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Sexual Dysfunctional Beliefs of Romanian Women (Mothers and Daughters): An Intergenerational Approach

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Abstract

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This study investigates the differences between Romanian mothers and daughters (61 dyads) regarding sexual dysfunctional beliefs (SDF) and their associations with religion, religiosity and residence (rural, urban). Each individual (mother, daughter) filled in the Sexual Dysfunctional Beliefs Questionnaire (Nobre, Gouveia & Gomes, 2003), as well as demographic questions. Mothers significantly endorsed almost all SDF more than did daughters. The SDF endorsement was associated with religiosity and rural residence, but not with religion orientation. In addition, mothers and daughters differed in the correlations between the SDBQ subscales and religiosity. Together, these results provide preliminary support for the development of more efficient sexual education tools, i.e. sexuality programs for adult population. Further research is needed to better understand the role mother-daughter relationship and the attachment style have on SDB and the way the latter impact marital satisfaction. Our results hold some practical relevance in the area of sexual education in Romania, as well as in the area of family interventions.

Keywords: Sexual dysfunctional beliefs; mother-daughter dyads; religion; sexuality education.

1. Introduction

Cultural inheritance, social norms and mass-media influence behavioral responses to sexuality, in terms of attitudes and behaviors (Ward, 2003, Bleakley, Hennessy, Fishbein, & Jordan, 2009). Cultural inheritance consists of a combination of religious beliefs and traditional values (Ellison and Levin, 1998). A decisive factor in the growth and development of an individual's sexuality is the attitude towards sexuality within the culture in which the individual develops (Hendrickx, Lodewijckx, Royen,

Denekens, 2002; Sungur, 1999), which can be suppressive of sexuality, limiting it or supportive of it (Marshall Cavendish Corporation, 2010). Cultural factors, like social attitudes and norms, traditional behaviors and beliefs and religious beliefs are considered as potential sources of sexual problems (De Silva and Rodrigo, 1998), but also age, cultural level and education can play an important role in the variation of attitudes concerning sexuality (Kukulu, 2009).

The relationship between parent-child, especially between mother and daughter, is considered important for sexuality development for several reasons: mothers are the primary caregivers (Shannon & Shaw, 2008), are the most important model for their daughters (Chodorow, 1989) and their experiences and perceptions affect daughters' perspectives (Bergman & Fahey, 1998; Sholomskas & Axelrod, 1986). During their lifetime, mothers and their adult daughters frequently share a deep bond, involving closeness, intimacy, and support (Rossi, 1993; Cochran, 1985), with interdependence and emotional connection being found as higher in mother and daughter relationship than other types of social dyads (Fischer, 1991). There is evidence for a significant link between the attitudes of children and their parents (Smith, 1983, Starrels, 1992), but in times of great social changes, this relationship might become less significant or even problematic, due to younger generations possibly parting ways with their elders in beliefs, values, and behavior.

From a cognitive theory perspective, there are two different levels of beliefs – a more nuclear and unconditional one (core-belief) and a more intermediate and conditional one (usually known as attitude or conditional belief) (Beck, 1996). While core-beliefs are self-schemas less available to the conscience that also work in a more automatic and tacit way, conditional beliefs are more accessible to the conscience and usually presented in an "if ... then" basis (Beck, 1996). Conditional beliefs develop following learning processes and life experiences and play a pivotal role in the activation of the cognitive schemas, stipulating the rules or conditions for their inducement (Beck, 1996). In the case of sexual beliefs, they enclose rules that stipulate the way subjects assign meaning to sexual events. In definite sexual unsuccessful experiences, sexual beliefs would most probably facilitate the activation of cognitive schemas, which, once activated, would elicit a systemic structure composed by thoughts, emotions and sexual response. An example of this situation is "the sexual belief (a man who fails to obtain an erection is a failure) would facilitate the activation of negative self-schemas (I'm incompetent) whenever an erection difficulty occurs. This negative self-schema, once activated, would elicit negative automatic thoughts (I'm not able to satisfy my partner, I will never be the same again) and negative emotions (sadness, disillusion, etc.), impairing the sexual response." (Nobre, Gouveia & Gomes, 2003, p. 173). Taking into consideration the above-mentioned facts, in our study, sexual beliefs are conceptualized as cognitive vulnerabilities to sexual dysfunction. Also, these beliefs or ideas regarding sexuality and sexual expression guide sexual behavior, and are used in interpretation of sexual events.

