

Association Between Religious Index and Risky Sexual Behaviours among Adolescents

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ABSTRACT

“Adolescence” is a transition period where individuals experience various physiological changes, such as pubertal changes, brain structure changes, and sexual interest. The research intended to ascertain the association between the religious index and risky sexual behaviors among adolescents of the University of Bohol in School Year 2018-2019. The study utilized the descriptive normative survey method. There were 378 respondents included in this study within the age range of 18-21, taking a 95% confidence interval with 4.88 degree of error. The research study used a tool modified from the national survey on the University of the Philippines Population Institute’s (U.P.P.I.) research on Young Adult Fertility Study (Y.A.F.S.). The researchers ensured the utmost confidentiality of the data. The overall religious index of the respondents is relatively high (3.06). Results revealed that the age and sex of the respondents are directly proportional to premarital sex. Premarital sex also increases with age. In particular, results showed an inverse association between the sex of the respondents and premarital sex, sex of the respondents and unprotected sex, sex of the respondents, and multiple sexual partnerships. It also showed that the overall religiosity index

was not significantly correlated with premarital sex, unprotected sex, multiple sex partners. There is a need to establish a concrete connection between religious beliefs and religious practices in coming up with the respondents' sound decisions on their sexual behaviors. Still, sound decision-making needs to be anchored on firmed-up distillation between religious beliefs and religious practices.

Keywords: Religious Index, Adolescents, Sexual Risky Behaviors, Pearson-Product Moment Correlation, Tagbilaran City, Philippines

INTRODUCTION

The National Research Council provided a concrete definition of "Adolescence" as a transition period covering multi-dimensional changes, namely, biological, psychological, cognitive, and social areas. Individuals experience various physiological changes at this stage, such as pubertal changes, brain structure changes, and sexual interest. Psychologically, the maturation of adolescents' cognitive capacities happens. Furthermore, transitions occur as adolescents undergo social changes through school and other roles they assumed to play in their families, communities, and schools (UNICEF, 2005). A healthy adolescent means they manifest physical and mental health and emotional and physical safety. They have a definite sense of self, including emerging gender and sexual identities, the capacity to arrive at sound decisions, life skills, and academic engagement (Blum, Bastos, Kabiru, & Le, 2012).

Today's world has approximately 1.2 billion adolescents aged 10-19, and an estimated 90% reside in lower and middle-income countries. About half of that figure represents the Very Young Adolescents (V.Y.A.) ages 10-14 (U.N. Population Division, 2011). As projected by the Population Reference Bureau 2017, The world youth population ages 15 – 24 is estimated to rise to 1.4 billion in 2050; however, it is foreseen further that the share of the youth in the world population will eventually drop to 14 from 16 percent.

The Philippines is dominantly a Christian country, specifically Roman Catholicism prevails throughout most islands. All religions are protected by law. It has been noted that no theological virtue is given priority over the other. Officially, the Philippines is a secular nation that respects all religious beliefs as mandated in the Philippine constitution under the separation of church and state.

As pointed out by the Center for Global Education, Roman Catholics comprised 86 percent of its population. In the Philippines, Roman Catholicism is the most popular religion. Protestant Christian is next to Roman Catholic, measuring 17% of the population. Islam garnered only about 5-10% of the community following the said religious belief. The uniqueness and brilliance of the Filipino people are also manifested in the practice of religion. About 2% of the Philippine population was convinced to follow this religious sect. Buddhism has a small part of (2%) to percent. However, 6.6% of the country's people practiced other minor religions, including Hinduism, Judaism, the Baha'i Faith, Indigenous Beliefs, Other Christians, and Atheists (Miller, 2021).

The United Nations Sustainable Development Goal (U.N.S.D.G.) is a universal plan with 17 goals that include 169 targets. These goals aim to safeguard the environment, eradicate poverty, and ensure prosperity. By 2030, all governments and stakeholders are expected to attain and implement these goals. This research is based on the United Nations Sustainable Development Goal #3, which assures healthy lives and promotes well-being for people of all ages.

