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Condom Use, Contraceptive Methods, and Religiosity among Youths of Low Socioeconomic Level

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The purpose of this study was to investigate the relationship between the use of condoms and other contraceptive methods and religiosity/spirituality among youths of a low socioeconomic level in Porto Alegre. 1013 youths, between 12-24 years of age participated, responding to a personal questionnaire containing 109 items. Results show that 53.5% of these youths had already had their first sexual encounter, 55% of which had this experience before the age of 15. The majority (42.8%) claimed to be Catholic, and 26.7% said they believe in God, but were not religious. There appeared no significant difference in the use of condoms in relation to the level of religiosity, however, men used this method more than women to avoid AIDS and as a contraceptive. Women used other contraceptive methods more frequently, and there were no cases of exclusive use of methods permitted by the major religions (natural methods). This study revealed a high level of condom use (more than 80%) among both religious and non-religious youths.
Keywords: condom, religion, contraceptive method, sexually transmitted diseases (STD)

El objetivo de este estudio era investigar la relación entre el uso del condón y la religiosidad/espiritualidad en los jóvenes de bajo nivel socio-económico de Porto Alegre. Los participantes eran 1013 jóvenes de entre 12-24 años de edad, que completaron un cuestionario auto-administrado de 109 ítems. Los resultados mostraron que el 53,5% ya habían tenido su primera relación sexual, entre ellos, el 55% la había tenido antes de cumplir los 15 años. La mayoría de ellos eran Católicos (42.8%), y el 26.7% decían que creían en Dios pero no tenían una religión. No se encontraron diferencias significativas en el uso del condón según el nivel de religiosidad de los grupos, aunque los hombres usan el condón más que las mujeres para evitar el SIDA y como método anticonceptivo. Las mujeres emplean otros métodos anticonceptivos, y no hubo casos que empleasen únicamente los métodos permitidos por la mayoría de las religiones (los métodos naturales). El estudio mostró un alto nivel en el uso del condón (más del 80%) tanto en los jóvenes religiosos como en los no religiosos.
Palabras clave: condón, religión, método anticonceptivo, enfermedades de transmisión sexual

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The use of a masculine condom, commonly referred to as a *rubber*[1] has been one of the principle methods to combat HIV/AIDS and other sexually transmitted diseases (STDs) in Brazil and the rest of the world, motivated by public education campaigns by governmental agencies and nongovernmental organizations (NGOs). Furthermore, condoms are also a widely used contraceptive method in Brazil.

Various factors are associated with the use (or non-use) of condoms and other contraceptive methods, including: cultural beliefs, level of information, family influence, and religion/spirituality (World Health Organization-WHO-, 2005). The purpose of this study is to investigate the relationship between use of condoms, contraceptives, and religion/spirituality for youths of low socioeconomic level (poverty). The level of religion/spirituality and the way in which the condom is used, whether as an STD prevention method or a contraceptive, were analyzed.

It is emphasized here that religiosity is presented as part of the public sphere (religious affiliation and practice), whereas spirituality is referred to as part of the private sphere of the individual's beliefs (Miller & Thoresen, 2003). However, the lack of an operational definition of these terms in the literature generates problems in their use. This is also not considered as a dichotomous attribution, as Fleck, Borges, Bolognesi, and Rocha indicated (2003); This is a broad phenomenon, and difficult to evaluate from criteria such as institutional adhesion and frequency of attendance in religious services, as is traditionally done in part of the studies. This fact implies difficulty in measurement and the necessity for careful attention in the creation of instruments to investigate this area. Being thus, the term ¨religiosity/spirituality¨ is used as a single construction in this study, according to the recommendations of other studies that this construct must be investigated in an integrated manner (Doswell, Kouyate, & Taylor, 2003, Miller & Thoresen, 2003). Furthermore, the instrument used here is an attempt to integrate the various facets of the religiosity/spirituality construct: institutional adhesion, beliefs and religious practice (wee more details in the methods section).

