Influence of Religiosity on HIV Risk Behaviors among College Students

Rezki Perdani Sawai
Faculty of Leadership and Management, Universiti Sains Islam Malaysia Bandar Baru Nilai, Negeri Sembilan, MALAYSIA
Tel: 606-7988797  E-mail: rezki@usim.edu.my

Dini Farhana Baharudin,
Faculty of Leadership and Management, Universiti Sains Islam Malaysia Bandar Baru Nilai, Negeri Sembilan, MALAYSIA
Tel: 606-7988677  E-mail: dini@usim.edu.my

Muhammad Khairi Mahyuddin
Faculty of Leadership and Management, Universiti Sains Islam Malaysia Bandar Baru Nilai, Negeri Sembilan, MALAYSIA
Tel: 606-7988291  E-mail: muhdkhairi@usim.edu.my

Abstract

Emerging new research show that spirituality and religion can act as important preventive and therapeutic resources for a wide number of diseases. There is also proof that there is a positive relationship between religiosity and the practice of protective health behaviors in previous literatures. This study aims to examine how religiosity influences AIDS prevention by testing whether participants’ religiosity scores explain their risky decisions associated with drug use, sex and condom use among a sample of college students in Kuala Lumpur, Malaysia. Using the Muslim Religiosity and Personality Assessment Inventory, it is hypothesized that participants with higher religiosity scores were more likely to abstain from HIV risk behaviors. Implication of the findings has significance in directing HIV/AIDS prevention policy.

Keywords: religiosity, spirituality, HIV/AIDS

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Introduction

Being religious and abstaining from misconduct has long been stressed as necessary conditions in Islam in order to avoid oneself falls into calamities and difficulties. AIDS can be regarded as one of the calamities faced by human being for decades. AIDS stands for Acquired Immunodeficiency Syndrome caused by the immunodeficiency virus (HIV) which capable to destroys the patient’s immune system and expose him/her to all forms of infections and some forms of tumor. Previous research have established the role of spiritual beliefs in promoting the adoption of positive health behaviors which give a positive impact upon people’s health and help them to reduce high-risk health practices.

Religion directs people to adopt certain behaviors that are centered on the religious beliefs and practices. Obedience to the religious beliefs and practices helps to prevent Muslims from engaging in HIV/AIDS behaviors. Here, religiosity refers to “the degree of participation in, or adherence to, the beliefs and practices of a religion” (Schafer, 1996, p.14). Strommen (1979 cited in Koubek, 1984) described four activities as the most powerful predictors of various degrees of religious commitment. They are (a) being involved in congregational and personal religious activities, (b) praying to seek God’s help, (c) seeking God’s help in deciding right and wrong behavior, and (d) having a strong interest in help provided by the congregation. In contrast, religiosity in Islam is not measured only through the external component (physical action) but also built on the soundness and purity of heart, devoid of any corruption. Meanwhile, HIV/AIDS risky behaviors in this study refers to the drug use, watching pornographic videos, reading
pornographic videos, kissing (outside of marriage), sex before marriage, living with member of opposite sex (outside of marriage or family), homosexuality.

Malik Badri in his book entitled “The AIDS crisis: An Islamic socio-cultural perspective” provided an Islamic approach to AIDS prevention. The strong belief hold by Muslims that Allah knows everything inside their hearts and mind determines the likelihood that one will try to avoid engaging in any misconduct or deviant behaviours. Performing properly the Islamic obligatory form of worships and rituals such as the five daily prayers, fasting, hajj and umrah restrains the person from being driven by his/her lust to engage in the HIV/AIDS risky behaviors.

In addition, Islam as the way of life has laid down specific teachings, particularly relating to the sexual behaviors, alcohol and drugs which act as a guard to HIV/AIDS infection. Islam strictly prohibits homosexuality, adultery, anal intercourse and vaginal sex during menstruation, the intake of alcohol and drugs. The beneficial of Islamic teachings concerning these behaviors was proven and supported by scientific evidence. Daniels (1986) stated that the increase chances of males getting HIV infection is found in both the menstrual blood and the cervical secretions females.

