







PRACTICES FOR THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS AMONG UNIVERSITY STUDENTS

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ABSTRACT

Objective: to analyze the sexual practices adopted by university students for the prevention of Sexually Transmitted Infections

Method: a quantitative, descriptive and cross-sectional study, conducted in 2016, at a private university in the municipality of Rio de Janeiro, Brazil. A convenience sample was selected, stratified by gender, of 768 students who answered a self-administered questionnaire, structured with variables of sociodemographic characterization and related to knowledge about sexually transmitted infections, sexual practices, prevention practices and care with sexual health. In the analysis, descriptive statistics, chi-square tests and analysis of variance were used, with a significance level of 5%.

Results: most of the university students – 654 (85.16%) – had an active sex life and 480 (62.54%) did not use condoms in all their sexual encounters. Among the participants, 509 (84.83%) said they had sexual intercourse with a steady partner, of which 224 (44.01%) used a condom. In the investigated group, 313 (47.86%) had relationships with casual partners, with 199 (63.58%) reporting having used a condom. Among the participants, 174 (26.61%) had their sexual practices classified as adequate/satisfactory.

Conclusion: the findings show that the university students investigated present a risk behavior for Sexually Transmitted Infections due to inadequate/unsatisfactory sexual practices. Health education actions should consider cultural and individual aspects of the group in order to encourage reflection on practices for the prevention of sexually transmitted diseases.

DESCRIPTORS: Sexual behavior. Primary prevention. Young adult. Sexually transmitted diseases. Sexual health. Risk assumption.

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PRÁTICAS DE PREVENÇÃO DE INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS ENTRE ESTUDANTES UNIVERSITÁRIOS

RESUMO

Objetivo: analisar as práticas sexuais adotadas por estudantes universitários para prevenção de Infecções Sexualmente Transmissíveis

Método: estudo quantitativo, descritivo e transversal, realizado em 2016, em uma universidade privada no município do Rio de Janeiro, Brasil. Selecionou-se amostra por conveniência, estratificada por sexo, de 768 estudantes que responderam a um questionário autoaplicado, estruturado com variáveis de caracterização sociodemográfica e relacionadas ao conhecimento sobre infecções sexualmente transmissíveis, práticas sexuais, práticas de prevenção e cuidados com a saúde sexual. Na análise, empregou-se a estatística descritiva, testes de qui-quadrado e análise de variância, com nível de significância de 5%.

Resultados: a maioria dos universitários – 654 (85,16%) – tinha vida sexual ativa e 480 (62,54%) não fazia uso do preservativo em todos os intercursos sexuais. Entre os participantes, 509 (84,83%) afirmaram ter relação sexual com parceiro fixo, dos quais 224 (44,01%) utilizaram o preservativo. No grupo investigado, 313 (47,86%) tiveram relações com parceiros casuais, sendo que 199 (63,58%) informaram ter usado o preservativo. Entre os participantes, 174 (26,61%) tiveram suas práticas sexuais classificadas como adequadas/satisfatórias.

Conclusão: os achados evidenciam que os universitários investigados apresentam um comportamento de risco para Infecções Sexualmente Transmissíveis decorrente de práticas sexuais inadequadas/insatisfatórias. Ações de educação em saúde devem considerar aspectos culturais e individuais do grupo para favorecer a reflexão sobre as práticas de prevenção de doenças transmitidas pelo sexo.

DESCRITORES: Comportamento sexual. Prevenção primária. Adulto Jovem. Doenças sexualmente transmissíveis. Saúde sexual. Assunção de riscos.

PRÁCTICAS PARA LA PREVENCIÓN DE INFECCIONES DE TRANSMISIÓN SEXUAL ENTRE ESTUDIANTES UNIVERSITARIOS

RESUMEN

Objetivo: analizar las prácticas sexuales adoptadas por estudiantes universitarios para prevenir Infecciones de Transmisión Sexual.

Método: estudio cuantitativo, descriptivo y transversal, realizado en el año 2016 en una universidad privada del municipio de Río de Janeiro, Brasil. Ajustada por conveniencia y estratificada por sexo, la muestra estuvo compuesta por 768 estudiantes que respondieron un cuestionario autoaplicado, estructurado con variables de caracterización sociodemográfica y relacionadas con el conocimiento sobre infecciones de transmisión sexual, prácticas sexuales, prácticas de prevención y cuidados con la salud sexual. En el análisis se empleó la estadística descriptiva, pruebas de Chi-cuadrado y análisis de variancia, con un nivel de significancia del 5%.