The most common cited etiologic causes of female sexual dysfunction are beliefs about the role of affection in sex (Tevlin &Leiblum, 1983), body-image beliefs (Lo Piccolo & Friedman, 1988; Rosen & Leiblum, 1995), religious beliefs and conservatism (Kaplan, 1979; Masters & Johnson, 1970) and fear of intimacy and losing control (Kaplan, 1979; Lo Piccolo & Friedman, 1988; Rosen &Leiblum, 1995).

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Although previous studies have shown the relationship between sexual satisfaction and overall relationship satisfaction, given the importance of the mother-daughter relationship and the process of intergenerational transmission of attitudes (Cunningham, 2001, Farré, & Vella, 2013), not much has been explored about aspects of the cultural transmission of sexual beliefs. In this regard, our study seeks to find the influence of religion, religiosity (RGT) and residence on sexual dysfunctional beliefs and their intergenerational transmission among Romanian women. Romania is known as a country that has experienced a major social change with the 1989 moment marking the transition from a communist regime to a democratic one.

1.1. Aims of the current study

The aims of the current study are: (1) To investigate the intergenerational differences (between Romanian mothers and daughters) regarding SDB, on the following dimensions, i.e. subscales of a standard questionnaire: Sexual Conservatism (SC), Sexual desire and pleasure as a sin (SDPS), Age related beliefs (ARB), Body-image beliefs (BIB), Denying affection primacy (DAP) and Motherhood primacy (MP); (2) To investigate the intergenerational differences regarding RGT (between Romanian mothers and daughters); (3) To investigate the differences in SDB and religiosity between urban and rural Romanian female residents; (4) To serve as support for the development of more efficient sexual education tools for adult individuals.

2. Method

2.1. Participants

One hundred and twenty two Romanian women participated in this study on a voluntary and anonymous basis. The sample was non-random and purposive, including women living in urban or rural areas in Romania, recruited through personal contacts. The sample inclusion criteria were: living mothers (aged 41-65 years) and their adult daughters (aged 20-40 years), ensuring that both mothers and daughters from a dyad answered the questionnaires.

2.2. Procedure and measures

A questionnaire package was given to the participants. The mother-daughter dyad received envelopes with the same numbers and different initials (e.g. 1M – for mother and 1D – for daughter). The Envelopes were numbered this way from 1 to 270. From the total of 270 envelopes given, 61 were returned (22.59%). The demographic questionnaire covered demographic information such as: age; religion; religiosity; marital status and relationship length; number of children; education; household income and residency.

The Sexual Dysfunctional Beliefs Questionnaire (SDBQ) (Nobre, Gouveia & Gomes, 2003) assesses the construct of specific stereotypes and beliefs presented in the clinical literature as predisposing factors to the development of different male and female sexual dysfunctions, in both males and females, from a cognitive-emotional theory point of view. The questionnaire is a 40-item self-reported measure regarding diverse sexual issues on a five point Likert scale (from 1-completely disagree to 5-completely

agree) translated and adapted for the Romanian population within the current research. Religiosity was assessed on a 5-point Likert scale.

2.3. Data analysis

Paired two-tail student t test, Wilcoxon signed rank test and Fisher's exact test were used to assess the statistical significance of differences between the mothers and daughters. Mann-Whitney U test, independent sample t test and ANOVA were used to assess the difference in religiosity and in SDB between rural and urban residents and the effect of religiosity and religion on SDB, respectively. Pearson's product moment correlation and Spearman's rank correlation coefficient were used to assess the relationship between religiosity and SDBQ (also the subscales; Table 1).

