

# Religiosity and Sexual Risk-Taking Behaviour Among Mizo Young Adults

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## Abstract

Religiosity plays a role in preventing various risky behaviors. Although religiosity plays a huge role in Mizo society, it is important to identify how different dimensions of religiosity is related with sexual risk-taking behaviour. Therefore, the present study examined the relationship between religiosity dimensions (Intellectual, ideology, public practice, private practice, religious experience) and sexual risk-taking behaviour among Mizo young adults. A total of 100 samples was selected in the study with an age range of 18 to 40 years. The mean scores of the participants vary according to their social demographic characteristics. The relationship between religiosity dimensions and sexual risk-taking behaviour was calculated using Pearson's correlation coefficient ( $r$ ). There is a significant negative relationship between religiosity (private practice) and sexual risk-taking behaviour ( $r = -.362^{**}$ ;  $p < .01$ ). Multiple regression analysis also revealed that the overall model was significant. Predictors explained 15.6% of the variance in sexual risk-taking behavior ( $R^2 = .156$ ,  $F(5, 94) = 3.487$ ,  $p < .01$ ). However, only religiosity (private practice) significantly predicted sexual risk-taking behaviour ( $\beta = -.480$ ,  $p < .01$ ) and the other religiosity dimensions did not significantly predict sexual risk-taking behaviour. The study showed the potential role of religiosity private in protecting sexual risk-taking behaviour.

**Keywords:** Religiosity, Sexual risk-taking behaviour, Young adults

## Religiosity

The concept of Religion is usually defined as a systematized collection of rituals, ideas, and systems that are typically associated with the belief in and worship of a supreme being, such as God or another supernatural entity. Religiosity is a comprehensive sociological term used to refer to the involvement, interest, or participation in numerous aspects of religious activity, dedication, and belief.

Huber & Huber (2012) conceptualized religiosity from five different dimensions. The first dimension is *intellectual dimension*. This refers to how religious people to some extent can explain their views on the transcendence, religiosity and religion as expected by society. Thinking about the religious events and how frequently people update their religious knowledge is a general indicator of the intellectual dimension. The second dimension is *ideology*. Here, religious people have beliefs relating to the essence and existence of a transcendent reality as well the relationship between their transcendence and human. Within the personal religious construct system, this dimension is reflected through beliefs, unquestioned convictions, and perceived plausibility. General indicators should specifically assess the extent to which an individual finds the existence of a transcendent reality—such as God or a divine presence—plausible. For example,

one might ask, 'To what extent do you believe in the existence of God or something divine?'. The third dimension is *public practice*, which entails social expectations that religious persons are members of religious communities, as evidenced by public involvement in communal activities and religious ceremonies. This dimension is portrayed in the system of personal religious constructs as behavioural patterns and a feeling of inclusion in relation to a particular social body and ritualized transcendental imagination. Asking someone how often they attend religious services is an easy way to determine the overall intensity of this dimension. The *private practice* dimension reflects the societal expectation that religious individuals engage in personal, individualized rituals or activities in a private setting as an expression of their devotion to the transcendent. In the religious construct system, it is represented as unique patterns of behaviour and a style of devotion to a higher power or spiritual reality. Lastly, the dimension of *religious experience*, the social expectation that religious people will have a direct and emotionally impactful encounter with a transcendent reality or divine presence. These five core dimensions can be considered as encompassing the essential aspects of the entire religious life (Huber & Huber, 2012).

Religion plays a fundamental role in human society. Religion affects people of different cultural backgrounds. A study done by Pew Research Centre (2012) estimated that around 5.8 billion adults and children are religiously affiliated across the world, which constitutes 84% of the world's population. According to the 2011 Census of India, Christianity is the predominant religion in Mizoram, with 87.16% of the population identifying as Christians. This is followed by Buddhists at 8.5%, Hindus at 3.3%, and adherents of other religions and not stated comprising approximately 1% of the population. Religions provide a distinct set of moral standards and values (such as justice, self-control, honesty, and compassion) that influence members' decisions and behaviour. It helps them determine what is right and wrong. It promotes self-control and encourages qualities such as generosity, humility, and kindness.

