

## Extended Abstract for Race, Religion, and Adolescent Sexual Behavior

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### Background

Contrary to some popular images, religion plays a significant role in the lives of many adolescents in the U.S., according to a number of surveys and public opinion polls. About half of all American youth participate regularly in religious organizations, a figure that declines over the course of adolescence and varies by race or ethnicity, as well as region of residence (Smith et al. 2002). Levels of church attendance and participation, as well as other aspects of religious practice and subjective religiosity, are significantly higher among African Americans than among whites from comparable backgrounds (Taylor et al. 1996). Due in part to a dearth of large-scale survey data on U.S. Hispanics, few rigorous studies have examined the role of religion in the lives of individual Latinos/as. Levels of individual religiosity among Latinos/as remain relatively high, especially among Mexican Americans, who are by far the largest national-origin group among US Hispanics, and they are higher among Protestants than among Catholics (Ellison, Echevarría, and Smith 2003). Even less is known about the diverse Asian American populations in the U.S., especially about the role of religion among Asian American adolescents. Post-1965 immigration streams have brought or strengthened an array of non-Christian traditions (i.e., various branches of Buddhism, Hinduism, Islam). Among the largest and fastest growing segments of the U.S. Asian population (i.e., Chinese, Korean, Filipino), however, Christian traditions are also important and popular. One poll estimates that as many as 32% of Chinese Americans now identify as Christian (Dart 1997). Finally, the number of American adolescents whose affiliation is within the Christian tradition has begun to decline, in step with an apparent increase in religious tolerance among American youth (Rabey 2001).

Religion, Race/Ethnicity, and Sexual Behaviors. Of the 50 studies of religion and sexual behavior reviewed recently by Wilcox et al. (2001), only eleven analyzed this relationship by ethnicity. One reason for this poor performance is that many studies are either conducted entirely with white youth, or their small sample size restricts racial and ethnic comparisons. Nevertheless, most studies that conducted analyses by race/ethnicity found notable differences in the extent to which religiosity was associated with sexual behavior. A variety of studies have explored the influence of (self-reported) frequency of religious attendance, and most of these works report a protective or delayed effect on coital debut. While studies have varied in the exact nature of the relationship (e.g., what sorts of religious practices protect who from what), samples of white adolescent girls (especially) and boys tend to display the most consistent pattern of effects of religiosity on delayed sexual debut. Asian American and Hispanic youth (of both genders) appear to benefit somewhat less from religiosity (on sexual debut), together with African American girls. Such relationships may also be changing: African American women from fundamentalist religious backgrounds have long exhibited a tendency to delay first intercourse, while white women from fundamentalist affiliations trended in this direction during the 1980s (Cooksey et al. 1996; Brewster et al. 1998). Finally, in terms of religious effects, at least six recent studies have noted *no* effect of religiosity on sexual debut for African American adolescent boys (Bearman and Brückner 2001; Billy, Brewster, and Grady 1994; Cvetkovich and Grote 1980; Day 1992; Ku, Sonenstein, and Pleck 1993; Perkins, Luster, Villarruel, and Small 1998), while at least a pair of studies found that, after controlling for conservative sexual attitudes, more religious African American boys were actually *more likely* to have had sex than

their less religious counterparts (Ku et al. 1998; Rostosky, Regnerus, and Wright 2003). At least one study of Hispanic adolescent boys has noted this as well (Day 1992). Finally, a very recent study has noted that sexual attitudes appear to mediate the relationship between religiosity and coital debut, especially among boys (Meier 2003). The study found no evidence that adolescents reduced their religiosity after experiencing virginity loss, suggesting at best a very modest risk of reverse causation. Nevertheless, no attempt was made to examine these relationships by racial categories.

