

# ASSOCIATION BETWEEN RELIGIOUS INDEX AND RISKY NON-SEXUAL BEHAVIORS AMONG ADOLESCENTS OF THE UNIVERSITY OF BOHOL

RYAN CHRISTIAN A. TIROL ,  
JANICE AURORA T. NAMOC 

*Corresponding Author: [christiantirol32@gmail.com](mailto:christiantirol32@gmail.com)  
[janicetirol@universityofbohol.edu.ph](mailto:janicetirol@universityofbohol.edu.ph)*

## ABSTRACT

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This study examines the link between religious index and risky non-sexual behaviors among adolescents at the University of Bohol in the Philippines. Data were gathered using a quantitative correlational research approach, with modified questionnaires measuring demographic information, religious practices, and risky non-sexual behaviors such as smoking, drinking, and substance misuse. Pearson correlation coefficients were used to investigate the correlation between the Religious Practice Index and risky non-sexual behaviors in a sample of

378 respondents. The study found a significant inverse correlation between religious practice and both smoking and alcohol intake, implying that higher religiosity is connected with healthier lifestyle choices. Notably, no significant association was identified between religious practice and drug use, implying



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that religiosity's protective benefits may differ depending on behavior. Furthermore, the effect of living arrangements on teenage risky behaviors was highlighted, with those who lived with their parents having lower rates of substance abuse. These findings highlight the relevance of promoting religious engagement as a potential protective factor in reducing risky non-sexual behaviors among adolescents.

## INTRODUCTION

Adolescence is a stage of human development characterized by significant physical, emotional, and social changes. This era, which typically lasts from ages 10 to 19 and is part of the World Health Organization's (WHO) broader definition of young people (ages 10 to 24), is marked by significant changes in brain structure and function, cognitive development, and psychosocial maturation (WHO, 2019). These changes have a substantial impact on individual behavior and decision-making, making youth more susceptible to dangerous behaviors (Backes & Bonnie, 2019).

Adolescent neurobiological changes, particularly in brain regions responsible for executive functioning, impulse control, and emotional regulation, have a significant impact on behavior. While maturity is required for cognitive and social development, it also increases sensitivity to incentives and novelty, which raises the chance of risk-taking behavior (Jaworska & MacQueen, 2015). Non-sexual risky behaviors, such as substance misuse, criminal activity, and bad lifestyle choices, are especially dangerous. Adolescents usually prefer quick gains above prospective hazards, particularly when affected by social rewards and peer pressure (Kuther, 1995).

A religious index frequently evaluates several aspects of religiosity, including beliefs and practices. For example, a study on the association between religious index and risky sexual behaviors among adolescents used a modified questionnaire from the University of the Philippines Population Institute's Young Adult Fertility Study (Y.A.F.S.) to assess religiosity. Another study presented a latent variable model of adolescent religiosity that included traits including beliefs, exclusivity, external practice, private practice, and religious salience (Pearce & Denton, 2009).

Risky non-sexual behaviors among youths include alcohol drinking, smoking, and substance addiction, all of which are negative lifestyle choices (Pilongo, Tirol, and Aparece, 2013). Peer pressure, familial relationships, and the environment all play a role in shaping these behaviors. While no single study focuses on the "Association between Religious Index and Risky Non-Sexual Behaviors among Adolescents," research implies that religiosity can influence adolescent behavior through moral directives, social support, and identity building (Smith, 2003).

**Theoretical Background.** Lawrence Kohlberg's Stages of Moral Development offers a framework for understanding how people's moral

thinking evolves over time. Religious teachings frequently emphasize ethical behavior and moral decision-making, influencing adolescents' choices. According to research, adolescents with significant religious engagement display more mature moral thinking, which correlates with lower levels of dangerous behavior.

Researchers have investigated how adolescents use religious coping mechanisms to handle stress and make decisions. Religion provides consolation and guidance in difficult situations, which has a big impact on conduct (Pargament 1997). Adolescents who rely on religious coping mechanisms are less likely to participate in risky non-sexual behaviors because their faith provides stability and security (Pargament, 1997).

Albert Bandura's Social Learning Theory focuses on the importance of observed learning and modeling in behavior acquisition (Bandura, 1977). Adolescents frequently copy the behaviors of their friends, family members, and media personalities. Religious teachings and community involvement can serve as good role models, encouraging healthy behaviors while discouraging harmful ones (Bandura, 1977).

