

**SEXUAL BEHAVIOR OF HEALTH AREA UNIVERSITY STUDENTS****COMPORTAMENTO SEXUAL DE UNIVERSITÁRIAS DA ÁREA DA SAÚDE****COMPORTAMIENTO SEXUAL DE UNIVERSITARIAS DEL ÁREA DE SALUD**

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RESUMO

Objetivo: avaliar o comportamento de jovens universitárias da área da saúde em relação ao uso de métodos contraceptivos e à prevenção contra DST. **Método:** trata-se de um estudo transversal, analítico e quantitativo. Os dados foram coletados nos cursos de Enfermagem, Nutrição, Odontologia e Medicina do campus da Universidade Federal de Alagoas, em 2015, e contou com 279 estudantes. **Resultados:** do total, 68,5% apresentavam vida sexual ativa; 73,8% relataram realizar sexo oral sem preservativo; o *condon* foi o método mais utilizado (57,4%). Observou-se uma substituição da camisinha masculina pela pílula anticoncepcional com a idade. Foi encontrada associação estatística ($p= 0,006$) entre idade e realização de sexo vaginal sem preservativo de barreira. **Conclusão:** assim, as universitárias pesquisadas apresentam comportamento de risco para a gravidez e aquisição de DST, levando à suposição de que conhecimento sobre o tema não é suficiente para reduzir a exposição a práticas sexuais de risco.

Descritores: Gravidez; Doenças Sexualmente Transmissíveis; Sexualidade; Estudantes.

ABSTRACT

Objective: to evaluate the behavior of university students in the health area in relation to the use of contraceptive methods and prevention of STDs. **Method:** it is a cross-sectional, analytical and quantitative study. The data was collected in the Nursing, Nutrition, Dentistry and Medicine courses of the campus of the Federal University of Alagoas in 2015, and relied on the participation of 279 students. **Results:** of the total, 68.5% had an active sexual life; 73.8% reported having oral sex without a condom; condom was the most used method (57.4%). A substitution of the male condom by the contraceptive pill with age was observed. A statistical association ($p = 0.006$) was found between age and vaginal intercourse without barrier preservatives. **Conclusion:** thus, the university students surveyed present a risk behavior for pregnancy and STD acquisition, leading to the assumption that knowledge on the subject is not sufficient to reduce exposure to risky sexual practices.

Descriptors: Pregnancy; Sexually Transmitted Diseases; Sexuality; Students.

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RESUMEN

Objetivo: evaluar el comportamiento de jóvenes universitarias del área de salud con respecto al uso de métodos contraceptivos y a la prevención de enfermedades de transmisión sexual. **Método:** se trata de un estudio transversal, analítico y cuantitativo. Los datos fueron recolectados en los cursos de Enfermería, Nutrición, Odontología y Medicina del campus de la Universidad Federal de Alagoas, en 2015, y asistieron 279 estudiantes. **Resultados:** el 68,5% de los encuestados tenía vida sexual activa; el 73,8% informó de la realización de sexo oral sin condón; el condón fue el método más utilizado (57,4%). Se observó una sustitución del condón masculino para la píldora anticonceptiva con la edad. Fue encontrada asociación estadística ($p= 0,006$) entre edad y realización de sexo vaginal sin condón de barrera. **Conclusión:** los resultados muestran que las universitarias encuestadas presentan comportamiento de riesgo para el embarazo y adquisición de enfermedades de transmisión sexual, lo cual hace suponer que el conocimiento sobre el tema no es suficiente para reducir la exposición a las prácticas sexuales de riesgo.

Descriptores: Embarazo; Enfermedades de Transmisión Sexual; Sexualidad; Estudiantes.

INTRODUCTION

The Pan-American Health Organization (PAHO) recognizes youth as the period from 15 to 24 years, and is a transition process, fundamentally sociological, for young people to assume the social role of adults from the family point of view, of procreation and of the profession, with full rights and their due responsibilities.¹

Most Brazilian university students are young people between the ages of 17 and 24, and joining the university represents a significant moment in their lives. The newcomer is faced with new situations that arouse feelings of joy and excitement, as well as insecurity and anxiety. In this context, it is common to initiate sexual risk behaviors, such as neglect of contraceptive methods and prevention of Sexually Transmitted Diseases (STDs).²⁻⁴

Early pregnancy has been widely discussed for its biological, psychosocial and economic implications, as well as being associated with higher rates of miscarriage, complications of unsafe abortions, and increased maternal morbidity and mortality. Unwanted early pregnancy contributes to dropping out of education, maintaining poverty and stagnating the economy. Although the man also suffers from the possible consequences of sexual and reproductive behavior, the costs of a pregnancy are usually borne by the woman.⁵

