







## ORIGINAL ARTICLE

# Sexual risk behaviors in female students of the Medical Sciences University Residence

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## ABSTRACT

**Introduction:** sexual risk behaviors compromise sexual and reproductive health, in addition to psychological and social development, and are more frequent in adolescents and young people.

**Objective:** to characterize sexual risk behaviors in females at the University Residence of Medical Sciences.

**Methods:** a descriptive research was carried out from February to June 2022. Population: 102 first-year female medical students of the University Student Residence. Sample: 60 students selected in a non-probabilistic way, intentionally by criteria. The instruments used were a questionnaire (demographic data and sexual characteristics) and a group interview and an in-depth interview (sexual risk behaviors).

**Results:** the average age was 18 years (46, 76.7%) and the urban area was the most frequent place of origin (81.8%). Students with heterosexual sexual orientation stood out (85.0%), with a higher frequency of urban residence (90.9%) than rural (81.6%). The age of initiation of sexual relations predominated between 14 and 16 years of age (63.3%), with higher frequencies in rural residential areas (57.2%). Risky sexual behaviors in 76 females: sexual contact without oral-genital protection, early sexual debut, continuous experience of changing partners, unplanned sexual relations under the influence of alcohol and unplanned pregnancies, and three also practiced transactional sex. It is noteworthy that only 26 females showed responsible sexual behaviors.

**Conclusions:** the group under study was characterized by risky sexual behaviors. All this calls for prompt action by health personnel to provide the necessary tools to deal with this situation.

**Key words:** sexual risk behavior; females; student residence

## RESUMEN

**Introducción:** los comportamientos sexuales de riesgo comprometen la salud sexual y reproductiva, además del desarrollo psicológico y social, y son más frecuentes en adolescentes y jóvenes.

**Objetivo:** caracterizar los comportamientos sexuales de riesgo en féminas de la Residencia Universitaria de Ciencias Médicas.

**Métodos:** se desarrolló una investigación descriptiva de febrero a junio de 2022. Población: 102 féminas de primer año de Medicina de la Residencia Estudiantil Universitaria. Muestra: 60 estudiantes seleccionadas de forma no probabilística intencional por criterios. Como instrumentos un cuestionario (datos demográficos y características sexuales) y una entrevista grupal y una en profundidad (comportamientos sexuales de riesgo).

**Resultados:** el promedio de edad fue de 18 años (46, 76,7%) y fue más frecuente la zona urbana como lugar de procedencia (81,8%). Sobresalieron estudiantes con orientación sexual heterosexual (85%), con mayores frecuencias de residencia urbana (90,9%) que rural (81,6%). Preponderó la edad de inicio de las relaciones sexuales entre 14 y 16 años (63,3%), con frecuencias superiores en zona residencial rural (57,2%). Comportamientos sexuales de riesgo en 76 féminas: contacto sexual sin protección bucal-genital, comienzo de vida sexual temprana, experimentación continua de cambios de parejas, relaciones sexuales imprevistas bajo efecto del alcohol y embarazos no planificados y tres además practicaban sexo transaccional. Es de destacar que solo 26 féminas mostraron comportamientos sexuales responsables.

**Conclusiones:** el grupo objeto de estudio se caracterizó por comportamientos sexuales de riesgo. Todo esto reclama una pronta actuación del personal de salud en la facilitación de las herramientas indispensables para afrontar esta situación.

**Palabras clave:** comportamiento sexual de riesgo; féminas; residencia estudiantil

## INTRODUCTION

Sexual behaviors are due to the way in which human beings experience and express their sexuality, whether individually, as a couple or even in groups of people. On many occasions these sexual behaviors, which are more frequent in adolescents and young people, are manifested in inappropriate ways and lead to the presence of a series of risks that compromise sexual and reproductive health, as well as psychological and social development.<sup>(1)</sup>

Adolescence is one of the stages of life to which several studies have been devoted, especially in relation to sexuality, because it is a period of human development in which important psychological, biological and social changes are evident; generally abrupt, rapid, sudden or delayed changes that mark changes in expectations in relation to social *status* and sexual functions. This stage occurs between the ages of 10 and 19 years and is classified as early and late.<sup>(2)</sup>

Reports of the World Health Organization indicate that worldwide and in Latin America there is a tendency to lower the age of initiation of sexual relations and the low use of means of protection, which leads to an increase in sexually transmitted infections, unwanted pregnancies and delayed abortions, which affects sexual and reproductive health, mainly in the female sex.<sup>(3)</sup>

Cuba, despite having the National Center for Sex Education (CENESEX, Centro Nacional de Educación Sexual), the National Prevention Center (CNP, Centro Nacional de Prevención) and programs that respond to this issue, all supported by the Constitution of the Republic of Cuba, in Article 50, which proclaims the right of citizens to the protection of their health through the development of health outreach plans and health education, is not exempt from this problem, which is evidenced by an early start in the practice of sexual relations, mainly between the ages of 13 and 15 years.<sup>(4)</sup>

These antecedents, the concern of professors and directors, aspects analyzed in meetings held by the Sexuality Chair, situations originated with females in the University Residence of Medical Sciences of Villa Clara that expose the existence of unhealthy sexual behaviors and research reports published in this context of action are reasons for the authors to characterize risky sexual behaviors in females of the University Residence of Medical Sciences.