### **Sexual risk behaviour**

The term 'Sexual behaviour', according to APA, has a much broader meaning when applies to human beings. It does not only include physical practices but also attitudes, desires, preferences, and experiences. It also includes an array of related psychological and social phenomena that include any behaviour or action related to reproduction and pleasurable satisfaction without conception (i.e., sexual arousal). Such actions are shaped by culture and to a further extent by individual experience and observation, and they may be performed with a partner (as in foreplay and role play) or alone (as in fantasizing and masturbating). Sexual behaviour has been studied widely, mostly in the context of reproductive health, sexual relationships, sexual practices, contraception, and Sexually Transmitted Infections STIs (Chawla & Sarkar, 2019).

Literature has studied a variety of risky sexual behaviour. The term 'Risky Sexual Behaviour' is a behaviour related to sexuality that increases the susceptibility of an individual to problems related to sexuality and reproductive health like sexually transmitted disease (STIs), human immune deficiency virus (HIV), unwanted and unplanned pregnancy, abortion, and psychological distress (Kassa et al. 2016; Tadesse & Yakob 2015; Kaestle et al. 2005; Chawla & Sarkar, 2019). Dublin and colleagues (1992) defined High-Risk Sexual Behaviour in the context of HIV-discordant couples. They defined the behaviour as anal/oral intercourse or vaginal intercourse without a condom or other contraception. Risky sexual behaviour, according to many published research, can be having unprotected sex (inconsistent use of a condom or without a condom), multiple sexual partners, sex under the influence of stimulant drugs or

substances, sex with someone they do not know well, Cunnilingus (oral stimulation of vulva and clitoris) without any protection, Fellatio (oral stimulation of male penis) without a condom, Analingus (oral stimulation of anus) without protection, engagement of sex work (WHO, 2021; Urassa et al. 2008; Dimbuene et al. 2014; Tadesse & Yakob, 2015; Turchik et al. 2015; Siegler et al. 2019).

### **Religiosity and Sexual risk behaviour**

Researchers have demonstrated a relationship between religiosity and risky sexual behaviour. A study by Afshani et al. (2015) found that an increase in religiosity lowers different kind of risky behaviour including sexual behaviour. According to Moore et al. (2013), religious beliefs significantly predicted lower levels of alcohol consumption and sexual activity (such as oral and vaginal sex and the number of sex partners). A study conducted by Nicholas (2004) found that more religious participants were more likely to disapprove of nearly all forms of sexual material and were less likely to have been exposed to nearly all forms of sexual material.

Numerous published studies indicate that religiosity protects against risky sexual behaviour for a range of populations. According to McCree et al. (2003), among black females, religious identification plays a protective role from early initiation of a sexual relationship with a male partner. Beckwith and Morrow (2005) found a negative relationship between sexual permissiveness and sexual practices and religiosity among Black youth. Poulson et al. (2008) also found a negative relationship between religiosity and risky sexual behaviour. According to the Risk and Protective Model proposed by Kirby and Lepore (2018), religion can function either as a protective or a risk factor. For instance, strong commitment to one's religious beliefs may serve as a protective factor by discouraging premarital sexual activity. On the other hand, a lack of adherence to religious practices may act as a risk factor, increasing the likelihood of engaging in risky sexual behaviours.

Many religions in the world emphasize the importance of sexual morality (Moon, 2021). Most religions strongly discourage sex outside of marriage, premarital sex and adultery. Religious teachings are often founded on the belief that the primary purpose of sex is procreation (Rowatt & Schmitt, 2003). Religious scripts and norms communicated to religious adherents about sexual involvement and marital intimacy is likely to have a direct effect on frequency of sexual activity and satisfaction (McFarland et al., 2011). The empirical evidence showing the relationship between religiosity and risky sexual behaviour can be influenced by these religious scripts and norms.

There are also several potential explanatory mechanisms through which elements of religious participation or faithfulness may be linked to the prediction of positive health outcomes (Garofalo et al. 2015). These include access to social resources and support (George et al. 2000; Holt & McClure, 2006); the enhancement of positive self-perceptions and self-esteem (Ellison & Levin, 1998); the availability of specific coping strategies for managing stress (Pargament et al., 1990); and the encouragement of healthy beliefs that influence personal lifestyles and reduce risky behaviours (Krause et al. 2011).

