

# Sexual practices among undergraduate students holding religious beliefs

## Abstract

The findings reported here form part of a larger research project that the main aim of this study was to survey the sexual practices and perceptions of risk among undergraduate students attending a tertiary institution in Jamaica. To answer the research questions, a cross-sectional survey research design was used. A total of 541 undergraduate students were selected using the stratified random sampling method. Data were collected through the use of questionnaires which were analyzed using descriptive statistics. Of the 376 (69.5%) respondents who declared that they were sexually active, 360 (71.0%) were affiliated to Christianity, 12 (2.3%) Muslim, four or less than one percent belonged to the Jewish religion. The majority of the respondents (89.4%) indicated being active members of their religion and were 35 years or younger.

The results showed that half of the respondents that are 200 (55.2%) reported having sexual intercourse with one person during the past six months. Fifty-eight or 16% reported never had sexual intercourse, 10 (2.9%) had sexual intercourse with two to three partners, 75 (20.7%) with four to six partners, eight or 2.2% with seven to eight partners and two or 0.6% with more than eight persons. A total of 204 (45.2%), said "yes" they had changed their dating behavior as a result of concerns about Sexually Transmitted Infections, while 247 (54.7%) said "no". A total of 349 (67.1%), said "yes" they have been at risk in contracting STI as a result of having sex without a condom, while 171 (32.9%) said "no". The increasing impact of religion and religious affiliation is very obvious in the Jamaican society. Religious beliefs on sexual matters appear to have considerable influence on the sexual conduct of Jamaican young men and women. However, the connecting pathway between religion and sexual behaviors among university students is likely to be complex. Interaction between such factors as financial issues and pressure of peers may play a more significant part than religious affiliation. The role of religion in health education and its promotion and delivery should be looked into by various health policy-makers.

**Keywords:** religion, sexual practices, sexually transmitted infections, perceptions of risk

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## Introduction

Religion has been well-established as a protective factor for various physical health,<sup>1-4</sup> and mental health outcomes.<sup>5-8</sup> As Rostovsky and colleagues<sup>9</sup> concluded, "as long as sexual minority identity development occurs in a social context of stigma, discrimination, and marginalization, sexual minority youth will face (and frequently overcome) psychological and social challenges to their health and well-being". Some authors have hypothesized that the experiences of conflict within the religious context may actually take a toll on sexual minority individuals rather than serving a protective benefit.<sup>9,10</sup>

### religiosity and sexual risks among young adults

Religiosity is an important factor in assessing young people's vulnerability to HIV and other STIs. According to Regnerus,<sup>11</sup> religion always makes a difference in the context of young people's sexuality. Religiosity has been found to be negatively associated with risk-taking among young people.<sup>12</sup> In particular, research shows that religious affiliation and religious practice are negatively associated with premarital sex.<sup>13,14</sup> Premarital sex is seen as sin and those who disobey this teaching of the Christian religion may receive heavy sanctions from the Church or may even be ostracized from the faith.<sup>15</sup>

One would therefore expect that young people who are affiliated to the Christian religion would be more likely to delay sexual intercourse until marriage.<sup>16</sup> But, however affiliation to the Christian faith alone may not necessarily imply compliance with the instruction to delay sex and many young people who claim to be Christians engage in premarital sex.<sup>13,15,17</sup>

Beckwith & Morrow,<sup>18</sup> found that individuals who possess high religiosity and high core spirituality have more conservative sexual attitudes and less sexually permissiveness attitudes than their counterparts, which might lead to fewer sexual experiences. More precisely, one or more causal mechanisms underlying this association may be related to (a) a personal dimension, which consists of specific individual beliefs; (b) a family dimension, where certain values are socialized and or imposed through social control. Comparatively, religious parents talk less with their children about sexuality, but more about sexual morality.<sup>11</sup>

Using data from the National Longitudinal Study on Adolescent Health in the United States of America, Meier<sup>19</sup> found that higher religiosity reduces the probability of having an early sexual initiation for both male and female adolescents, with the effect being larger among females. A delayed onset of penetrative sexual activity may be

the result of internalized moral values. As already mentioned, sexual abstinence before marriage is strongly promoted by the Catholic Church, and this attitude could be funneled through religious service attendance, along with stronger social control in families with rigid religious convictions.<sup>20</sup>

As noted by Wallace & Williams,<sup>21</sup> another risk-reducing effect of religiosity, when sexual activity has already been initiated, could be a lower number of sexual partners among females. On the risk-enhancing side, religious individuals might be less knowledgeable about sexual and reproductive health issues than their non-religious peers due to restrictive moral norms in their respective families. Such upbringing, which encourages discussion on sexual morality while discouraging conversation about sexuality, may also have a negative impact on the availability of relevant information.<sup>11</sup> In addition, religious young people might hold less positive views regarding condom use and be less likely to use efficient protection when sexually active, as the religious norms that they accept and respect reject the use of artificial family planning methods.<sup>22</sup> Furthermore, religious individuals may be less cognitively susceptible to planning their sexual encounters,<sup>23</sup> which would, in turn, make them less prepared and less likely to use protection.<sup>24</sup>

