

SEXUAL BEHAVIOR OF ADOLESCENT STUDENTS

COMPORTAMENTO SEXUAL DE ADOLESCENTES ESCOLARES

COMPORTAMIENTO SEXUAL DE ALUMNOS ADOLESCENTES

George Sobrinho Silva ¹
Luciana Aparecida de Lourdes ²
Karen de Almeida Barroso ³
Helisamara Mota Guedes ⁴

¹ RN. PhD. student in Health Science of the Medical School of the Federal University of Minas Gerais – UFMG. Assistant Professor. Nursing School. Federal University of the Vales Jequitinhonha e Mucuri – UFVJM. Diamantina, MG – Brazil.

² RN. Diamantina, MG – Brazil.

³ RN. Coluna City Hall. Coluna, MG – Brazil.

⁴ RN. PhD. in Nursing. Adjunct Professor. Nursing School of the UFVJM. Diamantina, MG – Brazil.

Corresponding Author: Helisamara Mota Guedes. E-mail: helisamaraguedes@gmail.com

Submitted on: 2015/01/28

Approved on: 2015/03/24

ABSTRACT

Objective: To describe situations related to the sexual health of adolescent students. **Method:** This work is a cross-sectional descriptive study, involving 323 adolescent from public schools in Diamantina, Minas Gerais, Brazil. **Results:** In this study, 48.9% of the adolescents had already had sexual intercourse, appearing more in boys (65.6%) than in girls (38.4%). The average age of first sexual intercourse was 14.1 ± 1.6 , and the mean number of partners throughout the adolescents' lives was 3.6 ± 2.4 . The frequency of condom use during vaginal intercourse was low, in which only 28% always use this method, while another 57% state that they only use a condom sometimes. For oral sex, 51.0% never use condoms, whereas in anal sex only 16.6% said they always use a condom. **Conclusion:** It is necessary to emphasize actions to promote sexual health aimed at adolescents in order to minimize the problems that most occur in this phase.

Keywords: Sexuality; Adolescence; Sexual and Reproductive Health; Condoms; Health Promotion.

RESUMO

Objetivo: descrever as situações relacionadas à saúde sexual dos adolescentes escolares. **Método:** trata-se de estudo transversal do tipo descritivo. O estudo envolveu 323 adolescentes de escolas públicas de Diamantina, Minas Gerais, Brasil. **Resultados:** 48,9% dos adolescentes já tiveram alguma relação sexual na vida, sendo mais meninos (65,6%) do que meninas (38,4%). A média de idade do início da relação sexual foi de $14,1 \pm 1,6$ e a média de parceiros durante toda vida dos adolescentes foi de $3,6 \pm 2,4$. A frequência de uso de preservativo nas relações vaginais é baixo, apenas 28% sempre usam o método, outros 57% dos adolescentes declaram que fazem o uso deste somente às vezes. Para o sexo oral, 51,0% nunca usam o preservativo, já no sexo anal apenas 16,6% dos adolescentes disseram sempre usar a camisinha. **Conclusão:** torna-se necessário enfatizar ações de promoção à saúde sexual voltada para os adolescentes, visando minimizar os problemas que mais ocorrem nessa fase.

Palavras-chave: Sexualidade; Adolescência; Saúde Sexual e Reprodutiva; Preservativos; Promoção da Saúde.

RESUMEN

El objeto del presente estudio fue describir situaciones referentes a la salud sexual de estudiantes adolescentes. Se realizó un estudio descriptivo de corte transversal en el cual participaron 323 adolescentes de colegios públicos de Diamantina, Minas Gerais. El 48,9% de los adolescentes ya habían tenido relaciones sexuales, más varones (65,6%) que mujeres (38,4%). La edad promedio de la primera relación sexual era de $14,1 \pm 1,6$, y la cantidad de parejas había sido de $3,6 \pm 2,4$. La frecuencia de uso del preservativo durante el coito vaginal era baja, sólo el 28% los usaba, 57% de los adolescentes dijeron que lo usaban de vez en cuando. Para el sexo oral, el 51,0% nunca usaba condones, ya en el sexo anal sólo el 16,6% de los adolescentes dijo que siempre usaba preservativos. Llegamos a la conclusión que habría que reforzar las acciones de promoción de la salud sexual dirigidas a los adolescentes, para reducir al mínimo los problemas que más ocurren en esta etapa.