Resultados: la mayoría de los universitarios – 654 (85,16%) – tenía una vida sexual activa y 480 (62,54%) no usaban preservativo en todos sus encuentros sexuales. Entre los participantes, 509 (84,83%) afirmaron tener relaciones sexuales con una pareja fija y, de ellos, 224 (44,01%) utilizaban preservativo. En el grupo investigado, 313 (47,86%) tuvieron relaciones con parejas casuales, y 199 (63,58%) declararon haber usado preservativo. Entre los participantes, las prácticas sexuales de 174 (26,61%) de ellos se clasificaron como adecuadas/satisfactorias.

Conclusión: las conclusiones del estudio evidencian que los universitarios investigados presentan un comportamiento de riesgo para contraer Infecciones de Transmisión Sexual como resultado de prácticas sexuales inadecuadas/insatisfactorias. Las medidas de educación en salud deben considerar aspectos culturales e individuales del grupo para favorecer la reflexión sobre las prácticas de prevención de enfermedades de transmisión sexual.

DESCRITORES: Comportamiento sexual. Prevención primaria. Adulto joven. Enfermedades de transmisión sexual. Salud sexual. Asunción de riesgos.

INTRODUCTION

Sexually Transmitted Infections (STIs) have major global effects on sexual and reproductive health and are among the top five causes of the population's demand for health care. In Brazil, annually, the World Health Organization (WHO) estimate for STIs is 937,000 cases for syphilis, 1,541,800 for gonorrhea, 1,967,200 for chlamydia, 640,900 for genital herpes and 685,400 for HPV. HPV infection has been prevalent mainly among adolescents and young people. The highest rates of gonococcal and chlamydia infection were also observed in this population.¹ A study² carried out in the United Kingdom signals that the diagnosis of STIs has increased significantly in the last ten years and the highest rates are found among young people, under the age of 25, men who have sex with men (MSM), and certain populations of black ethnic minority.

In general, young people tend to start sexual practices during adolescence, being understood as a rite of passage for adulthood and experienced differently between the genders, whose influence occurs by cultural, economic and social aspects.³ The sexual behavior of university students was investigated⁴ and it was verified that the majority had sexarche under the age of 18, a fact confirmed in other studies.⁵⁻⁷

The experience of sexuality by young people has different mechanisms and is based on two interconnected components: the individual, with its biological and psycho-emotional content, and the socio-cultural insertion, with multiple values and reference groups. In our society, although many customs have changed and sexual practice occurs at increasingly earlier ages, virginity is still a subject of discussion. The loss or conservation of virginity continues to be influenced by social pressure and overrides the young person's personal decision.⁸

Considering the occurrence of STIs, it is known that several factors can contribute to an individual being exposed to infection. Sexual behavior is considered risky when individuals do not use condoms to avoid unwanted pregnancies and/or to protect themselves from contamination by sexually transmitted diseases. Emotional aspects influence the behavior of young people. Several authors⁹ signal the existence of priority of the attitudinal component in the prediction of the intention to have sex without a condom. In this context, the following research question was elaborated: What are the practices adopted by young people for the prevention of Sexually Transmitted Infections?

To answer the research question, the following objective for the study was outlined: to analyze the sexual practices adopted by university students for the prevention of Sexually Transmitted Infections.

METHOD

A quantitative, descriptive and cross-sectional study, developed at a private university in the city of Rio de Janeiro, Brazil.

A convenience sample was selected, stratified by the gender of the students, regardless of the academic period. The sample was defined using the sample calculation for cross-sectional studies of finite population (17 thousand students), with an error margin of 5%, a confidence level of 95%, and a significance level of $p=0.05$, distributed in a heterogeneous way, considering the female and male genders. A sample of 768 university students was defined, of which 384 were female and 384 were male, regardless of the undergraduate course, aged between 18 and 29 years old.

The age group used is based on the 2013 Brazilian Youth Statute, which classifies individuals aged between 15 and 29 as young. In the composition of the sample, students aged 18 years old or older were selected, those under the age of 18 being excluded because they need to present an authorization from those responsible to participate, which could harm the process of capturing information. Included in the study were students regularly enrolled, from different undergraduate courses and in any academic period, present in the field of research at the time of data collection.

Data was collected in June and July 2016 by five undergraduate nursing students and two from the graduate program linked to the research project. All were trained and certified in face-to-face meetings for data collection. The university students were approached in living spaces so as not to compromise the academic activities. It is added that this investigation is integrated with the research entitled “Sexuality and vulnerability of young people in times of Sexually Transmitted Infections”, linked to the graduate program.

