

The Influence of Caregiver Backgrounds on Children's Reception of Sexual Education Talks

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Abstract

This study explores the influence of caregiver backgrounds on children's reception of sexual education talks, with a particular focus on how factors such as religious beliefs and educational attainment shape the nature and content of these discussions. Through qualitative interviews with Dartmouth students, the research examines how caregivers' values and experiences inform the sexual education they provide, and how these discussions are perceived by their children. Findings suggest that students raised in religious households are more likely to receive sexual education through external resources such as schools or churches, while caregivers with higher levels of education tend to approach sexual education with a more open, supportive, and comprehensive perspective. Additionally, the study highlights the influence of parental education on the depth of sexual education, with students of highly educated caregivers reporting more positive, relationally focused talks about sex, including topics like consent and emotional readiness. This research underscores the complex interplay between caregivers' backgrounds and children's understanding of sexual health, offering valuable insights into how cultural, educational, and religious factors shape sexual education and influence adolescents' attitudes toward sexuality.

Literature Review

Sexual education is a crucial component of adolescent development, shaping young people's understanding of their bodies, relationships, and reproductive health. However, the frequency, quality, quantity, and content of the sex education children receive from their caregivers ("the talk") is significantly influenced by their caregivers' backgrounds. Factors such as religious beliefs, educational attainment, parenting styles, stigma, cultural background, and the gender of the caregiver play a role in shaping the content and delivery of "the talks." This literature review examines existing research on these dimensions to provide insight into how caregivers' backgrounds impact children's reception of "the talks."

Religious beliefs heavily influence caregivers' approaches to discussing sexual education with their children. Regnerus (2005) examined how parental religiosity shapes discussions about

sex and contraception, finding that highly religious parents were less likely to discuss contraception and birth control but more inclined to emphasize the moral dimensions of adolescent sexual behavior. Similarly, Haglund (2008) explored how religious parents tend to promote abstinence over contraception and safe sex practices. While these parents may communicate strong moral stances on sexuality, their avoidance of comprehensive discussions can leave children without essential knowledge on sexual health. Stokes and Regnerus (2009) added to this perspective by studying religious discordance between parents and adolescents, noting that when religious beliefs were aligned, communication was more open, whereas differences in beliefs often led to strained or avoided discussions on sexual health.

Education level also plays a significant role in caregivers' attitudes toward sexual education. Jin (2021) studied 1,729 parents and found that caregivers with higher levels of education exhibited greater sexual knowledge and more supportive attitudes toward sex education. These parents were more likely to engage in open discussions about sexual health and provide comprehensive information to their children. Eisenberg et al. (2006) further explored this relationship, finding that highly educated parents were more proactive in discussing sexual health and supported comprehensive sex education in schools. Ashcraft and Murray (2017) expanded on this by emphasizing that while many parents focus on the risks of sex, those with higher education levels are more likely to include positive aspects of sexuality, such as pleasure and healthy relationships.

Parenting style significantly influences the nature and effectiveness of sex education discussions. Heller (2012) analyzed the relationship between parental attitudes toward school-based sex education and parent-child communication. The study found that authoritative parents—who balance warmth and structure—were more likely to engage in open discussions about sexuality. In contrast, authoritarian and permissive parenting styles were linked to less effective communication, either due to excessive control or lack of guidance.

Cultural stigma and social norms act as barriers to open discussions about sexual education. “Engaging Parents and Caregivers Around Sex Education” (2024) outlines the challenges caregivers face, particularly in communities where discussing sexual health is taboo. The report emphasizes that while some parents recognize the importance of sex education,

societal pressures may prevent them from openly engaging in such discussions. Anbarasi et al. (2019) examined parent-child communication about sexual and reproductive health in India, finding that cultural taboos significantly hinder open conversations, often pushing adolescents to seek information from peers and media. Wamoyi et al. (2013) similarly identified barriers such as parental discomfort, lack of knowledge, and societal expectations, which contribute to adolescents receiving limited or incorrect information about sexual health.

Schalet (2011) provided a cross-cultural comparison between the United States and the Netherlands, finding that American parents generally view teenage sex as a conflict-ridden issue, emphasizing abstinence and restriction, whereas Dutch parents promote open communication and safe sexual experiences. This difference in cultural attitudes illustrates how deeply ingrained societal norms shape parental approaches to sexual education. Rispens et al. (1996) supported this perspective by examining Dutch parenting practices, highlighting how a more open approach to discussing sexuality can result in healthier communication and better-informed adolescents.