Several studies have investigated the effects of religious attendance on the frequency or consistency of sexual intercourse, with uneven results. A cross-sectional study of unmarried, sexually active girls found a modest inverse association between attendance and the recent frequency of sex for whites, but no relationship among African Americans (Durant and Sanders 1989). Another study found no comparable link; however, more frequent attendance was linked with fewer months of sexual activity (for non-black girls) during the previous three years (Billy et al. 1994). Much less common are studies of religious salience (e.g., private religiosity). According to one such study, lower scores on a composite measure of religiosity were associated with a greater likelihood of having had more than two sexual partners among white girls, but not for African American girls (Zelnik et al. 1981). More recent research, however has detected such a link among African American girls (McCree et al. 2003). Despite the recent rise in popularity of oral sex as a means by which youth can maintain a “technical” virginity (Lewin 1997; Remez 2000; Schuster et al. 1996), we are not aware of any solid studies that map its prevalence (or preference) by religious (let alone together with racial) categories. Oral sex, which is considered low-risk for some STIs (e.g., HIV), nevertheless can transmit other types of infections, including chlamydia, gonorrhea, and herpes (Edwards and Carne 1998a,b). It has been noted, moreover, that white youth appear more likely than African American youth to substitute oral for vaginal sex as a substitute or delay mechanism (Regnerus 2003d; Smith and Udry 1985). Finally, oral sex appears to co-occur with more riskier sexual practices in some populations (Sikstrom et al. 1996).

School Norms and Contextual Contingencies in Religious Influences. The Add Health project opens opportunities for the study of contextual effects never before available on the levels of community, school, friendship networks, and parent-child units. Deciphering contextual effects on adolescent behavior has shed light on theories of social disorganization, contagion, and collective socialization (Jencks and Mayer 1990). Research on coital debut suggests that sexual decision-making is “strongly bound to social context,” with school peers playing a critical role in “creating a sense of normative behavior” (Kinsman et al. 1998:1185). Using data from the 1993 Philadelphia Teen Survey, Teitler and Weiss (2000) found evidence for notable school effects on sexual initiation, both in the form of racial composition and school-level behavioral norms, suggesting school normative environments merit more extensive attention. Additionally, religious influences on behavior are thought to vary in different normative contexts, a theme that is central to the “moral communities” thesis in sociology. According to this perspective, the normative character of a contextual unit – such as the percentage of schoolmates who attend religious services weekly, or who hold restrictive attitudes about sex – may directly bear on the behavior of all students, regardless of their own attitudes. Recent research on the influence of religion on positive developmental outcomes in low-income neighborhoods adds additional motivation for studying the general influence of social contexts such as schools (Freeman 1986; Johnson et al. 2000; Regnerus and Elder 2003b). Thus there is reason to believe there are

identifiable contextual *hinges* (e.g., school norms) that may either curb or intensify the relationship between individual religiosity and adolescent sexual outcomes.