### **RATIONALE OF THE STUDY**

The influence of religion can be seen from every corner of the state in Mizoram. Religion plays a huge role in an individual lifestyles and communities. Many individuals, regardless of age, participates in religious activities. In Mizoram, Christians actively participate in church services, with strong age-based fellowship groups playing a significant role in church and community settings. Church-based programs are commonly organized for the members at an early age. Religious leaders instil religious values and

norms for their members. Religiosity is also commonly practiced within the family settings. Religious institutions provide moral and ethical guidance to their members, emphasizing principles such as self-restraint from sexual thoughts and behaviours, marital faithfulness, and abstinence from sexual activity outside of marriage. Violation of this norm is considered sinful acts which goes against the religious values and teachings. In the context of Mizoram, instances of sexual activity can still be evident through social media. The prevalence of HIV/AIDS is quite high standing at 2.73%. It is the highest in India surpassing other states and national average (Vanlalruata, 2025). Honourable Health Minister of the state Lalrinpui also raised serious concern about the worsening situation and called on legislators to take stronger, more effective measures to combat the epidemic (Vanlalruata, 2025). Although religiosity plays a huge role in Mizo society, HIV prevalence remains high, which is mainly due to unprotected sexual activities and intravenous drug use (Press Information Bureau, 2025). The need for exploring the relationship between religiosity and risky sexual behaviour become a concern as sexual activity become increasingly more prominent. Therefore, it is important to identify what type of religiosity is associated with sexual risk behaviour among Mizo young adults. The dimensions of religiosity such as public practice and private practice are found to lower a range of risky behaviour (Cotton et al. 2006). Empirical evidence shows that the intensity of a person's religious beliefs and their involvement in religious activities are stronger predictors of whether they engage in sexual activity than their specific religious denomination or affiliation (Brewster et al. 1998). The research with these variables is also limited in Mizo context. Based on the problems mentioned above, the objectives and hypotheses were set forth for the study.

### Objectives

1. To study religiosity and sexual risk-taking behaviour based on the participants' social demographic characteristics.
2. To find out the relationship between religiosity (*intellectual, ideology, public practice, private practice and religious experience*) and sexual risk-taking behaviour.
3. To determine the predictability of sexual risk-taking behaviour of the participants from religiosity (*intellectual, ideology, public practice, private practice and religious experience*).

### Hypotheses

1. It is expected that the participants' level of religiosity and sexual risk-taking behaviour will differ across social demographic characteristics.
2. It is expected that there will be a significant relationship between religiosity (*intellectual, ideology, public practice, private practice and religious experience*) and sexual risk-taking behaviour.
3. It is expected that religiosity (*intellectual, ideology, public practice, private practice and religious experience*) will significantly predict sexual risk-taking behaviour.

## METHODS

### Samples and Procedure

A total of 120 participants were selected using simple random and convenience sampling. The participants were selected from three different communities in Aizawl as well as through social networking apps. Participants without any religion, who are non-Mizo, who did not complete answering all the items, who were outside an age range of 18 to 40 were excluded from the study. The final sample consist of 100 samples, 49 are males and 51 are females. The age range of the participants is considered young adults

according to Erik Erikson (Cherry, 2024). The participants were informed about the study and confidentiality issues. Informed consent was obtained from the participants. The ethical guidelines of APA were strictly followed throughout the research.

### Psychological Tools Used

Two psychological scales were used in the present study

1. The Centrality of Religiosity Scale (Huber & Huber, 2012): This scale was used to assess the participants' religiosity based on five core dimensions viz. Intellectual, Ideology, Public, Private and Experience. The scale was adapted for use in the present study. The validity of the five dimensions of this scale yields a good result. The internal consistency reliability of the scale was also assessed. Intellectual dimension has a Cronbach alpha value of .857, ideology dimension .657, public dimension .856, private dimension .856 and experience dimension .818.
2. Sexual Risk Survey (Turchik & Garske 2008; Turchik et al., 2015): This scale was used to assess the participants' sexual risk-taking behaviour. It has 23 items and examines various risky sexual behaviors that respondents have engaged in over the last 6 months. The scale was adapted for use in Mizo population. The validity of the scale yields a good result. For reliability, the internal consistency of the scale was assessed. The Cronbach alpha value of the scale is .890.