For data collection, a self-administered questionnaire was used, structured with 60 closed questions, with sociodemographic variables and related to knowledge about STIs, sexual practices, STI prevention practices and care with sexual health. This instrument was adapted from the Survey of Knowledge, Attitudes and Practices in the Brazilian Population, carried out in 2008 and 2011 by the Ministry of Health. Considering that this study is part of a larger research, 32 variables were selected from the matrix research instrument that met the objective of this investigation. Thus, the variables chosen were sociodemographic and those related to the STI prevention practices of the university students who responded to the objective of this investigation.

A score was assigned to analyze the practices adopted by the university students for STI prevention. The selected variables and their appropriate scores are shown in Chart 1.

Chart 1 – Scores of the variables selected to analyze the practices adopted by the university students for the prevention of STIs. Rio de Janeiro, RJ, Brazil, 2016.

Variables	Score		
	Yes	No	Did not report
Condom use in all sexual encounters	0	1	0
Condom use with steady partners	0	1	0
Condom use with casual partners	0	2	0
Alcohol and/or other drug use before the last intercourse	0	3	0

The practice is considered adequate/satisfactory if the university students report using condoms in all sexual encounters. A preventive practice is considered inadequate/unsatisfactory if the students received any score value. The criterion adopted for this classification was based on a study¹⁰ which aimed to assess the adequacy of women’s knowledge, attitude and practice in relation to male and female condoms as STI/HIV preventive measures.

The data obtained in the questionnaire were tabulated and organized with the aid of the *Microsoft Excel* 2011 software and analyzed in the *Statistical Package for the Social Sciences* (SPSS) 22.0 software with descriptive statistics, in absolute and relative frequencies, and bivariate analysis. There was also inferential analysis, with the application of association tests between variables such as Pearson’s chi-square and analysis of variance (ANOVA).

All the ethical requirements proposed by Resolution 466/12 of the National Health Council were respected. All the respondents became aware of the research objectives and signed the Free and Informed Consent Form (FICF).

RESULTS

Data of the participants' sociodemographic characterization

768 undergraduate students participated in the study, 384 (50%) male and 384 (50%) female. The predominant age group was 18 to 24 years old – 683 (88.92%) – and a minor representation – 85 (11.06%) – aged between 25 and 29 years old. As for their marital status, 450 (58.72%) declared themselves to be single, followed by 286 (37.24%) with a steady partner. There was a predominance – 435 (56.72%) – of young people who declared themselves white-skinned, 199 (25.91%) brown-skinned and 89 (11.59%) black-skinned. Among the university students, 512 (66.67%) claimed to be religious, of which 209 (40.82%) declared themselves to be Catholics, followed by 139 (27.15%) Evangelicals.

Sexual practices and the prevention of Sexually Transmitted Infections by university students

Of the total number of university students investigated, 654 (85.16%) were sexually active and, of these, 480 (62.54%) reported not using condoms in all sexual relations, 243 (17.3%) said they did, and only 2 (0.31%) students did not answer the question.

As for their sexual activities in the last 12 months, 600 (91.74%) reported having had sexual intercourse in that period. Of these, 509 (84.83%) had sex with a steady partner and 224 (44.01%) used condoms with these partners. As for sexual intercourse with casual partners, among the 313 (47.86%) students who reported this type of partners, 199 (63.58%) used condoms. The use of alcohol and drugs before the last sexual intercourse was reported by 198 (30.28%) students, while 454 (69.42%) did not use it and only two did not report on the question.

Regarding the negotiation of condom use during sexual intercourse, 277 (43.35%) students reported not negotiating and 121 (18.50%) negotiated in part. The university students made a self-assessment regarding the possibility of acquiring STIs. The findings showed that 308 (45.44%) believed it was little possible, 163 (26.30%) that it was impossible, and only 73 (11.16%) students believed in the possibility of acquiring STIs.

In order to verify the adequacy or inadequacy of the prevention practices of the university students, four variables were selected and a score of 0 to 3 points was associated. Of the total of 654 sexually active university students, only 174 (26.61%) scored zero. The others reached different scores ranging from 1 to 7. The results are shown in Table 1.

Table 1 – Consolidated prevention practices of the university students. Rio de Janeiro, Brazil, 2016. (n=654)

Prevention practice	Consolidated practice	
	n	%
Adequate/Satisfactory	174	26.61
Inadequate/Not satisfactory	480	73.39
Total	654	100.00

Table 2 presents the results of the analysis of variance (ANOVA) and shows the correlation of the prevention practices adopted by the university students related to the following variables: condom use in all sexual relations, negotiation of condom use, and the possibility of acquiring an STI.

