



RELIGIOUS MEMBERSHIP AND LIFESTYLE IN HIGH SCHOOL STUDENTS IN UPPER HINTERLANDS IN BAHIA STATE

AFILIAÇÃO RELIGIOSA E ESTILO DE VIDA EM ESCOLARES DO ENSINO MÉDIO NO ALTO SERTÃO BAIANO

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Abstract

Objective: Analyzing the association between religious membership and lifestyle in high school students from the city in Guanambi, Bahia state, Brazil. **Method:** School-based survey, with a sample of 1,140 students enrolled in public and private schools. Data collection was performed through a questionnaire. Logistic regression was used for analysis, the variables with $p < 0.20$, and statistical significance to $p < 0.05$ in the final model were selected. Positive reference regarded to religion determined religious membership. **Results:** The prevalence of students with religious membership was 92.0%. In the entire sample, the variables with the lowest chance of showing religious membership were: male gender (OR=0.31; 95%CI: 0.22-0.54); drinking no alcohol beverages (OR=0.50; 95%CI: 0.31-0.80); inadequate consumption of vegetables (OR=0.47; 95%CI: 0.28-0.78); and self-perception of high stress level (OR=0.47; 95%CI: 0.29-0.78); It is higher among those who inappropriately consumed natural fruits/juices (OR=1.71; 95%CI: 1.08-2.68). In the male group of students, the lowest chances of presenting the outcome were among those who did not consume alcoholic beverages (OR=0.52; 95%CI: 0.29-0.94) and those with self-perception of high stress level (OR=0.43; 95%CI: 0.22-0.85). Among female students, the chances of having religious membership were higher among those with inadequate consumption of natural fruits/juices (OR=2.54; 95%CI: 1.20-5.38) and lower among those who consumed vegetables inadequately (OR=0.31; 95%CI: 0.13-0.75). **Conclusion:** Religious membership is associated to the lifestyle variables of high school students from the city of Guanambi, Brazil, with variation in association according to the gender.

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Keywords: Religion; Adolescent behavior; Lifestyle; Health-Related Behaviors.

Resumo

Objetivo: Analisar a associação entre afiliação religiosa e estilo de vida em escolares do ensino médio de um município de Guanambi, Bahia, Brasil. **Método:** Inquérito de base escolar, com amostra de 1.140 escolares matriculados em escolas públicas e privadas. A coleta de dados foi realizada por meio de questionário. Para análise, utilizou-se regressão logística, sendo selecionadas as variáveis com $p < 0,20$, e significância estatística para $p < 0,05$ no modelo final. A referência positiva quanto à religião determinou a afiliação religiosa. **Resultados:** A prevalência de escolares com afiliação religiosa foi de 92,0%. Em toda a amostra, as variáveis com menor chance de apresentar afiliação religiosa foi: sexo masculino (OR=0,31; IC95%:0,22-0,54); não consumir bebida alcoólica (OR=0,50; IC95%:0,31-0,80); consumo inadequado de verduras (OR=0,47; IC95%: 0,28-0,78); e autopercepção de alto nível estresse (OR=0,47; IC95%:0,29-0,78); E maior entre aqueles que consumiam inadequadamente frutas/sucos naturais (OR=1,71; IC95%:1,08-2,68). No grupo masculino, as menores chances de apresentar o desfecho foram entre aqueles que não consumiam bebida alcoólica (OR=0,52; IC95%:0,29-0,94) e com autopercepção de alto nível estresse (OR=0,43; IC95%:0,22-0,85). No sexo feminino as chances de ter afiliação religiosa foram maiores naqueles com consumo inadequado de frutas/sucos naturais (OR=2,54; IC95%:1,20-5,38) e menor entre os que consumiam inadequadamente verduras (OR=0,31; IC95%:0,13-0,75). **Conclusão:** Afiliação religiosa está associada às variáveis de estilo de vida dos escolares do ensino médio do município de Guanambi, Brasil, com variação de associação conforme os sexos.

