

5-2019

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Xavier Smith

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The Impact of Parenting Style on Emerging Adult Sexual Behavior

Honors Thesis

Xavier Smith

University of Arkansas

Abstract

The objective of this study was to examine the impact of parenting style on emerging adult sexual behavior by surveying undergraduate students at the University of Arkansas. A total of 306 participants were evaluated for the study (101 men; 205 women). **Methods:** For the summer of 2018 through the fall of 2018, the survey was active. University of Arkansas students took the online survey via Qualtrics, and they reflected on topics including familial background, perception of parents, and sexual behavior to describe the relationship between parenting style and personal sexual behavior. **Results:** It was found that mother autonomy support style did have a correlation with certain sexual behavior of emerging adults. **Conclusion:** Parenting methods and qualities can make a major impact on the sexual safety of emerging adults.

Introduction

Currently, the state of Arkansas has no requirement of schools to teach sexual education. If sexual education is taught within the school, then it must stress abstinence and the school may select the curriculum at its discretion (“The SIECUS State Profiles Fiscal Year 2018,” 2018). The problem with this practice is that there is no uniform approach to sexual education, if any, across the state. This method also means that there is limited regulation of the accuracy or depth of the information being shared. Though the logic of “if you abstain from sex, then you will not be at risk for early pregnancies or sexually transmitted infections (STIs)” seems like a solution, it is not realistic or practical for the students today. In fact, the lack of education is proving to be a disservice to the state, which has higher than national average rates in high school students ever having sex, being sexually active, and experience relationship abuse, teen pregnancy, and teen births. (“The SIECUS State Profiles Fiscal Year 2018,” 2018) Because the schools are not

permitted to provide comprehensive sexual education, the responsibility for students receiving sexual education lies on the parents or other sources.

According to Healthy People 2020, an organization dedicated to making health objectives to promote the health of Americans, it recognized that we are in a crisis. STIs and unintended pregnancies are a major issue. The objectives of Healthy People 2020, an initiative of the Department of Health and Human Services, include “promoting healthy sexual behaviors,” and “improving the health and well-being of women, infants, children, and families” (Healthy People 2020, 2017). STIs are more prevalent than before and some are more difficult to treat. For instance, Gonorrhea has evolved and developed resistance to antibiotics (CDC, 2016 a). The CDC also indicates that there are about 20 million new cases of STIs annually (CDC, 2017 b). Furthermore, the United States Health Care System allots about \$16 billion annually to care-related STIs (CDC, 2017 b). As public health specialists, our job is to prevent disease through behavior change. Through examining parenting style’s impact on adolescent sexual behavior constructs of risky sexual behavior may be determined.

Although STIs contribute to the weakening of the immune system, increasing the likelihood of acquiring HIV and other ailments, and causing pregnancy difficulties (CDC, 2016 b), they are not the only cause of concern. Unintended pregnancy has also been detrimental to our society. This phenomenon can cause problems for both the mother and the baby if the mother is not ready financially, physically, and mentally (Cohen, 2015). All these issues can cause long-term obstacles for future generations. For instance, if a mother is of the working class, the child is less privy to higher education and other enriching opportunities which will impact their social economic status (Cohen, 2015). Also, studies suggest that likelihood of the child using condoms during intercourse is increased in families with college educated parents (Santelli et al., 2000).

Educating the parents about the impact of their parenting style on the child's sexual behavior is an opportunity to address leading to STIs and other sexual risk behaviors in preliminary stages. Therefore, this study examines the correlation between parents and their child's sexual behavior to ultimately improve sexual health behavior.

The link between parenting and child sexual risk behaviors is very important. Theoretical concepts regarding child development, indicate that the family is the initial most crucial factor in determining child behavior (Simons et al., 2016). Children learn a variety of behaviors and attitudes from their parents, and sexuality is no exception. Parenting practices are commonly associated with reflective behavioral outcomes in children, and many theoretical frameworks illustrate how parent-child relationships form behavior (Duncombe et al., 2012). Some of the frameworks include behavior theory, social learning theory, attachment theory, life history theory, social control theory, and self-control theory (Simons et al., 2016). The basic premise of these theories stipulates that parenting that focuses on "warmth, involvement and positive communication" decrease likelihood in risky sexual behavior among children. Throughout the study, the theoretical framework was used to guide the current study.

Literature Review

Research indicates the importance of parenting style on child development. In fact, in Social Determination Theory the parenting style is essential in formulating parent and child relations and it serves as the basis for the child's well-being (Kocayörük et al., 2015). Parenting style is within this context is a measurement of emotional climate in the home. Within this theory is also stated that there are three primary psychological needs for optimal being and those are (competence, autonomy, relatedness or warmth) (Kocayörük et al., 2015). These core psychological needs are viewed as the cornerstone of self-regulation. The parenting style has a

heavy role in satisfying those needs for the child. When the child perceived a warm and affectionate presence from their parents, the child was more likely to develop ability to self-regulate. Parents supporting their child's ability to be a catalyst for their own actions (autonomy support) fostered the child's ability to formulate a positive self-concept and the ability to adapt to a new environment (Kocayörük et al., 2015). Parents who demonstrate autonomy support and ultimately volitional functioning by showing the child empathy, prompting the child to evaluate, personal values, and by having the child make age appropriate choices on their own.

