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The Relationship Between Social Media and Sexuality in Young Adults

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Abstract

Social media has become an important aspect of people's daily lives, but particularly among today's youth. However, it can be challenging to decipher what kind of impact it can have, such as its effects on sexuality. Social media posts and messages are inundated with sexual content that can influence sexuality. This phenomenon was researched in this study with 96 participants as well as the use of two scales, the Bergen Social Media Addiction Scale (BSMAS) and the Sexuality Scale (SS). The results demonstrated a moderate correlation between social media use and sexual depression, as well as social media use and sexual preoccupation, but not between social media use and sexual esteem. This can indicate that the content on sexual media has more of an impact on sexual depression and sexual preoccupation, whereas sexual esteem is less impacted. However, further research would be beneficial for a more extensive investigation.

Keywords: *social media, sexuality, young adults, correlation*

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Introduction

Social media is a concept that many individuals are familiar with. It is defined as a collective of different digital channels and an interactive technology that grants people worldwide the opportunity to create and share information, content, ideas, interests, and other forms of expression (Obar & Wildman, 2015). In addition, it facilitates collaboration, communication, and interaction with other people through virtual communities and networks by the use of a mobile phone or a computer (Lutkevich & Wigmore, 2021). Social media has become an essential aspect of people's daily lives, especially among today's youth, which is why it is important to be aware of how it can influence individuals. However, it can be challenging to predict what kind of impact it can have.

Several studies have been dedicated to investigating the usage of social media, which research shows that in comparison to any other age group, young people from the ages of 18 to 25 are the ones that use networking sites the most, such as *Facebook* and *Twitter* (Aamir, 2018). Furthermore, studies identify an estimation of approximately 3.2 billion people who use the internet (Aamir, 2018). *Facebook*, *Instagram*, *Twitter,* and *WhatsApp* are examples of social networking websites that facilitate communication among individuals and provide an opportunity to advertise different products more efficiently (Aamir, 2018). Moreover, a study revealed how 23% of college students spend 8+ hours on social media daily, 45% spend 6-7 hours daily, 20% spend 2-4 hours, while 12% spend less than 2 hours on social media (Wang, Chen, Liang & Chen, 2011). There is also a gender difference in excessive social media use, where research presents how females are more prone to addiction to social media than males (Bányai, Király, Maraz, Elekes, Griffiths & Demetrovics, 2017).

It is important to consider its impact on different aspects of our lives when considering this data, such as human sexuality. Human sexuality is defined as a term that refers to how human beings experience and express themselves as sexual beings (Cavendish, 2010). It endorses people to relate intimately to themselves and others, and it is a source of pleasure and satisfaction, both physically and psychologically (Cavendish, 2010). The development of human sexuality begins in childhood and continues beyond the reproductive years, where it can

include sex, intimacy, reproduction, sexual identities, and eroticism (Cavendish, 2010). It is influenced by biological, psychological, social, cultural, religious, and other factors. In addition to this, human sexuality is expressed through different means, such as thoughts, desires, attitudes, behaviours, and values (Cavendish, 2010). Considering how social factors, such as family and peer groups, influence sexuality, social media is also a significant factor that must be held into account when considering the sexual socialisation process. Anyone with access to social media will, as a result, have a broader access to pornographic content on the internet, which research shows how it could potentially lead to individuals engaging in risky sexual behaviours (Fevriasanty, Suyanto, Soedirham, Sugihartati & Ahsan, 2014). Pornography rarely portrays safe-sex practices such as condom use during vaginal or anal intercourse and never during oral sex. These risky sexual behaviours can include the practice of non-safe sex, where studies show that sexually explicit media is associated with less condom use, as well as an increased likeliness of intoxication for both the respondent and their partner when engaging in friends with benefits sexual encounter (Henderson, Aaron, Blackhurst, Maddock, Fincham & Braithwaite, 2020).

Moreover, sexual scripts theory is highly relevant to this topic. Sexual scripts are a theory proposed by Simon and Gagnon (1986) that explains it as approved norms related to sexuality that people endorse and embrace, internalised through the socialisation process. It functions as a guideline and script that men and women follow, for which behaviours, emotions and cognitions are considered appropriate when engaging in sexual situations, experiences, and behaviours (Rutagumirwa & Bailey, 2018). Sexual scripts are consequently also influenced by several constructs, including social media, where studies predict sexual content in media contributes to the internalisation of scripts through implicit media exposure (Henderson, Aaron, Blackhurst, Maddock, Fincham & Braithwaite, 2020).

How media can have an impact on sexual behaviour was first examined in a sex education newsletter in 1981, where most depictions of sexual situations portray little regard for sexually transmitted infections, use of contraception, and pregnancy (Olarinmoye, Olarinmoye, Adebimpe & Omisore, 2014). On the other hand, some studies examine the positive impact it can have on sexuality, especially on females (Ward, Day & Epstein, 2006). It is discussed how it can provide information on different issues regarding sexual health, providing outlets for resistance and self-expression, and other portrayals that can function as validation, models, and guides (Ward, Day & Epstein, 2006). However, the study is speculative in some respects and

acknowledges that media's effects are not entirely under personal control. It reveals how media can portray women according to constraining standards, where some are depicted as one-dimensional stereotypes or caricatures (e.g., "the virgin" or "the slut"). Additionally, some suggestions on improving the effects of social media are provided, such as decreasing the portrayals of heteronormative standards and gender roles that restrict the exploration of human sexuality, especially in females (Ward, Day & Epstein, 2006).