According to Robert Merton's Strain Theory, societal pressures and a lack of legitimate means of achieving success can lead to deviant behavior. Religious beliefs can provide teenagers with coping tools and alternate paths to achievement, reducing their engagement in dangerous activities. Research shows that a solid religious basis boosts resilience against adolescent stressors, lowering the chance of risky non-sexual behavior (Merton, 2007).

Leon Festinger established Cognitive Dissonance Theory, which states that people strive for internal consistency. When teenagers engage in risky behaviors that contradict their religious beliefs and values, they may experience cognitive dissonance, pushing them to either change their conduct or rationalize it. According to the literature, a strong religious commitment can increase cognitive dissonance while engaging in dangerous behaviors, reinforcing abstinence from such activities.

**Review of Related Literature and Studies.** Numerous research shows a link between higher levels of religious involvement and less risky behavior. For example, Cheung and Yeung's (2011) meta-analysis found that religious participation is positively associated with constructive actions, signifying a negative correlation with destructive or dangerous behaviors among adolescents. Religious teachings have a protective effect that discourages behaviors like drug and alcohol usage.

According to Steinman and Zimmerman (2004), adolescents who closely adhere to their religious views are less likely to engage in drug misuse and delinquent activities. The authors contend that religious beliefs frequently provide a moral framework that guides adolescents in choosing healthy life choices, reducing their likelihood of engaging in risky non-sexual behaviors.

While multiple research has identified religiosity as a protective factor against risky behaviors among teenagers, complexities exist. According to a

study, adolescents who are more religious are less likely to smoke, drink alcohol, or take drugs (Sinha et al., 2006). However, other research shows differences based on cultural and socioeconomic characteristics. For example, among certain demographic groups, religious membership does not significantly reduce dangerous behaviors, highlighting the complexities of this relationship and indicating the need for additional research.

Recent empirical investigations have found persuasive evidence of a link between religious participation and risk behavior reduction. Jessor (1991) emphasized that teenagers who see religion as fundamental to their lives are less likely to participate in violence or substance abuse. However, these findings underline the importance of considering cultural and environmental factors when examining the protective effects of religiosity.

Examining the relationship between religious indices and risky non-sexual behaviors provides important insights into the interaction of personal and cultural beliefs with developmental processes that influence behavior. This understanding is critical for developing tailored interventions that promote healthy teenage development and prevent dangerous behaviors. To develop effective teenage well-being solutions, future research should focus on the intricate relationships between religiosity, environmental impacts, and socio-cultural factors.

## RESEARCH METHODOLOGY

**Research Design.** This study used a quantitative correlational research approach to investigate the correlation between the religious index and risky non-sexual behaviors among adolescents at the University of Bohol. This methodology was found to be appropriate for examining and analyzing correlations across variables, particularly determining how the religious index correlates with risky, non-sexual behaviors such as smoking, alcohol consumption, and substance misuse.

**Research Environment.** The study was conducted at the University of Bohol, an academic institution located in Tagbilaran City. The research environment includes a variety of departments and degree programs, as well as a varied student body with varying ages, socioeconomic origins, and religious connections. This setting presented a complete picture of teenage behaviors in respect to religious indices.

**Respondents.** The study population was comprised of senior high school and undergraduate students enrolled at the University of Bohol during the school year 2018-2019. Eligible participants were 18 to 21 years old and voluntarily provided their informed consent to participate in the study. Students who enrolled at the university during the specified academic year were excluded from the study; however, they dropped out of school before or during the study period.

**Instrument.** The primary data collection questionnaire consisted of the

following sections: demographic information, which included variables such as age, sex, academic program/major, strand (for Senior High School), year/grade level, religion, living arrangements, and school allowance.

Second is the Religious Index Assessment adapted from the Duke University Religion Index (DUREL) (Koenig & Büsing, 2010); this section measured religious practices and beliefs using a combination of Likert scale items and multiple-choice questions to quantify the overall religious index.

Third is the Risky Non-Sexual Behavior Assessment, which assesses the frequency and patterns of risky behaviors, specifically smoking, alcohol consumption, and drug misuse. Items were adapted from the Youth Alcohol and Other Drug Fidelity (YAFF) survey (2021) and utilized structured response options to facilitate analysis. A small sample of students underwent the pilot testing phase after the Ethics review to ensure clarity, validity, and reliability before full-scale distribution.

**Statistical Treatment.** The data collected were processed and analyzed using appropriate statistical methods, such as Descriptive Statistics. These were used to summarize respondent demographics and religious index data, including frequency distributions, means, and standard deviations.