Parent involvement is also essential in creating solid development. The lack of involvement can manifest in decreased understanding and communication in parent-child relations. Studies do indicate that mother autonomy support and involvement heavily contributed to child autonomy, perceived competence and volitional control (Kocayörük et al., 2015).

Warmth is another contributor to child well-being, and studies gage this within parenting style. However, warmth in the home consists of the interaction in the home consists of the interaction in the home, care, and fulfillment of needs. Based on Social Determinant Theory, parents who provide warmth, involvement, and autonomy support foster positive outcomes in their children (Kocayörük, 2015)

Within adolescence many factors pertaining to parents are present and parents have a distinct impact on adolescent development in sexual behavior. Previous literature indicates that parents possess a variety of factors that protect against risky sexual behavior (Cherie and Berhanie, 2015). One important area of parenting is parent-child communication. Parent-child communication can refer to general communication, and it can refer to sexual communication more specifically. When there is open dialogue or exchange between and parent and child, it is less likely that the child will engage sexually risky behavior. The impact of communication is

essential because it signifies formation and cohesion of the family. The more cohesion of the family can lend to lesser need for sexual exploration for the child.

In addition, more family cohesion and connectedness also may suggest more parent monitoring, which measure the extent that the parent knows their child's whereabouts like who they are with and the activities they are engaging in (Markham et Al., 2010). As imaginable more parental monitoring decreases sexual risk behavior due to the parent's active role in the child's activities. Studies also suggest that the parent child relationship is especially important in establishing and communicating clear boundaries and understanding of those boundaries (Markham et. Al, 2010).

The previous studies provide great research on parenting styles on adolescents, but there is limited research on emerging adults especially within the collegiate setting. Many differences emerge from adolescents to emerging adults such as a heightened autonomy due to no longer living at home, a decrease in parental monitoring, and a decrease in overall family collectivism. It is understood that that these factors usually increase sexual risk behaviors (Markham et. Al 2010). This study will seek to examine the family dynamic with the removal of the child from the home, and the child's behavior because of a new environment.

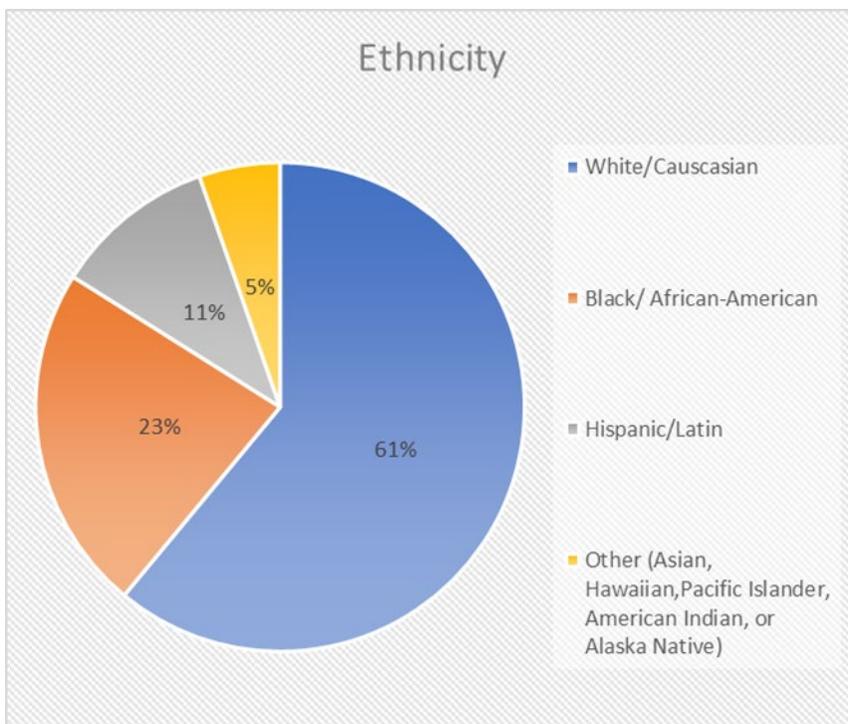
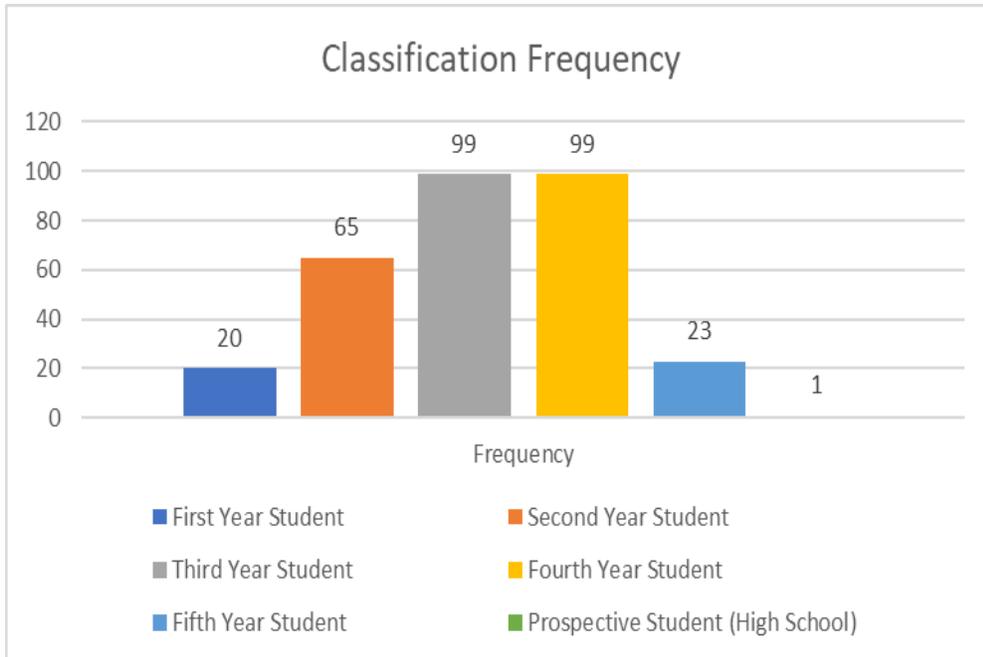
The Current Study

