


**RISK BEHAVIORS RELATED TO SEXUAL PRACTICES IN ADOLESCENTS
FROM PUBLIC SCHOOLS IN THE CITY OF RECIFE** <https://doi.org/10.56238/sevened2024.037-080>

Maria Aparecida Beserra¹, Cristina Maria Mendes Resende², Vera Rejane do Nascimento Gregório³, Claudia Alves da Sena⁴, Maria Suely Medeiros Corrêa⁵, Maria Joana Pereira Neta⁶, Maria Benita Alves da Silva Spinelli⁷ and Sandra Trindade Low⁸

ABSTRACT

Introduction: The population of adolescents in the world is estimated at 1.3 billion, representing 16% of the world's population. Adolescents have specific health needs related to their rapid physical, sexual, social, and emotional development and the specific roles they play in societies. Objectives to identify risk behavior in the sexual practices of adolescent students and correlate them with sociodemographic and behavioral variables. **Method:** This is a descriptive, cross-sectional and quantitative study. The sample consisted of 643 adolescents aged 12 to 18 years. **Results:** It was evident that (30.6%) of the adolescents had already had sexual intercourse, the first sexual intercourse occurred mainly in the age groups of 12 to 14 years (47.2%). In the subgroup that had sexual intercourse, (26.4%) had sexual intercourse with four or more partners. The percentage of condom use by adolescents and/or their partners in their last sexual intercourse was significant (69.0%), however, 30.0% of adolescents did not use condoms in their last sexual intercourse. **Conclusions:** There was an early onset of sexual activity, with a high frequency of partners, with exposure of adolescents to pregnancy and sexually transmitted diseases.

Keywords: Adolescent. Sexuality. Risky behavior.

¹ Dr. in Health Sciences, University of São Paulo School of Nursing, Ribeirão Preto University of Pernambuco (UPE)
ORCID: orcid.org/0000-0002-5315-5589

² Post-Doctorate in Adolescence from the University of Pernambuco
Federal University of Lavras – Minas Gerais
ORCID: orcid.org/0000-0002-2895-8558

³ Dr. in Health Sciences – UPE
University of Pernambuco (UPE)
ORCID: orcid.org/0000-0003-0129-5798

⁴ Dr. in Maternal and Child Health from IMIP
University of Pernambuco (UPE)
ORCID: orcid.org/0000-0003-1162-3601

⁵ Dr. in Maternal and Child Health from IMIP
University of Pernambuco (UPE)
ORCID: orcid.org/0000-0003-1241-5361

⁶ Master's degree in Adolescent Adolescence from the Faculty of Dentistry of Pernambuco University of Pernambuco (UPE)
ORCID: orcid.org/0000-0001-7545-2966

⁷ Master in Maternal and Child Health from IMIP
University of Pernambuco (UPE)
ORCID: orcid.org/0000-0003-4052-7950

⁸ Dr. in Pathology from the São Paulo State University - UNESP
University of Pernambuco (UPE)
ORCID: orcid.org/0000-0001-7532-9888

INTRODUCTION

The adolescent population in the world is estimated at 1.3 billion, representing 16% of the world's population (UNICEF, 2022). In Brazil, the current decade has been marked by a process called "demographic bonus", characterized by the high percentage of adolescents in the population: of the 210.1 million people, **53,759,457** are under 18 years of age (IBGE, 2019).

Adolescence, which according to the Brazilian Ministry of Health covers the period of life of the individual between 10 and 19 years of age (BRASIL, 2010). Adolescents have specific health needs related to their rapid physical, sexual, social, and emotional development and the specific roles they play in societies (PAHO, 2018). It is characterized by the need to confront, to experience limits, or even to transgress them, constituting a space for conquest, affirmation and relationships, which must be experienced individually or in a group (BRASIL, 2018). The desire to experience new experiences coexists with the feeling of invulnerability and the desire to test limits, and adolescents often take risky attitudes. During this time, increased androgen production leads to increased sexual behavior and this can contribute to the early onset of sexual activity.