According to Target 3.7, by 2030, everyone will have access to sexual and reproductive health care and services. Target 3.9 (3.d), which aims to improve all countries' capacity for management of national and global health risks, among others, especially in developing countries. It includes family planning, information and education, and the integration of reproductive health into national strategies and programs.

The data produced by U.N.F.P.A. 2014 of the World Population Report presented that most of the world's youth population lives in Asia. The highest of the 10-24 years old at 356 million are in India, followed by China (269 million), Indonesia with 67 million, Pakistan 59 million, and Bangladesh 48 million.

The Philippine Census 2010 recorded that the Philippines has 92,097,978 households with 96,706,800 total population, 21.52 percent comprised adolescents (UNICEF 2012 data). G. Stanley Hall inherently views the adolescence stage as the period of heightened 'storm and stress. It depicts when teenagers encounter conflicts with parents, mood disruptions, and risk behaviors that are more pronounced in this particular period as Hall initiated the scientific studies of adolescents (Hall, 1904). This hypothesis, which thought this stage to be universally a period of emotional turmoil, has been debunked. On the other hand, adolescents

have higher rates of negative affect than preadolescents, according to a study. McNeely and Blanchard 2009 explained that the adolescent period is the time of immense opportunity and positivity when appropriately guided by the surrounding environment that significantly influences adolescents. Hence, it is not a time of turmoil. Pieces of evidence in research depict that contrary to the views that predominate the media and culture, adolescents succeeded in school, more attached to their families and communities.

Most of the adolescent stage resource materials highlighted their problems and how adults may help solve those predicaments. The missing link from that plethora of information is the data on adolescents' profiles in the specific area here in the University of Bohol and investigate if their religious indices protect them from risk-taking tendencies and behaviors. A need for this research undertaking to understand the University's clients. It is imperative to look into the religiosity index's association with mitigating, increasing, or neutral effects on risk-taking tendencies and behavior.

With the situations mentioned above, the researchers as an educator deemed it worthwhile to investigate the adolescent students' religious index and sexual risk behaviors from 18 to 21 years of age. The study's findings would become the basis for recommendations to benefit the students, the entire household, and the community.

RESEARCH METHODOLOGY

The study intended to ascertain the association between the religious index and sexual risk-taking behaviors among adolescents of the University of Bohol, the School Year 2018-2019. This study was quantitative in nature that utilized the descriptive-normative survey method of research in aid of a modified questionnaire from the standard tool made by the University of Bohol Research Centre on Risky Behaviors of Adolescents in Tagbilaran City, which was patterned from the four rounds of the national survey on the University of the Philippines Population Institute's (U.P.P.I.) research on Young Adult Fertility Study (Y.A.F.S.).

There were 378 respondents included in this study within the age range of 18-21, taking a +/-4.88% margin of error at a 95% confidence interval. The sample size was based on the overall population of 5,878 enrollees and was proportionately distributed to all departments. In identifying respondents, the inclusion criteria include only those students aging from 18 to 21 years old that were enrolled in the University for SY 2018-2019.

The religious index was measured according to the following parameters: 1.00 – 1.74 (very low religiosity); 1.75-2.49, (low religiosity); 2.50-3.24, (high religiosity); 3.25-4.00 (very high religiosity) while the measure of sexually risky behavior according to these parameters: 4 – Always (More than Thrice a month); 3 – Most Often (Thrice a month); 2 – Often (Twice a month) and 1 Sometimes (Once a month).

This study made use of the following statistical treatment of data to obtain the information required to interpret the result of this study successfully:

- 1.) Frequency, percentage, weighted mean, and rank.
- 2.) Pearson product-moment correlation coefficient measured the linear correlation between two variables.
- 3.) Chi-square was used in this study because the data is non-parametric.
- 4.) Phi Coefficient. It measures the association of two binary variables and is interpreted similarly to the correlation coefficient.

