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RESEARCH

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SEXUAL HEALTH CARE PRACTICES OF UNIVERSITY YOUNG PEOPLE

Práticas de cuidado com a saúde sexual de jovens universitárias

Prácticas de cuidado con la salud sexual de jóvenes universitarios

Agatha Soares de Barros de Araújo^{1*}; Thelma Spindola²; Karen Silva de Sousa³; Alan Barboza de Araújo⁴; Elizabeth Rose Costa Martins⁵

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ABSTRACT

Objective: To analyze the sexual health care practices of university students and the vulnerability to sexually transmitted infections and health problems. **Method:** this is a descriptive, quantitative study carried out with a sample of 123 university students from *Rio de Janeiro*. A questionnaire was applied, and the data was organized in Excel spreadsheet. The findings were analyzed using descriptive statistics. **Results:** Young women started their sexual life between 16 and 18 years of age; always practiced safe sex, only 5.6% already used a female condom; they had fixed partners; used condoms with these partners and had recently undergone a gynecological examination. **Conclusion:** in the investigated group there is an expressive quantitative of young people assuming a risk behavior. Health professionals and nursing have an important role in health education for young people, with a stimulus for self-care and care for sexual and reproductive health.

Descriptors: Women's health, Sexual behavior, Young adult, Risk-taking, Health education.

¹ Graduated in Nursing from the State University of *Rio de Janeiro*. Master's degree in Nursing from the State University of *Rio de Janeiro*.

² Graduated in Nursing from the Federal University of *Rio de Janeiro*. Specialist in Obstetric Nursing at the State University of *Rio de Janeiro*. Master's degree in Nursing from the Federal University of the State of *Rio de Janeiro*. PhD in Nursing from the Federal University of *Rio de Janeiro*. Associate Professor, Faculty of Nursing, State University of *Rio de Janeiro*.

³ Graduated in Nursing from the State University of *Rio de Janeiro*. Specialist in Clinical Medicine in the lines of residence by the State University of *Rio de Janeiro*.

⁴ Graduating in Physiotherapy from the Colleges of The Association of Solidarity to The Exceptional Child.

⁵ Graduated in Nursing from the State University of *Rio de Janeiro*. Master's degree in Nursing from the Federal University of the State of *Rio de Janeiro*. PhD in Nursing from the Federal University of *Rio de Janeiro*. Adjunct Professor, Faculty of Nursing, State University of *Rio de Janeiro*.

RESUMO

Objetivo: Analisar as práticas de cuidado com a saúde sexual de estudantes universitárias e a vulnerabilidade às infecções sexualmente transmissíveis e agravos de saúde. **Método:** trata-se de estudo descritivo, quantitativo, realizado com uma amostra de 123 universitárias do Rio de Janeiro. Aplicou-se um questionário e os dados foram organizados em planilha do software Excel. Os achados foram analisados com aplicação da estatística descritiva. Resultados: as jovens iniciaram a vida sexual entre 16 e 18 anos; praticavam sempre sexo seguro, apenas 5,6% já usou preservativo feminino; tinham parceiros fixos; faziam uso de preservativo com esses parceiros e fizeram o exame ginecológico recentemente. **Conclusão:** no grupo investigado existe um quantitativo expressivo de jovens assumindo um comportamento de risco. Os profissionais de saúde e a enfermagem tem um importante papel na educação em saúde dos jovens, com estímulo para o autocuidado e cuidado com a saúde sexual e reprodutiva.

Descritores: Saúde da mulher, Comportamento sexual, Adulto jovem, Assunção de riscos, Educação em saúde.