The study asks the question "Does parenting style have an impact on sexual risk behaviors in emerging adults?" Unprotected sex was the sexual behavior of focus for this research. This study is important because it exposes the impact of poor sexual education in the public-school systems within Arkansas. This study contributes to the objectives defined by Healthy People 2020.

Methods

Demographics

Undergraduate students at the University of Arkansas were eligible to participate in the survey. The intent was to survey 100 students per classification (e.g., Freshmen, Sophomore, Junior, and Senior) totaling 400 students. Participants were required to fill out the informed consent form before they began the survey. It covered the purpose of the research, the topic, how it may impact the participant, incentives of the study, the efforts to maintain confidentiality IRB contact information. Participants were awarded \$5 Amazon cards or course extra-credit as incentive to take the survey. A total of 306 participants were evaluated for the study (101 men; 205 women). The average age of the participants was 20.98, with the youngest participant being 18 and the eldest being 32. By classification there were 20 first year students, 65 second year students, 99 third year students, 99 fourth year students, 23 fifth year students, and one prospective student. The ethnic breakdown is displayed in the chart below. Most of the participants identified as white or Caucasian (61%) followed by black or African-American (23%), Hispanic or Latin (11%), and other consisting of Asian, Hawaiian or Pacific Islander (3%), American Indian or Native American (2 %) total (5%).



Procedure

The study was evaluated and approved by the University of Arkansas Institutional Review Board. Participants were recruited via social media flyers on various platforms such as

Instagram, Snapchat, Hogsync, and the campus-wide e-mail bulletin called Newswire. Students were also recruited through courses in which the instructor offered extra credit for participating in the survey. Upon starting the survey, participants were able to choose if they were taking the survey to receive extra credit through the partnered instructors or for a \$5 Amazon e-gift cards for their participation. Students participated through a Qualtrics (survey system) link in which clicking forward in the survey indicated voluntary participation in the survey.

Measures

Demographics. Participants were asked to indicate their age and classification during the 2017-2018 academic school year. Next, participants were asked to indicate their sex (Male, female, other). Participants were asked to indicate their sexual orientation. The 8 options for this question which included heterosexual/straight, mostly heterosexual, bisexual, lesbian/gay, queer, pansexual, asexual, or other. Participants indicated their relationship/ sexual status. There were 9 options for this question which included single and not dating, engaging in mostly casual sex, casually dating one person, casually dating more than one person (e.g., not sexually exclusive), in a committed monogamous relationship (e.g., only have sex with each other), in a committed relationship and living together, in an open relationship and living together, in an open relationship/polyamorous, engaged/married, or other.

Sexual Behavior. The sexual behavior section consisted of 12 questions. Participants were asked if they had engaged in a list of sexual activities. They could indicate if they had done the sexual behavior in the past year, ever in life, or never engaged in the behavior. The behaviors that were listed were receiving/performing oral sex, vaginal penile sex, or anal sex. Participants also indicated if they had done these behaviors with or without a contraceptive method.

Perception of Parents. The perception of parent's questions consisted of child perception of

mother (21 questions) and child perception of father care (21 questions) which were derived from previous study. An example of the questions in this section would be “My mother/father seem to know how I feel about things.” The perceptions of parenting questions were scored from strongly disagree to strongly agree. Following the background information, the survey presented the Perception of Parents scale to determine the participant’s attitude toward their parent or guardian (Robbins, 1994).

Through the Perceptions of Parents scale, the participant’s responses were scored to indicate the level of their mother’s and father’s autonomy support, involvement, and warmth (Robbins, 1994). Table 1.3 illustrates the characteristics that encompass each parental subscale.