The exploration and experimentation of sexuality processes in adolescence can have permanent positive or negative consequences. However, as they explore, experiment, and learn, they still need scaffolding and support, including environments that reinforce opportunities to thrive. A toxic environment makes it challenging for adolescents to develop healthily. Ultimately, the transformations in the body, brain, and behavior that occur during adolescence interact with each other and with the environment to shape the pathways to adulthood (National Academies Press (USA), 2019). Health risk behaviors contribute to the main causes of morbidity and mortality among adolescents and young people.

The concept of risk must be understood as broadly as possible, going beyond biomedical criteria and reaching social and behavioral variables. Researchers from different areas of study have been seeking to diagnose the causes of risk behaviors and identify the moment when they begin in adolescence (SANTROCK, 2014)

Risk behaviors that start early are more likely to become real problems. If these behaviors go beyond experimentation, that is, are maintained over time, the possibility of transforming them into future problems increases even more (STEINBERG, 2008).

An estimated 1.7 million adolescents (10-19 years) were living with HIV in 2021, with about 90% in the African Region (Joint United Nations 2021). One in 20 adolescents worldwide contracts a curable sexually transmitted infection each year, and each day, more than 6,500 adolescents and young people aged 10 to 24 are infected with HIV (WHO, 2023).

Adolescents account for 11% of new HIV infections (5). In 2020, there were 150 000 new cases of HIV infections among adolescents, more than three quarters were among adolescent girls (6). In Brazil, between 2011 and 2021, more than 52 thousand young people aged 15 to 24 with HIV developed acquired immunodeficiency syndrome (AIDS) (Brasil, 2023).

Given these issues, it is observed that the initiation of sexual intercourse at younger ages continues to be a public health concern because it is related to a wide range of negative health outcomes in adolescence, which can last into young adulthood (BOISVERT I, BOISLARD MA, POULIN F, 2017)

Therefore, knowing risk behaviors and vulnerabilities and dealing with them appropriately, promoting and protecting health, will positively impact quality of life, learning conditions and, consequently, the construction of citizenship. The health of human beings is extremely influenced by their lifestyle, so investigating risky sexual behavior in adolescents can contribute to the identification of risk groups, to the monitoring of the health levels of this population and to support the development of health promotion policies and programs. In this sense, the objectives of this study were to identify risk behavior in the sexual practices of adolescent students and to correlate them with sociodemographic and behavioral variables.

METHODS

This is a descriptive, cross-sectional study in which secondary data was used (Beserra, 2015) in which it was carried out with students from state schools in the city of Recife - PE. The sample was composed of 643 adolescents, aged between 12 and 18 years, enrolled in Elementary and High School in State schools in the Santo Amaro neighborhood. The Santo Amaro neighborhood is part of the 1st Political-Administrative Region of Recife, downtown, formed by a total of 11 neighborhoods (FIALHO et al., 2015). For a long time, the neighborhood of Santo Amaro was considered the most violent in the city. The implementation of the "Pact for Life" program has significantly reduced the crime rate in this neighborhood, but drug trafficking is still very present, increasing the feeling of insecurity of residents and visitors to the place (FIALHO et al., 2015).

In the primary survey, the estimated population size of 4,905 students enrolled in the six schools was considered, with a margin of error of 5.0%, reliability of 95.0% that the margin of error will not be exceeded, an expected proportion of 50.0% for each response category, a value that maximizes the sample size (ALTMAN, 1991). Such calculations resulted in a sample size of 357 students. Considering that the sampling was carried out by

clusters (Schools), the sample size was increased by 50%, and the value obtained was increased by 20.0% for possible losses, resulting in a sample size of 643 students.

The data was collected in January 2023. In the primary research, a self-administered questionnaire (already validated in Brazil) containing sociodemographic and behavioral questions was used: the *Global School-Based Student Health Survey* (WHO, 2012). After collection, the data were digitized in electronic spreadsheets and analyzed using the SPSS version 21 program.

The variables selected for analysis were classified as: a) sociodemographic (age, sex, education, marital status, race/color, whether they work, region of residence, mother's education, who they live with, religion); b) sexual behavior (age at sexual onset, number of partners, use of condoms).