Studies indicate that religion/spirituality may have an important influence in matters of health and human behavior (Koenig, McCullough, & Larson, 2001; Miller & Thoresen, 2003). Sexual behaviors, especially those that place the young at risk of of early pregnancy and/or contracting diseases, have been especially related to religiosity and have been increasingly studied in recent years (Whitehead, Wilcox, & Rostosky, 2001). Among the main hypotheses of recent studies is the idea that religiosity/spirituality is a protecting factor for high-risk sexual behavior (Doswell, Kouyate, & Taylor, 2003). These authors assert that, based on spirituality, the young may develop self-regulating mechanisms for the promotion of positive behaviors, for example, avoidance of risky sexual behaviors when confronted with ¨temptation¨ or peer pressure. In general, Whitehead (2001) argues that religious communities guide and protect the young during adolescence, promoting health programs for the adolescent and reducing exposure to risks, including premature sexual activity.

Religiosity/spirituality has been shown to be an important dimension of the life of the population in social risk in Brazil, performing, sometimes, an role in the social and institutional support network. Zamorra and Kuenerz (2002) emphasize that religion may meet needs of the population offering community services, such as schools and child-care, and forming a social network in the communities. Other authors (Cerqueira-Santos, Koller, & Pereira, 2004; Sadigursky & Oliveira, 1993, among others) point out the positive aspects of religiosity/spirituality in the life of individuals from the development of characteristics like hope, optimism, self-esteem, and self-efficiency, etc. (Seligman & Csikszentmihalyi, 2001). Such aspects are related to healthy behaviors, including sexual behaviors and protection. At the same time, studies indicate that a low socioeconomic level and lack of education are directly connected to risky sexual behaviors, sustaining the idea of increase in the incidence of STDs for the impoverished and requiring specific interventions and studies for this group (Taquette, Vilhena, & De Paula, 2004; Waystaff, Delameth, & Havens, 1999).

Whitehead (2001) relate that upon analyzing a pro-abstinence religious program, despite finding a greater rate of abstinent youth in the religious group, they also found that these same youths used fewer condoms and contraceptive methods in their first sexual encounters. Data from the WHO (2005) emphasized that youths in developing countries, many of which have cultures strongly influenced by religion, present high rates of early pregnancy and sexually transmitted diseases. National epidemiological data reveal a significant increase in the prevalence of STDs among young adults, as well as high birth rates in this age bracket (Ministry of Health, 2005). The age bracket including adolescents (10 to 19 years) is the only one for which a decrease in birth rates was not found in Brazil (Camarano, 1998).

In a survey carried out in 2004, Szwarcwald, Júnior, Pascom and Júnior (2004) found that young Brazilians are becoming sexually active earlier and are active with a larger number of partners. According to the Ministry of Health (2005), 36% of youths between 15-24 years had their first sexual encounter before the age of 15, while only 21% of

[1] Translator's note: term used in Brazil is *camisinha,* which means *little shirt*, and which I have replaced with a commonly used English term, *rubber*.

youths between 35-29 had their first sexual encounter in the same period. Of these, 20% had more than 10 partners in their lives and 7% had more than 5 partners in the last year. The data from the Ministry of Health point out the increasing number of youths infected with HIV and reflect on the possibility of contamination having occurred, in many cases, during adolescence, since the interval between contamination and clinical diagnosis of the illness, is, on average, ten years (Oliveira, Dias, & Silva, 2005).

The study from Szwarcwald, Júnior, Pascom and Júnior (2004) emphasize that although the level of knowledge among youths regarding HIV is low, is it even worse among youths with little education. Only 62% of youths between 15-24 years know how HIV is transmitted. However, they do know that sexual relations without a condom is one of the means of transmission of HIV. This information suggests that the non-use of condoms on the part of this population indicates a low level of subjective perception of the risk, since the behavior is contradictory with knowledge of transmission of the virus. The Brazilian Ministry of Health (2005) estimates that the use of condoms in the first sexual encounter increased from 10% to 74% between 1986 and 2003 in this population. Currently, among sexually active youths, 59% relate regular use of condoms.

In a revision of the studies carried out in Brazil, Almeida, Aquino, Gaffikin and Magnani (2003) found that both genders exhibited a lower rate of use of contraceptives when they initiated sexually activity before the age of 15. In their study among youths in Bahia, the condom was the most cited method of contraception among women and men, however, girls presented a more consistent use thereof.