In addition to psychological scales, the social demographic profiles were also included for this study. The social demographic variables include sex, community, relationship status and religion.

### Design

The present study employs quantitative method. The correlational design is used to find out the relationship between religiosity and sexual risk-taking behaviour.

### Data analysis

Data was entered, cleaned and analysed using IBM SPSS version 25. Descriptive statistics were employed to find out the mean, standard deviation, skewness and kurtosis of the psychological scales. The mean score of the participants was analysed based on their social demographic variables. Reliability values were assessed for religiosity and sexual risk survey scales. Correlational method was employed to find out the relationship between religiosity dimensions and sexual risk-taking behaviour. Multiple regression was run to predict sexual risk-taking behaviour from religiosity dimensions.

### Results and Interpretations

#### Table 1: Reliability, Mean, SD, Skewness, and Kurtosis of psychological scales under study

Table 1 provides reliability and descriptive statistics for religiosity and sexual risk survey scale. The Cronbach alpha value of four dimensions of religiosity viz Intellectual, public, private and experience indicate a good internal consistency reliability. However, the ideology falls in the acceptable region of the Cronbach alpha value. Sexual risk survey scale also has a good internal consistency reliability. In religiosity scale, the mean score of the participants is highest in private dimension ( $M = 11.11$ ;  $SD = 2.96$ ) followed by public dimension ( $M = 10.28$ ;  $SD = 3.24$ ) intellectual dimension ( $M = 9.02$ ;  $SD = 2.82$ ) ideology dimension ( $M = 8.62$ ;  $SD = 3.16$ ) and experience dimension ( $M = 6.92$ ;  $SD = 3.46$ ). The mean score of the participants in sexual risk survey scale is  $M = 5.90$ ;  $SD = 8.01$ . The skewness of all dimensions

Variables	N	%
<b>Sex</b>		
Male	49	49%
Female	51	51%
<b>Community</b>		
Urban	87	87%
Rural	13	13%
<b>Relationship Status</b>		
Single	93	93%
Married	7	7%
<b>Religion</b>		
Christianity	99	99%
Other	1	1%

of religiosity and sexual risk survey lies between -2 and +2 and Kurtosis, -3 and +3. Therefore, the assumption of normal distribution was met.

**Table 2: Frequency of demographic characteristics of the participants**

Scales	Reliability		Mean	SD	Skewness		Kurtosis	
	No. of items	Cronbach's $\alpha$			Statistic	Std. Error	Statistic	Std. Error
Religiosity <i>Intellectual</i>	3	.857	9.02	2.82	-.170	.241	-.172	.478
Religiosity <i>Ideology</i>	3	.657	8.62	3.16	.316	.241	-.358	.478
Religiosity <i>Public</i>	3	.856	10.28	3.24	-.554	.241	-.320	.478
Religiosity <i>Private</i>	3	.856	11.11	2.96	-1.016	.241	.517	.478
Religiosity <i>Experience</i>	3	.818	6.92	3.46	.623	.241	-.500	.478
Sexual risk Survey	23	.890	5.90	8.01	1.613	.241	2.384	.478

Table 2 provides frequency of the participants based on socio-demographic characteristics. The total number of male participants is 49 (49%) and female participants is 51 (51%). 87 participants (87%) are from urban areas and 13 (13%) are from rural areas. 93 participants (93%) said they are single and 7 (7%) said they are married. 99 participants (99%) belong to Christianity and 1 (1%) participant's religion belongs to other.