Palavras-chave: Religião; Comportamento do adolescente; Estilo de vida; Comportamentos Relacionados com a Saúde.

INTRODUCTION

Religion is constituted by a solidary/collective system of beliefs and practices related to sacred elements, that unite in a moral community, those who adhere¹ to it. Thus, religion plays an important role in human experience, influencing the way how subjects realize and react to the world². Beliefs are not separated from the other dimensions of people's lives³.

The 2010 demographic census identified a high indication of religious membership in the Brazilian population, and 8% declared to have no religion⁴. Religious membership is substantiated on orientation and admiration based on experience with the sacred, by sharing myths, rites and spiritual symbols. Therefore, the person assumes the commitment to respect and follow a moral framework that will support their relationships with life and with the world⁵.



Religious membership exerts an important influence on the different dimensions of human life, by attributing to it values, norms and behaviors that contribute to the process of construction and adherence to a lifestyle^{6,7}. The lifestyle is affected by different social environments of coexistence, emotions and religiosity, under the influence of hereditary factors, availability of health services and environment, that make it an important health indicator⁸. As a component of human life, it interferes in the development of attitudes, beliefs and values, including among young people⁹.

Adolescence, a phase that precedes and prepares for adulthood, is characterized by behavioral changes and by the formation or reorganization of character and personality. At this stage, young people are subject to experimentation and/or incorporation to behaviors that tend to risk physical and/or mental health^{6,10,11}, and also to external interferences, of values and culture¹¹.

Before the possibility of first contact with the use of psychoactive substances, risky sexual practice, antisocial behavior, inadequate nutrition, low level of physical activity, among other factors, actions aimed at promoting health in adolescents must be prioritized⁶. Investigations with Brazilian students did not identify specific religion associated to health-related behaviors^{5,12}. Health status can also be associated to religious membership¹³. People with regular and poor health levels search for religion as an alternative means of coping with or overcoming illness and suffering¹⁴.

Important interactions between religious membership and lifestyle elements were mentioned, however, there is still a lack of information regarding to their conformation in students from regions far from urban/metropolitan centers. This situational picture makes preventive and corrective actions difficult for possible harmful conditions to health in this age group, according to local/regional demands. Thereby, this study aims to analyze an association between religious membership and lifestyle in high school students from the city of Guanambi, Bahia, Brazil.



METHODS

This investigation is part of the research “Health-related behavior of adolescents in the city of Guanambi (BA)”, approved by the Research Ethics Committee (REC) of the Federal University of Saint Catarina under the document nº 167.017/2012. This is a descriptive, cross-sectional, school-based, Survey-type study, developed in the city of Guanambi, in the upper hinterlands region of Bahia, 796 km far from the capital, Salvador, in the Northeast of Brazil, with an average human development index (HDI), in 2010, value 0.673¹⁵. The reference population consisted of students aged 15 to 19 years old, enrolled and attending high school in the 10 teaching schools (100% of teaching schools), public and private ones, in Guanambi, totalizing 4,132 high school students in 2012, data collection period of the present study.

The sample calculation, from the original project, considered a 50% prevalence for the outcome, a sampling error of three percentage points and a 95% confidence level, that defined a minimum sampling of 848 participants. With the application of the correction factor for the collection by conglomerates (full classes), the initial sample was multiplied by 1.5, and there was an increase of 20% for possible losses. The final sample was defined with 1,527 participants, with 1,374 applied questionnaires, of which, after sample loss (due to refusals and exclusions - for being out of the expected age group, or due to inadequate filling of the instrument), 1,140 remained, keeping representativeness of the sample.

The classes (conglomerates) were raffled to ensure the proportionality between school sizes, type (private, state public and federal public), shift (day and night) and grade (first, second and third years of high school). For the analyses, the sample was weighted, attributing weight to the participants, what explains the results expressed only in percentages. Thus, the calculations were made without further harm to sample representativeness.



For data collection an instrument was structured, based on questionnaires validated for adolescents^{8,16}. One of them consisted of dimensions related to personal information, information about work, eating habits and weight control, characteristics of Physical Education and regular physical activity, risk behaviors, perception of health and well-being¹⁶ and the other one was the basis for the questions about religiosity⁸.