Status of the Religious Index of the Respondents. Table 1 illustrates the Religious Practices Index of the respondents, where the overall religious practices index is considered High (3.08). A very high rating is on the item that «I pray to the supreme being» (3.31). The item follows, «My parents require me to attend mass or religious services» (3.22), which is considered High. Third in rank is «my attendance to religious services» (2.95), also regarded as high. The bottom item is «My family prays together» (2.84), which is still considered High.

Table 1. Religious Practices' Index
(n=378)

A. PRACTICES	Average	Qualitative Description	Rank
I pray to the Supreme Being.	3.31	Very High	1
My parents require me to attend mass or religious services.	3.22	High	2
My attendance to Religious Service.	2.95	High	3
My family prays together.	2.84	High	4
Overall Religious Practices Index	3.08	High	

Parameters: 1.0 – 1.74 = *Very Low*
 1.75 – 2.49 = *Low*
 2.50 – 3.24 = *High*
 3.25 – 4.00 = *Very High*

Table 2 presents the religious beliefs of the 378 respondents, where the overall religious belief index is considered High (3.05). Top answers include items as “I believe that doing good to others is necessary for salvation,” which is rated as Very High. It is followed by “I think of eternal life or life after death in my dealings with others,” ranked as High. Bottom answers are a tie on items “In my dealings with others, I think of life after death,” and “I think of heaven and hell in the way I treat others,” both were rated as High.

Table 2. Religious Beliefs' Index
(n=378)

B. BELIEFS	Average	Qualitative Description	Rank
I believe that doing good for others is necessary for salvation.	3.30	Very High	1
I think of eternal life or life after death in my dealings with others.	3.08	High	2
In my dealings with others, I think of life after death.	2.94	High	3.5
I think of heaven and hell in the way I treat others.	2.87	High	3.5
Overall Religious Beliefs Index	3.05	High	

Parameters: 1.0 – 1.74 = *Very Low*
 1.75 – 2.49 = *Low*
 2.50 – 3.24 = *High*
 3.25 – 4.00 = *Very High*

The overall religious index of the 378 respondents, where the results yielded (2.68), which means relatively high. The religious practices (3.08) and religious beliefs (3.05) had the same levels, which is relatively high.

Status of the Sexual Risky Behaviour of Respondents

Table 3 presents the Perception and Experimentation on Premarital Sex of the respondents. Above three-fourths (75.92%) were affirmative that premarital sex is harmful to their health, while the remaining less than a fourth (24.08%) disagree with such notion.

Table 3. Perception and Experimentation on Premarital Sex (n=378)

	Frequency	Percent
a. think premarital sex is harmful to your health		
Yes	287	75.92
No	91	24.08
Total	378	100.00
b. engaged in premarital sex		
Yes	57	15.08
No	321	84.92
Total	378	100.00

Furthermore, the data revealed that above a tenth (15.08%) engaged in premarital sex. Among those who were affirmative to engage in premarital sex, when further asked on the frequency of their engagement, more than half claimed they do it often (57.89%), more than a fourth said they do it most often (26.32%), slightly above tenth said they do it always (10.52%), see **Table 4**.

Table 4. Frequency of Premarital Sex (n=57)

Frequency	Frequency	Percent	Rank
Often	33	57.89	1
Most Often	15	26.32	2
Always	6	10.52	3
Sometimes	3	5.26	4
Total	57	100.00	

Table 5 presents the Perception and Experimentation of Unprotected Sex. Among the total number of respondents (378) who shared their belief and behavior on unprotected sex, the majority (88.09%) were affirmative that it is harmful to their health, while the remaining above a tenth (11.91%) negated otherwise. Above a tenth (12.16%) also actually engaged in unprotected sex.

Table 5. Perception and Experimentation on Unprotected Sex (n=378)

	Frequency	Percent
a. think unprotected sex is harmful to your health		
Yes	333	88.09
No	45	11.91
Total	378	100.00
b. engaged in unprotected al sex		
Yes	46	12.16
No	332	87.83
Total	378	100.00

Table 6 displays the frequency that the respondents engaged in unprotected sex were among the 46; more than half (58.69%) claimed to do it often. The remaining percentages were spread among those who said they do it always (15.22%), sometimes (13.04%), and most often (13.04%).

