

**LET'S TALK ABOUT LGBTQ+ SEX: SEXUAL SELF-ESTEEM AND
SEXUAL SATISFACTION AMONGST QUEER EMERGING ADULTS**

by

Mackenzie Myer

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ABSTRACT

Sexual self-esteem and sexual satisfaction are two important, yet understudied constructs related to sexual well-being. The bulk of existing literature in this area focuses on heterosexual individuals and thus does not capture the sexual well-being of sexuality minorities. The present study surveyed LGBTQ+ emerging adults between the ages of 18 and 25 (n= 208) about their sexual self-esteem and sexual satisfaction as well as four distinct sources of sex information: institutional, parent, peer, and media. Regression analyses found that there was a significant relationship between the two sexual well-being constructs. These results demonstrate that LGBTQ+ individuals with lower levels of sexual self-esteem may experience lower levels of sexual satisfaction and vice versa. Additionally, results indicated that sample members learned the most about various sex and sexuality topics from peer and media sources. This finding illuminates existing media research which suggests that LGBTQ+ emerging adults learn a great deal about sex and sexuality topics when they confide in their peers and seek out LGBTQ+ media products. By focusing on members of the LGBTQ+ community, this thesis offers new insights about the sexual well-being of this sexuality minority group.

Chapter 1

LITERATURE REVIEW

Introduction

To put it in the words of the popular 1991 song, “Let’s Talk About Sex” from hip-hop group Salt-N-Pepa: “Let’s talk about sex for now to the people at home or in the crowd, it keeps coming up anyhow. Don’t decoy, avoid, or make void the topic, ‘cuz that ain’t gonna stop it” (Denton, James, & Roper, 1991). As the lyrics suggest, sex is an important facet of human life. Reproduction is often the most discussed aspect of sex behavior when discussing sexual health but is not the only reason that people engage in sex and other sexual behaviors. For example, non-reproductive sex acts such as fellatio and cunnilingus are usually engaged in for pleasure and connection only, and the addition of birth control such as condoms and hormonal methods make penetrative heterosexual sex available without reproduction as well.

As defined by the World Health Organization, sexual health is: “...a state of physical, emotional, mental, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled” (World Health Organization, 2022). In other words, sexual health is more than one’s avoidance of sexually transmitted diseases, unplanned pregnancies, and other sexual risk behaviors. Sexual

health also describes the pleasure individuals and couples obtain from engaging in sexual activities, the security one feels with their chosen partner(s), and the accessibility to desired sexual safety and products such as condoms or enemas.

Some relevant subcategories to consider when evaluating one's overall sexual health include sexual self-esteem (the value one places on oneself as a sexual being) and sexual satisfaction (the degree to which an individual is satisfied or happy with the sexual aspects of their relationship; Mayers et. al, 2003; Sprecher et. al, 2004; Ménard & Offman, 2009). According to Reynolds and colleagues (2022), sexual self-esteem and sexual satisfaction are dynamic concepts that can change over time. For instance, if an individual is experiencing a low level of sexual self-esteem when they first become sexually active, this does not mean that they cannot attain a higher level of sexual self-esteem through additional sexual exploration (Reynolds et. al, 2022). In past research, it has been suggested that high levels of sexual self-esteem are linked to higher levels of general self-esteem, the extent to which an individual values, approves, likes, or prizes oneself (Oattes & Offman, 2009; Robinson et. al, 2013). In terms of life outcomes that result from stable levels of general self-esteem, individuals have reported higher levels of relationship satisfaction (Shackelford, 2001) as well as lower levels of depression (Orth et. al, 2012).

Sexual satisfaction is a subcategory of sexual health that has been associated with positive life outcomes. Though engaging in pleasurable sexual activity is not the sole marker of a stable romantic relationship, existing research has suggested that sexual satisfaction also has a strong association with relationship satisfaction (Cupach, & Comstock, 1990; Byers, 2005). Given that LGBTQ+ individuals experience higher rates of intimate partner violence than their heterosexual counterparts, it is crucial that

factors related to LGBTQ+ relationship satisfaction be examined in research settings (Walters et. al, 2013). In addition to the interpersonal benefits of sexual satisfaction, the occurrence of orgasms (a peak state of sexual satisfaction) can lead individuals to feelings of peace and euphoria (Mah & Binik, 2001).

The current study is interested in sources of sex information, (including institutional, interpersonal, and media channels) sexual self-esteem levels, and sexual satisfaction levels of emerging adults (between the ages of 18 and 25) who self-identify as members of the LGBTQ+ community. Research on heterosexual individuals has suggested that there is a positive relationship between levels of sexual self-esteem and sexual satisfaction (Ménard & Offman, 2009; Brassard et. al, 2015). Existing literature has also indicated that not all LGBTQ+ persons receive accurate, comprehensive sex education in school or from family members and friends (Rubinsky & Cooke-Jackson, 2017; Rabitte, 2020). Finally, LGBTQ+ persons are more likely than their heterosexual peers to report sexual risk behaviors such as unintended pregnancy and the contraction of sexually transmitted diseases (Boyce et. al, 2018; Rasberry et. al, 2018).

Because of their sexual minority status, LGBTQ+ persons are more likely than their heterosexual peers to rely on entertainment media that disseminates information about sex and sexuality (Raley & Lucas, 2006; Padva, 2007; Bond, 2011). Though media use is a standard practice amongst emerging adults of all sexualities, the existing literature about LGBTQ+ media content suggests that mainstream media “sanitizes” LGBTQ+ characters such that they cannot engage in sexual talk and sexual behaviors like heterosexual characters can (Bond, 2014; Bond & Miller, 2017). Because a limited amount of LGBTQ+ sexual health research (especially regarding

the topics of sexual self-esteem and sexual satisfaction) exists, it is important to study this population's perceptions of their own sexual encounters. Additionally, if researchers continue studying LGBTQ+ perceptions of others' sexual behaviors, (namely LGBTQ+ individuals in their personal lives and LGBTQ+ characters in the media products they consume) more can be understood about the LGBTQ+ community as a whole.