Furthermore, there is a phenomenon known as "virgin-shaming," which is when someone is ridiculed for lacking sexual experience and is most common amongst men (Fleming & Davis, 2018). Studies present how sex can often be considered a mark of status or achievement in hegemonic masculinity, and it is common in social spaces that maintain traditionally masculine norms. Additionally, virgin shaming can be utilised as a tool to reaffirm an individual's masculinity and pressure others to engage in sex. Research shows how this can lead to stratification in male groups and sustains male dominance and toxic masculinity in society (Fleming & Davis, 2018). This phenomenon is reinforced through social media, where men are encouraged to engage in sexual activities and can be shamed and made fun of if they do not uphold this standard (Fleming & Davis, 2018). On the other hand, research found that women have a healthier view of what is appropriate for a relationship, with a healthy perception of consent (Baldwin-White & Gower, 2021).

It has also been revealed how women are more likely to value their partner's desire for sex than their own. These types of attitudes and existing stereotypes are amplified by social media posts and messages. It functions as another factor that contributes to instructing both genders on how they should behave and what they should believe (Baldwin-White & Gower, 2021). Moreover, social media highlights the positive aspects of relationships and rarely portrays conflicts, which can give individuals a misconception of what a healthy sexual relationship represents. Studies show that college students are inundated with social media posts and messages that reinforce this, but perhaps without being fully aware of its impact (Baldwin-White & Gower, 2021).

On the other hand, there are studies that show the positive impact social media can have on individuals and how it can be used as an essential health promotion tool. Research demonstrates how youth that was exposed to sexual health messages on social media were more likely by 2.68 times (p <.05) to practice intercourse with contraception (Stevens, Gilliard-Matthews, Dunaev, Todhunter-Reid, Brawner & Stewart, 2017). Meanwhile, other information sources

such as parents, schools, or traditional media were not significantly correlated with condom use or contraception use (Stevens, Gilliard-Matthews, Dunaev, Todhunter-Reid, Brawner & Stewart, 2017).

Objectives

The main objective of this study is to investigate the relationship between social media and sexuality in young adults and examine the extent of its correlation. Furthermore, there will be an examination of whether there are any patterns and correlations in the ages and gender of the participant, on whether females have a more significant impact on sexuality or vice versa.

Hypothesis I

The first hypothesis of this research paper is that the more the participants use social media, the more of a negative impact it will have on the sexuality of the participants. Correspondingly, the less the participant uses social media, the more positive impact on sexuality there will be.

Hypothesis II

Based on the research that has been reviewed, the second hypothesis is that the younger the participant is, the more of a negative impact social media will have on their sexuality since they are more likely to spend more time on it.

Hypothesis III

The third hypothesis is that the female participants will have a more negative impact from social media on their sexuality rather than the male participants, considering the different standards that are maintained for the different genders, which were previously reviewed.

Methods

Design

The research design is a correlational study design, where there has been an investigation of the correlation between two different variables, which is the use of social media on how it can interact and correlate with the sexuality of the participants. The independent variable is social media in this research, and the dependent variable is sexuality.

Procedure

In the research study, the methods used for sampling were convenience sampling and snowball sampling to gather data. It was also ensured that the participants agreed with the informed consent sheet before completing the two different instruments used to assess the two different constructs (Annex I). One scale had questions about their habits and attitudes surrounding social media to evaluate their social media usage, while the other scale assessed their sexuality. To complete the entire survey, it takes approximately 8 minutes. It was conducted digitally through *Google Forms*, which was to facilitate the anonymity of the participants and so they would be willing to participate and answer the questions honestly. The demographic data collected about the participants, unrelated to the scales, was their age and gender. This was to ensure that the participants were within the required age range and to research the gender and correlations that may arise with the data files. The survey itself was published on *Google Forms* but shared on different social networks, such as *WhatsApp, Instagram, Facebook*, and *Snapchat,* which is where the participants were sampled.

Participants

The participants were young adults of the age range of 18 – 35. The identity of the participants was kept anonymous, where only their age and gender were collected, and all the participants were sampled digitally. In total, 96 people participated, where 33 of them were males, 58 of them were females, and 5 of them were non-binary. As for their gender, 34.4% of them were males, 60.4% were females, and 5.2% of the participants identified as non-binary.

Instruments

The instruments that were utilised in this study is the Bergen Social Media Addiction Scale (BSMAS), which was developed by Andreassen, Torsheim, Brunborg and Pallesen; this scale was to measure their social media usage (Annex II). The BSMAS scale is short and straightforward and accurately measures social media addiction. Initially, it was intended to measure Facebook only, but it has been generalised to all social media. It has six different statements, which are rated with a 5-point Likert scale: (1) very rarely, (2) rarely, (3) sometimes, (4) often and (5) very often, with the total score ranging from 6-30. The Cronbach's alpha of

this scale was also certified, with a value of 0.91 (Soraci, Ferrari, Barberis, Luvará, Urso, Del Fante & Griffiths, 2020).

To measure their sexuality, the scale that was used in this research is the Sexuality Scale (SS) by Snell and Papini (Annex III). The SS had three subscales which measured different dimensions of sexuality, which is sexual esteem (regarding one's sexuality in a positive light and the capacity to relate to other people sexually in an enjoyable way), sexual depression (feeling depressed about the sexual elements of their life), and sexual preoccupation (to be excessively engrossed and obsessed with sexual affairs and matters). It had 30 different statements, where ten statements assess each of the three dimensions, except for sexual depression, which has two filler items. It is rated with a 5-point Likert scale; (0) disagree, (1) slightly disagree, (2) neither agree nor disagree, (3) slightly agree and (4) agree. Sexual esteem and sexual preoccupation have a total score ranging from 0-40, and sexual depression has a total score ranging from 0-32. The scale is statistically reliable, considering its internal consistency scores in Cronbach's alpha which was 0.91 for sexual esteem, 0.93 for sexual depression and 0.90 for sexual preoccupation (Snell, Fisher & Schuh, 1992).