For women, modern times have brought greater sexual freedom and autonomy in relation to their bodies and the exercise of their sexuality, with the dissociation between the need to preserve virginity and marriage, sexual intercourse and reproduction, love and sex. Still, women are influenced by traditional gender relations, which have not been totally broken. Some authors show that a more active role of women in relation to their sexual lives and their own body also becomes important in the prevention of unwanted pregnancies and STD infections.⁶⁻⁷

A solid sex education is related to the sexual and reproductive behavior of the human being, since young people who reach the highest educational level generally postpone the unions and the pregnancies to a more distant future, when they attain a certain professional success allied to the emancipation of the family of origin.⁷⁻⁸

Although there is a higher level of access to information on human sexuality in the health area, as well as to the factors of exposure to the possible consequences of unsafe sexual practices, the study of the sexual profile of the university population becomes relevant due to the transition period of that population, with respect to social and sexual behaviors.⁶ Some studies have shown that information does not necessarily imply safe sexual practices.^{4,9}

Also, negligence to the condom of barriers through the "negotiation" with its partners in the substitution of the male condom based on the fidelity is common. This leads to an increase in non-use of the condom during the course, which makes them vulnerable to STD infections.^{7,10}

In addition, the fact that the research is carried out with students from the health area is important in the sense that this group deals directly with the health and well-being of the human being, in their academic and professional context, assuming that, for use this knowledge in favor of a safe sex life in a personal setting. Although these students are a small part of the young population, their role as opinion makers and potential propagators of a healthy life is emphasized, which makes them a key group in the formulation of strategies in health education.⁸

Thus, considering the lack of studies that involve this theme with the group in particular, the present work seeks to identify the sexual conduct of university students in the health area, regarding the risk of becoming pregnant and the STD.

METHOD

This is a cross-sectional, analytical, quantitative study. Data were collected among university students from the health courses of the Federal University of Alagoas (UFAL) campus in Maceió, Alagoas, in 2016.

The random sample consisted of 279 female students and the sample size was calculated from the mean percentage of female students enrolled in Nursing, Nutrition, Dentistry and Medicine courses in recent years. Data collection was given in class with the students who agreed to participate in the research, after signing the Term of Free and Informed Consent.

The research instrument was a questionnaire elaborated by the researchers after literature review, composed of closed questions with multiple alternatives. Sociodemographic aspects, sexual life, condom use, antecedence of sexually transmitted diseases, pregnancy and abortion were studied.

For data analysis, descriptive statistical measures (means, frequencies and percentiles) and analytical methods for the odds categories were used through the Epi Info version 7.0 program. The study was approved by the Research Ethics Committee of the Federal University of Alagoas, Protocol no. 30818114.1.0000.5013.

RESULTS

A total of 279 university students were studied, the majority being in the age group from 20 to 22 years old (40.9%), predominantly single (92.1%) and Catholic (58.8%). Regarding the presence of a fixed sexual partner, it was verified that 60.0% of the participants stated that they did not have it. Most of the sample affirmed that they had between one and three partners throughout their sexual lives and 31.5% had no active sexual life at the time of the research (Table 1).

Table 1. Distribution of students according to age, marital status, religious belief, type and number of sexual partners.

Age	n=279	%
17 to 19 years	55	19.7%
20 to 22 years	114	40.9%
23 to 25 years	76	27.2%

26 to 29 years	24	8.6%
Over 30 years	10	3.6%
Marital Status		
Single	257	92.1%
Married	14	5.0%
Divorced	2	0.7%
Consensus union	4	1.5%
Ignored	2	0.7%
Religious Belief		
Catholic	164	58.8%
Evangelical	54	19.4%
No religion	34	12.2%
Spiritist	16	5.7%
Others	9	3.2%
Ignored	2	0.7%
Presence of current fixed partner		
No	167	59.9%
Yes	110	39.4%
Ignored	2	0.7%
Number of partners from the beginning of the sexual life		
1 to 3	166	59.5%
None	88	31.5%
4 to 6	14	5.0%
More than 6	8	2.9%
Ignored	3	1.1%

Of the students who reported having an active sex life(n=191), 82.2% reported having had one to three sexual partners in the three months prior to the survey (Table 2). In relation to the frequency of sexual intercourse, most (55.5%) reported having sexual intercourse weekly and 16.8% (n=32) monthly.

Table 2. Distribution of sexually active students by number of sexual partners and frequency of sexual intercourse in the last three months.

Number of partners in last three months	n=191	%
1 to 3	157	82.2%
None	33	17.3%
Ignored	1	0.5%
Frequency of intercourse in the last three months		
Weekly	n=191 106	% 55.5%

None	34	17.8%
Monthly	32	16.8%
Others	17	8.9%
Daily	1	0.5%
Ignored	1	0.5%

Few university students reported having sex without penetration - 76.4% reported rarely or never performed it. Table 3 shows that oral sex without a barrier condom is performed by most of them (73.8%) and that vaginal sex without a condom is also performed expressively, accounting for 68%.