Parental Subscale	Characteristics of Subscale
Parental Involvement	<ul style="list-style-type: none"> • Open discussion w/child • Spend quality time w/child • Dedicate time and energy into helping child
Parental Autonomy Support	<ul style="list-style-type: none"> • Understands child’s feelings about things • Gives child opportunity to make decisions • Listen’s to child’s opinions when a problem arises • Gives child space to make personal decisions • Understands child’s perspective • Assists child in choosing direction
Parental Warmth	<ul style="list-style-type: none"> • Accepts child for who they are. • Expresses love for child. • Makes child feel special. • Expresses enthusiasm to see child.

Participants that indicated that their parents were involved answered positively to having had open conversations with their parents, spent quality time with their parents, and having had

their parents put time and energy into helping them. The next characteristic that parents were measured on was autonomy support. Parents were perceived to foster positive autonomy support when they permitted their children to be their authentic selves and make decisions for themselves. The last subscale was parental warmth, which pertained to the expression of love for the child. Examining parenting characteristics was very significant because many states do not offer comprehensive sexual education in school systems; therefore, it could be assumed that the parenting elements become more vital in the formation of the child's sexual behavior. Sample questions read, "My mother seems to know how I feel about things" or "my mother tries to tell me how to run my life" (Robins, 1994). Participants were asked to rate how much they agree with the statement as it relates to their guardian. Lastly, the survey examined the participant's sexual behavior and sexual attitudes. The purpose of asking the participants about their sexual behavior is not to be intrusive, but this information is necessary to understand if any behavior is considered risky. Through participant responses to the survey, the link between parent style and sexual behavior were considered to combat issues such as STIs or unintended pregnancy. Once the targeted number of participants was achieved, the survey was closed for analysis.

Analysis

First, the data were cleaned of participants who did not answer the survey. There were 401 participants initially, but only 307 participants provided the necessary information. Participants were removed due to failure to complete the survey or inconsistent answers the survey questions (i.e. using the same answer for each question). After the data were cleaned, variables were organized within the SPSS system. Due to the distribution of some variables, they were recoded. The variables sexual orientation and relationship status were dichotomized for the purpose of the analyses. The new binary scales for better examination in this model; however,

detailed data was sacrificed. The categories of the sexual orientation originally had 7 categories and after condensing there were 2 (Heterosexual or LGBTQ). Relationship status began as 9 categories and were condensed to 2 (Committed or Non-Committed). Variables related to sexual behavior like having unprotected vaginal-penile sex, unprotected oral sex, unprotected anal sex, and experienced (female) or caused (male) a pregnancy were coded (1 for yes and 0 for no) to simplify the variables for comparison.

Additionally, the perception of parent's scale required that certain responses be reverse coded according to the original manuscript. The reason certain questions were reverse coded was because they were negatively phrased (i.e. "My mother tries to tell me how to run my life.") and therefore the negatively phrased questions were reverse coded to align with the questions that were positively phrased (i.e. "My mother accepts me and likes me as I am"). After the variables were reverse coded, the parenting styles were averaged into the subscales: mother autonomy support, mother involvement, mother warmth, father autonomy support, father involvement, and father warmth. Bivariate tests were conducted. Next, logistic regressions were performed, provided the predictor variables were binary. The parental subscales were collectively examined and compared with the sexual behaviors or outcomes to identify significance ($\alpha=0.05$) between perceptions of parents and sexual behavior or outcomes of emerging adults.

Results

A logistic regression was performed to understand the effects of parental subscales and participant characteristics on the likelihood to ever have experience (female) or caused (male) a pregnancy. The logistic regression model was statistically significant $\chi^2(10) = 16.72, p < .001$.

The model explained 18.4% of the variance in likelihood to ever become or get someone pregnant and correctly classified 93.4% of cases. There were no statistically significant variables indicating that students were equally as likely to report ever being pregnant regardless of scores on the parental subscales as well as any of the other participant characteristics.

<i>Likelihood to Have or Cause a Pregnancy</i>			
	B	Sig.	Exp(B)
Mother Involvement	-.490	.460	.613
Mother Autonomy	.343	.647	1.409
Mother Warmth	.005	.950	1.057
Father Involvement	.253	.693	1.288
Father Autonomy	.773	.194	2.167
Father Warmth	-1.427	.066	.240
Relationship Status (Committed vs. Non-committed)	-1.286	.055	.276
Sexual Orientation (Heterosexual vs. LGBTQ)	.841	.202	2.318
Sex (Male vs. Female)	-.147	.777	.840
Age	.206	.058	1.229

Note: $\chi^2(10) = 16.72, p < .001$; Percentage correct= 93.4; Nagelkerke R Square=.184

A second logistic regression was performed to understand the effects of parental subscales and participant characteristics on the likelihood for them to engage in unprotected anal sex. The logistic regression model was statistically significant, $\chi^2(10) = 46.28, p < .001$. The logistic regression model explained 23% of the variance in likelihood to engage in unprotected sex and correctly classified 79.6% of cases. Increasing age was connected to a higher likelihood of engaging in unprotected anal sex. Mother autonomy was negatively associated with likelihood to engage in unprotected anal sex. It was more likely that people of the LGBTQ community to engage in unprotected anal sex than people who identified as heterosexual. It was also more likely that males would engage in unprotected anal sex as opposed to females.