Social Cognitive Theory

The theory guiding the present study is Social Cognitive Theory, (SCT; Bandura, 1986) an extension of Bandura's earlier Social Learning Theory. SCT posits that an individual's construction of the world and, ultimately, their individual behaviors are guided by what they observe role models (either real or fictional) doing (Bandura, 1977; Bandura, 1986; Martino et al., 2005). SCT relies upon the continuous interaction of personal determinants (cognitive, affective, and biological events), environmental determinants, and behavioral determinants to explain how humans learn, think, and perform actions (Bandura, 2002, p. 266). For the present study, the SCT processes of interest are observational learning and, relatedly, behavior modeling. These processes can aid in explaining how individuals learn about sex, sexual behaviors, and sexuality from sources such as people in their interpersonal lives and various media products and can help predict the behaviors they will enact.

Observational learning is a component of SCT that can account for how individuals learn sex and sexuality scripts from interpersonal sources and the media. It can be defined as the gathering of attitudes, styles and behaviors through observing people or media products (Bandura, 2002). SCT contends that when people see individuals (including fictional characters) they identify with engaging in a specific

behavior, they are more likely to emulate it (Bandura, 2001). In the context of LGBTQ+ emerging adults, having fellow LGBTQ+ friends and consuming media products which centrally portray LGBTQ+ individuals provides models for behavior (such as sexual behaviors) that are likely to be emulated in real life.

Behavior modeling is another component of SCT that can account for how individuals learn sex and sexuality scripts from interpersonal sources and the media. According to Bandura (2001), behavior modeling influences have strong motivational effects such that seeing others achieve desired outcomes through their behaviors can prompt viewers to engage in those same behaviors. In the interpersonal life of an LGBTQ+ emerging adult, this could mean that seeing an LGBTQ+ peer secure a successful date through a dating app (such as Tinder, Bumble, or Hinge) will prompt the other LGBTQ+ individual to download and seek out dates via apps. In the context of an LGBTQ+ emerging adult viewing media products, this could mean that seeing LGBTQ+ individuals having pleasurable sex in television shows (such as *It's a Sin*, *Pose*, and *The L Word: Generation Q*) will prompt the LGBTQ+ individual to pursue more pleasurable sexual intercourse in their personal life.

When Bandura himself applied SCT to mass communication, he pointed out that media products hold a great deal of power as it relates to one's worldly perceptions, "Heavy exposure to this symbolic world may eventually make the televised images appear to be the authentic state of human affairs" (Bandura, 2002, p. 281). Several other scholars have used SCT as a framework for studying media effects. In an examination of television shows featuring women who engage in risky sex behaviors like one-night stands, researchers found that portrayals of the negative outcomes associated with such risky sex behaviors discouraged sexually inexperienced

female viewers from performing them (Nabi & Clark, 2008). This result suggests that sexually experienced viewers who see characters carrying out risky sexual behaviors will follow their lead by engaging in similar behaviors.

If incomplete and inaccurate portrayals of LGBTQ+ individuals and their sex lives persist in media products, LGBTQ+ viewers could, according to SCT, experience negative shifts in self-efficacy, their perceived ability to succeed or complete a task (Bandura, 2002, p. 289). Ultimately, though humans have agency as it relates to choosing their media diets, they have little say in how those media products will influence them and their behaviors.

Sources of Sex Information

Whether it is via the “birds and the bees” conversation with a parent or through internet searches, most individuals have gained a general understanding of sexual activities or have engaged in sexual activities by the time they reach emerging adulthood (Steele, 1999; Faulkner & Mansfield, 2002). It is important to study the various sources of sex information to determine which channels are accurate and which could be misleading. The sources of sex information discussed herein are institutional channels, interpersonal channels, and media channels.

Institutional Sex Education

The facilitation of sex education programs in institutional (school) settings has been a heavily debated topic in the United States (Irvine, 2004). Prior to the 2010s, federal sex education funding placed a heavy focus on abstinence-only-until-marriage (AOUM) approaches, (Santelli et. al, 2006; Schalet et. al, 2014; Hall et. al, 2016). In contrast to AOUM approaches to sex education, evidence-based

intervention (EBI) sex education programs view sexual activity as a natural part of adolescence for those who choose to engage in it.

At this point in time, even EBI-driven approaches to sex education are not wholly inclusive. According to a recent report from The Guttmacher Institute, only 11 of the 50 United States (California, Colorado, Connecticut, Delaware, Illinois, Iowa, Maryland, New Jersey, Oregon, Rhode Island, Washington) as well as the District of Columbia require inclusive content with regard to sexual orientation while 4 of the 50 United States (Florida, Louisiana, Mississippi, Texas) require only negative information to be provided on LGBTQ+ sexuality and/or provide a positive emphasis on heterosexuality (Guttmacher Institute, 2022). This is harmful for LGBTQ+ adolescents regardless of whether or not they are choosing to engage in sexual behaviors.

The apparent lack of LGBTQ+ sex education may worsen existing feelings of depression, shame, and low self-esteem that LGBTQ+ persons already experience at higher rates than their heterosexual peers (Russell & Fish, 2016; McDonald, 2018). If LGBTQ+ adolescents do not receive queer-specific sex education in school, they may not have enough information to make informed decisions about their sexual activities (Elia & Eliason, 2010; Estes, 2017).

Interpersonal

In their interpersonal lives, adolescents and emerging adults receive information about sex and sexuality through two primary channels: their parents and their friends (Bleakley et. al, 2009; Whitfield et al., 2013). Past research has posited that each of these two sources may provide different overarching messages about sex

(Bleakley et. al, 2008). The first interpersonal source of sex information to consider is parental sex education.