The Correlational Analysis used Pearson correlation coefficients to determine the strength and direction of the relationship between religious index and non-sexual risky behaviors. The level of Statistical Significance for all statistical tests was set at  $p < 0.05$ , ensuring rigor in hypothesis testing and result interpretation.

## RESULTS AND DISCUSSION

**Religious Index of the Respondents.** The findings show a high level of religious practices among respondents, with an overall Religious Practices Index of 3.08. Among the individual religious practices being assessed, the highest-rated item was “I pray to the Supreme Being” ( $M = 3.31$ ), which falls into the “Very High” category. This indicates that personal prayer is the most deeply rooted religious practice among responders. Following this, “My parents require me to attend mass or religious services” ( $M = 3.22$ ) obtained a high grade, showing that parental influence has a considerable impact on religious practice.

The third-ranked item, “My attendance at religious services” ( $M = 2.95$ ), is similarly in the “High” category, indicating the importance of community worship among respondents. The lowest-ranked item, “My family prays together” ( $M = 2.84$ ), while still classified as “High,” indicates that collective family prayer is less common than individual prayer or formal religious services. This could imply that, while personal and community-based religious practices are promoted, family-centered religious activities are given relatively less attention.

Similarly, the data on religious beliefs reveals a high level of conviction

among respondents, with an overall Religious Beliefs Index of 3.05. The most strongly supported view was “I believe that doing good for others is necessary for salvation” ( $M = 3.30$ ), which was classified as “Very High”. This demonstrates a significant moral and ethical dimension to the respondents’ religious beliefs, highlighting the importance of good works in their spiritual worldview.

Following that, “I think of eternal life or life after death in my dealings with others” ( $M = 3.08$ ) was graded as “High,” indicating that belief in the afterlife effects interpersonal relationships. Meanwhile, two answers tied for last place: “In my dealings with others, I think of life after death” ( $M = 2.94$ ), and “I think of heaven and hell in the way I treat others” ( $M = 2.87$ ). Although both fall into the “High” group, they imply that the direct influence of afterlife beliefs on day-to-day interactions may be less prominent than the belief in salvation through good works.

Overall, the composite Religious Index of 2.68 indicates that respondents had a relatively high level of religiosity when considering both religious activities and beliefs. While both dimensions—religious practices (3.08) and religious beliefs (3.05)—fall into the “High” category, the somewhat higher score for practices may indicate that respondents’ religious engagement is more focused on behavioral displays of faith than doctrinal beliefs.

These findings emphasize the importance of religion in respondents’ lives, with personal prayer and ethical considerations being the most significant parts of their religious identity. However, the relatively low evaluations for family prayer and belief-based behavioral effects suggest possible areas for further research, particularly in understanding how religious teachings translate into daily interpersonal behavior.

**Status of the Risky Non-Sexual Behaviors.** The findings provide a thorough insight of the respondents’ non-sexual risky behaviors, including smoking, alcohol drinking, and drug misuse. Despite a high degree of awareness of the health risks associated with these practices, a significant proportion of respondents continued to engage in them, demonstrating a knowledge-practice gap.

The majority of respondents (97.09%) out of 378 were well informed of the dangers of smoking, with nearly all recognizing its negative impacts. Despite this information, more than one-fifth of respondents indicated having tried smoking. This shows that information alone is insufficient to prevent harmful conduct. Many smokers reported attempting to stop, showing an intentional effort to break the habit. Furthermore, the presence of a smoking parent, particularly a father, appeared as a possible predictor of smoking experimentation. On the other hand, alternate smoking methods, such as smokeless tobacco, were rarely used, and parental approval of smoking was especially low, implying that family disapproval may act as a deterrent.

The vast majority of responders (92.85%) recognized the negative consequences of alcohol intake among the 378 respondents. However, a

significantly higher proportion (66.13%) reported to experimenting with alcohol than smoking, implying that drinking may be more socially accepted or normalized. The data also highlight discrepancies in drinking behavior, as individuals who admitted to taking alcohol also reported making little effort to quit. Adolescent alcohol use seems to be influenced by parents, particularly fathers who drink. Meanwhile, maternal influence on alcohol intake was limited, implying that fathers may play a larger role in influencing attitudes about drinking.

Drug misuse. Respondents were also well-aware of the consequences of drug abuse, with just a small percentage claiming that drug usage is not harmful to their health. Despite this, drug experimentation was far less common than smoking or drinking. Among individuals who acknowledged to attempting illegal drugs, the frequency of use was generally modest.