Data were collected in the second half of 2012. The data collection team consisted of previously trained Physical Education teachers and academics from the State University of Bahia. In all teaching schools surveyed, initially, the consent of educational institutions was requested to carry out the research. Then, a meeting was held with school leaders to explain the research procedures. After the approval by the postal code, the teaching schools were asked to support the investigation logistics and scheduling the dates for the application of the questionnaires in the selected classes.

The students from the selected groups were properly informed about the research objectives, the importance of participation and the anonymity of the information. The Terms of Free and Informed Consent (TFIC) were sent to the minors' parents; in addition, minors whose parents allowed the participation were asked to also sign the consent form. For students of legal age, consent forms TFIC were given for them to sign, if they agreed to participate. After consenting to participate in the research, the questionnaires were applied, in the classroom, to all students present on the day and time of data collection.

Religious membership was the independent variable, with a dichotomized answer (yes; no). Those who answered 'yes' to the following question were defined as members of a religion: "Do you have any religion?", which characterizes adolescents who report having a religion, and which is different from those who practice it. The other variables were: gender (male; female); age group (15 to 17 years old; 18 and 19 years old); monthly family income (\leq two minimum wages; $>$ two minimum wages); consumption of alcoholic beverage (no = those who do not consume alcoholic beverage weekly; yes = consumption \geq 01/week); consumption of natural fruits/juices (adequate: \geq 5 days/week;



inadequate: < 5 days/week); consumption of vegetables (adequate: ≥ 5 days/week; inadequate: <5 days/week); stress - self-reported (low level = rarely stressed, living very well + sometimes stressed, living reasonably well; high level = often stressed, frequently facing problems + excessively stressed, having difficulty to face daily life); physical activity practice (sufficient: ≥ 300 min/week; insufficient: <300min/week); and sedentary behavior, determined by the daily time spent watching TV (yes: ≥ 2 h/day; no: <2h/day).

In the data analysis, descriptive statistics were used, through frequency distribution and logistic regression, crude and adjusted (Backward Conditional method), considering the general results and stratified by sex, with the results expressed in Odds Ratio (OR) and 95%CI. The statistical criterion for permanence in the final adjusted logistic regression model was considered to be the value of $p \leq 0.20$, and in this model, the level of statistical significance of $p < 0.05$ was adopted. Data were analyzed in the IBM SPSS version 22.0 program.

RESULTS

Most of the adolescents in the sample were characterized by: having a religious membership (92%); being female (60.9%); being aged 15 to 17 years (69.3%); and belonging to families with a family income of up to two minimum wages (68.6%). As for the elements of lifestyle, prevailed the adolescents who: indicated that they did not consume alcoholic beverages (76.1%); reported a low level of stress (78.3%); practiced little weekly physical activity (80.3%); showed excessive sedentary behavior (75.7%); consumed inadequate amounts of natural fruits/juices (55.6%) and vegetables (62.2%).

Chart 2 shows the associations between religious membership, sociodemographic and lifestyle factors. They reported lower chances of having religious membership: male adolescents (OR=0.34; 95%CI: 0.22-0.54); those who consumed alcoholic beverages (OR=0.50; 95%CI: 0.31-0.80); with inadequate consumption of vegetables (OR=0.47; 95%CI: 0.28-0.78); and with self-perception of high stress level (OR=0.47; 95%CI: 0.29-0.78). In the opposite side, teenagers who said they consume insufficient natural fruits/juices were more likely to have religious membership (OR=1.71; 95%CI: 1.08-2.68).



Chart 1 - Prevalence of religious membership, sociodemographic factors and behaviors in a sample of high school students. Guanambi, Bahia, Brazil, 2012. (n=1,140).