Increasing efforts has been done in order to give knowledge and awareness aims at preventing the society especially young generations not to be involved in any risky behaviors that might leads to HIV/AIDS. Data on the AIDS epidemic have shown that people aged 15–24 years represent half of all new HIV infections in the world; in 2005, 700 000 children under 15 years of age were infected with HIV. There are many reasons contributed to the explanation of why youth experimented themselves in risk behaviours
It is well known that adolescence and emerging adulthood is the period where there are so many changes and challenges need to be confronted. At this time in their life, people live different experiences and roles that will help to shape their identity in adult life. Behaviours that are experimented with may include risk behaviours that from this perspective serve diverse functions in the individuals’ lives, such as fostering bonds with friends, exploring personal identity, and expressing autonomy. However, it is possible that the desire to overcome these challenges, together with the need for immediate satisfaction and the experience of new roles and sensations, could result in the paying of more attention to costs than to the benefits of the prevention behaviour. Consistent with this view, several studies have shown that adolescents tend to have a low perception of the risk that they assume when having sexual relations without a condom and they do not feel vulnerable to the possibility of HIV infection.

In light of what has been said so far, this study attempts to examine the relationship between religiosity, and the tendency to be involved in HIV/AIDS risk behaviours among Muslim students at a college in Klang Valley.

**Methods**

**Participants**

**Population of the study**
The population of the study is the Muslim students at a college located at Klang Valley area. The college has a population of approximately 1200 students with a highly variegated ethnic mix of Malays, Chinese, Indians, and international students. The Malays represent the predominant ethnic group.

**Sample of the study**

The participants consisted of 118 college students, 50 Malays, 2 Chinese, 62 other races and 4 did not report their race. Of the sample, 89% were female and 11% male. Majority of the respondents are within the age range of 17-21 years old (69.5%). These students are taking Diploma in Nursing (90.9%) and Diploma in Pharmacy (8.2%) The educational backgrounds of the participants are mostly from Sekolah Menengah Kebangsaan Harian. From the data, 47.4% comes from the single income family where only the father or mother is working.

**Instruments**

Participants answered two separate questionnaire which are Muslims Religiosity Personality Inventory (Khairul Anwar Mastor, 2003) and Risk Behavior Scale (Krauss, 2003). This instrument was divided into three parts:

Part I – Demographic data

Demographic data comprised items eliciting gender, race, educational background of participants and their parents, family background and the course participants undertaking.

Part II – Muslims Religiosity Personality Inventory (short version)
The religiosity of the students was measured based on their religious orientation and religious behavior. This scale was developed by Khairul Anwar Mastor (2003). There are 33 items. The respondents were required to indicate their response on a 5-point scale ranging from 1 (Always) to 5 (Never).

Part III – High Risk Behavior Scale

High Risk Behavior Scale (Krauss, ) is a 11-item checklist designed to measure one’s preventive behavior against the transmission of AIDS (HIV virus) in young adults. Each participant was asked 11 questions based on their risk behavior using the 5-point Likert Scale from 1 (Always) to 5 (Never). The items that are relevant for HIV Risk Behavior include drug use, watching pornographic videos, reading pornographic videos, kissing (outside of marriage), sex before marriage, living with member of opposite sex (outside of marriage or family), homosexuality.

Procedure

Prior to the survey date; the researcher administered the questionnaire personally to all the participants, selected randomly. According to Dyer (1995) the direct administration method can ensure a high rate of response and the researcher has the opportunity to personally attend to any inquiries that the respondents may have while answering the questionnaires. The participants were appropriately informed about the rationale of the survey and the voluntary nature of this, and they were assured of the anonymity and confidentiality of their answers. Finally, they were asked if they had understood these instructions and they were further informed that their non-participation would not result in negative consequences for them. The questionnaire took on average 20 min to complete.
Inferential statistics

The inferential statistics employed were the test of Correlation. The test was employed to investigate several hypotheses of the present study. All statistical analyses were performed using SPSS17.0 for Windows.

