



ANALYSIS OF THE SEXUAL BEHAVIOR OF ADOLESCENTS

Análise do comportamento sexual de adolescentes

Análisis de la conducta sexual de adolescentes

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ABSTRACT

Objective: To analyze the sexual behavior of adolescents, according to sex, in the city of Vitória de Santo Antão, PE. **Methods:** This is a descriptive, cross-sectional, quantitative study conducted with 282 adolescents aged 12 to 19 years, of both sexes, in municipal public schools in Vitória de Santo Antão, Pernambuco, Brazil. Data was collected from November 2015 to February 2016, through the application of a structured questionnaire, in the classroom on an individual basis, comprising questions on sociodemographic characteristics and sexual behavior. Data was analyzed by the software SPSS with use of descriptive and inferential statistics. **Results:** The 282 adolescents were distributed into 170 (60.3%) females and 112 (30.7%) males, with mean age of 15.20 (SD= ± 2.36) years for men and 14.05 (SD = ± 1.91) years for women. It was verified that sexual initiation occurred for 41 (57.7%) men, at the mean age of 14.44 (SD = 1.48), and 30 (42.3%) women, at the mean age of 13.93 (SD = ± 1.17) ($p < 0.001$). As for the male condom, it was used by 7 (26.9%) female adolescents and 19 (73.1%) male adolescents in their first intercourse ($p = 0.018$), and by 8 (30.8%) female adolescents and 18 (69.2%) male adolescents in their last intercourse ($p = 0.045$). **Conclusion:** Regarding the sexual behavior of adolescents, it was verified that the sexual initiation occurred early in both genders, but earlier in male adolescents, and the contraceptive method most commonly used during the sexual act was the male condom. It is suggested that strategies be developed in the area of health and education, favoring the exchange of experiences among the adolescents, their parents and the society.

Descriptors: Adolescent; Sexuality; Sexual Behavior.

RESUMO

Objetivo: Analisar o comportamento sexual dos adolescentes, segundo o sexo, da cidade de Vitória de Santo Antão, Pernambuco. **Métodos:** Trata-se de um estudo descritivo, transversal e de abordagem quantitativa realizado com 282 adolescentes, de 12 a 19 anos, de ambos os sexos, em escolas públicas municipais de Vitória de Santo Antão, Pernambuco, Brasil. Os dados foram coletados no período de novembro de 2015 a fevereiro de 2016, através da aplicação de um questionário estruturado, na sala de aula e de forma individual, abordando questões sobre características sociodemográficas e comportamento sexual. A análise dos dados ocorreu com software SPSS utilizando a estatística descritiva e inferencial. **Resultados:** Os 282 adolescentes distribuíram-se em 170 (60,3%) do sexo feminino e 112 (30,7%) do sexo masculino, com média de idade de 15,20 (DP = ±2,36) anos para os homens e 14,05 (DP = ±1,91) anos para as mulheres. Verificou-se que a iniciação sexual ocorreu com 41 (57,7%) homens, com média de idade 14,44 (DP = ± 1,48) e 30 (42,3%) mulheres, com média de 13,93 (DP = ± 1,17) ($p < 0,001$). Quanto ao preservativo masculino, identificou-se que 7 (26,9%) das adolescentes e 19 (73,1%) dos adolescentes utilizaram na primeira relação ($p = 0,018$), e que 8 (30,8%) das adolescentes e 18 (69,2%) dos adolescentes na última relação ($p = 0,045$). **Conclusão:** Quanto ao comportamento sexual dos adolescentes, verificou-se que a iniciação sexual ocorreu de maneira precoce em ambos os sexos, sendo mais precocemente entre adolescentes do sexo masculino, e o método anticoncepcional mais utilizado durante o ato sexual foi o preservativo masculino. Sugere-se o desenvolvimento de estratégias na área da saúde e educação, favorecendo a troca de experiências entre os adolescentes, seus pais e a sociedade.

Descritores: Adolescente; Sexualidade; Comportamento Sexual.