Discussing sex with one's own children is a difficult task that some parents wish to avoid. Contrary to the societal notion that "the big talk" is an effective means of parent-adolescent sexual communication, existing literature has shown that adolescents whose parents repetitively discussed sexual topics with them felt closer to their parents and were more willing to communicate with them about sex (Martino et. al, 2008). Research has also suggested that when they are willing to communicate sex information to their children, parents are more likely to discuss negative sex consequences like sexually transmitted diseases (Fletcher et al., 2015). Related to those findings, a recent meta-analysis found that there was a link between parent-adolescent sexual communication and safer sex behavior (Widman et. al, 2016). Ultimately, when parent-adolescent communication about sex is happening consistently in the family home, adolescents feel safe to ask questions without fear of judgment.

Unfortunately for LGBTQ+ adolescents, the bulk of existing literature surrounding parent-adolescent sexual communication has focused on heterosexual populations. In fact, research has shown that parents often socialize their adolescents towards heterosexual relationships (Chevrette, 2013). As a result of living in a heteronormative culture, some LGBTQ+ adolescents may not feel comfortable discussing sex with their parents, despite the fact that they would likely benefit from those conversations (Reynolds et. al, 2022). When interviewing a group of self-identified gay, bisexual, and queer males between the ages of 15 and 20, one research team found that, despite parents being identified as one of their preferred sources of

sex information, that parent-adolescent discussions about queer-specific sex education were sparse (Flores et. al, 2019). In the same study, several interviewees reported a total lack of sex-adjacent conversation following their coming out as a member of the LGBTQ+ community, with one respondent saying:

“In my case, from the conversation, it’s almost like gay sex doesn’t exist, you know? So it’s like when you feel same-sex attraction, but you still have no idea what gay sex is, you just kind of have this sudden conflict. I just think overall it would be much better—especially those who are still in the closet to their parents and even their peers—just to know that they are being recognized and that they exist” (p. 542).

It is unwise for parents (but particularly parents of LGBTQ+ adolescents) to avoid having conversations about sex and sexuality. Considering that past research has indicated that LGBTQ+ individuals are more prone to engage in risky sexual behaviors than their heterosexual peers (Flores & Barroso, 2017) and are also more susceptible to intimate partner violence, (Dank et. al, 2013) it is crucial that parents of LGBTQ+ adolescents are actively invested in providing accurate information about LGBTQ+ sex and consent to their children.

Separately from discussions that adolescents have with their parents about sex, friends often discuss dating-adjacent topics such as partner attractiveness with one another (Lefkowitz et al., 2004). Existing literature has suggested that when LGBTQ+ adolescents interact with friends who are also in the LGBTQ+ community, they feel more comfortable discussing sex and sexuality (Bond, 2011). In a recent qualitative study of lesbian, gay, and bisexual college students, one research team found that similar-age peers as well as non-parental adults were helpful sources of reliable LGBTQ+ sex information and general support (Bible et. al, 2022). In reflecting on her

experiences with sex education from a non-parental adult, one lesbian interviewee from the study noted:

“My friend at the time, her mom was a lesbian and she was talking to me about like, lesbian sex. So, she was the one that I had a talk with basically...it was very informative... she was explaining it all to me...she just started talking to me about that because I guess my friend told her that you know, I was a lesbian” (p. 297).

Other researchers have indicated that, at least among heterosexual populations, adolescents seek out information about the emotional side of sexual encounters by talking to their friends (McKee, 2012). It is important to study which (and to what degree) LGBTQ+ sex topics are discussed among one’s family members and friends to inform how these groups can support their LGBTQ+ adolescents or friends in the future. Just as their heterosexual peers do, LGBTQ+ individuals deserve and need access to accurate and comprehensive sex information. Ultimately, when LGBTQ+ adolescents have access to sources of sex information from their various interpersonal channels, they have the chance to better their understanding of and relationship to sex topics.

Media Use

In addition to sex education programs in institutional settings and the aforementioned interpersonal channels, existing research has shown that LGBTQ+ emerging adults receive vital information about sex and sexuality through the media they consume (Gomillion & Giuliano, 2011; Bond, 2015). It is important to study media (such as television shows, movies, and social media platforms) as sources of sex information to determine how media creators can disseminate accurate information about LGBTQ+ sex.

Existing literature has made it evident that media viewers are most often exposed to narratives about heterosexual sexual encounters and therefore LGBTQ+ individuals and their sexual encounters are still underrepresented in media products (Ward, 2003; McInroy & Craig, 2017). Research has also identified that most LGBTQ+ characters on-screen are adults who are over the age of 30, that people from certain racial groups (Black and Latinx) rarely have LGBTQ+ character representation, and that certain subgroups within the LGBTQ+ community (particularly bisexual and transgender individuals) are often not present in LGBTQ+ media products (McInroy & Craig, 2017). In recent years though, television shows (*Euphoria, Heartstopper, Pose, Sex Education*) and movies (*Fire Island, God's Own Country, Happiest Season, Shiva Baby*) have introduced viewers to LGBTQ+ characters who are of varying ages, races, and sexualities.

The role of media is a crucial consideration in the present study because if there continues to be a limited amount of LGBTQ+ characters in media products for whom LGBTQ+ individuals can relate to, they may feel isolated and alienated from their peers (Bond, 2014). This, in turn, may have an impact on both the emotional well-being of LGBTQ+ individuals but also on their overall sexual well-being, including their levels of sexual self-esteem and sexual satisfaction.