Caregivers' cultural backgrounds and their level of acculturation also play a crucial role in shaping attitudes toward "the talks." Frimpong (2024) examined how acculturation affects immigrant parents' perceptions of sexual education, finding that many parents from sub-Saharan Africa struggle to discuss sexuality due to cultural taboos and fears that such conversations may encourage promiscuity. However, immigrant families that assimilate into Western cultures tend to become more open to discussing sexual health over time.

The gender of the caregiver also affects both the frequency and content of sexual education discussions. A *Reproductive Health Journal* study (2022) explored parental approaches to educating adolescent boys about sexuality, finding that fathers were less likely than mothers to discuss sexual health topics in depth, often limiting their discussions to warnings rather than providing comprehensive education. This highlights the impact of traditional gender roles on how parents educate their children about sex.

To summarize, the way children receive "the talks" is profoundly shaped by their caregivers' backgrounds. Religious beliefs often lead to an emphasis on abstinence and morality, sometimes at the expense of comprehensive discussions. Higher educational attainment is associated with more open and informative conversations, while parenting styles determine the

effectiveness of communication. Cultural norms and stigma act as barriers, preventing some caregivers from engaging in meaningful discussions about sexual health. Cultural background and the gender of the caregiver further influence how and what children learn about sex.

Despite the extensive research on how caregivers' backgrounds influence "the talks," there are still gaps that need further exploration. One notable gap is the impact of family size and structure on how children receive and process sexual education discussions. Larger families may present different communication dynamics than smaller ones, with older siblings possibly acting as intermediaries or alternative sources of information. Additionally, single-parent households or multigenerational families may have unique challenges and approaches to sex education that are not yet well-documented. Another significant gap is the lack of research focusing on the children's perspectives—most existing studies emphasize how caregivers give the talks, but fewer explore how children interpret, internalize, and respond to these discussions. Understanding how children process and react to sexual education talks could provide deeper insights into their effectiveness and potential improvements. Addressing these gaps would contribute to a more comprehensive understanding of the parent-child dynamic in sexual education and lead to more effective, culturally sensitive, and developmentally appropriate interventions.

Methods

This study analyzes how caregiver backgrounds influence children's reception of sexual education talks. The data for this research were collected through in-depth, semi-structured interviews conducted as part of an undergraduate sociology course (SOCY.062-WGSS.33.07 Love, Romance, Intimacy and Dating) at Dartmouth College in Winter 2025. Each of the 25 students in the course conducted one interview, with one student conducting two more, resulting in a dataset comprising diverse personal narratives regarding dating, relationships, and sexuality. The study employs qualitative methods to examine patterns in how participants recall, interpret, and react to discussions of sexual education with their caregivers.

Interviews were conducted following a structured but flexible guide that covered various themes, including early sex education experiences, dating practices, and perceptions of relationships. The interview structure allowed for open-ended responses while maintaining

consistency across participants. Students first administered a socio-demographic questionnaire to collect information on participants' sex, gender, race/ethnicity, sexuality, class year, place of upbringing, athletic and Greek life affiliation, international status, relationship status, religious upbringing, current religious beliefs, and parental background (education, occupation, and marital status).

Participants were informed about the purpose of the study and assured confidentiality. All identifying information was removed from transcripts to protect participants' anonymity. Interviews were recorded with consent, and students were trained in active listening techniques to ensure that conversations remained conversational and flowed naturally. The interviews ranged from 40 minutes to 2 hours, allowing participants to reflect deeply on their experiences and provide nuanced narratives.