Table 1. Differences regarding SDBQ between mothers and daughters

SDBQ	Mothers	Daughters		(*t*)*Z*[a]	(*p*) Asymp. Sig. (2-tailed)
M	76.47	62.6			
SD	15.49	15.17		5.174	0.000
SC					
M	25.38	17.52	D_SC- M_SC	-5.378b	0
SD	5.83	6.22			
SDPS					
M	11.75	9.14	D_SDPS - M_SDPS	-3.959b	0
SD	3.36	3.79			
ARB					
M	12.25	10.42	D_ARB- M_ARB	-3.219b	0.001
SD	3.51	2.92			
BIB					
M	7.93	5.93	D_BIB - M_BIB	-4.826b	0
SD	2.27	1.79			
DAP					
M	10.86	11.25	D_DAP- M_DAP	-1.154c	0.248
SD	2.64	3.13			
MP					
M	10.97	9.5	D_MP- M_MP	-3.735b	0
SD	2.01	2.6			

[a] Wilcoxon Signed Ranks Test
[b] Based on positive ranks.
[c] Based on negative ranks.

3. Results and Discussions

Demographic data indicate that mothers were significantly older than their daughters (Z = -6.74, p = .000), had longer relationships (Z = -6.54, p = .000), more children (Z = -6.67, p =.000) and scored higher for religiosity (Z = -3,873, p = .000). There was no significant difference in the household income level (Z = -93, p = .35). There were more mothers than daughters living in the rural area (p = .00) and the religions of mothers and daughters differed (p = .00), but there was no difference regarding marital status and education between mothers and daughters (p = .67 and p = .25, respectively).

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Cronbach's alpha for SDBQ showed a high internal consistency (α = .906), but when we analyzed each dimension, a relative discrepancy was observed in its consistency, with Cronbach's alpha statistic ranging between 0.50 (for DAP) and 0.87 (for SC). Also Cronbach's alpha for MP had a lower value (α= .52), results in accordance with Nobre, Gouveia & Gomes (2003). For SDPS, ARB and BIB subscales, the results were as follows: SDPS α = .82, ARB α = .75, BIB α = .63.

Mothers (M = 76.84, SD = 15.36) presented significantly more SDB than their daughters (M = 62.55, SD = 15.41), $t(57) = 5.174$, p = .00 Cohen's d: 0.68. SC, SDPS, ARB and BIB subscales of SDBQ presented statistically significant higher values for mothers than for daughters, while MP subscale presented a higher value for daughters, while for DAP, although presenting a higher value for the mothers, the difference was not statistically significant (Table 1). The values of SDB and also each subscale pertaining to the whole population are similar to the ones obtained by Miclutia, Popescu & Macrea, 2008) (data not shown).

The result of mothers having more sexual dysfunctional beliefs could be explained, as since the beginning of their adolescence and maybe even more into their adult sexual lives these women had lived in the communist regime (before the year 1989), compared to their daughters, who lived in the democratic regime most of their adolescent and adult lives. The communist totalitarian regime did not allow for abortion and made contraceptive use almost inaccessible as it controlled demography for "the good of the socialist nation" (Anton, 2009; David & Baban, 1996; Berelson, 1979).

Also, sex norms of that period "located pleasure in the marital couple rather than in the individual, defining 'normal sexuality' as heterosexual and privileging its collective significance as an act for reproduction over the experience of pleasure by an individual" (Biebuyck, 2010, p. 49), thus creating the proper ground for the development of sexual myths, hence sexual dysfunctional beliefs. During the democratic regime, after the collapse of communism in 1989, the religion has played an increasingly important role in Romanian political and social life, as the Orthodox church, the country's most important religious denomination, exerts a considerable sway on local politics (Turcescu & Stan, 2005). Also, the values of gender rights and feminism are lagging behind other concepts such as democracy, human rights, civil society, and political institution building in post-communist Romania (Roman, 2001). Taking the above-mentioned information into consideration, it is not a surprise to find sexual dysfunctional beliefs in mothers. There was not a significant effect of religion on SDB at the $p < .05$ level for the six conditions $F(5, 112) = 1.694$, p = .14, as, in general, religious-based education complemented by the cultural background promote conservative beliefs towards sexuality (Peixoto & Nobre, 2014).