Sexual Well-Being

Mitchell (2021) identified seven domains of sexual well-being: sexual safety and security, sexual respect, sexual self-esteem, resilience in relation to past sexual experiences, forgiveness of past sexual events, self-determination in one's sex life, and comfort with one's sexuality (p. e610). Each of these domains are a unique piece in the complex puzzle of sexual well-being. To view one's overall sexual well-being in a

holistic manner, individuals must consider their present and past sexual experiences. As an example, one could improve the security domain of their sexual well-being by engaging in honest post-sex communication with their chosen partner (Reynolds et. al, 2022). In doing this, individuals can gain a greater understanding of what their partner enjoyed about a given sexual encounter. Sexual well-being is an important concept to pursue because research has suggested that it is one of the indicators of overall well-being (Hooghe, 2012).

Sexual Satisfaction

Sexual satisfaction is defined as the degree to which an individual is satisfied or happy with the sexual aspect of their relationship (Sprecher et. al, 2004). Some factors to consider when evaluating one's levels of sexual satisfaction include satisfaction with one's sexual partners, satisfaction with one's own sexual functioning, and the general level of importance they place on sex (Muise et. al, 2010). Past research has shown positive links between one's sexual satisfaction and their sense of well-being and physical health (Laumann et. al, 2006; Ménard & Offman, 2009).

When considering the role that sexual satisfaction plays in intimate relationships, past research on heterosexual populations has indicated that sexual satisfaction and relationship satisfaction are positively linked. One study of 116 heterosexual married couples indicated that couples displayed higher levels of marital satisfaction when they also displayed high levels of sexual satisfaction (Butzer & Campbell, 2008). Schoenfeld et al. (2017) discovered that there was a strong positive association between high sexual frequency and high sexual satisfaction for heterosexual married couples. In contrast to these positive associations, another research team found that a decline in sexual satisfaction among couples strongly

predicted a decline in their relationship satisfaction (Brady et. al, 2021). In another study, which surveyed a group of 99 heterosexual college students, it was found that those who reported greater relationship satisfaction in dating relationships also reported greater levels of sexual satisfaction (Byers et. al, 1998). It is apparent that sexual satisfaction is a key factor in individual lives and in the maintenance of most intimate relationships.

Similarly to sexual self-esteem, there is a marked research gap in sexual satisfaction as it relates to LGBTQ+ individuals. A study which included a sample of lesbian and bisexual women in committed relationships found that depressive symptoms, relationship satisfaction, sexual functioning, social support, and internalized homophobia were all factors which contributed to one's sexual satisfaction (Henderson et.al, 2009). Another group whose work focused on lesbian women found that women who reported more frequent genital activity with their partners, higher sexual desire, lower sexual anxiety, and fewer negative automatic thoughts reported higher sexual satisfaction (Cohen & Byers, 2014).

In line with those findings, Shepler et. al (2018) found that partnered lesbian, gay, and bisexual individuals' perceptions of their sexual satisfaction was influenced by factors such as identity pride, body image, relationship commitment, and sexual anxiety (p. 32). They also noted that there may be gender differences in sexual satisfaction amongst queer individuals by suggesting that relationship commitment may be more important for women's sexual satisfaction than for men's sexual satisfaction (Shepler et. al, 2018).

At this point in time, the relationship between sexual satisfaction and sexual self-esteem has not been extensively examined in scholarship, especially surrounding

LGBTQ+ individuals. Existing studies involving heterosexual undergraduate students have found that those who report higher levels of sexual self-esteem also report more sexual satisfaction (Hally & Pollack, 1993; Peixoto et. al, 2018; Shick et. al, 2010). Given the potential role of this relationship in one's overall sexual well-being, it must be studied more often in a variety of contexts. Through exploring this area of inquiry, researchers have the opportunity to learn more about how people attain and maintain positive components of their sexual well-being as individuals and in their intimate relationships.

Past research has indicated that conversations about LGBTQ+ sex behaviors are sparse as compared to heterosexual sex behaviors. The majority of institutional environments cater their sex education programs to heterosexual audiences (Estes, 2017). In interpersonal contexts, parents often orient their children towards heterosexuality and, even if their adolescent comes out as LGBTQ+, conversations about queer-specific sex education are infrequent (Chevrette, 2013; Flores et. al, 2019). Finally, despite work suggesting that media products can supply key information about sexual behaviors for LGBTQ+ individuals, LGBTQ+ sexual encounters remain underrepresented (Bond, 2015; McInroy & Craig, 2017).

Given the lack of discussion about LGBTQ+ sex behaviors, queer individuals have reported engaging in more risky sex behaviors (such as unprotected sex and STI contraction) than heterosexual individuals (Coker et. al, 2010; Garofalo, 2011). Conversely, when LGBTQ+ individuals are equipped with comprehensive sex information, they are more likely to have fewer sexual partners and engage in other safe sex practices (Goldfarb & Lieberman, 2021). When LGBTQ+ individuals are well-informed about queer sexual intercourse and sex behaviors, they have the

capacity to manage sexual discrepancies and, ultimately, experience more sexual satisfaction (Gabb, 2022). Given the existing literature, the following research question is posed:

RQ1: Will sources of sex information be associated with sexual satisfaction?

Sexual Self-Esteem

Sexual self-esteem has been conceptualized in several different ways in scholarship. Snell and Papini (1989) defined it as, “positive regard for and confidence in the capacity to experience one's sexuality in a satisfying and enjoyable way” (p. 256). According to Mayers et. al (2003) sexual self-esteem is “the value one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability” (p. 270). Regardless of which definition one subscribes to, sexual self-esteem is a major component of one’s sexual well-being. In fact, past research has indicated that sexual self-esteem is (positively) linked with sexual satisfaction (Ménard & Offman, 2009) and (negatively) linked with body satisfaction (Weaver & Byers, 2006).