Lefkowitz et al.<sup>25</sup> found that younger individuals who held fast to their religious beliefs regarding sexual behaviors had more conformist sexual attitudes and that these sexual attitudes determined their sexual behaviors including sexual intercourse, condom use, and number of sexual partners. More importantly, they concluded that religious behaviors might be the strongest predictors of sexual behaviors, whereas religious attitudes might be better predictors of sexual attitudes. Agardh, Tumwine, & Ostergren,<sup>26</sup> put forward that a young person who, for whatever reason, is tempted to have sex will most likely have difficulty obtaining a condom from friends or family members, who will associate premarital sex with immorality and religious backsliding. In addition, in Uganda condoms are mostly sold over the counter in shops or pharmacies where one needs to ask the shop attendant for them “publicly”, making condoms hard to purchase in a clandestine manner. In effect, a religious young man buying a condom in the marketplace stigmatizes himself. Consequently, young people, especially males, end up having unprotected sex within secret relationships.

Several researchers have explored the concept of religiosity, which involves religious identity, behaviors, attitudes, and perceptions, to determine the impact of religion on health behaviours.<sup>18,25,27,28</sup> For example, Rostosky et al.<sup>9</sup> reported that their review of studies between 1980 to 2001 frequently supports the premise that religiosity influences the delay of vaginal sexual intercourse among female adolescents,

**Table 2** Students' Religious Affiliation and Sexual Partners

Number of partners	Religious affiliation					Total
	Christianity	Muslim	Hindu	Jewish	Other	
Never had sexual intercourse	76 (16.4%)	1 (0.2%)	-	-	1 (0.2%)	78 (16.8 %)
Had sexual intercourse with 1 person	234 (50.6%)	9 (1.9%)	1 (0.2%)	-	2 (0.4%)	246 (53.2%)
Had sexual intercourse with 2-3 persons	92 (19.9%)	1 (0.2%)	-	3(0.6%)	2 (0.4%)	98 (21.2%)
Had sexual intercourse with 4-6 persons	28 (6.0%)	-	-	-	-	28 (6.0%)
Had sexual intercourse with 7-8 persons	9 (1.9%)	-	-	-	-	9 (1.9%)
Had sexual intercourse with more than 8 persons	3 (0.6%)	-	-	-	-	3 (0.6%)
Total	442 (95.6%)	11 (2.3%)	1 (0.2%)	3 (0.6%)	5 (1.8)	462 (100%)

No response (n=79)

especially among white young females, but there is not a consensus among all studies as a few have found no relationship between them. Lefkowitz et al.<sup>25</sup> found that younger individuals who adhered to their religious beliefs regarding sexual behaviors had more conservative sexual attitudes and that these sexual attitudes determined their sexual behaviors including sexual intercourse, condom use, and number of sexual partners. A cross-sectional survey research design was used which allowed for the utilizing of the quantitative data collection and data analysis. Students who were used in this study were from the main campus and were selected using the stratified random proportionate method. The sample size was (n=541). Ethical approval was obtained from the Research Ethics Committees of the University of Technology, Jamaica.

## Results

### Students' religious affiliation and their sexual practices

The respondents were asked to whom they were sexually attracted. Four hundred and forty-one or 88.8% stated the “opposite sex”, 33 (6.4 %) stated “same sex” and 24 (4.7 %) stated “both sexes”. See Table 1 for the cross-tabulation of the respondents' responses by their religious affiliation.

**Table 1** Students' Religious Affiliation and their Sexual Attraction

Religious affiliation	Sexual attraction			Total
	Same sex	Opposite	Both	
Christianity	23 (4.5%)	441 (83.6%)	22 (4.2%)	486 (94.9%)
Muslim	9 (1.8%)	11 (2.1%)	1 (0.1%)	21 (4.1%)
Hindu	1 (0.2%)	-	-	1 (0.2%)
Jewish	-	3 (0.5%)	1 (0.2%)	4 (0.7%)
Total	33 (6.4 %)	455 (88.8%)	24 (4.7%)	512 (100%)

### Sexually active

Sexually active of the 376 (69.5%) respondents who declared that they were sexually active, 360 (71.0%) were affiliated to Christianity, 12 (2.3%) Muslim, four or less than one percent belonged to the Jewish religion.