RESUMEN

Objetivo: Analizar las prácticas de cuidado con la salud sexual de los estudiantes universitarios y la vulnerabilidad a las infecciones de transmisión sexual y agravios de salud. **Método:** se trata de un estudio descriptivo, cuantitativo, realizado con una muestra de 123 universitarias de Río de Janeiro. Se aplicó un cuestionario y los datos se organizaron en la hoja de cálculo del software de Excel. Los hallazgos fueron analizados con aplicación de la estadística descriptiva. **Resultados:** Las jóvenes iniciaron la vida sexual entre 16 y 18 años; siempre practicaban sexo seguro, sólo el 5,6% ya usó preservativo femenino; tenían socios fijos; y que el uso de condones con estos socios y el examen ginecológico recientemente. **Conclusión:** en el grupo investigado existe un cuantitativo expresivo de jóvenes asumiendo un comportamiento de riesgo. Los profesionales de salud y la enfermería tienen un importante papel en la educación en salud de los jóvenes, con estímulo para el autocuidado y cuidado con la salud sexual y reproductiva. **Descritores:** Salud de la mujer, Conducta sexual, Adulto joven, Asunción de riesgos, Educación en salud.

INTRODUCTION

The sexual health of the young population is still surrounded by prejudices, and it is difficult to approach health services. This fact, combined with the characteristics of the youth and the lack of guidance in relation to the theme, prevent the formulation of opinions, habits and possible preventive measures.¹

When discussing the occurrence of Sexually Transmitted Infections (STIs), the World Health Organization (WHO) estimates that more than one million people contract an STI daily. In the year, 500 million have a curable STI. Each year, the estimate is that 500 million people acquire gonorrhoea, chlamydia, syphilis and / or trichomoniasis; 530 million are infected with the genital herpes virus; and 290 million women have the Human Papilloma Virus (HPV).²

Studies have shown that the prevalence of HPV infection is higher among young women whose risk of contracting the virus at each new partnership is 15% to 25%, being the cause of 530 thousand cases of cervical cancer and 275 thousand deaths per year.^{3,4}

Furthermore, the proportion of sexually active women who have never had a gynecological examination is higher among those aged 15 to 24 years. As for genital warts, 1-2% of women have this symptom; while 2-5% manifest changes in the Pap smear caused by the presence of this pathogen.² It should also be noted that for many women the gynecological consultation is still surrounded by myths, taboos, beliefs and attitudes in health, as well as the practice / negotiation of condom use in all sexual intercourse.^{4,5}

Knowing the sexual health care practices adopted by young women allows health professionals to develop more effective adherence strategies, such as the organization of services. Therefore, it was defined as a problem for this investigation: What are the practices adopted by young university students related to sexual health care?

Based on the problem described, the objective was defined: To analyze the care practices with the sexual health of university students and their vulnerability to sexually transmitted infections and health problems.

METHODS

This is a cross-sectional, descriptive study with a quantitative approach. This study used the research database "Assessing the knowledge, practices and beliefs of university students in relation to sexually transmitted diseases".

The research was carried out in two colleges of a public university in the State of Rio de Janeiro, in 2014 and 2015. The research participants were undergraduate students in nursing and physical education, regularly enrolled, aged between 18 and 29 years, totaling 255 participants.

As a strategy for data collection, the survey of students enrolled in both courses was initially carried out, totaling 800 students. The purpose of the research was to capture 35% of the total students, that is, 260 students. The convenience sampling technique was adopted in view of the fact that the research coordinator carried out extension activities with health and humanities students. In the process of applying the questionnaires, however, five instruments were not returned and the final sample was 255 participants.

Based on the authors' interest in evaluating the care of women with their sexual health, a cut was made of the total number of participants and a sample of sexually active women was selected, totaling 123 participants.

In this study, to compose the variables, 18 variables were selected from the data collection instrument of the matrix research, these variables addressed the socioeconomic aspects, sexual behavior and care for sexual health. The material is stored in the Microsoft Excel 2003 software, and the data were analyzed with the aid of simple descriptive statistics in absolute and percentage frequencies.

The research complied with all ethical aspects of research, according to Resolution 466/12, aiming at the

beneficence of the participants. The original project was submitted to the Ethics and Research Committee - COEP of the research institution, for approval, and was approved with Consubstantiated Opinion 063/2012.

RESULTS AND DISCUSSION

The sociodemographic data of the students showed that 106 (86.2%) young people were aged between 18 - 23 years; Regarding the marital situation, more than half reported that they only date as shown in **Table 1**.

