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Gender Differences in Undergraduates' Sexuality: A Comprehensive Study of Sexual Attitudes

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GENDER DIFFERENCES IN UNDERGRADUATES' SEXUALITY

A Comprehensive Study of Sexual Attitudes

A Thesis Presented to
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Gender Differences in Undergraduates’ Sexuality: A Comprehensive Study of Sexual Attitudes

This thesis has been reviewed by the faculty of the NEIU Honors Program and is found to be in good order in content, style, and mechanical accuracy. It is accepted in partial fulfillment of the requirements of the NEIU Honors Program and graduation with honors.

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ABSTRACT

The purpose of this study was to investigate correlated sexual attitude measures, gender differences in sexual attitudes, and the relationship between religious practice and sexual attitudes. The sample consisted of 92 undergraduate students (17 men and 75 women). The majority were young, Hispanic, straight, single, and were religious. An online survey was administered regarding 23-items from the Brief Sexual Attitudes Scale (BSAS) followed by demographic items. Main analyses showed that permissiveness and instrumentality attitudes were positively and weakly correlated with a medium effect. Additionally, birth control and communion were not correlated nor statistically significant. Men were insignificantly more permissive but less instrumental than women, while women insignificantly endorsed less birth control but were more communal than men. Furthermore, religiously practicing undergraduates were largely less permissive, and insignificantly less instrumental, communal, and endorsed less birth control than nonpracticing undergraduates. Exploratory analyses revealed that permissiveness and birth control attitudes were positively and moderately correlated with a medium effect. Additionally, white undergraduates largely endorsed more birth control than Hispanics, and bisexuals were moderately more communal than heterosexuals. This study was significant because of the dangers of high sexual permissiveness, especially in young, heterosexual, Latinx women who are more likely to be submissive and less sexually assertive with birth control, which can lead to unwanted pregnancy, sexually transmitted infections (STIs), and less sexual pleasure.

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GENDER DIFFERENCES IN UNDERGRADUATES' SEXUALITY: A COMPREHENSIVE STUDY OF SEXUAL ATTITUDES

In 1964, sexual permissiveness in America, or how far people were willing to go sexually, was strongly related to relationship affection, such as whether couples were engaged, in love, showed strong affection, or no affection (Reiss, 1964). Depending on their affectional state, couples engaged in kissing, petting, or penetrative sex, and each of these behaviors differed in strength, such as heavy or light petting. Today, sexual permissiveness standards are increasingly becoming more permissive yet nonrelational (unrelated to relationships), especially for men. These messages are predominantly given by peers, as parents are usually uncomfortable relaying such permissive and nonrelational messages to their children (Fletcher et al., 2015). For instance, when black undergraduate men were asked who informed them how to behave sexually, they recalled receiving sex messages from their male peers who regarded sex as permissible and unrelated to love or marriage. However, in predominately white undergraduate samples, men only moderately believed in sexual permissiveness (Hendrick et al., 2006b).

Unfortunately, such peer messages were associated with being a sexual bystander, especially around peers. In one study, undergraduate fraternity men were unlikely to intervene during sexually aggressive situations, such as when their male peers expected women who dressed in revealing clothing to be friendly to them at parties (Waterman et al., 2020). One reason as to why this behavior occurred is that fraternity environments can promote sexual permissiveness in men. Indeed, undergraduate students in Greek organizations endorsed more sexual activity than non-Greek students, which occurred at even higher rates for men than women (Bartoli & Clark, 2006). The ability for fraternities

to influence their members was also evident in how levels of masculine toughness (being physically and emotionally tough) in men increased over a six-month period after joining a fraternity (Waterman et al., 2020). Interestingly, masculine toughness levels were equal among men at the start of college.

However, it is more likely that sexual experience is the main factor guiding college students to have permissive and nonrelational sex rather than fraternity status or gender alone. Indeed, first-year male and female college students did not expect sex on the first date, while third- and fourth-year college students highly expected sex on the first date, which was attributed to their sexual experience rather than age (Bartoli & Clark, 2006). Interestingly, college students can make themselves appear sexually experienced without engaging in frequent sex. One way they can appear sexually experienced is to hold the attitude that sex is for pleasure as opposed to other purposes like romance, which may otherwise make them seem sexually inexperienced. This attitude is known as sexual instrumentality (also referred to in everyday language as “screwing for its own sake”), which focuses on a biological, practical view of sex, such as a focus on self-pleasure and enjoyment, and viewing sex as primarily a bodily function (Hendrick et al., 1985, 2006b).