### Number of partners within six months based on religious affiliation

The respondents were asked how many persons they had sexual intercourse with during the past six months (Table 2).

## Religious affiliation by marital status

Religious affiliation by marital status of the 509 respondents who answered this question, 482 (93.8%) were of the Christian faith, while 21 (4.0%) Muslim, two (0.4%) Hindu, 4 (0.7%) belonged to the Jewish religion. See Table 3 for religious affiliation by marital status.

**Table 3** Religious affiliation by marital status

Religious affiliation	Marital status						Total
	Single	Married	Divorced	Widowed	Common Law	Separated	Total
Christianity	394 (76.5)	33 (6.4)	11 (2.1)	8(1.6)	32(6.2)	4 (0.7)	482 (94.6)
Muslim	16 (3.1)	1 (0.2)	-	-	3(0.6)	1 (0.2)	21(4.0)
Hindu	2 (0.4)	-	-	-	-	-	2 (0.4)
Jewish	4 (0.7)	-	-	-	-	-	4 (0.7)
Total	416 (81.7)	34 (6.6)	11(2.1)	8 (1.5)	35 (6.8)	5 (0.9)	509 (100)

**Table 4** Religious Affiliation and Students' History of Pregnancy

Religious affiliation	Been pregnant		Total
	Yes	No	
Christianity	63 (23.3%)	189 (70.0%)	252 (93.3%)
Muslim	4 (1.5%)	11 (4.0%)	15 (5.5%)
Hindu	1 (0.3%)	-	1 (0.3%)
Jewish	1 (0.3%)	1 (0.3%)	2 (0.7%)
Total	69 (25.5%)	201 (74.4%)	270000%

## Risk for contracting STI

The respondents were asked if they had ever been at risk in contracting STI as a result of having sex without a condom. A total of 349 (67.1%), said "yes", while 171 (32.9%) said "no".

## Dating behaviour

The respondents were asked if they had changed their dating behavior as a result of concerns about Sexually Transmitted Infections. A total of 204 (45.2%), said "yes", while 247 (54.7%) said "no". See Table 5 for the cross-tabulation of the respondents' responses by religious affiliation.

**Table 5** Religious Affiliation and Students' Dating Behaviour

Religious affiliation	Dating Behaviour		Total
	Yes	No	
Christianity	196 (42.6%)	237 (52.5%)	433 (95.1%)
Muslim	4 (0.8%)	9 (2.0%)	13 (2.9%)
Hindu	1 (0.2%)	-	1 (0.3%)
Jewish	3 (0.6%)	1 (0.3%)	4 (0.8%)
Total	204 (45.2%)	247 (54.7%)	451 (100%)

## Discussion

A vast majority of the undergraduate students did not change their dating behavior as a result of concerns about Sexually Transmitted

## Ever been pregnant

The female respondents were asked to indicate if they had ever been pregnant. A total of 201 (74.4%) of the respondents said "no", while 69 (25.5 %) stated "yes". See Table 4 for the cross-tabulation of the respondents' responses by religious affiliation.

Infections. It should be noted that the largest number of respondents in the study was of the Christian faith. Over half of the respondents of the Christian faith reported that they did not change their dating behavior as a result of concerns about Sexually Transmitted Infections. Religion is expected to influence an individual's behavior to the extent that religious belief and faith serves as a source of meaning and inspiration in one's everyday life. Consistent with this notion, researchers have found that questions that focus upon the importance or salience of religion in one's everyday life are almost always related to involvement in delinquency and other types of deviant behaviour.<sup>29</sup> However, in this study religion was not a major deterrent for persons who stated that they were active members of their religious affiliation.

Based on this study four percent of those of the Christian faith reported being attracted to the same sex and five percent attracted to both sexes. The percentage was higher in a study conducted by Ellis et al.<sup>30</sup> in United States and Canada among college students in 20% of males and 25% of females reported at least occasionally sexually fantasizing about members of their own gender. The respondents in this study were not afraid to identify their sexual preferences, which speak to a change in their fundamental views. Ellis et al.<sup>30</sup> further indicated that many individuals were hesitant in revealing detailed information about their sexual behavior and preferences, even on anonymous questionnaires. This reason, along with conceptual problems surrounding exactly what constitutes sexual orientation and how best to divide what is in actuality a continuum of preferences, is responsible for considerable disagreement about the prevalence of homosexuality, bisexuality, and heterosexuality.

The increasing impact of religion and religious affiliation is very obvious in the Jamaican society. Religious beliefs and attitudes on sexual matters appear to have considerable influence on the sexual conduct of Jamaican young men and women. However, the connecting pathway between religion and sexual behaviors among university students is likely to be complex. Interaction between such factors as financial issues and pressure of peers may play a more significant part than religious affiliation. According to Regnerus,<sup>11</sup> religion always makes a difference in the context of young people's sexuality.