Table 2 – Correlation of the prevention practices adopted by the university students. Rio de Janeiro, Brazil, 2016. (n=654)

Correlated variables	n	Mean	Standard deviation	p-value
Condom use in all sexual encounters				
No	409	4.15	1.92	0.000
Yes	243	0.84	1.45	
Not reported	2	1.50	2.12	
Total	654	2.91	2.38	
Negotiation on condom use				
No	277	2.74	2.35	0.000
Partially	194	3.65	2.41	
Yes	166	2.56	2.20	
Total	654	2.91	2.38	
Possibility of acquiring an STI				
Low possibility	308	2.79	2.29	0.000
Impossible	163	1.96	1.90	
Neither possible not impossible	95	3.72	2.33	
Possible	73	4.40	2.59	
Very probable	9	5.00	2.50	
Total	654	2.91	2.38	

The results present a p-value below 0.05. Thus, the null hypothesis is rejected, that is, the data indicate that the students who did not use condoms in all sexual relations, as well as who do not negotiate their use during sexual activities, and who responded as possible and very probable to acquire an STI, in fact, they have a higher mean of inadequate prevention practices and are more exposed to STIs.

DISCUSSION

The theme of youth has been presented as a significant issue in the 21st century. Each year, the United Nations (UN) discusses aspects related to this group and encourages discussions to promote peace, respect for human rights, solidarity and freedom, demonstrating the need for changes in the relationship between society and the State with this part of the population.

Young people are inserted in different spaces in society, such as universities. These settings should be used for dialog, in order to aim not only at the social, economic and cultural development of this group, but also to provide tools that can minimize the vulnerabilities of the students with regard to the STIs.

In Brazil, 87.9% of the higher education institutions belong to the private network and register 92.4% of participation in the number of enrollments. The Higher Education Census¹¹ highlights that the mean admission age to University is 18; that the concluding age is 23 years old; and the modal age of the regularly enrolled students is 21 years old. The socio-demographic design of this study shows that the representativeness of the group of young people aged between 18 and 24 years old corresponds to the age group of those enrolled in the universities of the country.

As for their marital status, more than half of the young people declared themselves to be single. Data from the Brazilian Demographic Census¹² show that the population is composed of 55.3% of single individuals and that the mean age to marry is 24.4 years old. In this research, the majority of the university students under the age of 24 are single, data which is consistent with the Brazilian Census.

Brazil is a country of great ethnic and religious diversity. The population is composed of white-skinned individuals – 47.7% – and Catholics – 64.6% –, as shown by the Brazilian Census.¹² The findings of this study are consistent with the Census. A person's religion and religiosity often influence the moment of sexual initiation, especially among young people who consider themselves religious. Thought, then, is divided into two aspects: the religious community and the wider social life.¹³ Young people who consider themselves religious tend to have a later sexual initiation; however, other factors can influence the beginning of sexual practices, such as the social context and gender issues.

A study carried out with 48 university students in South Africa, aged between 18 and 24 years old, of different ethnicities and religious beliefs, sought to know the students' perceptions about the role of religion and religious beliefs in their sexual decisions and practices. In the students' view, religion has no influence on their daily life decisions and sexual behavior, such as the multiplicity of partnerships and unsafe sex (without a condom). The authors believe that the uncertainty of modern society in religion denotes a limited influence of religious beliefs in relation to society's morals and values. They add that the participants' skepticism about the influence of religion on their sexual practices may reflect a broader skepticism in social structures, present in the adult development phase.¹⁴

In the context of sexuality, it is known that, from the 1960s, sexual or sex-related changes began to take place, consolidating a sexual revolution. There was an increase in non-marital sexual activities and the most important expression was that men and women begin their sexual encounters at an increasingly early age, reinforced by the more advanced age to marry. In this scenario, young people had more time to acquire their sexual experience before having a monogamous relationship in a lasting relationship.¹⁵

In addition to this scenario, the increase in the number of divorces created an opportunity for, especially men, to practice non-monogamous sexual activity. Thus, from the 1960s, profound changes were observed in the generations and sexual experiments started to occur with a greater number of partners¹⁵. Customs, defined as what people consider to be right or wrong in a particular place and time, are the arbiter of sexual conduct. What was previously incorrect then becomes acceptable.¹⁵