Result

A Pearson product-moment correlation coefficient was computed to assess the relationship between religiosity and HIV/AIDS risks behaviors. There was a negative correlation between the two variables, \( r = -.380, n = 118, p = .000 \). This show that increases in religiosity were correlated with decreases in rating of students’ involvement in HIV/AIDS risks behaviors.

Table 1: Correlation Test Between Religiosity and HIV/AIDS Risk Behaviour

<table>
<thead>
<tr>
<th>HIV/AIDS Risk Behaviour</th>
<th>( r )</th>
<th>Sig ( r )</th>
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<tr>
<td>HIV/AIDS Risk Behaviour</td>
<td>-.380</td>
<td>.000</td>
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Nota: \( N = 118; p > .000 \)

Discussion of the findings

The present study supports the hypothesis that high Muslim’s religiosity decrease the high risk HIV/AIDS behavior. A number of studies have consistently indicated the possibility that religion is linked to abstaining from engaging in high risk HIV/AIDS behavior. (Gilbert, 2008; Hasnain, Sinacore, Mensah & Levy, 2005). McCree, Wingood,
DiClemente, Davies and Harrington (2003) succeeded in showing the relationship between the two variables. Levinson, Jaccard, Beamer (1995; Mcree, Wingood, Declamante & Harrington, 2003; Mury, 1996; Spilka, Hood & Gorsuch, 1985; Murstein & Mercy, 1994; Nicholas & Durrheim, 1995; Donahue & Benson, 1995; Merrill, Salazar & Gardener, 2001) agreed that religious involvement can help adolescent reduce at risk behavior such as alcohol and drug use, delinquency behavior, premature sexual involvement, unsafe sexual behaviors and suicide. According to Merrill et.al (2001), parental and family religiosity also has been found to effects drug use among undergraduate college students.

The result contrasted with the findings of Hasnain et.al (2005). They stated that contrary to their hypothesis participant with stronger religiosity are more likely to engage in risk behavior for HIV transmission.

**Analysis of the finding**

The first finding indicates that a good religiosity of the adolescent, parental as well as family has great influence for college student abstaining from indulging in HIV/AIDS risk behavior. In fact, religiosity is based on good understand of the teaching of religion as a comprehensive guidance covering all aspects of human life internally and externally in order to preserve their betterment life in the word and hereafter.

The fundamental of religiosity involves the belief in the heart and acted by senses to religion instruction such as unlawful of premature sexual intercourse without legal marriage. Among the characteristic of religiosity, one should obey the instruction that sexual intercourse without legal marriage is prohibited as a proof to show one’s beliefs. The higher level of religiosity in one’s personality, the higher mood in one’s belief that
affects his mind to change his behavior. The nucleus mood of change actually occurs when in one’s heart as a firm belief that moves his mood in mind to change. The factors that cause strength to the religiosity is knowledge, consistency in practice and sincerity that produce the concept of *Ihsan (the highest concept of worship)*

The second finding indicates that the even one has stronger religiosity, one is more likely to engage in risk behavior in HIV could also become a possibility but quite rare. However, this occurs not because of the fault of religious teaching but of one’s weaknesses to understanding the religion’s instruction properly and disability to practice with maximum commitment spiritually and intellectually.

From this finding and discussion it shows that the best remedy to prevent the HIV is preventive action from doing the causes or factors that firmly lead to the HIV infection that is through strong religiosity.

**Conclusion**

As a conclusion, the result of this study shows that the stronger one’s religiosity, the stronger for one to abstain from HIV risk behaviors. This prove that religiosity has great influence for behavior change based on firm belief in faith as well as the consciousness of the dangerous consequence of HIV/ AIDS. Although there is a possibility that even one with a good quality in religiosity could also be vulnerable to become involve in HIV/AIDS risk behavior, it can happen because of the weaknesses of one’s capability to practice religion properly, not due to disadvantage of religious teaching.
References