	Frequency Distribution ¹ (%)	Male (%)	Female (%)
Religious membership			
Yes	92,0	87,1	95,1
No	8,0	12,9	4,9
Sex			
Male	39,1	----	----
Female	60,9	----	----
Age group			
15 to 17 years	69,3	68,6	69,8
18 to 18 years	30,7	31,4	30,2
Monthly family income			
≤2 minimum wages	68,6	57,9	75,4
>2 minimum wages	31,4	42,1	24,6
Alcoholic beverages consumption			
No	76,1	71,2	79,3
Yes	23,9	28,8	20,7
Consumption of natural fruits and juice			
Appropriate	44,4	41,3	46,3
Inappropriate	55,6	58,7	53,7
Vegetable consumption			
Appropriate	37,8	33,5	40,6
Inappropriate	62,2	66,5	59,4
Stress			
Low level	78,3	85,8	73,4
High level	21,7	14,2	26,6
Physical activity			
Sufficient	19,7	23,8	17,0
Insufficient	80,3	76,2	83,0
Sedentary behavior			
Yes	75,7	74,5	76,5
No	24,3	25,5	23,5

¹Values expressed in % due to the weight of the sample, which assigned different weights to individuals to ensure proportionality in the analysis.

In males (Chart 3), religious membership was associated to the following variables: alcohol beverages consumption ($p=0.03$) and self-perception of stress ($p=0.01$). Therefore, having some religious membership was associated with a lower chance of consuming alcoholic beverages (OR=0.52; 95%CI: 0.29-0.94) and of having a self-perception of high level of stress (OR=0.43; 95%CI: 0.22-0.85).



Chart 2 - Association between religious membership to sociodemographic factors and health behaviors in high school students. Guanambi, Bahia, Brazil, 2012. (n= 1,140).

Variables	Religious membership				
	Prevalence religious membership ¹	OR Crude (95%CI)	p	OR Adjusted (95%CI) ²	P
Sex			<0,01		<0,01
Female	95,2	1		1	
Male	87,0	0,34(0,22-0,54)		0,31(0,20-0,50)	
Age group			0,09		0,07
15 to 17 years	91,1	1		1	
18 and 19 years	94,2	1,56(0,94-2,60)		1,65(0,96-2,82)	
Monthly family income			0,12		0,84
≤2 minimum wages	92,8	1		1	
>2 minimum wages	90,1	0,70(0,45-1,09)		0,95(0,59-1,55)	
Alcoholic beverages consumption			<0,01		<0,01
No	87,3	1		1	
Yes	93,5	0,47(0,30-0,74)		0,50(0,31-0,80)	
Consumption of natural fruits or juice			0,08		0,02
Appropriate	90,3	1		1	
Inappropriate	93,3	1,46(0,95-2,25)		1,71(1,08-2,68)	
Vegetable consumption			<0,01		<0,01
Appropriate	94,8	1		1	
Inappropriate	90,2	0,50(0,30-0,82)		0,47(0,28-0,78)	
Stress			0,02		<0,01
Low level	92,9	1		1	
High level	88,5	0,58(0,36-0,93)		0,47(0,29-0,78)	
Physical activity			0,57		0,49
Sufficient	91,0	1		1	
Insufficient	92,2	1,16(0,69-1,96)		0,82(0,47-1,44)	
Sedentary behavior			0,07		0,08
No	91,2	1		1	
Yes	94,5	0,59(0,33-1,04)		0,58(0,32-1,06)	

¹Prevalence within the variable among those with religious membership;

²Multivariable analysis using binary logistic regression, adjusted by the following variables: sex, age, monthly family income, alcohol beverage consumption, consumption of fruits or natural fruit juices, consumption of vegetables, self-perception of stress, physical activity and sedentary behaviors; selection method adopted: *Backward*. 95%CI (Confidence Interval = 95%).



Chart 3 - Association between religious membership to sociodemographic factors and health behaviors in male high school students. Guanambi, Bahia, Brazil, 2012. (n= 1,140).