Table 6. Frequency of Unprotected Sex (n=46)

	Frequency	Percent	Rank
Often	27	58.69	1
Always	7	15.22	2
Sometimes	6	13.04	3.5
Most Often	6	13.04	3.5
Total	46	100.00	

Table 7 depicts the belief and behavior of the respondents on multiple sex partners. Among the 378, less than a tenth (7.41%) said that engaging in such is not harmful to one's health, while the vast majority said that multiple sex partner engagement is a threat to their health with a frequency of 350 (92.59 %). Further, **Table 7** showed that very few (4.50%) engaged in multiple sex partners.

Table 7. Perception and Experimentation on Multiple Sex (n=378)

	Frequency	Percent
a. think multiple sex is harmful to your health		
Yes	350	92.59
No	28	7.41
Total	378	100.00
b. engaged in multiple sex		
Yes	17	4.50
No	361	95.50
Total	378	100.00

Table 8 depicts the episodes of having multiple sex partners that; among the seventeen who claimed to be practicing such, more than a tenth (11.76%) claimed to do it most often, above two-thirds said they do it often (70.59%), and almost a fifth said they do it sometimes (17.64%).

Table 8. Frequency of Multiple Sex (n=17)

	Frequency	Percent
Sometimes	3	17.64
Often	12	70.59
Most Often	2	11.76
Always	-	-
Total	17	100.00

Table 9 examines if Religion is significantly associated with sexual risk-taking. The data showed no significant relationship between Religion and premarital sex, unprotected sex, multiple sexual partners, and unpaid sex. Therefore, the statistical results failed to reject the null hypothesis. Hence, not enough evidence showed significance between the two variables.

Table 9. Relationship between Religion and Sexual Risky Behavior of the Respondents (n=378)

	Phi Coefficient	Sig (2-tailed)	Interpretation	Decision
Premarital Sex	0.096	.062	Not Significant	Failed to reject H ₀
Unprotected Sex	0.038	.460	Not Significant	Failed to reject H ₀
Multiple Sexual Partner	-0.040	.434	Not Significant	Failed to reject H ₀

Correlation between Religious Index and Sexual Risky Behaviour

Table 10 examines the relationship between the religious practice index and risky sexual behaviors. The data show that religious practice index was not significantly correlated with the sexual risky behaviors of the respondents, namely premarital sex ($r=0.036$, $p>0.05$), unprotected sex ($r=-0.009$, $p>0.05$), multiple sexual partners ($r=-0.053$, $p>0.05$), and unpaid sex ($r=-0.072$, $p>0.05$). The data further shows that the non-significant bootstrapped result supported the non-significant result for the non-bootstrapped correlation. Hence, the results failed to reject the null hypothesis. Hence, not enough evidence supported the correlation between variables (Religious Practice Index and Premarital Sex; Religious Practice Index and Unprotected Sex; Religious Practice Index and Multiple Sex Partners; Religious Practice Index and Unpaid Sex), respectively.

This could mean that religious practice is an insufficient deterrent of sexual risky behaviors and, quite possibly, operates on a yet unknown intervening variable.

Table 10. Correlation between Religious Practice Index and Sexual Risky Behaviours (n=378)

	Pearson Correlation	Sig. (2-tailed)	Bootstrapped 95% Confidence Interval		Interpretation	Decision
			Lower	Upper		
Premarital Sex	.036	.483	-.068	.140	Not Significant	Failed to reject H ₀
Unprotected Sex	-.009	.863	-.102	.080	Not Significant	Failed to reject H ₀
Multiple Sex partners	-.053	.306	-.144	.036	Not Significant	Failed to reject H ₀
Unpaid Sex	-.072	.163	-.192	.042	Not Significant	Failed to reject H ₀

Table 11. examines the relationship between Religious Beliefs Index and Sexual Risky Behaviours using non-bootstrapped and bootstrapped data.