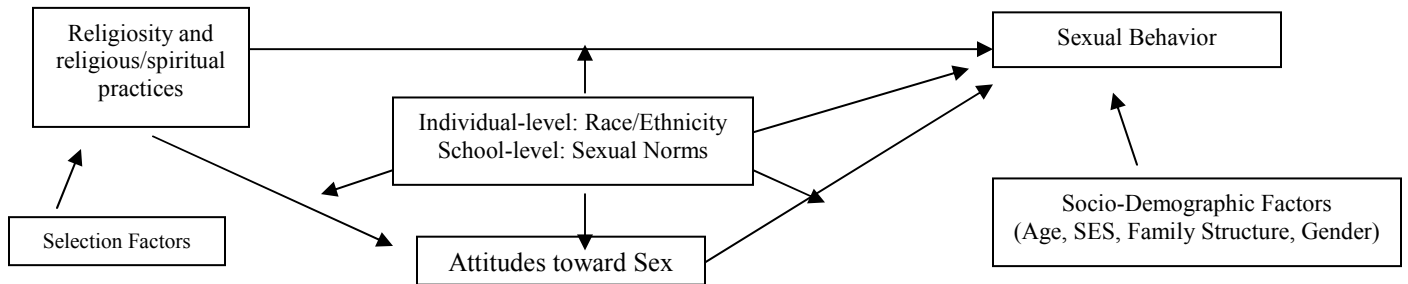
Attitudes Toward Sexual Activity and Contraception. Developmental studies on adolescent sex continue to show links between adolescents' attitudes and perceptions with behavior (Sieving, McNeely, and Blum 2000; Thornton and Camburn 1989). Miller and Olson (1988) found sex attitudes to be the strongest predictor of coital behavior. In their study of race differences in the timing of adolescent intercourse, Furstenberg et al. (1987) found greater support for a contextual or cultural explanation based on differences in subgroup attitudes or norms than for an explanation that focused on the more structural consequences of low SES, female-headed households, or educational orientation. Follow-up analyses of both restrictive and permissive attitudes have proven instrumental in timing of sexual initiation (O'Donnell et al. 2003). Not surprisingly, religious youth appear more prone to adopt their parents' attitudes about sex (Lagana 1999). Werner-Wilson (1998b) found religious participation was the *most important* predictor of the sexual attitudes of public high school students. A wealth of evidence demonstrates that conservative religious affiliation, participation, and belief are related to differences in attitudes concerning premarital, extramarital, and homosexual activity among U.S. adults (Hertel and Hughes 1987; Gay, Ellison, and Powers 1996). Not surprisingly, more frequent religious attendance is associated with less permissive attitudes among diverse samples of adolescents (Brown 1985; Miller and Olson 1988; Werner-Wilson 1998b; Thornton and Camburn 1989; Sheeran et al. 1993).

As evident from the studies reviewed above, most report a generally positive influence of religiosity (however measured) on several measures of sexual behavior, but that the relationship appears to vary across racial and ethnic groups. Among African Americans – the *most* religious category of American youth – religiosity is sporadically protective against sexual practices among girls, and either absent or aggravating among boys. Although several studies have reported this enigma, few have referenced more than passing suggestions for why it exists. Durant and Sanders (1989) suggested the possibility that the African American religious groups may have more permissive views towards sexual behavior (Durant and Sanders 1989). Studies of sexual attitudes reinforce this, citing that African Americans hold more tolerant or forgiving attitudes about premarital sex and pregnancy than other groups (Furstenberg, Morgan, Moore, and Peterson 1987; Lincoln and Mamiya 1990; Smith 1994). Brewster et al. (1998: 502) concluded briefly that African American and white fundamentalist churches differ in their “belief structures and overall orientation toward moral behavior.” In their study of results from the Black Church Family Project, Rubin et al. (1994) suggest one reason may be the Black Church's historical reticence regarding sexual issues. Nevertheless, the literature is characterized by a lack of confidence in any one explanation.

Building on the evidence outlined above – as well as our own research on religion and religious influences – my analyses is based on a conceptual model (in Figure 1) concerning religious effects on sexual behavior that vary by race/ethnicity, as well as the school sexual culture or climate in which sex is perceived (e.g., percent of students holding permissive/restrictive attitudes about sex). Specifically, the model suggests that attitudes toward sex significantly mediate the relationship between religiosity and actual sexual behavior, yet that this mediation process itself is subjected not only to racial/ethnic variation but also to the moderating effects of school climate. Additionally, I also acknowledge the continuing influence of demographic and other important contexts (e.g., family relations). Moreover, while it is not

easily distinguishable from the conceptual model, I hypothesize that school demographic characteristics (e.g., percent African American) may also shape the school sexual climate.

Figure 1: Conceptual Model of Mediated and Contingent Religious Effects on Sexual Behavior



The ideal analysis of the conceptual model outlined in Figure 1 requires two different data sources: Add Health because it is longitudinal, and specializes in the measurement of sexual practices/attitudes, race/ethnicity, and school-level information; and the NSYR because it measures multiple aspects of religion and religiosity, yet includes ample data on sexual practices.