	<u>B</u>	<u>Sig.</u>	<u>Exp(B)</u>
Mother Involvement	.211	.563	1.235
Mother Autonomy Support	-1.026	.006	.358
Mother Warmth	.152	.743	1.164
Father Involvement	.035	.914	1.036
Father Autonomy Support	-.558	.084	.572

Father Warmth	.514	.233	1.673
Relationship Status (Committed vs. Non-committed)	-.921	.006	.398
Sexual Orientation (Heterosexual vs. LGBTQ)	1.298	.001	3.663
Sex (Male or Female)	-.825	.016	.438
Age	.215	.007	1.239
<i>Note: $\chi^2(10) = 46.28, p < .001$; Percentage Correct 79.6; Nagelkerke R Square .232</i>			

Next, a logistic regression was performed to understand the effects of parental subscales and participant characteristics on the likelihood for them to engage in unprotected vaginal penile sex. The logistic regression model was statistically significant, $\chi^2(10) = 49.64, p < .001$. The logistic regression model explained 22.9% of the variance in the likelihood to engage in unprotected vaginal-penile sex and correctly classified 69.3% of cases. Increasing age indicated a higher likelihood to engage in unprotected vaginal-penile sex. It was also found that those within a committed relationship were more likely to engage in unprotected vaginal-penile sex as opposed to individuals who were in non-committed relationships.

Table 3			
<i>Likelihood of Engaging in Unprotected Vaginal-Penile Sex</i>			
	<u>B</u>	<u>Sig.</u>	<u>Exp(B)</u>
Mother Involvement	-.043	.899	.958

Mother Autonomy	-.420	.233	.657
Mother Warmth	-.213	.622	.808
Father Involvement	.184	.524	1.202
Father Autonomy	-.381	.227	.683
Father Warmth	.392	.322	1.480
Relationship Status (Committed vs. Non-committed)	-1.254	.000	.285
Sexual Orientation (Heterosexual vs. LGBTQ)	-.535	.166	.586
Sex (Male or Female)	.453	.137	1.572
Age	.414	.000	1.512
<i>Note: $\chi^2(10) = 49.64, p < .001$; Percentage Correct: 69.3; Nagelkerke R Square: .229</i>			

Another logistic regression was performed to understand the effects of the parental subscales and participant characteristics on the likelihood for them to receive unprotected oral sex. The logistic regression model was statistically significant, $\chi^2(10) = 49.92, p < .001$. The logistic model explained 25.5% of the variance in the likelihood to receive unprotected oral sex and correctly classified 77% of cases. With increasing mother autonomy, it was less likely for the child to receive unprotected oral sex. Students who reported having been in a committed

relationship were more likely to receive unprotected oral sex. In addition, the participants of the LGBTQ community were more to receive unprotected oral sex.

<i>Likelihood to Receive Unprotected Oral Sex</i>			
	<u>B</u>	<u>Sig.</u>	<u>Exp(B)</u>
Mother Involvement	-.139	.730	.870
Mother Autonomy	-.960	.022	.383
Mother Warmth	.491	.318	1.633
Father Involvement	.273	.418	1.314
Father Autonomy	-.570	.127	.565
Father Warmth	.693	.132	2.001
Relationship Status (Committed vs Non-committed)	-2.055	.000	.128
Sexual Orientation (Heterosexual vs. LGBTQ)	1.195	.029	3.303
Sex (Male or Female)	-.158	.650	.854
Age	.173	.110	1.189
<i>Note: $\chi^2(10) = 49.92, p < .001$ Percentage Correct: 77.0; Nagelkerke R Square: .255</i>			

Lastly, a logistic regression was performed to understand the effects of parental subscales and parental characteristics on the likelihood for them to perform unprotected oral sex. The logistic regression model was statistically significant, $\chi^2(10) = 45.41, p < .001$. The logistic model explained 23.2% of the variance and correctly classified 75.6% of cases. It was found that participants within a committed relationship were more like to perform unprotected oral sex than those who reported themselves as being in a non-committed relationship. With increasing age, the likelihood to perform unprotected oral sex also increased.