Sexual behavior is a learned, complex process, inserted in sexual scripts that is linked to the individual's cultural and historical contexts. There is importance in individual and cultural actions for conducting sexual activities. Sexual acts need an apprenticeship and are only possible because they are inserted in social scripts, with three levels of scripting: cultural scenarios, interpersonal scripts, and intrapsychic scripts.¹⁵

Numerous factors contribute to sexual initiation at an early age, such as the recognition of the negative aspects of sexual repression that existed. In society, there is a negligent permissiveness that causes disorganization in the standards of conduct. Currently, there is an advance of freedom that leads to a more uninhibited and more liberal conception of sex and sexual life. Initiation of sexual activity usually occurs in adolescence. This can happen out of curiosity, competition or to avoid feelings of isolation and loneliness. Some youngsters create bonds in the relationship similar to adult couples, without necessarily corresponding to emotional development.¹⁶ In this investigation, most of the participants are university students aged between 18 and 24 years old with an active sex life.

The use of condoms by university students both in their first and in all their sexual relations was evaluated. There are many factors that can compromise the constant use of condoms. A research study conducted with young people in the southern region of Brazil revealed that, for some men, sex

without a condom was recognized as good and tasty, offering feelings of pleasure and satisfaction in overlapping the risk of an illness or pregnancy. In contrast, the use of condoms was considered as bad and uncomfortable, despite being understood as a correct form for sexual practice. For women, the risk of pregnancy is the most significant reason for condom use. It is noted, then, that, in our society, there is a cultural aspect that makes women responsible for reproduction, causing greater changes in their life routine compared to men, making them responsible for the care of the fetus.³

A study¹⁷ analyzed the prevalence of condom use by 1,215 university students in a city in southern Brazil. In the referred research, it was found that the probability of this practice increased according to the following variables: male gender, younger age group, condom use in the first sexual intercourse, older age of onset of sexual life, not having a partner, and casual partner in the last relationship. A research study carried out at the University of Jaén, in Spain, which evaluated knowledge and attitudes about sexuality, found that 56% used the male condom and the main reason for its use was to avoid an unplanned pregnancy.¹⁸ These results are similar to the findings of this investigation, demonstrating that young people use condoms, mainly, to prevent pregnancy. Other contraceptive methods, too, can replace the use of this resource and some factors can negatively affect condom use. A research study¹⁹ held in the Colombian Caribbean Coast, identified that the use of condoms among male participants was associated with the rupture of romanticism by “breaking the climate” during placement and the pressure of always having them on. For women, the concern was related to the discovery of condoms by a relative and the embarrassment of buying them.

The evaluation of sexual and STI prevention practices showed that the university students tend to make greater use of condoms with casual partners than with steady partners. This behavior can be associated with the feeling of trust in relation to the partner's loyalty.²⁰ Other studies^{7,10,17,21} indicate that inconsistent condom use is associated not only with fidelity and trust in the partner, but also with the difficulty of negotiating its use, among other factors. Several research studies^{10,17} have shown that there is a relationship between condom use and the type of partners, that is, people with steady relationships usually replace the condom with other contraceptive methods (such as oral hormonal contraceptives). Thus, they show greater concern with the prevention of an unplanned pregnancy and do not prioritize the prevention of sexually transmitted diseases. This behavior is more observed in relationships with casual partnerships, in which there is no trust in the partners. The use of condoms in this type of relationship has a dual function, that is, to prevent unwanted pregnancies and STIs. Although condom use is more frequent in the group of university students who reported having sex with casual partners, a portion of these students do not use condoms – or do not use them continuously – and are exposed to the STIs.

Adherence to condom use is also affected by the consumption of alcoholic beverages and/or other drugs before sexual intercourse. The consumption of alcohol is carried out for several purposes and it is a psychotropic drug, depressant of the central nervous system, which causes a reduction in brain activities. Alcohol is consumed, in general, for the reduction of anxiety, disinhibition and increased loquacity. Consumed before or during sexual acts, it is believed to favor disinhibition and increased pleasure, which has contributed to the increase in alcohol consumption, especially before sexual activities. The consumption of this substance becomes a risk factor for Sexually Transmitted Infections, considering that, when drinking alcohol during or before sexual intercourse, people tend not to use condoms, to exchange partners, and to have casual partners.^{22–25}

To analyze the practices adopted by the university students with regard to the prevention of STIs, tests were carried out to assess the use of condoms and the consumption of alcohol and/or other drugs. In the findings, it was evidenced that the university students had an inadequate prevention practice, being vulnerable to the STIs. Relating the prevention practices of university students with the

possibility of acquiring a Sexually Transmitted Infection, it is observed that students who answered that it is possible and very probable to acquire STIs have a higher mean of inappropriate practices, that is, they are more exposed and are aware of that.