## Data

This manuscript’s analyses come from two sources of data: the first three waves of the National Longitudinal Study of Adolescent Health and the first wave of the National Study of Youth and Religion. The first of these studies – known as “Add Health” – is a current, large, nationally representative, longitudinal data source focusing on adolescents and young adults. The data includes information on the important contexts in an adolescent’s life, namely parents, schools, communities, friends, and romantic partners. Over-samples of Cubans, Puerto Ricans, Chinese, and high-SES Blacks will allow us to study the linkages between religion and sexual behaviors and motivations/attitudes separately for African Americans, Latinos, Asian Americans, and non-Hispanic whites. More information about Add Health can be found at its website:

<http://www.cpc.unc.edu/projects/addhealth/>. Sexual behavior measures from Add Health include virginity status, sexual touching (of genitalia), frequency of sexual intercourse, age at first intercourse, contraceptive use at first and last sex, virginity pledging, and the number of sexual partners. Add Health also includes a range of questions about motivations to engage in or refrain from sex, anticipation of sexual guilt, as well as adolescents’ assessments of their parents’ attitudes about adolescent sexual behavior. Overall, Add Health is considered the most reliable and current source of national data on adolescent sexuality.

The second dataset comes from the National Study of Youth and Religion. The project has fielded a nationally random survey of 13-17 year olds and their parents (data available late Spring 2003). The survey also over-sampled households of ethnic and religious minorities. A total of over 3,300 completed cases. Whereas Add Health specialized in measuring adolescent health outcomes and behaviors, the NSYR is strong in particularly religious behaviors, beliefs, and identities. More information on the NSYR is available at its website:

<http://www.youthandreligion.org/>. In sum, this analysis will break considerable new ground in its investigation of the relationship between religion and sexual behavior, given its focus on racial/ethnic differences, understudied behaviors (e.g., oral sex), and a variety of religious sources of influence on both sexual attitudes and actions. Finally, the research team spent several months during Spring and Summer 2003 conducting in-depth follow-up interviews with 265 of

the original survey respondents, spanning 41 states. These interviews have been transcribed and are presently being analyzed (by the author).

### **Brief Summary of Initial Survey Data Analysis Results**

First, it is evident that African American youth – especially boys – are among the earliest to experience vaginal intercourse, and that religion does not appear to play a very significant role in effectively delaying this. Black Protestant youth sometimes find themselves in a “double whammy” status – both their race and their primary religious affiliation category were jointly related (positively) to the sexual activity being examined, and to more permissive sexual attitudes as well. It is worth re-stating, and wondering further about, the fact that even after controlling for race, African American Christians in the U.S. tend to be less conservative than evangelical Protestants on issues of sexuality and sexual behavior. Certainly African American youth – including religious ones – appear to hold attitudes about sex that are less restrictive than devoutly religious white youth tend to hold (Furstenberg, Morgan, Moore, and Peterson 1987; Lincoln and Mamiya 1990; Smith 1994). Further, the peer or friendship culture many African American youth experience is much more likely to reward or prize sexual behavior than among other groups. Parents and extended families are more likely to have experienced adolescent pregnancies – thus perhaps leading many youth to suggest that their own parents (here mothers) would not be as upset about sexual behavior as might white or Asian youth.

Several key advances that this particular study makes include one of the first thorough examinations of religion and its relationship to oral sex, as well as an initial analysis of religion’s relationship to internet pornography use among adolescents. While including internet pornography in my examination here can only be loosely termed a sexual behavior (rather, a sex-related behavior), doing so sheds light on other findings about religion and sex. To begin, it appears that – unless there is serious under-reporting – internet pornography use is not as extensive among American adolescent boys as some may believe. Additionally, it is evident that Jewish youth (and to a lesser extent, mainline Protestant youth) are fairly effective in delaying first intercourse. In fact, given the results here it appears that these two groups tend to replace intercourse with oral sex and (at least among adolescent boys) pornography. Both mainline Protestant and Jewish youth also tend to be from elevated SES backgrounds, and these forms of sexual behavior are inherently less risky and less threatening to long-term economic life chances. On the other hand, African American youth – which suffer inordinately from lower average SES – appear much more drawn to intercourse than either oral sex or pornography.