In support of this, 18-year-old undergraduate men who joined fraternities were more likely than other age and gender groups to use sex to cope with stressors, demonstrating high sexual instrumentality (Waterman et al., 2020). Similarly, another study found that young undergraduate men were more likely than women to believe in sexual instrumentality (Hendrick et al., 2006b). Sexual instrumentality does not mean a lack of emotional experiences during sex. In fact, the men who used sex to cope with

stressors displayed emotions during sex, such as pleasure and relief (Waterman et al., 2020). However, their emotions were controlled by using sex for a specific purpose.

Despite men engaging in some sexual behaviors at slightly higher rates than women, there is considerable overlap between the sexual messages directed at men and women. Indeed, parents were comfortable expressing nonpermissive and relational messages to both male and female children, such as how sex is tied to love and marriage (Fletcher et al., 2015). In essence, these messages are characterized by sexual communion (or “sexual innocence”): an idealistic view of sexuality, such as deeming sex as the closest form of communication, ultimate human interaction, and merging of two souls (Hendrick et al., 1985, 2006b). Interestingly, men and women did not have significantly different beliefs about sexual communion (Hendrick et al., 2006b). However, messages about sexual communion were slightly stressed for women more than men by parents (Fletcher et al., 2015). Although such sexual attitudes instilled by parents are more restrictive than those given by peers, relational messages can lead to positive outcomes. Both men and women who received relational messages from their parents reported more condom usage, self-efficacy, and sexual assertiveness.

In addition to relational messages, parents are comfortable stressing sexual abstinence to both their male and female children (Fletcher et al., 2015). But unlike the positive outcomes of relational messages, sexual abstinence can lead to negative consequences. Undergraduates who received abstinence messages from their parents had less sexual experience and fewer partners, and a higher unreliable protection use than those whose parents stressed sex-positive messages. Moreover, while parents enforce

abstinence in both men and women, sexual abstinence is again stressed for women more than men (Fletcher et al., 2015).

It has been speculated that parents stress sexual abstinence for women more than men due to their religious beliefs. In one study, undergraduate women who attended church weekly expressed more conservative attitudes about oral-genital, vaginal-penile, and anal sex, as well as more guilt towards their sexual behaviors (Davidson et al., 2004). However, it is unclear where parents fit into this picture. Perhaps the women attended church regularly with their parents who then stressed the conservative messages of the church. Alternatively, women who attend church regularly may internalize the conservative sexual messages of the church and then pass them onto their daughters.

Overall, women's peers relayed more permissible sexual messages to them than their parents did (Fletcher et al., 2015). Surprisingly, peers' sexual attitudes tend to be more relaxed when they are about women than about men. For example, male and female undergraduates did not endorse the stereotype that women who carry condoms are sexually promiscuous, yet they strongly endorsed those men should be responsible for providing condoms before having sex (Ross-Bailey et al., 2014). Unfortunately, women who endorsed a division of sexual responsibilities were unlikely to carry condoms, which can increase their risk of sexually transmitted infections (STIs) and unplanned pregnancy. In fact, the added risk of an unplanned pregnancy in addition to STI risk may be the reason that parents advocate for sexual abstinence and sexual responsibility for women more than men (Fletcher et al., 2015).

Sexual responsibility is often delineated by engaging in safe sexual practices and ideas about who should be responsible for birth control (Hendrick et al., 2006b).

Unfortunately, the better-than-average bias, which is the inflated belief that individual's characters and abilities at certain tasks are better than those around them, can influence a person's sexual responsibility by increasing sexual risk-taking (Ross-Bailey et al., 2014). In fact, women were the least likely to carry condoms when they endorsed the better-than-average bias. In addition to this bias, women who experienced shame around menstruation were less likely to have sexual experience and more likely to take sexual risks, such as using less sexual protection or being absentminded during sex (Schooler et al., 2005). These relationships were further mediated by body shame and sexual assertiveness. On the bright side, other studies show that in general, men and women equally endorsed birth control responsibility (Hendrick et al., 2006b).

