



ORIGINALES

Sexual behavior among college students and care for sexual and reproductive health

Comportamento sexual de jovens universitários e o cuidado com a saúde sexual e reprodutiva

El comportamiento sexual de jóvenes universitarios y el cuidado de la salud sexual y reproductiva

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ABSTRACT:

Introduction: The study aimed to outline the sociodemographic profile of students of a private higher education institution; to know the habits and practices related to sexual and reproductive health care among young people; and to discuss the sexual practices of students and their relationship with risk behavior.

Material and Methods: Descriptive, quantitative study carried out from a research database with data collected from students of a private university in the city of Rio de Janeiro, Brazil, in 2014. A sample of 90 nursing students was selected and descriptive statistics were used to analyze data.

Results: The majority of participants, 79 (87.78%), were women; aged between 21 and 23 years (41.11%); without marital mate (80%). With regard to sexual behavior, 72 (80%) had active sex life and

50 (69.44%) had had more than one sexual partner, not always adopting the practice of safe sex. Among female participants, 52 (65.82%) had performed the Pap smear test and 37 (46.84%) had undergone testing for HIV. Among males, 08 (72.73%) had already undergone testing for HIV and 09 (81.82%) have never had sex with women using female condoms.

Conclusion: A significant number of young people do not adopt the use of condoms with long-term or casual partners, thus exposing themselves to illnesses. In this context, health education guidelines are timely and could help to reduce risk behaviors.

Keywords: Sexual health; Health care; Sexual behavior.

RESUMO:

Introdução: Estudo tem por objetivo delinear o perfil sociodemográfico de estudantes de uma instituição privada de ensino superior; Conhecer os hábitos e práticas relacionadas ao cuidado com a saúde sexual e reprodutiva dos jovens; e Discutir as práticas sexuais dos estudantes e sua relação com comportamentos de risco.

Material e Método: Estudo descritivo, quantitativo, realizado a partir de um banco de dados de pesquisa com estudantes de uma universidade privada, no município do Rio de Janeiro, Brasil, em 2014. Selecionou-se amostra de 90 estudantes de enfermagem e adotou-se análise estatística descritiva.

Resultados: A maioria, 79 (87,78%) é do sexo feminino; com idade entre 21 e 23 anos (41,11%); não têm namorado (80%). Em relação ao comportamento sexual, 72 (80%) tem vida sexual ativa e 50 (69,44%) já tiveram mais de um parceiro sexual, não adotam sempre a prática do sexo seguro. Entre as participantes do sexo feminino, 52 (65,82%) já realizaram o exame de Papanicolaou e 37 (46,84%) o teste anti HIV. No grupo masculino 08 (72,73%) já fizeram o teste anti HIV e 09 (81,82%) nunca tiveram relação sexual com mulheres usando o preservativo feminino.

Conclusão: Um número expressivo de jovens não adota o preservativo com parceiros fixos ou casuais, ficando expostos ao adoecimento. Nesse contexto, as orientações de educação em saúde são oportunas e contribuiriam para reduzir comportamentos de risco.

Palavras-chave: Saúde sexual; Atenção à saúde; Comportamento sexual.

RESUMEN:

Introducción: El estudio tiene como objetivo trazar el perfil sociodemográfico de los estudiantes de una institución privada de educación superior; Conocer los hábitos y prácticas relacionadas con el cuidado de la salud sexual y reproductiva de los jóvenes, y Discutir las prácticas sexuales de los estudiantes y su relación con el comportamiento de riesgo.

Material y Métodos: Estudio cuantitativo descriptivo, llevado a cabo a partir de una base de datos de la investigación con los estudiantes de una universidad privada en la ciudad de Río de Janeiro, Brasil, en 2014. Se seleccionó una muestra de 90 estudiantes de enfermería y se adoptó la estadística descriptiva

Resultados: La mayoría, 79 (87,78%) son mujeres; con edades comprendidas entre 21 y 23 años (41,11%); No tienen novio (80%). En relación con el comportamiento sexual, 72 (80%) tienen vida sexual activa y 50 (69,44%) han tenido más de una pareja sexual, no siempre adoptan la práctica de sexo seguro. Entre las mujeres participantes, 52 (65,82%) han realizado la prueba de Papanicolaou y 37 (46,84%) Prueba de lucha contra el VIH. En el grupo masculino 08 (72,73%) ya han hecho la prueba contra el VIH y 09 (81,82%) nunca han tenido relaciones sexuales con mujeres que usan el condón femenino.