To conduct this research, *Google Forms* was used to distribute the instruments. The instruments used to analyse the data were Microsoft Excel and *JASP* (Jeffrey's Amazing Statistics Program), a free program meant for statistical analysis.

Data analysis

For the descriptive statistics in the data analysis, the analysis included the means, medians, percentages, standard deviations, variances, and Shapiro-Wilk. As for the inferential statistics, the included analysis was Spearman's rho correlation and the Kruskal-Wallis test; both are nonparametric tests. The program that was utilised to conduct this data analysis was *JASP* after it was organised by *Microsoft Excel*.

Results

In total there were 96 participants involved in this study, all within the age group 18-35. Only the data of the participants that agreed to the consent statement were collected. The statistical analyses that were included are descriptive statistics of the different variables such as the mean, standard deviation, median, variance and Shapiro-Wilk, and for the inferential statistics; Spearman's rho, and Kruskal-Wallis test, the alternative nonparametric test for ANOVA.

Descriptive statistics

Table 1

Frequencies for Gender

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
1	33	34.375	34.375	34.375
2	58	60.417	60.417	94.792
3	5	5.208	5.208	100.000
Missing	0	0.000		
Total	96	100.000		

In table 1, the male participants were labelled with the number 1, females were labelled with the number 2, and non-binary people were labelled with the number 3. The gender group that was the most participative in this study was female participants, with a frequency of 58, that made up 60.417% of the participants. Meanwhile, the male participants involved in this study were a number of 33 people, which was 34.375% of the participants. Lastly, 5 participants identified as non-binary, which was 5.208% of the participants.

Table 2

Frequencies for Age

Age	Frequency	Percent	Valid Percent	Cumulative Percent
1	45	46.875	46.875	46.875
2	33	34.375	34.375	81.250
3	14	14.583	14.583	95.833
4	4	4.167	4.167	100.000
Missing	0	0.000		
Total	96	100.000		

In table 2, the age group 1 was people from 18-22 years of age, group 2 was 23-27, group 3 was 28-31, and group 4 was 32-35. The age group that was the most participative was group 1, with a frequency of 45, which made up 46.88% of the participants. The age group that was least involved in this study is group 4 (32-35), with a frequency rate of 4, which was 4.17%.

Table 3

Descriptive Statistics

	Social media main score	Sexual Esteem score	Sexual Depression score	Sexual Preoccupation score
Valid	96	96	96	96
Missing	0	0	0	0
Median	16.500	16.000	9.000	12.000
Mean	17.073	14.458	9.698	11.208
Std. Deviation	6.290	5.126	5.912	4.939
Variance	39.563	26.272	34.950	24.398
Shapiro-Wilk	0.966	0.919	0.953	0.988
P-value of Shapiro-Wilk	0.014	$< .001$	0.002	0.569
Minimum	6.000	2.000	0.000	0.000
Maximum	30.000	22.000	21.000	23.000

Table 3 displays the descriptive statistics of the different scores from the main score of the BSMAS and the three subscale main scores of the SS; sexual esteem, sexual depression and sexual preoccupation. The mean of the BSMAS main score is 17.073 with a standard deviation of 6.29 and a variance of 39.563, while the median is 16.5. A mean score of 17.073 is a high mean since anything above 12 is indicative of a social media addiction.

The mean of the sexual esteem score is 14.458, with a standard deviation of 5.126 and a variance of 26.272, while the median is 16. A score below 25 indicates low sexual esteem, which shows that the mean of the sexual esteem score is low.

As for the sexual depression score, the mean is 9.698 with a standard deviation of 5.912 and a variance of 34.95, while the median is 9. This is a low main score; for a score to be indicative of having sexual depression, it is anything above 15.

The mean of sexual preoccupation score is 11.208 with a standard deviation of 4.939 and a variance of 24.398, while the median is 12. This is a low main score, as anything below 12 is not indicative of being sexually preoccupied.

The Shapiro-Wilk p-values report 0.014, <0.001, 0.002, and 0.569 which were for the BSMAS main score, sexual esteem score, sexual depression score and sexual preoccupation score, respectively. Since all the p-values were significant, the null hypothesis could be rejected and that the sample is not normally distributed. Still, sexual preoccupation is an exception since it did not have a significant p-value, in which the null hypothesis could not be rejected.

Inferential statistics

Table 4

Spearman's Correlations

Variable		Gender	Age	Social media main score	Sexual Esteem score	Sexual Depression score	Sexual Preoccupation score
1. Gender	Spearman's rho	—					
	p-value	—					
2. Age	Spearman's rho	0.078	—				
	p-value	0.452	—				
3. Social media main score	Spearman's rho	-0.005	0.171	—			
	p-value	0.961	0.095	—			
4.Sexual Esteem score	Spearman's rho	0.068	0.084	-0.151	—		
	p-value	0.511	0.414	0.143	—		
5.Sexual Depression score	Spearman's rho	-0.024	0.045	0.483	-0.333	—	
	p-value	0.815	0.664	< .001	< .001	—	
6.Sexual Preoccupation score	Spearman's rho	-0.246	0.124	0.453	0.230	0.453	—
	p-value	0.016	0.229	< .001	0.024	< .001	—

Table 4 depicts the different correlations between age, gender, the BSMAS main score, and the three other main scores of the three subscales of the SS. There is a low correlation between most of them. Still, some noteworthy results are the correlation between the BSMAS main score and sexual depression as well as the BSMAS main score and sexual preoccupation, with a value of 0.483 and 0.453, respectively, which means it has moderate strength in correlation. The p-value is <0.001 for both, which means statistical significance. This indicates that the higher the score on BSMAS, the higher the score on sexual depression and preoccupation. There is also a correlation of moderate strength between sexual preoccupation and sexual depression with a value of 0.453 and a p-value of <0.001, which means there is statistical significance. This

indicates that the higher the score on sexual preoccupation, the higher the score on sexual depression.