The interview sample reflects a diverse cross-section of Dartmouth undergraduate students, representing a range of backgrounds in terms of race/ethnicity, gender identity, sexuality, and family experiences. Among the 27 participants, 21 are domestic students (77.8%) and 6 are international students (22.2%). The sample includes 14 White students (51.9%), 5 Asian-American students (18.5%), 3 Hispanic students (11.1%), 2 Black students (7.4%), 2 biracial or mixed-race students (7.4%), and 1 Middle Eastern student. Gender representation includes 11 men (40.7%), 14 women (51.9%), and 2 genderqueer/nonbinary individuals (7.4%). Sexual orientations are varied, with 13 identifying as straight (48.1%), 10 as bisexual, 2 as queer, and 2 as gay. Participants span class years from 2025 (senior) to 2028 (first-year), with the majority being juniors and seniors. Religious backgrounds also vary, with many participants raised in religious households (Christian, Muslim, Hindu), though their current beliefs range from devout to agnostic or nonreligious. Socioeconomic diversity is evident in parental education and occupations, with some coming from highly educated families (PhDs, MDs, and business professionals), while others have caregivers with high school or bachelor's degrees working in fields such as education, healthcare, and the service industry. Compared to Dartmouth's overall undergraduate demographics from the Dartmouth undergraduate admissions website, the sample underrepresents all People Of Color categories and men but overrepresents women. Additionally, the sample includes a higher proportion of students identifying as bisexual or queer than national averages, which may reflect a greater willingness among these individuals

to engage in discussions about sexuality. These differences suggest that while the sample provides valuable insights, certain perspectives—particularly those from underrepresented racial groups and international students—may be less prominent in the dataset, potentially shaping the study’s findings.

Participants were recruited through a peer-enrollment method, where each student interviewer selected a Dartmouth student to participate. This method facilitated access to respondents willing to engage in open conversations about personal topics. While this approach ensured that interviews were conducted in a comfortable peer setting, it also introduced a selection bias favoring students with social ties to the interviewers. Consequently, the sample may overrepresent particular social demographics, such as students more willing to discuss sexuality and relationships.

Having multiple interviewers instead of a single researcher conducting all 27 interviews introduces both strengths and limitations. A key strength is the diversity of interviewer perspectives, which may allow for a wider range of responses, as different interviewers may establish rapport with different kinds of participants. This approach also reduces interviewer fatigue, ensuring that each interview remains engaged and attentive. Additionally, having multiple interviewers recruit participants increases the diversity of the sample compared to a single researcher selecting only people they know, which might otherwise lead to a more homogeneous group. However, this method can also introduce variability in data collection, as individual interviewers may differ in their questioning styles, follow-up prompts, and interpretations of responses. While the structured interview guide helps maintain consistency, slight differences in tone, emphasis, or probing questions could lead to variations in the depth and detail of responses across participants. These inconsistencies may pose challenges when comparing responses, potentially affecting the uniformity of data analysis.

To uphold ethical standards, participants were given the right to refuse to answer any question, withdraw from the study at any point, or request that their data be excluded from the final dataset. Interviewers followed strict confidentiality protocols, stripping transcripts of any personal identifiers. Additionally, students were encouraged to interview peers who were not their close friends to minimize the risk of bias or discomfort. Given the sensitive nature of the

topics discussed, interviewers were trained to navigate emotionally charged responses with empathy and discretion.

One key strength of this methodology is the depth of qualitative data collected, offering rich narratives that reveal how caregiver backgrounds shape students' perceptions of sexual education. The peer-interview format facilitated candid discussions, as participants may have felt more comfortable sharing personal experiences with fellow students rather than with faculty or professional researchers. However, this method also presents limitations. The sample is not fully representative of Dartmouth's entire student body, and the recruitment method may have led to an overrepresentation of individuals from similar social backgrounds. Additionally, because interviewers were undergraduate students, the depth of probing and consistency in questioning may have varied. Some questions were not explicitly asked during the interviews, which means that it is unclear whether the interviewees who did not mention certain topics had actually experienced them or simply did not choose to bring them up. This introduces uncertainty in interpreting the completeness of the data. Lastly, key demographic features such as family size, cultural background, and country of origin were not included in the demographic questions, thereby leaving out potentially significant factors that could have provided further insight into the participants' experiences. These gaps limit the scope of the study and may have excluded relevant variables that could have influenced the reception of sexual education talks.

Despite these limitations, the dataset provides valuable insights into the intersections of family background, education, and sexuality. By analyzing these narratives, this study seeks to illuminate the role of caregivers in shaping children's reception of sexual education and the lasting effects of these early discussions on their views about relationships and intimacy.

