

It won't happen: college students' perception of sexual practices and vulnerability to sexually transmitted infections

Não vai acontecer: percepção de universitários sobre práticas sexuais e vulnerabilidade às infecções sexualmente transmissíveis

No sucederá: la percepción de los estudiantes universitarios sobre las prácticas sexuales y la vulnerabilidad a las infecciones de transmisión sexual

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ABSTRACT

Objective: to identify the sexual practices of young university students in their affective relationships and to analyze how they perceive their vulnerability to sexually transmitted infections. **Method:** this qualitative, descriptive study was carried out in 2016 in Rio de Janeiro, with 30 university students of both sexes, aged 18-29 years, who participated in focal groups. Discourse data were analyzed using the NVivo 9 software and content analysis technique. The ethics of research procedures involving human beings were respected. **Results:** two categories emerged in the analysis: present-day sexual practices of university students; young people and perception of vulnerability to STIs. Young people experience sexuality freely as regards gender identity, gender expression and sexual orientation, and establish a plurality of relationships and partners. Students recognize themselves to be a vulnerable group. **Conclusion:** university students' sexual conduct leaves them vulnerable to health problems, such as sexually transmitted infections.

Descriptors: Sexually Transmitted Diseases; Sexuality; Young Adult; Health Vulnerability.

RESUMO

Objetivo: identificar as práticas sexuais de jovens universitários em seus relacionamentos afetivos e analisar a percepção dos estudantes em relação à vulnerabilidade às Infecções Sexualmente Transmissíveis. **Método:** estudo descritivo, qualitativo, realizado em 2016, no Rio de Janeiro, com 30 universitários, ambos os sexos, faixa etária 18 - 29 anos, que participaram de grupos focais. Dados discursivos foram analisados com auxílio do *software NVivo 9* e técnica de análise de conteúdo. Respeitaram-se os procedimentos éticos de pesquisa envolvendo seres humanos. **Resultados:** na análise, emergiram duas categorias: As práticas sexuais dos universitários nos tempos atuais; Os jovens e a percepção de vulnerabilidade às IST. Os jovens vivenciam a sexualidade com liberdade no tocante à identidade de gênero, expressão de gênero e orientação sexual, estabelecendo uma pluralidade de relacionamentos e parceiros. Os estudantes se reconhecem como um grupo vulnerável. **Conclusão:** as condutas sexuais dos universitários os deixam vulneráveis aos agravos de saúde, como as infecções sexualmente transmissíveis.

Descritores: Doenças Sexualmente Transmissíveis; Sexualidade; Adulto Jovem; Vulnerabilidade em Saúde.

RESUMEN

Objetivo: identificar las prácticas sexuales de jóvenes universitarios en sus relaciones afectivas y analizar cómo perciben su vulnerabilidad a las infecciones de transmisión sexual. **Método:** estudio cualitativo, descriptivo, realizado en 2016 en Río de Janeiro, con 30 estudiantes universitarios de ambos sexos, de 18 a 29 años, que participaron en grupos focales. Los datos del discurso se analizaron utilizando el *software NVivo 9* y la técnica de análisis de contenido. Se respetó la ética de los procedimientos de investigación con seres humanos. **Resultados:** en el análisis surgieron dos categorías: prácticas sexuales actuales de estudiantes universitarios; jóvenes y percepción de vulnerabilidad a las ITS. Los jóvenes experimentan libremente la sexualidad en cuanto a identidad de género, expresión de género y orientación sexual, y establecen una pluralidad de relaciones y parejas. Los estudiantes se reconocen a sí mismos como un grupo vulnerable. **Conclusión:** la conducta sexual de los estudiantes universitarios los deja vulnerables a problemas de salud, como infecciones de transmisión sexual.

Descriptores: Enfermedades Sexualmente Transmisibles; Sexualidad; Adulto Joven; Vulnerabilidad en Salud.