There is a low correlation value between the scores of the scales and the ages of the participants, as well as gender. The correlation with the highest strength is the negative correlation between gender and sexual preoccupation, with a value of -0.246 and a p-value of 0.016. This indicates that even if the correlation strength is low, there is still statistical significance due to the p-value and that there is a difference by gender, however minor.

As can be observed, there is a low correlation between sexual esteem and sexual depression and sexual esteem and sexual preoccupation, with a correlation of -0.333 and 0.23, respectively, but with a p-value of <0.001 and 0.024, respectively. This indicates that even though the correlation is low, due to the p-values, these results are statistically significant. It suggests that if the participant scores high on sexual esteem, they score lower in sexual depression and higher in sexual preoccupation.

Table 5

Kruskal-Wallis Test

Factor	Statistic	df	p
Gender	3.787	2	0.151

As can be observed in table 5, which analysed the BSMAS main score with gender, with the latter being the fixed factor and the former the dependent variable, the p-value is 0.151, which means it is not significant and the null hypothesis could not be rejected. This implies that there is no difference by gender in the social media main score.

Table 6

Kruskal-Wallis Test

Factor	Statistic	df	p
Gender	0.464	2	0.793

In table 6, in which gender and sexual esteem were tested, with the formed being the fixed factor, the p-value was 0.793, which means it is not significant. This implies that there is no difference by gender in the sexual esteem score.

Table 7

Kruskal-Wallis Test

Factor	Statistic	df	p
Gender	0.057	2	0.972

In table 7, where the variables gender and sexual depression were tested and gender was the fixed factor, the p-value was 0.972, which is not significant. This indicates that there is no difference by gender in the sexual esteem score.

Table 8

Kruskal-Wallis Test

Factor	Statistic	df	p
Gender	7.689	2	0.021

In table 8, the variables analysed were gender as the fixed factor and sexual preoccupation as the dependent variable, where it can be observed that the p-value is 0.021. This means there is statistical significance, in which the null hypothesis could be rejected, and it indicates that there is a difference by gender in the sexual preoccupation subscale main score.

Table 9

Kruskal-Wallis Test

Factor	Statistic	df	p
Age	3.088	3	0.378

As per table 9, which tested age as the fixed factor and the BSMAS main score as the dependent variable, the p-value is 0.378, which demonstrates no significance, and the null hypothesis could not be rejected. This indicates no difference by age in the BSMAS main score.

Table 10

Kruskal-Wallis Test

Factor	Statistic	df	p
Age	2.770	3	0.428

Table 10, which tested age as the fixed factor and sexual esteem as the dependent variable, the p-value is 0.428, which shows no significance and thus indicates that there is no difference by age in the sexual esteem subscale main score.

Table 11

Kruskal-Wallis Test

Factor	Statistic	df	p
Age	1.438	3	0.697

Table 11, which analysed age as the fixed factor and sexual depression as the dependent variable, resulted in a p-value of 0.697, which shows no significance and gives no indication of a difference by age in the sexual depression score.

Table 12

Kruskal-Wallis Test

Factor	Statistic	df	p
Age	4.041	3	0.257

As for table 12, which tested the variables age as the fixed factor and sexual preoccupation as the dependent variable, it yielded a p-value of 0.257, which demonstrates no statistical significance, thus no indication of a difference by age in the sexual preoccupation subscale main score.

Discussion

Firstly, the objective of this study was to examine the relationship between social media and sexuality in young adults to investigate if there was any correlation between these variables. Additionally, there was to be an examination of the patterns in the ages and gender of the participants concerning the social media and sexuality scores.

The participants involved in this study were 96 people, who were primarily female. There was a limited quantity of males, and only five non-binary people, which means that the external validity and applicability value of the data of non-binary people are limited. The mean score of the participants of the BSMAS scores was relatively high, with a mean score of 17.073, where anything above 12 is indicative of a social media addiction (Balamurugan, 2022). This conforms with previous research, where studies show how young adults use social media more than older age groups (Wang, Chen, Liang & Chen, 2011). The mean scores of the SS resulted in being relatively low to moderate, with no indication of any sexual disorder based solely on the mean scores of the participants, but still high enough to be impactful on sexuality (Snell & Papini, 1986). This impact can be observed in the sexual esteem main score since it was low

with a mean score of 14.458, which is ideally something to have a higher score, unlike the other two subscales' main scores, because it is indicative of the individual's positive perception of their sexuality and capacity to positively relate to others sexually. This indicates that although the participants are not necessarily majorly sexually depressed or excessively sexually preoccupied, their sexual esteem is lower.

