

RELATIONSHIP OF RELIGIOSITY AND SEXUAL ATTITUDES ON THE COITAL DEBUT AMONG FILIPINO PUBLIC HIGH SCHOOL STUDENTS IN QUEZON CITY

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GENERAL OBJECTIVE

religiosity

sexual attitudes

demographics



coital debut among Filipino public high school students in Quezon City

Measures

- RELIGIOSITY
3-item religiosity scale
- SEXUAL ATTITUDES
attitudes about sexual intercourse
- DEMOGRAPHIC VARIABLES
age, sex and parents' education
- ROMANTIC PARTNERS
number of romantic partners
- COITAL DEBUT
oral, genital, anal intercourse

age of coital debut



**University
of
North Carolina**

332

- 2 forced to have sex


330

Female
53%






Male
47%










Association between **SEXUAL ATTITUDES and COITAL DEBUT**

Sexual attitudes	POSITIVE coital debut	NEGATIVE coital debut	P value
SCALE 1 Sex->negative emotions	9.40±1.38	11.34±1.27	0.0000
SCALE 2 Sex->positive emotions	16.00±5.09 	8.95±4.36	0.0000
SCALE 3 Pregnancy->embarassment	6.48±1.94	7.44±2.52	0.027
SCALE 4 Sex->negative health consequences	5.96±2.56	7.25±2.33	0.022




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Association between RELIGIOSITY and SEXUAL ATTITUDES

Sexual attitudes	Low Religiosity	Average Religiosity	High Religiosity	P value
Mean score for Scale 1	11.0 \pm 1.26 	11.33 \pm 3.06 	12.55 \pm 2.73 	0.001
Mean score for Scale 2	12.0 \pm 4.0	10.65 \pm 5.26	8.50 \pm 3.82	0.000
Mean score for Scale 3	6.0 \pm 1.26 	7.12 \pm 2.29 	7.79 \pm 2.40 	0.012
Mean score for Scale 4	7.0 \pm 2.0 	6.87 \pm 2.31 	7.58 \pm 2.13 	0.016


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RELIGIOSITY and COITAL DEBUT

Religiosity	Positive coital debut	Negative coital debut	P value
Low-Average religiosity	71% 	49%	0.035
High religiosity	29%	51%	

RELIGIOSITY and COITAL DEBUT

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Religiosity

directly associated



belief on the negative outcomes
of engaging in sexual intercourse

directly associated



delayed coital debut

Religiosity

DIRECTLY



INDIRECTLY



impact on inhibitory sexual attitudes



decision to engage in sex

LIMITATIONS

1. Cross sectional
2. Perceived sensitivity of information – underreporting
3. Contribution of other risk behaviors – not reported

RECOMMENDATIONS

1. Longitudinal approach to determine causality
2. Locally validated religiosity scale
3. Qualitative research method in both in school and out of school youth