A significant number of the university students investigated believe that it is impossible or little possible to acquire STIs; however, data from the epidemiological bulletin of the Brazilian Ministry of Health show that the growth of AIDS in youth remains a concern for health professionals. Comparing the years 2006 and 2016, an increase in the detection rate was observed in individuals over 14 years of age, of both genders. The detection rate among men is higher, up to three times higher than in women in the year 2016 for the 20-24 and 25-29 age groups, demonstrating that the health actions for the prevention of STIs should be intensified.²⁶

The belief that it is impossible or barely possible to acquire STIs hampers actions to promote the sexual health of these young people. Raising awareness among the young individuals who believe that it is not possible to acquire an STI becomes a challenge for the health professionals, as they can be negligent in the prevention practices. It is noted, then, that the students underestimate the perceived risk of contracting an STI, which makes them vulnerable to exposure to sexually transmitted infections.^{20,25}

When relating the prevention practices reported by the participants with the variable of negotiating condom use, it can be noted that young people who do not negotiate or partly negotiate condom use have other inappropriate practices and become more vulnerable. Considering the sexual practices and prevention practices mentioned by the investigated students, it is believed that the university students are aware of the relationship between the type of sexual practice (safe sex or not) and the risk of acquiring a Sexually Transmitted Infection. It is known that there are several factors that strongly interfere in the sexual practices, influencing them in such a way that, despite being aware, many young individuals are unable to modify them. This implies thinking about educational actions that take advantage of the pedagogical settings to equip students with regard to sexual health care.²⁷⁻²⁹

The finding that young people have inadequate prevention practices and assume risky behaviors for STIs implies thinking of an educational action as a fundamental axis with regard to nursing care and the need to identify pedagogical settings capable of enhancing this practice. Even nowadays, there are educational practices developed by the health professionals, including nurses, with an educational-preventive approach, without incorporating an understanding of the determinants of the health problems or, still, the needs and knowledge of the worked on population. It is known that health education, when developed through listening, problematization and joint production of knowledge, favors the autonomy and the construction of the individual's citizenship, valuing its expression in the perspective of self-care.³⁰ In this sense, thinking about the use of other communication resources to reach young people, such as the Internet, could be a strategy that offers content on risk factors with a stimulus for the prevention of STIs.²⁵

The limitation of this study was that it was developed at a private university and, therefore, it may not reflect the reality of young people who have a different social and historical context. In addition, the data obtained cannot be generalized. It is added that further studies are needed to deepen the knowledge about the STI prevention practices of the university students, using other methodologies and carried out in other higher education settings. It is believed that the contributions of this research can bring visibility to the problem of STI prevention in the young collective, in addition to envisioning educational practices aimed at this audience.

CONCLUSION

The study, which had the purpose of analyzing the sexual practices adopted by the university students for STI prevention, found that they do not use condoms in all sexual relations and that they do not negotiate the use with their partners, but believe it is little possible or impossible to acquire a Sexually Transmitted Infection. The STI prevention practices adopted by these students are classified as inadequate/unsatisfactory.

Considering the results of this investigation, it can be inferred that it is necessary to sensitize this group in relation to the risky behavior they assume when having unprotected sex and to the importance of adopting strategies to prevent STIs. Raising awareness and sensitizing students about the importance of assuming safe sexual practices is a challenge for health professionals, especially in the Basic Health Units, the gateway to the services provided by the Unified Health System (*Sistema Único de Saúde*, SUS).

It is suggested that further research can be conducted, problematizing the issue of sexual and prevention practices adopted by students, especially with regard to condom use, considering the growing increase in the number of STI cases in this population. Furthermore, it is believed that the study provides information that can assist nurses and other health professionals in carrying out educational practices aimed at the young population.