Palabras clave: Sexualidad; Adolescencia; Salud Sexual y Reproductiva; Condones; Promoción de la Salud.

INTRODUCTION

Adolescence is the transition period from childhood to adulthood, marked by profound physical, cognitive, emotional, and social changes that affect young people's patterns of behavior, making them susceptible to diseases that could affect their health. Among them are those related to sexuality.¹

The period of adolescence is recognized as being the most intense period of an individual's development, teeming with possibilities for learning, experimentation, and discovery, as well as a high potential to determine the construction of autonomy and personal identity.² These factors also make this a vulnerable time, especially for those young people devoid of social, physical, mental, and moral protection.³

Comprehensive care for adolescents in Brazil remains a challenge for public policy in the health and education fields, for not having satisfactorily reached the vast majority of this population.³ The country currently has about 34 million young people between 10 and 19 years of age, accounting for approximately 17.9% of the population,⁴ which, for the most part, is still lacking the minimum conditions to meet their needs for food, housing, sanitation, employment, and a decent wage to ensure healthy living conditions.³

The problematic context surrounding adolescence in Brazil, coupled with the social changes of recent decades related to greater freedom in terms of sexual behavior, has directly influenced health relationships of that population due to: the increasingly early age at which they become sexually active, the non-use or inappropriate use of condoms, and the increase in cases of HIV/AIDS and other sexually transmitted diseases (STDs), in addition to the high rates of teenage pregnancy, abortions, and incidence of sexual violence. Some of these problems occur because public policies for adolescents, in addition to health and education services, have trouble dealing with this issue, which has led to an increase in research on the subject not only in Brazil, but also worldwide.⁵⁻⁷

Some of these studies have shown that countries like the United States⁸ and the United Kingdom⁹ have faced common problems related to the early onset of sexual activity with ineffective prevention practices. In Brazil, a study conducted in state capitals and the Federal District reveals similar problems and draws attention to the need for public policies, programs, and projects that emphasize and address the issue, using the vulnerability of these young people as a guideline.⁵

Therefore, various government initiatives have emerged with a view to addressing these problems, such as sexual and reproductive rights policies, national campaigns on family planning that include adolescents and youth, provisions for contraceptive methods in primary care, and health promotion and disease prevention projects in schools.¹⁰

Considering that this issue is of global concern and that Brazil is a large country with substantial cultural and social di-

versity, this study will serve as an aid to parents, educators, health professionals, and managers in planning strategies to reach this audience.

The aim of the study is to describe situations related to the sexual health of adolescent students.

METHOD

This descriptive cross-sectional study was conducted in all public schools in the city of Diamantina, Minas Gerais, Brazil, between June 15, 2013, and June 30, 2013. Registered students from the 9th through 12th grades were included. The sample size was previously calculated in the DIMAM 1.0 program, using a 95% confidence level, a 5% maximum permissible error, and a 30.5% interest percentage, arriving at a sample of 293 students. Ten percent more students were added to this sample due to possible losses, totaling 323 people. No students refused to participate in this study.

Students who agreed to participate were asked to answer a questionnaire with 20 questions prepared by the researcher, which included: age, sex, socioeconomic status, alcohol or drug use, and situations related to sexual activity. The questionnaire was prepared based on articles related to the topic.^{5,11}

Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) version 18.0. Quantitative variables were described as mean and standard deviation. Qualitative variables were described by absolute and relative frequency. The results were presented in the form of tables and graphs. The chi-square test was used to investigate the association among the qualitative variables under study. The significance level was 5%, with $p \leq 0.05$ being considered significant values.

A pilot study involving twenty teenagers was conducted prior to this study to fine-tune the questions. These data are not part of this research.