Results

1. Students Raised in Religious Households Are More Likely to Be Exposed to Sexual Education from Their Caregivers

One of the key findings of this research is that students raised in religious households are more likely to be exposed to sexual education from their caregivers, though the percentage of students who reported receiving such education is relatively low for every demographic category. Approximately 42.86% of the participants from religious households mentioned sexual education in their interviews, a percentage higher than that found among all interviewees (52.00%). However, the overall percentage of interviewees across all demographics who mentioned receiving sexual education from their caregivers was 46.15%, indicating that religious upbringing may have some influence on exposure, but it does not guarantee comprehensive sexual education.

This finding partially aligns with the work of Regnerus (2005), who found that religious beliefs often promote moral teachings about sexuality rather than comprehensive sexual education. Many students who reported receiving education from religious caregivers described minimal, often safety-related discussions. This suggests that while religious caregivers may talk about sexuality, it is often from a moral or protective standpoint rather than focusing on broader sexual health or relationship education. However, the fact that religious parents actually engage in “the talks” more is not directly apparent, at least to me.

2. Religious Students Are More Likely to Receive Sexual Education from Delegated Resources Such as Schools or Churches

Another significant finding from the data is that students raised in religious households are more likely to receive sexual education through external resources such as schools or churches rather than direct talks with their caregivers. 75% of the students who mentioned that they were exposed to such delegated sources of sexual education were raised religious, suggesting a trend where religious parents may prefer to delegate the responsibility of providing sexual education to institutional settings.

This observation mirrors Regnerus (2005), who found that highly religious parents often rely on external organizations, such as schools or religious groups, to teach their children about sexual health. This practice is also evident in the interviews, such as Interview 13, where a student mentioned, “It was basically just like the ‘talk’ but sponsored by the church, so parents didn’t have to do it.” This reliance on external resources can limit the depth of communication

between parents and children about sexuality, potentially resulting in an incomplete or morally limited understanding of sexual health.

3. Religious Students Whose Caregivers Have Only High School Degrees Are More Likely to Receive Safety-Related Talks

For students whose caregivers are religious and have only high school education, there is a higher likelihood that the sexual education they receive will be limited to safety-related discussions. 28.57% of religious students with a high school degree mentioned receiving talks that focused on the risks of sex, particularly around safety issues such as condom use. This percentage is notably higher than the 24.00% of all interviewees who mentioned receiving similar talks.

This finding supports the research of Haglund (2008), who found that religious parents, particularly those with lower levels of education, tend to focus primarily on issues of safety, such as the prevention of pregnancy or sexually transmitted infections (STIs), rather than offering broader sexual education. Interviewee 10 said: “The long answer is the only conversation I ever had about that was with my uncle and it was more about sex, which is always just a condom. That was my only talk.” Interview 4 also exemplifies this trend, with one interviewee describing the only conversation they had as being about “just a condom,” with no further elaboration on relationships or emotional aspects of sexuality. The research also aligns with Stokes and Regnerus (2009), who highlighted how the lack of comprehensive communication from religious caregivers often leaves adolescents with a limited understanding of sexual health and relationships, often focusing only on the risks associated with sex.

4. Religious Students Whose Caregivers Have Master's Degrees or Higher Are More Likely to Be Constrained by Hard Age Limits

Another theme emerging from the data is that students raised in religious households with caregivers holding advanced degrees (master's or higher) are more likely to experience strict age limits on dating and sexual activity. 100% of students who brought up explicit age limits in “the talks” that they received were raised religious and with parents who have master's degrees or higher, reflecting a tendency among highly educated religious caregivers to enforce age-related

restrictions on their children's sexual behavior. This was especially evident in interviews 7, 9, and 25, where caregivers set hard boundaries, such as “no dating until you're 16” or “don’t do it until you're married.”

This finding contradicts some of the conclusions in the literature, particularly those of Schalet (2011), who suggested that parents in more liberal, sex-positive cultures (like the Netherlands) may be less likely to impose such strict restrictions. However, this study found that highly educated religious parents are likely to emphasize moral teachings about the right time for sexual activity, which includes clear age-based restrictions, as seen in the students' experiences.

5. Students Whose Caregivers Have Master's Degrees or Higher Are More Likely to Receive Friendly or Positive Talks

Students whose caregivers have master's degrees or higher are more likely to experience non-intimidating and friendly discussions about sexual health and relationships. All students who mentioned receiving relaxed, open conversations about sex have caregivers holding advanced degrees. These talks are often characterized by a sense of comfort and understanding, which contrasts with the more guarded or safety-focused discussions in other demographics. This is evident in interviews 2 and 5, where students recalled their caregivers as being supportive and positive, as one interviewee noted, “they were pretty understanding and chill about sex growing up.”

