999	118	38.6%
$60,000-$74,999	47	15.4%
$75,000 and higher	35	11.4%
I don’t know	1	0.3%
Prefer not to answer	2	0.7%
Parent Income-Childhood (N=306)	**Frequency**	**Percent**
$0-$14,999	29	9.5%
$15,000-$29,999	45	14.7%
$30,000-$44,999	60	19.6%

Table 2 continued

$45,000-$59,999	89	29.1%
$60,000-$74,999	44	14.4%
$75,000 and higher	35	11.4%
I don’t know	4	1.3%
Parental Provision (N=306)	**Frequency**	**Percent**
My parents had difficulty getting food on the table	152	49.7%
My parents had no difficulty getting food on the table	133	43.5%
I don't know	15	4.9%
Prefer not to answer	6	2%
Highest Degree (N=306)	**Frequency**	**Percent**
Some high school	1	0.3%
High school graduate	8	2.6%
Some college	17	5.6%
Associate’s degree	14	4.6%
Bachelor’s degree	210	68.6%
Master’s degree	54	17.6%
Doctoral or professional degree	2	0.7%
Highest Degree (N=306)	**Frequency**	**Percent**
Some high school	22	7.2%
High school graduate	37	12.1%
Some college	44	14.4%
Associate’s degree	25	8.2%
Bachelor’s degree	134	43.8%
Master’s degree	38	12.4%
Doctoral or professional degree	3	1%
I don’t know	2	0.7%
Prefer not to answer	1	0.3%

Table 2 continued

Highest Degree (N=306)	**Frequency**	**Percent**
Some high school	14	4.6%
High school graduate	38	12.4%
Some college	49	16%
Associate's degree	24	7.8%
Bachelor's degree	126	41.2%
Master's degree	47	15.4%
Doctoral or professional degree	5	1.6%
I don't know	3	1%
Religious Affiliation (N=306)	**Frequency**	**Percent**
Christianity	275	89.9%
Islam	6	2%
Nonreligious (Secular/Agnostic/Atheist)	4	1.3%
Hinduism	8	2.6%
Buddhism	3	1%
Judaism	2	0.7%
Not Listed	4	1.3%
Prefer not to answer	4	1.3%
Religious Affiliation (N=306)	**Frequency**	**Percent**
Christianity	275	89.9%
Islam	8	2.6%
Nonreligious (Secular/Agnostic/Atheist)	3	1.0%
Hinduism	8	2.6%
Buddhism	6	2%
Judaism	1	0.3%
Not Listed	3	1%
Prefer not to answer	2	0.7%

Table 2 continued

Sex Ed Received (N=306)	**Frequency**	**Percent**
Abstinence-Only (learned ONLY about saving sex for marriage)	139	45.4%
Comprehensive (learned about abstinence, birth control, STI prevention, sexual communication and responsible sexual relationships)	135	44.1%
None	21	6.9%
I don't know	11	3.6%
Area (N=306)	**Frequency**	**Percent**
Urban	190	62.1%
Suburban	70	22.9%
Rural	44	14.4%
I don't know	2	0.7%
Born in Africa (N=306)	**Frequency**	**Percent**
Yes	219	71.6%
No	81	26.5%
Prefer not to answer	6	2%

The following questions were asked to participants who responded “yes” to being born in a country on the African continent.

Table 3. Participant Birth Country.

Time Living in US (N=219)	**Frequency**	**Percent**
Less than 5 years	53	17.3%
6 years to less than 10 years	59	19.3%
More than 10 years	107	35%
Participant’s Birth Country (N=219)	**Frequency**	**Percent**
Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Democratic Republic of Congo, Egypt, Ethiopia, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mauritius, Morocco, Namibia, Senegal, Sudan, Tanzania, Togo, Tunisia, Zimbabwe	58	28.4%
Cameroon, Ghana, Nigeria, Uganda, Zambia	38	12.9%
Algeria	18	8.2%
Central African Republic	15	4.9%
South Africa	52	23.7%
None of the above	27	12.3%
I don’t know	6	2.7%
Prefer not to answer	5	2.3%

The following questions were asked to participants who answered “no” to being born in a country on the African continent.

Table 4. Parent Born in Africa.

Parent Born in Africa (N=87)	**Frequency**	**Percent**
Yes	87	28.4%
Mother’s Birth Country (N=87)	**Frequency**	**Percent**
Algeria, Angola, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Republic of the Congo, Djibouti, Egypt, Ethiopia, Libya, Morocco, Senegal, Somalia, Sudan, Swaziland, Togo, Uganda, Zimbabwe	36	41.5%
Ghana, Kenya	13	14.9%
Nigeria	11	12.6%
South Africa	18	20.7%
None of the above	8	9.2%
I don’t know	1	1.1%
Father’s Birth Country (N=87)	**Frequency**	**Percent**
Algeria, Angola, Cameroon, Cape Verde, Central African Republic, Republic of the Congo, Egypt, Ethiopia, Gabon, Kenya, Madagascar, Somalia, Swaziland, Uganda, Zambia, Zimbabwe	38	43.8%
Ghana, Nigeria	16	18.3%
South Africa	12	13.8%
None of the above	19	21.8%
I don’t know	2	2.3%

The immigrant position variable was formed by combining participants who identified as being born in Africa or having a parent born in Africa (see Tables 2 and 4). Participants who answered “yes” to being born in Africa were considered first-generation immigrants. Participants who answered “no” to being born in Africa and “yes” to having at least one parent born in Africa were determined to be second-generation immigrants.

Table 5. Participant’s Immigrant Position.

Participant’s Immigrant Position (N=306)	**Frequency**	**Percent**
First Generation	219	71.6%
Second Generation	87	28.4%

Participants were asked to identify the parent with whom they had the most communication about sex. Approximately 40% of participants credited their mother or maternal figure as the parent they had the most communication with about sex, whiles 31% indicated their father or paternal figure. Several participants expressed they had received none (18.3%) or did not know (7.2%).

Table 6. Parent Communication About Sex.

Parental Communication (N=306)	**Frequency**	**Percent**
Mother/Maternal Figure	125	40.8%
Father/Paternal Figure	95	31%
None	56	18.3%
I don’t know	22	7.2%
Prefer not to answer	8	2.6%

Instrumentation

The first instrument used in this study was the Faith Activities in the Home Scale (FAITHS). This scale assessed the frequency (FAITHSF) and importance (FAITHSI) of religious activities in the participant's childhood home. For this study, the final analysis utilized the FAITHSI subscale to assess for the degree of religiosity in the participant's childhood home. The next instrument used in this study was the Sexual Communication Scale (SCS). This scale assessed for the frequency (SCSD) of communication about sexuality from the participant's parent(s). This scale also assessed the polarity (SCSC) of the communication (i.e., positive, neutral, or negative). Additionally, the Sex Positivity Scale, Centrality of Religion Scale, and the Cultural Socialization Scale were employed in this research. The means and standard deviations of the scales are listed below (see table 9). The Cronbach's alpha was calculated for all the scales (see table 9).

