

ORIGINAL ARTICLE

Sexual behavior and practices of school adolescents in Recife city, Brazil



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Abstract

Introduction: The adolescent sexuality should not be understood only from the biological point of view; it is necessary to consider the whole social context.

Objective: To characterize the adolescents' behavior and sexual practices, according to sex.

Methods: Cross-sectional study with adolescents aged 14 to 19 years registered in the Recife-PE state. A questionnaire with sociodemographic data and sexual behavior was used. The data were analyzed using SPSS, being employed a descriptive analysis and the tests chi-square and Mann-Whitney.

Results: The data from 674 adolescents with an average age of 16.07 ± 1.46 years were analyzed. It was verified sexual initiation in 52.9% of boys and 38.7% girls. There was a significant difference between the number of partners ($p= 0.001$) with the boys showing greater quantitative. The barrier method was the most used in the first (68.8%) and last intercourse (52.2%). There was a significant difference in the first and last intercourse, in use ($p= 0.006$; $p= 0.010$) and type of contraceptive method ($p= 0.001$; $p 0.001$). Regarding the social network, friends were the most popular. However, it was observed a significant difference ($p= 0.026$), being the maternal figure more prevalent in girls. There was a significant difference in the absence of sexual initiation ($p= 0.001$). The lack of opportunity was the most reported condition by boys (52.2%) and marry virgin by the girls (33.9%).

Conclusion: Most had already had sexual life, with higher prevalence in males. Regarding the sexual practices and behaviors in most conditions analyzed different values between the sexes were observed, with greater freedom and permissiveness in males.

Keywords: adolescence, sexual behavior, contraception

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■ INTRODUCTION

Adolescence is a transitional period that corresponds to the transition period from childhood to adulthood, characterized by emotional, physiological and psychosocial changes, contributors to the mental and body maturation of the adolescent¹. This transition is so complex and involves social issues aimed at class, ethnicity and gender, as well as institutional, which encompass systems of education and the labor market, and issues related to the uniqueness of the trajectory of each individual².

Among the changes occurred during this phase, the physical ones make up the puberty which is related to body changes involving the physical growth, the hormonal outbreak and sexual maturation evolution. From the emotional point of view, there are behavioral tendencies towards the quest for identity, conceptual development and sexuality evolution³.

The adolescence is connected to sexual activity initiation⁴, however, it is not always accompanied by preparatory knowledge concerning sex education, being observed in recent years, an anticipation of sexual activity, i.e., this event is occurring at an earlier age among adolescents⁵.

Sexuality in adolescence is related to discoveries and experiments which involve the taking of decisions, demanding accountability and autonomy. The insertion of

adolescents into health policies requires an enlarged socio-historical understanding of the context in which they are inserted and the specifics of this stage of development⁶.

When relating sexuality and sex, it is clear the differentiation between boys and girls, because while for the girls sexuality must be related to the reproductive and biological function, being the virginity a quality to be preserved, for the boys beginning their sexual life early is a sign of manhood and a status guarantee facing the society and family⁷.

According to the Population Census from 2010⁸, the adolescents aged between 15 to 19 years represent 17.9% of the Brazilian population. In Recife - PE, this age group is 16% of the total population of the capital of Pernambuco, being a representative expressive population that needs special care, due to their behaviors and health problems suit to design expectations for more advanced ages. In addition, there are few studies that aim at assessing the adolescents' sexual practices and behavior, specifically in the Northeast region, thus justifying the development of this study.

Thus, the objective of this study was to analyze the adolescents' behavior and sexual practices in Recife city, Brazil.

■ METHODS

This is a school-based, cross-sectional, epidemiological and descriptive study with adolescents aged 14 and 19 years, enrolled in secondary education in public schools in the Recife city, Pernambuco State, Brazil, during the period from April to July 2013. The schools distribution was made by the division in geographic region, school size and students' registration period (morning, afternoon and full time), in order to ensure the proportionality of the sample. The regional distribution was divided by the number of existing schools in the regions of North Recife and South Recife. In order to support the planning sample size, the schools were classified into three categories: small (200 or fewer students); medium-sized (201 to 499 students); and large (500 students or more). All schools belonging to the state public system of Recife were considered eligible for inclusion in the study.