RESUMEN

Objetivo: Analizar la conducta sexual de los adolescentes según el sexo en la ciudad de Vitória de Santo Antão, Pernambuco. **Métodos:** Se trata de un estudio descriptivo, transversal y de abordaje cuantitativo realizado con 282 adolescentes entre 12 y 19 años de ambos sexos de escuelas públicas municipales de Vitória de Santo Antão, Pernambuco, Brasil. Se recogieron los datos en el período de noviembre de 2015 y febrero de 2016 a través de la aplicación de un cuestionario estructurado de manera individual con preguntas sobre las características socio demográficas y la conducta sexual. Los datos fueron analizados con el software SPSS utilizando la estadística descriptiva e inferencial. **Resultados:** De los 282 adolescentes, 170 (60,3%) eran del sexo femenino y 112 (39,7%) del sexo masculino con edad media de 15,20 (DS = ±2,36) años para los hombres y 14,05 (DS = ±1,91) años para las mujeres. Se verificó que la iniciación sexual se dio en 41 (57,7%) hombres con edad media de 14,44 (DS = ±1,48) años y 30 (42,3%) años para las mujeres con edad media de 13,93 (DS = ±1,17) ($p < 0,001$). Respecto al preservativo masculino se identificó que 7 (26,9%) de las adolescentes y 19 (73,1%) de los adolescentes lo utilizaron en su primera relación sexual ($p = 0,018$) y 8 (30,8%) de las adolescentes y 18 (69,2%) de los adolescentes en la última relación ($p = 0,045$). **Conclusión:** Respecto a la conducta sexual de los adolescentes se verificó que la iniciación sexual se dio de manera precoz en ambos sexos y más precoz en el sexo masculino y el método anticonceptivo más utilizado durante la relación sexual ha sido el preservativo masculino. Se sugiere el desarrollo de estrategias en el área de la salud y la educación que favorezca el cambio de experiencias entre los adolescentes, sus padres y la sociedad.

Descriptor: Adolescente; Sexualidad; Conducta Sexual.

INTRODUCTION

According to the World Health Organization (WHO), adolescence corresponds to the 10 to 19 years age group⁽¹⁾. In Brazil, according to the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente – ECA*), adolescence is considered the period from 12 to 18 years of age⁽²⁾. In this phase, the main physical, psychosocial and cultural changes occur, ranging from the onset of puberty and maturation of the sexual organs to the onset of maturation of the individual's personal and sexual identity⁽³⁾.

In this period of transformation, there is often the experimentation of sexuality, which, in a broader concept, is the energy that is contained in the human being, regardless of gender and age, which involves practices and desires interconnected to different ways of feeling pleasure and satisfaction⁽⁴⁾.

In Brazil, the National Survey on Students' Health (*Pesquisa Nacional de Saúde do Escolar – PeNSE*) held in 2012 found that 29% of adolescents aged 13 to 15 had already started sexual activity and that, according to the Ministry of Health, the average age of sexual initiation in Brazil is 14.9 years⁽⁵⁾, with this moment being marked by several discoveries that will be fundamental in the definition of the adolescent's sexual behavior.

Sexual behavior is a process that occurs in stages and encompasses several elements, such as sexual orientation, which defines whether the adolescent is homosexual, heterosexual or bisexual, culture, and even life circumstances. Moreover, it is not a fixed feature of sexuality; it can be transient and changeable throughout life⁽⁶⁾.

Additionally, sexual behavior is related to the level of knowledge that the adolescent possesses as it will reflect on his/her sexual attitudes. Studies have shown that adolescents living in developing countries generally have low sexual knowledge, a fact that will directly affect their attitudes and behavioral and sexual patterns⁽⁷⁾.

The transient sexuality process, coupled with the early initiation of sexual activity, has shown that adolescents are developing risky behaviors, such as unprotected sex associated or not with alcohol, tobacco and other drugs. These behaviors lead to vulnerabilities which comprise a set of individual or collective factors that can expose these adolescents in various ways to sexually transmitted infections/HIV and are directly related to the use or misuse of means of protection⁽⁸⁾.