## METHODS

A descriptive research was carried out during the period from February to June 2022. The study population was constituted by 102 first year female students of the Medicine Career who live in the University Student Residence of the University of Medical Sciences of Santa Clara City, Villa Clara Province. The sample was finally formed by 60 students, selected in an intentional non-probabilistic way by inclusion criteria (voluntariness expressed by informed consent, female student, studying the first year of Medicine, between 17 and 19 years old and belonging to the University Student Residence) and exclusion criteria (students with foreign nationality).

In order to respond to the objective of this research, the variable sexual risk behaviors was used, which refers to any activity that increases the probability of compromising or losing sexual health.

A questionnaire was used to identify the sociodemographic characteristics: age, race, area of residence and some sexual characteristics such as sexual orientation and age of onset of sexual activity of the sample studied. A group interview and an in-depth interview were also used to look for risky sexual behaviors in the investigated females.

The information obtained from the questionnaire was entered into a database using Microsoft Office Excel for Windows and was processed with the SPSS version 20 statistical software.

In-depth and group interviews were used in relation to sexual risk behaviors. Once the interviews were completed, the methodological triangulation of the information was carried out, with the purpose of contrasting and cross-checking the data obtained.

The approval of the Direction of the University of Medical Sciences of Villa Clara and the informed consent of the students under study to participate in the research were obtained, who were guaranteed the confidentiality of their personal data, which would be used only and strictly for scientific purposes.

## RESULTS

It is observed in Table 1 that the average age of the group under study was 18 years (46, 76.7%) and that the urban area was the most frequent place of origin (81.8%).

Table 2 shows that students with heterosexual sexual orientation (85.0%) stood out, with higher frequencies of urban residence (90.9%) than rural (81.6%).

With respect to the age at which sexual relations began among the female students in the sample, the preponderance was between 14 and 16 years of

age (63.3%), with higher frequencies in the rural residential area (57.2%) - Table 3.

**Table 1.** Distribution of female students according to age and residential area

Age	Residential area				Total	
	Urban		Rural		No.	%
	No.	%	No.	%		
17	3	13.6	3	7.9	6	10.0
18	18	81.8	28	73.7	46	76.7
19	1	4.5	7	18.4	8	13.3
<b>Total</b>	<b>22</b>	<b>36,7</b>	<b>38</b>	<b>63,3</b>	<b>60</b>	<b>100,0</b>

**Table 2.** Distribution of female students according to sexual orientation and residential area

Sexual orientation	Residential area				Total	
	Urban		Rural		No.	%
	No.	%	No.	%		
Heterosexual	20	90.9	31	81.6	51	85.0
Homosexual	2	9.1	0	0.00	2	3.3
Bisexual	0	0.00	7	18.4	7	11.7
<b>Total</b>	<b>22</b>	<b>36.7</b>	<b>38</b>	<b>63.3</b>	<b>60</b>	<b>100.0</b>

**Table 3.** Distribution of female students according to age of sexual debut and residential area

Age of onset of sexual relations	Residential area				Total	
	Urban		Rural		No.	%
	No.	%	No.	%		
11 - 13	3	13.6	5	13.2	8	13.4
14 - 16	11	50.0	27	57.2	38	63.3
17 - 19	8	36.4	6	71.1	14	23.3
<b>Total</b>	<b>22</b>	<b>36,7</b>	<b>38</b>	<b>63,3</b>	<b>60</b>	<b>100,0</b>

Results of the group and in-depth interviews

Of the 102 women who represented the sample, 76 agreed with irregularities in relation to risky sexual behaviors, which were given by a marked frequency of sexual contact without oral-genital protection, the beginning of early sexual life, the continuous experimentation of changes of partners, unplanned sexual relations under the effect of alcohol, unplanned pregnancies that have led to delayed abortion, poor loving or affective bonding, insufficient self-control and evident sexual curiosity, incompatibility between the level of information and the level of behavior in relation to sexuality, impoverished attitude to certain situations of pressure and insistence by people involved in relation to them, and poor perception of sexual risk; three also practiced transactional sex. It is noteworthy that of the sample represented, only 26 women showed responsible sexual behavior.

## DISCUSSION

Among the sociodemographic characteristics, the predominance of students with 18 years of age and the urban residential area stood out. The participants were in a stage of life in which transcendental changes occur: they consolidate

or adopt lifestyles that will have a positive or negative impact on their physical, emotional and social state and that they will be able to maintain at later ages. Similar results appear in a thesis carried out in Ecuador on age and origin in which it is assured that it is an age, from a psychological level, adequate for the transmission, understanding and adoption of healthy behaviors.<sup>(5)</sup>

Students with heterosexual sexual orientation stood out (85%) and with a higher frequency of residence in urban areas (90.9%) than in rural areas (81.6%). These data differ from those reported in a study in which a greater predominance of homo sexual orientation was obtained.<sup>(6)</sup>

According to the age of sexual debut, the age of sexual debut between 14 and 16 years of age predominated (63.3%), with higher frequencies among those living in the rural residential area (57.2%).