Sex Communication Scale

The following tables provide further information on the SCS. Table 7 outlines the number of domains in which there was sex communication. A vast majority of clients (64.1%) identified that they discussed all 20 domains. Table 8 outlines how often items in the SCS were identified as positive, negative or neutral. Most participants (11.1%) stated that the sex communication was neutral.

Table 7. Number of Domains.

Number of Domains Discussed (N=306)	Frequency	Percent
0	2	0.7%
1	1	0.3%
2	4	1.3%
4	1	0.3%
5	1	0.3%
6	4	1.3%
7	3	1%
8	1	0.3
9	4	1.3%
10	5	1.6%
11	6	2%
12	5	1.6%
13	7	2.3%
14	3	1%
15	8	2.6%
16	7	2.3%
17	10	3.3%
18	5	1.6%
19	33	10.8%
20	196	64.1%

Table 8. Positive, Neutral or Negative Discussed.

Positive, Neutral or Negative Discussed (N=306)	Frequency	Percent
-20	2	0.7%
-17	1	0.3%
-16	2	0.7%
-15	3	1%
-12	4	1.3%
-11	2	0.7%
-10	4	1.3%
-9	8	2.6%
-8	11	3.6%
-7	7	2.3%
-6	9	2.9%
-5	11	3.6%
-4	16	5.2%
-3	13	4.2%
-2	17	5.6%
-1	17	5.6%
0	34	11.1%
1	17	5.6%
2	8	2.6%
3	18	5.9%
4	5	1.6%
5	11	3.6%
6	9	2.9%
7	11	3.6%
8	6	2%
9	10	3.3%
10	8	2.6%
11	8	2.6%
12	5	1.6%
13	8	2.6%
14	5	1.6%
15	8	1%
16	2	0.7%
18	1	0.3%
19	1	0.3%
20	9	2.9%

Table 9. Instruments and Descriptive Statistics.

Scales	# of items	Possible Range	Observed Range	N	Mean	Standard Deviation	Cronbach's Alpha	Cronbach's Alpha from This Study
FAITHSF	9	0-54	0-54	306	32.45	10.75	0.899	0.92
FAITHSI	9	0-36	0-36	306	21.62	6.983	0.865	0.92
SCSD	20	20-100	20-100	306	67.13	16.951	0.941	0.93
SCSC	20	20-60	20-60	306	38.64	7.750	0.870	n/a
SPS	28	28-140	58-136	306	98.37	11.911	Subscale 1: 0.761 Subscale 2: 0.719 Subscale 3: 0.822 Total: 0.826	Subscale 1: 0.832 Subscale 2: 0.832 Subscale 3: 0.788 Total: 0.865
CRS	5	5-32	6-25	306	19.42	3.765	0.759	0.93
CSS	12	5-60	12-58	306	32.68	8.126	0.864	0.86 to 0.94

Correlations

Pearson correlation analyses were conducted on continuous variables to assess for possible relationships (N = 306). Total SPS score and total FAITHSI score were significantly correlated ($r = 0.354$ $p < 0.01$). Total SPS score and total SCSD score were significantly correlated ($r = 0.240$, $p < 0.01$). Total SPS score and total SCSC score were significantly correlated ($r = -0.137$, $p < 0.05$). The FAITHSI score was significantly correlated with the SPS score ($r = 0.354$, $p < 0.01$) and the SCSD score ($r = 0.380$, $p < 0.01$). The total SCSD score was significantly correlated total SPS score ($r = 0.240$, $p < 0.01$). The SCSD score was also significantly correlated with the FAITHI ($r = 0.380$, $p < 0.01$) and with SCSC ($r = -0.122$, $p < 0.05$). Finally, the total SCSC score was significantly correlated with the total SPS ($r = -0.137$, $p < 0.05$) and the total SCSD score ($r = -0.122$, $p < 0.05$).

Table 10. Pearson Correlations.

	Total SPS Score	Total FAITHSI Score	Total SDSD Score	Total SCSC Score
Total SPS Score	1	0.354**	0.240**	-0.137*
Total FAITHSI Score	0.354**	1	0.380**	-0.035
Total SDSD Score	0.240**	0.380**	1	-0.122*
Total SCSC Score	-0.137*	-0.035	-0.122*	1

** p< 0.01 (2-tailed)
*p<.05 (2-tailed)

Analysis

This study conducted a hierarchical regression analysis with the sexual positivity as the outcome variable. This test was used to find predictors of sex positivity as a dependent variable while examining if religiosity, SRH communication and the interaction between SRH communication and gender have an influence sex positivity by examining variance. The following variables were controlled for: gender, generation position and household income.

Variables were entered into the model in three blocks. Block 1 included demographic control variables including generation position, gender identity, household income, sex communication discussed, polarity of sex communication and the interaction between sex communication and gender. Block 2: included the importance of religion (FAITHSI), and Block 3: included the dummy coded variables for sex education received,

The hierarchical regression was found to be significant for several models with Model 1: F (6, 299) = 6.774, $p < .001$, $R^2 = .120$; adjusted $R^2 = .102$; Model 2: F (7, 298) = 10.525, $p < .001$, $R^2 = .198$, adjusted $R^2 = .179$; Model 3: F (10, 295) = 7.825, $p < .001$, $R^2 = .210$, adjusted $R^2 = .183$. Regression statistics are shown in Table 11 and multivariate statistics are shown in Table 12.

Table 11. Summary of Hierarchical Regression Statistics for Model

Model	*R*	R^2	ΔR^2
1	.346	.120	.102
2	.445	.198	.179
3	.458	.210	.183

Table 12. Hierarchical Regression analysis with religiosity and SRH communication as independent variables, sex positivity as dependent variable and parental income in childhood, gender identity, sex education received, and generation as control variables.