Conclusión: Un número significativo de los jóvenes no adoptan el condón con parejas fijas o eventuales, estar expuesto a la enfermedad. En este contexto, las directrices de educación sanitaria son oportunas y ayudarían a reducir los comportamientos de riesgo.

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Palabras clave: Salud sexual; Atención a la salud; Conducta sexual.

INTRODUCTION

Young people represent the portion of the population that is most exposed to Sexually Transmitted Infections (STIs). This happens due to sexual discovery and initiation and their eventual engagement in unsafe sex, what makes them vulnerable to contracting diseases. The prevalence in this population may reflect two situations to be

investigated: ignorance of the means of prevention and forms of contagion or willing adoption of risk behaviors, despite the available information⁽¹⁾. The advent of AIDS in the world epidemiological scenario has been responsible for significant changes in the field of health, bringing with it the discussion about sexual behaviors associated with beliefs, values and myths, for the relation of this disease with sexuality⁽²⁾.

Sexuality is constituted by diverse influences and factors that determine how human desire is expressed. Sexuality is related to the cultural context where individuals live, which either overestimates or rejects some practices and ways of experiencing sexuality. Although in the real life these desires are manifold and take different forms, some of them can be freely expressed in society while others are still seen by a large part of the population as deviation or disease⁽³⁾.

The increase in the number of AIDS cases among young people, the early onset of active sexual life, around 15-16 years, and the fact that, since 1998, there has been an inversion in sex ratio of incidence of AIDS in this age group - of 0.6: 1 (H: M) - clearly indicate the importance of attention from health professionals and services to the specific health needs and demands of this population⁽⁴⁾.

Epidemiological data show that the growth of AIDS among youth (15-24 years) continues to be significant and a reason of concern. The incidence among men is higher than among women, up to 2.5-fold higher in the last year for the age group 20-24 years. An increase in the detection rate has been observed mainly among men aged 15-24 years. From 2005 to 2014, the rate among young men aged 15-19 increased by more than three times (from 2.1 to 6.7 cases per 100,000 inhabitants) and among men aged 20-24, it almost doubled (from 16.0 to 30.3 cases per 100,000 inhabitants)⁽⁵⁾.

Faced with this problem, we believe that it is important to know the sexual behavior of young people and the life habits they adopt in relation to prevention of STIs. Thus, the following objectives were established: To outline the sociodemographic profile of students from a private higher education institution; To know the habits and practices related to the sexual and reproductive health care of young people; and To discuss the sexual practices of students and their relation to risk behaviors.

This research is justified by the fact that young people are the most exposed to Sexually Transmitted Infections as a result of sexual discovery and initiation, when they practice unsafe sex and become vulnerable to contracting diseases. Furthermore, a proportional increase in cases of infection due to exposure to the sexual transmission route has been observed in young men⁽⁵⁾.

We hope that this study brings contributions to nursing by providing subsidies for sex education of young people, stimulating the debate on the subject and increasing the knowledge in the area. As for nursing education and care, the study may contribute to the health of the young population, considering that we will discuss sexual practice and the adoption of preventive practices against STIs by this professional contingent.

MATERIAL AND METHOD

Descriptive, quantitative study carried out in a private university located in the city of Rio de Janeiro, Brazil, with regularly enrolled undergraduate nursing students aged between 18 and 29 years. The age range of the study sample was based on the Youth

Statute which advocates that the age range of young people corresponds to 15 to 29 years. However, young people under the age of 18 were not selected because of legal issues for research with underage youth.

Ethical aspects of research with human beings were observed and the research was approved by the Ethics Research Committee (COEP) of the research institution under Opinion 327.872/2013. Participants in the study signed the Informed Consent Form before data collection.

The data were obtained through a pre-established database consisting of a questionnaire with 50 questions (47 closed and 03 open questions) with sociodemographic variables (gender, age, marital status, employment status, race, religion and people in the household) and variables related to sexual habits and health care practices, collected in 2014.

An intentional and stratified selection of participants was carried out to compose the sample. As strategy, the total number of students enrolled in the course and the total per class was surveyed. From this total, 40% of the number of students in each class was selected, with an average of 10-12 students per class (semester). A total of 130 questionnaires were applied, but 10 were discarded for incorrect completion and 20 were not returned; 10 ICDs were outside the age range of the study, totaling 90 ICDs that were part of the sample set (students in the age range 18- to 29-year-old age bracket).

Data was stored in the Excell Software 2007. Simple descriptive statistics were applied to analyze data, providing absolute and relative frequencies, and the findings were presented in tables. The discussion was supported by authors and official documents that discuss the subject.