Students who met the following criteria were included in the study: high school student regularly registered in the state public education system in Recife region in daytime shifts (morning, afternoon or full); aged 14 to 19 years; delivering the Informed Consent Form duly dated and signed respectively by the student and responsible. It was excluded those who fit the following criteria: Providing pathology, physical or psychological medical diagnosis that made it impossible for them to fill in the data collection instruments; presence of questionnaires containing filling errors; and discontinuity of the subject in research, which occurred in cases in which two attempts were made to deliver the consent without success. All the procedures were based on Resolution no. 466/12 from the

National Health Council and the study was approved by the Research Ethics Committee from the University of Pernambuco under the CAAE n.13374513.9.0000.5207.

For the sample selection, it was used the procedure of random sampling in clusters being divided into two stages, school and class. After the steps, it was reached the total number of 26 schools and 95 divisions, which represented 24% of the public schools from the city of Recife, Pernambuco, Brazil. To quantify the sample, it was used the program WinPepi, it was considered a population of 55,058 students, a confidence interval of 95%; maximum error tolerable of 5 percentage points; loss of 20%, and, because it is a study involving the analysis of multiple risk behaviors and with different frequencies of occurrence, estimated prevalence of 50%, totaling the amount of 477 adolescents. It was performed the multiplication of the minimum sample size by 1.4 (design effect of sampling), totaling 667 adolescents.

Procedures

It was conducted a pilot study in 35 students to test the instrument applicability, as well as possible bias, corrections and limitations in the research procedures and researchers' training. On the whole 13 properly trained researchers participated.

For submission and familiarization with the study, there was initially the divulgation in selected state public schools from Recife and it was made the delivery of consent to students so that they could hand it in for the people responsible for them so that they could be aware and could approve the research. Then, the data collection

was initiated and the volunteers were submitted to the sociodemographic investigation and about sexual behavior by means of a self-explanatory, anonymous questionnaire, which they responded in the absence of the teacher. These procedures had the intention that the adolescents did not suffer the teacher's interference, minimizing possible inductions or constraints in the completion of data collection instruments.

The adolescents were continuously assisted by the applicators who were instructed to clarify possible doubts without interfering with the interests and to follow the research standardization. In the end, the students were instructed to deposit the questionnaire in a ballot box located inside the classroom and after that, they were invited to leave the room.

Investigation on socioeconomic status and Sexual Behavior

It was established by means of a structured questionnaire which included questions on sociodemographic characteristics and sexual behavior. The sexual behavior survey was done by means of the questionnaire used in studies of Borges et al.4,9-11. The questions were formulated in a direct way and the answers classified as closed.

RESULTS

744 adolescents were evaluated, being excluded 70 of them due to submitting questionnaires containing filling errors. Therefore, the final sample was comprised of 674 adolescents, with a mean age of 16.07 ± 1.46 years, with the minimum of 13 and a maximum of 19 years. Out of these, 251 (37.2%) were male and 423 (62.8%) were female.

The questionnaire consisted of 74 questions, containing the following fields: socio demographic data (containing ten questions), family structure (containing two questions), information about mother/stepmother (containing seven questions), information about and father/stepfather (containing seven questions), values and family relationships (containing 12 questions), reproductive preferences (containing four questions), flirting (containing four questions), reproductive behavior (containing twenty-six issues) and absence of sexual initiation (containing two questions).

Data analysis

The data were processed in Microsoft Excel program, through dual typing and analyzed using the Statistical Package for Social Sciences (SPSS), version 20, being used the descriptive statistics for categorical variables with the distribution of frequency (relative and absolute) and for the numerical variables, mean values, standard deviation, maximum and minimum were calculated. In the inferential analysis, the Pearson Chi-square test and Mann-Whitney tests were used in order to analyze the differences among adolescents, according to sex. In all the tests it was considered a significance level of $p < 0.05$.

Regarding the school shift 356 (52.8%) adolescents studied in the morning, 177 (26.3%) in the afternoon and 141 (20.9%) on a full-time basis. There was no statistically significant difference between the studied shift and the gender variable ($p=0.142$). The data of the sample regarding dating and sexual life can be seen in Table 1.

Table 1: Distribution of the variables related to adolescents' dating and sex life o.