Furthermore, as could be observed from the results, there was a moderate correlation with significant results between the BSMAS scores and sexual depression score and the BSMAS and sexual preoccupation score. The correlations were of positive value, which means the higher the scores on the BSMAS, the higher the scores on sexual depression and sexual preoccupation. These goes according to Hypothesis I, which was that the more the participant used social media, the negative impact on sexuality would be more significant. The less they use social media, the more positive the effect would be. The data demonstrates that there is an interaction between the variables to a certain extent. The reasons as to why there was a correlation between BSMAS and sexual depression could be because if there is a failure in meeting the expectations that are set by social media (amongst other things), it could result in the individual feeling depressed about the sexual tendencies in their life since it does not compare or match with what is portrayed in social media. An example is how social media depicts solely the positive aspects of a healthy sexual affair or how mostly men are "virgin-shamed" for not being sexually experienced (Baldwin-White & Gower, 2021; Fleming & Davis, 2018).

As for the correlation between the BSMAS and sexual preoccupation, the reason could be the hyper fixation on sexual content that is proliferated through the social networks (Fevriasanty, Suyanto, Soedirham, Sugihartati & Ahsan, 2014). Some examples of this sexual content include but are not limited to different portrayals of sexual relations, internalisation of sexual scripts, and "virgin-shaming" (Baldwin-White & Gower, 2021; Rutagumirwa & Bailey, 2018; Fleming & Davis, 2018). This could, to a certain extent, influence the sexual preoccupation within the participants, as it would encourage or prompt the individual to be more absorbed in sexual matters.

However, there was no correlation between the BSMAS and sexual esteem scores, which does not go in accordance with Hypothesis I. This could potentially be because social media alone is not enough to factor a correlation on sexual esteem, in the sense that the participants could

use social media differently when it comes to this specific variable. It could possibly be because social media will have a higher impact on preoccupation and depression because of the expectations and standards that are put on the people, and where social media prompts people to be sexual and be preoccupied with sex (Henderson, Aaron, Blackhurst, Maddock, Fincham & Braithwaite, 2020). This could lead to a negative impact, but less so on the sexual esteem variable. Furthermore, sexual esteem could possibly be more independent from social media in comparison to sexual depression and sexual preoccupation. In the sense that social media portrays less content that is related to one's skills as a sexual partner and the capacity to relate to others sexually (sexual esteem), and the focus is more so on the amount of sexual content itself that is circulated through the social networks (sexual preoccupation), as well as the pressure that is put on people if not meeting expectations and standards (sexual depression) (Henderson, Aaron, Blackhurst, Maddock, Fincham & Braithwaite, 2020; Rutagumirwa & Bailey, 2018; Fleming & Davis, 2018). However, while these are possible explanations for why the data yielded these kinds of results, this is mainly based on speculation rather than empirical research. This would have to be further researched to confirm why sexual esteem did not correlate with BSMAS, unlike the other two subscales. Considering the partly contradictory results and the moderate to low correlations, this provides the foundation that one cannot fully confirm nor reject Hypothesis I, which leaves it inconclusive.

Nonetheless, an unexpected, noteworthy finding that is unrelated to Hypothesis I is that sexual esteem had an interaction with sexual depression and sexual preoccupation. While the correlation was low, with a value of -0.333 and 0.23, respectively, the p-value was still statistically significant, with a p-value of <0.001 and 0.024, respectively. As previously mentioned, the higher the score on sexual esteem, the lower the score on sexual depression, and the higher the score on sexual preoccupation. This could mean that if one has a favourable and satisfactory capacity to relate to others sexually, one will naturally and most likely feel less depressed about the sexual aspects of their lives. Thus, it can be essential to have satisfactory sexual esteem and view their sexuality in a favourable light to avoid sexual depression. On the other hand, it seems that it can function as a double-edged sword regarding the interaction between sexual esteem and sexual preoccupation. According to this data, if one's sexual esteem is high, it can lead to excessive engrossment in sexual matters. One might grow careless or overly obsessed in an unhealthy way regarding sexual affairs. However, it is important to keep in mind that the correlations were low, which lowers the internal validity and external validity. Still, it could be advantageous to investigate this phenomenon further.

Regarding Hypothesis II, which was that the younger the participant, the more of a negative impact social media would have on their sexuality, the results demonstrated a low correlation. Additionally, the Kruskal-Wallis test that analysed these two variables indicated no difference by age in any of the scores. This could be for various reasons, one of which could be because all the participants are relatively young adults in the same age group. For this reason, the way this age group navigates and manipulates social media might be similar to one another with very little difference, which is why their correlation is low, contrary to the theory of Hypothesis II. This gives the foundation to reject this hypothesis. Perhaps if there is a study done on all age groups, there would be a higher correlation. Another reason could be the sample size, which was 96 participants, which decreases the power of this research study. It would be interesting to research other age groups to make comparisons as well as have a bigger sample size to verify if there is any significant difference.

Regarding Hypothesis III, which was that female participants' social media usage would have a more negative impact on their sexuality than male participants, there was a low correlation between gender and the BSMAS main score and the SS main scores. However, one notable exception was the interaction between gender and the sexual preoccupation score. While it had a low correlation of -0.246, the p-value was 0.016, making it statistically significant. Similarly, the Kruskal-Wallis test demonstrated no significant results on any of the variables of BSMAS and the SS subscale scores, except for gender and sexual preoccupation. This indicates that there is a difference by gender regarding the sexual preoccupation subscale main score. Based on previous research on sexual preoccupation, men are more sexually preoccupied than women (Fisher, Moore & Pittenger, 2012). According to the data results, it could perhaps implicate that the male participants scored higher on the sexual preoccupation subscale. It could seem that men are more excessively absorbed in matters regarding sexual matters, more so than women. While this is a stereotype among many, it has been demonstrated by previous research (Fisher, Moore & Pittenger, 2012). A study done with 283 college students showed how men think about sex 19 times a day while women think about sex ten times a day (Fisher, Moore & Pittenger, 2012).

