

## The Relationship between Religious Beliefs and Behaviors and the Intention of Premarital Sexual Abstinence among Iranian Youths

Mohtasham Ghaffari<sup>1</sup>, Zabihollah Gharlipour Gharghani<sup>2\*</sup>, Sakineh Rakhshanderou<sup>1</sup>

1. Department of Public Health, Faculty of Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran

2. Department of Public Health, Faculty of Health, Qom University of Medical Sciences, Qom, Iran

### Abstract

**Background and Objectives:** Relatively little is known about the relationship between religion and abstinence. The aim of this study was to examine the correlation between religious beliefs and behaviors and the intention of premarital sexual abstinence among Iranian youths.

**Methods:** The current study was a cross-sectional one carried out among youths of five universities in Shiraz, Iran. 577 participants were selected through stratified random sampling method. Data were gathered using a researcher-developed questionnaire including three sections: demographic characteristics, religious behaviors, and religious beliefs. The reliability of questionnaire was calculated with Cronbach's alpha coefficient ( $\alpha=0.82$ ) and, test-retest method through Intra-class Correlation Coefficient (ICC=0.88). Validity was verified with Content Validity Ratio (CVR) and Content Validity Index (CVI) by means of expert reviews.

**Results:** A significantly positive correlation was found between religious behaviors and intention of premarital sexual abstinence ( $P<0.001$ ), religious beliefs and intention of premarital sexual abstinence ( $P<0.001$ ), and religious behaviors and religious beliefs ( $P<0.001$ ).

**Conclusion:** The current study concluded that with the increase in religious beliefs and behaviors, the intention of premarital sexual abstinence was enhanced. Therefore, health educators and policy-makers should integrate religion and religious beliefs in their educational programs as one of the main components of health-related programs especially sexual affairs, according to the important role of religion in preventing and controlling premarital sexual intercourse

**Keywords:** Intention, Premarital Sexual Abstinence, Religious Behaviors, Religious Beliefs, Youths

\***Correspondence:** Should be addressed Zabihollah Gharlipour Gharghani. **E-mail:** gharlipour@yahoo.com

**Please Cite This Article As:** Ghaffari M, Gharlipour Gharghani Z, Rakhshanderou S. The Relationship between Religious Beliefs and Behaviors and the Intention of Premarital Sexual Abstinence among Iranian Youths. Health, Spirituality and Medical Ethics. 2015;2(2):2-7.

### Introduction

Iran, a country with mostly young people, is at risk of increased premarital sexual behavior. There has been an increase in the average age of marriage for both genders, as well as a rise in the number of young unmarried people in Iran.

While waiting for marriage, young people may engage in potentially risky premarital sexual behaviors (1). On the other hand, any relationship (particularly sexual intercourse) between men and women outside marriage is culturally, socially, religiously and legally forbidden in Iran, and most Iranians consider it important for young people to abstain from

any physical intimacy and sex until marriage (2).

Premarital sexual behavior could harm adolescents' health in general and their sexual health in particular (3). The association between premarital sexual behaviors and the risk of acquiring sexually transmitted infections or increased risk of unprotected sexual activities are well documented (4,5). Therefore, The World Health Organization [WHO] has presented sexual abstinence as one of the most effective strategies for prevention of STDs including HIV/AIDS (6). By practicing abstinence, young people reduce the number of partners, the number of non-monogamous partners, and their overall exposure to sexual behaviors that put them at risk for pregnancy and sexually transmitted infections (STIs) (7).

Although premarital sexual behavior has been a critically important area of research and the literature about this issue is abundant, the understanding of premarital sexual activity in Eastern countries, particularly Islamic societies, is relatively rare as sexuality remains a sensitive issue for many Muslims (8). Besides, sexual abstinence has not been completely examined or clearly defined in the literature (9, 10). In addition, less is known about the reasons why adolescents abstain from sexual intercourse compared with reasons for sexual involvement (11).

A number of risk and protective factors are associated with risky sexual behaviors. For instance, initiation of sexual intercourse at a younger age (12); higher socioeconomic status and elevated maternal level of education (12-14); and living with parents or not. (13, 15).

Religiosity is another factor that may influence adolescents' decisions about sexual behavior. According to some research, religious affiliation, behavior, or attitudes may be a protective factor associated with delay of coital debut (12, 13, 16-18). Other findings also recommend that greater religious involvement is a protective factor to have risky sexual behavior. So that the students who had higher religious scores were significantly more likely to have high self-efficacy in refusing sexual intercourse, and their attitudes supported their abstinence. Furthermore, these students were

more likely never to have had a sexual behavior (1). A research has shown that the importance of religion, religious service attendance, and denominational affiliation are significantly related to lower levels of sexual involvement (14). Frequency of attendance at religious services and importance of religion was associated with a lower likelihood of premarital sexual intercourse (16).