REFERENCES

1. World Health Organization. Global Healthy Sector Strategy on Sexually Transmitted Infections, 2016-2021. Geneva(CH): WHO; 2016 [cited 2018 Mar 09]. Available from: <http://www.who.int/reproductivehealth/publications/rtis/ghss-stis/en/>
2. Hughes G, Field N. The epidemiology of sexually transmitted infections in the UK: impact of behavior, services and interventions. *Future Microbiol* [Internet]. 2015 [cited 2018 Mar 09];10(1):35-51. Available from: <https://doi.org/10.2217/fmb.14.110>
3. Bezerra EO, Pereira MLD, Chaves ACP, Monteiro PV. Social representations of adolescents on sexual relations and the use of condoms. *Rev Gaúcha Enferm* [Internet]. 2015 [cited 2018 Aug 20];36(1):84-91. Available from: <https://doi.org/10.1590/1983-1447.2015.01.45639>
4. Firmeza SNRM, Fernandes KJSS, Santos EN, Araújo WJG, Oliveira ES, Silva ARV. Sexual behavior among students of a public university. *Rev Rene* [Internet]. 2016 [cited 2018 May 20];17(4):506-11. Available from: <https://doi.org/10.15253/2175-6783.2016000400010>
5. Borges ALV, Fujimori E, Kuschnir MCC, Chofakian CBN, Moraes AJP, Azevedo GD, et al. ERICA: sexual initiation and contraception in Brazilian adolescents. *Rev Saúde Públ* [Internet]. 2016 [cited 2017 Dec 15];50(suppl.1):15s. Available from: <https://doi.org/10.1590/S01518-8787.2016050006686>
6. Poscia A, Millia DI, Lohmeyer F, Teleman AA, Waure C, Ricciardi W. Sexual behaviors and preconception health in Italian university students. *Ann Ist Super Sanità* [Internet]. 2015 [cited 2018 May 15];51(2):116-20. Available from: https://doi.org/10.4415/ann_15_02_08
7. Sales WB, Caveião C, Visentin A, Mocelin D, Costa PM, Simm EB. Comportamento sexual de risco e conhecimento sobre IST/SIDA em universitários da saúde. *Rev Enf Ref* [Internet]. 2016 [cited 2017 May 16];4(10):19-27. Available from: <https://doi.org/10.12707/riv16019>
8. Saito, MI. Visão Histórica da Sexualidade. In Saito MI, Silva LED, Leal, MM. *Adolescência: Prevenção e risco*. 3th ed. São Paulo, SP(BR): Editora Atheneu; 2014.

9. Chinazzo IR, Câmara SHG, Frantz DG. Comportamento sexual de risco em jovens: aspectos cognitivos e emocionais. *Psico USF* [Internet]. 2014 [cited 2017 May 15];19(1):1-12. Available from: <http://www.scielo.br/pdf/pusf/v19n1/a02v19n1.pdf>
10. Andrade SSC, Zaccara AAL, Leite KNS, Brito KKG, Soares MJGO, Costa MML et al. Knowledge, attitude and practice of condom use by women of an impoverished urban area. *Esc Enferm USP* [Internet]. 2015 [cited 2018 June 15];49(3):364-72. Available from: <https://doi.org/10.1590/S0080-623420150000300002>
11. Ministério da Educação (BR). Censo da educação superior 2017: Notas estatísticas. Brasília, DF(BR): Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira; 2017 [cited 2019 June 14]. Available from: <http://portal.inep.gov.br/censo-da-educacao-superior>
12. Instituto Brasileiro de Geografia e Estatística (BR). Censo Demográfico 2010 [cited 2018 Apr 02]. Available from: <https://censo2010.ibge.gov.br/resultados.html>
13. Coutinho RZ, Ribeiro MP. Religião, religiosidade e iniciação sexual na adolescência e juventude. *Rev Bras Estud Popul* [Internet]. 2014 [cited 2018 June 02];31(2):333-65. Available from: <http://www.scielo.br/pdf/rbepop/v31n2/a06v31n2.pdf>
14. Moodley, CG. Perceptions of South African Emerging Adult FET College Students on Sexual Practices in Relation to Religion. *J Relig Health* [Internet]. 2017 [cited 2019 June 16];56(5):1515-36. Available from: <https://doi.org/10.1007/s10943-016-0312-x>
15. Gagnon JH. Uma interpretação do desejo: ensaios sobre o estudo da sexualidade. Rio de Janeiro, RJ(BR): Garamond; 2006.
16. Adamo FA. Sexualidade: alguns aspectos. In: Saito MI, Silva LED, Leal MM. *Adolescência: Prevenção e risco*. 3th ed. São Paulo, SP(BR): Editora Atheneu; 2014.
17. Moreira LR, Dumith SC, Paludo SS. Condom use in last sexual intercourse among undergraduate students: how many are using them and who are they? *Ciênc Saúde Coletiva* [Internet]. 2018 [cited 2018 Mar 05];23(4):255-66. Available from: <https://doi.org/10.1590/1413-81232018234.16492016>
18. Mármol RM, Cruz RM; Muñoz IS. Conocimientos y actitudes sobre sexualidad en adolescentes de primer curso de Grado en Educación Infantil y Primaria de la Universidad de Jaén. *Enferm Glob* [Internet]. 2016 [cited 2018 Jul 17];15(1):164-73. Available from: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412016000100009
19. Camacho Rodriguez DE, Varela YP. Percepciones que afectan negativamente el uso del condón en universitarios de la Costa Caribe colombiana. *Hacia Promoc Salud* [Internet]. 2014 [cited 2017 Nov 15];19(1):54-67. Available from: <http://www.scielo.org.co/pdf/hpsal/v19n1/v19n1a05.pdf>
20. Aguiar A, Camargo BV. Romantic relationships, adolescence and HIV: love as an element of vulnerability. *Paideia* [Internet]. 2016 [cited 2018 Aug 03];24(58):165-75. Available from: <https://doi.org/10.1590/1982-43272458201404>
21. Alves B, Gonçalves MB, Fontoura LV, Neves GDE. Sexual profile of university students. *Rev Bras Promoç Saúde* [Internet]. 2017 [cited 2018 June 17];30(4):1-8. Available from: <https://doi.org/10.5020/18061230.2017.6219>
22. Gil-García E, Martini JG, Porcel-Gálvez AM. Alcohol consumption and risky sexual practices: the pattern of nursing students from the Spanish University. *Rev Latino-Am Enfermagem* [Internet]. 2013 [cited 2018 Aug 21];21(4):941-7. Available from: <http://www.scielo.br/pdf/rlae/v21n4/0104-1169-rlae-21-04-0941.pdf>
23. Dallo L, Martins RA. Association between the risk of alcohol use and unprotected sex in adolescents in a city in the southern region of Brazil. *Ciênc Saúde Coletiva* [Internet]. 2018 [cited 2018 Dec 05];23(1):303-14. Available from: <https://doi.org/10.1590/1413-81232018231.14282015>