Model		Unstandardized B	Coefficients Std. Error	Standardized Coefficients Beta	t
1	(Constant)	83.145	5.440		15.284***
	Generation	-1.380	1.486	.-.052	-.928
	Gender Identity	19.490	5.342	.795	3.649***
	Parent income-Childhood	.474	.441	.059	1.075
	Sex Comm Scale Discussed	0.281	.054	.397	5.192***
	Sex Comm Scale Pos, Neu, Neg	-.157	.084	-.103	-1.868
	SCS_Int	-.251	.077	-.711	-3.238***
2	(Constant)	77.281	5.312		14.548***
	Generation	-631	1.428	.-.024	-.442
	Gender Identity	19.193	5.107	.783	3.758***
	Parent income-Childhood	-.479	.421	.060	1.138
	Sex Comm Scale Discussed	-.201	.054	.284	-3.745***

Table 12 continued

	Sex Comm Scale Pos, Neu, Neg	-.162	0.080	-.106	-2.025***
	SCS_Int	-.249	0.074	-.706	-3.362***
	FAITHS Importance	.521	0.096	.305	5.404***
3	(Constant)	78.510	5.412		14.508***
	Generation	-.241	1.441	-.009	-.167
	Gender Identity	19.251	5.096	.786	3.778***
	Parent Income-Childhood	.544	.422	.068	1.291
	Sex Comm Scale Discussed	.193	.054	.273	3.565***
	Sex Comm Scale Pos, Neu, Neg	-.160	.080	-.105	-2.001***
	SCS_Int	-.251	0.74	-.712	-3.397***
	FAITHS Importance	.516	.096	.301	5.353***
	dc_comp	-1.438	1.349	-.060	-1.066
	dc_none	-5.000	2.580	-.106	-1.938
	dc_idk	.464	3.410	.007	.136

***p < .001 a. Dependent Variable: Sex Positivity Scale

Control Variables

Four control variables were considered for this study. The first control variable is household income. This control was included because research has found higher-income families to be more likely to engage in comprehensive SRH communication and lower-income families to engage in abstinence-only SRH communication (Kohler et al., 2008). The participant's gender identity was also included as a control variable because SRH communication can differ based on the gender identity of the recipient. In many African families, girls are more likely to be taught

about maintaining their virginity while such conversations are not had with boys (Anarfi & Owusu, 2010). Such conversations have been shown to discourage girls from learning more about their sexuality (Ogletree & Ginsburg, 2000). An argument can be made that girls who are discouraged from learning about their sexuality may have more negative attitudes towards sexual behaviors, making this an important variable to control for. Next, the receipt of SRH education in schools was also controlled for. In the United States, 39 states and the District of Columbia mandate sex education and/or HIV education (Guttmacher Institute, 2019b). The participant may receive SRH communication in school rather than a parent, making this another important variable to control. The last variable controlled for was the participant's immigrant position. First-generation immigrants who grew up in Africa may have similar beliefs to their heritage culture. On the other hand, second-generation immigrants who have had more time to get accustomed to the new culture may hold similar to that culture.

Interaction Term

An interaction term was created, combining SRH communication and gender. A post hoc analysis was ran for the interaction using a process program. The analysis revealed a significant interaction effect. Results indicated a positive relationship with the male gender ($t = 3.6108$, $p < .0004$) and a negative relationship with the female gender ($t = -1.0231$, $p < .3071$). The analysis found that a higher score on the SRH discussion scale (SCSD) correlated with higher sex positivity in men and lower sex positivity in women.

Hypothesis One

Hypothesis one stated that there would be a negative relationship between religiosity and sex positivity in first-and second-generation African immigrants. To further explore this hypothesis, the independent variable of religiosity was included in the regression analysis with sex positivity as the dependent variable. The control variables of parental income in childhood, gender identity, sex education received, and generation position were also included in the analyses. Religiosity, measured by the FAITHS Importance scale, was significantly positively related to sex positivity ($t = 5.404$, $p < .001$

Hypothesis Two

Hypothesis two indicated that there would be a positive relationship between comprehensive SRH communication and sex positivity in first-and second-generation African immigrants. The independent variables of SRH communication discussed (SCSD) and type of SRH communication (SCSC) were included in the regression analysis, with sex positivity as the dependent variable. Similar to hypothesis one, the control variables of parental income in childhood, gender identity, sex education received, and generation position were included in the analyses. Statistical significance was found for the variables of SRH communication discussed (SCSD) ($t = 3.565$, $p < .001$) and for the variables of polarity of SRH communication (SCSC) ($t = -2.001$, $p < .001$). The variable of sex education received was dummy coded into three variables (see table 11), with abstinence-only being the referent category. The variable for comprehensive sex education was not significant ($t = 1.066$, $p < .001$) This suggests that comprehensive SRH communication was not significantly associated with sex positivity. Furthermore, comparing the means of the sex education received variable with SPS revealed means close in score (see table 12).

Table 13. Descriptive Statistics for Sex Ed. Received Compared with Sex Positivity.

Sex ed received		N	Minimum	Maximum	Mean	Std. Deviation
Abstinence-Only (learned ONLY about saving sex for marriage)	Sex Positivity Scale	139	69	119	100.14	10.582
Comprehensive (learned about abstinence, birth control, STI prevention, sexual communication and responsible sexual relationships)	Sex Positivity Scale	135	58	136	97.40	12.938
None	Sex Positivity Scale	21	61	112	93.67	12.897
I don’t know	Sex Positivity Scale	11	85	124	99.91	11.327

In conclusion, a significant relationship was found between religiosity and sex positivity. This relationship shows that a higher degree of religiosity in the participant’s childhood corresponds with higher sex positivity as adults. Conclusively, hypothesis one was not supported by the analysis. Hypothesis two was also not supported as the analysis did not find a significant relationship between comprehensive SRH communication and sex positivity.

CHAPTER 5: DISCUSSION

The goal of this research was to examine the relationship between religiosity, SRH communication, and sex positivity. Before this study, these three variables had never been studied together. Additionally, there was minimal research on the population of first- and second-generation African immigrants. With this in mind, this study aimed to examine the influence of religiosity and parental SRH communication on sex positivity.

Hypotheses

Hypothesis One: Religiosity and Sex Positivity

Hypothesis one assumed that there would be a negative relationship between religiosity and sex positivity in first-and second-generation African immigrants. The expectation was that the more religion was incorporated in the participant's upbringing, the less sex positive they would be as adults. In their review of U.S SRH policies and programs, Santelli et al. (2006) found that more religious families are more likely to focus on abstinence-only SRH communication. Abstinence-only SRH communication has been associated with decreased knowledge of contraceptive use and the use of SRH services like STI testing and routine gynecological exams among adolescents (Bearman & Brückner, 2001; Hall et al., 2012). SRH is a large component of sex positivity as access to health care and education plays a role in the development of a sex positive individual (Glickman, 2000; Ivanski & Kohut, 2017). From this past research, hypothesis one was formed, assuming that a more religious upbringing would correlate with lower sex positivity.

Following the regression analyses, there was a significant relationship between religiosity and sex positivity, but it was in the opposite direction of hypothesis, so the hypothesis was not supported. The analyses showed that higher levels of religiosity in the participant’s upbringing was significantly associated with higher sex positivity. Though this hypothesis was significant it was not the direction in which the researcher assumed.