INTRODUCTION

Sexually Transmitted Infections (STIs) are frequent, recurring, and have multiple clinical presentations and etiologies that impact on the quality of life of the people affected, being the five main causes of demand of the world population for health care¹. In developing countries, STIs are among the ten most frequent causes of the population's demand for health services, with health, social and economic implications². They are infections capable of making the human organism more vulnerable to other diseases, are associated with maternal and child mortality, and are transmitted mainly through sexual intercourse (oral, vaginal, anal) without the use of male or female condoms³.

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The age groups with the highest incidence of STIs and of Sexually Transmitted Diseases (STDs) are adolescence and youth. Youth is a stage of human development in which several physical and psychological changes take place, as well as the consolidation of sexual identity^{4,5}. The adolescence phase is a period of maturation for young people, who are attracted by new experiences and challenges and tend to engage in sexual practices and in the discovery of pleasure, becoming vulnerable to STIs⁴⁻⁶.

University students are identified as a group of adolescents and young adults at high risk for acquiring STIs. Starting university is a special event in young people's lives, surrounded by expectations, achievements, challenges, times to socialize, formation of new groups, discoveries, and setting in a different context. This scenario can favor different experiences, which may (or may not) involve the consumption of psychoactive substances and reinforce the concept of the invulnerability of youth, sexual freedom, and risk behaviors with unsafe sexual practices and exposure to health problems, such as STIs^{4,7}.

In this context, the following objectives were defined for the study: to identify the sexual activities of young university students in their romantic relationships and to analyze the students' perception in relation to their vulnerability to STIs.

THEORETICAL REFERENCE

In the field of health, understanding the vulnerabilities of each person is to know the conditions that can make them susceptible to the situation of fragility and expose them to illness. The word "vulnerability" appeared in the 1990s associated with the Human Immunodeficiency Virus (HIV) epidemic, meaning a set of conditions that make people susceptible to illness⁸. It is a concept that involves processes of social, economic, cultural, health, and law changes and denotes the dynamics and complexity of the relationships experienced by human beings⁹. Understanding the expression, expanding the concept proposed by authors¹⁰ in 1993, involves three dimensions classified as individual, social, and programmatic vulnerability¹¹.

Some aspects of young people's behavior contribute significantly to the vulnerability of this group to STIs, such as: the early onset of sexual activity, discontinued use (or non-use) of condoms, use of alcohol and other drugs, increase in the number of sexual partners, lack of information, and gender issues^{4,12-14}.

The risk behavior of young people is a warning of their vulnerability in the individual, social, economic, and family context. Among the aspects involved in the vulnerability of young people are the need for acceptance and inclusion in social groups, increased consumption of alcohol and other drugs, gender issues, insufficient knowledge about STIs, unfavorable social level, and lack of policies focused on this population. A number of studies show that many young people consider themselves sufficiently informed and do not realize the risk of exposure to HIV and other STIs^{6,15,16}.

The sexual behavior of young people has been interpreted and discussed by several scholars^{5,17-19}. The theory of sexual scripts, by sociologist John Gagnon, attempts to understand the sexual behaviors of the human species. To understand an individual's sexual behavior, it is necessary to consider the social context in which he/she is inserted and to understand the concepts related to the cultural scenarios and interpersonal and intrapsychic scripts²⁰.

METHOD

A descriptive study with a qualitative approach, developed in 2016 in a private university in the municipality of Rio de Janeiro. The participants were 30 university students: 15 women and 15 men.

The study scenario was an institution that had a wide variety of courses on the same *campus* and operated in the three shifts. The choice of this university allowed us to get to know the sexual practices and conducts of the students from the most varied areas of knowledge. A sample was selected by convenience and stratified by the gender of the students regularly enrolled, regardless of the undergraduate course, aged between 18 and 29 years old. In order to conduct the research, authorization was requested from those in charge of the institution, who provided a room in a reserved place, on dates and times previously established.

At the time of data collection, the researchers made the first move to get closer to students in the university's social areas (garden, cafeteria and snack bars), according to their presence in the study scenario, inviting them to participate in the research. Those interested were taken to the reserved room, where the participants were initially offered a snack so that they could mingle. Three meetings were held with the participation of ten individuals of both genders, five men and five women, in which the focus group technique was used. Initially, the students were informed about the research objectives and about how their participation would be, and they ratified their consent after reading and signing the Free and Informed Consent Form.