Table 3. Distribution of students according to type of sexual intercourse and frequency of condom use (condom).

Sexual relation	Frequency	With condom n= 191 (%)					Without condom n= 191 (%)				
		Never	Rarely	Frequently	Always	Ignored	Never	Rarely	Frequently	Always	Ignored
Oral		67.0	18.9	4.7	4.2	5.2	24.6	18.9	18.3	36.6	1.6
Vaginal		17.3	23.0	29.3	26.7	3.7	29.3	25.6	22	20.4	2.6

The following contraceptive methods were investigated: hormonal, barrier and behavioral. Table 4 shows that male condom (condom condom barrier) is the most used method in both cases of partner status (48.6% with fixed partner and 72.7% without fixed partner). However, it is noted that university students who have fixed partners use relatively less barrier preservative and more hormonal contraceptive compared to those who do not have a fixed partner. 38.1% reported using the pill with a fixed sexual partner and only 22.2% with a temporary partner.

Table 4. Characterization of the contraceptive methods most used by type of partner.

METHOD	FIXED PARTNER				Total	
	SIM		NÃO		n	%
	n	%	N	%		
Hormonal	66	38.1%	22	22.2%	88	32.4%
Male condom	84	48.6%	72	72.7%	156	57.4%
Others	23	13.3%	5	5.1%	28	10.3%
Total	173	100.0%	99	100%	272	100%

Crosses were performed between condom use or hormonal contraceptive use with or without fixed partner for age as well as correlating vaginal sex with or without condom for age. Only the associations between condom use with fixed partner by age (odds = 2.16, 95% CI = 1.18-3.97, p = 0.006) and vaginal sex without condom use by age were statistically significant (Odds = 2.27, 95% CI = 1.19 - 4.32, p = 0.006) (Table 5).

Table 5 - Relationship between the age of the interviewees, condom (male condom), fixed sexual partner and vaginal sex.

Dependent variable	Independent variable	OR	p	CI _{95%}
Use of a condom with a fixed partner	Age	2.16	0.006	1.18 - 3.97
Vaginal sex without condom use (Never)	Age	2.27	0.006	1.19 - 4.32

OR= Odds Ratio; CI_{95%}= 95%

This association of data showed that, among university students with a fixed sexual partner, the use of a male condom was more expressive among the younger participants. When evaluating the performance of vaginal sex without age barrier preservative, it was found that the younger respondents more frequently never performed without protection, that is, they reported the consistent use of condom more frequently.

When asked about pregnancy, most interviewees reported never having become pregnant (94.9%). Of those who reported pregnancy, 73.3% were married or were in a stable union and 6.7% reported spontaneous abortion. The contraceptive methods most frequently used when they became pregnant were the "calendar method" (36.4%) and "interrupted intercourse" (27.3%).

DISCUSSION

In this study, it was observed that most of the interviewees had an active sexual life (68.5%). Many teenagers start their sex life near college. The literature shows that these two events - the onset of sexual life and entry into university - represent milestones towards autonomy and independence proper to adulthood.³⁻⁴

It is known that the number of sexual partners is a factor that is related to the vulnerability to Sexually Transmitted Diseases. The current study shows that most of the students (59.0%) had one to three partners from the beginning of their sexual life. Some authors have shown that the average number of sexual partners of health students throughout their lives ranged from 3.07-3.42.²In a study conducted with medical students in 2011, sexual activity with a single partner was reported by the majority (72.5%) of university students.⁸

When questioned about the frequency of sexual relations, the majority of respondents (55.5%) reported having sexual intercourse weekly. This frequency in sexual activity is similarly presented in a study that shows that 25.8% of the students, among those who had an active sex life, had 4-9 sexual relations per month.¹⁴

According to the data obtained in the research, most of the students (73.8%) perform oral sex without barrier preservative. It is recognized that this mode of sexual intercourse can also transmit STDs, which makes this result worrying. Diseases such as syphilis are easily transmitted by oral sex, through ulcerations in the labial region or other lacerations in the region. Cold sores can even cause genital herpes due to unprotected oral sex.¹¹

The aforementioned data reveal a risk behavior of the sample surveyed, despite all the knowledge acquired during health courses. In a study carried out in the same city of the study reported, it was shown that although there is knowledge among youth about the methods contraceptives, there is still an inability to use them correctly, a reality that exposes you to the risks of STD acquisition and unplanned pregnancies.⁹

Regarding contraceptive methods, male condom was the method most used by the interviewees, with both a fixed partner (48.6%) and a temporary partner (72.7%). The barrier condom is of fundamental importance not only in contraception but also in the prevention of STDs. The sovereignty of male condoms has also been demonstrated in several studies in the literature.^{7-9,12}

It is also noted that 68.0% of university students reported not using the condom (condom) in all vaginal intercourse. It has also been argued that although the barrier condom is the most widespread method among youth, there is still a large contingent of young people who have unprotected or occasional condom use.¹² Similarly, the current study warns of a considerable inconsistent use of condom, where the knowledge acquired during the university is not put into practice in the sexual life of those surveyed.