Variables	Religious membership				
	Prevalence religious membership ¹	OR Crude (95%CI)	p	OR Adjusted (95%CI) ²	p
Age group			0,11		0,07
15 to 17 years	85,3	1		1	
18 and 19 years	90,6	1,72(0,89-3,34)		1,88(0,95-3,71)	
Monthly family income			0,57		0,94
≤2 minimum wages	87,8	1		1	
>2 minimum wages	85,9	0,85(0,48-1,48)		1,02(0,56-1,86)	
Alcoholic beverages consumption			0,04		0,03
No	81,7	1		1	
Yes	89,1	0,55(0,31-0,97)		0,52(0,29-0,94)	
Consumption of fruits or natural juice			0,33		0,27
Appropriate	85,1	1		1	
Inappropriate	88,3	1,32(0,76-2,32)		1,39(0,78-2,48)	
Vegetable consumption			0,25		0,19
Appropriate	89,7	1		1	
Inappropriate	85,9	0,70(0,37-1,30)		0,65(0,35-1,24)	
Stress			0,01		0,01
Low level	88,8	1		1	
High level	77,4	0,42(0,21-0,82)		0,43(0,22-0,85)	
Physical activity			0,08		0,40
Sufficient	81,9	1		1	
Insufficient	88,6	1,70(0,93-3,11)		1,32(0,69-2,52)	
Sedentary behaviors			0,21		0,27
No	85,9	1		1	
Yes	90,2	0,64(0,32-1,29)		0,66(0,32-1,38)	

¹Prevalence within the variable among those with religious membership;

²Multivariable analysis using binary logistic regression, adjusted by the following variables: age, monthly family income, alcohol beverage consumption, consumption of fruits or natural fruit juices, consumption of vegetables, self-perception of stress, physical activity and sedentary behaviors; selection method adopted: *Backward*. 95%CI (Confidence Interval = 95%).

In chart 4, the stratified analysis for females indicates an association between religious membership and the variables consumption of natural fruits/juices (p=0.01) and consumption of vegetables (p=0.01). Thus, we conclude that in the presence of religious membership there is a greater chance of inappropriate consumption of fruits/natural fruit juices (OR=2.54; 95%CI: 1.20-5.38). On the other hand, there is less chance of they consuming vegetables in inadequate quantities (OR=0.31; 95%CI: 0.13-0.75).



Chart 4 - Association between religious membership to sociodemographic factors and health behaviors in female high school students. Guanambi, Bahia, Brazil, 2012. (n= 1,140).

Variables	Religious membership				
	Prevalence religious membership ¹	OR Crude (95%CI)	p	OR Adjusted (95%CI) ²	p
Age group			0,40		0,33
15 to 17 years	94,7	1		1	
18 and 19 years	96,1	1,42(0,63-3,22)		1,54(0,65-3,67)	
Monthly family income			0,73		0,71
≤2 minimum wages	95,3	1		1	
>2 minimum wages	94,6	0,87(0,40-1,92)		0,85(0,36-1,99)	
Alcoholic beverages consumption			0,05		0,05
No	92,2	1		1	
Yes	95,9	0,48(0,23-1,00)		0,47(0,22-1,01)	
Consumption of natural fruits or juice			0,05		0,01
Appropriate	93,4	1		1	
Inappropriate	96,7	2,04(0,99-4,20)		2,54(1,20-5,38)	
Vegetable consumption			0,02		0,01
Appropriate	97,8	1		1	
Inappropriate	93,3	0,40(0,14-0,81)		0,31(0,13-0,75)	
Stress			0,05		0,09
Low level	96,2	1		1	
High level	92,3	0,49(0,24-1,00)		0,52(0,25-1,10)	
Physical activity			0,06		0,05
Sufficient	99,1	1		1	
Insufficient	94,3	0,15(0,02-1,07)		0,14(0,02-1,00)	
Sedentary behavior			0,13		0,18
No	94,4	1		1	
Yes	97,5	0,44(0,15-1,26)		0,48(0,16-1,40)	

¹Prevalence within the variable among those with religious membership;

²Multivariable analysis using binary logistic regression, adjusted by the following variables: age, monthly family income, alcohol beverage consumption, consumption of fruits or natural fruit juices, consumption of vegetables, self-perception of stress, physical activity and sedentary behaviors; selection method adopted: *Backward*. 95%CI (Confidence Interval = 95%).