Vulnerability is an issue that should be addressed at school, which is the place where the adolescent spends most of his/her time. In this context, teachers are important disseminators of safe sexual behavior through the inclusion of sex education in all the subjects taught. However, it turns out that educators are unprepared to address this issue, and those who address it focus only on the biological aspects, disregarding the psychosocial and cultural features⁽⁹⁾.

It should also be noted that the family plays an important role in the construction of the sexuality and sexual behavior of the adolescent, since they must relate to adolescents in a more intimate way, seeking to pass on values and practices through dialog. Thus, the family can help to consolidate the formation of the individual, minimizing risk attitudes⁽¹⁰⁾.

Risk attitudes⁽¹⁰⁾, such as the failure to use condoms and/or contraceptives, can have serious consequences – for instance, sexually transmitted infections/HIV or unwanted pregnancy – which will influence the lives of the adolescents. The relationship between the risky sexual attitude and vulnerability is growing among adolescents and has become a serious public health problem.

In view of the above, the present study aimed to analyze the sexual behavior of adolescents, according to sex, in the city of Vitória de Santo Antão, Pernambuco. The results may serve as a basis for the creation and implementation of public policies to reduce or exclude the vulnerabilities to which this population group is exposed, minimizing the negative consequences in the life of adolescents.

METHODS

This is a quantitative descriptive cross-sectional study carried out with 282 adolescents aged 12 to 19 years, of both genders, enrolled in public primary and secondary schools in the city of Vitória de Santo Antão, Pernambuco, Brazil, from November 2015 to February 2016.

The distribution of the schools considered their size and the students' shift enrollment (morning, afternoon, or full-time) in order to guarantee sample proportionality. Sample planning was facilitated by the classification of the schools into three categories: small (less than 200 students); medium (200 to 499 students); and large (500 students or more). All the schools of the municipal public education network of Vitória de Santo Antão were considered eligible for inclusion in the study.

The study included students who met the following criteria: primary or secondary school students aged 12 to 19 years enrolled in the municipal public education network of Vitória de Santo Antão, Pernambuco.

Students who presented some neurological disease or alterations in the physical, behavioral and/or psychological state that hindered completion of the collection instruments and those who completed the questionnaires in the wrong way were excluded.

The sample was selected using a simple random sampling procedure in two stages in which the "school" and the "class" represented the sample units in the first and second moments, respectively. The number of schools was defined based on the list of schools provided by the Municipal Education Secretariat of Vitória de Santo Antão. The number of classes was defined considering the density of the class with an average number of 25 students.

The application of these procedures resulted in a number of 9 schools: 4 small, 3 medium, and 2 large schools, with a total of 109 classes. The randomization performed in the WinPepi software represented 52.9% of the city's municipal schools, resulting in a sample of 235 adolescents.

The sample size included an additional 20% of subjects in order to attenuate the limitations due to eventual application losses and/or inadequate completion of the questionnaires. The sample size calculation considered the following parameters: a population of 4,968 students, a 95% confidence interval; permissible error of 5%. Because it is a study that analyzes multiple risk behaviors and with different frequencies of occurrence, the estimated prevalence was 50%, totalizing the quantitative of 282 adolescents.

After accepting to participate in the study, the students took home the Free and Informed Consent Form which should be signed by the students and their legal guardians. Only then they were invited to answer a self-administered structured questionnaire which contained questions about sociodemographic characteristics and sexual behavior. The instrument was based on a questionnaire developed in a thesis of the University of São Paulo (*Universidade de São Paulo – USP*) titled: Adolescence and sexual life: analysis of the beginning of the sexual life of adolescents living in Eastern São Paulo⁽¹¹⁾.

The data were processed in 2010 Microsoft Excel and analyzed using the Statistical Package for the Social Sciences (SPSS), version 13 (SPSS Inc., Chicago, IL, United States of America, Release 16.0.2, 2008). Data underwent descriptive statistics with distribution of frequency and mean and standard deviation.