There was a significant effect of religiosity for the whole sample on SDB at the $p < .05$ level for the five conditions $F(4, 113) = 8.382$, p = .00, ηp^2 = .229. Post hoc comparisons using Bonferroni test indicated that the mean score for the very religious (M = 83.43, SD = 20.38) was significantly different than the mean score for the moderately non religious (M = 58.44, SD = 13.79) and for the not religious at all (M = 55.54, SD = 11.22). Also, the mean score for the moderately religious (M = 76.33, SD = 15.49) was significantly different than for the moderately non religious and for the not religious at all. The mean score of SDB for the neither non religious nor religious (M = 70.98, SD = 15.27) was significantly different than for the moderately non religious and for the not religious at all, as well.

However, the moderately non religious condition did not significantly differ from the not religious at all condition, as well as the moderately religious from the neither religious nor religious and the very religious from the moderately religious or the neither religious nor religious conditions. These results are in accordance with literature (Reiss, 1967, Ahrold, Farmer, Trapnell, & Meston, 2011, Brelsford, Luquis, & Murray-Swank, 2011), where religiosity was found to be associated with more conservative sexual attitudes.

People living in rural areas (M = 76.91, SD = 17.52) present significantly more SDB than people from urban areas (M = 67.65, SD = 16.27) $t(116) = 2.41$, $p = .17$ Cohen's d: 0.55, fact that could be explained by the higher number of mothers that live in rural areas. Also, Balanean (2012) showed that the level of education and place of residence were associated to dysfunctional beliefs in the Romanian females with ages 18 - 25 years, fact that the author partially explained by the more prevalent gender stereotypes in rural areas and among low socio-economic status Romanian families and the low access to efficient sexual education tools.

There is no significant difference in religiosity between the rural (M = 3.36 SD = .95) and urban (M = 2.92, SD = 1.06) residents, as shown by Mann-Whitney U test results (U = 902, p = .053), result supported also by Rusu & Turliuc (2011).

We tested for correlation between SDB and religiosity and found that, in the entire population, there is a medium positive correlation between them (r_s = .455, p = .00), but a smaller correlation for the mothers (r_s = .271, p = .039) than for the daughters (r_s = .479, p = .00). Religiosity has been previously shown to co-vary with age and sexual attitudes, as older adults and believers were shown to be less permissive than young people and nonbelievers, regardless of the participants' educational level (Le Gall, Mullet, & Shafighi, 2002). Also, while for the mothers there is no statistical significant correlation between RGT - BIB and RGT – MP, for the daughters these values are positively correlated (r_s = .532, p = .00 and r_s = .456, p = .00, respectively). Balanean (2012) showed that ARB and BIB got the highest scores in Romanian youth, results different from Nobre's samples (Nobre & Pinto-Gouveia, 2006), where SC usually gets the highest scores and BIB the lowest.

The difference could be explained by the religious education the daughters received in school and also the free access to religious resources, in opposition with the mothers, who did not receive religious education in school during the communist regime (1945-1989) and also lived the strict religious restrictions imposed by the latter (Stan & Turcescu, 2007). Another difference between mothers and daughters is represented by the lack of correlation between DAP – SDPS and DAP – ARB in daughters and the presence of a positive, although small correlation between these in mothers (r_s = .312, p = .02 and r_s = .274, p = .04, respectively).

4. Conclusions

The current paper analyzed the influence of religion, religiosity and residence on sexual beliefs and the differences between mothers and daughters. The results show that mothers endorsed five of six sexual dysfunctional beliefs assessed in this study more than did their daughters (DAP was the only subscale that did not differ). Endorsement of these beliefs was associated with religiosity and rural

residence, but not with religion. Mothers and daughters also differed in the correlations between the SDBQ subscales and, respectively, religiosity, results that could be explained by the different religious context that they lived in.