An individual’s personal experiences can influence their levels of sexual self-esteem. Much of the existing literature has focused on how life experiences such as sexual abuse (Van Bruggen et. al, 2006; Bornefeld-Ettman et al., 2018) and illness (Volker & Harmon, 1998; Muehrer et. al, 2006) have negatively impacted one’s sexual self-esteem rather than examining life experiences that may be positively associated with one’s sexual self-esteem. To date, sexual self-esteem research has primarily focused on heterosexual populations or has considered gender differences rather than sexuality differences (Calogero & Thompson, 2009; Heinrichs et. al, 2009; Brassard et. al, 2015).

Unfortunately, there is a noticeable gap in sexual self-esteem research as it relates to LGBTQ+ individuals. One study of gay and bisexual men in Norway found that there was a positive association between sexual self-esteem as a partner and self-perceived attractiveness (Kvalem et. al, 2016). Another study indicated that general self-esteem is positively associated with body appreciation in lesbian, bisexual, and queer women (Burnette et. al, 2019).

As previously noted, there is currently a lack of research on sexual self-esteem and sexual satisfaction as related to one another. In one study of heterosexual Canadian adults, participants with high scores on a sexual satisfaction measure also reported greater sexual self-esteem within their romantic relationships (Menard & Offman, 2009). In a relational context, these findings highlight the importance of partners discussing their sexual needs with one another. When these needs are disclosed and fulfilled, partners possess the potential to have more positive sexual encounters. Given the existing literature, the following hypothesis and research question is posed:

H1: Sexual satisfaction will be positively associated with the sexual self-esteem level of LGBTQ+ emerging adults.

RQ2: Does sexual satisfaction mediate the relationship between sources of sex information and sexual self-esteem for LGBTQ+ emerging adults?

RQ3: Is there a direct relationship between sources of sex information and sexual self-esteem for LGBTQ+ emerging adults?

Chapter 2

METHODS

Participants

The final sample consisted of 208 participants between the ages of 18 and 25, who were recruited via Prolific. Of those participants, 86 (41.35%) identified as men, 77 (37.02%) as women, 25 (12.02%) as nonbinary, and 11 (5.29%) as other, and 9 (4.33%) had no response. In terms of sexuality, 57 (27.40%) participants identified as gay or lesbian, 88 (42.31%) as bisexual, 14 (6.73%) as asexual, 12 (5.77%) as pansexual, 1 (0.48%) as questioning, 32 (15.38%) as multiple sexuality identities, and 4 (1.92%) as other. For racial identity, 135 (64.90%) of participants identified as White, 20 (9.62%) as Black, 11 (5.29%) as Hispanic, 1 (0.48%) as Indigenous, 9 (4.33%) as Asian, 23 (11.06%) as multiracial, 1 (0.48%) as other, and 8 (3.85%) had no response. All respondents were monetarily compensated \$3.00 USD through Prolific for their participation.

Procedure

Data collection for this study took place via survey panel Prolific and the survey was hosted on Qualtrics. Inclusion criteria were to identify as a member of the LGBTQ+ community, be 18-25 years old, live in the United States, and speak English fluently. Participants completed a consent form prior to completing the survey. After agreeing to participate, respondents were asked questions about their sexuality, the sex education they received, their sexual self-esteem, sexual satisfaction, and sources of

sex information they have used. Demographic data about the age, gender identity, race and geographical location of participants were also collected.

Measures

Sources of Sex Information

All sources of sex information measures were adapted from the scale published by Bleakley et al. (2018).

Institutional. Participants were asked how much they had learned about the following topics in an institutional (school) setting: romantic relationships, sexual intercourse, LGBTQ+ sex behaviors (such as anal sex), LGBTQ+ specific sex materials (such as enemas, sexual lubricants), condoms, other forms of birth control (such as hormonal and non-hormonal IUDs, contraceptive pills, hormonal birth control shots, hormonal birth control patches), sexual identity exploration, and sexual identity affirmation. All items were measured on a 4-item Likert scale anchored by 1 (nothing at all) to 4 (a lot; $M=1.70$, $SD=0.56$, Cronbach $\alpha=.88$).

Interpersonal: Parents. Participants were asked how much they had learned about the following topics from their parents: romantic relationships, sexual intercourse, LGBTQ+ sex behaviors (such as anal sex), LGBTQ+ specific sex materials (such as enemas, sexual lubricants), condoms, other forms of birth control (such as hormonal and non-hormonal IUDs, contraceptive pills, hormonal birth control shots, hormonal birth control patches), sexual identity exploration, and sexual identity affirmation. All items were measured on a 4-item Likert scale anchored by 1 (nothing at all) to 4 (a lot; $M=1.44$, $SD=0.49$, Cronbach $\alpha=.85$).

Interpersonal: Peers. Participants were asked how much they had learned about the following topics from their peers: romantic relationships, sexual intercourse, LGBTQ+ sex behaviors (such as anal sex), LGBTQ+ specific sex materials (such as enemas, sexual lubricants), condoms, other forms of birth control (such as hormonal and non-hormonal IUDs, contraceptive pills, hormonal birth control shots, hormonal birth control patches), sexual identity exploration, and sexual identity affirmation. All items were measured on a 4-item Likert scale anchored by 1 (nothing at all) to 4 (a lot; $M=2.65$, $SD=0.75$, Cronbach $\alpha=.91$).

Media. Participants were asked how much they had learned about the following topics from various media sources (television, movies, social media platforms): romantic relationships, sexual intercourse, LGBTQ+ sex behaviors (such as anal sex), LGBTQ+ specific sex materials (such as enemas, sexual lubricants), condoms, other forms of birth control (such as hormonal and non-hormonal IUDs, contraceptive pills, hormonal birth control shots, hormonal birth control patches), sexual identity exploration, and sexual identity affirmation. All items were measured on a 4-item Likert scale anchored by 1 (nothing at all) to 4 (a lot; $M=2.84$, $SD=0.98$, Cronbach $\alpha=.93$).