For discussion of the theme, a script was prepared, which contained topics organized according to the object and objectives of the research. The young people reported their age, their undergraduate course, with whom they lived, the

presence and type of romantic relationship, and whether they had children, which allowed identifying some characteristics of the participants. The conversations during the meetings were recorded with the authorization of the students, using a media player device (MP5 or higher), with the university students being identified as participant one, two and so on, ensuring anonymity. For the analysis of the statements, the full audio was transcribed, and later organized and analyzed using the thematic-categorical content analysis technique²¹, operated with the aid of NVivo 9 software.

This survey is integrated with the research entitled “Sexuality and vulnerability of young people in times of Sexually Transmitted Infections”, linked to the graduate program of the State University of Rio de Janeiro. All the ethical requirements of the National Health Council were met, that is, the research was examined and approved by the Ethics and Research Committee of the institution hosting the study, under CAAE 56763316.1.0000.5291.

RESULTS

The study participants (n=30) had the following characteristics: age between 18 and 24 years old (n=26); single, no boyfriend/girlfriend or partner (n=16); no children (n=28), and living with their parents (n=25).

In the processing of the material from the statements, a *corpus* with 487 registration units emerged, and the units were distributed into themes/units of meaning and organized into three categories/subcategories, namely: The sexual practices of university students in current times; Young people and the perception of vulnerability to STIs: It is not going to happen to me; Sexually transmitted infections – Do young people care about prevention? In this article, two categories are presented which represent 70% of the analyzed *corpus*: Sexual practices of university students in current times; Young people and the perception of vulnerability to STIs: It is not going to happen to me.

The first category – Sexual practices of university students in current times – presents 40% of the analyzed *corpus* and reveals the participants' view on sexual practices, translated into the meanings of the sexual act, the beginning of sexual activities, and the differences in sexual conducts according to gender.

The participants reported having a sex life based on opportunities and intensity and mentioned that these moments should not be missed:

When you're young, you just want to enjoy every moment because eventually they will end (...), and you don't think a lot about it. (Participant 3, female)

With regard to sexual initiation, there was no consensus in the group on the best time for this event. Young people verbalized different conceptions for the genders:

There's no right age [for sexual initiation]. You need to be mature to experience that emotion, that situation, and know how to digest what happened there. There's no age. (Participant 5, male)

[...] if this woman has sexual intercourse later (...) she's a good, (...) family girl (...), to marry. The later the woman starts her sex life the better for her reputation. (...) The sooner a man starts his sex life, the better for his reputation. (Participant 6, female)

The university students perceived greater diversity of relationship *status* and the multiplicity of sexual partners, as the statements show:

Hooking up is to kiss the person or have sex with them, whatever it is and that's it (...) casual dating is to date the same person for a long time, it's an unlabeled dating (...) if you are not taking them seriously, you just hook up with the person every now and then. (Participant 16, male)

Nowadays there are women with a boyfriend for each day of the week, or a “date” for each day of the week. (...) Nowadays women have sex with multiple partners as well, and that was not the case in the past. There's this issue of changing partners, multiplication. (Participant 5, male)

The second category – University students and the perception of vulnerability to Sexually Transmitted Infections – shows the perceptions of young people regarding their sexual behavior and the different vulnerabilities to STIs, representing 30% of the *corpus*. The young population is vulnerable to STIs due to their sexual conducts, which is signaled by the students.

I think young people are very vulnerable to infections and diseases. (Participant 15, male)

The risk behavior resulting from the feeling of invulnerability is justified by some participants who recognize the inconsequential attitudes towards safe sex:

I think this issue of being vulnerable is very much related to young people's irresponsible attitudes. We're very reckless and nothing happens [getting an STI] with us. (Participant 7, male)

Vulnerability to STIs and the need to use a condom is associated with the partner's appearance, the sexual behaviors and the sexual orientation of the participants.