**Table 3: Mean score and SD for religiosity and sexual risk behavior based on socio-demographic characteristics**

Variables	Religiosity										SRS	
	Intellectual		Ideology		Public		Private		Experience		M	SD
	M	SD	M	SD	M	SD	M	SD	M	SD		
Sex												
Male	8.88	3.28	8.47	3.47	10.33	3.60	10.49	3.64	6.98	3.76	7.23	8.63
Female	9.16	2.32	8.76	2.86	10.24	2.88	11.71	1.99	6.86	3.18	4.59	7.22
Community												
Urban	9.00	2.78	8.77	2.93	10.49	3.08	11.17	2.87	7.01	3.42	5.56	7.97
Rural	9.15	3.18	7.62	4.43	8.85	3.98	10.69	3.61	6.31	3.84	8.15	8.26
Relationship Status												
Single	9.05	2.86	8.65	3.24	10.30	3.27	11.19	3.02	6.88	3.50	5.89	8.16
Married	8.57	2.37	8.29	2.06	10.00	3.00	10.00	2.00	7.43	3.05	6.00	6.14

Table 3 provides the mean score and standard deviation for religiosity and sexual risk survey scale based on socio-demographic characteristics. In religiosity, the mean score for male is higher in public ( $M_{\text{males}} = 10.33$ ;  $SD = 3.60$ ,  $M_{\text{females}} = 10.24$ ;  $SD = 2.88$ ) and experience ( $M_{\text{males}} = 6.98$ ;  $SD = 3.76$ ,  $M_{\text{females}} = 6.86$ ;  $SD = 3.18$ ) dimensions while female score higher in intellectual ( $M_{\text{females}} = 9.16$ ;  $SD = 2.32$ ,  $M_{\text{males}} = 8.88$ ;  $SD = 3.28$ ), ideology ( $M_{\text{females}} = 8.76$ ;  $SD = 2.86$ ,  $M_{\text{males}} = 8.47$ ;  $SD = 3.47$ ) and private ( $M_{\text{females}} = 11.71$ ;  $SD = 1.99$ ,  $M_{\text{males}} = 10.49$ ;  $SD = 3.64$ ) dimensions. In sexual risk survey scale, the mean score for male ( $M = 7.23$ ;  $SD = 8.63$ ) is higher than female ( $M = 4.59$ ;  $SD = 7.22$ ). Among the participants from urban areas, their mean score is higher in ideology ( $M_{\text{urban}} = 8.77$ ;  $SD = 2.93$ ,  $M_{\text{rural}} = 7.62$ ;  $SD = 4.43$ ), public ( $M_{\text{urban}} = 10.49$ ;  $SD = 3.08$ ,  $M_{\text{rural}} = 8.85$ ;  $SD = 3.98$ ), private ( $M_{\text{urban}} = 11.17$ ;  $SD = 2.87$ ,  $M_{\text{rural}} = 10.69$ ;  $SD = 3.61$ ) and experience dimensions ( $M_{\text{urban}} = 7.01$ ;  $SD = 3.42$ ,  $M_{\text{rural}} = 6.51$ ;  $SD = 3.84$ ) in religiosity while participants from rural areas score higher in intellectual dimension ( $M_{\text{rural}} = 9.15$ ;  $SD = 3.18$ ,  $M_{\text{urban}} = 9.00$ ;  $SD = 2.78$ ). In sexual risk survey scale, participants from rural areas score higher ( $M_{\text{rural}} = 8.15$ ;  $SD = 8.26$ ;  $M_{\text{urban}} = 5.56$ ;  $SD = 7.97$ ). Based on relationship status, participants who are single score higher in intellectual ( $M_{\text{single}} = 9.05$ ;  $SD = 2.86$ ,  $M_{\text{married}} = 8.57$ ;  $SD = 2.37$ ), ideology ( $M_{\text{single}} = 8.65$ ;  $SD = 3.24$ ,  $M_{\text{married}} = 8.29$ ;  $SD = 2.06$ ), public ( $M_{\text{single}} = 10.30$ ;  $SD = 3.27$ ,  $M_{\text{married}} = 10.00$ ;  $SD = 3.00$ ) and private ( $M_{\text{single}} = 11.19$ ;  $SD = 3.02$ ,  $M_{\text{married}} = 10.00$ ;  $SD = 2.00$ ) dimensions of religiosity while participants who are married score higher in experience dimension of religiosity ( $M_{\text{married}} = 7.43$ ;  $SD = 3.05$ ,  $M_{\text{single}} = 6.88$ ;  $SD = 3.50$ ) and in sexual risk survey scale ( $M_{\text{married}} = 6.00$ ;  $SD = 6.14$ ,  $M_{\text{single}} = 5.89$ ;  $SD = 8.16$ ).