Toneli and Vavassori (2004), in a specific study of youths in the South of Brazil, found that 26.5% of boys in public schools, and 13.4% in private institutions reported having not used a condom in their last sexual encounter. Oliveira, Dias and Silva (2005), investigating intentions to use condoms among young students in Brazil, found that, for boys, this behavior is determined as much by the attitudinal component (desire) as the standard (duty) aspect, while for girls, the standard component was more determining. These data indicated the importance of a standard ¨to use condoms¨ has as an influence on the behavioral intention, or, the youth´s perception regarding the external expectation to use a condom. These data do not disregard the intrinsic aspects of condom use, but indicate the social determinant of this behavior.

From the investigation of the role of religiosity in the life of youths of low socioeconomic level (in poverty - IBGE, 2000), it is possible to plant strategies to promote safer sexual behaviors for this population, that appear ever more vulnerable. The purpose of this study was to investigate the relationship between condom use, contraceptive methods and religiosity/spirituality for youths of a low socioeconomic level in Porto Alegre. The level of religiosity was analyzed and the manner in which the condom is used, whether as a method to prevent STDs or as a contraceptive.

Method

Design and Participants

This study had a transversal design of an exploratory nature (survey), in which 1013 impoverished young students of both genders participated in the city of Porto Alegre. Their ages varied between 12 and 24 years (M = 15.98, SD = 1.80), 48% of the participants being male, and 52% female.

Procedures

Sampling procedure. Indicators of socio-demographical conditions from every neighborhood in the city of Porto Alegre were taken from data from the CENSUS (IBGE, 2000). Five basic indicators were chosen to analyze the situation in each of the neighborhoods: income and literacy level of the head of the household, housing situation (type of construction), presence of running water and sewer network.

Neighborhoods below a cut-off line (10th percentile) by at least two indicators characterizing low socio-economical level were listed (Koller, Cerqueira-Santos, Morais, & Ribeiro, 2005). A calculation was done from the number of neighborhoods selected to obtain the proportion of neighborhoods by geographical region of the city (center, north, south and east)[2]. From this number, a ratio for the ten neighborhoods was made according to the proportion for each zone of the city. A new ratio was made from two lists of schools (Municipal and State) to select a school for each neighborhood. All of the students within the selected age group were invited to participate in the study, giving an average of 100 students per school.

Instruments and Measures

A questionnaire was used to survey risk and protection factors, produced for the study ¨Brazilian Youth¨ (Koller, Cerqueira-Santos, Morais, & Ribeiro, 2005). The instrument

[2] The region west of Porto Alegre is occupied by the Rio Guaíba (Guaíba River), since this division is made with the commercial center of the city as a reference.

consists of 109 multiple choice questions and investigates aspects of bio-socio-demographic characterization of the participants, as well as themes of education, health (including drugs and sexuality), work, violence, leisure, religiosity, social support network, self-esteem and self-sufficiency. Participants completed the questionnaire individually, in a classroom, and the time for completion was, on average, an hour and a half. For the purposes of this study, the data on religiosity and sexual behavior were used, such as use of condoms, pregnancy and contraception.

The dimension of ¨sexuality¨ was measured from questions about the participants´ sexual experiences: sexual orientation, first sexual encounter, age at time of first encounter, use of condoms (habitual use throughout life), use of contraceptive methods, STD prevention, pregnancy, and sexual abuse. The religiosity/spirituality¨ dimension was measured considering the aspects emphasized in the literature: religious affiliation, practice and belief. Seven items (Likert type) were used: 1- religion/spirituality have been important in my life; 2- I usually attend religious services; 3- I usually read sacred scriptures or pray; 4- I usually thank God for the things that happen in my life; 5- I ask God for help with my problems; 6- I usually read sacred scriptures or pray when facing difficulties; and, 7- I seek help from my religious institution. The factorial analysis of these items confirmed the use as a unique factor[3] (*KMO* = 0.86), with an explained difference of 57%. The internal consistency was considered appropriate, with a Chronbach alpha of .87.

Ethical Aspects

The ethical aspects that guarantee the integrity of the participants of this study were ensured. Beyond the term of individual consent, a guarantee of confidentiality of personal information was given, and assistance from the research group was made available in case any participant required psychological support due to stress caused by uncomfortable memories brought up by any of the investigated items (Resolution n. 196/1996 of CNS and n. 016/2000 of the CFP). The project was approved by the UFRGS Committee for Ethics in Research.