The same software was used for inferential analysis, which included the following tests: Pearson's Chi-squared test and Fisher's exact test for variables related to contraceptive methods, sexual practice and absence of sexual life. The Mann-Whitney test was used in addition to the aforementioned tests for sociodemographic characteristics. The Chi-squared test, the Fisher's Exact test, the Mann-Whitney test and the Student's t-test were used for the variables addressing sexual orientation in order to check for gender differences among the adolescents. Statistical significance was set at $p \leq 0.05$ in all statistical tests.

The present research was approved by the Research Ethics Committee of the Federal University of Pernambuco (*Universidade Federal de Pernambuco – UFPE*) with Approval No. 1.268.250.

RESULTS

The 282 adolescents were distributed in 170 (60.3%) women and 112 (39.7%) men, with a mean age of 15.20 (SD = ± 2.36) years for men and 14.05 (SD = ± 1.91) years for women, with a statistically significant difference ($p < 0.001$). Data on the characterization of sociodemographic and economic variables by gender are presented in Table I.

Table I - Distribution of the sociodemographic characteristics of the adolescents. Vitória de Santo Antão, Pernambuco, 2016.

Variables	Gender		p-value
	Girls n (%)	Boys n (%)	
Color			
<i>Parda</i>	102 (64.2)	57 (35.8)	0.156 *
White	27 (50.9)	26 (49.1)	
Yellow	6 (75.0)	2 (25.0)	
Indigenous	2 (28.6)	5 (71.4)	
Black	22 (64.7)	12 (35.3)	
Religion			
Catholic	87 (61.7)	54 (38.3)	0.113 *
Protestant	55 (66.3)	28 (33.7)	
Spiritist	0 (0.0)	3 (100.0)	
None	22 (53.7)	19 (46.3)	
Other	3 (42.9)	4 (57.1)	
Religious person			
Yes	80 (66.7)	40 (33.3)	0.164 **
No	15 (57.7)	11 (42.3)	
More or less	75 (55.1)	61 (44.9)	
Studying shift			
Morning	73 (61.3)	46 (38.7)	0.244 **
Afternoon	94 (61.0)	60 (39.0)	
Full-time	3 (33.3)	6 (66.7)	
Paid work			
Yes	10 (37.0)	17 (63.0)	0.009 **
No	160 (62.7)	95 (37.3)	
Type of Housing			
Rented	48 (64.9)	26 (35.1)	0.402 **
Own	118 (59.3)	81 (40.7)	
Origin			
Urban area	108 (56.5)	83 (43.5)	0.511 **
Rural area	38 (61.3)	24 (38.7)	
Monthly income			
Less than 1 MW	47 (62.7)	28 (37.3)	0.192 **
Between 1 and 2 MW	26 (57.8)	19 (42.2)	
More than 2 MW	15 (44.1)	19 (55.9)	
	Mean ± SD	Mean ± SD	
Age (years)	14.05 ± 1.91	15.20 ± 2.36	<0.001 ***

(*) Fisher's Exact test; (**) Chi-squared test; (***) Mann-Whitney test; MW = minimum wages

Regarding sexual orientation and sexual initiation, there were differences in the variables *sexual initiation, decision to have intercourse, place of intercourse and age of the partner in the first time*, as described in Table II.

Table II - Distribution of variables related to sexual orientation and first sexual intercourse. Vitória de Santo Antão, Pernambuco, 2016.

