



Religiosity and Sexual Health of African American Adults Versus Non-African Americans



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Background

- Almost half (45%) of new HIV infections in the United States in 2006 were among African Americans.
- Prior research exploring socio-cultural and religious influences on sexual behaviors, has primarily been conducted with minority adolescents.
- Considering African American adults are disproportionately affected by sexually transmitted infections, the pervasiveness of religion in the African American community and lack of research on its influence in African American adults this study was conducted.

Objective

Explore the influence of religiosity on the sexual health behaviors of African American adults.

Methods

From May through August 2011, a thirty item questionnaire was posted on the American Social Health Association (ASHA) website.

- Participants were recruited through banner ads on the ASHA website and social media venues such as Facebook.
 - Participants answered demographic, religious involvement and sexual behavior questions.
 - Participants could skip any question on the questionnaire.
- Data were analyzed using ANOVA, Chi-Square, and regression to assess potential effects of religiosity on sexual behaviors.

Sample

The sample was 17.6% African American, 57.6% White, and the majority of respondents (n=197) identified as religious.

Figure 1. Racial Composition of Sample.

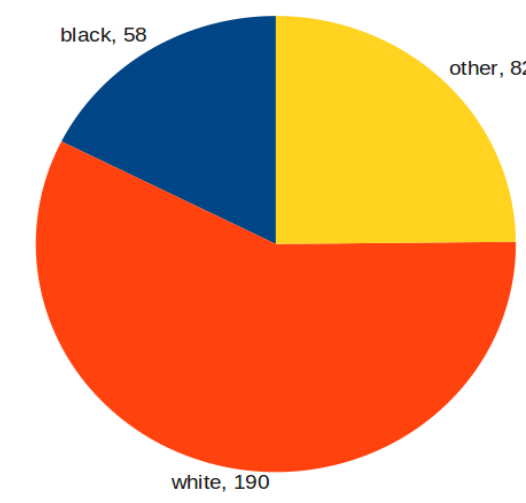


Figure 2. Religious Composition of Sample.

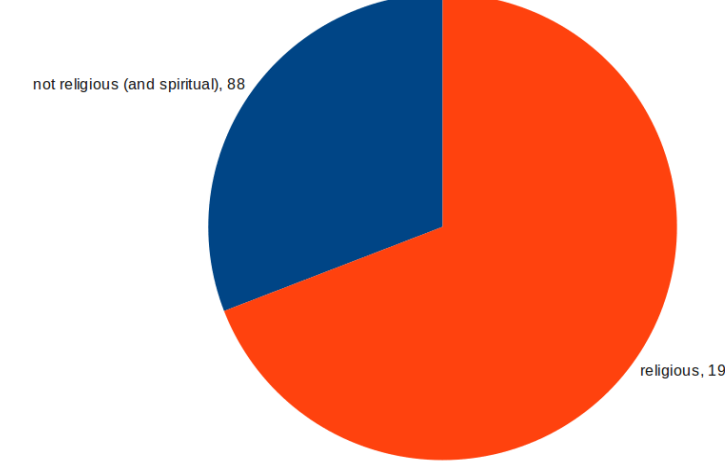
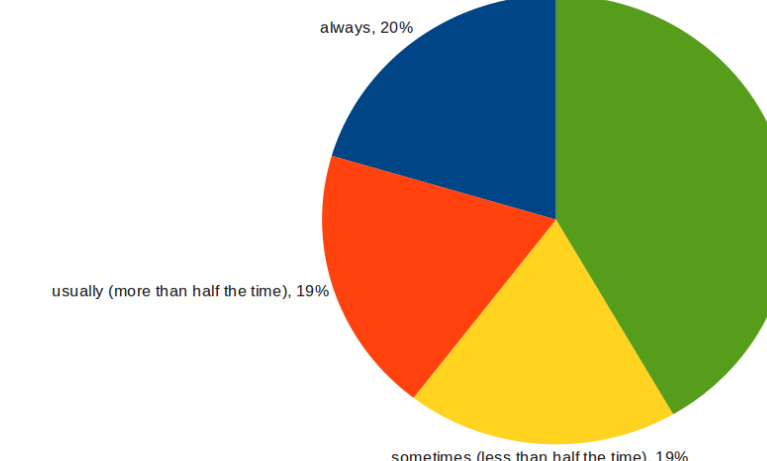


Figure 3. Frequency of condom use during past year.



Results

- Having a religious affiliation does not increase condom use for African Americans ($p > .05$).
- People who consider themselves very religious have fewer lifetime partners ($F = 4.245, p < .001$), but there is no difference in sexual partners between racial groups.
- African Americans are more likely than non-African Americans to use contraceptives ($\beta = .195, p < .001$), even when controlling for frequency of attending religious service, which does not influence contraceptive use ($\beta = -.040, p > .05$).
- No racial differences were identified in the proportion having sex before marriage ($\chi^2 = .044, p > .05$).

Figure 4. Lifetime Sexual Partners by Religious Identity.