There are a variety of explanations for why participants from a more religious background would be more sex positive. The first explanation may be the more recent move to

incorporate SRH into religious teachings. A vast majority of participants (89.9%) in the present study identified as having Christian parents. Research on African American adolescent youth in the U.S found that Christian parents are beginning to have more influence on SRH education (Williams et al., 2015). In their research, Williams et al. (2015) found that parents viewed SRH communication as an opportunity for their children to learn religious values in relation to sexual health. Peers and parents are two of the most influential institutions in which adolescents learn about SRH (Hall et al., 2012; Josephs, 2015). SRH communication with peers tends to encourage sex as a positive way to improve one's overall self-confidence, but lacks information about STI risks and contraceptive use (Bleakley et al., 2009; Medora & Wilson, 1992). In their study of over 2,000 U.S. women aged 15–19, Hall et al., (2012) found that parental SRH communication was more likely to incorporate the use of SRH services such as contraceptive aids and gynecologic care.

Williams et al. (2015) found that Christian parents took an active approach in SRH to encourage their children to develop similar values. According to the parents, waiting for their children to initiate a conversation about sex would be too late to positively impact their behaviors. Religious parents took a biblical approach in SRH education by focusing on faithfulness, forgiveness, patience, and responsibility as it relates to sex, but also provided relevant information about contraceptive use and STI risks. In this way, they encouraged both abstinence and the opportunity for their children to know what to do if they did not commit to abstinence.

In addition to parents, many Christian churches have also begun to take a more contemporary approach to SRH education, as faith leaders have shown more of a desire to include SRH education in youth groups (Williams et al., 2015). Pichon et al. (2013) attributes this to the lack of an effective response from African-American Christian community to the HIV/AIDS epidemic in the 1980s. According to Pichon et al. (2013), the African-American church has evolved since then to offer a more proactive approach to SRH education, including HIV prevention. However, SRH education from the church is narrowly focused on abstinence and the immorality of homosexuality and premarital sex. These findings go to show that many religious African-American families are not ignoring SRH education and do take measures to impart some knowledge of SRH onto their children.

Hypothesis Two: SRH Communication and Sex Positivity

Hypothesis two was no supported. Hypothesis two identified that there would be a positive relationship between comprehensive SRH communication and sex positivity in first-and second-generation African immigrants. The results of the regression analysis were not found to be significant. When comparing the means of the comprehensive SRH variable (see table 12), it can be seen that all the means of the two groups are relatively close. The highest mean was among those who had received abstinence-only SRH communication, ultimately revealing that the participants who had received abstinence-only SRH education scored higher on the SPS.

As much as parents hold a great responsibility of educating their children about SRH, research shows they only do part of the job. In more religious families, SRH communication is used as a means to impart religious values onto adolescents. Many religious leaders in the African American church have also increased SRH communication, but tend to focus more on opposing homosexuality and premarital sex (Williams et al., 2015). This rigid view of SRH communication leads adolescents to their peers and the media, including social media, to answer questions about sex that they would not be comfortable asking their parents (Bleakley et al., 2009). Fortenberry (2014) acknowledged that many adolescents develop sexual scripts through conversations with peers. The media also acts as a form of peer influence on adolescents. Bleakley et al. (2009) noted that the media acts as a source of SRH education by overcoming barriers to gaining information about sexuality. Social media can especially influence SRH education among adolescents. Simon and Daneback (2013) conducted a literature review which revealed that adolescents are increasingly engaging in researching sex-related topics online. In fact, sex was one of the most popular topics that adolescents engaged in online as they inquired about sexual activity, contraception, and pregnancy (Simon & Daneback, 2013). Thus, adolescents are receiving SRH information from a wide array of resources, and parents may not be the most influential predictor for future attitudes towards sex. Adolescents today have access to a host of resources to gain information about sexuality. It can be said that influence from institutions outside of the family impacted the participants' access to SRH education, ultimately shaping a more sex positive person.

Acculturation

The results of this study may also lead to the assumption that many immigrants may be rejecting the values of their parents. Acculturation may be able to shed some light on why this is occurring. Acculturation is considered as a process of cultural and psychological change resulting from continuous contact with people of a different culture, eventually resulting in a change in the immigrant group's customs and lifestyle (Berry, 1997; Berry et al., 2006). In the acculturation process, changes such as customs, economic lifestyle, cultural identities, and social behaviors occur across generations (Berry et al., 2006; Cook & Waite, 2016). Eventually, migrant families adopt beliefs and social skills that are needed to function in the new culture.

In the case of African immigrants, identity becomes a battle following migration. For first-generation immigrants, there is the battle of losing their ethnic and cultural identity while accepting their role in the racial structure of America (Clark, 2008). For second-generation immigrants, there is the battle of familial expectations to behave as their ethnic identity but also exist within the greater culture of the host country (Amoah, 2014). For immigrants facing this process of acculturation, Berry (1997) found integration to be the most successful strategy for acculturation. Berry (1997) also noted when migrating to societies that are more of a "Melting Pot", immigrants tend to match their acculturation strategies to what is generally advocated. Thus, in a country of immigrants like the United States, it is likely that many African immigrants choose to integrate. For example, in their study of African immigrants in Spain, Luque et al. (2006) found integration to be the preferred acculturation strategy as many immigrants adopted the culture and ideologies of the host country while maintaining their ethnic culture.

Just as adolescents are supplementing SRH communication from parents with information from peers and the media, it can be said that African immigrants are combining the values of their parent's culture with that of the host country. Regarding SRH, African parents tend to teach abstinence to their daughters while focusing little on their sons (Anarfi & Owusu, 2010). American parents may choose to integrate a discussion on contraception and STIs while making the main focus abstinence. Williams et al. (2015) elaborated on this, stating that many African-American parents emphasize the importance of abstinence, but add facts about contraceptives in the event the child chooses to engage in sexual activities. African parents may adopt this method of SRH communication in an effort to integrate and promote better social functioning in the host country.

Sex Positivity

Sex positivity was the dependent variable in both hypotheses. It is important to note that sex positivity is a relatively new variable that has not been studied with diverse populations like African immigrants. Ivanski and Kohut (2017) found that before 2008 the term "sex positive" was rarely searched on the internet. Over the past few decades, research on sex positivity has greatly increased and found that a sex positive approach can be beneficial in sexuality education to prevent childhood sexual abuse and increase acceptance of diverse sexual beliefs (Dailey, 1997; Glickman, 2000; Williams et al., 2013). Even still, sex positivity had not been previously explored in the capacity it was for this study. For this reason, it was difficult to predict how the variable of sex positivity would react to the variables of religiosity and SRH communication. Additionally, the population studied had no prior research incorporating sex positivity, making it even more difficult to predict associations with this variable.