The study was preceded by contact with the Regional Superintendent of Education and the administrative directors of the selected schools. This study was approved by the Research Ethics Committee of the Universidade Federal dos Vales Jequitinhonha and Mucuri (UFVJM), logged under protocol number 051/12. The Brazilian Child and Adolescent Statute provides for the teenager's autonomy to take initiatives, such as responding to a questionnaire that does not present any health risks. As the aim of this research is to give support to health protection policies for this age group, the adolescents were given the autonomy to define their own participation. Students could choose to participate or not. They could answer the entire questionnaire or only part of it. Informed consent forms were willingly signed and then collected. All student information was confidential and neither the students nor the schools were identified.⁵

RESULTS

Of the 323 adolescents who participated in the survey, 198 (61.3%) were female and 125 (38.7%) were male, with a minimum age of 13 years and a maximum of 19 years, with an average age of 15.91 years.

It was noted that the average age of the onset of sexual intercourse was 14.1 ± 1.6 , and the mean number of partners throughout one's life was 3.6 ± 2.4 . The average number of partners throughout one's life among boys was 4.4 ± 3.8 , while the average among girls was 2.6 ± 2.1 .

It was found that 48.9% of the participants had already had a sexual relationship, appearing more frequently in boys (65.6%) than in girls (38.4%). White teenagers (64%) showed greater frequency as compared to the dark-skinned black (49.2%) and light-skinned black (42.9%) adolescents. It was observed that 62.5% of the participants who do not live with either parent had had sexual intercourse at least once in their lives, dropping to 47.2% when living with both parents (Table 1).

Of the teens that used alcohol, 57.2% had had some type of sexual intercourse, with the percentage rising to 80% when some kind of illegal drug was used.

Table 1 - Percentage of student identification data (gender, color, employed, lives with whom, uses alcohol and illicit drugs) according to the variable of having had sex, Diamantina, MG, Brazil, 2013

Variables	Have had sexual intercourse				Total	P-value*
	Yes		No			
	N	%	n	%		
Gender						
Male	82	65.6	43	34.3	125	0.000
Female	76	38.4	122	61.6	198	
Color						
White	48	64	27	36	75	0.043
Dark-skinned black	30	49.2	31	50.8	61	
Light-skinned black	72	42.9	96	57.1	168	
Yellow	5	38.5	8	61.5	13	
Indigenous	3	50	3	50	6	
Employed						
Yes	35	55.6	28	44.4	63	0.24
No	123	47.3	137	52.7	260	
Lives with whom						
Mother	43	50.6	42	49.4	85	0.22
Father	4	30.8	9	69.2	13	
Both parents	91	47.2	102	52.8	193	
Relatives	20	62.5	12	37.5	32	

Continues...

... continuation

Table 1 - Percentage of student identification data (gender, color, employed, lives with whom, uses alcohol and illicit drugs) according to the variable of having had sex, Diamantina, MG, Brazil, 2013

Variables	Have had sexual intercourse				Total	P-value*
	Yes		No			
	N	%	n	%		
Uses alcoholic beverages						
Yes	100	57.8	73	42.2	173	0.001
No	58	38.7	92	61.3	150	
Uses illegal drugs						
Yes	36	80	9	20	45	0.000
No	122	43.9	156	56.1	278	

Source: research data.

Note: *p calculated through chi-square test, significant if $p < 0.05$.

The results show that the majority of teenage children of illiterate mothers (66.7%) have already had sexual intercourse. That number drops to 54.8% in adolescents with mothers who have a college education. The percentage of teenage children of illiterate fathers who have had sexual intercourse is 63.6%, falling to 56.5% when the father has a college education (Table 2).