However, it was also shown that it is not exclusive to sexual matters since all the participants were asked to keep track of other things as well, such as food and sleep, and the research illustrated that men think about food and sleep more than women as well (Fisher, Moore &

Pittenger, 2012). Nonetheless, the correlation strength between gender and sexual preoccupation was low, which complicates whether these findings can be generalised, as it does not hold enough statistical power to reject the null hypothesis. With these contradictory results in mind, one cannot entirely reject nor confirm Hypothesis III, which can be deemed as inconclusive.

Regarding the low correlation between gender and sexual esteem and gender and sexual depression, one reason for this result might be because similar to the way men might be "virgin-shamed" for not being sexually experienced, there is another side to it for women, who might be "slut-shamed" for being sexually liberated (World Health Organization, 2018). Slut-shaming is defined as a deliberate effort to degrade people, usually girls and women, for sexual promiscuity or sexual deviancy (Sweeney, 2017). Some consequences for the victims of slut-shaming are poor reputation and social isolation and negative feelings, like humiliation, regret, embarrassment, and sadness (Sweeney, 2017). For this reason, female participants and male participants might have scored similarly in the sexual esteem and sexual depression subscale scores since they are faced with similar negative consequences when they fail to fulfil an expectation that might be reinforced by social media, regardless of their gender, but in a different way. For this reason, further research regarding this topic would be compelling to verify the implications of these results and examine whether the sexual history of the participants has any correlation with sexual esteem and sexual depression.

Other factors that can be considered when contemplating this study are the fact that some aspects of sexuality can be perceived differently, or it can be measured differently, in the sense that every human has sexuality. Still, the SS does not apply to everyone. One example is asexuality, defined as the lack of sexual attraction towards other people or absence in the interest of sexual activity (Crooks & Baur, 2016; Helm, 2015). It brings the question of whether their lack of sexual attraction makes a significant difference in how their social media usage affects sexuality compared to an individual who does experience sexual attraction. With the expectations that are placed on both males and females and that are reinforced through the use of social media, it might make asexual people feel a different level of pressure to meet these standards, even if their sexual interest is absent (Baldwin-White & Gower, 2021). Another aspect of human sexuality is celibacy, which refers to the abstinence of marriage and sexual relations, which is usually due to religious reasons. Still, it might have other motivations, such as altruism (O'Brien, 2009). Although the concept might sound similar to asexuality, it is not

the same as celibacy, where celibate people are motivated by factors which are behavioural, like the personal, social, or religious values of an individual, while asexuality is a sexual orientation (O'Brien, 2009; Crooks & Baur, 2016). Some asexual people might engage in sexual activity despite having no sexual desire to have children, for example (Crooks & Baur, 2016; Helm, 2015). At the same time, a celibate person does not engage in sexual activity but might still experience sexual attraction. It would be interesting to research how an individual that lives in celibacy perceives social media, considering the sexual content that is proliferated and if it affects their sexuality by being active on social media.

In addition to this, there are people who have never had any sexual intercourse, which will be referred to as virginity in this study. Although it can be argued as being a social construct, the definition of virginity is the state of never having had any sexual intercourse (Tuthil, 2014). It would be interesting to collect data about the sexual history of the participant and to investigate to what extent their sexual activity correlates with their sexuality, especially regarding people who have never had a sexual experience and how they perceive their sexuality. It would also be remarkable to inspect how they would relate to the statements of the SS. An example is the statement; "I feel sad when I think about my sexual experiences," since it could vary in how a virgin would rate this statement. Perhaps they would think about their autosexual experiences regarding masturbation, rather than sex with a partner, and then would rate it solely based on their masturbation experience, which inaugurates the opportunity to compare it to how a sexually experienced individual would rate the same statement. Especially considering the sexualised content that is reinforced in social media, if a virgin person is a heavy social media user, it could have an impact on their sexuality in terms of how they might feel like they are doing something wrong for not being sexually active (Henderson, Aaron, Blackhurst, Maddock, Fincham & Braithwaite, 2020). It would also be appealing to examine whether it correlates with age, especially considering the previously reviewed research, where men are "virgin-shamed," shaming which can progress with age (Fleming & Davis, 2018). Lastly, it is possible that there is a difference in gender, considering previous research about slut-shaming reinforced by social media, where being a virgin can be perceived as a source of pride for women but shame for men (Sweeney, 2017; Fleming & Davis, 2018).

Limitations

There are limitations that should be kept into account when considering the results of this study. Some of the limitations are methodological, such as the sampling method utilised for this

research paper, which was convenience sampling. While it is one of the most accessible methods, it does not ensure a representative sample. As a result, this can compromise the reliability and external validity of the research study to a certain extent. There might also be a bias related to the sampling method, considering the high mean score from the BSMAS, since the participants were sampled through different social media platforms, potentially increasing the likeliness that the participant is highly active on social media.

Moreover, the nationality of the participants was not gathered. Previously, the author considered the nationality of the participants to be irrelevant since it was not necessary for the testing of the hypotheses. Participants were sampled from different countries and continents, which should be considered when analysing the sample. It makes it challenging to investigate the representability of the sample, as well as generalise any of the implications to the general population. Another possible methodological limitation is the BSMAS, which was significantly shorter in length than the SS. The latter examined the sexuality of the participants more in-depth. The author had believed it beneficial to use a more straightforward but still statistically validated scale to ensure a higher participation rate in terms of sample size. However, for an even comparison, a more extended scale to investigate the social media usage of the participants could be favourable. Furthermore, the sample size of 96 participants might be too low to draw any significant inferences and sufficiently test the hypotheses.