Sexual Well-Being Measures

Sexual Self-Esteem. The sexual esteem subscale of the Sexuality Scale (Snell & Papini, 1989) was measured using a 10-item Likert scale, anchored by 1 (strongly disagree) to 5 (strongly agree). The full measure is included in Appendix A, but sample items include “I am confident about myself as a sexual partner” and “I would

rate my sexual skill quite highly”. The validation of the scale found it to have three subscales (including sexual esteem, sexual preoccupation, and sexual depression) but also that sexual esteem could be used as a unidimensional measure, which is how it was used in the present study for parsimony ($M=2.90$, $SD=1.03$, Cronbach $\alpha=.95$).

Sexual Satisfaction. The Index of Sexual Satisfaction (Hudson et. al, 1981) was measured using a 25-item Likert scale, anchored by 1 (rarely or none of the time) to 5 (most or all of the time). The full measure is included in Appendix A, but sample items include “I enjoy the sex techniques that my partner likes or uses” and “My partner is very sensitive to my sexual needs and desires” ($M=3.71$, $SD=0.70$, Cronbach $\alpha=.90$).

Chapter 3

RESULTS

The analyses for the current study were primarily linear regression analyses. For full statistical analysis details, please refer to Table 1. RQ1 was interested in how one's sources of sex information are associated with the sexual satisfaction level of LGBTQ+ emerging adults. RQ1 was tested by positioning the measures of information source use as simultaneous predictors of sexual self-esteem in a regression analysis. The overall regression model did not yield any statistically significant relationships.

H1 predicted a positive association between sexual satisfaction and sexual self-esteem of LGBTQ+ emerging adults. H1 was tested with sexual satisfaction predicting sexual self-esteem in a regression analysis. This regression model yielded a statistically significant relationship between the two sexual well-being constructs and, as such, H1 was supported. These results demonstrate that LGBTQ+ individuals with lower levels of sexual self-esteem may experience lower levels of sexual satisfaction and that LGBTQ+ individuals with higher levels of sexual self-esteem may experience higher levels of sexual satisfaction.

RQ2 was interested in whether sexual satisfaction mediates the relationship between sources of sex information and sexual self-esteem for LGBTQ+ emerging adults. RQ3 was tested using PROCESS in SPSS, and indirect effects were obtained using 5,000 bootstrap samples and percentile-based 95% confidence intervals. A

visualization of the mediation model is available in Figure 1. In all of these analyses, covariates included sexuality and gender identity.

There was a statistically significant relationship between sexual satisfaction and sexual self-esteem (regardless of which of the four sources of sexual information was being considered). There were no additional statistically significant relationships connected to institutional and media sources of sex information. There was a statistically significant relationship between parent sources of sex information and sexual self-esteem. This result suggests that LGBTQ+ individuals who had learned more about sex and sexuality topics from their parents may have higher levels of sexual self-esteem. Finally, there was a statistically significant relationship between peer sources of sex information and sexual satisfaction. The indirect effect of peer information sources on sexual self-esteem through sexual satisfaction was significant. No other indirect effects were significant. This result suggests that LGBTQ+ individuals who had learned more about sex and sexuality topics from their peers may have higher levels of sexual satisfaction.

Table 2 depicts the frequencies run via Stata of study participants who learned more than “nothing at all” about the six sex topics of interest from the four chosen sex information sources. The results indicate that participants learned the most about romantic relationships (96.06%), LGBTQ+ sex materials (77.33%), and other forms of birth control (N= 203, 84.23%) from peer sources. Additionally, they learned the most about sexual intercourse (91.55%), LGBTQ+ sex behavior (84.73%), and condoms (84.23%) from media sources. Conversely, participants learned the least about romantic

relationships (58.12%) from institutional sources and the least about sexual intercourse (44.33%), LGBTQ+ sex behavior (8.87%), LGBTQ+ sex materials (6.90%), condoms (40.60%), and other forms of birth control (38.43%) from parent sources.

Chapter 4

DISCUSSION, LIMITATIONS, AND FUTURE RESEARCH

The aim of the current study was to understand more about the relationships between sources of sex information, sexual satisfaction, and sexual self-esteem for LGBTQ+ emerging adults. Consistent with past research of heterosexual individuals, the findings from this study suggest that there is a positive relationship between levels of sexual satisfaction and sexual self-esteem for LGBTQ+ individuals (Ménard & Offman, 2009; Brassard et. al, 2015). This result is of note because both sexual satisfaction and sexual self-esteem contribute to one's overall sexual health. As members of a sexuality minority, it is crucial that LGBTQ+ individuals have a healthy relationship with their sex lives and, as part of this relationship, maintain their sexual health.

Of the four different sources of sex information (institutional, parent, peer, and media), the two interpersonal channels played a larger role in the sexual health of this particular sample. There was a significant relationship between parent sources of sex information and sexual self-esteem. This finding affirms existing research which highlights the importance of parent-child sex communication for LGBTQ+ individuals (Flores et. al, 2019). Considering that, for five of the six sex topics of interest (sexual intercourse, LGBTQ+ sex behavior, LGBTQ+ sex materials, condoms, and other forms of birth control), participants reported learning the least from parent sources, parent-child sex communication for LGBTQ+ individuals may still be sparse (Flores et. al, 2019). From a health care perspective, these findings could help clinicians

encourage parents of LGBTQ+ adolescents to discuss a variety of sex and sexuality topics with their children. Ultimately, these discussions can lead to both safer sex behaviors and sexual conviction (Rosario et. al, 2001).