Given the review of literature, it can be concluded that for men, a combination of fraternity environments, sexual experience, and relaxed sexual attitudes from peers and parents can influence higher sexual permissiveness (Fletcher et al., 2015; Waterman et al., 2020; Bartoli & Clark, 2006). Although sexual permissiveness is not inherently harmful, it is associated with being a sexual bystander and can possibly damage relationships by overemphasizing sex instead of love. Furthermore, although parents stress relational messages to both their sons and daughters, which have the benefits of higher condom usage, self-efficacy, and sexual assertiveness, women are more likely to receive messages about sexual abstinence, which increases their feelings of guilt or shame and can decrease the use of responsible sexual practices (Davidson et al., 2004; Fletcher et al., 2015; Ross-Bailey et al., 2014; Schooler et al., 2005).

Given the various factors that influence sexual attitudes, the following research questions were proposed for the current study:

RQ1: Which sexual attitude measures are significantly correlated with each other?

RQ2: Are there gender differences in sexual attitude measures among undergraduates?

RQ3: Are there religious differences in sexual attitude measures among undergraduates?

Moreover, the following hypotheses were proposed for the current study:

H1: Scores on sexual permissiveness will be positively correlated with scores on sexual instrumentality.

H2: Scores on birth control will be positively correlated with scores on sexual communion.

H3: Men will be more sexually permissive and sexually instrumental than women.

H4: Women will endorse more birth control and be more sexually communal than men.

H5: Undergraduates who practice religion will be less sexually permissive, less sexually instrumental, more sexually communal, and endorse more birth control than those who do not practice religion.

METHOD

Participants

A priori power analysis indicated that a total sample of 296 participants (148 men and 148 women) would be needed to detect large effects with 80% power using an independent *t*-test with an alpha of .05. The sample in the current study consisted of 92 undergraduate students (17 men and 75 women) voluntarily recruited from a small, Midwestern, Hispanic-serving, public university. To participate in the study, participants

were required to be 18 years of age or older and a current undergraduate student at the university affiliated with the study. Most participants were juniors (42.40%) who were affiliated with academic or educational college organizations (50.00%), and they ranged in age from 18 to 57 ($M = 24.22$, $SD = .62$). Additionally, most of the participants were Hispanic or Latinx (51.10%), straight or heterosexual (78.30%), and single or never married (48.90%). Moreover, most of the participants were Christians of any denomination (46.70%), and of those who were religious, most practiced their beliefs (43.50%). Notably, three participants were excluded from the study because of duplicate survey responses.

Measures

Brief Sexual Attitudes Scale

The Brief Sexual Attitudes Scale (BSAS; Hendrick et al., 2006a, 2006b) was used to measure correlated sexual attitude measures, gender differences in sexual attitudes, and the effect of religious practices on sexual attitudes. The BSAS consisted of 23 items divided into four subscales: Permissiveness (items 1-10), Birth Control (items 11-13), Communion (item 14-18), and Instrumentality (items 19-23). Cronbach alphas for the subscales ranged from .79 to .95, indicating moderate to high construct validity. Test-retest correlations for the subscales ranged from .57 to .92, indicating low to high reliability.

Sexual permissiveness was defined as how far people are willing to go sexually (Reiss, 1964), while birth control was defined by engaging in responsible sexual practices and ideas about who should be responsible for birth control (Hendrick et al., 2006b). Sexual communion was defined by having an idealistic view of sexuality, such as

deeming sex as the closest form of communication, ultimate human interaction, and merging of two souls. Moreover, sexual instrumentality was defined as a biological, practical view of sex, such as a focus on self-pleasure and enjoyment, and viewing sex as primarily a bodily function.

The instructions for the BSAS read, “Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be” (Hendrick et al., 2006a).