Together, these results provide preliminary support for the development of more efficient sexual education tools, i.e. sexuality programs for adult population. Further research is needed to better understand the role mother-daughter relationship and the attachment style have on SDB and the way the latter impact marital satisfaction. Our results hold some practical relevance in the area of sexual education and family interventions. A possible next step in our research is to use these results in developing programs destined to inform people on sexuality in order to diminish, as much as possible, sexual myths and, also, in promoting more positive attitudes towards mature sex, especially given the ageist beliefs' impact on relationships and the fact that they endured, despite a greatly improved physiological and psychological understanding of sexuality, and despite increasingly effective treatments for sexual dysfunctions.

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References

Ahrold, T. K., Farmer, M., Trapnell, P. D., & Meston, C. M. (2011). The relationship among sexual attitudes, sexual fantasy, and religiosity. *Archives of sexual behavior, 40*(3), 619-630.

Anton, L. (2009). On Memory Work in Post-communist Europe: A Case Study on Romania's Ways of Remembering its Pronatalist Past. *Anthropological Journal of European Cultures, 18*(2), 106-122.

Bălănean, R. (2012). Postmodern psycho-social influences on the dysfunctional sexual beliefs of the Romanian youth. *Procedia-Social and Behavioral Sciences, 31*, 714-718.

Beck, A. T. (1996). Beyond belief: A theory of modes, personality, and psychopathology. In P. Salkovskis (Ed.). *Frontiers of cognitive therapy* (pp. 1-25). New York: Guilford Press.

Berelson, B. (1979). Romania's 1966 anti-abortion decree: The demographic experience of the first decade. *Population Studies, 33*(2), 209-222.

Bergman, A. & Fahey, M. F. (1998). Love, admiration, and identification: On the intricacies of mother daughter relationships. In G. H. Fenchel (Ed.), *The mother-daughter relationship: Echoes through time* (pp. 7–28). Northvale, NJ: Jason Aronson Inc.

Biebuyck, E. K. (2010). The Collectivisation of Pleasure: Normative Sexuality in Post-1966 Romania. *Aspasia, 4*(1), 49-70.

Bleakley, A., Hennessy, M., Fishbein, M., & Jordan, A. (2009). How sources of sexual information relate to adolescents' beliefs about sex. *American Journal of Health Behavior, 33*(1), 37.

Brelsford, G. M., Luquis, R., & Murray-Swank, N. A. (2011). College Students' Permissive Sexual Attitudes: Links to Religiousness and Spirituality. *The International Journal for the Psychology of Religion, 21*(2), 127-136.

Chodorow, N. (1989). *Feminism and psychoanalytic theory*. New Haven, CT: Yale University Press.

Cochran, M. H. (1985). The mother-daughter dyad throughout the life cycle. *Women and Therapy, 4*(2), 3-8.

Cunningham, M. (2001), The Influence of Parental Attitudes and Behaviors on Children's Attitudes Toward Gender and Household Labor in Early Adulthood. *Journal of Marriage and Family, 63*(1), 111–122.

David, H. P., & Baban, A. (1996). Women's health and reproductive rights: Romanian experience. *Patient Education and Counseling, 28*(3), 235-245.

De Silva, P., Rodrigo, W. (1998): Sex therapy in Sri Lanka—development, problems and prospects. *Int. Rev. Psychiatry 1998*(7), 241–246

Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. *Health Education & Behavior, 25*(6), 700-720.

Farré, L., & Vella, F. (2013). The intergenerational transmission of gender role attitudes and its implications for female labour force participation. *Economica*, *80*(318), 219-247.

Fischer, L. R. (1991). Between mothers and daughters. *Marriage and Family Review, 16*(3-4), 237-248.

Hendrickx, K., Lodewijckx, E., Royen, P.V., Denekens, J.: (2002) Sexual behavior of second generation Moroccan immigrants balancing between traditional attitudes and safe sex. *Patient education and counseling, 47*(2), 89-94.

Kaplan, H. (1979). *Disorders of sexual desire: and other new concepts and techniques in sex therapy*. New York: Brunner Mazel.

Kukulu, K., Gürsoy, E., & Sözer, G. A. (2009). Turkish university students' beliefs in sexual myths. *Sexuality and Disability, 27*(1), 49-59.