Similar reasons have been pointed out by several authors who show that girls initiate their first sexual relations at an early age and only consider the privacy of the place necessary, without taking into account other aspects that are clearly important, such as stability and deep knowledge of the partner.<sup>(7)</sup>

According to risky sexual behaviors, there was a marked frequency of non-use of condoms for oral-genital protection during sexual intercourse under the influence of alcohol and medication, and frequent change of partners without an affective bond and in exchange for objects. Unplanned pregnancies leading to abortion, poor self-control and sexual curiosity, among others.

The initiation of sexual relations at early ages and the frequent change of partners, as well as sexual practices with the ingestion of alcoholic beverages, is one of the aggravating aspects for the high incidence of sexually transmitted infections because adolescents are not prepared from the physical or psychological point of view to adopt responsible behaviors. This often leads to negative attitudes that take root over time.

Similar results were reported in a study in which 56% of the women had sexual intercourse under the influence of alcohol and without using a condom (the protection of the women was directed to contraceptive pills, but this method is protective against unwanted pregnancy, not against exposure to sexually transmitted infections);<sup>(8)</sup> however, this is discordant with a study that shows the trend of condom use from the first sexual intercourse, without tendency to consume alcoholic beverages or drugs, with stable affectionate relationships of more than one year.<sup>(9)</sup>

Frequently, women who become pregnant end up dropping out of school because it is very difficult for them to maintain their studies and the responsibility of raising a baby, sometimes without the presence of a father figure. Other adolescents become pregnant again and again and decide to terminate the pregnancy, but they are unaware of the consequences of delayed abortions in the woman's endocervix.

Adolescent pregnancy is an impediment to improving the educational, economic and social status of women. The progressive increase of union at this early age increases not only early gestation, but also instability and frequent change of partners.<sup>(10)</sup>

Cuba provides opportunities for study and greater empowerment to women, but despite this, there are still women who do not know how to negotiate the use of condoms or to say clearly no to unwanted sex or sex for commitment or

to fit in with the community. An affectionate sexual relationship is not synonymous with pressure and sacrifice.<sup>(8)</sup>

There are several countries in which adolescent girls must earn a living by prostituting themselves on the streets. Cuban adolescents have the possibility of studies and jobs to support themselves economically; nevertheless, some decide to practice transactional sex at the risk of being mistreated and even losing their lives.

In Latin America, women, even as young girls, begin to prostitute themselves on the streets due to the economic situation and unequal opportunities.<sup>(11)</sup>

In spite of the mass media and the policies drawn up by the country in favor of sex education, there is still a deaf ear regarding the behavioral aspects of sexuality at this stage of life. During this period, women begin to play an important role in society because they are preparing themselves as future mothers and professionals. The earlier promotion and prevention of risky sexual behaviors are promoted, the better the protective behaviors will be at the individual, family and community levels.

## CONCLUSIONS

A pesar de los medios de difusión masiva y de las políticas trazadas por Cuba en beneficio de educación sexual aún persisten comportamientos sexuales de riesgo. El grupo objeto de estudio se caracterizó por un promedio de edad de 18 años, con una proveniencia más frecuente de la zona urbana. Sobresalieron las estudiantes con orientación sexual heterosexual, con mayores frecuencias en la residencia urbana que en la rural. Predominó la edad de inicio de las relaciones sexuales entre 14 y 16 años, con frecuencias superiores en la zona residencial rural. Los comportamientos de riesgo fueron por el contacto sexual sin protección bucal-genital, el comienzo de vida sexual temprana, la experimentación continua de cambios de parejas, las relaciones sexuales imprevistas bajo efecto del alcohol, los embarazos no planificados que han llegado al aborto diferido, el escaso vínculo amoroso o afectivo, el insuficiente autocontrol y una evidente curiosidad sexual, la incompatibilidad entre el nivel de información y el nivel de comportamiento en relación a la sexualidad, la empobrecida actitud ante determinadas situaciones de presión e insistencia por la personas involucradas en relación a ellas, la poca percepción del riesgo sexual y la práctica de sexo transaccional. Todo esto reclama una pronta actuación del personal de salud en la facilitación de las herramientas indispensables para afrontar esta situación.

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## CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

## AUTHORS' CONTRIBUTION

LILIG, TRP: conceptualization, data curation, formal analysis, research, methodology, project management, supervision, original drafting, writing (review and editing).

RGP: data curation, methodology, project management, supervision.

JMMP: data curation, methodology, writing the original draft.

EABR: formal analysis, project management, supervision, writing the original draft, writing (reviewing and editing).

MAHM: formal analysis, research.