An example item from the BSAS was, “I do not need to be committed to a person to have sex with him/her” (Hendrick et al., 2006a). To answer each statement, the BSAS used a five-point letter scale, where A = Strongly agree with statement, B = Moderately agree with statement, C = Neutral - neither agree nor disagree, D = Moderately disagree with the statement, and E = Strongly disagree with the statement. In the current study, the research added an additional answer, F = Prefer not to answer, to the BSAS to allow participants to skip any questions they were uncomfortable answering. Sexual attitudes were scored by converting each letter to a numerical value (A = 1, B = 2, C = 3, D = 4, E = 5; F was left blank) and taking the average subscale scores for each gender. Low scores indicated belief in a construct, while high scores indicated disbelief in a construct. For

example, an average score of one on the Permissiveness subscale among men would indicate high sexual permissiveness in men.

Procedure

Participants were voluntarily recruited using Sona Systems and were able to participate in the online study at their convenience, such as during any time or at any location. After participants signed up for the study using Sona Systems, they were directed to an online consent form on Qualtrics, which included key information about the study, information about the procedures involved in the study, possible risks and benefits, their participation as research subjects, confidentiality, contact for questions, and participants' consent. Participants who chose not to consent to the study were directed to an exit webpage. Alternatively, participants who chose to consent to the study were directed to the beginning webpage of the study.

Once participants began the online study, which they could exit at any time, they answered 23 items from the BSAS regarding sexual permissiveness, birth control, sexual communion, and sexual instrumentality. After participants completed these items, they were asked to fill out demographic information regarding their age, gender, ethnicity, marital status, sexual orientation, class standing, college organization affiliations, religious beliefs, and religious practices. The average duration of this online study was 10 minutes and data collection lasted for about three weeks.

At the end of the online study, participants were thanked for their participation and debriefed due to the sensitive information asked of participants regarding sexual attitudes. Participants who had any questions or concerns regarding their participation in the study were made available to the researcher and faculty advisor's names and contact

information. In the case that participants experienced feelings of anxiety in response to answering the survey questions and wanted to talk with a counselor, they were provided with Northeastern Illinois University's Counseling Services' telephone number, (773) 442-4650. Additionally, participants were put in contact with the counseling services' email, counsect@niu.edu. This contact information was available throughout the online survey.

RESULTS

A preliminary anomaly analysis revealed six duplicate survey responses, resulting in the exclusion of three participants from all analyses.

A Pearson correlation coefficient was used to analyze relationships between sexual attitudes. There was a significant, positive correlation between sexual permissiveness and sexual instrumentality, $r(80) = .38, p < .001$ (See Table 1 for all correlations), with a medium effect size, $r^2 = 0.14$. Additionally, there was an insignificant, positive correlation between birth control and sexual communion, $r(88) = .07, p = .54$.

Alternatively, gender differences in undergraduates' sexuality were analyzed using an independent samples *t*-test with the assumption of unequal variances. Men were more sexually permissive ($M = 2.91, SD = .85$) than women ($M = 3.27, SD = .85$), but this difference was not statistically significant, $t(17) = 1.39, p = .18$ (See Table 2 for all gender differences). On the other hand, men were less sexually instrumental ($M = 3.01, SD = .91$) than women ($M = 2.89, SD = .85$), but this difference was not statistically significant, $t(21) = .49, p = .63$. Moreover, women endorsed less birth control ($M = 2.10, SD = 1.06$) than men ($M = 1.84, SD = .82$), but this difference was not statistically

significant, $t(25) = 1.03, p = .31$. On the other hand, women were more sexually communal ($M = 2.40, SD = .82$) than men ($M = 2.66, SD = .74$), but this difference was not statistically significant, $t(26) = 1.29, p = .21$.

Furthermore, it was revealed that undergraduates who practiced religion were less sexually permissive ($M = 3.55, SD = .93$) than those who did not practice religion ($M = 3.04, SD = .83$; See Table 3 for all religious practice differences). This difference was statistically significant, $t(35) = 2.00, p = .05$, and large in magnitude, $d = .90$.

Undergraduates who practiced religion were less sexually instrumental ($M = 3.08, SD = .97$) than those who did not practice religion ($M = 2.69, SD = .62$), but this difference was not statistically significant, $t(54) = 1.85, p = .07$. Undergraduates who practiced religion were less sexually communal ($M = 2.48, SD = .90$) than those who did not practice religion ($M = 2.38, SD = .76$), but this difference was not statistically significant, $t(45) = .46, p = .65$. Finally, undergraduates who practiced religion endorsed less birth control ($M = 2.24, SD = 1.02$) than those who did not practice religion ($M = 2.00, SD = 1.21$), but this difference was not statistically significant, $t(34) = .75, p = .46$.