Variables	Male n (%)	Female n (%)	Total n (%)	p value
Boyfriend's age (average, DP)	15.53 \pm 2.02	19.11 \pm 4.08	18.15 \pm 3.97	0.001*
Have you ever kissed anybody?				
No	18(7.2)	21(5.0)	39(5.8)	0.236
Yes	233(92.8)	402(95.0)	635(94.2)	
Dating currently?				
No	169(67.3)	210(49.6)	379(56.2)	
Yes	80(31.9)	196(46.3)	276(40.9)	0.001*
Married	2(0.8)	17(4.0)	19(2.8)	
Ideal age to begin Sexual life				
Marriage	47(20.4)	162(42.5)	209(34.2)	
Dating	85(37.0)	78(20.5)	163(26.7)	
All the same	64(27.8)	44(11.5)	108(17.7)	0.001*
Engagement	7(3.0)	45(11.8)	52(8.5)	
In a certain age	17(7.4)	30(7.9)	47(7.7)	
Others	10(4.3)	22(5.8)	32(5.2)	
Is there an ideal age to begin sexual life?				
No	137(62.6)	208(55.2)	345(57.9)	0.078
Yes	82(37.4)	169(44.8)	251(42.1)	
Have you already begun sexual life?				

No	107(47.1)	252(61.3)	359(56.3)	0.001*
Yes	120(52.9)	159(38.7)	279(43.7)	
Does your mother know you have sexual life?				
No	66(50.8)	67(40.9)	133(45.2)	0.090
Yes	64(49.2)	97(59.1)	161(54.8)	
Does your father know you have sexual life?				
No	65(52.0)	111(67.3)	176(60.7)	0.008*
Yes	60(48.0)	54(32.7)	114(39.3)	
When you began your 1st sexual intercourse, Did your friends have sexual life?				
No	30(36.1)	37(27.0)	67(30.5)	0.153
Yes	53(63.9)	100(73.0)	153(69.5)	
Quantity of sexual partners				
Between 1 and 2	42(47.2)	104(67.1)	146(59.8)	
Between 3 and 4	14(15.7)	40(25.8)	54(22.1)	0.001*
≥ 5	33(37.1)	11(7.1)	44(18.0)	

*Note: The number of cases can vary as a result of losses. DP, standard deviations; RS, sexual intercourse; *p < 0.05. Chi-square test.

Regarding the age of first sexual intercourse, students reported being at least eight and a maximum 19 years old. Regarding the partner's age at the first sexual intercourse, it was referred to the minimum of 8 and a maximum of 55 years. Other variables related to sexual initiation among adolescents can be seen in Table 2.

The adolescents' data regarding to use and type of contraceptive methods in the first and last sexual relation can be seen in Table 3.

In Table 4 the reasons reported by adolescents for the absence of active sexual life can be visualized.

Table 2: Intrapersonal factors of child victims of domestic accidents hospitalized at the Hospital de Urgência de Teresina, Piauí State, Brazil, 2016

Variables	Male n (%)	Female n (%)	Total n (%)	p value
Age (average, SD)	14.24 ± 1.99	15.03 ± 1.62	14.70 ± 1.82	0.003*
Partner's age (average, SD)	15.71 ± 3.48	19.01 ± 4.81	17.70 ± 4.62	0.001*
Partner's first time				
No	52 (50.5)	107 (73.3)	159 (63.9)	0.001*
Yes	51 (49.5)	39 (26.7)	90 (36.1)	
Relationship with partner				
Stable relationship	95 (79.2)	147(91.3)	242 (86.1)	
Just met each other	14 (11.7)	8 (5.0)	22 (7.8)	0.033*
Another	8(6.7)	5(3.1)	13 (4.6)	
Rent boy	3(2.5)	1(0.6)	4 (1.4)	
Reason				
Passion/love/Marriage	24 (21.1)	82 (55.8)	106 (40.6)	
Curiosity/Attraction	57 (50.0)	44 (29.9)	101 (38.7)	0.001*
Desire to lose virginity	19 (16.7)	12 (8.2)	31 (11.9)	
Several reasons	10 (8.8)	4 (2.7)	14 (5.4)	
Partner/friends' pressure	4 (3.5)	9 (3.4)	9 (3.4)	0.250
Planning				
No	92 (77.3)	111 (71.2)	203 (73.8)	
Yes	27 (22.7)	45 (28.8)	72 (26.2)	
Sensations				
Several	39 (31.5)	64 (40.5)	103(36.5)	0.001*
Excitement/Pleasure	74 (59.7)	22 (13.9)	96(34.0)	
Fear/Nervous	11 (8.9)	52 (32.9)	63(22.3)	