Le Gall, A., Mullet, E., & Shafighi, S. R. (2002). Age, religious beliefs, and sexual attitudes. *Journal of Sex Research, 39*(3), 207-216.

LoPiccolo, J., & Friedman, J. (1988). Broad spectrum treatment of low sexual desire: Integration of cognitive, behavioral and systemic therapy. In S. Leiblum & R. Rosen (Eds.), *Sexual desire disorders*. New York: Guilford Press.

Marshall Cavendish Corporation. (2010). *Sex and Society* (Vol. 3). Marshall Cavendish.

Masters, W. & Johnson, V. (1970). *Human sexual inadequacy*. Boston: Little Brown & Co.

Miclutia, I. V., Popescu, C. A., & Macrea, R. S. (2008). Sexual dysfunctions of chronic schizophrenic female patients. *Sexual and Relationship Therapy, 23*(2), 119-129.

Nobre, P. J., & Pinto-Gouveia, J. (2006). Dysfunctional sexual beliefs as vulnerability factors for sexual dysfunction. *Journal of Sex Research, 43*(1), 68-75.

Nobre, P., Gouveia, J. P., & Gomes, F. A. (2003). Sexual dysfunctional beliefs questionnaire: An instrument to assess sexual dysfunctional beliefs as vulnerability factors to sexual problems. *Sexual and Relationship Therapy, 18*(2), 171-204.

Peixoto, M. M., & Nobre, P. (2014). Dysfunctional sexual beliefs: a comparative study of heterosexual men and women, gay men, and lesbian women with and without sexual problems. *The journal of sexual medicine, 11*(11), 2690-2700.

Reiss IL (1967). *The social context of premarital sexual permissiveness.* Holt, Reinhart, & Winston, New York.

Roman, D. (2001, February). Gendering Eastern Europe: Pre-feminism, prejudice, and east-west dialogues in post-communist Romania. In *Women's studies international forum* (Vol. 24, No. 1, pp. 53-66). Pergamon.

Rosen, R.C. & Leiblum, S.R. (1995). The changing focus of sex therapy. In R. Rosen & S. Leiblum, (Eds), *Case studies in sex therapy* (pp. 3 – 17). New York: Guilford Press.

Rossi, A. S. (1993). Intergenerational relations: Gender, norms, and behavior. In V. L. Bengtson & W. A. Achenbaum (Eds.), *The changing contract across generations* (pp. 191-212). New York: Aldine de Gruyter.

Rusu, P. P., & Turliuc, M. N. (2011). Religiosity and family functionality in Romanian Orthodox religion. *Procedia-Social and Behavioral Sciences*, *30*, 542-546.

Shannon, C. S., & Shaw, S. M. (2008). Mothers and daughters: Teaching and learning about leisure. *Leisure Sciences*, 30, 1-16.

Sholomskas, D., & Axelrod, R. (1986). The Influence of Mother-Daughter Relationships on Women's Sense of Self and Current Role Choices. *Psychology of Women Quarterly, 10*(2), 171-182.

Smith, T. E. (1983). Parental influence: A review of the evidence of influence and a theoretical model of the parental influence process. *Research in sociology of education and socialization*, *4*, 13-45.

Stan, L., & Turcescu, L. (2007). *Religion and politics in post-communist Romania*. New York, NY: Oxford University Press.

Starrels, M. E. (1992). Attitude similarity between mothers and children regarding maternal employment. *Journal of Marriage and the Family,* 91-103.

Sungur, M. Z. (1999). Cultural factors in sex therapy: the Turkish experience. *Sexual and Marital Therapy, 14*(2), 165-171.

Tevlin, H., & Leiblum, S. R. (1983). Sex role stereotypes and female sexual dysfunction. In V. Franks & E. Rothbaum (Eds.), *The stereotyping of women: Its effects on mental health*. New York: Springer

Turcescu, L., & Stan, L. (2005). Religion, politics and sexuality in Romania. *Europe-Asia Studies, 57*(2), 291-310.

Ward, L. M. (2003). Understanding the role of entertainment media in the sexual socialization of American youth: A review of empirical research. *Developmental Review, 23*(3), 347-388.