Further exploratory analyses were conducted to analyze relationships between various sexual attitudes. A Pearson correlation coefficient showed there was a significant, positive correlation between sexual permissiveness and birth control, $r(79) = .40, p < .001$, with a medium effect size, $r^2 = 0.16$.

Additional exploratory analyses were conducted to determine relationships between various demographic variables and sexual attitudes. A second exploratory analysis was conducted to determine the relationship between ethnicity and sexual attitudes. An independent t -test analysis showed that white undergraduates endorsed

more birth control ($M = 1.63$ $SD = .71$) than Hispanic or Latinx undergraduates ($M = 2.11$, $SD = 1.09$). This difference was statistically significant, $t(51) = 2.08$, $p = .04$, and large in magnitude, $d = .99$.

A final exploratory analysis was conducted to determine the relationship between sexual orientation and sexual attitudes. An independent t -test analysis showed that bisexual undergraduates were more sexually communal ($M = 1.83$, $SD = .61$) than straight or heterosexual undergraduates ($M = 2.46$, $SD = .72$). This difference was statistically significant, $t(6) = 2.37$, $p = .05$, and moderate in magnitude, $d = .71$.

DISCUSSION

The first aim of this study was to investigate which sexual attitude measures were significantly correlated with each other. It was expected that these relationships would be affected by hook up culture given the demographic of undergraduate students in the current study. Hook up culture refers to the acceptability of instances of one-time sexual encounters with someone without expectations of love and is often described as casual sex (Katz & Schneider, 2013). About half of participants in the current study were single or never married, and of those undergraduates, many did not indicate they were hooking up. This was not supported by the literature, as in a sample of 169 undergraduates, one third reported they hooked up during their first year of college.

It is likely that the occurrence of the COVID-19 pandemic at the time of the current study impacted why most participants were single and not hooking up. A study in China revealed that almost half of a sample of 459 men and women reported they had fewer sexual partners while about one third said they had less frequent sex during the pandemic (Li et al., 2020). Although these fluctuations in sexual partners and sexual

frequencies need to be confirmed in the United States, under different circumstances, it would be expected that a young, heterosexual sample would highly engage in hook ups.

Consequently, the literature on undergraduates' sexual attitudes is usually written within the framework hook up culture. In one such study, Oswalt (2010) tested undergraduates' sexual decision-making processes using vignettes that portrayed sexual scenarios. Specifically, Oswalt studied whether physical pleasure, concerns for risks (such as unwanted pregnancy and STIs), and relational concern (concern about feeling close to a partner) had effects on the decision to have different types of sex, including oral, anal, or vaginal sex, or other sexual activities (such as hugging and kissing).

First, Oswalt (2010) noted that most of the undergraduates perceived the sexual vignettes as casual hook ups. Because of this, they found that physical pleasure significantly predicted the decision to have oral, anal, and vaginal sex, and other sexual activities. Given that physical pleasure is closely related to sexual instrumentality, and the decision to have sex is closely related to sexual permissiveness (Hendrick et al., 2006b), this finding supports the current study, which found that sexual permissiveness and sexual instrumentality were positively but weakly related with a medium effect size.

Moreover, both Oswalt (2010) and Luquis et al. (2015) found that concern for risks and birth control (which are related to each other; Hendrick et al., 2006b) significantly predicted the decision to have vaginal sex in heterosexual undergraduates. These findings support the current study, which found that sexual permissiveness and birth control were positively and moderately related with a medium effect size among a predominately heterosexual sample.

Unlike hook up culture, sexual permissiveness, and sexual instrumentality, there is limited literature about sexual communion as defined by Hedrick et al. (2006b) as an idealistic view of sex. In the current study, an exploratory analysis revealed that bisexual undergraduates were more sexually communal than straight or heterosexual undergraduates, and this effect was moderate. It is unclear why this occurred as there is limited literature on sexual communion, and even more scarce research on the relationship between bisexuality and sexual communion.