DISCUSSION

The prevalence of religious membership in the present study is higher than that found in the last Brazilian demographic census⁴. While 22.3% of Brazilian teenagers declared themselves without religion, among students from Guanambi, the indicator was only 8.0%. In light of this information, it is important to mention that having any religion is a factor recurrently associated to maintaining a positive lifestyle¹⁷⁻¹⁹.



The association between female sex and religious membership present in this analysis was also observed in a survey with data collected in 192 countries, indicating 83.4% of women who reported religious membership, a percentage 3.5 points higher than that indicated among men²⁰. Complementarily, a Brazilian nationally-based study cited that women are more involved with religious issues than men²¹.

Among the students from Bahia state surveyed, it was observed that religious membership was inversely associated to alcohol consumption. However, in the stratified analysis, this association was maintained only in males. A portuguese study with a sample of 378 high school students identified that the presence of religion, as well as other sociodemographic factors (gender, age group and year of schooling), influenced adherence to drinking behavior²². Religion as a protective factor for the consumption of alcoholic beverages was also observed in a survey with population data in the United States, this study concluded that religion is an important factor, as it delays the onset of alcohol consumption by adolescents²³.

In a school-based investigation carried out in Pernambuco, Brazil, it was identified that those who do not adhere to any religious segment are more likely to consume alcoholic beverages⁵. Other brazilian analyzes found that religious practice represented an important factor in preventing excessive alcoholic beverages consumption^{5,24}.

Religious membership was also associated with eating habits among surveyed adolescents. It was observed that adolescents who consumed fruits and natural juices inappropriately are more likely to have a religious membership, however, in the stratification by sex, this association was maintained only in females. This result is in line with a study with religious adolescents that found less consumption of unhealthy foods, and which considered religion as an important part for dietary changes²⁵.

However, it was observed that, in a Brazilian study carried out with data from the National Adolescent Health Survey, on dietary patterns, in general, the eating pattern of adolescents was not satisfactory, with low proportions of the healthy pattern. In one of the patterns found, was identified low consumption of



fresh fruits²⁶. Another Brazilian study found low fruit consumption (32.7%) in adolescents²⁷, similar results to those found in the present study, however, it should consider the non-investigation of the socioeconomic conditions and of access of this population to fruits and natural fruit juices.

In the present study, when correlated with the consumption of vegetables, it was observed that religious membership was associated with students who made proper consumption of vegetables, in this case, in the stratification by sex, the association was maintained only in females. The association between consumption of vegetables and religious membership can be described by the role of religion in adopting a healthy lifestyle. Many religious denominations attribute sacred characteristics to the body and, therefore, behaviors that maintain the health and well-being of the body must be incorporated. Thus, eating habits are incorporated into religious rites, for example, the practice of fasting during Islamic Ramadan, and vegetarian dietary guidelines proposed to Seventh-day Adventists and followers of the Church of Jesus Christ of Latter-day Saints as part of the religious ritual²⁸.

The association between inadequate consumption of fruits and religion may be related to the religious denomination practiced by adolescents, as census data show that 64.6% of Brazilians are Catholics⁴. Furthermore, the proper consumption of fruits and vegetables is more generally associated with adherents of the Seventh-day Adventist Church than among other denominations that do not include eating habits in their preachings²⁸. However, it is important to emphasize that religious membership and social support from members of the congregation can influence positively in the adoption of positive health habits²⁹.

Among students from Bahia state, in the present study, religious membership was associated with lower chances of self-perception with a high level of stress in the general sample, and this association was maintained in the stratification with male gender. This result indicated that adolescents who had any religion felt less stressed. Thus, avoiding high levels of stress becomes important, because is known that they are associated with physical and mental comorbidities, compromising the school performance of young people^{17,18}. Furthermore, it was observed in another study that religious practice is a facilitating component for mental health, contributing to a better perception of well-being and quality of life³⁰.



