Although cross-group comparisons show that paths for males and females differ. Among females, family religiosity had no direct effect on contraceptive consistency; however, it had a positive indirect effect on consistent contraceptive use (0.03) through higher levels of monitoring and awareness at a later age at first sex in more religious families. In contrast, among males, family religiosity was directly and negatively associated with contraceptive consistency (-0.11), but we found no indirect effects.

**DISCUSSION**

This study extends previous research by using longitudinal structural equation models to examine direct and indirect associations between a multidimensional measure of family religiosity and adolescent sexual activity and contraceptive use. As we hypothesized, family religiosity in early adolescence had both direct and indirect effects on adolescent sexual activity at age 17. The direct effects were similar to those found between adolescent religious attendance and sexual initiation in prior studies, and add to the limited literature showing negative associations between family religiosity and adolescent sexual activity. For the full sample, family religiosity was indirectly associated with sexual activity through measures of family and peer environments, which supports our hypothesis about mediators. In particular, we found higher levels of family cohesion and positive family processes in more religious families, which confirms previous studies of parenting environments among more religious teenagers. Also, our finding that adolescents from religious families tended to have peers who exhibited high levels of positive behaviors and low levels of negative behaviors extends previous research on peers and suggests that the relationship between religiosity and sexual activity is mediated by the presence of like-minded friends.

However, the indirect effects were fairly small compared with the direct effects, suggesting that adolescents in religious families may have different values about early sexual activity or stronger motivations to avoid early sexual activity than other teenagers do. We also found that indirect effects were concentrated among females. More mediators were significantly associated with sexual activity for females (close parent-adolescent relationships, family activities and negative peer behaviors) than for males (parental monitoring), a finding consistent with other research that has found stronger associations between family environments and sexual experience among females than males.

We found no direct protective effects of family religiosity on teenagers' number of sexual partners or contraceptive consistency. In fact, among sexually active males, family religiosity had a direct negative effect on contraceptive use. This may reflect their desire to avoid sanctions associated with publicly acknowledging sexual activity (for example, by purchasing condoms at a pharmacy), personal discomfort or ambivalence about being sexually active, or disapproval of contraceptive use in some religious communities. The negative association between religiosity and contraceptive use, although significant only for males, suggests the utility of providing dual messages to teenagers—messages that convey the importance of abstaining from sex but that highlight the need for contraception if teenagers become sexually active.

Our finding that religiosity was indirectly associated with having fewer sexual partners and with using contraceptives consistently, among both females and the full sample, shows the value of using structural equation modeling to highlight the paths through which religiosity may influence adolescent behaviors. Standard regression and logit analyses can mask...