RESULTS

The majority of the participants were female 79 (87.78%); 37 (41.11%) were aged between 21 and 23 years; 29 (32.22%) between 18 and 20 years; 15 (16.67%) between 24 and 26 years; and only 9 (10%) were aged 27 or more. As for race, 35 (38.89%) self-reported to be brown; 34 (37.78) white; 17 (18.89%) black; 3 (3.33%) did not report any race; and 01 (1.11%) yellow. As for religious belief, there was a prevalence of young people of the Catholic religion, which was the case of 41 (45.56%) students; 22 (24.44%) were evangelicals; 16 (17.78%) spiritists; 07 (7.78%) professed no religion; and 04 (4.44%) did not inform any religion.

Regarding the marital situation, 72 (80%) reported having no mate; 10 (11.11) lived were common-law-married; 07 (7.78) had a non-stable relationship; and 01 (1.11) did not respond. Regarding employment, 48 (53.34%) students did not work; 39 (43.33%) had a paid job; and 03 (3.33%) did not respond. With regard to housing, 69 (76.67%) lived with their parents; 13 (14.45%) lived with other relatives; 04 (4.44) lived alone; and 04 (4.44%) lived with their mate.

Regarding sexual behavior, 72 (80%) had active sex life. It was observed in the findings that there was a prevalence of the first intercourse at the ages between 16 and 18 years, representing 41 (56.94%) of the total number of young people investigated.

Regarding the use of condoms at the first sexual intercourse, 54 (75%) of the students reported having used it, and 50 (69.44%) reported to have had more than one sexual partner. Fourteen (19.44%) participants reported that they have had more than ten sexual partners. In this scenario, 41 (66.12%) women and 04 (40%) men reported to have always safe sex.

Regarding the use of male condoms in sexual intercourse with long-term mate, 35 (56.45%) of the women reported using it, and 07 (70%) men did not use it. The use of condoms in sexual relations with a casual partner was reported by 24 (38.71%) in the female group and 07 (70%) among the men who adopt this practice. There was a significant number of women, 22 (35.48%), who did not respond to this question.

Among the women surveyed, it was verified that of the total sample of 79 women, 43 (54.43%) had gone to the gynecologist the current year. Fifty-two (65.82%) women had already performed PAP smear cytology, and 37 (46.84%) had undergone testing for HIV.

Among the 11 men investigated, 04 (36.36%) had already undergone postectomy. With regard to intercourse, 08 (72.73%) participants have sex with women only, and 09 (81.82%) denied sexual intercourse with men. Regarding the use of the female condom, 09 (81.82%) had never had sexual intercourse with women using this type of condom. Eight (72.72%) had already undergone testing for HIV.

DISCUSSION

The sample of the study consisted mainly of young females. Report data⁽⁶⁾ have shown that the academic universe reports higher enrollment rates in higher education of females. Women have gained space in society and perform functions that were formerly exercised only by men. In this new framework, they enter the labor market and seek qualification, becoming increasingly present in higher education institutions. According to research⁽⁷⁾, 17.4% of women and 12.9% of men between the ages 18 and 24 enroll in higher education.

The results show that the majority of college students investigated were aged between 21 and 23 years. This finding is in line with another article⁽⁸⁾ which included a majority of college students aged 17 to 24 years. Insofar social insertion widens and working experiences begin, a creation of professional identity, that is coupled to the greater process of identity, takes place⁽⁸⁾.

Regarding labor issues, the sample of this group showed that most participants had no paid jobs. A national survey showed a 7.7% increase in the proportion of people who only studied, and a reduced proportion of young people who studied and worked. This result has positive effects in the training of these young people, because when giving up the work for the sake of exclusive dedication to the studies, they take better advantage of their qualification to the stages that lie ahead in their educational formation, which may result in a better insertion in the market⁽⁹⁾.

In the group investigated, most of the young people lived with their parents. Study⁽⁷⁾ shows that the proportion of Brazilians between 25 and 34 years old who still live in their parents' homes increased from 20% to 24% between 2002 and 2012. About 60% of young people in this condition were men and 40% were women.

As to the ethnic distribution, it was observed that the majority declared themselves white or brown. According to a Brazilian Institute⁽¹⁰⁾, Brazil had a total population of 191 million inhabitants in 2010, in which 91 million declared themselves white (47.7%) and 82 million brown (43.1%), making up the majority of this population. It should be emphasized that the Brazilian population is made up of people of different ethnicities and colors as a result of historical, social and political factors.