Table 2 - Percentage of data related to the parents' educational level according to the variable of having had sex, Diamantina, MG, Brazil, 2013

Variables	Have had sexual intercourse				Total	P-value*
	Yes		No			
	N	%	n	%		
Mother's education						
Illiterate	6	66.7	3	33.3	9	0.678
Basic	52	49.5	53	50.5	105	
Elementary	46	46.9	52	53.1	98	
High school	31	44.9	38	55.1	69	
College	23	54.8	19	45.2	42	
Father's education						
Illiterate	14	63.6	8	36.4	22	0.502
Basic	60	48.8	63	51.2	123	
Elementary	42	47.7	46	52.3	88	
High school	29	43.3	38	56.7	67	
College	13	56.5	10	43.5	23	

Source: research data.

Note: *p calculated through chi-square test, significant if $p < 0.05$.

It is worth noting that 83% of the students have received counseling on sexuality in school. Furthermore, 84.1% of the respondents had had sexual intercourse in the last 12 months,

and only 54.3% of them used some kind of protection to prevent pregnancy and/or STDs.

There is a low frequency of condom use during vaginal intercourse, with only 28.5% always using the method, whereas 57% of the adolescents stated that they only sometimes use a condom. For oral sex, 51% never use condoms, and for anal sex, only 16.5% reported using condoms (Table 3).

Table 3 - Percentage of data on the students' sexual activity (had sexual intercourse within the last 12 months, used some method of protection, frequency of condom use, possibility of acquiring STDs, and difficulty in advocating condom use) - Diamantina, MG, Brazil, 2013

Variables	N	%
Had sexual intercourse within the last 12 months		
Yes	127	84.1
No	24	15.9
Used some form of protection to avoid pregnancy or STD		
Yes	82	54.3
No	69	45.7
How often condoms are used during intercourse (vaginal)		
Never	22	14.6
Sometimes	86	57.0
Always	43	28.4
How often condoms are used during intercourse (oral)		
Never	77	51
Sometimes	56	37.1
Always	18	11.9
How often condoms are used during intercourse (anal)		
Never	51	33.8
Sometimes	75	49.7
Always	25	16.5

Source: research data.

Regarding the possibility of acquiring STDs, only 9.9% of the teenagers reported that it is impossible to contract any. As regards proposing condom use, 52.3% of the participants said they have no trouble in proposing its use.

Of the teenagers who thought it was impossible to contract an STD, 66.7% used a condom during the last intercourse, while only 28.6% of those who had a hard time proposing condom use actually used one during their last sexual intercourse (Table 4).

DISCUSSION

Data from this study show that almost half of the young people have already had their first sexual intercourse (48.9%), beginning at an average age of about 14 years, which runs in line with the same trend found in Brazilian capital cities.⁵ Research¹²

conducted on young adults from eleven European countries showed the same trend towards having sex at an early age among young people. An early beginning may be related to several factors that are typically experienced in adolescence, such as conflicts and questioning, along with the physical, emotional, and social changes.¹³ Other factors include the influence of information and media vehicles, which sometimes treat sexuality excessively or give distorted information on the issue. This, added to the freedom and sense of autonomy that young people feel,¹⁴ plus the lack of information and guidance on safe sex and sexuality, contributes to risky behavior among adolescents.¹⁵

Table 4 - Frequency of condom use during last sexual intercourse related to the possibility of contracting STDs and the difficulty in proposing the use of condoms, Diamantina, MG, Brazil, 2013

Variables	Used a condom during last sexual intercourse				Total	P-value*
	Yes		No			
	N	%	n	%		
Possibility of contracting an STD						
Very possible	27	65.5	14	34.1	41	0.264
Possible	21	48.8	22	51.2	43	
Somewhat impossible	14	43.8	18	56.3	32	
Almost impossible	10	50	10	50	20	
Impossible	10	66.7	5	33.3	15	
Difficulty in proposing condom use with partners						
Not difficult	51	64.6	28	35.4	79	0.07
Occasionally difficult	20	48.8	21	51.2	41	
Média dificuldade	7	41.2	10	58.8	17	
Muita dificuldade	4	28.6	10	71.4	14	

Source: research data.

Note: *p calculated through chi-square test, significant if $p < 0.05$.