Although there is research on religiosity and sexual behavior among adolescents and youths, relatively little is known about the relationship between religion and abstinence, especially among Iranian population. The aim of this study was to examine the relationship of religious beliefs and behaviors and intention of premarital sexual abstinence among Iranian youth.

### Methods:

The current study is of a cross-sectional design that was carried out among youth of five universities in Shiraz, Iran. According to the sample size formula, 577 participants were selected using stratified random sampling method. For this purpose, sample size was calculated in each of the universities in proportion to its population which were as follows; 203 (35.2%), 161 (27.9%), 102 (17.7%), 87 (15.1%) and 24 (4.2%) from Shiraz University, Islamic Azad University, Payame-Noor University, University of Medical Sciences and Industrial University, respectively. After obtaining a list of University students, the single ones were randomly selected. The inclusion criteria for participation in this study are as follows: the student must be in the first academic year. Furthermore, he/she must be unmarried. The Ethical Committee of Shahid Beheshti University of Medical Sciences approved the study (No. 160 on Nov 4, 2014). All participants in the present study had enrolled voluntarily and anonymously. Data were gathered using a researcher-developed questionnaire which included three sections: demographic characteristics (age, gender, religion, job, father's job status, mother's job status, father's educational level, mother's educational level and current living status (whether with both parents, one of them or none); religious behaviors encompassed 5

questions with 5 points (e.g., “how much do you attend at religious services?”); religious beliefs included 13 questions with 5 points of Likert scale from completely agree to completely disagree (e.g., “I believe that having sexual intercourse outside of marriage is considered forbidden and a grave sin”). The reliability of questionnaire was calculated through Cronbach’s alpha coefficient ( $\alpha=0.82$ ) and, test-retest method through Intra-class Correlation Coefficient (ICC=0.88). The validity was verified according to grammar, wording and item allocation criteria using opinions of 12 health education and sociology experts. Furthermore, content validity was confirmed with Content Validity Ratio (CVR) and Content Validity Index (CVI) through experts' reviews .

The data were analyzed with SPSS v.16 using descriptive statistics and Pearson correlation coefficient. The P-value of  $< 0.05$  was considered statistically significant.

### Results

The mean age of participating students was  $21.44\pm 2.36$  years ranging from 18 to 36 years. According to religion, 534 (92.5%) were Shiite and 13 (2.3%) were Sunni. 262 (45.4%) were boys and 315 (54.6%) were girls. The majority of students (89.4%) were unemployed. 364 (63.1%) of the young people were then living with their families, 193 (33.4%) in dormitory and 18 (3.1%) with friends .

Concerning father's job status, the highest frequency (33.3%) was related to non-government jobs. The highest frequency (82.5%) was housekeeping for mother's job status. For father’s educational level, the highest frequency (31.4%) was related to high school diploma and, for mother’s educational level it was diploma (31.4%) (Table 1).

More young people (83.4%) were avoiding sex before marriage (Table 2).

Table 2. Frequency of premarital of sexual abstinence

Variable	Mean±SD	Minimum	Maximum	Median
Religious behaviors	14.47±4.16	0	22	15
Religious beliefs	50.30±11.15	16	65	51
intention of premarital sexual abstinence	12.25±3.39	3	15	13

According to the table 3, mean score of religious behaviors, religious beliefs and intention of premarital sexual abstinence were 14.47 (SD 4.16), 50.30 (SD 11.15) and 12.25 (SD 3.39) respectively.

Table 1. Frequency of demographic variables

Variable	Level	Frequency (percent)	Variable	Level	Frequency (percent)
father’s educational level	Illiterate	48(8.3)	Mother’s educational level	Illiterate	78(13.5)
	Elementary	79(13.7)		Elementary	119(20.6)
	High school	77(13.3)		High school	89(15.4)
	Diploma	181(31.4)		Diploma	181(31.4)
	Collegiate	176(30.5)		Collegiate	102(17.7)
Father’s job	Unemployed	22(3.8)	Mother’s job	Housekeeping	476(82.5)
	Worker	31(5.4)		Worker	1(0.2)
	Employee	98(17)		Employee	40(6.9)
	Non-government	192(33.3)		Non-government	7(1.2)
	Retired	157(27.2)		Retired	39(6.8)
	Farmer	38(6.6)		Other	12(2.1)
	Other	37(6.4)			

Table 3. Mean score of religious behaviors, religious beliefs and intention of premarital sexual abstinence

Premarital sexual abstinence	Frequency	Percent
Yes	481	83.4
No	96	16.6
Total	577	100

Pearson correlation coefficient showed a significantly positive correlation between religious behaviors and intention of premarital sexual abstinence ( $P < 0.001$ ), religious beliefs and intention of premarital sexual abstinence ( $P < 0.001$ ), and religious behaviors and religious beliefs ( $P < 0.001$ ) (Table 4).