Variables	Gender		p-value	
	Girls n (%)	Boys n (%)		
Sexual initiation				
Yes	30 (42.3)	41 (57.7)	< 0.001 **	
No	140 (66.4)	71 (33.6)		
Intercourse				
Same sex	3 (37.5)	5 (63.5)	0.691 *	
Opposite sex	27 (42.9)	36 (57.1)		
Decision to have intercourse				
Attraction	4 (22.2)	14 (77.8)	0.046	
Other	0 (0.0)	4 (100.0)		
Passion/love	11 (64.7)	6 (35.3)		
Pressure from partner	1 (100.0)	0 (0.0)		
Wanted to lose virginity	5 (50.0)	5 (50.0)		
Pressure from friends	0 (0.0)	1 (100.0)		
Curiosity	9 (45.0)	11 (55.0)		
Feeling during intercourse				
Pain	2 (100.0)	0 (0.0)	0.069 *	
Other	0 (0.0)	2 (100.0)		
Nervousness	9 (50.0)	9 (50.0)		
Excitement	5 (29.4)	12 (70.6)		
Fear	2 (66.7)	1 (33.3)		
Pleasure	6 (33.3)	12 (66.7)		
Pain / Nervousness	2 (100.0)	0 (0.0)		
Excitement / Pleasure	0 (0.0)	3 (100.0)		
Pain / Nervousness / Fear	2 (100.0)	0 (0.0)		
Pain / Fear / Pleasure	2 (100.0)	0 (0.0)		
Nervousness / Excitement / Pleasure	0 (0.0)	2 (100.0)		
Place of intercourse				
At home	4 (16.7)	20 (83.3)		0.001 *
Other	2 (66.7)	1 (33.3)		
At partner's house	19 (70.3)	8 (29.7)		
At a friend's house	3 (37.5)	5 (62.5)		
Motel/hotel	2 (66.7)	1 (33.3)		
Car	0 (0.0)	3 (100.0)		
Prostitution place	0 (0.0)	1 (100.0)		
Public place (street, park)	0 (0.0)	2 (100.0)		
	Mean ± SD	Mean ± SD		
Age at intercourse	13.93 ± 1.17	14.44 ± 1.48	0.119 ***	
Partner's age at first time	17.46 ± 3.00	15.20 ± 2.20	0.003 §	

(*) Fisher's Exact test; (**) Chi-squared test; (***) Mann-Whitney test; (§) Student's t-test.

Table III shows the use of contraceptive methods and the sexual practice of adolescents. According to the results presented, there were gender-based differences in most of the variables analyzed.

Table III - Distribution of variables related to the use of contraceptive methods and sexual practice of adolescents in the first and last sexual intercourses. Vitória de Santo Antão, Pernambuco, 2016.

Variables	Gender		p-value
	Girls n (%)	Boys n (%)	
Use of contraceptives and barrier methods in the first intercourse			
Yes	21 (47.7)	23 (52.3)	0.398 **
No	9 (33.3)	18 (66.6)	
If so, which method was used?			
Calendar-based methods	2 (66.7)	1 (33.3)	0.018 *
Contraceptive pills	4 (80.0)	1 (20.0)	
Male condom	9 (32.1)	19 (67.9)	
Female condom	1 (50.0)	1 (50.0)	
Injection	5 (83.3)	1 (16.7)	
Why did you not use condoms?			
Did not know	0 (0.0)	6 (100.0)	0.006 *
Was not expecting to have intercourse that day	3 (37.5)	5 (62.5)	
Wanted to get pregnant	1 (100.0)	0 (0.0)	
Knew the partner very well	0 (0.0)	3 (100.0)	
Was completely in love	1 (100.0)	0 (0.0)	
Partner did not accept	1 (100.0)	0 (0.0)	
Never thought about it	1 (100.0)	0 (0.0)	
Do not like it	1 (33.3)	2 (66.7)	
Did not have a condom at that time	1 (33.3)	2 (66.7)	
Used some contraceptive method in the last intercourse			
Yes	22 (45.8)	26 (54.2)	0.190 **
No	3 (25.0)	9 (75.0)	
If so, which method?			
Calendar-based methods	2 (100.0)	0 (0.0)	0.045 *
Contraceptive pills	7 (63.6)	4 (36.4)	
Male condom	8 (29.6)	19 (70.4)	
Female condom	0 (0.0)	1 (100.0)	
Injection	5 (71.4)	2 (28.6)	
Regarding your sexual orientation, you consider yourself			
Homosexual	0 (0.0)	3 (100.0)	0.180 *
Heterosexual	18 (41.9)	25 (58.1)	
Bisexual	3 (75.0)	1 (25.0)	
How many partners have you had until now			
One	12 (75.0)	4 (25.0)	0.035 *
Two	7 (58.3)	5 (41.7)	
Three	4 (36.4)	7 (63.6)	
Four	2 (33.3)	4 (66.7)	
Five or more	1 (12.5)	7 (87.5)	