This is how an early sexual debut has directly reverberated on young peoples' health and quality of life, either by contracting STDs or through the need to grow up prematurely due to unplanned pregnancy, not to mention the psychosocial and health problems that also arise.¹⁶

It was also observed that boys, in addition to becoming sexually active earlier than girls, reported having more partners. These findings are similar to those found in other Brazilian studies^{5,17} and may well be attributed to the fact that male sexual experience is seen by society as an achievement that sustains their power. A man's sexual debut is still seen as a symbolic rite of passage to manhood, as opposed to women, who are still pressured into abstinence before marriage.¹⁶

Another finding is that the frequency of adolescents who did not live with their parents and who had become sexually

active is higher than those who lived with their parents. A similar relationship was found when comparing the parents' literacy and educational level. The higher the parents' educational level, the less likely their children were to become sexually active. This portrays the family's influence on their children's sexual debut, as it represents the relevant social structure for the education of their participants in terms of growth and development, especially with regard to sexuality. However, the data show the feeling of helplessness parents face when it comes to the sex education of their children. This is due to difficulties in addressing the issue, arising from the lack of information or embarrassment in talking about it. The parents' educational level is also believed to be a factor that could influence the communication process due to a barrier to the access of information and its preventive measures.¹⁸

Another important factor is the low frequency of condom use in all surveyed sexual routes: oral, vaginal, and anal. Failure to use contraception may be influenced by several factors: individual – knowledge, attitude, previous use, risk perception; family – family structure, parent-child relationship, and socio-economic profile. The present study found that young people tend not to use condoms or have more difficulty in suggesting their use when they begin sexual life too early or when they define sexual intercourse as being casual.¹⁹ This fact is given by the lack of responsibility on the part of adolescents, or even the lack of information or awareness, which may explain the high rates of STDs and unplanned pregnancies for this age group.^{7,20}

Although the data points to risky behaviors among adolescents, a significant proportion of them have obtained some guidance in safe sex practices, demonstrating their ineffectiveness. A similar situation was found in a survey conducted in the United States in 2007, which involved students from the 9th to the 12th grades. In this survey, 47.8% of the students had had sexual intercourse, and 89.5% of them had previously received guidance on STD/AIDS at school.²¹

Adolescence is recognized as an opportune time for reproductive health education, as it is the period when young people are more curious about the issue. However, developing these actions still faces some obstacles, such as the lack of preparation of many teachers to address and answer questions on the subject, while others still hope that this role is performed by the parents; other parents and even some teachers are opposed to sex education in schools, fearing that making such knowledge available to students might encourage experimentation and promiscuity; and the low participation of teenagers in public health services.²² Moreover, despite efforts to integrate primary healthcare professionals in these educational activities in schools, they are still infrequent and discontinuous. One reason is that there are conflicting interests among teachers, parents, and students about sex education in school. Par-

ents often expect that teachers will have instructional material geared more towards moral education.²³

The influence of the use of alcohol and illicit drugs, both at the onset of sexual activity and in their unprotected practice, was also observed. This study found that 37.6% of adolescents who had had sex in the past twelve months claimed to have done it in an unplanned manner, while under the influence of alcohol or other drugs.⁵ A study conducted in Zambia found that adolescents who use alcohol are twice as likely to have had sex. In Kenya, the relationship between alcohol and one's sexual debut seems to be stronger among women than men, suggesting that its use could be more deviant for women, and therefore its association with sexual behavior may be stronger than for men.¹⁵

The relationship between alcohol use before or during sex in the general population is commonly justified by the belief that its consumption could favor a desirable sexual performance, thus increasing pleasure. Alcohol use in this context is also associated with decreased anxiety or inhibition, opening the door to certain acts referred to as being difficult to perform without the influence of an alcoholic beverage.²⁴ This association has been treated as a risk factor for STD/HIV/AIDS infection, given that people who drink and then have sex tend not to use condoms during sexual acts, change partners more often, have casual partners, and practice group sex and anal sex.²⁵

Adolescence is becoming a stage that requires a great deal of attention, which has more recently come into the societal view, as evidenced by the Ministry of Health and Education's implementation of the Health and Prevention Project in schools. This project includes both the education and health sectors, and develops actions geared towards promoting sexual and reproductive health in adolescents and young people, as well as towards reducing the rates of STD and AIDS rates among them.⁵