Results

The principle results showed that 53.5% of the youths had already had their first sexual encounter, from a total of 993 who had responded to this question. Of these, 63.9% had this encounter between the ages of 14 and 17 years. Of the sample of sexually experienced youths (n = 531), 47.7% indicated that they maintain a sexually active life, and more than half (55,4%) confirm that they had their first sexual experience before the age of 15 years. Among the group of male participants, 64.2% had already had a sexual experience. In the female group this proportion fell to 33.6%. There was a significant difference in the average age at the time of the first sexual encounter by gender, being 13.64 years (SD = 1.7) for males and 14.79 years (SD = 1.4) for females ($t(492) = -7.97$, $p < .001$).

As far as religiosity, 2.8% of the youths stated that they do not believe in God; 26.7% believe in God, but were not religious; and, the majority stated that they are Catholic (42.8%). Among other religions, 15.3% were Protestants, 6.2% were Afro-Brazilian, 3.2% were spiritualists, and 3.0% were other religions (Buddhist, Jewish, etc.). For analysis of the level of religiosity, three groups were considered from a factorial scale: low level of religiosity, medium level, and high level of religiosity. This decision was based on the criteria of the 33rd percentile to allow a proportional division after the factorial analysis.

In regard to the first sexual encounter, there was a significant difference related to level of religiosity. Among youths with a low level of religiosity, 62.5% had already had at least one sexual experience, while, 54.8% of those with a medium level and 42.7% of those who presented a high level of religiosity had already had this experience, $\chi(2) = 22.47$, $p < .001$. However, there was no difference in the average age at the first sexual encounter, being 13.95 years (SD = 1.68) for low level of religiosity, 14.28 years (SD = 1.71) for the medium group, and 14.17 years (SD = 1.71) for those with a high level of religiosity, $F(2) = 1.53$, $p = .218$.

Table 1 shows the difference found among the groups of youths classified by level of religiosity, only for those that had already had their first sexual experience. It was verified that there was no significant difference in any of the analyses, but a tendency was found for the most religious to be female and older. In reference to the first sexual encounter, there was a greater percentage of youths with a low level of religiosity that had already had their first sexual encounter, however, this difference was not statistically significant.

A logistical regression analysis was completed for the variable ¨first sexual encounter¨ presented in Table 2. The results present a model for which the variables of gender, age, and religiosity/spirituality are significant as predictors of the first sexual encounter. It was found that, even controlled by age and gender, the religiosity/spirituality variable was a negative predictor for the sexual debut.

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[3] From this point the factor used in this study is called ¨religiosity¨, being understood that this includes the dimension of religiosity/spirituality.

Table 1
Socio-demographical data of Sexually Active Youths by Level of Religiosity

			Level of Religiosity			
		Total *n* (%)	High *n* (%)	Mid *n* (%)	Low *n* (%)	*p*
Gender	Male	252 (100%)	61 (24.2%)	86 (34.1%)	105 (41.7%)	.301
	Female	195 (100%)	58 (29.7%)	68 (34.9%)	69 (35.4%)	
Age	12-15 years	138 (100%)	32 (23.2%)	46 (33.3%)	60 (43.5%)	.298
	16-24 years	299 (100%)	85 (28.4%)	106 (34.5%)	108 (36.1%)	
Pregnancy		40 (9.9%)	11 (10.6%)	12 (8.3%)	17 (11.0%)	.724
Condom to prevent HIV/AIDS		418 (93.5%)	109 (92.4%)	149 (96.8%)	160 (91.4%)	.124
Condom as contraceptive		379 (93.3%)	105 (94.6%)	132 (94.3%)	142 (91.6%)	.541
Other methods		186 (45.8%)	54 (48.6%)	64 (45.7%)	68 (43.9%)	.742

Note. Values of *n* correspond to youths that answered all of the necessary items for the data analysis.