It is important to highlight some limitations of the present study, the first because it is a cross-sectional study, what does not allow establishing a relationship between possible causes (sociodemographic and lifestyle characteristics) with the effect (religious membership). However, it is noteworthy that the sample of adolescents was representative. Future prospective studies and more objective measures are needed to elucidate the direction of the associations found. Another limitation refers to the use of a questionnaire, because it is an instrument with a lot of subjectivity when answered, however, to minimize it, the standardization of the technique and training of the interviewing team was carried out, in addition to using questionnaires that were validated for adolescents.

CONCLUSION

Based on the results found in this study, it can be concluded that the prevalence of religious membership among high school adolescents in Guanambi was high. Adolescents who had a religious membership were female, consumed less alcoholic beverages, felt less stressed, and consumed more vegetables, and less fruit or natural fruit juices. In the stratification by sex, it was observed in males, positive religious membership, in adolescents who did not consume alcoholic beverages and felt less stressed. While in females, it was associated with adolescents who consumed more vegetables and less fruits or natural fruit juices.

This study suggests that having some religious membership may be related to the adolescents' lifestyle. However, it is necessary to go deeper into these relationships between religiosity and behaviors related to the adolescents' lifestyle, such as, for example, conducting follow-up studies, of the cohort type, in this population.



REFERENCES

1. Durkheim E. As Formas Elementares da Vida Religiosa: o sistema totêmico na Austrália. 3ª ed. Paulus. 2008.
2. Giddens A. Sociologia. 4 ed. Porto Alegre: Artmed; 2005.
3. Guerriero S, Leite ALP, Bein C, Mendia F, Stern FL, Martins L. Concepções de saúde, cura e doença no ethos nova era: um estudo piloto entre terapeutas holísticos de São Paulo e Florianópolis. *Caminhos*. 2020; 18(1): 106-119.
4. Brasil. Ministério do Planejamento, Orçamento e Gestão. Instituto Brasileiro de Geografia e Estatística – IBGE. Censo Demográfico 2010: Características gerais da população, religião e pessoas com deficiência. Rio de Janeiro:1-215, 2010.
5. Santos ARM. et al. Associação entre prática religiosa e comportamentos de risco à saúde em adolescentes de Pernambuco, Brasil. *Rev Bras Ativ Fís Saúde*. 2015; 20(3):284-296. Disponível em: DOI: <http://dx.doi.org/10.12820/rbafs.v.20n3p284>
6. Zappe JG, Dell’aglio DD. Adolescência em diferentes contextos de desenvolvimento: risco e proteção em uma perspectiva longitudinal. **PSICO**. 2016; 47(2), 99-110.
7. Malinakova K, et al. Adolescent religious attendance and spirituality—Are they associated with leisure-time choices? *PLoS One*. 2018; 13(6): e0198314.
8. Loch, MR. Comportamentos relacionados à saúde e indicadores de religiosidade em adolescentes escolares. Florianópolis. Dissertação - Mestrado - Faculdade de Educação Física da UFSC, 2006.
9. Nahas, MV. Atividade física, saúde e qualidade de vida: conceitos e sugestões para um estilo de vida ativo. 7ª. ed. rev. e atual. Londrina: Midiograf, 2017.
10. Santos ARM, et al. Estilo de vida na adolescência: o envolvimento religioso atuando nos comportamentos de risco à saúde. *Pensar a Prática*. 2014; 17(1): 01-294.
11. Teixeira CC, Guimarães LSP, Echer IC. Fatores associados à iniciação tabágica em adolescentes escolares. *Rev. Gaúcha Enferm*. 2017; 38(1): e69077.
12. Mélo EN. Associação entre religiosidade, atividade física e comportamento sedentário em adolescentes. *Rev Bras Ativ Fis e Saúde*. 2012; 17(5):359-369.
13. Meira SMJN, Alves TC. A vivência da espiritualidade por usuários de substâncias psicoativas de comunidade terapêutica do sudoeste baiano. *Cenas Educacionais*. 2020;3:e8410.