24. Fontes MB, Crivelaro RC, Scartezini AM, Lima DD, Garcia AA, Fujioka RT. Determinant factors of knowledge, attitudes and practices regarding STD/AIDS and viral hepatitis among youths aged 18 to 29 years in Brazil. *Ciênc Saúde Coletiva* [Internet]. 2017 [cited 2018 Aug 21];22(4):1343-52. Available from: <https://doi.org/10.1590/1413-81232017224.12852015>
25. Villegas N, Cianelli R, Santisteban D, Lara L, Vargas J. Factores que Influencian la Adquisición de Infecciones de Transmisión Sexual y VIH en Mujeres Jóvenes Chilenas que Participaron en la Intervención Online I-STIPI. *Hisp Health Care Int* [Internet]. 2016 [cited 2019 June 16];14(1): 47-56. Available from: <https://doi.org/10.1177/1540415316629682>
26. Ministério da Saúde (BR). Secretaria de Vigilância em Saúde. Departamento Nacional de DST, Aids e Hepatites Virais. Boletim Epidemiológico HIV-AIDS. Brasília, DF(BR): Ministério da Saúde; 2017 [cited 2018 Nov 07]. Available from: <http://www.aids.gov.br/pt-br/pub/2017/boletim-epidemiologico-hivaid-2017>
27. Silva IR, Sousa FGM, Silva MM, Leite JL. Complex thinking supporting care strategies for the prevention of STDs/AIDS in adolescence. *Texto Contexto Enferm* [Internet]. 2015 [cited 2018 Sept 02];24(3):859-66. Available from: <https://doi.org/10.1590/0104-07072015003000014>
28. Genz N, Meincke SMK, Carret MLV, Corrêa ACL, Alves CN. Sexually transmitted diseases: knowledge and sexual behavior of adolescents. *Texto Contexto Enferm* [Internet]. 2017 [cited 2018 Nov 07];26(2):e5100015. Available from: <https://doi.org/10.1590/0104-07072017005100015>
29. Castro EL, Caldas TA, Morcillo AM, Pereira EMA, Velho ENF. O conhecimento e o ensino sobre doenças sexualmente transmissíveis entre universitários. *Ciênc Saúde Coletiva* [Internet]. 2016 [cited 2018 May 17];21(6):1975-84. Available from: <https://dx.doi.org/10.1590/1413-81232015216.00492015>.
30. Gazzinelli MF, Souza V, Fonseca RMGS, Fernandes MM, Carneiro ACLL, Godinho LK. Educational group practices in primary care: interaction between professionals, users and knowledge. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2018 June 15];49(2):284-91. Available from: <https://doi.org/10.1590/S0080-623420150000200014>

NOTES

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CONTRIBUTION OF AUTHORITY

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CONFLICT OF INTEREST

There is no conflict of interest.

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