An additional limitation that should be kept in account when contemplating the data is that some statements in the scales can inspire social desirability. Some examples are statements such as "I am a good sexual partner" or "I would rate my sexual skill quite highly" from the SS. This is because there is, to a certain extent social pressure and expectations set upon people, such as being an experienced and skilled sexual partner, especially for men that reiterate the importance of being sexually skilled and experienced (Sakaluk, Todd, Milhausen, & Lachowsky, 2014). On the other hand, some women might also associate these questions with shame since there is an expectancy to delay sexual activity unless an emotional bond is established, according to heterosexual sexual scripts theory (Sakaluk, Todd, Milhausen, & Lachowsky, 2014). There is also the slut-shaming phenomenon, which might lead to some participants feeling embarrassed about their own sexual experiences (Sweeney, 2017). For this reason, the participants might feel the need to answer in a way that conforms with the social norms, even if it represents reporting inaccurate information.

Furthermore, a possible limitation could be that some of the statements can be perceived as very personal, especially for the SS. For this reason, the participant might be less willing to answer honestly or participate since it can be perceived as invasive to share this private information. Culture might be an aspect that influences this particular phenomenon, wherein some cultures, it is understood as highly improper to divulge such information, such as in Asian cultures (Meston & Ahrold, 2010). This is where the anonymity and consent statement is highly important, to ensure that the participants understand that their data will remain confidential. Lastly, some of the statements of the SS might not be applicable to everyone, statements like "I feel sad when I think about my sexual experiences" or "I feel unhappy about my sexual relationships" would be more challenging to apply to a person who has never had a sexual experience.

Future research

For future research, it could be advantageous to improve the methodology by conducting the study with a bigger sample size and ensuring that the nationality of the participants is collected, and perhaps limiting it to one country. Another suggestion is to use a more extended scale to assess social media usage, such as the Social Media Addiction Scale (SMAS) by Tutgun-Ünal and Deniz with 30 items, similar to the SS (Tutgun-Ünal, 2020).

Furthermore, it could be beneficial to do a study with older age groups to compare social media use and if the impact on sexuality differs from younger adults. Especially considering there was no difference by age in the results, nor any correlation. Other suggestions for future research would be to do more tests to get possible stronger correlations, especially considering the fact that sexual esteem did not have any correlation with the BSMAS, but the other two subscales did. Perhaps collecting the sexual history of the participants could divulge more information regarding these findings. Having this variable included would also assist in examining outliers, such as those on the asexuality spectrum, celibate people, and those who have never experienced anything sexual.

Additionally, there was a difference by gender in sexual preoccupation, but not in any of the other main scores, which is why it could be valuable to investigate this further with more tests on sexual preoccupation. An additional suggestion would be to collect data and do tests regarding the participant's attitudes and beliefs surrounding healthy sexual habits. This could be to investigate what constitutes a healthy sexual lifestyle and examine whether there is any

correlation between heavy social media usage and unhealthy sexual perspectives; for example, it conforms with previous research that women are more likely to value their partner's desire for sex more than their own, which is reinforced in social media (Baldwin-White & Gower, 2021).

Another suggestion for future research is to investigate the social media usage of the participants differently, such as collecting data about how much time is spent daily on social media or examining what kind of social media apps they use, what content they follow, and go into more detail how they navigate social media. Perhaps a method could be collecting their screentime balance on their mobile phones. This could provide a more thorough inspection of this variable, and it could, in addition, give more insight into if there is anything that has more of an impact on sexuality and if there are any potential patterns.

Concluding remarks

To summarise, this research study demonstrated a moderate correlation between social media and sexuality regarding sexual depression and sexual preoccupation, but not sexual esteem. Additionally, there was no correlation or difference by age, but there was a difference by gender in sexual preoccupation. The acquired findings could be important in future research and provide support to previous research conducted on these variables. Improvement of the methodological limitations, as well as utilisation of more tests, would be advantageous to investigate these phenomena further.

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Annexes

Annex I: *Informed consent statement*

I declare that I have read and understood the information sheet that has been given to me; the characteristics and the objective of the study have been explained to me, as well as the possible benefits and risks of the same. I have had the time and opportunity to ask questions and raise any concerns that I had. All questions were answered to my satisfaction.

I understand that my participation is completely voluntary, that I can withdraw from the study at any time without having to give explanations and without this having an impact on future participations.

I freely give my consent to participate in the Research Project of the Final Year Degree Project entitled The Relationship Between Social Media and Sexuality in Young Adults, carried out by Maria Isabel Morales Egeberg, a student at the European University of Madrid.

I have also been informed that the confidentiality of my data will be maintained and that these will be protected and included in a file that must be subject to and with the guarantees of the General Data Protection Regulation (RGPD), which came into force on the 25th May 2018, which supposes the repeal of Organic Law 15/1999, of December 13, referring to the protection of natural persons with regard to the processing of personal data.

Taking this into consideration, I GIVE my CONSENT to cover the objectives specified in the project.

_____

Participant signature

In Madrid, _____ 2022

Annex II: *Bergen Social Media Addiction Scale (BSMAS)*

Here are six statements to consider. For each, answer: (1) very rarely, (2) rarely, (3) sometimes, (4) often, or (5) very often.

1. You spend a lot of time thinking about social media or planning how to use it.
2. You feel an urge to use social media more and more.
3. You use social media in order to forget about personal problems.
4. You have tried to cut down on the use of social media without success.
5. You become restless or troubled if you are prohibited from using social media.
6. You use social media so much that it has had a negative impact on your job/studies.