14. Nunes AP, Mariz C, Faerstein E. Saúde, Religião e Trânsito Religioso: Estudo Pró-Saúde. DADOS – Revista de Ciências Sociais. 2016; 59(4): 1241-1274.
15. Brasil. Ministério do Planejamento, Orçamento e Gestão. Instituto Brasileiro de Geografia e Estatística [internet]. **IBGE cidades 2015** [acesso em 01 mar 2019]. Disponível em: <http://www.cidades.ibge.gov.br/xtras/perfil.php?lang=&codmun=291170&search=bahia|guanambi>
16. Nahas MV, et al. Estilo de vida e indicadores de saúde dos jovens catarinenses: relatório de pesquisa desenvolvida pelo NuPAF/UFSC com amostra representativa dos estudantes de 15 a 19 anos matriculados nas escolas Estaduais do Ensino Médio em Santa Catarina. Florianópolis: NuPAF/UFSC; 2005.
17. Barmola KC. Religion / Spirituality and Mental Health of Students. Journal of Environmental and Social Sciences. 2015; 2(1):4–6.
18. Fernandes RL, et al. Relação entre estresse, atividade física e desempenho escolar em adolescentes. Arquivos de Ciências do Esporte. 2017; 5(2):37–39.
19. Cabistany LD, Rombaldi AJ. Associação entre prática religiosa e estilo de vida saudável em escolares de Pelotas, RS. ABCS Health Sci. 2014; 39(2):64-70. Disponível em: DOI: <http://dx.doi.org/10.7322/abcshs.v39i2.624>
20. Pew Research Center. The Gender Gap in Religion Around the World: Women are Generally More Religious Than Men, Particularly Among Christians. Sociology of Religion: 122, 2016.
21. Moreira-Almeida A, et al. Envolvimento religioso e fatores sociodemográficos: resultados de um levantamento nacional no Brasil. Rev Psiq Clín. 2010;37(1):12-15.
22. Gonçalves IA, et al. Envolvimento de adolescentes do norte de Portugal com o álcool. Texto Contexto Enferm. 2016; 25(4): e4920015.
23. Barry AE, Valdez D, Russell AM. Does Religiosity Delay Adolescent Alcohol Initiation? A Long-Term Analysis (2008–2015) of Nationally Representative Sample of 12th Graders. Substance Use and Misuse. 2019; 0(0):1–9.
24. Guimarães MO, et al. Religiosity as a possible protective factor against “binge drinking” among 12-year-old students: a population-based study. Ciência & Saúde Coletiva. 2018; 23(4):1067-1076.
25. Rodrigues EM, Boog MCF. Problematização como estratégia de educação nutricional com adolescentes obesos. Cad. Saúde Pública. 2006; 22(5):923-931. Disponível em: <https://www.scielo.br/pdf/csp/v22n5/05.pdf>



26. Tavares LF, Castro IRR, Levy RB, Cardoso LO, Claro RM. Padrões alimentares de adolescentes brasileiros: resultados da Pesquisa Nacional de Saúde do Escolar (PeNSE). *Cad. Saúde Pública*. 2014; 30(12):1-13. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2014001202679&lng=en&tlng=en
27. Reis AAC, Malta DC, Furtado LAC. Desafios para as políticas públicas voltadas à adolescência e juventude a partir da Pesquisa Nacional de Saúde do Escolar (PeNSE). *Ciência & Saúde Coletiva*. 2018; 23(9):2879-2890.
28. Tan MM, Chan CKY, Reidpath DD. Religiosity and Spirituality and the Intake of Fruit, Vegetable, and Fat: A Systematic Review. *Evidence-Based Complementary and Alternative Medicine*. 2013; 1–18.
29. Krause N, et al. Assessing the Relationship Between Religious Involvement and Health Behaviors. *Health Education & Behavior*. 2017; 44(2):278–284.
30. Foch GFL, Silva AMB, Enumo SRF. Coping religioso/espiritual: uma revisão sistemática de literatura (2003-2013). *Arquivos Brasileiros de Psicologia*. 2017; 69(2):53–71.