The data also reveals that students whose caregivers have master's degrees or higher are more likely to perceive their sexual education talks as positive experiences. 25.00% of these students mentioned receiving educational experiences they regarded as affirming and comprehensive, compared to 16.00% across all demographics. These students reported positive feelings about the discussions, with some describing them as informative and empowering. Interviews 5 and 17 highlight this dynamic, with students recalling open discussions that included topics like consent and responsible sexual practices, reinforcing the notion that educational background correlates with a more positive and supportive approach to sexual health education. Quoting interviewee 5:

“They bought this book that was, like, made for, like, teaching young kids about what sex is and stuff like that. It was like a very sex positive book. And it, like,

included all the different ways that all kinds of different people have sex, all kinds of different families. It's a great way to learn about all that stuff. And it was always, it was never seen as, there's no shame about anything that was done in that talk. It was very much like masturbation was, like, just addressed as something people do and encouraged. And all forms of sex were seen as very positive as long as they were done safely and at a responsible age.”

This finding is consistent with the work of Jin (2021) and Ashcraft and Murray (2017), who found that highly educated parents tend to approach sex education in a more supportive and positive manner, integrating discussions about healthy relationships, sexual pleasure, and consent.

7. Students Whose Caregivers Have Master's Degrees or Higher Are More Likely to Receive Education on Choosing a Partner or What Sex Means

Students whose caregivers hold master's degrees or higher are also more likely to receive guidance on relational and emotional aspects of sex, such as choosing a partner or understanding the meaning of sex. 60.00% of students receiving such guidance come from such highly-educated families. These talks often went beyond the physical aspects of sex to address emotional readiness, healthy relationships, and mutual respect.

This finding is consistent with the work of Ashcraft and Murray (2017), who emphasized that highly educated parents are more likely to present a comprehensive view of sexuality, which includes not only physical safety but also emotional readiness and healthy relationships. Interviewee 1 recalled that their parents emphasized the importance of emotional readiness and trust in relationships before engaging in sex. Interview 5, 13, and 17 all mentioned that their parents emphasized the importance of bonding, trust, and love in sex.

8. Students Whose Caregivers Have Master's Degrees or Higher Are More Likely to Grow Up Thinking Virginity Is Not Important

A notable theme emerging from the data is that students whose caregivers have advanced degrees are more likely to grow up with a view that virginity is not a significant concept. 80% of these students having a more progressive view of sexuality where virginity was not seen as a defining or important factor in relationships or sexual activity come from this background. This

contrasts with the more traditional views often found in religious households, where virginity is frequently emphasized.

This finding diverges from the more traditional perspectives observed in religious households, where virginity is often viewed as a moral standard or a rite of passage. This contrast supports Schalet's (2011) findings that cultural differences, including educational and religious backgrounds, influence how parents approach sexuality and virginity.

9. Religious Students Are More Likely to See Their Caregivers as Available Resources for Questions or Conversations about Sex

Finally, religious students are more likely to view their caregivers as approachable and available for discussions about sex. 21.43% of religious students mentioned that they felt comfortable asking their caregivers questions or engaging in conversations about sexual health, compared to 12.00% of all interviewees. It is also worth mentioning that all interviewees who expressed this sentiment were raised religious and received at least some amount of sexual education from their caregivers. This suggests that despite the limited nature of sexual education in religious households, there is a sense of openness regarding discussing sexual health, especially when questions arise.

This finding resonates with Stokes and Regnerus (2009), who found that when religious parents are willing to engage, they can offer valuable support and guidance. Interviews 11, 13, and 17 exemplify this, with students recalling feeling comfortable discussing their romantic and sexual experiences with their caregivers, even if those discussions were limited in content. However, Stokes and Regnerus (2009) found that religious discordance between parents and adolescents often resulted in limited or avoided conversations about sexual health, particularly when adolescents diverged from their caregivers' religious beliefs. 66.7% of the interviewees who trusted their caregivers as available and reliable resources actually diverged to become not religious. This brings a new light on how Dartmouth students built trust and dependence on their caregivers even when they have diverging beliefs.