(*) Fisher's Exact test; (**) Chi-squared test

Regarding the absence of sexual initiation, there was a significant statistical difference between genders, with different motivations depending on gender, as seen in Table IV.

Table IV - Distribution of variables related to absence of sexual activity. Vitória de Santo Antão, Pernambuco, 2016.

Variables	Gender		p-value
	Girls n (%)	Boys n (%)	
Absence of sexual initiation			
Wants to marry virgin	39 (69.6)	17 (30.4)	< 0.001 *
Other	2 (50.0)	2 (50.0)	
Has not found the right person yet	20 (48.8)	21 (51.2)	
Has not had the opportunity	4 (30.8)	9 (69.2)	
Is afraid of getting pregnant	12 (80.0)	3 (20.0)	
Is too young	62 (79.5)	16 (20.5)	
Is afraid of getting STIs/AIDS	1 (33.3)	2 (66.7)	
Most of my friends are virgin			
Yes	67 (74.4)	23 (25.6)	0.715 **
No	30 (71.4)	12 (28.6)	

(*) Fisher's Exact test; (**) Chi-squared test

DISCUSSION

The mean age of the adolescents assessed in the present study was similar to that found in another study on the same subject, in which the mean age was 14.44 (SD = ± 1.48) years for men and 13.93 (SD = ± 1.17) for women⁽¹²⁾.

In the present study, there was also a difference in paid work. Male adolescents worked and female adolescents had no income. This finding is in line with a survey that used a household sample of 91,377 children and adolescents from all the Brazilian territory, which revealed, when comparing workers and non-workers, a higher proportion of black and mix-raced male workers with ages ranging from 14 to 17 years⁽¹³⁾. This fact may be associated with gender relations, since women are raised with an education focused on domestic work, whereas men are encouraged to find paid work outside the home and contribute to household income⁽¹⁴⁾. In general, the adolescents studied have a low income.

According to data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* – IBGE), low income is a striking fact throughout the country. The IBGE report on the situation of Brazilian adolescence reveals a high percentage of adolescents aged 12 to 17 years living in extremely poor families (up to ¼ of one minimum wage) throughout Brazil. The Northeast region is the one with the worst prevalence rates, and the state of Pernambuco ranks fourth in low income in Brazil, with 32% of adolescents, behind only the states of Alagoas (38.4%), Maranhão (33.1%) and Piauí (32.8%)⁽¹⁵⁾. Thus, the adolescents analyzed in the present study are included in a socially disadvantaged group; therefore, the findings cannot be generalized to adolescents of other socioeconomic status.

There was a difference between genders regarding the sexual initiation of the adolescents analyzed in the present study, with a higher prevalence of men compared to women. However, variations in prevalence of sexual initiation are common, as observed in other studies, like the one conducted in three state-run primary and secondary schools in the city of Embu, São Paulo, which found a prevalence of 39% of men and 17% of women⁽¹⁶⁾.

Another study carried out with 136 students aged 15 to 18 years old enrolled in a public school in the city of Bauru, São Paulo, revealed a higher percentage of men (52.1%) compared to women (47.9%) who had sexual intercourse. These findings differ from the IBGE data, which indicate 43.7% of men and 18.7% of women⁽¹⁷⁾, and from international studies, which also point to this divergence, with a percentage of 41.7% of male adolescents and 31.8% of female adolescents in Portugal⁽¹⁸⁾ and 47.1% of male adolescents and 35.2% of female adolescents in Hong Kong⁽¹⁹⁾.