The Christian religion does not support same sexual orientation. The mere fact that these students declared themselves to be affiliated with the Christian faith and yet were willing to share their sexual

preferences speaks volumes. Are persons now open because they have support and laws that protect them or have they become more liberal in their views? Furthermore, early adulthood represents a time when individuals engage in extensive identity exploration intensified by new experiences such as living away from home and exposure to different social environments.<sup>11,31</sup> These experiences may combine to influence tertiary students' religious beliefs, sexual attitudes, and sexual behaviors.

Just under a half (41.2%) of the respondents who were 35 years and younger indicated being active members of their religion. Lefkowitz et al.<sup>25</sup> found that younger individuals who kept to their religious beliefs regarding sexual behaviors had more traditional sexual attitudes. These sexual attitudes established their sexual behaviors including sexual intercourse, and number of sexual partners. Overall in this study, a little over a quarter (29.8%) of the participants who expressed belief in the Christian faith had two or more partners which seemed to be contradictory to their faith. It is possible that these sexual partners of those professing Christianity are not known publicly.

One would expect that young people who are affiliated to the Christian religion would be more likely to delay sexual intercourse until marriage, but, affiliation to the Christian faith alone may not necessarily imply compliance with the instruction to delay sex and many young people who claim to be Christians engage in premarital sex.<sup>13,15,17</sup> Agardh, Tumwine, & Ostergren,<sup>26</sup> stated that as a result, a young person with religious affiliation who for whatever reason, is tempted to have sex will most likely have difficulty obtaining a condom from friends or family members, who will associate premarital sex with immorality and religious backsliding.

Consequently, young people, especially males, end up having sex without any form of protection within secret relationships. Based on this study 29.7% of the participants who were affiliated to a religion had sexual intercourse with more than two partners, those from the Christian faith accounted for 21.2%. It is interesting that 2.4% of them were married.

Forty-two percent of them reported to have changed their dating behaviour as a result of STI rather than religious concerns. One would therefore expect that young people who are affiliated to the Christian religion will be more likely to delay sexual intercourse until marriage. This finding supports the views of Odimegwu,<sup>13</sup> Garner,<sup>15</sup> & Sadgrove,<sup>17</sup> who suggest that an affiliation to the Christian faith alone may not necessarily imply compliance with the instruction to delay sex. This was evident in this study as those who were single (24.1%) and were active church members had two or more partners. Individuals had drifted from the fundamental principles of their faith which does not encourage pre-marital sex.

It is interesting to note that 52.0% of those who claimed to be Christians did not change their dating behaviour as a result of concerns about STIs but as a result of their beliefs. This is interesting and the author wonders if this is a form of rebellion as the qualities they may look for in their partners may not be found in church settings due to limited males within the church. Of the females who reported being pregnant (23.3%) were of the Christian faith. The importance of religion and religious affiliation was however associated with abstinence as 16% of them who were affiliated to a religion reported never having sexual intercourse. This finding coincides with Sadgrove,<sup>17</sup> who reported that Christian youth within the university environment had been shown to find it difficult to abstain from sex.<sup>17</sup>

Sadgrove,<sup>17</sup> found that the Uganda's Makerere University students who engaged in sex reported having guilt feelings and fear of being ostracized, while some were actually ostracized from the church. This served to remove Christian youth from the environment that might confer protection from risk of infection, thereby increasing sexual vulnerabilities. The fact that churches sanction those who break their rules by having sex and that society holds Christians accountable for having sex outside of marriage could motivate abstinence.<sup>17</sup>

In this study 63.7% of those who are active Christians believed that they were at risk of contracting STIs due to having unprotected sex. Yet, Agha et al.<sup>32</sup> & Sadgrove,<sup>17</sup> highlighted the fact that the shame and guilt that comes with having sex could serve to push those who are unable to sustain abstinence to have sex in secret making them less likely to practice safe sex. For instance, studies have shown that Christian youth who engage in sexual relationships, because they are unable to sustain abstinence, are less likely to use condoms.<sup>26,32</sup> As noted by Wallace & Williams,<sup>21</sup> another risk-reducing effect of religiosity, is when sexual activity had already been initiated, resulting in a lower number of sexual partners among females.

## Conclusion

It is of great necessity that the opportunity to facilitate open forums for students to discuss the interplay and intricacies between religion, sexual perceptions, attitudes and behaviors. It is believed that the foregoing will assist them in developing some form of accountability and responsible sexual behaviours and practices. This will promote peer education sessions that will empower the students to make decisions that will prevent them from engaging in risky sexual practices such as having multiple partners and unprotected sex.

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## Conflict of interest

The author declares there is no conflict of interest.

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