Young people who claimed to be Catholic followed by evangelicals prevailed. It is noteworthy that religion can be a variable that influences the onset of sexual activity. Although Catholicism and Protestantism are against premarital sex, there is evidence that Protestantism is more influential in the behavior of faithful young people by emphasizing words such as chastity, virginity, and sin in their preaching. The influence of religion, therefore, can be seen as a force inhibiting certain behaviors, including sexual activity, contributing to postpone it, reduce it or even directly or indirectly restrict it⁽¹¹⁾.

Among the 72 college students of both sexes who reported having sex, 41 (56.94%) had had their first sexual intercourse between 16 and 18 years old and 54 (75%) had used condoms at the first intercourse. These results confirm the trends found in other studies^(12; 13). Male condoms represent the most used contraceptive method among youths, both men and women⁽¹³⁾. However, study⁽¹⁴⁾ revealed that the main reason to use condoms is to avoid pregnancy (56.9%) and only a minority used the method to prevent STDs (9.5%).

Studies have shown that the use of alcoholic beverages and licit and illicit drugs may be related to increased number of sexual partners. Frequent use of cigarettes or marijuana and having unplanned sexual intercourse under the influence of alcohol increases the chance of having multiple partners among both men and women⁽¹⁵⁾. Low schooling of adolescents has been also associated to greater numbers of sexual partners, indicating that the schooling process contributes to the establishment of a self-protective behavior in this population⁽¹⁵⁾.

The results showed that men do not always practice safe sex and that most of them do not use condoms in sexual intercourse with long-term partners, which suggests a risk behavior and the vulnerability to contracting STDs or to the occurrence of pregnancy. A study carried developed with young people found that 74% of them had used a condom in the last relationship with eventual partners. In the relationship with long-term partners, only 38.8% used condoms⁽¹⁶⁾. The results on non-use of condoms with long-term and casual partners has been observed in another study⁽¹⁷⁾ in which 28.09% of young people reported not to use condoms with long-term partners and 1.13% did not use it in relationships with casual partners.

Most women frequently mentioned the consistent use of condoms in the last 12 months. This may suggest that at they use condom at the beginning of relationships but with long-term partners, there is a change in the choice of contraceptive method (they stop using condoms and opt for contraceptive pills). This fact may reveal that students are mainly seeking to avoid unwanted pregnancies.

Study⁽¹²⁾ discusses that long-term relationships can lead to difficulties in promoting healthy and safe sexual behaviors. It is believed that there is an association between affective involvement and devaluation of preventive behaviors in relation to diseases.

In these long-lasting relationships, there is a concern that the request for the use of condoms may generate a feeling of distrust regarding the fidelity of the couple.

Thus, despite the knowledge about STDs and the use of condoms among young people, the number of those who do not use condoms during sexual intercourse is still relatively high, which increases the prevalence of people infected with HIV and other STDs⁽¹⁸⁾.

Sexual and reproductive health care involves the care of individuals inserted in diverse contexts. It is imperative to carry out approaches considering social, economic, environmental and cultural aspects as determinants and/or conditioning factors of the health situation. It is observed, however, that the majority of actions have mostly focused on reproductive health, targeting adult women, with few initiatives aimed at the involvement of men. And even in actions aimed at women, the predominant focus is on the pregnancy-puerperal cycle and on prevention of cervical and breast cancer. However, it is necessary to broaden the approach to other dimensions that contemplate sexual health at different moments of the life cycle, and also to promote the effective involvement and co-responsibility of men⁽¹⁹⁾.

The gynecological consultation is an action that promotes the sexual and reproductive health of adolescents, available free of charge in the basic health network. Despite of this resource, the demand for this service is low. In the gynecological consultation, it is possible to discuss the adoption of behaviors that favor the healthy and pleasurable experience of sexuality, in addition to contextualization of topics related to the prevention of unplanned pregnancy and STD/HIV/AIDS⁽²⁰⁾.

It is known today that the necessary condition for the development of cervical cancer is the presence of human papillomavirus (HPV) infection, and cytopathological examination (Pap smear test) is the main method for the early detection of this type of neoplasm. This is a simple method that identifies neoplastic or pre-neoplastic lesions in asymptomatic women contributing to the detection of the disease in early stages⁽²¹⁾. It is necessary that health professionals, especially nurses, continue to act along with guidelines for adherence and continuity of the preventive examination, as well as for the dissemination of ways of preventing this cancer, since behavioral actions can minimize the risks to which patients are exposed.

It is worth mentioning that, in the context of the gynecological consultation, nurses must place women in the position of active agents, taking into account all aspects of their biopsychosocial life and sharing decisions before manipulation of their body. The important thing is women to recognize that the path to a healthier life and the real awareness of their existence in the world occurs when they know their own body⁽²²⁾.