Table 1 - Distribution of university students according to the sociodemographic profile. *Rio de Janeiro*, 2015

Variables	n	%
AGE RANGE		
18 - 20	53	43,1
21 - 23	53	43,1
24 - 26	09	7,3
27 - 29	08	6,5
CONJUGAL SITUATION		
Just date	71	57,7
Has no partner or relationship	35	28,5
Lives with partner in a stable relationship	10	8,1
Lives with a partner, but relationship is not stable	5	4,1
Did not answer	2	1,6
COLOR		
White	54	43,9
Parada	36	29,3
Black	22	17,9
Yellow / Indigenous	7	5,7
Did not answer	2	1,6
RELIGION		
Catholic	50	40,7
Evangelical	19	15,4
spiritist	11	8,9
Another	04	3,3
Did not answer	13	10,6
No Religion	26	21,1
Total	123	100,0

Most students started sexual activities in the age group between 16 and 21 years old 99 (80.5%). Although 83 (67.5%) reported that during the first sexual intercourse they used condoms, this practice is not adopted continuously by 56 (45.5%), according to data in **table 2**.

Table 2 - Distribution of university students according to age of sexarc, use of condoms and type of relationships. *Rio de Janeiro*, 2015

Variables	n	%
SEXARC AGE		
13 - 15	19	15,4
16 - 18	66	53,7
19 - 21	33	26,8
22 - 24	04	3,3
Above 25 years	01	0,8
USED CONDOM IN THE FIRST TIME		
Yes	83	67,5
No	40	32,5
PRACTICE SEX SAFELY ALWAYS		
Yes	67	54,5
No	56	45,5
RELATIONSHIP WITH FIXED PARTNER IN THE LAST 12 MONTHS		
Yes	109	88,6
No	14	11,4
RELATIONSHIP WITH CASUAL PARTNER IN THE LAST 12 MONTHS		
Yes	40	32,5
No	83	67,5
USE OF THE FEMALE CONDOM		
Yes	07	5,6
No	116	94,4
Total	123	100,0

Among the participants who reported fixed partnerships, 109 (88.6%), only 67 (54.5%), used condoms, with a significant number of young people who did not adopt condoms 56 (45.5%). Those who reported casual partnerships 40 (32.5%), however 33 (82.5%) used condoms.

The distribution of young women in relation to the age group and the use of the female condom, shown in **table 3**, demonstrated that this resource was little used by most young women, especially in the 18-23 age group.

Table 3 - Distribution of university students according to age group and use of female condoms. *Rio de Janeiro*, 2015

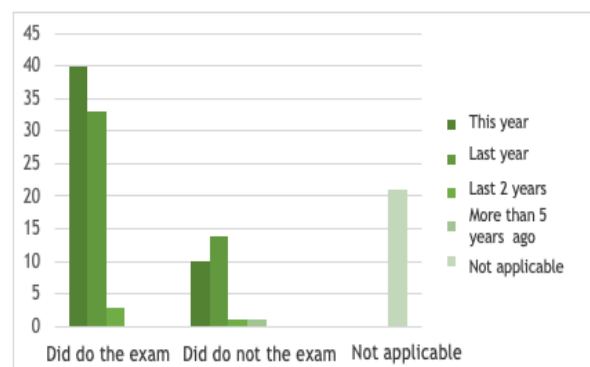
AGE	UTILIZE		DON'T UTILIZE	
	n	%	n	%
18 - 20	1	0,8	52	42,3
21 - 23	2	1,6	51	41,5
24 - 26	1	0,8	08	6,5
27 - 29	3	2,4	05	4,1
Total	07	5,6	116	94,4

The visit to the gynecologist, in the year of the research or in the previous year, was recorded by 102 (83%) participants, being greater in the age group between 18-23 years, as shown in **Table 4**. Among the students who went to the gynecologist this year or last year, 73 (59.3%) underwent the Pap smear, as shown in **Figure 1**.