In Brazil, this higher prevalence of sexual initiation among male adolescents is possibly justified by the different ways children are raised based on their genders. Male adolescents must prove their masculinity to the family and society, which leads to an early interest in sexual activity⁽²⁰⁾. In contrast, the sexuality of the female gender is associated with reproduction and should be suppressed before marriage, which leads to the postponement of sexual initiation⁽²¹⁾.

The assessment of sexual initiation in the present study showed that the decision to have intercourse presented differences as for its meaning – for boys, the decision was based on attraction and curiosity while girls reported that passion/love influenced their decision. It can be assumed, therefore, that in order to become sexually involved, female adolescents need to have a bond, such as love and passion. On the other hand, romanticism is not valued by male adolescents, since attraction is enough for their sexual initiation⁽²²⁾.

As for the place where the intercourse took place, the adolescent's house was the most common place in the present study. This finding may be associated with the fact that female adolescents are repressed by their families and society, which leads them to behave based on the fear of the "discovery" of doing something that leads them to believe that they are wrong⁽²⁰⁾.

The age of the partners in the first sexual intercourse presented a difference between the adolescents in the present study. Although both genders relate to older individuals, female adolescents presented a greater age difference when compared to male adolescents. These results show the Brazilian reality and reinforce the pattern of female adolescents engaging in relationships with older and more experienced partners⁽¹²⁾.

Regarding the use of contraceptives and barrier methods of birth control, there was also a difference between genders in the present study. Boys presented higher rates compared to women, and the most prevalent method adopted by both was the male condom. When compared to the last sexual intercourse, there was an increase in the prevalence of condom use in both cases. This difference in the use of condoms between the genders may be related to the feeling of shame when someone discovers they keep condoms inside their bag and to the trust in the partner. All these factors leave women more vulnerable to sexually transmitted infections, HIV and teenage pregnancy⁽²³⁾.

Regarding the number of partners, there was also a difference between the genders in the present study. Male adolescents had three or more partners. Most of the female adolescents had only one partner. This finding may be explained by the fact that male adolescents overvalue their sexuality, trying to show their masculinity to society, while female adolescents do not feel comfortable to report the correct number of partners, since they will be recriminated⁽²⁴⁾.

There were also gender-based differences among the adolescents who answered they had not started sexual activity. For female adolescents, “being too young” and “wanting to marry virgin” contributed to the non-occurrence of the sexual relationship intercourse. For male adolescents, the fact that collaborated the most was not having found the right person. Thus, once again, the influence of social values is evident, since the initiation of sexual activities in male adolescents is more accepted⁽²¹⁾.

Some limitations of the present study should be highlighted. For instance, the use of a specific sample of one single region of Brazil does not allow to conclude that the findings are applicable to other Brazilian regions or even worldwide. In addition, all the answers were self-reported by the adolescents through self-administered questionnaires, which may lead to memory bias, a fragility inherent in retrospective cross-sectional studies. Difficulties related to the teenage population should also be highlighted – female adolescents tend to underestimate sexual experiences while male adolescents tend to overestimate it⁽²⁴⁾.

The present study was also able to verify the influence of sociocultural factors on the behaviors and practices of the adolescents. The genders presented different values that end up affecting the sexual behavior of this population group. Therefore, health teams and teachers need to develop strategies focused on health education at schools, favoring the exchange of experiences among adolescents, their parents and society regarding gender equality.

Finally, further cross-sectional and longitudinal studies should be conducted to compare the different Brazilian realities, the differences between private and public school students, and other risky behaviors that affect sexual and reproductive aspects, such as use of alcohol and drugs.

CONCLUSION

As for the sexual behavior of the adolescents, it was verified that the sexual initiation occurred in an early manner in both genders, being earlier among male adolescents. In addition, the contraceptive method most used during the sexual act was the male condom. Health and educational strategies should be developed to favor the exchange of experiences among adolescents, their parents and society.

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