**Table 4: Pearson’s correlation coefficient of the variables under study**

Variables	1	2	3	4	5	6
Religiosity Intellectual	1					
Religiosity Ideology	.600**	1				

<b>Religiosity Public</b>	.685**	.591**	1			
<b>Religiosity Private</b>	.619**	.496**	.699**	1		
<b>Religiosity Experience</b>	.629**	.633**	.464**	.403**	1	
<b>Sexual risk Survey</b>	-.141	-.111	-.194	-.362**	-.162	1

Note \*\* $p < .01$  \* $p < .05$

Table 4 provides correlation between religiosity and sexual risk-taking behavior. It was found that religiosity intellectual has significant positive correlation with religiosity ideology ( $r = .600^{**}$ ;  $p < .01$ ), religiosity public ( $r = .685^{**}$ ;  $p < .01$ ), religiosity private ( $r = .619^{**}$ ;  $p < .01$ ), and religiosity experience ( $r = .629^{**}$ ;  $p < .01$ ), but negative relationship with sexual risk survey scale ( $r = -.141$ ;  $p > .05$ ), which is not significant. Religiosity ideology had a significant positive relation with religiosity public ( $r = .591^{**}$ ;  $p < .01$ ), religiosity private ( $r = .496^{**}$ ;  $p < .01$ ), and religiosity experience ( $r = .633^{**}$ ;  $p < .01$ ), but negative relationship with sexual risk survey scale ( $r = -.111$ ;  $p > .05$ ) which is not significant. Religiosity public has significant positive relationship with religiosity private ( $r = .699^{**}$ ;  $p < .01$ ), and religiosity experience ( $r = .464^{**}$ ;  $p < .01$ ), but negative relationship with sexual risk survey scale ( $r = -.194$ ;  $p > .05$ ), which is not significant. Religiosity private has significant positive relationship with religiosity experience ( $r = .403^{**}$ ;  $p < .01$ ), but significant negative relationship with sexual risk survey scale ( $r = -.362^{**}$ ;  $p < .01$ ). Religiosity experience has a negative relationship with sexual risk survey scale ( $r = -.162$ ;  $p > .05$ ) which is not significant.

**Table 5: Multiple linear regression predicting sexual risk behavior**

Variable	<i>B</i>	<i>SE</i>	95% <i>CI</i>	$\beta$	<i>p</i>
Constant	15.322	3.108	[9.151, 21.493]	—	<.01
Religiosity Intellectual	.469	.437	[-.399, 1.336]	.165	.286
Religiosity Ideology	.263	.347	[-.427, .952]	.104	.452
Religiosity Public	.098	.379	[-.655, .850]	.039	.797
Religiosity Private	-1.298	.373	[-2.038, -.558]	-.480	<.01
Religiosity Experience	-.361	.311	[-.978, .256]	-.156	.248

Note:  $R^2 = .156$ ,  $F(5, 94) = 3.487$ ,  $p < .01$

Multiple regression analysis was used to test if five dimensions of religiosity (intellect, ideology, public, private, and experience) significantly predicted participants' sexual risk-taking behavior. The results of the regression indicated that the overall model was significant. Predictors explained 15.6% of the variance in

sexual risk-taking behavior ( $R^2 = .156$ ,  $F(5, 94) = 3.487$ ,  $p < .01$ ). However, it was found that only one predictor (Religiosity *Private*) significantly negatively predicted sexual risk-taking behavior ( $\beta = -.480$ ,  $p < .01$ ). The other predictors were not statistically significant.