A distantly related construct to sexual communion is relational concern, as the two ideas involve shared feelings of closeness (Oswalt, 2010; Kelly et al., 2017). Kelly et al. found that feeling relational was tied to heterosexual women's motivation to have vaginal sex, which could explain why the current study found that more women than men were sexually communal. On the other hand, Oswalt (2010) observed that relational concern was a significant predictor of other sexual activities, such as hugging and kissing. This research does not support the findings of the current study, which were that sexual permissiveness and sexual communion were not related. A key difference between these studies and the current study is that the current study did not ask about specific types of sex, such as vaginal sex or other sexual activities. Therefore, the relationship between sexual permissiveness and sexual communion may more likely emerge when specific types of sex are asked about.

On another note, it is recognized that sexual attitudes can be general and do not have to relate to the current behavioral patterns of the person who holds them. Among undergraduates who hooked up, Katz and Schneider (2013) reported that undergraduates who highly believed in sexual permissiveness hooked up frequently for one year, while

individuals who highly endorsed sexual instrumentality did not frequently hook up. It is possible that undergraduates' sexual instrumentality attitudes were general and non-indicative of their current sexual behaviors, while sexual permissive attitudes were specific and actionable. This same principle could be true of the current study, in which participants may have thought generally about some sexual attitudes due to the instructions of the BSAS, which were to think generally or of a current or former partner.

The second aim of this study was to investigate whether there were gender differences in sexual attitude measures among undergraduates. Primary analyses revealed that men were more sexually permissive and endorsed more birth control than women, while women were more sexually instrumental and sexually communal than men. These differences in sexual attitudes were not significant, which may be due to the unequal variance between men and women. There is more support of the insignificant gender differences found in the current study. Katz and Schneider (2013) found that those who hooked up (which were twice as likely to be men than women) were more likely to be sexually permissive, sexually instrumental, comfortable with casual genital contact, and not take relationships seriously, and those findings did not occur because of gender.

The research on gender differences in sexual attitudes is complex, and there is more research on women than men. The current study's findings that men were more sexually permissive than women, although insignificant, are supported by how sexual abstinence messages are not as strict for men as they are for women (Fletcher et al., 2015). However, the current study's finding that men were less sexually instrumental than women was not supported by Walters and Valenzuela (2019), who found that young, single, Latinx men expressed high sexual instrumentality: They cited that love, close

physical touch, and kissing were some of the most important parts of intimate sex. Additionally, Lawrance et al. (1996) found that while men may generally think of themselves as highly sexually instrumental, they perform in less sexually instrumental ways in sexual scenarios (e.g., lack of sexual stimulation). Therefore, in the current study, men's lower sexual instrumentality may be explained by how they answered sexual instrumentality measures by thinking about specific scenarios or partners rather than generally.

In terms of women, Kelly et al. (2017) found that heterosexual women were sexually permissive when engaging in vaginal sex. Because their male partners regarded vaginal sex as "real sex," the women engaged in it even when they did not want to so that they satisfied their male partner's pleasure. Interestingly, women were aware of this sexual double standard, stating that men would not be subject to the same sexual pressure, but this did not improve their sexual assertiveness. These findings would indicate that women are both sexually permissive and sexually instrumental for their partners, but the current study only found that women were more sexually instrumental (and sexually communal) than men, which indicates they may have been thinking in terms of their current or former partners.

Unfortunately, the consequences of a double standard can be dangerous and sexually unpleasant. For example, in one study, peers strongly believed that men should be responsible for providing condoms before having sex while women were not held to the same standard (Ross-Bailey et al., 2014). However, giving men sole sexual responsibility can often translate into their sexual assertiveness over women, such as the ability to express that they do not want to use condoms, which can lead to unwanted

pregnancies and STIs. As another example, another study found that men's strong belief in having vaginal sex in combination with women's high emphasis on male pleasure lead to the failure to advocate for the use of condoms (Kelly et al., 2017). Moreover, high emphasis on male sexual pleasure can lead to the ignorance of female pleasure.

As briefly mentioned, the current study found an insignificant gender difference in sexual communion. Similarly, Oswalt (2010) found no gender differences in the belief of relational concern because an androgynous measure was used in their study (such as the omission of female-gendered items, like "talking about things"). Perhaps the measure of sexual communion from the BSAS in the current study was also perceived as androgynous.