Differences between sexes are common, with HIV testing among sexually active men being higher than among sexually active women. It is important to emphasize the relevance of counseling before and after the testing, regardless of its outcome. Counseling promotes comprehensive care and helps people to actively participate in the process of health promotion, prevention and treatment of STD/HIV/AIDS⁽²³⁾.

Health programs, in general, have always covered publics such as children, adolescents, women and the elderly, and only recently a program specifically aimed at adult men has been implemented. In 2009, the National Policy for Integral Attention to Men's Health was created in Brazil to promote health actions that contribute

significantly to the understanding of the singular masculine reality in the diverse sociocultural and political-economic contexts, in line with the National Policy of Primary Health Care⁽²⁴⁾.

Men, in general, have become accustomed to avoid contact with health spaces, taking pride in their own invulnerability. Gender stereotypes, rooted for centuries in our patriarchal culture, empower practices based on beliefs and values of what it means to be masculine. Diseases are considered as a sign of fragility that men do not recognize as inherent in their own biological condition. Thus, men judge themselves invulnerable and this ends up leading them to take less care with their health and expose them more often to situations of risk⁽²⁴⁾.

A preventive factor for sexually transmitted infections and penile cancer is the surgical procedure of postectomy consisting of the removal of preputial excess or partial removal of the foreskin under local anesthesia or sedation, which allows the glans to be exposed and facilitates penile hygiene.

In developed countries such as the US, transmission attributed to sexual contact of men who have sex with men continues to be the main form of exposure identified in AIDS patients in absolute and relative numbers. The role of heterosexual contact, however, has been increasing in proportion, becoming the first cause in certain groups in that country. In individuals over 13 years of age, the main form of transmission, in absolute numbers, continues to be sexual contact of men who have sex with other men⁽¹⁶⁾.

Although few studies make reference to couples, the use of contraceptive methods not always depends on the women's choice. It should be clear that this is not just an individual choice, for it is determined by many social, economic, and cultural factors that restrain individual desire and action. It was found that many women had difficulty with the initial handling of the female condom but they were able to overcome the difficulties. For some, these initial difficulties were decisive for them to give up in the first few months. The most frequently cited reason for the intention and desire to use the female condom was the curiosity for the unknown and the autonomy conferred by it⁽²⁵⁾.

Young people are aware of some preventive methods, but a lack of knowledge about important STIs, their signs/symptoms, prevention measures, transmission mechanisms or attitudes to stay with the affected population⁽²⁶⁾ is observed. It is important to develop health education measures with these young people. It is necessary to attract young people to health services in order to ensure adequate follow-up of their health demands and the provision of specific health care⁽²⁷⁾.

CONCLUSION

This work had the objective of analyzing the sociodemographic profile, sexual and health care practices among nursing students. The findings point to a profile of predominantly female college students, with a mean age of 21-23 years, brown skin, Catholics, with long-term mates, not working and who live with their parents.

Most had active sex life, with first sexual intercourse between 16 and 18 years old, use of condom at the first intercourse, and more than one sexual partner.

As for the practice of safe sex, women reported that they always practice safe sex, while men did not. Regarding the use of male condoms in sexual intercourse with long-term partners, most of the investigated men did not use it. In sexual intercourse with casual partners, this number increased to 70% among men who use it. HIV testing among sexually active men is proportionally higher than among women.

It was found that the participants of the study take care of their sexual and reproductive health, as they seek medical care (gynecologist, in the case of women) and adopt the use of condoms in sexual intercourse. Considering the students' responses, we believed that there is a greater concern in the group to prevent unplanned pregnancies rather than to prevent STDs. Women frequently seek gynecological care, which makes it possible to contextualize issues related to pregnancy prevention, STDs and contraceptive methods. Regarding the use of the female condoms, adherence was still small among the participants, probably due to the lack of knowledge about this resource.

The findings show the characteristics of nursing students at a higher education institution and the attitude of young people toward self-care in sexual and reproductive health. Considering that the results indicate flaws in the health care and risk behaviors adopted by the participants, we recommend that health education actions be directed to the young people who enter the universities with a view to provide guidance on prevention of diseases.

Health professionals have a preponderant role in health education actions to the young population. It is important to discuss and promote the reflection on sexual risk behaviors, and the vulnerability to which young people are exposed in their daily lives, stimulating awareness about the risks and the adoption of a posture committed to the preservation of health.

The number of participants can be considered a limitation of the research. Notwithstanding this limitation, the results show the importance of replicating this research in other spaces, including students from other areas of knowledge for a better evaluation of the subject.

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