Within contemporary standards, sex education is aimed at giving young people the opportunity to make informed decisions regarding their health and allowing them to exercise their sexual and reproductive rights. Knowledge on this matter also allows them to protect themselves against such major threats as STDs, especially HIV. Lack of education on these matters leads to misinformation and, consequently, the dramatic increase in STDs, a low modern and more effective use of contraceptives, and finally, the high rate of teenage pregnancy.¹²

Health education is recognized as one of the primary methods for adolescents to learn about sexuality and to live healthily and safely. Sex education needs to be realistic and contain specific subjects, such as sexuality, sex, relationships, reproductive health, and safety. To ensure that programs and actions aimed at this issue are more effective, it is important to consider all of the influences young people receive, observing not only their socio-economic and cultural spheres, but also the contributions

that parents, teachers, and health professionals can offer jointly and in an allied manner towards safe sexual behavior.^{26,27}

This study presents a limitation in the fact that only teenagers from state-run public schools were selected and, therefore, is not truly representative of the population as a whole. This selection criterion may limit the validity of the results. The data from the study are representative when comparing adolescents from different state-run schools, but it is believed that other data should emerge in connection with the private school network due to the higher socioeconomic status of the students. However, adolescents seldom seek out primary healthcare services, and this study could help healthcare professionals to promote actions in basic units, schools, community groups, and social networks.

CONCLUSION

It can be concluded that sexual behavior in adolescents is characterized by a number of attitudes that endanger their health. These high-risk attitudes are determined by the changes, conflicts, curiosity, and experiences involved in the transition to adulthood and may be aggravated by other factors, such as exposure to alcohol and drugs, the absence of parents or their lack of preparation to address the issue, the limitations and lack of effective integration of adolescents in primary healthcare services, the lack of preparation in schools and among teachers, inadequate access to information that is often distorted by the media, and the lack of effective sexual health education for young people, teachers, and parents.

It is suggested that further studies and actions implemented in schools and healthcare facilities be targeted towards adolescents so that they may be more empowered through the knowledge, safety, and awareness of sexual practices.