Table 2
Analysis of Logistical Regression for the First Sexual Encounter

	Model 1			Model 2		
Variable	*B*	*SE B*	*Exp(b)*	*B*	*SE B*	*Exp(B)*
Gender	–0.76**	0.15	0.47	–0.63**	0.16	0.54
Age	0.53**	0.06	1.70	0.54**	0.06	1.72
Religiosity/Spirituality				–0.33**	0.08	0.72
Nagelkerke R^2		.21			.23	
–2 log		1000.62			984.05	

Note. For the gender variable, the greater value represents female.
**$p < .001$

Table 3
Gender Differences in the Use of Condoms to Avoid HIV-AIDS and as a Contraceptive Method

	Male *n*(%)	Female *n*(%)	??
To avoid HIV/AIDS	290 (96.0%)	195 (87.8%)	12.45
Contraceptive method	253 (96.6%)	182 (86.3%)	16.81
Other methods	64 (24.4%)	211 (73.5%)	113.01

$p < .001$. $df = 1$.

Analyzing the differences by gender for use of condoms, it was found that there was a significant difference between males and females for the two types of use (Table 3). Males report greater frequency of condom use for both cases (avoidance of HIV/AIDS and as a contraceptive method). The difference of gender was more accentuated for condom use as a contraceptive method when compared with use as a method to protect against HIV/AIDS. Considering that females have other options for contraceptive methods, a significant difference was found, indicating that they used other methods with greater frequency. However, this result indicates that women may be more vulnerable to HIV/AIDS infection.

Table 4 shows the logistical regression analysis for condom and use of other contraceptive methods. It is noted that, for condom use, the gender of the participant and age of sexual debut are significant predictors. The final model indicates that being female is a negative predictor for condom use and that being older at the time of the sexual debut is a positive predictor. Regarding use as a contraceptive, aside from the first model indicating the variables of gender and age as predictors, the final model indicates that only age at the time of the sexual debut is a significantly positive predictor for the use of contraceptive methods.

Table 4
Analysis of Logistical Regression for the Use of Condoms and the Use of Contraceptive Methods

Variable	Model 1			Model 2		
	B	*SE B*	*Exp(b)*	*B*	*SE B*	*Exp(B)*
Condom Use						
Gender	–0.76**	0.15	0.47	–0.63**	0.16	0.54
Gender	–1.10*	0.46	3.00	–1.55*	0.52	4.70
Age	–0.11	0.10	1.11	–0.19	0.11	1.21
Family Income	–0.01	0.09	1.01	–0.01	0.09	1.01
Condom Use of Health				0.33	0.58	0.72
Age at first encounter				0.39*	0.13	0.68
Religiosity/Spirituality				–0.02	0.25	1.02
Nagelkerke R^2		0.05			0.11	
–2 log		171.54			163.30	
Contraceptive Method						
Gender	1.27*	0.48	3.57	0.69	0.51	2.00
Age	0.34*	0.14	1.40	0.25	0.14	1.28
Family Income	–0.01	0.08	0.99	–0.01	0.08	0.99
Condom Use of Health				–0.40	0.40	1.00
Age at first encounter				0.45**	0.13	1.57
Religiosity/Spirituality				0.08	0.23	1.08
Nagelkerke R^2		.10			.19	
–2 log		186.24			172.35	

Note. For the gender variable, the greater value represents female.
*$p < .05$. **$p < .001$.

The use of condoms and its motivation was analyzed, compared with the levels of religiosity (Table 5). For this analysis, only responses for each motive were considered in order to verify the hypothesis that non-use of condoms as a contraceptive method is related to some type of religious recommendation. No significant differences were found for any of the analyses. However, it was perceived that the exclusive use of condoms (with only one intention) is low in all of the groups, which corroborates the idea that the use of this method has dual intentions (or expectations of a dual effect: STD protection and contraception).

With the intention of analyzing the influence of religiosity on the use of contraceptive methods, the methods were divided in categories that correspond to the principle religious restrictions, natural methods (coitus interruptus and biorhythm) being separated from medical methods and condoms (See Table 5). None of the participants indicated that they used only natural methods. No significant difference was found in the use of the different methods for the religiosity groups, condoms being the most used contraceptive methods for all of the groups.