	<u>B</u>	<u>Sig.</u>	<u>Exp(B)</u>
Mother Involvement	.524	.169	1.689
Mother Autonomy	-.560	.164	.571
Mother Warmth	-.458	.350	.633
Father Involvement	-.064	.845	.938
Father Autonomy	.057	.871	1.059
Father Warmth	.197	.656	1.218
Relationship Status (Committed vs. Non-committed)	-2.146	.000	.117
Sexual Orientation (Heterosexual vs. LGBTQ)	.092	.838	1.096

Sex (Male or Female)	.134	.689	1.144
Age	.255	.024	1.291
<i>Note: $\chi^2(10) = 45.41, p < .001$; Percentage Correct: 75.6; Nagelkerke R Square: .232</i>			

Discussion

The influence of parenting style on emerging adult sexual behavior appeared to be minimal except for the characteristic mother autonomy. To recap mother autonomy support in relation to the Perceptions of Parenting Scale, mothers support autonomy when they permit their child to make their own decisions and allow their child to formulate and voice their own opinions. According to the findings, mother autonomy support decreases the likelihood of the child choosing risky sexual behavior as an emerging adult. Research does indicate that the lack of autonomy support for the child can lead to more impulsive behavior such as excessive binge drinking or even depressive episodes particularly in women (Pattock-Peckham & Morgan-Lopez, 2006). This stems from the theory of SDT Self-Determinism Theory which enlists autonomy, competence, and relatedness as pertinent psychological needs for overall well-being and life satisfaction (Kouros et Al., 2006). However, autonomy is not the sole indicator of whether the child engages in unprotected sex. Self-Determinism Theory also values the form of motivation that influences what decision is made (Deci & Ryan, 2012). According to this theory, intrinsically motivates relate to interests or self-pleasure whereas, extrinsic motivation is the combination of norms, values, and beliefs (Ryan & Deci, 2000). Within this study, autonomous

motive cannot be measured though it can be an area that can be further examined to better understand risky sexual behavior.

Perceived parenting style was not a major factor in large for sexual behavior. This was an interesting finding; however, it does make sense because the participants were university students which would likely mean that they do not live with their parents or interact with them daily. Given that students may form a new support system in college with peers. Perhaps another area to examine would be peer support of behavior or peer motives.

In many of the behaviors, age was a factor in likelihood to engage in risky behaviors. This is probable because with age comes more opportunity or experience to try more risky behaviors. Interestingly, participants who indicated that they were in a relationship engaged in more sexually risky behavior such as unprotected sex of various forms than those who were not in a relationship. A potential reasoning for this could relate to a familiarity with the partner and the foundational trust that is established by exclusively engaging in sexual activity with a single partner (Manlove et al., 2018). Participants who in a non-committed relationship appeared to take more precautionary measures like using contraception when engaging in sexual activity. This finding was especially interesting because of the college reputation of having a high hookup-oriented culture which is a mindset predicated on uncommitted sexual encounters, which can vary in spectrum of behavior i.e. kissing to intercourse, between individuals without the intent or promise of forming a committed relationship (Garcia et Al., 2012).

The variable of sex (male or female) was significant in relation to unprotected anal sex as in males were reported more likely to engage in this behavior than women. Depending on the sexual orientation of the participants it could be more likely that more men would engage in

unprotected anal sex than women. Also, sexual orientation was significant indicators in receiving unprotected oral sex and unprotected anal. It can be assumed that these behaviors would be more prevalent within a homosexual interaction as opposed to a heterosexual. Just as homosexual relations would not be engaging in unprotected vaginal-penile sex; therefore, they would not be at risk for this behavior.

Limitations and Conclusion

The study sustained many limitations. The study was heavily based on perception of treatment which is subject to personal interpretation. An interesting expansion of this study would be to ask parents to assess their interaction with their child growing up to see if the child's perception and their perception aligned. In addition, some further research needs to take place examining the various forms of relationship within a collegiate setting. This study attempted to simplify the nuances of relationship to a binary scale of single or committed which is not indicative of the full scope of relationship statuses. This study does not delve into the variance in sexuality identity. Further research would need to be done on the various forms of identity and their sexual practice. Based on the distribution of the variables in this study they were dichotomized to simplify the analysis; however, the simplification subtracted from the details and specific within that category. In addition, some of the categories were too small to be examined individually, so it had to be combined. This not a favorable practice because information can be lost.

The limitations of this study pertain to the narrow focus of sexual behavior, so this study cannot be applied to the general emerging adult population. This study only seeks to examine sexual behavior behind the premise of three parental subscales. These subscales do not even

scratch the surface of explaining emerging adult sexual behavior. Sexual behavior is complex, and many factors have been shown to impact it (Dewitte, 2014) Further analyses of these data will explore the combination of sexual education and the perceptions of sex in the household, and how that translates into emerging adult sexual behavior.

Another limitation is the accuracy of self-reporting of the perceptions of parents and sexual behavior. The participants are reflecting on their upbringing, so details could be lost over time as to how the parents interacted with the child. Participants may not have accurately reported their sexual behavior within the survey. The results indicate that parental influence on sexual behavior of emerging adults is present. Further research must take place to improve sexual behavior among emerging adults. The study is cross-sectional which illustrates that multiple factors intersect to formulate sexual behavior.

The research described contributes to improving our understanding of sexual relationships within emerging adults. As noted, comprehensive sexual education is not widely available to emerging adults in the state of Arkansas. In addition, emerging adults have the highest risk for new forms of STI's. The study finds that the influence of mother autonomy support promotes significantly better safety precautions in emerging adults. Since comprehensive sexual education is not available, the role of parental influence is even more vital. Based on the study, emerging adults that have positive sexual behavior experience the autonomy to make their own decisions and form their own opinions and the support and guidance in the home of those decisions. Within the home the study proposes that being understood and heard also fosters positive decision making-that translates to better sexual health practices.