Table 4. Pearson correlation coefficient between religious behaviors, religious beliefs and intention of premarital sexual abstinence

Coefficient	RBr	RB	IPSA
Religious Behaviors (RBr)	1.00	0.58*	0.45*
Religious Beliefs (RB)		1.00	0.69*
Intention of Premarital Sexual Abstinence (IPSA)			1.00

\*All correlation coefficients are significant ( $P < 0.001$ )

**Discussion:**

The findings of this study showed a positive correlation between religious beliefs and behaviors and the intention of premarital sexual abstinence among adults .

In our study, religion was found to be a protective factor against premarital sexual intercourse. It is consistent with religious values and social norms in Islamic societies that inhibit unmarried persons from high-risk sexual activities (1). Furthermore, from the Islamic perspective, premarital sexual behaviors are forbidden and persons committing the offence of zina (sexual intercourse without being validly married to each other) will be punished (5). Like most Islamic countries, sexual issues are considered to be taboo in Iran (19).

Although few studies have probed the correlates of adolescents' intention to abstain from sexual intercourse (20), some research about religion

and sexuality commonly reveal that religious beliefs and activities are associated with more narrow range of sexual experiences, later initiation of sexual behavior, and more conservative sexual attitudes (16, 17, 21, 22). Rahmani et al. reported that religious beliefs were important inhibiting factors for premarital sexual experiences (23). Shirazi & Morowati found that 57% of respondents believed that unmarried young men should not have sex (1), which was consistent with the study of Mohammadi et al. in which 55% of participants agreed with no sex until marriage (24). A population-based research in Iran reported that about 80% of the respondents agreed with the notion that the lack of moral and religious commitments could result in AIDS infection (25). Goggin et al. revealed on development of a questionnaire that appraises the effect of 'God control beliefs' on high-risk sexual behaviors. For instance, some beliefs contained the perception that God is [or is not] actively helping them to delay sexual behavior, limit the number of their sexual partners, or refuse engagement in risky sexual behaviors (26). Several researchers in other religions reported that religious identification is a protective factor against onset of sexual behavior and adolescents who place less value on their religious beliefs express lower self-restraining sexual behavior (14, 27). Rostosky et al. concluded that religiosity likely delays the initiation of sexual intercourse, and may reduce sexual behavior thereafter (28). Furthermore, Gold et al. found that, compared with adolescents with low religiosity, those with high religiosity were less likely to have had sexual intercourse (29). The current study had some limitations. Sexuality is a relatively private issue with varying degrees of cultural, religious, moral, social and legal norms and constraints (30). Research on premarital sexuality faces an additional difficulty in Iran because premarital sexual behaviors are unacceptable and forbidden by law (2). Finally, It is worth mentioning the fact that socially sensitive behavior is probably to be under-reported.

**Conclusion:**

The polity-makers, health-related planners and health educators in their educational programs, according to the important role of religion to prevention and control of premarital sexual intercourse, should integrate religion and religious beliefs as one of the main components of health-related programs especially sexual affairs.

**Acknowledgments**

The authors thank the presidents of universities of Shiraz, Iran. Moreover, they warmly express their gratefulness to the youths who participated closely in the present study. This article has been extracted from Ph.D. dissertation on Health Education and Health Promotion in Shahid Beheshti University of Medical Sciences, Iran.