Table 4 - Distribution of university students according to current age and visit to the gynecologist. *Rio de Janeiro*, 2015

PERIOD	18-20	21-23	24-26	27-29	TOTAL	%
This year	18	25	5	2	50	40,7
Last year	20	25	4	3	52	42,3
Last 2 years	1	2	0	1	4	3,3
More than 5 years ago	1	0	0	0	1	0,8
Never did	11	1	0	1	13	10,6
Don't know	2	0	0	1	3	2,4
Total	53	53	9	8	123	100,0

Graph 1 - Distribution of university students according to the period of visit to the gynecologist and the Pap smear. *Rio de Janeiro*, 2015



With regard to social aspects, the social profile of the participants in this study is similar to other investigations. The sample of this research consisted of young university students, aged between 18 and 23 years, who were dating, self-declared white or brown and Catholic religion.^{3,6,7,8}

The participants started their sexual life in adolescence, aged between 13 and 18 years. Studies have indicated that the average age of sexual initiation of the young population occurs around 15 years of age.⁹⁻¹¹

More than half of the participants stated that they did not live with their partners, but maintained stable relationships and used a condom. It is believed, then, that the motivation for condom use is related to the prevention of an unplanned pregnancy and, not necessarily, to STIs.¹²

It is known that many young women, when reaching other levels of intimacy in dating, tend to substitute the condom for the oral hormonal contraceptive (pill), due to the trust that is established between the partners. The contraceptive acts on the woman's body by inhibiting ovulation and, consequently, prevents an unwanted pregnancy. Its action, however, does not prevent the occurrence of an STI. Studies have shown that the main reason for not using a condom during the first sexual intercourse is trust in the partner.^{12,13}

It is also worth noting that religion can be an influencing variable for the initiation of sexual activities. As well as certain behaviors related to sexual health, contributing to postpone, reduce or even restrict them, directly or indirectly.¹⁴

Today's women continue to choose the person with whom they have affective involvement as their first partner. On the contrary, men, the first sexual intercourse usually happens with occasional partnerships. Among the reasons for the beginning of sexual life there is a decision by mutual consent. When evaluating the female group, the justification for the first sexual experience, however, has been associated with the fact that they are in love, or due to pressure from their partners.^{9,12}

Studies reveal that women, in general, usually seek some contraceptive method, the male condom being the most used, as well as the contraceptive pill, in addition, most young women started sexual activities and the use of the method before the age of 18.¹⁰⁻¹²

Young women tend to show fear of a possible separation from their partners, if they do not agree with the demands made by them, or use feelings of trust and romantic love as a defense. The decision, then, is transferred to the man demonstrating the woman's passivity in the deliberations regarding the exercise of his sexuality. The permanence of the concepts of exclusivity and affective meaning of sexual relations favors the preservation of the normalization of this behavior, which contributes to increase exposure to STIs.^{1, 12, 15}

The results demonstrate that the use of condoms by university students in sexual intercourse, on a continuous basis, is still inconsistent since the difference between those who claimed to use the method and those who did not use it was 1%. This result may be associated with the fact that the majority of the interviewees reported having sex with a steady partner in the last 12 months. In addition, when

asked about sex with a casual partner, only 40 (32.5%) reported this practice, and among those who did the majority, 33 (82.5%) used condoms.

It is important to note that in the Brazilian context, the use of contraceptive methods is limited to the use of the male condom or the contraceptive pill. For effective protection (pregnancy and STI), it is ideal that the two methods be combined. When using the male (or female) condom, however, they are employing a method that prevents STIs, and also pregnancy.^{11,12}

Regarding the use of the female condom at some point in their sexual life, a significant number of young people 116 (94.4%) reported not having had experience with the method. The incentive to use the female condom arose to overcome the resistance in negotiating safe sex, since it is a method controlled by the woman, which gives her greater autonomy over her sexuality. The lower availability of this resource, the cost, access, and the difficulty in handling the female condom, among other factors, are associated with gender inequality, as cultural and social elements, which makes the male condom more popular.¹⁶

When comparing the findings, it is possible to observe that young women who report safe sex always, at other times are exposed in relationships with fixed partners or even with casual partners. Thus, when they have unprotected sex, they assume a risky behavior to contract STIs.