Personal Recommendations

For those doing an honors thesis, I have a few recommendations. The first thing I would recommend is knowing your own personal strengths and how you like to work. For me, I prefer to work in smaller segments to keep from being overwhelmed, so it would have been beneficial to break the entire project down in increments so I could see all the tasks and be able to check them off as completed. Looking at the project in its entirety was daunting so I would put it off.

Another thing I would suggest would be to understand how funding works and how the money can be acquired and how it can be allocated. It took me some time to figure out how I receive the money and what I can use the money towards. My inability to understand the process hindered my progress, and I was not able to take full advantage of the funding. Next, I would not use Amazon e-gift cards if you have less than 1000 participants because you cannot purchase the e-gift cards in bulk. The process for acquiring the e-gift cards was tedious and I had issues with participants not being able to find the e-gift cards due to the email going to the participants spam. Also, if the email was connected to an Amazon account, then the participants had a difficult time redeeming the cards. It was also a fiasco.

I also recommend understanding what kind of mentorship you need. For instance, if you are a procrastinator make sure your committee understands that about you and helps you work through that by putting an extensive plan together, I also recommend having open and frequent conversation with your committee through the process to eliminate confusion, and to allow them to be more hands on with you in the process.

In addition, I would have started my project actively much earlier like the beginning of junior year. By senior year for me it was tough to stay motivated because of senioritis and the

fear of what comes after graduation. I beg any student to please start well before senior year because senioritis crowds your mind and attention. Remember why you want to do the project. Midway through the project, I felt like it was pointless to continue because I forgot why I wanted it in the first place. I had to consistently remind myself. Also, do not compare your project timeline to your peers. Work at the pace that you can manage. Comparing it to other projects will only be more discouraging. Focus. Remember that at the end of the day you are more than capable. The thesis is an endurance race, so you must persevere the obstacles and monotony. You got it!

References

Arkansas FY18 State Profile.” SIECUS, siecus.org/state_profile/arkansas-fy18-state-profile/.

Baumrind, Diana. Current Patterns of Parental Authority. 0-

eds.a.ebscohost.com.library.uark.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=eda58e58-3a09-4a16-b018-4f5998db2955%40sessionmgr4009.

Business Dictionary. *How has this term impacted your life?* Retrieved from

<http://www.businessdictionary.com/definition/qualitative-data.html>

Centers for Disease Control and Prevention (CDC) (2015). *Unintended Pregnancy Prevention*.

Retrieved from <https://www.cdc.gov/reproductivehealth/unintendedpregnancy/>

Centers for Disease Control and Prevention (CDC) (2016 a). *Antibiotic-Resistant Gonorrhea*.

Retrieved from <https://www.cdc.gov/std/gonorrhea/arg/default.htm>

Centers for Disease Control and Prevention (CDC) (2016 b). *Antibiotic-Resistant Gonorrhea*

Basic Information. Retrieved from <https://www.cdc.gov/std/gonorrhea/arg/basic.htm>.

Centers for Disease Control and Prevention (CDC) (2017). *STDs during Pregnancy - CDC Fact*

Sheet. Retrieved from https://www.cdc.gov/std/pregnancy/stdfact_pregnancy.htm

Centers for Disease Control and Prevention (CDC) (2017). *STDs in Adolescents and Young*

Adults. Retrieved from <https://www.cdc.gov/std/stats15/adolescents.htm>

Cherie, A. & Berhanie, Y. Assessment of parenting practices and styles and adolescent sexual behavior among high school adolescents in Addis Ababa, Ethiopia. *Journal of AIDS and Clinical Research* 6, 424 (2015).

Cohen, P. N. (2015). *The family: diversity, inequality, and social change*. New York: W.W. Norton & Company.

Deci, E. L., & Ryan, R. M. (2012). Motivation, personality, and development within embedded social contexts: An overview of self-determination theory. In R. M. Ryan (Ed.), *The Oxford handbook of human motivation* (pp. 85–107). Oxford, England: Oxford University Press.

Dewitte, M. (2014). On the interpersonal dynamics of sexuality. *Journal of sex & marital therapy*, 40(3), 209-232.

Duncombe, M. E., Havighurst, S. S., Holland, K. A., & Frankling, E. J. (2012). The contribution of parenting practices and parent emotion factors in children at risk for disruptive behavior disorders. *Child Psychiatry and Human Development*, 43(5), 715-33.
doi:<http://0-dx.doi.org.library.uark.edu/10.1007/s10578-012-0290-5>

Garcia, J. R., Reiber, C., Massey, S. G., & Merriwether, A. M. (2012). Sexual hookup culture: A review. *Review of General Psychology*, 16(2), 161-176.

Huebner, A. J., & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of adolescent health*, 33(2), 71-78.