REFERENCES

- Henriques BD, Rocha RL, Madeira AMF. Análise compreensiva do significado do atendimento ao adolescente realizado pelos profissionais de saúde da Atenção Primária do município de Viçosa-MG. *Interface Comunic Saúde Educ.* 2010; 14(34):709-11.
- Fundo das Nações Unidas para a Infância-UNICEF. O direito de ser adolescente: oportunidade para reduzir vulnerabilidades e superar desigualdades. Brasília: UNICEF; 2011.
- Pessalacia JDR, Menezes ES, Massuia D. A vulnerabilidade do adolescente numa perspectiva das políticas de saúde pública. *Rev Bioethikos.* 2010; 4(4):423-30.
- Instituto Brasileiro de Geografia e Estatística-IBGE. Censo Demográfico 2010: resultados preliminares. Pirâmide etária. 2011. [Cited 2011 Apr. 14]. Available from: <http://www.ibge.gov.br/censo2010/piramide_etaria/index.php>.
- Malta DC, Silva MAL, Mello FCM. Saúde sexual dos adolescentes segundo a Pesquisa Nacional de Saúde dos Escolares. *Rev Bras Epidemiol.* 2011; 14(1):147-56.
- Moraes SP, Vitalle MSS. Direitos sexuais e reprodutivos na adolescência. *Rev Assoc Med Bras.* 2012; 58(1):48-52.
- Guedes HM, Silva GA, Salgado PO, Chianca TCM, Alves M. Uso de preservativo entre frequentadores de um motel. *Rev Enferm UERJ.* 2013; 21(2):241-6.
- Sheyderman Y, Schwartz SJ. Contextual and intrapersonal predictors of adolescent risky sexual behavior and outcomes. *Health Educ Behav.* 2012; 40(4):400-14.
- Straw F, Porter C. Sexual health and contraception. *Arch Dis Child Educ Pract Ed.* 2012; 97:177-84.
- Brasil. Ministério da Saúde. Saúde do Adolescente. [Cited 2012 Dec. 20]. Available from: http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=33732.
- Guedes HM, Cabral LOC, Costa MVB, Reis AF, Pereira SG, Oliveira-Ferreira F. Risk behavior for the Human Immunodeficiency Virus among motel clients. *Rev Latino-Am Enferm.* 2012; 20(3):536-42.
- Kraus H, Bogdanski P, Szulinska M, Malenski M, Buraczyńska-Andrzejewska B, Sosnowski P, et al. Sexual initiation of youths in selected European countries compared with their sexual and contraceptive knowledge. *Ann Agric Environ Med.* 2012; 19(3):587-92.
- Bramen JE, Hranilovich JA, Dah RE. Sex matters during adolescence: testosterone-related cortical thickness maturation differs between boys and girls. *PLoS One.* 2012; 7(3): 338-50.
- Montero A. Educación sexual: un pilar fundamental en la sexualidad de La adolescência. *Rev Med Chile.* 2011; 139:1249-52.
- Ntaganira J, Hass LJ, Hosner S, Brown L, Mock NB. Sexual risk behaviors among youth heads of household in Gikongoro, south province of Rwanda. *BMC Public Health.* 2012; 12: 225.
- Hugo TODO, Maier VT, Jansen K, Rodrigues CEG, Cruzeiro ALS, Ores LC, et al. Fatores associados à idade da primeira relação sexual em jovens: estudo de base populacional. *Cad Saúde Pública.* 2011; 27(11):2207-14.
- Cruzeiro ALS. Comportamento sexual de risco: fatores associados ao número de parceiros sexuais e ao uso de preservativo em adolescentes. *Ciênc Saúde Coletiva.* 2010; 15(Supl.1):1149-58.
- Almeida ACCH, Centa MLA. Família e a educação sexual dos filhos: implicações para a enfermagem. *Acta Paul Enferm.* 2009; 22(1):71-6.
- Paiva V, Calazans G, Venturi G, Dias R. Age and condom use at first sexual intercourse of Brazilian adolescents. *Rev Saúde Pública.* 2008; 42(Suppl.1):45-53.
- Mendes SS, Moreira RMF, Martins CBG, Souza SPS, Matos KF. Saberes e atitudes dos adolescentes frente à contracepção. *Rev Paul Pediatr.* 2011; 29(3):385-91.
- Youth Risk Behavior Survey. Trends in the prevalence of sexual behavior. National YRBS: 1991-2007. Atlanta, GA: Centers for Disease Control and Prevention; 2007. [Cited 2009 Nov. 20]. Available from: http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_sexual_behaviors_trend.pdf.
- Kotecha PV, Patel SV, Mazumdar VS. Reproductive health awareness among urban school going adolescents in Vadodara city. *Indian J Psychiatr.* 2012; 54(4):344-8.
- Fentahun N, Assefa T, Alemseged F. Parents' Perception, Students' and Teachers' Attitude Towards School Sex Education. *Ethiop J Health Sci.* 2012; 22(2):99-106.
- Stoner S, George WH, Peter LM, Norris J. Liquid courage: alcohol fosters risk sexual decision-making in individuals with sexual fears. *Aids Behav.* 2007; 11: 227-37.
- Cardoso LRD, Malbergier A, Figueiredo TFB. O consumo de álcool como fator de risco para a transmissão das DSTs/HIV/Aids. *Rev Psiquiatr Clín.* 2008; 35(supl 1):70-5.
- Goldman JD. An exploration in health education of an integrated theoretical basis for sexuality education pedagogies for young people. *Health Educ Res.* 2011; 26(3):526-41.
- Lourdes LA, Barroso KA, Silva GS, Guedes HM. Oficinas com adolescentes sobre saúde sexual no ambiente escolar. *Rev Ciênc Ext.* 2014; 10(3):123-32.