In addition to the aforementioned findings, there was a significant relationship between peer sources of sex information and sexual satisfaction. This is in line with existing research which posits that similar-age peers are helpful sources of reliable LGBTQ+ sex information and general support (Bible et. al, 2022). In addition to this, study participants indicated that they had learned the most about three of the six sex topics of interest (romantic relationships, LGBTQ+ sex materials, and other forms of birth control) via their peers. The current study similarly illuminates the belief that LGBTQ+ emerging adults learn a great deal about sex and sexuality topics when they confide in their chosen peer support network.

Though there were no significant findings related to institutional and media sources of sexual information and the two sexual well-being constructs, they remain important in the lives of many LGBTQ+ individuals. Particularly because existing research suggests that LGBTQ+ adolescents engage in risky sexual behaviors (such as unprotected sex) at higher rates than their heterosexual peers, it is important that they receive formal, queer-inclusive sex education in an institutional setting (Coker et. al, 2010; Ybarra et. al, 2016). These teachings have the potential to minimize the negative impacts of exclusionary sex education and foster wider inclusivity in school environments (Elia & Eliason, 2010; Snapp et. al, 2015).

Existing research highlights that LGBTQ+ narratives in media products such as television programs provide a source of entertainment as well as sex and sexuality education for their LGBTQ+ viewers (Gomillion & Giuliano, 2011; Bond, 2015). The importance of media sources of sex information were highlighted in this sample because participants indicated that they had learned the most about three of the six sex topics of interest (sexual intercourse, LGBTQ+ sex behavior, and condoms) via media. Though there have been more diverse depictions of LGBTQ+ characters in recent years, more work should be done to include transgender, non-binary, and gender fluid individuals and combat tropes about specific sections of the LGBTQ+ community. For example, portraying bisexual individuals as people who are unfaithful or “cannot make up their minds” about who they are attracted to invalidates bisexuality as a queer identity and should be avoided in LGBTQ+ narratives (Madison, 2017).

Limitations

Though the current findings contribute to research concerning the sexual health of LGBTQ+ emerging adults, the study is not without limitations. Because the sample population consisted of 208 participants, these findings are not generalizable to the whole of the LGBTQ+ community in the United States. In terms of racial identity, the sample was predominantly made up of White individuals. With that in mind, future research should strive for a more racially diverse sample.

Additionally, because this study was not longitudinal in nature, causality cannot be established. Future studies in this arena should consider using a longitudinal research design. Finally, the current study only considered LGBTQ+ emerging adults

who currently lived in the United States. Selecting a different regional focus may be an interesting avenue for other researchers who wish to explore the sexual health of LGBTQ+ emerging adults.

Future Research

The findings herein have implications for future research. Though the current study focused on LGBTQ+ individuals between the ages of 18 and 25, future research may consider examining both younger and older individuals in the demographic.

Given that past research has designated adolescence as an important developmental phase for sexual minority youth, it would be beneficial for researchers to learn more about their sexual health during this time (Guz et. al, 2021). This group is also of interest because they consume a great deal of media content via traditional sources (such as television programs and movies) and through social media platforms like TikTok. With this in mind, future research should consider asking LGBTQ+ individuals about the sex and sexuality information they have received via social media platforms. Because of the current lack of representation of elderly LGBTQ+ individuals in scholarly research, it may also be interesting to survey people over the age of 60 (McParland & Camic, 2016).

Future research should also consider examining sexual self-esteem and sexual satisfaction in the context of LGBTQ+ relationships. This work might explore how LGBTQ+ couples navigate discussing individual sexual encounters and, more generally speaking, how they discuss their sexual needs and insecurities. Given that existing research has indicated that sexual satisfaction has a strong association with

relationship satisfaction, this line of research may be particularly interesting when focusing on LGBTQ+ individuals in long-term partnerships or marriages (Cupach, & Comstock, 1990; Byers, 2005).

CONCLUSION

For LGBTQ+ individuals, emerging adulthood is both an exciting and terrifying time. Often, it is a period of newfound independence, exploration, and identification of a queer support network. The current study is a stepping stone into learning more about the sexual health of LGBTQ+ individuals and the LGBTQ+ community as a whole. In a time when homophobia, threats of violence against queer performers like drag queens, and transphobia persist in-person and in online spaces, it is of paramount importance that the experiences of LGBTQ+ individuals be highlighted in scholarship.

TABLES

Table 1. Regression results using PROCESS.

	Sexual Satisfaction		Sexual Self-Esteem ¹	
	<i>b</i>	95% CI	<i>B</i>	95% CI
Institutional Information	0.04	-0.15, 0.22	-0.10	-0.33, 0.13
Parent Information	-0.11	-0.32, 0.09	0.33	0.06, 0.59
Peers Information	0.17	0.03, 0.31	0.05	-0.23, 0.13
Media Information	0.00	-0.10, 0.11	0.11	-0.02, 0.24
Sexual Satisfaction	--	--	0.73	0.55, 0.91
<i>Indirect Effects</i>				
Inst. -> Satis. -> SE			0.03	-0.13, 0.16
Parents. -> Satis. -> SE			-0.09	-0.26, 0.10
Peers -> Satis. -> SE			0.13	0.03, 0.25
Media -> Satis. -> SE			0.00	-0.07, 0.09