And you think you found a wonderful person. (...) Then you think: "Hey, I don't need a condom. This man (...) there's no way this man can have a disease. "Never!" This man has everything in his life, there's no way he has a disease. (Participant 9, male)

For me what shouldn't exist is discrimination [towards gay people]; it happens a lot. I think for us who are gay, I think the HIV taboo is much stronger for us. (Participant 15, male)

The male and female genders were identified as vulnerable to STIs, as well as the use of alcohol and drugs that favor exposure:

Sometimes he may even have a condom, but with alcohol, he won't use it. (Participant 4, female)

And I never did anything drunk. Now with drugs it's complicated. (Participant 7, male)

I think that we [women] are very vulnerable because in our society there are many taboos, many paradigms. (Participant 10, female)

DISCUSSION

The participants in this study, although attending a private university, have a similar profile to other young people with regard to the age group, to with whom they lived, and to romantic relationships, as evidenced in other research studies with young university students^{7,17,19,22}. The university population is mainly composed of young people belonging to a singular group that is in the process of building their sexual identity and seeks to explore sexuality among their peers and other means of information. The individual, social, and programmatic aspects that can increase the vulnerability of young people, contributing to unprotected sex and STIs^{4,6,12,13} must also be considered.

It is known that university students, even living in an academic environment, can be exposed to health problems considering that they live with the most varied groups and this interaction can favor the consumption of alcohol and/or drugs, and the habit of smoking, in addition to unprotected sex. Young people are often informed about disease prevention and can incorporate condoms into their sexual practices, but this does not occur constantly. It is believed that university students have poor self-perception regarding vulnerability to STIs and, therefore, have a risk behavior in romantic relationships¹⁹. Information about sexuality and prevention of harms to the sexual health of young people should be conveyed by parents but, due to taboos and social rules, this does not happen satisfactorily. Fathers and mothers have important roles in the development of their children's sexuality. Conversations about the topic should be the responsibility of parents and should not be limited to the prevention of diseases and pregnancies²³. Sexual behaviors and practices should be understood from the universe and meanings that the individuals attribute to different facts and life events. In the study participants' conception, sex life should be experienced according to the opportunities and are moments that cannot be missed. This characteristic behavior of youth offers them new experiences, including sexual ones, without fear or prejudice, and these practices usually involve unprotected sex and exposure to STIs. Sexual behavior is influenced by the culture and social context in which young people are inserted²⁰. In the students' reports, it is perceived that sexuality is permeated by cultural aspects, when they verbalize the different conceptions experienced by the male and female genders.

When reflecting on sexuality, the young university students stated that sexual initiation presents itself in a distinct and unique way. Men are often encouraged to start sexual activities early, to prove their masculinity, and they reproduce behaviors of a macho culture. On the other hand, women are trained for subordination and for controlling their desires, and must be docile and submissive²⁴. In the female students' discourse, it is possible to note that the experience of sexuality is mediated by the customs of a sexist and misogynist society, which modulates their sexual conducts. For the male gender, sexual practice tends to be stimulated and male virility is an aspect valued by society and peers²⁵. The understanding of sexuality is permeated by cultural constructions, with different experiences for men and women. Sexual initiation is an important moment in the life of young people, who have started sexual activities under the age of 18, according to scholars^{12,17-19,26,27}. In the participants' statements, it was noticed that, although they had different sexual experiences, there are similarities between the genders with regard to romantic-sexual relationships and also to the practice of unprotected sex, revealing the group's vulnerability to STIs.

According to the participants, there are several names for the relationships that are established among young people today, such as dating, casual dating, hook up, and open relationships, which are associated or not with monogamy. The types of relationships experienced in youth are differentiated according to the levels of intimacy, affection, and trust²⁸. Romantic-sexual relationships are a social construct determined according to the historical, political, and cultural context by the social gender roles and present varying degrees of romantic involvement and sexual intimacy^{20,29}. University students highlighted that the multiplicity of sexual partnerships is a recurrent practice among

young people, a fact also observed in other studies with university students^{17,22,30}. This characteristic, associated with the discontinued use (or non-use) of condoms, favors the students' vulnerability to health problems, such as STIs. Non-adherence to STI prevention measures, associated with an early sexual debut and the need for group affirmation, leads young people to risky sexual behaviors that make this group more vulnerable to infections transmitted by unprotected sex^{12,13,15,31}. In this context, health education actions, developed by nurses and other professionals, can help young people to solve doubts, contribute to clarification, and encourage the adoption of healthy practices, such as sexual health care and prevention of STIs.