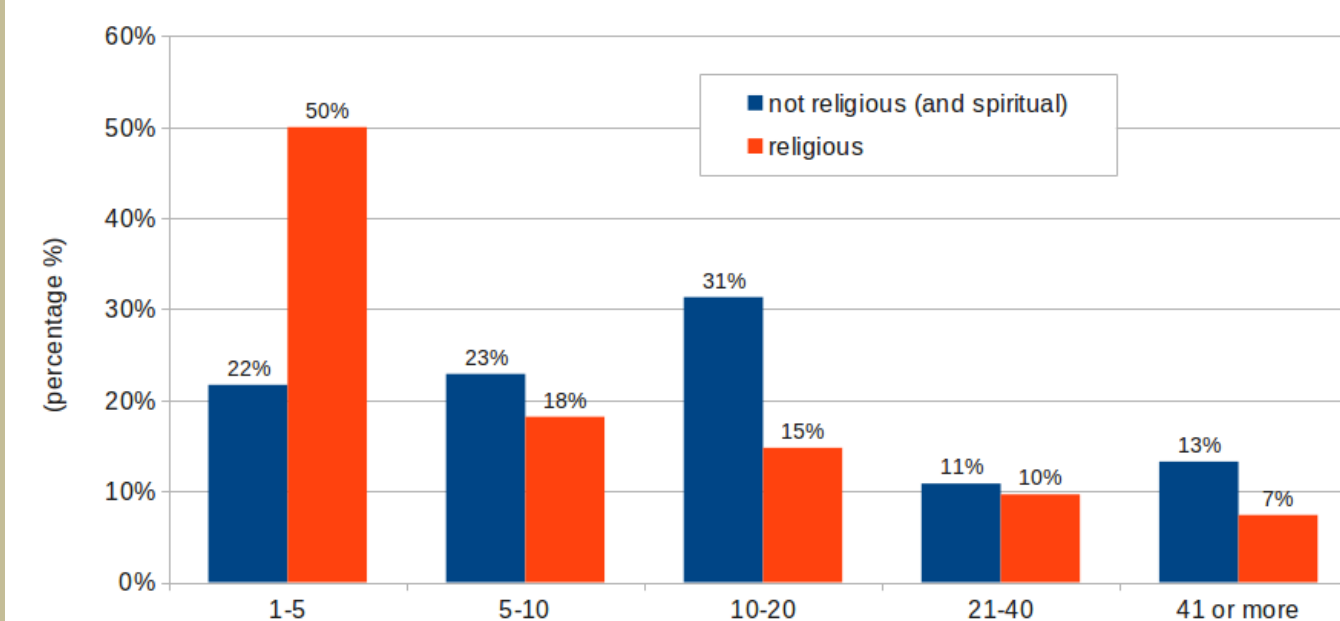
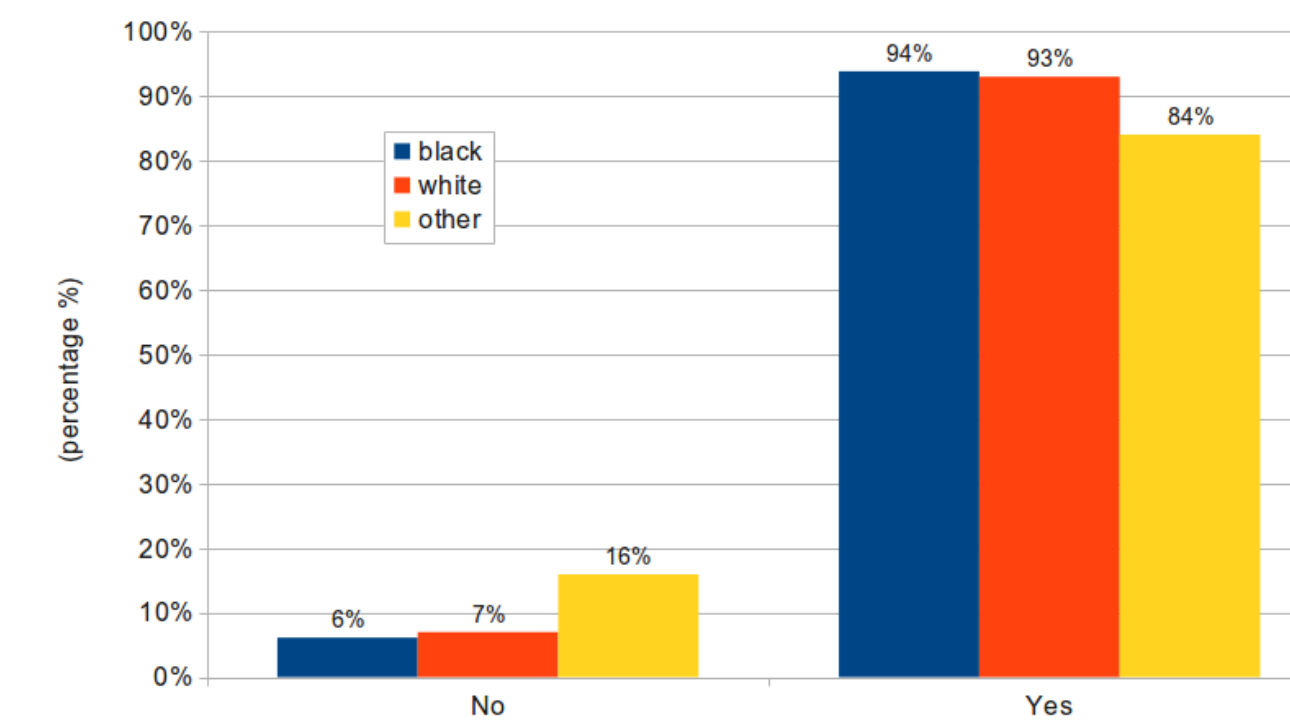
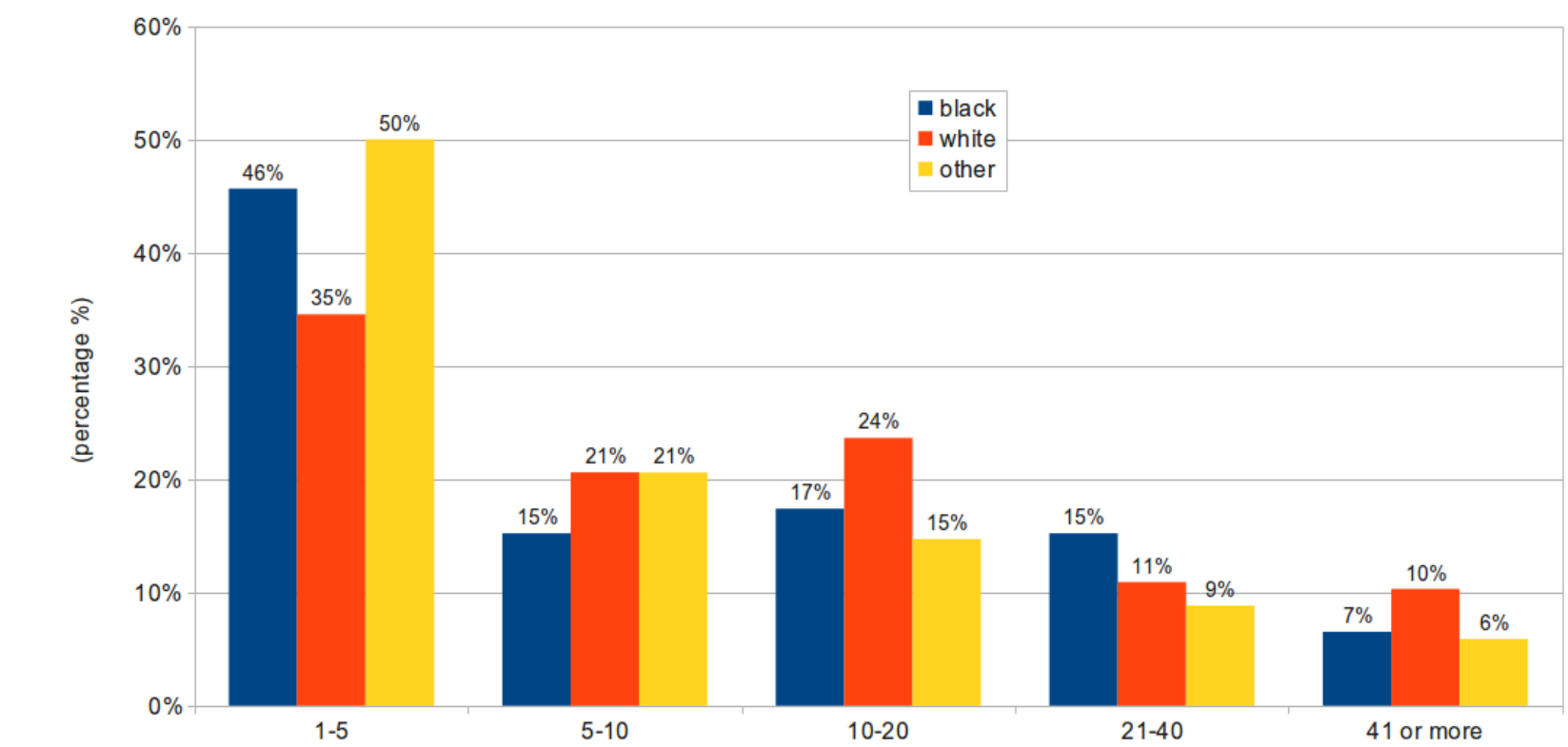


Figure 5. Pre-Marital Sex by Race.



Results

Figure 6. Lifetime Sexual Partners by Race.



Conclusions

Religiosity may reduce the number of lifetime partners, but has no influence on condom or contraceptive use, regardless of race. Assessing religiosity and sexual behaviors may be feasible in an online format. However, future studies should consider innovative techniques to increase minority participation.

Implications

Programs to reduce sexually transmitted infection disparities are needed, but including religion in such programs should be considered based on data from those for whom the intervention is intended. Although religion has an important influence in the lives of many African Americans, it may play only a marginal role when it comes to sexual health behaviors.