At the time of this study, the SPS, developed by Belous et al. (2020), had never been used with the population of first- and second-generation immigrants. The SPS was developed with a sample of mostly female (50.9%) non-Hispanic/Latino Whites (74.4%) living in the Southeast (41.2%) of the United States. This sample differs greatly from the sample of this study. This sample of this study included all first- and second-generation immigrants with a vast majority identifying as Black or African-American (49.7), White (46.7%), and male (61.4%). Cultural differences must be considered when analyzing how the population of first- and second-generation immigrants may respond to the SPS. The lack of diversity in the development of the scale made it difficult for the researcher to predict how it would interact with such a diverse population like that of this study.

The majority of participants identified as a member of the Christian faith (89.9%). For many Christians, sex and sexuality is mainly geared towards the search for psychological intimacy (Berecz, 2002). For Christians, sex is viewed as an act designed by God to provide the ultimate experience of intimacy by becoming "one flesh" with their wedded partner (Berecz, 2002). This view of sex places high importance on sexual activity, ultimately shedding a positive light on sex. The SPS did not assess for sex positivity in the manner that many Christians would consider sex positivity. The results of this study did find that those participants who identified as receiving abstinence-only scored higher on the SPS. Previous research has found that many Christian parents use SRH to impart religious values onto their children (Williams et al., 2015).

Perhaps teaching their children to view sex as a positive and powerful form of intimacy aids in their children appreciating the value and importance of sex, resulting in a more sex positive individual.

Cultural Considerations

When reviewing the present study, cultural differences should be taken into account with regard to the sample's country of origin. A significant number of participants identified as being born in South Africa (23.7%; see table 3), mother being born in South Africa (20.7%; see table 4), or father being born in South Africa (13.8%; see table 4). Compared to other countries, South Africa had the highest rate of selection among first- and second-generation immigrants. According to Clark (2008), Southern Africa has a large Asian and European population compared to Western and Eastern African countries, which have larger Arab and Asian populations. This can account for a substantial amount of the sample (46.7%) identifying as White (see table 2).

Bhana et al. (2019) highlighted the effects of colonization and apartheid in South Africa as it relates to SRH education. As colonization and apartheid, reinforced by conservative Christianity values, were incorporated into local customs, gender became viewed as binary and sexuality as shameful (Bhana et al., 2019). Such effects of colonization are not exclusive to South Africa as many African nations experienced colonization. Yet, the post-apartheid era in South Africa found the country taking strides towards sexual equality. In 1993, South Africa became the first country in the world to explicitly outlaw discrimination based on sexual orientation (De Ru, 2013). Furthermore, South Africa is the only country in Africa to legally recognize same-sex marriage (De Ru, 2013). Moreover, South Africa is one of the very few nations in the world to have a nationally mandated sexuality education program, known as the Life Orientation curriculum (Ngabaza & Shefer, 2019). This curriculum was intended as a means to confront high rates of HIV, unwanted pregnancy, and gender-based violence in South Africa (Ngabaza & Shefer, 2019). According to Prinsloo (2007), many municipalities have found it difficult to implement the Life Orientation curriculum. Instructors had difficulty creating an atmosphere of trust and success especially in communities of Black South Africans (Prinsloo, 2007). Instructors were often not proficient in their mother tongues and did not understand their culture, as many instructors were English or Afrikaans speakers. Though South Africa had many

obstacles in executing the Life Orientation curriculum, the mere fact that they have taken such measures to increase SRH education shows an effort towards a more sex-positive society.

Additional Findings

An interaction term was created combining the SRH communication variable and gender identity to expand the understanding of the relationship between these variables (see table 11). The results of this analysis found that higher instances of SRH communication correlated with higher sex positivity in men and lower sex positivity in women. It can be inferred from these results that there must be a difference in the SRH conversations parents have with their sons and daughters. This follows previous literature as research has found that African youth typically learn about sexuality through gender role socialization (Anarfi & Owusu, 2010; Van der Geest et al., 2000). Among girls, SRH discussion is mainly focused on hygiene connected to pregnancy and menstrual cycles, disregarding important information like sexuality, interpersonal relationships, and STIs. On the other hand, Osborne (1978) found that boys generally learn about SRH through peers. This form of SRH education encourages adolescents to view sex as a positive way to improve one's self-esteem (Bleakley et al., 2009). Examining the results of the analysis in addition to previous literature indicates that the topics of conversation surrounding SRH vary by gender.

The present study focused on categorizing SRH communication into abstinence-only and comprehensive and did not take into account specific topics (i.e., birth control, STIs, love/marriage). These additional findings suggest further exploration of specific topics concerning gender. It is possible that how participants define SRH discussion (i.e., comprehensive vs. abstinence-only) may not match the actual topics of conversation. Looking at gender may help indicate the specific topics parents discuss with their children. For this reason, future research should focus on actual topics discussed during SRH education between girls and boys and its impact on sex positivity.

Clinical Implications

This study yielded several results that can be useful for clinical work. The first hypothesis found that participants from more religious families were more likely to be sex positive.

Williams et al. (2015) found that many religious African American parents use abstinence-only SRH to impart religious values onto their children. A large part of the work of marriage and family therapists is to explore the impact of environmental systems on an individual. In the case of this research, the religious beliefs of parents greatly impacted how they communicated about SRH to their children. To maintain the values of their religion and offer factual information about SRH, parents often offer contradicting messages (Williams et al., 2015). This leads to adolescents feeling confused about the expectations of their parents.

Clinicians can intervene here through psychoeducation and aiding families in building an environment of trust and transparency. Clinicians can discuss with parents their values and expectations surrounding sex while incorporating other aspects of SRH. Clinicians can provide psychoeducation to parents that SRH incorporates far more than sexual intercourse and contraceptives. Clinicians can recommend parents provide information about reproductive development, STIs and their prevention, pregnancy, sexual expression, healthy sexual and nonsexual relationships, gender identity, sexual orientation and questioning, interpersonal communication, recognizing and preventing sexual violence, consent, and decision making (ACOG, 2016). Clinicians can guide religious parents through parent-initiated SRH communication that incorporates both their biblical values and practical tools.

Clinicians can also emphasize the importance of self-disclosure in the process of SRH education. Williams et al. (2015) found that parents and adolescents valued the process of experiential learning. Adolescents appreciated hearing and learning about the sexual histories and struggles of their parents. This can provide room for children to relate to their parents and recognize they are not the only ones to have experienced the process of sexual learning. Williams et al. (2015) also encourages parents to share their mistakes and triumphs with their children as part of the learning process. Parents with religious values can incorporate biblical messages like God's persistent love and forgiveness. Self-disclosure can also aid in creating and building trust between the parent and child.