Table 5
Use of Condoms and Contraceptive Methods for Groups with Different Levels of Religiosity

	Low	*Mid*	*High*	*??*	*df*	*p*
Condom Use						
Only for contraception	3 (1.7%)	3 (1.9%)	3 (2.5%)	0.24	2	0.888
Only against HIV	6 (3.4%)	7 (4.5%)	3 (2.5%)	0.82	2	0.665
for HIV and Contraception	139 (79.4%)	129 (83.8%)	102 (85.7%)	2.17	2	0.338
Contraceptive Methods						
Medical Methods	11 (6.3%)	8 (5.2%)	5 (4.2%)	0.62	2	0.734
Condom only	76 (43.4%)	68 (44.2%)	51 (42.9%)	0.05	2	0.977
Condom and medical. methods	61 (34.9%)	59 (38.3%)	52 (43.7%)	2.34	2	0.310
No method	27 (15.4%)	19 (12.3%)	11 (9.2%)	2.47	2	0.291
Natural methods	0 (0%)	0 (0%)	0 (0%)	—	—	—

Discussion

From the exploratory data, it was perceived that the age at the time of the first sexual encounter is below the indexes indicated by the Ministry of Health (2005). In 1998, only 42% of youths had had their first sexual encounter before 15 years, against 55% in this study. This data agrees with the prediction of a reduction in age for the first sexual encounter and confirms the tendency indicated by other studies (Szwarcwald, Júnior, Pascom & Júnior, 2004). Furthermore, the low age for the first sexual encounter may be associated with the socioeconomic level of the youths, corroborating statistic from the WHO (2005) and the Ministry of Health (2005), as well as the hypothesis defended by Waystaff, Delameth and Havens (1999) that the poorest populations are most vulnerable to risky sexual behaviors. The data also confirm the difference of gender, confirming the maintenance of cultural divergence in the form in which young women and men deal with their sex lives (Antunes, Peres, Paiva, Stall, & Hearst, 2002).

Despite finding a greater number of youths who claim to be Catholics, the percentage for this group is lower than the indicators from the CENSUS (IBGE, 2000), for which 70% of Brazilians are Catholic. This data reveals a difference for this age bracket and social group, as the literature indicates (Almeida & Montero, 2001). Above all, it must be considered that, traditionally, the index of identification with Catholics is greater, even though this religion may not be actually practiced. Part of the explanation for this is found in the fact that religion is part of Brazilian culture, and became part of the identity constructed by those that were educated in traditionally Catholic families, since they are baptized and initiated in this religion (Almeida & Montero, 2001). As expected, the youths presented a high percentage of ¨no religion¨ responses, confirming the idea that in this phase of life there is greater abandonment of institutionalized religion and greater movement between religious beliefs (Almeida & Montero, 2001).

The data support the hypothesis that religiosity is negatively associated with sexual experience, or, that is, a lower number of youths with high level of religiosity are found in the sexually experienced group. However, no difference was found in the average age at the time of the first sexual experience in the various groups of religiosity levels. Such data point to the fact that, beside finding a lower number of youths with high religiosity in the sexually experienced group, those that engage in sexual activity present similar standards of behavior. In other words, the youths tend to have their first sexual experience in the same age bracket, but in different proportions in respect to the number of religious and non-religious participants. However, in this study, no differences were found in respect to condom use in youths of different religious beliefs, which contradicts data from international research (Whitehead, Wilcox, & Rostosky, 2001).

The difference in gender found coincides with expectations, since condom use still tends to be the result of the male initiative (Almeida and cols., 2003). The fact that males use condoms primarily as a protection against HIV/AIDS is also coherent, since, culturally, women bear the greater responsibility for pregnancy. However, females may be using other, exclusively feminine, contraceptive methods, such as the pill or an IUD. We emphasize the fact that condom use as a contraceptive is more prevalent in all of the analyses, which shows a greater preoccupation with pregnancy when compared with HIV/AIDS.

For the youths in this study, pregnancy can be a more explicit or real problem, when HIV/AIDS remains distant from their lives, since it is not part of the public sphere of their lives, maintaining the lack of perception of their vulnerability and the idea of immunity. In the analysis by level of religiosity, the fact that no difference was found for condom use as a contraceptive corroborates the idea that pregnancy in adolescence appears to be a real problem for all of the youths, regardless of their beliefs.