The final aim of this study was to investigate whether there were religious differences in sexual attitude measures among undergraduates. The current study found that undergraduates who practiced religion were less sexually permissive than those who did not practice religion, and this effect was large. Moreover, the current study revealed that undergraduates who practiced religion were less sexually instrumental, less sexually communal, and endorsed less birth control than those who did not practice religion, but these differences in sexual attitudes were not statistically significant. A prospective exploratory analysis revealed that white undergraduates endorsed more birth control than Hispanic or Latinx undergraduates, and this effect was large.

The relationship between Latinx identity, religious practice, and sexual attitudes is complex. Doctor of public health, Nilda Chong (2002), asserts that in the Latinx community, men are socialized into practicing *machismo*, or toughness, while women are socialized into practicing *marianismo*, or acting like a saint, such as the Virgin Mary.

These ideals stem from religion, which Latinx individuals are highly involved in. Indeed, Luquis et al. (2015) found that Latinx individuals practiced their religion more frequently than non-Latinx individuals, such as by attending worship services.

Given that the participants of the current study were primarily women, it can be inferred that the influences of *marianismo* were largely at work, which explains why those who were religious were less sexually permissive, sexually instrumental, sexually communal, and endorsed less birth control. Unfortunately, *machismo* and *marianismo* are often at odds. Latinx men usually leave the responsibility of contraceptives to their female partners, such as by not wearing condoms, while Latinx women usually do not assert their desire to use birth control to retain their femininity through submission, as well as to practice the teachings of the Catholic church (Kelly et al., 2017; Chong, 2002).

Further supporting *marianismo* and even *machismo*, Luquis et al. (2015) found that of those who were religious, significantly fewer Latinx undergraduates were sexually permissive as compared to non-Latinx undergraduates. Additionally, Davidson et al. (2004) found that women who attended church weekly expressed less sexual permissiveness and more guilt towards their sexual behaviors.

The current study was significant in several ways. First, the study suggests that hook up culture contributed to the high sexual permissiveness of undergraduates, and that sexual permissiveness was related to sexual instrumentality but usually did not predict birth control use. These findings can be applied to the dangers of high sexual permissiveness, especially in young, heterosexual Latinx women who are more likely to be submissive and less sexually assertive with birth control, which can lead to unwanted pregnancy, STIs, and less sexual pleasure. As an alternative to high sexual

permissiveness, being relational the benefits of higher condom usage, self-efficacy, and sexual assertiveness (Loshek & Terrell, 2015).

Limitations

The main limitation of the current study was its small sample size, which limited the statistical power of the findings in relation to gender, relationship status, and sexual orientation differences in sexual attitudes. Moreover, attitudes about *machismo* and *marianismo* were not measured in the current study, limiting the conclusions that could be drawn about the sexual attitudes of Latinx undergraduates.

Future Research

Future studies should include larger sample sizes as well as equal variances between genders, relationship status, and sexual orientations to maximize the statistical significance of differences in sexual attitudes between various demographics. Additionally, future studies should study the effects of *machismo* and *marianismo* on sexual attitudes in the Latinx population.

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APPENDIX

Table 1

Correlations Between Sexual Attitudes

	Permissiveness	Instrumentality	Birth Control
Instrumentality	.38**		
Birth Control	.40**	.02	
Communion	.03	.14	.07

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

Table 2*Mean Scores, Standard Deviations, and T-Test Analyses of Sexual Attitudes by Gender*

Sexual Attitudes	Men	Women	t-test
Permissiveness	2.91 (.85)	3.27 (.85)	1.39
Instrumentality	3.01 (.91)	2.89 (.85)	.49
Birth Control	1.84 (.82)	2.10 (1.06)	1.03
Communion	2.66 (.74)	2.40 (.82)	1.29

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

Table 3

Mean Scores, Standard Deviations, and T-Test Analyses of Sexual Attitudes by Religious Practice

Sexual Attitudes	Religious Practitioners	Religious Nonpractitioners	t-test
Permissiveness	3.55 (.93)	3.04 (.83)	2.00*
Instrumentality	3.08 (.97)	2.69 (.62)	1.85
Birth Control	2.24 (1.02)	2.00 (1.21)	.75
Communion	2.48 (.90)	2.38 (.76)	.46

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