In addition to the importance of SRH education, the process acculturation is important to consider. The migration process can be difficult for many immigrants. The process of merging cultures and blending values can be challenging for many. It is important to make space for processing possible culture shock in therapy. Clinicians can aid in addressing any anxious or depressive symptoms the client may be experiencing as a result of culture shock. Jacobson

(2020) recommends mindfulness activities like exercise and meditation to aid in relieving such symptoms. Additionally, Jacobson (2020) recommends focusing on building social supports in the client's community. Clinicians can provide clients with information on community groups or encourage them to look into local places of worship and associations for support.

Strengths and Limitations

Strengths

A strength of this study is the large sample size of 306 participants. Large sample sizes can be beneficial for several reasons. First, it increases the external validity of the study. External validity assesses whether or not an "observed causal relationship should be generalized to and across different measures, persons, settings, and times" (Calder et al., 1982, p. 240). External validity increases the likelihood that results will be truly indicative of a trend in the population, thereby increasing the possibility of generalization. With a sample size of 600, the results of this study can likely be generalized to the greater population of first- and second-generation African immigrants.

The method of sample collection can also be considered as strength of this study. The sample was taken from two methods, Amazon MTurk and social media. This form of data collection is beneficial as it provides access to unique populations that would be otherwise difficult to reach through other means (Wright, 2004). In 2018, immigrants from sub-Saharan Africa accounted for 4.5% of America's immigrant population. It can be inferred that conducting this study without an online survey would have made it extremely challenging to gather a generalizable sample. Furthermore, utilizing Amazon MTurk and social media allowed for a diverse sample. Of the 54 countries in Africa, 39 were represented in this study. Conducting this study online permitted the researcher to reach rare population.

To the researcher's knowledge, this is the first study of its kind to examine the relationship between religiosity, sex positivity and SRH communication in first- and second-generation immigrants. There has been a limited amount of research completed on sex positivity (Belous et al., 2020; Donaghue, 2015; Gromer-Thomas, 2014; Ivanski & Kohut, 2017; Kimmes et al., 2015; Queen & Comella, 2008) and even less on SRH education and reiligion in African communities (Anarfi & Owusu, 2010; Avotri, 1992; Osborne, 1978; Van der Geest et al., 2000).

Research has lacked in exploring the impact of religion, SRH communication and sex positivity on first- and second- generation immigrants. This study has contributed to research on the impact of religiosity, sex positivity and SRH communication and can be valuable to future research.

Limitations

Though conducting this study via online survey can be considered a strength, there are also limitations to this method. Data was collected in two stages through social media and Amazon MTurk. With data being collected online, this excluded persons who did not have access to an electronic device with an internet connection. This form of data collection can also explain some of the demographic characteristics of the sample. In this sample, 81% were employed full time, 65.4% had a yearly income of $45,000 or above, 86.9% had a post-graduate degree, and 85% lived in an urban or suburban area. According to the Pew Research Center (2020), individuals "with lower incomes, less education [and] living in rural areas are underrepresented among internet users and those with high-speed internet access" (para. 12). Conducting this survey via the internet may have resulted in underrepresentation of low income, less educated and rural participants.

Another limitation of this study is that the parents of the participants did not take part in the surveys. A large part of this study focused on parental communication of SRH but measured only the participant's perception of it. If parents were incorporated into this study, the researcher would have had a more holistic understanding of SRH communication in the participant's home. Furthermore, the participants were tasked with answering many questions about their parents, and it cannot be inferred that the parents would answer in the same manner.

Additionally, there is a risk of social desirability bias. According to Nederhof (1985), social desirability occurs when participants "deny socially undesirable traits to claim socially desirable ones" (p. 264). Social desirability bias often results in participants answering questions in a manner that will be favorable to the experimenter. Survey respondents often underreport socially undesirable activities and overreport socially desirable ones, especially on personal topics like sexuality (Krumpal, 2013). Seeing as this study revolved significantly around sexuality, there is a high chance of some participants responding to the questions as they think is socially desirable.

Lastly, how religion was surveyed could also be considered a limitation. The vast majority of participants (89.9%) identified with the Christian religion and also identified their parents as Christians (89.9%). With a significant portion of participants identifying as Christian, they most likely had a substantial influence on the results. This study also did not inquire about different denominations of religions. For example, there are over 200 distinct Christian denominations in the United States (Olson, 2018). These denominations have many similarities but also differ in many of their values. It is possible than some denominations encourage SRH communication and some many not. Studying specific denominations may have provided more insight into how each handles SRH communication.

Future Directions

One goal of this study was to provide insight into the relationship between sex positivity, parental SRH communication, and religion. In terms of religion and sex positivity, the study found that participants from a more religious family were more likely to be sex positive. As previously mentioned, religion was broadly studied in the research, and the majority of participants identified as Christian. Furthermore, specific denominations were not inquired about in this research. Future research can focus on various religions and narrow in on the differences and similarities between denominations as it relates to SRH communication. Future research can examine the value systems of different religious denominations and further shed light on religion's influence on sex positivity.

Another goal of this study was to examine the relationship between comprehensive SRH communication and sex positivity. This study did not find any significance between these two variables. In fact, the analyses indicated that those who received abstinence-only SRH communication scored higher on the SPS. A big contributor to this could be that adolescents have the ability to compensate for the missing information from abstinence education with information from the internet and the media, specifically social media (Bleakley et al., 2009). Future research can focus on the impact of outside influences like social media and the use of the internet on sex positivity and SRH communication. This may lead to more information about internet use among adolescents and its influence on sexuality as a whole.

There were a number of variables that were not considered in the final analyses. For example, 25.5% of the sample identified as bisexual, 17.6% as having a Master's degree, and

18.3% as having no parental communication about sex. Many factors go into the creation of a sex positive individual, such as education level and openness to sexual expression (Queen & Comella, 2008). It is possible that the participants' sexual orientation, education level and access to SRH information can influence their view of sex positivity. Future research can shed further light on this by examining these variables as it relates to sex positivity.

Lastly, this research brings awareness to the population of first- and second-generation African immigrants. Currently, there are very few studies focused on this population. This research focused on their values as it relates to SRH communication, but more work must be done on this group. With there being 54 countries on the continent, African immigrants are extremely diverse, with values varying from country to country. Future research can focus on gathering more information about this population, especially in the areas of acculturation. Though acculturation was not directly included in this study, it can be inferred that the participant's cultures impacted their views of SRH and sex positivity. Future research can examine the process of acculturation and its impact on immigrant values.

Conclusion

SRH communication is a necessary part of an adolescent's upbringing. As parents are one of the very first systems that a child interacts with, they play a central role in the SRH education process. In fact, increased SRH communication from parents has been shown to reduce the risk of teen pregnancy and early initiation of sexual intercourse as well as increased contraceptive use and increased gynecological care in women (Hall et al., 2012; Ogle et al., 2008). SRH communication and sex positivity can go hand in hand as a sex positive approach to comprehensive SRH education convey that people have more options to enjoy consensual sexual activities and can enjoy them without fear and judgment (Williams et al., 2013). Religion has also been shown to impact SRH communication as more religious families tend to rely on abstinence-only SRH communication (Santelli et al., 2006).