Most of the investigated students went to the gynecologist at some point in their lives. The greatest number sought gynecological care in the year of the study or in the previous year and underwent the Pap smear. The findings show, however, that 46 (37.4%) did not take the exam or do not remember. These findings are in line with a study in which the majority of participants had undergone medical consultation and gynecological examination in the last two years.¹⁰ Gynecological consultation tends to cause anxiety and fear in women. In this consultation, it is customary to perform the colposcopic cytology test or Pap test. For many, this service is still taboo, as it will be necessary to expose your body to another person, another difficulty faced by women to perform it.¹⁷

It is important to note that "the gynecological consultation, when carried out in order to contemplate the specificities of this age group, represents a space for listening so that questions and difficulties can be revealed in order to get help".^{17:8} Inadequate access or difficulty in access to attendance, the requirement of a responsible person present for scheduling or for attendance (in the case of young people under 18), the lack of privacy, the impossibility of choosing the professional, and the inadequate attendance to the demands usually cause rejection and the discouragement for seeking gynecological consultation.¹⁷

The Papanicolaou preventive exam diagnoses the precursor lesions of cervical cancer. It is recommended that the test be performed on women aged 25 to 64 years old, and on those who started sexual activity before the age of

25.^{18,19} Women when taking the Pap smear usually refer to physical and emotional discomfort such as pain, shame, fear and anxiety. These difficulties make it necessary to provide adequate guidance on the exam, the establishment of a bond between the professional and the client to minimize these factors, performing a systematic and continuous work of attention to the sexual health of young women.¹⁹

The findings show that 67 (54.5%) university students are taking care of their sexual health by using condoms in sexual intercourse and seeking gynecological care (102/83%). In the researched group, it is noted that there is a significant number of students (56 / 45.5%) who present a risky behavior, and are vulnerable to illness. This result corroborates with other studies indicating that knowledge in relation to ways to prevent STIs does not necessarily mean the adoption of safe sexual behavior.^{9,18}

Because it is a topic that is little discussed and surrounded by prejudice, sexual health and sexuality need to be discussed with health professionals in their education. Assessing the sexual behavior of young people becomes essential for planning guidance and assistance activities related to the prevention and control of STIs, appropriate to the reality of this population group.

When addressing the young person's sexual and reproductive health, the issue is restricted to the moment of the sexual act and the various forms of prevention. As a result, it becomes a difficult issue for health teams to work on. Health professionals are qualified to promote health education, envisioning the exchange of information between individuals, respecting the individuality and peculiarities of each one, enabling health to be promoted through educational practices.²⁰

For the professional nurse, knowledge about the condom and sexuality of young people is important. As it is still a theme surrounded by prejudices and little discussed, it needs to be widely worked on by health professionals. With regard to the health team, nursing played a fundamental role in working with the community and specific groups with the purpose of training the individual for self-care and having autonomy in relation to their health.²⁰ The nurse is a trained professional who can (and must) establish this dialogue with the young person, guiding him as to his sexuality, the importance of using condoms, and the correct way to use this resource, to become a healthy life habit, with continuity throughout his sexual life.^{2,20}

CONCLUSIONS

The study showed that most of the investigated students were sexually active, had a gynecological consultation and a Pap test recently, however a significant amount still assumes risky behavior and has not shown care for their sexual health.

The use of condoms in all sexual intercourse and awareness of the importance of self-care for the preservation of sexual health are measures for the preservation of sexual

health. The university environment that receives a significant number of young people each year is a favorable space for educational activities to raise their awareness of STI transmission, such as HPV, among others.

The health professional, and in particular the nurse, has a relevant role in the care of women's health, with emphasis on actions to control and prevent diseases for sexual health. Recognizing the factors that favor the assumption of risky behavior by women can assist in the adoption of measures that contribute to stimulating care for the sexual health of young women and preventing the occurrence of STIs. Strategies that encourage reflection on the importance of gynecological consultation for the prevention of health problems for women are relevant, and can deconstruct the negative view about this type of care.

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***Corresponding Author:**

Agatha Soares De Barros De Araújo

Rua Grão Pará nº 80, apt 201

Engenho Novo, Rio de Janeiro, Brasil

E-mail address: enf.agatha_barros@yahoo.com.br

Zip Code: 20715-010

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