Pain	0 (0.0)	20 (12.7)	20(7.1)	
Place				
House- personal/partner/friends	107 (85.6)	132 (83)	239 (84.2)	
Motel/Hotel	2 (1.6)	14 (8.8)	15 (5.6)	0.057
Public space	9 (7.2)	5 (3.1)	14 (4.9)	
Another	6 (4.8)	6 (3.8)	12 (4.2)	
Car	1 (0.8)	2 (1.3)	3 (1.1)	
Who did you tell about?				
Friends	68 (55.7)	81 (54.4)	149 (55.0)	
Mother	15 (12.3)	39 (26.2)	54 (19.9)	
Nobody	18 (14.8)	16 (10.7)	34 (12.5)	0.026*
Siblings	9 (7.4)	6 (4.0)	15 (5.5)	
Others	5 (4.1)	5 (3.4)	10 (3.7)	
Father	7(5.7)	2(1.3)	9 (3.3)	

Note: The number of cases can vary as a result of losses. DP, standard deviations; RS, sexual intercourse; *p < 0.05. Chi -square test.

Table 3: Distribution of the variables related to the adolescents' use of contraceptive methods.

Variables	Male n (%)	Female n (%)	Total n (%)	p value
Use of MEC at the first RS				
No	40(34.2)	30(19.4)	70(25.7)	0.006*
Yes	77(65.8)	125(80.6)	202(74.3)	
Type of MEC at the first RS				
Barrier	70(90.9)	73(55.7)	143(68.8)	
Hormones	4(5.2)	35(26.7)	39(18.8)	0.001*
Hormones and barrier	2(2.6)	13(9.9)	15(7.2)	
Behavioral	0(0.0)	9(6.9)	9(4.3)	
Association of other methods	1(1.3)	1(0.8)	2(1.0)	
Use of MEC at the last RS				
No	46(41.8)	37(26.4)	83(33.2)	0.010*
Yes	64(58.2)	103(73.6)	167(66.8)	
Type of MEC at the last RS				
Barrier	52(76.5)	42(37.5)	94(52.2)	
Hormones	5(7.4)	37(33.0)	42(23.3)	0.001*
Behavioral	8(11.8)	19(17.0)	27(15.0)	
Hormones and barrier	1(1.5)	11(9.8)	12(6.7)	
Association of other methods	2(2.9)	3(2.7)	5(2.8)	

Note: The number of cases can vary as a result of losses. MEC, contraceptive Methods; RS, sexual relationship *p < 0.05.

Table 4: Distribution of the variables related to adolescents' absence of sexual life.

Variables	Male n (%)	Female n (%)	Total n (%)	p value
Absence of RS				
did not find the right person/ did not have the opportunity	52(52.2)	67(26.1)	119(33.4)	
Wants to marry virgin	25(25.3)	87(33.9)	112(31.5)	0.001*
Very young	14(14.1)	75(29.2)	89(25.0)	
Other reasons	5(5.1)	19(7.4)	24(6.7)	
Afraid of getting pregnant and STD/AIDS	3(3.0)	9(3.5)	12(3.4)	

Note: The number of cases can vary as a result of losses. RS, sexual intercourse; *p < 0.05. Chi- square test.

■ DISCUSSION

The caregivers participating in this research were young. The average age of adolescents was 16.07 ± 1.46 years, being similar to that found by other authors¹⁰, who found means of 16.8 ± 1.3 and 15.3 ± 1.09 . Superior mean age was submitted by the girls' partners, including in relation to the adolescent's age, a fact that was not observed among boys, who had age next to their partners'. A higher prevalence of girls was dating or married currently than boys.

Similar data were found by Borges, Latorre and Schor¹¹, in São Paulo, in which it was shown that the girls were dating with more mature people. However, even being considered common this condition it must be seen with caution, because it can end up leading to a vulnerability situation because the higher the age difference between the teenager and her boyfriend, the more difficult it will be to the freedom of decision in the negotiation of the ideal moment for sexual initiation, as also in the choice and use of contraceptive method¹¹.

Regarding the ideal time for sexual initiation, a higher prevalence was observed in the marriage period for girls and at the dating period for the boys, corroborating with other authors¹². In addition, boys reported with greater frequency the descriptor "whatever", underlining that there is not a right time. This condition can be elucidated due to the reason of the different conceptions of sexual initiation among the females, in which for girls it comes aggregated to adjectives such as stability, mutual commitment of the couple and affectivity, different from the male reality, that relates to the body need and social imposition to start their sexuality as early as possible, in order to demarcate characteristics related to masculinity and force^{11,13,14}. By ratifying such data, no difference was observed concerning the right age to begin their sexual life, confirming once more that this event is related to a social milestone, as for example, marriage and dating, and not to a specific age.