With regard to STIs, the students notice the young population's vulnerability to infections due to a multiplicity of factors, such as risky sexual behaviors^{4,5,14,32-34}. The students' descriptions denote that young people take risks in unsafe sexual practices, translated by the pleasure of experiencing the feeling of danger and because they believe in their invulnerability. The search for group affirmation, as well as insufficient knowledge, leads young people to risky sexual behaviors, which hinders decision-making regarding sexual health and makes this population more vulnerable to STIs². Considering that vulnerability comprises individual, social, and programmatic dimensions, when assessing young people's behaviors, attitudes and practices towards STIs, it is sought to know the variables that interfere in this process, and how individuals aggregate this information in their life. In the Brazilian scenario, it is known that the vulnerability of young people to STIs is high; however, the risk perception of the group is significantly low⁶.

As perceived by the university students, both men and women are vulnerable to STIs. In this context, a study³⁵ shows that trust in the partner and the culture of submission/dependence, associated with the fear of losing the partner by demanding the use of condoms, are factors that contribute for female vulnerability to STIs. Young people with same-sex relationships mentioned the experience of prejudice and stigma associated with HIV. This aspect of individual vulnerability is more accentuated in the male gender, considering that, in common sense, HIV transmission is not usually associated with women. On a daily basis, it is known that there are excluded and marginalized individuals, such as black-skinned people and gay people, who feel excluded from the heteronormative society. In addition, HIV also contributes to discrimination and prejudice^{15,36}.

Regarding to the prevention practices, all the interviewees revealed that they had an active sex life and that they did not use condoms in all sexual relationships. Many young individuals also resist using condoms and use them sporadically (or never), exposing themselves to the risk of unprotected sex. Thus, although the university students express concerns about their sexual health and recognize the importance of using condoms to prevent STIs, they neglect self-care and are exposed to risk situations^{12,13,27,37}.

In the participants' statements, risk situations are accentuated by the use of alcoholic drinks and drugs, especially before sexual relationships. This practice makes young people vulnerable as it directly interferes with the perception of risk to sexual health and favors unprotected sex. The students studied perceive themselves to be vulnerable when using these substances. It is known that, among adolescents, the problem with alcoholism is prevalent and real. Young males and those who live in an area of low social vulnerability are more likely to consume alcohol when compared to those who live in poor areas. Among women, this propensity to alcohol consumption also exists, although it is lower³⁸. The use of alcohol and/or drugs is a factor associated with inconsistent use of condoms^{39,40}.

In the context of the individual dimension of vulnerability to STIs, the participants in this study exhibit risky sexual behaviors as they do not use condoms, continuously, in all sexual relations, use alcoholic drinks or drugs before sexual intercourse, and have multiple sexual partnerships, which jeopardize STI prevention as evidenced in other research studies^{2,14,36,40}. Educational actions that encourage the adoption of both STI prevention and self-care practices are appropriate and should be incorporated by the universities in the perspective of promoting students' health.

CONCLUSION

The findings of this research point to the existence of new trends and patterns of romantic relationships and evidence the adoption by young university students of an autonomous and non-conservative sexual lifestyle, based on momentary opportunities or situations.

Nowadays, university students seek pleasure in their relationships and allow themselves to experience new emotions and physical sensations, contrary to cultural conventions. Brazilian youths, however, follow socially constructed patterns, which establish greater sexual freedom for men than for women.

The study participants perceive the vulnerability of young people to STIs due to risky sexual behaviors. The occurrence of STIs in the young population is a public health problem that needs care and intervention by the professionals in the field, such as nurses.

The universities could develop health education practices in the creation of strategies on sexuality and STI prevention through teaching, research and extension functions, considering that university students are a group that is vulnerable to these health problems.

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