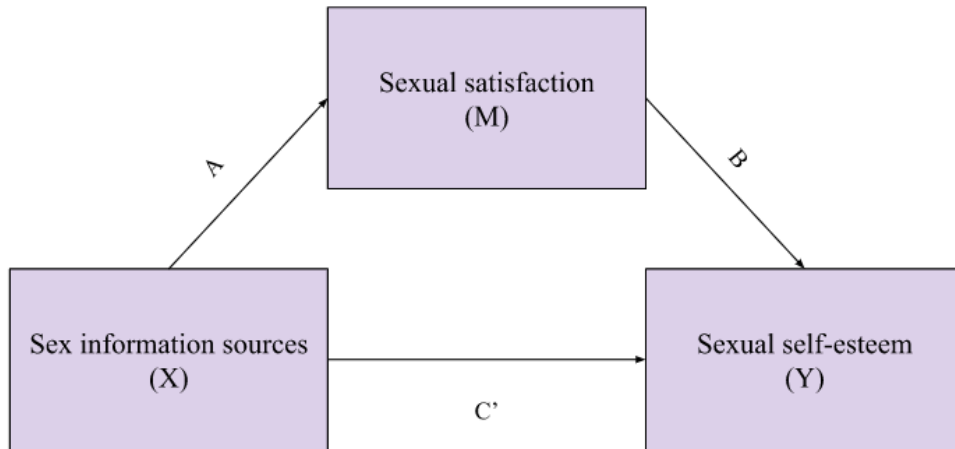
¹Note: The coefficient for sexual self-esteem is 0.73 in all models, with slight variations in the 95% confidence intervals.

Table 2. Frequencies of participants who learned more than “nothing at all” about the following sex topics from the information sources of interest.

-	Institutional	Parent	Peer	Media
Romantic relationships	N= 203, 58.12%	N= 203, 67.98%	N= 203, 96.06%	N= 203, 94.57%
Sexual intercourse	N= 203, 80.29%	N= 203, 44.33%	N= 203, 91.14%	N= 201, 91.55%
LGBTQ+ sex behavior	N= 203, 22.17%	N= 203, 8.87%	N= 203, 81.78%	N= 203, 84.73%
LGBTQ+ sex materials	N= 203, 16.75%	N=203, 6.90%	N= 203, 77.33%	N= 203, 71.92%
Condoms	N= 202, 82.67%	N= 202, 40.60%	N= 203, 76.85%	N= 203, 84.23%
Other forms of birth control	N= 203, 66.50%	N= 203, 38.43%	N= 203, 84.23%	N= 203, 77.35%

FIGURE

Figure 1. Graphical depiction of the hypothesized mediation model.



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Appendix A

SEXUAL SELF-ESTEEM SCALE

The sexual esteem subscale of the Sexuality Scale (Snell & Papini, 1989).

1. I am a good sexual partner
2. I would rate my sexual skill quite highly
3. I am better at sex than most other people
4. I sometimes have doubts about my sexual competence (R)
5. I am not very confident in sexual encounters (R)
6. I think of myself as a very good sexual partner
7. I would rate myself low as a sexual partner (R)
8. I am confident about myself as a sexual partner
9. I am not very confident about my sexual skill (R)
10. I sometimes doubt my sexual confidence (R)

(R) indicates that the item is reverse scored.

Participant responses were recorded with the following scale:

1. *Strongly disagree*
2. *Disagree*
3. *Neither agree or disagree*
4. *Agree*
5. *Strongly agree*

Appendix B

SEXUAL SATISFACTION SCALE

The Index of Sexual Satisfaction (Hudson et. al, 1981).

1. I feel that my partner enjoys our sex life
2. My sex life is very exciting
3. Sex is fun for my partner and me
4. I feel that my partner sees little in me except for the sex I can give (R)
5. I feel that sex is dirty and disgusting (R)
6. My sex life is monotonous (R)
7. When we have sex it is too rushed and hurriedly completed (R)
8. I feel that my sex life is lacking in quality
9. My partner is sexually very exciting
10. I enjoy the sex techniques that my partner likes or uses
11. I feel that my partner wants too much sex from me (R)
12. I think that sex is wonderful
13. My partner dwells on sex too much (R)
14. I feel that sex is something that has to be endured in our relationship (R)
15. My partner is too rough or brutal when we have sex (R)
16. My partner observes good personal hygiene
17. I feel that sex is a normal function of our relationship
18. My partner does not want sex when I do (R)
19. I feel that our sex life really adds a lot to our relationship

20. I would like to have sexual contact with someone other than my partner (R)

21. It is easy for me to get sexually excited by my partner

22. I feel that my partner is sexually pleased with me

23. My partner is very sensitive to my sexual needs and desires

24. I feel that I should have sex more often (R)

25. I feel that my sex life is boring (R)

Participant responses were recorded with the following scale:

1. *Rarely or none of the time*

2. *A little of the time*

3. *Some of the time*

4. *Most of the time*

5. *All of the time*

Appendix C

IRB/HUMAN SUBJECTS APPROVAL



Institutional Review Board
210H HULLIHEN HALL
NEWARK, DE 19716
PHONE: 302-831-2137
FAX: 302-831-2828

DATE: April 7, 2022

TO: Mackenzie Myer
FROM: University of Delaware IRB

STUDY TITLE: [1889864-1] LGBTQ+ Support
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS
EFFECTIVE DATE: April 7, 2022

REVIEW CATEGORY: Exemption category 2(i)

Thank you for your New Project submission to the University of Delaware Institutional Review Board (UD IRB). According to the pertinent regulations, the UD IRB has determined this project is EXEMPT from most federal policy requirements for the protection of human subjects. The privacy of subjects and the confidentiality of participants must be safeguarded as prescribed in the reviewed protocol form.

This exempt determination is valid for the research study as described by the documents in this submission. Proposed revisions to previously approved procedures and documents that may affect this exempt determination must be reviewed and approved by this office prior to initiation. The UD amendment form must be used to request the review of changes that may substantially change the study design or data collected.

Unanticipated problems and serious adverse events involving risk to participants must be reported to this office in a timely fashion according with the UD requirements for reportable events.

A copy of this correspondence will be kept on file by our office. If you have any questions, please contact the UD IRB Office at (302) 831-2137 or via email at hsrb-research@udel.edu. Please include the study title and reference number in all correspondence with this office.

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