Unlike alcohol use and smoking, parental influence seemed to have little bearing on drug experimenting. Views on drug use could be more influenced by external factors such contextual settings and peer pressure. Clearly evident family disapproval of drug use could be a strong disincentive to experimentation.

Overall, the data indicate that, while there is a high level of awareness of the negative impacts of smoking, alcohol drinking, and drug abuse, this does not always convert into abstaining from these behaviors. The higher prevalence of alcohol experimentation than smoking and drug usage implies that societal norms and peer influence may have a substantial impact on adolescent behavior. Parental influence, notably from fathers, was obvious in smoking and alcohol use, whereas drug use seemed to be driven more by external social variables.

Despite some respondents' attempts to quit smoking and drinking, the low levels of persistent effort suggest a need for further help and motivation. Without sufficient intervention, the gap between awareness and conduct may remain, increasing the likelihood of repeating the risky behavior.

By addressing these critical areas, public health campaigns can close the gap between awareness and action, ultimately lowering the prevalence of non-sexual risky behaviors among teenagers and encouraging healthier lifestyle choices.

The study examined the relationship between sex and non-sexual risky behaviors, specifically smoking, drinking, and drug misuse. The Phi coefficient ( $\phi$ ) was employed to measure correlation, given the dichotomous nature of both the independent variable (sex) and dependent variables (engagement in risky behaviors). The findings provide empirical insights into gender differences in these behaviors.



**Table 1.** *Relationship Between Sex and Non-Sexual Risky Behaviors of Respondents**(n = 378)*

Engage in Non-Sexual Risk-Taking Behavior	Phi Coefficient ( $\varphi$ )	Sig (2-Tailed)	Interpretation	Decision
Smoking (0 = No, 1 = Yes)	-0.304	.000	Significant	Reject Ho
Drinking (0 = No, 1 = Yes)	-0.138	.007	Significant	Reject Ho
Drug Misuse (0 = No, 1 = Yes)	-0.098	.058	Not Significant	Fail to Reject Ho

The results indicate a statistically significant association between sex and smoking ( $\varphi = -0.304$ ,  $p < .05$ ) as well as between sex and drinking ( $\varphi = -0.138$ ,  $p < .05$ ). Given the negative  $\varphi$  values, these findings suggest that females were less likely than males to engage in smoking and drinking behaviors. The strength of the association, assessed using Cohen's effect size guidelines, suggests that the relationship between sex and smoking is of medium strength ( $0.3 < \varphi < 0.5$ ), whereas the relationship between sex and drinking is small ( $0.1 < \varphi < 0.3$ ). These findings align with previous research indicating that males are generally more likely to engage in such behaviors than females (Smith et al., 2020; Johnson & White, 2018).

Conversely, the relationship between sex and drug misuse ( $\varphi = -0.098$ ,  $p = .058$ ) was not statistically significant, indicating that there is insufficient evidence to establish a meaningful association between these variables. This finding is that factors beyond sex, such as environmental influences, peer pressure, and socioeconomic status, may play a more substantial role in determining drug use patterns (Pavlov, 2022; Liebschutz et al., 2002).

The results contribute to the broader discourse on gender differences in risk-taking behaviors. The findings highlight the importance of targeted interventions, particularly those aimed at reducing smoking and drinking behaviors among males. Future research should explore additional moderating variables, such as cultural influences and personality traits, to better understand the complexities of non-sexual risk-taking behaviors.

**Living arrangement and drug misuse.** Table 2 presents the relationship between living arrangements and drug misuse among the respondents. The findings indicate that 4.91% of those living with their parents, 4.44% of those living with relatives, and none of those living in boarding houses had ever tried using illegal drugs. The majority of respondents across all living arrangements reported never having engaged in drug misuse.



**Table 2.** *Relationship Between Living Arrangement and Drug Misuse Among Respondents (n = 378)*

Ever Tried Using Drugs?	Living with Parents	Living with Relatives	Living in Boarding Houses	Total
No	95.09% (213)	95.56% (43)	100.00% (109)	96.56% (365)
Yes	4.91% (11)	4.44% (2)	0.00% (0)	3.44% (13)
<b>Total</b>	<b>100.00% (224)</b>	<b>100.00% (45)</b>	<b>100.00% (109)</b>	<b>100.00% (378)</b>

*Note.* Freeman–Halton Test = 6.597, Exact Sig. (2-sided) = 0.030.