## Discussion

The findings of our first objective support our hypothesis. The mean score of religiosity dimensions and sexual risk survey vary among male and female, urban and rural and single and married. Male participants score higher in public dimension which is mainly participation or involvement in communal rituals and public religious activities. In Mizo society, men have higher role in decision making, ordination and other positions (Lalhriatpuii, 2010). Men have larger role as compared to women in church activities; this can lead men to score higher in public domain of religiosity. Men also score higher in experience dimension of religiosity which contrasts with general patterns in religiosity where women typically score higher overall. The finding may be understood within the Mizo cultural-religious context, where male participation in religious leadership and public testimony is more prominent. While the mean score for female sample is higher in intellectual, ideology and private dimensions of religiosity. In Mizo, women often take on roles that involve nurturing spiritual values within the family. Women emotionally invested in religion when it relates to relationship and values (Francis & Wilcox, 1998). As such, religious thinking and prayer may serve as a part of their daily reflection. In sexual risk survey, men score higher than women. Higher testosterone in male increase sex drive which can lead to higher sexual risk-taking behaviour (Baumeister, 2000). Lower scores in female may be a result of social stigma that prevents them from publicly discussing or participating in sexual behaviour. In Mizoram, the number of HIV+ case is higher in male than female in every age group (MizoramSACS, 2025). The mode of transmission is mainly through sex. These may explain why female score lower than male in sexual risk-taking behavior.

Among the participants from urban areas, their mean score is higher in ideology, public, private and experience dimensions in religiosity while participants from rural areas score higher in intellectual dimension. People in urban areas may have more exposure to diverse religious ideas and more organized religious activities, which may lead to more engagement across the religious dimensions. Some research found that rural residents with lower incomes are more likely than urban residents to attend religious services and urban people with higher incomes attend more frequently than those in rural areas (Melotte, 2023). In sexual risk-taking behaviour, participants from rural areas score higher. Sexual risk behavior is more in rural areas than in urban areas (Voeten et al., 2004). This can be due to lack of access to healthcare services, financial services and education (Raj et al., 2021). Based on relationship status, participants who are single score higher in intellectual, ideology, public and private dimensions of religiosity while participants who are married score higher in experience dimension of religiosity. This can be influenced by different factors including autonomy, having more time for activities among single individuals whereas familial responsibility may play a role among married participants and the challenges of married life including parenting, conflict can drive them to seek comfort or support in their faith, and this can increase their experiences with the divine. In sexual risk-taking behaviour, married participants score higher than single participants. Married individuals may engage more openly, which may be reflected in the result.

Religiosity can play a protective role and may act as a buffer in sexual risk-taking behaviour (Birndorf et al. 2005). Our analysis found a significant negative correlation between religiosity (private practice) and sexual risk behaviour. Religiosity (private practice) also negatively significantly predicted sexual risk-

taking behaviour. Our second and third hypotheses were partially accepted. Private practice in the religious construct system is represented as unique patterns of behaviour and a style of devotion to a higher power or spiritual reality. Religious individuals will devote themselves to God or divine beings in the private space (Huber & Huber, 2012). A person high in this domain of religiosity put high religious values in his/her personal life. They are committed to engaging in personal prayer. They put strong emphasis on prayer to divine beings. Prayer in religiosity indicate an interaction between an individual and a divine being. The prayer often includes daily protection and strength from the influence of evil deeds and thoughts. This reflects a strong relationship with God or divine beings. This kind of relationship can protect individual from engaging in sexual thoughts and deeds. Some research found a relationship between frequency of prayer and sexual risk-taking behaviour in which higher frequency of prayer is related to lower level of sexual risk-taking behaviour (Grossman et al. 2013). The other religious dimensions are not significantly correlated with sexual risk survey scale, and they do not significantly predict sexual risk-taking behavior. This may suggest that overall religiosity may exert a protective influence, even though not all dimensions of religiosity do not show strong prediction in our findings.

## CONCLUSION

In the present study, our findings show the significance of religiosity private practice in predicting sexual risk-taking behaviour. It plays potential role in protecting sexual risk-taking behaviour The importance of private practice in protecting sexual risk-behaviour might be emphasized among Christians especially at the church setting. Since the study variables may be among the first research carried out in Mizo context, the study may serve as guidelines for future studies.

## Limitations and Suggestions

The limitations of the present study include a small sample size, study design and some variables that could not be taken up. A large sample size with different groups of social demographic variables with approximately equal number of groups is recommended. There is too much difference in the sample size of urban and relationship status variables, this influences the validity of our findings in the study. In our study, interpretation is made based on the mean scores of the sample in social demographic variables like sex, community and relationship status. Using appropriate stronger method to find out significant difference between groups is recommended in future. Social demographic variables like sex, relationship status and community can play a role in the relationship between religiosity and sexual risk-taking behaviour. It is therefore recommended to include these variables for further study.

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