Most of the adolescents mentioned having already started their sexual life, with higher prevalence in boys compared to girls. There are frequent changes in relation to these prevalences, being found general percentage of 44.9%¹⁵ and 39% for boys and 17% for girls¹³. International studies also indicate that divergence, demonstrating percentages of sexual initiation of 35.8% in Portugal¹⁵, 62% in the South of Ethiopia¹⁶, 4.5% in Hong Kong¹⁷ and 54.1% in the United States¹⁸.

Hence, factors such as methodological differences, differences in age ranges and cultural aspects and demographic factors may explain this variation. However, a fact was common among studies, the highest prevalence of sexual initiation in males, highlighting thus that even in different countries there is the existence of different social values between the genders.

Regarding the parents' knowing about the children's sexual life, it was evidenced that for girls this situation is even less common. This separation between father and daughter occurs because the teenagers perceive the paternal figure as supervisory and disciplinarian, leading to a lack of confidence in discussing issues

about sexuality¹⁹. Even in the present day, talking about sexuality is still understood as something permeated with conflicts, taboos, myths and prohibitions, leading parents to feel uncomfortable, mainly because they are a different generation, based on more repressor values and standards²⁰.

The girls had a smaller number of sexual partners when compared to boys. And although this pattern is explained due to the gender difference, some authors do not cover this difference²¹⁻²³. Similar results to ours were reported by Silva *et al.*²⁴, who in addition to verifying that same standard, they still infer that the chances of being exposed to sexually transmitted diseases (STDS) and to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is greater in adolescents who have a higher number of sexual partners, with the increased risk to each new partner.

Generally, the sexual initiation among adolescents occurs between 14 to 19 years, but a pattern has been noted in recent years, the reduction of the age, especially for male adolescents²⁵. However, the earlier it occurs the first sexual intercourse, the inconsistent use of condoms is higher generating a less positive attitude regarding their use and the ability to refuse unsafe sex and to communicate about condom use with their partners²⁵.

The adolescents' mean age adolescents in the first sexual intercourse in this study was 14.70 ± 1.82 years, with the girls presenting superior age than boys. Distinct values are observed in the literature concerning this variable, being observed in countries like Ethiopia higher averages of 17.07 years¹⁶ and 16.8 years²⁶. In Brazil, there are results next to ours, exhibiting averages of 13.9 years¹⁵, 14.5 years²⁶ and 15.7¹⁴ with the boys having sexual initiation earlier in up to six months compared to the girls¹⁵.

Concerning the partner's age at the first sexual intercourse, there was an average of 17.70 ± 4.62 years, being checked greater age difference among the girls. The majority of the partners presented previous sexual experience, however, it was greater the prevalence of boys having their first sexual intercourse with partners without previous experience than for girls. These results illustrate the Brazilian reality and reinforce the pattern of girls becoming involved with older and more mature partners^{11,14}.

Most of the adolescents answered that the relationship with the partner in the first sexual intercourse was stable, with a boyfriend, fiancée or partner, however, this condition was more evident in girls than in boys, demonstrating that the girls' first time usually happens with a person with whom they have affective bond¹¹. Reinforcing this profile, as well as the difference between the genders, a higher percentage of girls stated that the reason for the first sexual intercourse was due to passion and love, while for the boys was curiosity and physical attraction. And, although both genders reported several sensations, the girls' feelings were more related to the fear and nervousness, while in boys, the excitement and pleasure.

Sexual intercourse can have different meanings between the genders, once that girls have a relationship with romanticism and sentimentality demonstrating passion and/or love, i.e., for them there must be a link with the partner, fact which makes feelings of fear and nervousness arise related to the expectation of the moment, different from boys that have a relationship out of the instinctive, and there is no need of bond¹¹. Normally, the pairs are those in which the adolescents feel more comfortable to talk about their sexuality²⁷, a fact that was also observed in our study, however, for the girls the mother also exercised this role.

Just like found by other authors^{6,21}, in our study the barrier method was also the most frequently used by adolescents, both in the first and last sexual intercourse, followed by the hormonal methods. It was found a higher prevalence of barrier methods between the boys in the first and last sexual intercourse than when compared to girls, in spite of this, the girls presented a higher percentage to use contraceptive methods.