From this previous research, it could be inferred that all three variables had some sort of relationship. In an effort to bring awareness to the population of first-and-second generation immigrants, this study examined religiosity, SRH communication, and sex positivity as it relates to this population. The first hypothesis was found to be significant but had to be rejected as the researcher inferred that there would be a negative relationship between religiosity and sex

positivity. The researcher found that the two variables had a positive relationship as persons with higher levels of religiosity correlated with higher levels of sex positivity. Regarding the second hypothesis, the researcher suggested there would be a positive relationship between comprehensive SRH communication and sex positivity. The analyses found that the variables were not significant. Analyzing the means of the sex education received variable and sex positivity variable found that the means were close in score, with the highest being abstinence-only. Thus, those participants who received abstinence-only scored higher on the SPS. Am interaction term was also created to better understand the relationship between SRH communication and gender identity. The results revealed that higher instances of SRH communication correlated with higher sex positivity in men and lower sex positivity in women. With such unanticipated findings, the researcher recommends future studies to be conducted on these variables as well as this population. This study showed noteworthy connections between the variables and shed light on an underrepresented population, therefore, it is important to continue this work.

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APPENDIX

Qualifiers

1 How old are you?

- Younger than 18
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- Older than 35
- Prefer not to answer

2 Were you born in any country on the African continent?

- o Yes
- o No

3 What country were you born in?

▼ Algeria ... I don't know

4 How long have you lived in the United States?

- o Less than 5 years
- o 6 years to less than 10 years
- o More than 10 years

5 Do you have AT LEAST ONE biological parent (mother or father) who was born in any country on the African continent?

- o Yes
- o No
- o I don't know
- o Prefer not to answer

6 What country was your mother born in?

▼ Algeria ... I don't know

7 What country was your father born in?

▼ Algeria ... I don't know

6 What country was your father born in?

▼ Algeria (1) ... I don't know (56)

Demographics

8 To which gender identity do you most identify with?

- o Male
- o Female
- o Transgender Female
- o Transgender Male
- o Gender Non-conforming
- o Genderqueer
- o Agender
- o Queer
- o Not listed
- o Prefer not to answer

9 What race/ethnicity do you identify with? Check all that apply.

- o White
- o Black or African-American
- o American Indian or Native American
- o Asian
- o Latinx
- o Mixed race/ethnicity
- o Not listed
- o Prefer not to answer

10 What is your sexual orientation?

- o Heterosexual or straight
- o Gay
- o Lesbian
- o Bisexual
- o Asexual
- o Queer
- o Pansexual
- o Not listed above

- I don't know
- Prefer not to answer

11 What is your relationship status?

- Single, never married
- Married
- Partnered, unmarried
- Widowed
- Divorced
- Separated
- Prefer not to answer

12 Which of the following best describes the area you live in?

- Urban
- Suburban
- Rural
- I don't know
- Prefer not to answer

13 What is your current employment status?

- Employed full time (40 or more hours per week)
- Employed part time (up to 39 hours per week)
- Unemployed and currently looking for work
- Unemployed and not currently looking for work
- Student
- Retired
- Homemaker
- Self-employed
- Unable to work
- Prefer not to answer

14 What is your yearly income?

- $0 - $14,999
- $15,0000 - $29,999
- $30,000 - $44,999
- $45,000 - $59,999
- $60,000 - $74,999
- $75,000 and higher
- I don't know
- Prefer not to answer

15 For the first 18 years of your life, what was your parent's approximate income?

- $0 - $14,999
- $15,0000 - $29,999
- $30,000 - $44,999
- $45,000 - $59,999
- $60,000 - $74,999
- $75,000 and higher
- I don't know
- Prefer not to answer

16 Which of the following statements do you most identify with for the first 18 years of your life?

- My parents had difficulty getting food on the table
- My parents no difficulty getting food on the table
- I don't know
- Prefer not to answer

17 What is the highest degree you have completed?

- Some high school
- High school graduate
- Some college
- Associate's degree

- Bachelor's degree
- Master's degree
- Doctoral or Professional degree
- Prefer not to answer

18 What is the highest degree your mother has completed?

- Some high school
- High school graduate
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral or Professional degree
- I don't know
- Prefer not to answer

19 What is the highest degree your father has completed?

- Some high school
- High school graduate
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral or Professional degree
- I don't know
- Prefer not to answer

20 What religious affiliation do you most identify with?

- Christianity
- Islam
- Nonreligious (Secular/Agnostic/Atheist)
- Hinduism
- Buddhism

- Sikhism
- Judaism
- Not listed
- Prefer not to answer

21 For the first 18 years of your life, what religious affiliation did your PARENTS most identify with? (Check all that apply)

- Christianity
- Islam
- Nonreligious (Secular/Agnostic/Atheist)
- Hinduism
- Buddhism
- Sikhism
- Judaism
- Not listed
- Prefer not to answer

22 What type of sex education did you receive in school?

- Abstinence-Only (learned ONLY about saving sex for marriage)
- Comprehensive (learned about abstinence, birth control, STI prevention, sexual communication and responsible sexual relationships)
- None
- I don't know

Faith Activities in The Home Scale (FAITHS)

Directions: For the following survey, family is specifically defined as parental figure(s) and those living in the household for the first 18 of your life.

For each item (1-9) below please indicate: (1) the **FREQUENCY** your family is involved in these various activities. (2) how **IMPORTANT** that item is to your family's religious life.

FREQUENCY SCALE:
0 = never or not applicable
1 = yearly/a few times a year
2 = monthly/a few times a month
3 = about weekly
4 = more than once a week
5 = about daily
6 = more than once a day

IMPORTANCE SCALE:
0 = not important or not applicable
1 = somewhat important
2 = important
3 = very important
4 = extremely important

FAMILY FAITH ACTIVITIES	FREQUENCY (0-6)	IMPORTANCE (0-4)
1. Family prayer (family together other than at meals)	—	—
2. Family reading of scripture or other religious texts	—	—
3. Family singing or playing religious music/instruments	—	—
4. Family religious gatherings/activities/celebrations	—	—
5. Family use of religious media (e.g., videos, radio, TV)	—	—
6. Family religious conversations at home	—	—
7. Saying/singing a blessing/grace/prayer at family meals	—	—
8. Parents praying with child or listening to her/his prayers	—	—
9. Couple prayer (husband and wife praying together)	—	—

The Sexual Communication Scale (SCS)

First, please answer the following:
For the first 18 years of your life, what parental figure did you have the most communication with about sex?