Table 11. Correlation between Religious Beliefs Index and Sexual Risky Behaviours (n=378)

	Pearson Correlation	Sig. (2-tailed)	Bootstrapped 95% Confidence Interval		Interpretation	Decision
			Lower	Upper		
Premarital sex	.060	.245	-.047	.167	Not Significant	Failed to reject H ₀
Unprotected Sex	.045	.384	-.052	.134	Not Significant	Failed to reject H ₀
Multiple Sex partners	.041	.425	-.060	.133	Not Significant	Failed to reject H ₀
Unpaid Sex	-.013	.795	-.137	.091	Not Significant	Failed to reject H ₀

The non-bootstrapped and bootstrapped result, shown in Table 70, revealed no significant relationship between religious beliefs and premarital sex, unprotected sex, multiple sexual partners, and unpaid sex. Hence, the findings failed to reject the null hypothesis. Hence, not enough evidence supported the correlation between variables.

Table 12 examines the relationship between the overall religiosity index and sexual risky behaviors. The data show that the overall religiosity index was **not significantly** correlated with premarital sex, unprotected sex, multiple sex partners, and unpaid sex. Hence, results failed to reject the null hypothesis. Hence, not enough evidence supported the correlation between variables.

Table 12. Correlation between the Overall Religious Index and Sexual Risky Behaviours
(n=378)

	Pearson Correlation	Sig. (2-tailed) Lower	Bootstrapped 95% Confidence Interval		Interpretation	Decision
			Lower	Upper		
Premarital sex	.054	.294	-.054	.165	Not Significant	Failed to reject H_0
Unprotected Sex	.019	.712	-.073	.113	Not Significant	Failed to reject H_0
Multiple Sex partners	-.012	.812	-.104	.073	Not Significant	Failed to reject H_0
Unpaid Sex	-.057	.267	-.170	.046	Not Significant	Failed to reject H_0

As mentioned earlier, it is quite possible that the link between religiosity and sexually risky behavior is indirect and that it operates on some other intervening variable not captured in the present study. These findings **are dissimilar** with the results of the study of Francis, Myers, Nkosi, Petersen Williams, Carney, Lombard, and Morojele (2019) on «The prevalence of religiosity and association between religiosity and risky sexual behaviors in Western Cape, South Africa,» which stated that learners with high religiosity were **significantly** less likely to report sexual risk behavior. The same study reported that higher religiosity has an inverse association with risky behaviors and outcomes for poor health, use and misuse and risky behavior intervention programs for the young people.

CONCLUSION

Religiosity seemed to lose its relevance in the respondents' decision-making to engage in sexual, risk-taking behaviors. Therefore, the findings of this study debunked the consensus in the study of Carver and Scheier's (1998) self-regulation theory, a framework for organizing the empirical research; the authors reviewed the evidence on the several propositions. Firstly, it stated that religion promotes self-control. Religion influences how goals are selected, pursued, and organized. Lastly, religion facilitates self-monitoring; and that religion fosters the development of self-regulatory strength.

Another study found that, when compared to their non-religious peers in North America, young people who believe in God and the importance of religion in their life are less likely to engage in dangerous behaviors like early sexual interactions (Jessor 1991). Cheung and Yeung (2011) analyzed 40 papers on the association between religion and destructive and constructive behaviors in a meta-analysis. They concluded that religiosity and productive activity had a considerable beneficial link.

RECOMMENDATIONS

The following recommendations are hereby provided:

1. A need to define the value of 'character' that the University of Bohol's Vision-Mission is anchored to address the risky behaviors of students when they knew for a fact that sexual behaviors such as premarital sex, unprotected sex, and multiple sex partners are harmful to one's health;
2. It is suggested to include in the curriculum revisit the integration of religious culture and values in all Social Science subjects and the strengthening of values;
3. A need to intensify the reproductive health education to guide students to a firm stand on reproductive health issues, that includes sexual risk-taking behavior;
4. A need to build a strong foundation on «beliefs or practices» to build up their values system when confronted with significant decisions, such as saying no to sexual risk-taking behaviors that are deterrent to their future;

5. A need to strengthen spiritual wellness, that will address character and values formation to enable students to arrive at a sound decision-making.

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