*Significant; reject null hypothesis.*

A Freeman–Halton test was conducted to determine the association between living arrangements and drug misuse. The test revealed a statistically significant association between the two variables (Freeman–Halton Test = 6.597, Exact Sig. (2-sided) = 0.030). Given that the p-value is below the 0.05 threshold, the null hypothesis is rejected, indicating sufficient evidence to suggest a significant relationship between living arrangements and drug misuse. This finding agrees with the study on the Healthy Youth Survey (HYS) that analyzed the risks associated with different living arrangements among youth. It found that adolescents in kinship care and foster care face more well-being risks, including substance abuse, compared to those living with parents. This indicates that living arrangements can significantly impact adolescent risk behaviors (Washington State Department of Social and Health Services, 2018).

**Religious Practice Index and Non-Sexual Risky Behavior.** Table 3 presents the correlation between the Religious Practice Index and non-sexual risky behaviors, including smoking, drinking, and drug use. The findings indicate a statistically significant but inverse correlation between religious practice and both smoking ( $p < .05$ ) and alcohol consumption ( $p < .05$ ). These results suggest that individuals with higher religious practice scores are less likely to engage in smoking and drinking. Consequently, the null hypothesis was rejected for these variables, providing sufficient evidence of an association between religious practice and these specific non-sexual risky behaviors.

**Table 3.** *Pearson Correlation Between Religious Practice Index and Non-Sexual Risky Behavior*

Variable	r	p-value	(n = 378)		Interpretation	Decision
			95% CI (Lower)	95% CI (Upper)		
Ever Smoked	-.207	.000	-.294	-.105	Significant	Reject $H_0$
Ever Drank	-.175	.001	-.272	-.084	Significant	Reject $H_0$
Ever Used Drugs	-.001	.991	-.093	.089	Not Significant	Failed to Reject $H_0$

However, the result lacks a significant association between religious practice and drug use ( $p = .991$ ). This finding implies that religious practice does not appear to be correlated with drug-related behavior. As a result, the null hypothesis about this association was not refuted. These findings suggest that while religious engagement may protect against smoking and alcohol intake, its effect on drug use is unknown.

This result's inverse correlation implies that those who practice religion are less likely to participate in some non-sexual dangerous behaviors. This finding is consistent with previous research indicating that religious involvement may act as a protective mechanism against substance use (Curth, 2022). Future studies should look into potential mediating factors, including social support, self-control, and moral reasoning, which could help explain the relationship between religious practice and risk behavior. Unlike religious practice, religious beliefs in this study were not significantly correlated with smoking, drinking, or drug use in either the non-bootstrapped or bootstrapped analysis. These findings indicate that religious beliefs alone may not have a strong influence on preventing non-sexual risky behaviors. Therefore, the null hypothesis was not rejected, as no sufficient evidence supported a correlation between religious beliefs and these behaviors.

## CONCLUSION

The study provides solid evidence that religious index and non-sexual behaviors among adolescents at the University of Bohol are associated. It draws attention to a statistically significant inverse relationship, which indicates that greater religious participation is statistically correlated to a decreased risk of substance abuse, alcohol consumption, and smoking. These results support the idea that religious practices and beliefs offer a moral framework directing healthier lifestyle choices, and they are consistent with other research showing that religiosity serves as a protective factor against a variety of harmful behaviors in young people. Furthermore, compared to kids in alternative living arrangements, those living with their parents have lower rates of drug abuse, according to the examination of living arrangements.

## RECOMMENDATIONS

**Strengthen Religious Initiatives.** Strengthen the religious education initiatives that highlight the advantages of religiosity for lifestyle decisions. Healthy decision-making can be promoted by involving young people in conversations about the moral ramifications of their behavior.

**Peer Group Support.** Create peer-led support groups that emphasize healthy lifestyle choices and religious principles. Teens can use these groups as a forum to talk about their experiences, support one another, and inspire a commitment to refraining from risky behavior.

**Family and Community Involvement.** Promote family participation in religious events to enhance communication about values and reinforce family bonds. Families can benefit from workshops that address how family structure affects adolescents' well-being by gaining tools and techniques for creating nurturing environments.

**Focused Interventions for Youth at Risk.** Create focused intervention programs, especially for foster or kinship care youth who could be more susceptible to substance misuse. By designing these programs to target the difficulties these young people confront specifically, we can improve their coping mechanisms and encourage healthier ways of living.

**Further Research.** Carry out further longitudinal research that may use a mixed-method approach to understand better the nuances of the connection between religiosity, sociocultural elements, and dangerous behaviors. Part of this involves examining the long-term effects of various religious backgrounds on behavior and decision-making.

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