In general, the data suggest that the sexual behavior of youths of a low socioeconomic level in Brazil is barely influenced by religious standards. Such data is coherent with part of the scientific literature on Brazilian religiosity, which points to a tendency towards abandonment of religious values in youth (Queiroz, 1996). In other words, in the dissonance provoked between the manifestation of sexuality and religious recommendations, it appears that subordination of religious morals has been more common among these youths.

According to Almeida and Montero (2001), the manner in which religion is lived in Brazil, especially for the Catholic majority, make the relation between religion and private life more flexible. In this way, religious life does not presuppose, necessarily, the rigid adhesion to rules and behavioral conduct, with some exceptions. Above all, as Antoniazzi (2003) and Pereira (2003) point out, abandonment of institutional religion provides the formation of a peculiar religious/spiritual life, as is the case in those who believe in God, but are not religious. In this life, the rules are created idiosyncratically, including ideas on sexual behavior and contraception.

For Brazilian youths, the new relations with religiosity propitiate a comfortable environment in which to exercise sexuality. The young succeed in reconciling religion and sex more than previous generations. Add to this the fact that, from the point of view of the public sphere, sex may be part of the daily lives of these youths much more than religion, since sexuality in Brazil is strongly present in the media and arts, in general.

The fact that these study data do not agree with international findings, especially American (Whitehead, Wilcox, & Rostosky, 2001), brings discussion of the cultural difference implied in the experience of religiosity and sexuality. In cultures like American culture, religion appears

to be more aligned with traditional values, yet, self-identification as non-religious appears easier. In a similar way, the manner in which these two cultures deal with sexuality is also demonstrated very differently, for example, the emphasis that is given to condom use and birth control in Brazil may cause a naturalizing effect on these matters. In this way, Brazil generates an environment favorable to a possible diminution of the dissonance between sex and religion, contrary to the United States, where these are two very contradictory themes (Hardy & Rafaelli, 2003).

The force of educational campaigns in Brazil on condom use must be considered. As Almeida, Aquino, Gaffikin and Magnani (2003) emphasize, what appears, the strategies for prevention of HIV/AIDS in the country are promoting a diffusion of condom use in diverse population groups, even though this signifies a confrontation to certain group values, such as religious values.

Final Considerations

To understand the role of religiosity/spirituality in the lives of young people of a low socioeconomic level is not an easy task. The singular manner in which this population manifests itself, explained by the large movement among religions and adaption of beliefs and moral values, makes the task even more complicated. However, the religious universe of this population appears to be directly connected to their daily lives, through an ideological code shared with the social group.

It was not possible from this study to confirm if condom use is directly connected to level of religiosity, since no significant differences were found. However, the importance is emphasized of investigating the factors associated with condom use for this age bracket, inserting other variables, like age at the time of the first sexual encounter, number of partners, and others. The decrease in the age of the first sexual encounter and the significance that this data has for greater exposure to risks is emphasized.

Among the limitations of this study, the hypothesis is considered that the social expectations on these matters has generated bias in the responses. Thus, some youths may have responded on condom use according to what they consider ¨correct¨, but not necessarily what corresponds to their behavior. All the same, the data are near those found in other Brazilian studies (Almeida et al., 2003; Oliveira, Dias, & Silva, 2005).

There was no question regarding condom use in the most recent sexual experience, which would give more precise data. However, the responses on condom use are an indicator of the habit of use according to the participant´s story, even if it doesn´t guarantee that the behavior always occurs in fact.

The transversal design of this study does not permit elucidation of a precise causal relationship between sexual behavior and religiosity/spirituality. All the same, the analyses completed demonstrate an effect of religiosity on the first sexual encounter, even when controlled by gender and age. Above all, no significant correlation was found between age and level of religiosity.

The positive data found here is that of the youth´s adhesion to condom use, even when this is contrary to their religious beliefs. It is concluded that religiosity is shown to be an influential factor on the initiation of sexual activity, since a significantly lower number of religious youths have had sexual experience, and as a neutral factor on condom use and other contraceptive methods. This reiterates the necessity and importance of campaigns for condom use specifically directed to this age bracket. However, the power that religions based on conduct have on the behavior of these youths, generating a process of dissonance that may culminate in a situation of risk, is emphasized.

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