However, a worrying model was evidenced, that is, the decrease in the use of contraceptive methods in the last sexual intercourse. It is believed that this reduction is due to the fact that the couple as time goes by begin to feel mutual trust and stability in the relationship, leaving aside the use of contraceptive methods, especially the barriers. The opposite occurred with the hormonal methods, being higher in the last sexual relation, a condition that can be clarified due to the reason that the girls are more concerned with the pregnancy. Another point that can be associated are the social factors that often lead to the women's subordination to men's attitudes of disapproval at the use of condoms, so they cannot exercise their negotiation power and they end up having sexual intercourse without protection, increasing the risk of STDs/AIDS contamination, adolescence pregnancy and induced abortions²¹.

Among those adolescents who responded not having sexual life, it was found that for the girls, issues like wanting to marry virgin and being very young contributed to the non-occurrence of sexual intercourse, whereas for boys it was not having found the right person or not having had the opportunity. So, once again, it is evident the influence of social sexist values, in which the initiation of sexual activities in boys is more accepted^{6,11}.

Some limitations must be made in relation to this study, as the specific sample of a region from Brazil, and it is not possible to deduce that the conclusions found

herein are applicable in other Brazilian's regions or even globally; all responses were based on adolescents' self-report by means of questionnaires, which could cause a memory bias, intrinsic weakness of retrospective transversal studies²⁸. It must also be taken into account the difficulties inherent in working with the adolescent public, since girls tend to underestimate the sexual experiences, while the boys tend to overestimate them¹¹.

In conclusion, the results showed that the majority of adolescents had already started their sexual life, with higher prevalence in males. In relation to the sexual practices and conduct it was verified that in most conditions analyzed it was observed distinct values between genders, with greater freedom and permissiveness in males.

Thus, these aspects of the adolescents' sexual behavior bring important contributions to public health and should be considered both in care and in the promotion of sexual and reproductive health. In this context, the sexual and reproductive health programs directed towards the young public require a new look, expanding the focus of generalist proposals for different behaviors for men and women in relation to the bond with their partner, sexual activity initiation and use of contraceptive methods⁹, since these practices will directly influence the procedures effectiveness and sexual behaviors.

And although, there is in literature other studies that have addressed aspects similar to ours, the majority is carried out in a population of the Southeast. Thus, it is believed that our study may have contributed to the evaluation of a profile of sexual conduct of a share other than adolescent, since that the Northeast region may present specific features regarding cultural, economic and values aspects that will influence the practices and behaviors of this group.

Facing the conditions identified, it should be noted that the adolescents' attitudes are constructed from the comparative study of what is traditional and what is modern in human relations, before the industrialization process¹¹. It can be inferred with our results that even with the passing of time and with changes in society regarding men and women's roles, that there is still distinction between genders in the adolescents' sexual behavior. Evaluating the sexual behavior and practices among adolescents is a complex condition, because of the different existing approaches, which may conclude that it is still large the socio-cultural influence on the behaviors and practices adopted.

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Resumo

Introdução: A sexualidade do adolescente não deve ser compreendida apenas do ponto de vista biológico, sendo necessário considerar todo contexto social.

Objetivo: Caracterizar o comportamento e práticas sexuais dos adolescentes, segundo o sexo.

Método: Estudo transversal com adolescentes de 14 a 19 anos matriculados na rede estadual do Recife-PE. Foi empregado um questionário com dados sociodemográficos e sobre comportamento sexual. Os dados foram analisados no SPSS, sendo empregada análise descritiva e os testes Qui-quadrado e Mann-Whitney.

Resultados: Foram analisados os dados de 674 adolescentes, com média de idade de $16,07 \pm 1,46$ anos. Foi verificada iniciação sexual em 52,9% dos meninos e 38,7% das meninas. Houve diferença significativa entre o número de parceiros ($p=0,001$) com maior quantitativo no sexo masculino. O método de barreira foi o mais empregado na primeira (68,8%) e última relação (52,2%). Foi observado diferença significativa na primeira e última relação, no uso ($p=0,006$; $p=0,010$) e tipo de método contraceptivo ($p=0,001$; $p=0,001$). Em relação a rede social, os amigos foram os mais procurados. Contudo, houve diferença significativa ($p=0,026$), sendo a figura materna mais prevalente nas meninas. Houve diferença significativa na ausência da iniciação sexual ($p=0,001$). A falta de oportunidade foi a condição mais relatada pelos meninos (52,2%) e casar virgem pelas meninas (33,9%).

Conclusão: A maioria dos adolescentes já havia iniciado a vida sexual, com maior prevalência no sexo masculino. Em relação as práticas e condutas foi observado na maior parte das condições analisadas valores distintos entre os sexos, com maior liberdade e permissividade no sexo masculino.

Palavras-chave: adolescência, comportamento sexual, anticoncepção

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