- o Mother/Maternal Figure
- o Father/Paternal Figure
- o None
- o I don't know
- o Prefer not to answer

Using this scale, rate how much your parent has communicated with you on each of the following topics.

1 2 3 4 5

never a few times a lot of times

	My family discussed this with me...					The communication was...		
	1	2	3	4	5	Positive	Neutral	Negative
1. Sexual reproductive system ("where babies come from")	o	o	o	o	o	o	o	o
2. The father's part in conception ("getting pregnant")	o	o	o	o	o	o	o	o
3. Menstruation ("periods")	o	o	o	o	o	o	o	o
4. Nocturnal emissions ("wet dreams")	o	o	o	o	o	o	o	o
5. Masturbation	o	o	o	o	o	o	o	o
6.Dating relationships	o	o	o	o	o	o	o	o
7.Petting ("feeling up")	o	o	o	o	o	o	o	o

8. Sexual intercourse	o	o	o	o	o	o	o	o
9. Birth control in general	o	o	o	o	o	o	o	o
10. Whether you personally are using birth control	o	o	o	o	o	o	o	o
11. Consequences of teen pregnancy (other than AIDS)	o	o	o	o	o	o	o	o
12. Sexual transmitted diseases	o	o	o	o	o	o	o	o
13. Love and/or marriage	o	o	o	o	o	o	o	o
14. Whether pre-marital sex is right or wrong	o	o	o	o	o	o	o	o
15. Abortion and related legal issues	o	o	o	o	o	o	o	o
16. Prostitution	o	o	o	o	o	o	o	o
17. Lesbian, gay, bisexual, and transgender, queer or questioning (LGBTQ+) identities	o	o	o	o	o	o	o	o
18. AIDS	o	o	o	o	o	o	o	o
19. Sexual abuse	o	o	o	o	o	o	o	o
20. Rape	o	o	o	o	o	o	o	o

Sex Positivity Scale (SPS)

Note: Sex positivity is defined as the belief that sexuality is a positive force in one's life and emphasizes open and nonjudgmental attitudes about sexuality and sexual expression. This is contrasted with sex-negativity, which views sexuality as a problematic force and promotes closed-minded attitudes towards sexuality and sexual expression.

1 First, please answer the following:
I believe I am a sex positive person.
- o Completely Disagree
- o Disagree
- o Neither Disagree nor Agree
- o Agree
- o Completely Agree

2 Think about the most influential family member in your life before the age of 18. Would you consider them to have been a sex positive person?
- o Definitely yes
- o Probably yes
- o Might or might not
- o Probably not
- o Definitely not

Directions: Please answer all questions as honestly as possible, thinking about your views, thoughts, beliefs, and/or actions related to sex and sexuality. Go with your first, gut reaction.

Item	*Completely Disagree*	*Disagree*	*Neither Disagree nor Agree*	*Agree*	*Completely Agree*
3. The number of sex partners a person has is not a determinant of their moral purity.	1	2	3	4	5
4. Erotica (video, audio, written, spoken, performed, etc.) is an acceptable form of sexual expression.	1	2	3	4	5
5. Sexual activity should be reserved for people in a committed, romantic relationship.	1	2	3	4	5
6. I do not judge others for their sexual behaviors or desires.	1	2	3	4	5
7. I do not judge others for their sexual attraction.	1	2	3	4	5
8. Just because I am not aroused by a specific sexual activity, does not make it "wrong."	1	2	3	4	5
9. If I were propositioned for sex with a person who did not identify with the gender I am typically sexually attracted to, I would be upset.	1	2	3	4	5

10. There is no one “right” way to have sex.	1	2	3	4	5
11. The definition of “sex” is individual to each person.	1	2	3	4	5
12. Sexual health is a basic human right.	1	2	3	4	5
13. I am comfortable talking about sex with friends.	1	2	3	4	5
14. I am comfortable talking about sex in public.	1	2	3	4	5
15. If I have a question about sex, I am comfortable asking someone about it.	1	2	3	4	5
16. I am comfortable talking about sex with family.	1	2	3	4	5
17. I think talking about sex is an awkward experience, no matter who I am talking to.	1	2	3	4	5
18. I am not ashamed to talk to my doctor about sex issues.	1	2	3	4	5
19. Sex is not a taboo subject for discussion.	1	2	3	4	5
20. I am comfortable talking about sex in private.	1	2	3	4	5
21. I believe that a healthy sex life is important to everyone.	1	2	3	4	5
22. I like to learn new things about sex.	1	2	3	4	5
23. I like to learn new things about what I enjoy with sex.	1	2	3	4	5
24. I am willing to try new things sexually, as long as it is not illegal.	1	2	3	4	5
25. I believe sex is a good thing.	1	2	3	4	5
26. Sex should be enjoyed by all people.	1	2	3	4	5
27. I believe it is important to know about my partner’s beliefs and thoughts related to sexual activity.	1	2	3	4	5
28. I always ensure consent prior to sexual activity with a partner.	1	2	3	4	5

Centrality of Religiosity Scale (CRS-5)

1 How often do you think about religious issues?

- Several times a day
- Once a day
- More than once a week
- Once a week
- One or three times a month
- A few times a year
- Less often
- Never

2 To what extent do you believe that God or something divine exists?

- Very much so
- Quite a bit
- Moderately
- Not very much
- Not at all

3 How often do you take part in religious services?

- More than once a week
- Once a week
- One or three times a month
- A few times a year
- Less often
- Never

4 How often do you pray?

- Several times a day
- Once a day
- More than once a week
- Once a week
- One or three times a month
- A few times a year
- Less often
- Never

5 How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?

- Very often
- Often
- Occasionally
- Rarely
- Never

The Cultural Socialization Scale (CSS)

Directions: For the first 18 of your life, how often did your parental figure(s) engage in these actives?

1 Teach/talk to me about our cultural background.

- Never
- Hardly Ever
- Sometimes
- Most of the time
- Always

2 Encourage me to respect the cultural values and beliefs

- Never
- Sometimes
- About half the time
- Most of the time
- Always

3 Teach/talk to me about the cultural values and beliefs.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

4 Talk about how important it is to know about the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

5 Teach/talk to me about the history of the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

6 Feel a strong attachment to the cultural background. Covert socialization items.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

7 Participate in activities that are specific to the ethnic group.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

8 Decorate home/wear clothes with things that reflect the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

9 Hang out mostly with people who share the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

10 Celebrate holidays that are specific to the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

11 Listen to music sung or played by artists from the cultural background.

- Never
- Sometimes
- About half the time
- Most of the time
- Always

12 Attend things such as concerts, plays, festivals, or other event.

- Never
- Sometimes
- About half the time
- Most of the time
- Always