The results also show that the hormonal contraceptive, according to the most prevalent contraceptive method in the current study, is used more frequently by participants with a fixed sexual partner. This finding is in agreement with those found in other studies.⁷⁻⁸ The advent of this method has revolutionized a woman's sexual life, ensuring her autonomy and enabling a risk-free life associated with an unplanned pregnancy.⁷

The decrease in the prevalence of condom use with fixed partners may be explained by the fact that stable relationships bring greater confidence in the partner, which can lead to a lack of concern about STD contamination and, consequently, to the abandonment of the use of barrier preservatives, contraceptive method capable of performing the double prevention.^{4,7-8,10}

Studies show that knowledge about the partner and the development of a stable relationship, in general, ensure that the sexual partnership between the couple is exclusive.⁸ Thus, because the partner may have been exposed to other situations of risk outside the context of the couple's relationship, couples with fixed partnerships infer that there is no risk of contracting STDs, worrying only about prevention against pregnancy.

There was also a variation in the contraceptive pattern in the context of a stable relationship according to age. Data found in the present study reveal that among university students with a fixed partner, condom use is more frequent among younger participants, between 17 and 22 years (58.3%), and this correlation was statistically significant ($p = 0.006$).

In addition, a significant association ($p = 0.006$) was found between age and vaginal intercourse without barrier preservative. Younger university students reported more often never having vaginal sex without a condom (38.9%), demonstrating condom use more frequently. Thus, being younger is a factor associated with condom use, being protective for those with a fixed partner

(Odds = 2.16, 95% CI = 1.18-3.97) and for not performing vaginal sex without a condom (Odds = 2.27, 95% CI = 1.19 - 4.32).

These associations may be justified by the substitution of the contraceptive method with age. Studies have shown that barrier preservative, the most widely used method in early sexual life, tends to be replaced by hormonal methods, especially in the context of stable relationships. Therefore, the hormonal contraceptive is gaining prominence with passing of the age and with the stability of the relationships.^{7-8,10}

Regarding the data obtained regarding pregnancy, it was found that the majority never became pregnant (94.9%), corroborating with the national literature studied. In a study of sexual practices in university students, similar values were found, although they also included males in their interviewees.¹⁵ However, in this same study, a small percentage of the students who became pregnant were in a consensual relationship or in marriage, which contrasts with the 73.3% identified in this study.

Regarding abortion, a comparative study with national data found a relatively high rate of spontaneous abortions (6.7%) in the current study. However, consideration should be given to limiting the study to the number small number of interviewees who became pregnant and the legal prohibition of abortion in Brazil. In a similar study, the rate of spontaneous abortion in Brazil was 14%, with girls between the ages of 15 and 24 participating in only 8% of these.¹³ In another study carried out in the city of Maceió, 26.7% of the sample of young students had already practiced abortion,⁵ which contrasts with the current study, in which none of the participants reported having intentionally aborted.

Although the majority of those surveyed generally used safe contraceptive methods, it was observed that the most reported methods were the "calendar method" and the "interrupted intercourse", reaching 63.7% of the total.

The "calendar method" consists of a behavioral method that aims to avoid sexual relations during the fertile period of the woman being associated with a failure of 14 to 47%. The "interrupted intercourse" is practiced when the man withdraws the penis before ejaculation and also has a high failure rate (3-12%), being considered an unsafe method, since it depends on the male control. In this way, both methods have high risks of failing to prevent pregnancy.¹⁴

CONCLUSION

This study found risk behavior in the sexual life of the university students studied. We highlight the inconsistent use of condoms in different types of sexual relations and the variation of the method according to the stability of the partnership and the age.

The replacement of the barrier method with hormonal contraceptives demonstrates that, despite the technical knowledge, these young women constitute a group vulnerable to the acquisition of STIs. Thus, the results of this research show that knowledge may not be sufficient for behavior change to reduce risky sexual practices.

It is emphasized that the data presented are important to support new studies on the risks of an insecure sexual life. It is concluded, therefore, that in spite of the high intellectual level, it is necessary to pay attention to the studied public with public policies and measures of student assistance to act in these aspects. It is hoped that the data obtained can provide reflection and the search for professionals who are able to evaluate their own actions and establish appropriate behaviors in their future professional experiences.

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