Healthy People 2020. *Sexually Transmitted Diseases*. Retrieved from

<https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>

Kincaid, C., Jones, D.J., Sterrett, E., & McKee, L. (2012). A review of parenting and adolescent sexual behavior: The moderating role of gender. *Clinical Psychology Review*, 32 (3), 177-188. <https://doi.org/10.1016/j.cpr.2012.01.002>.

Kocayörük, E., Altintas, E., & İçbay, M. A. (2015). The perceived parental support, autonomous self and well-being of adolescents: A cluster-analysis approach. *Journal of Child and Family Studies*, 24(6), 1819-1828. doi:http://0-dx.doi.org.library.uark.edu/10.1007/s10826-014-9985-5

Kouros, C. D., Pruitt, M. M., Ekas, N. V., Kiriaki, R., & Sunderland, M. (2017). Helicopter parenting, autonomy support, and college students' mental health and well-being: The moderating role of sex and ethnicity. *Journal of Child and Family Studies*, 26(3), 939-949. doi:http://0-dx.doi.org.library.uark.edu/10.1007/s10826-016-0614-3

Long, L., Han, Y., Tong, L., & Chen, Z. (2019). Association between condom use and perspectives on contraceptive responsibility in different sexual relationships among sexually active college students in china A cross-sectional study. *Medicine*, 98(1), e13879. doi:10.1097/MD.00000000000013879

Manlove, J., Ikramullah, E., & Terry-Humen, E. (2008). Condom use and consistency among male adolescents in the United States. *Journal of adolescent health*, 43(4), 325-333.

- Markham, C. M., Lormand, D., Gloppen, K. M., Peskin, M. F., Flores, B., Low, B., & House, L. D. (2010). Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of adolescent health, 46*(3), S23-S41.
- Moges, B., & Weber, K. (2014). *Parental Influence on the Emotional Development of Children*. Retrieved from <https://my.vanderbilt.edu/developmentalpsychologyblog/2014/05/parental-influence-on-the-emotional-development-of-children/>
- Patock-Peckham, J. A., & Morgan-Lopez, A. A. (2006). College drinking behaviors: Mediatlional links between parenting styles, impulse control, and alcohol-related outcomes. *Psychology of Addictive Behaviors, 20*(2), 117.
- Robbins, R.J. (1994). An assessment of perceptions of parental autonomy support and control: Child and parent correlates. Unpublished Doctoral Dissertation, Department of Psychology, University of Rochester New York.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-Being. *American Psychologist, 55*, 68–78.
- Ryan, R. M., & Deci, E. L. (2017). Self-determination theory: Basic psychological needs in motivation, development, and wellness. *Guilford Publications*.
- Santelli, J.S., Lowry, R., Brener, N.D., & Robin, L. (2000). The Association of Sexual Behaviors with Socioeconomic Status, Family Structure, and race/ethnicity among US Adolescents. *American Journal of Public Health, 90*(10), 1582-1588.

Sheeran, P., Abraham, C., & Orbell, S. (1999). Psychosocial correlates of heterosexual condom use: a meta-analysis. *Psychological bulletin*, 125(1), 90.

Simons, L.G., Sutton, T.E., Simons, R.L., Gibbons, F.X., & Murry, V.M. (2016). Mechanisms that link parenting practices to adolescents' risky sexual behaviour: A test of six competing theories. *Journal of Youth and Adolescence*, 45, 255-270.

<https://doi.org/10.1007/s10964-015-0409-7>

Sylvester, O. A. (2014). Influence of self-esteem, parenting style and parental monitoring on sexual risk behaviour of adolescents in ibadan. *Gender & Behaviour*, 12(2), 6341-6353.

Retrieved from <http://0->

search.proquest.com.library.uark.edu/docview/1657548471?accountid=836

The SIECUS State Profiles Fiscal Year 2018. (2018). Retrieved from <https://siecus.org/state-profiles-2018/>

U S Food and Drug Administration Home Page (2016). *Search for FDA Guidance Documents –*

Institutional Review Boards Frequently Asked Questions - Information Sheet. Retrieved

from <https://www.fda.gov/RegulatoryInformation/Guidances/ucm126420.htm>

Appendix

Perceptions of Parents Scales (POPS)

The College-Student Scale

Thoughts about My Parents

Please answer the following questions about your mother and your father. If you do not have any contact with one of your parents (for example, your father), but there is another adult of the same gender living with your house (for example, a stepfather) then please answer the questions about that other adult.

If you have no contact with one of your parents, and there is not another adult of that same gender with whom you live, then leave the questions about that parent blank.

Please use the following scale:

1	2	3	4	5	6	7
not at all true			somewhat true			very true

First, questions about your mother.

1. My mother seems to know how I feel about things.
2. My mother tries to tell me how to run my life.
3. My mother finds time to talk with me.
4. My mother accepts me and likes me as I am.
5. My mother, whenever possible, allows me to choose what to do.
6. My mother doesn't seem to think of me often.
7. My mother clearly conveys her love for me.
8. My mother listens to my opinion or perspective when I've got a problem.
9. My mother spends a lot of time with me.