Conclusion

This study provides valuable insights into the ways that caregivers influence the sexual education experiences of their children, particularly within the context of religious households. The findings highlight several key themes, including the tendency of religious parents to delegate sexual education to external sources, the focus on safety-related discussions, and the strong influence of educational background on the tone and content of sexual education talks. It also reveals how caregivers with higher levels of education are more likely to engage in open, supportive discussions about sexuality and relationships, which contrasts with the more limited or moralistic approaches observed in some religious households.

While the study underscores the importance of family background in shaping sexual education, it also suggests that broader cultural, educational, and institutional factors play a significant role in how young adults perceive and navigate issues related to sexuality. The findings generally support existing literature on the influence of religious beliefs and educational attainment on sexual education, but they also offer new perspectives on how these factors intersect and shape adolescents' understanding of sex and relationships.

However, the limitations of this study, including the absence of certain demographic variables and the reliance on self-reported data, mean that these conclusions should be interpreted with caution. Further research, particularly studies that explore the nuances of family dynamics, cultural backgrounds, and institutional influences, would help to provide a more comprehensive understanding of sexual education in different contexts. Ultimately, this study contributes to the growing body of literature on the role of caregivers in sexual education, emphasizing the need for more inclusive and holistic approaches to addressing young people's sexual health and well-being.

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Appendix

I. Relevant Sections from Interview Guide

The following sections of the interview guide were particularly relevant to this study:

- **The Talk**

- Did your parents or caregivers talk to you about dating, sex, or relationships before coming to college? Tell me a little bit about that experience. Who? What? Where? When? Was it useful? Affirming? Alarming? Painful?
- Did you have sex education in school before coming here? Tell me a little bit about what that experience was like.
- Where else did you get your information about sex, dating, relationships other than parents or school?
- Was there any particular topic or set of topics you wish had gotten more information about before coming here?
- Finally, was virginity something that your family or caregivers spoke to you about growing up? Was this important to you? What were some of the messages you received growing up about this? Either from family, friends, or the culture writ large?
- What beliefs or thoughts did you have growing up about virginity? And how have they changed since coming to Dartmouth? How do you think these beliefs affected your choices around dating and sex?

- **Love**

- Can you tell me about any role models or “scripts” that you consider when thinking about picking a romantic partner or partners? For example, the ideal type of partner, the ideal sequence of events, relationship milestones, or the ideal type of relationship...

II. Coding

The second-level tags are the variables I have. Eg. “Sporadic conversations”

- Nature of the sex talks
 - Sporadic conversations
 - parents or guardians never have long, formal, sit-down conversations and instead have sporadic conversations
 - Uncomfortable talk
 - The kid does not feel comfortable with having the talks or the content of the talks
 - Chill talk
 - The parents have chill talks
 - Encouraging but not meaningful
 - Absence of sex talk
 - Parents never had the talk
 - effective talk
 - The kid finds the talks effective
 - shift as kid grows up
 - The talks change in frequency, nature, or content as the kid grows up
- Content of the sex talks
 - Choices and values
 - How to determine who you should sleep with
 - When do you know you are ready
 - Virginity does not matter
 - The parents do not put much emphasis on virginity
 - prying parents
 - The parent wants to know what's going on in their kid's personal and sexual life
 - Positive talk
 - The talk consists of positivity (eg. sex is good and pleasurable)
 - Not just safety
 - hard age limit
 - The talk involves a hard age limit of sexual behaviors
 - Respect and consent

- The talk involves having respect and giving consent
- Safety
 - The talk involves safety and protection
- abstinence talk
 - The talk emphasizes abstinence-only
- pushy parents
 - The parents encourage and even push their kids to have sex / sexual encounters
- Parental influences
 - parents as role models
 - The kid looks up to their parents as role models for love
 - lack of parental watch = freedom
 - The kid believes that they have more freedom (in college) when their parents are not around
 - Parents as available resources
 - The kid sees their parents as available resources
- Reasons for no talk
 - Child felt no need
 - The kid expresses that they feel no need to talk to their parents
 - delegated talk
 - The parents feel like they don't need to have the talk because they have delegated the responsibility to other people (eg. siblings, church)
 - parents feel no need
 - The parents feel like they don't need to have the talk (excluding the delegation scenario)

III. Coding statistics