**References**

1. Shirazi KK, Morowatisharifabad MA. Religiosity and determinants of safe sex in Iranian non-medical male students. *J Relig Health*. 2009;48(1):29-36.
2. Farahani FK, Cleland J, Mehryar AH. Associations between family factors and premarital heterosexual relationships among female college students in Tehran. *Int Perspect Sex Reprod Health*. 2011;37(1):30-9.
3. Vesely SK, Wyatt VH, Oman RF, Aspy CB, Kegler MC, Rodine S, et al. The potential protective effects of youth assets from adolescent sexual risk behaviors. *J Adolesc Health*. 2004;34(5):356-65.
4. Ghebremichael MS, Finkelman MD. The Effect of Premarital Sex on Sexually Transmitted Infections (STIs) and High Risk Behaviors in Women. *J AIDS HIV Res*. 2013;5(2):59-64.
5. Wong LP. Qualitative inquiry into premarital sexual behaviours and contraceptive use among multiethnic young women: implications for education and future research. *PLoS One*. 2012;7(12):e51745.
6. Iriyama S, Nakahara S, Jimba M, Ichikawa M, Wakai S. AIDS health beliefs and intention for sexual abstinence among male adolescent students in Kathmandu, Nepal: a test of perceived severity and susceptibility. *Public Health*. 2007;121(1):64-72.
7. Rasberry CN, Goodson P. Predictors of secondary abstinence in U.S. college undergraduates. *Arch Sex Behav*. 2009;38(1):74-86.
8. Brotto LA, Chik HM, Ryder AG, Gorzalka BB, Seal BN. Acculturation and sexual function in Asian women. *Arch Sex Behav*. 2005;34(6):613-26.
9. Norris AE, Clark LF, Magnus S. Sexual abstinence and the Sexual Abstinence Behavior Scale. *J Pediatr Health Care*. 2003;17(3):140-4.
10. Haignere CS, Gold R, McDanel HJ. Adolescent abstinence and condom use: are we sure we are really teaching what is safe? *Health Educ Behav*. 1999;26(1):43-54.
11. Loewenson PR, Ireland M, Resnick MD. Primary and secondary sexual abstinence in high school students. *J Adolesc Health*. 2004;34(3):209-15.
12. Rostosky SS, Regnerus MD, Wright ML. Coital debut: the role of religiosity and sex attitudes in the Add Health Survey. *J Sex Res*. 2003;40(4):358-67.
13. Lammers C, Ireland M, Resnick M, Blum R. Influences on adolescents' decision to postpone onset of sexual intercourse: a survival analysis of virginity among youths aged 13 to 18 years. *J Adolesc Health*. 2000;26(1):42-8.
14. McCree DH, Wingood GM, DiClemente R, Davies S, Harrington KF. Religiosity and risky sexual behavior in African-American adolescent females. *J Adolesc Health*. 2003;33(1):2-8.
15. Cooksey EC, Rindfuss RR, Guilkey DK. The initiation of adolescent sexual and contraceptive behavior during changing times. *J Health Soc Behav*. 1996;37(1):59-74.
16. Hardy SA, Raffaelli M. Adolescent religiosity and sexuality: an investigation of reciprocal influences. *J Adolesc Health*. 2003;26(6):731-9.
17. Lefkowitz ES, Gillen MM, Shearer CL, Boone TL. Religiosity, sexual behaviors, and sexual attitudes during emerging adulthood. *J Sex Res*. 2004;41(2):150-9.
18. Scott LD, Munson MR, McMillen JC, Ollie MT. Religious involvement and its association to risk behaviors among older youth in foster

- care. *Am J Community Psychol.* 2006;38(3-4):223-36.
19. Wong LP, Chin CK, Low WY, Jaafar N. HIV/AIDS-Related Knowledge Among Malaysian Young Adults: Findings From a Nationwide Survey. *J Int AIDS Soc.* 2008;10(6):148.
20. Buhi ER, Goodson P. Predictors of adolescent sexual behavior and intention: a theory-guided systematic review. *J Adolesc Health.* 2007;40(1):4-21.
21. Davidson JK, Moore NB, Ullstrup KM. Religiosity and sexual responsibility: relationships of choice. *Am J Health Behav.* 2004;28(4):335-46.
22. Jones RK, Darroch JE, Singh S. Religious differentials in the sexual and reproductive behaviors of young women in the United States. *J Adolesc Health.* 2005;36(4):279-88.
23. Rahmani A, Merghati-Khoei E, Moghadam-Banaem L, Hajizadeh E, Hamdieh M, Montazeri A. Development and psychometric evaluation of the Premarital Sexual Behavior Assessment Scale for Young Women (PSAS-YW): an exploratory mixed method study. *Reprod Health.* 2014;11:43.
24. Mohammadi MR, Mohammad K, Farahani FK, Alikhani S, Zare M, Tehrani FR, et al. Reproductive knowledge, attitudes and behavior among adolescent males in Tehran, Iran. *Int Fam Plan Perspect.* 2006;32(1):35-44.
25. Montazeri A. AIDS knowledge and attitudes in Iran: results from a population-based survey in Tehran. *Patient Educ Couns.* 2005;57(2):199-203.
26. Goggin K, Malcarne VL, Murray TS, Metcalf KA, Wallston KA. Do religious and control cognitions predict risky behavior? II. Development and validation of the Sexual Risk Behavior-related God Locus of Control Scale for adolescents (SexGLOC-A). *Cogn Ther Res.* 2007;31(1):123-39.
27. Miller L, Gur M. Religiousness and sexual responsibility in adolescent girls. *J Adolesc Health.* 2002;31(5):401-6.
28. Rostosky SS, Wilcox BL, Wright MLC, Randall BA. The Impact of Religiosity on Adolescent Sexual Behavior: A Review of the Evidence. *J Adolescent Res.* 2004;19(6):677-97.
29. Gold MA, Sheftel AV, Chiappetta L, Young AJ, Zuckoff A, DiClemente CC et al. Associations between religiosity and sexual and contraceptive behaviors. *J Pediatr Adolesc Gynecol.* 2010;23(5):290-7.
30. Fenton KA, Johnson AM, McManus S, Erens B. Measuring sexual behaviour: methodological challenges in survey research. *Sex Transm Infect.* 2001;77(2):84-92.