Annex III: *Sexuality Scale (SS)*

INSTRUCTIONS: The statements listed below describe certain attitudes toward human sexuality which different people may have. As such, there are no right or wrong answers, only personal responses. For each item you will be asked to indicate how much you agree or disagree with the statement listed in that item. Use the following scale to provide your responses:

(A)	(B)	(C)	(D)	(E)
Agree	Slightly Agree	Neither Agree Nor Disagree	Slightly Disagree	Disagree

1.   I am a good sexual partner.
2.   I am depressed about the sexual aspects of my life.
3.   I think about sex all the time.
4.   I would rate my sexual skill quite highly.
5.   I feel good about my sexuality.
6.   I think about sex more than anything else.
7.   I am better at sex than most other people.
8.   I am disappointed about the quality of my sex life.
9.   I don't daydream about sexual situations.
10.   I sometimes have doubts about my sexual competence.
11.   Thinking about sex makes me happy.
12.   I tend to be preoccupied with sex.
13.   I am not very confident in sexual encounters.

14.   I derive pleasure and enjoyment from sex.

15.   I'm constantly thinking about having sex.

16.   I think of myself as a very good sexual partner.

17.   I feel down about my sex life.

18.   I think about sex a great deal of the time.

19.   I would rate myself low as a sexual partner.

20.   I feel unhappy about my sexual relationships.

21.   I seldom think about sex.

22.   I am confident about myself as a sexual partner.

23.   I feel pleased with my sex life.

24.   I hardly ever fantasize about having sex.

25.   I am not very confident about my sexual skill.

26.   I feel sad when I think about my sexual experiences.

27.   I probably think about sex less often than most people.

28.   I sometimes doubt my sexual competence.

29.   I am not discouraged about sex.

30.   I don't think about sex very often.

Annex IV: *Google Forms Survey*

This survey is for anyone within the age range 18-35. It is completely anonymous and voluntary, do not feel obligated to answer if you do not want to. The survey will take approximately 8 minutes, and only research personnel will have access to your answers. Keep in mind that your consent can be withdrawn at any moment with no repercussions.

Thank you for your time!

Informed consent statement

I declare that I have read and understood the information sheet that has been given to me; the characteristics and the objective of the study have been explained to me, as well as the possible benefits and risks of the same. I have had the time and opportunity to ask questions and raise any concerns that I had. All questions were answered to my satisfaction.

I understand that my participation is completely voluntary, that I can withdraw from the study at any time without having to give explanations and without this having an impact on future participations.

I freely give my consent to participate in the Research Project of the Final Year Degree Project, carried out by Maria Isabel Morales Egeberg, a student at the European University of Madrid. I have also been informed that the confidentiality of my data will be maintained and that these will be protected and included in a file that must be subject to and with the guarantees of the General Data Protection Regulation (RGPD), which came into force on the 25th May 2018, which supposes the repeal of Organic Law 15/1999, of December 13, referring to the protection of natural persons with regard to the processing of personal data.

After reading the informed consent statement, indicate your response:
*I give my consent
*I do not give my consent

Gender
*Female
*Male
*Non-binary

Age
*Type your age

Social media
This is the first part of the survey.

Here are six statements to consider. For each, answer: very rarely, rarely, sometimes, often, or very often.

1. You spend a lot of time thinking about social media or planning how to use it.
2. You feel an urge to use social media more and more.
3. You use social media in order to forget about personal problems.
4. You have tried to cut down on the use of social media without success.
5. You become restless or troubled if you are prohibited from using social media.
6. You use social media so much that it has had a negative impact on your job/studies.

*Very rarely

*Rarely

*Sometimes

*Often

*Very often

Human sexuality

This is the second and final part of the survey.

The statements listed below describe certain attitudes toward human sexuality which different people may have. As such, there are no right or wrong answers, only personal responses. For each item you will be asked to indicate how much you agree or disagree with the statement listed in that item.

1. I am a good sexual partner.
2. I am depressed about the sexual aspects of my life.
3. I think about sex all the time.
4. I would rate my sexual skill quite highly.
5. I feel good about my sexuality.
6. I think about sex more than anything else.
7. I am better at sex than most other people.
8. I am disappointed about the quality of my sex life.
9. I don't daydream about sexual situations.
10. I sometimes have doubts about my sexual competence.
11. Thinking about sex makes me happy.
12. I tend to be preoccupied with sex.
13. I am not very confident in sexual encounters.
14. I derive pleasure and enjoyment from sex.
15. I'm constantly thinking about having sex.
16. I think of myself as a very good sexual partner.
17. I feel down about my sex life.
18. I think about sex a great deal of the time.
19. I would rate myself low as a sexual partner.
20. I feel unhappy about my sexual relationships.

21. I seldom think about sex.

22. I am confident about myself as a sexual partner.

23. I feel pleased with my sex life.

24. I hardly ever fantasize about having sex.

25. I am not very confident about my sexual skill.

26. I feel sad when I think about my sexual experiences.

27. I probably think about sex less often than most people.

28. I sometimes doubt my sexual competence.

29. I am not discouraged about sex.

30. I don't think about sex very often.

*Disagree

*Slightly disagree

*Neither disagree nor agree

*Slightly agree

*Agree

You have reached the end of the survey

The objective of this questionnaire is to study the impact and correlation of social media usage on sexuality in young adults, with my research project being entitled "The Relationship Between Social Media and Sexuality in Young Adults." If you have any questions regarding the research project, you can contact me via email isabel.egeberg@gmail.com

Do you give your consent for me to use your responses for research purposes?

*I give my consent

*I do not give my consent

Your response has been registered. Thank you for your time!