The existence of an association between two categorical variables was evaluated using the Chi-square statistical test or Fisher's exact test, adopting a margin of error of 5%, and the degree of association between the variables was evaluated by the prevalence ratio and the respective confidence interval (95.0% CI).

This report is an integral part of a main research and was approved by the Research Ethics Committee of HUOC/PROCAPE, according to Resolution 466/12 of the National Health Council, under opinion No. 705,598.

RESULTS

Sample characterization: The analysis of the collected data revealed that 56.5% of the adolescents were aged between 15 and 18 years old – the others (43.5%) were between 12 and 14 years old; most were female (64.2%), single (93.6%), did not work (87.9%), and considered themselves non-white (82.3%), with a predominance of brown/mulatto/brown (70.6%). Regarding education, a little more than half of the adolescents (54.1%) were in high school; (52.3%) of the mothers of the adolescents surveyed had between 8 and 11 years of schooling. Regarding housing, almost all (95.5%) of the adolescents lived in the urban region, accompanied by their mother (89.7%), and a little more than half (56.8%) lived with their father. Regarding religiosity, there was a predominance of evangelicals (40.4%) and (56.6%) of the adolescents considered themselves practicing their religion.

Table 1 - Sociodemographic characterization of the study population. Recife - PE.

VARIABLE	N	%
Sample size ^(A)	643	100,0
Age		
12 to 14 years	280	43,5
15 to 18 years old	363	56,5
Sex		
Male	230	35,8
Female	413	64,2
Marital status		
Single	602	93,6
Married/common-law partnership	41	6,3
What race/color do you consider yourself to?		
White	114	17,7
Therefore	31	4,8
Brown/mulatto/brown	454	70,6
Indigenous/Yellow/Other	44	6,8
What race/color do you consider yourself to?		
White	114	17,7
Non-white	529	82,3
Schooling		
Elementary school	295	45,9
Middle school	348	54,1
Works?		
Yes	78	12,1
No	565	87,9
Does he live with his father?		
Yes	365	56,8
No	278	43,2
Do you live with your mother?		
Yes	577	89,7
No	66	10,3
Region in which you live		
Urban	614	95,5
Rural	29	4,5
Mother's schooling time		
< 8 years	186	28,9
8 to 11 years	336	52,3
> 12 years	121	18,8
Religion		
There is none	146	22,7
Catholic	190	29,5
Evangelical	260	40,4
Spiritist	20	3,1
Other	27	4,2

<i>Do you consider yourself practicing your religion?</i>		
Yes	364	56,6
No	279	43,4

(a) Amount used to calculate the percentages for all questions in this table.

CHARACTERIZATION OF ADOLESCENTS ACCORDING TO THEIR SEXUAL BEHAVIOR

The sexual behavior of the adolescents was mapped through the questions listed in Table 2. The analysis of the results showed that approximately one third (30.6%) of the adolescents had already had sexual intercourse. In this subgroup, the first sexual intercourse occurred mainly in the age group of 12 to 14 years (47.2%). Considering the entire life span of the adolescents, almost half (40.1%) of them had sexual relations with only one person, while about a fifth (26.4%) of the adolescents had 4 or more sexual partners. The majority (69.5%) of the adolescents stated that they or their partner used condoms in the last sexual act.

Table 2 – Absolute and relative distribution of the study population, according to questions related to sexual behavior. Recife - PE.

VARIABLE	n	%
<i>Have you ever had sex?</i>		
Yes	197	30,6
No	446	69,4
TOTAL	643	100,0
<i>How old were you when you had your first sexual intercourse?</i>		
Under 12 years old	20	10,2
12 to 14 years	93	47,2
15 or more	84	42,6
TOTAL	197	100,0
<i>In your entire life, how many people have you had sex with?</i>		
One	79	40,1
Two	36	18,3
Three	30	15,2
4 or more	52	26,4
TOTAL	197	100,0
<i>The last time you had sex, did you or your partner use a condom?</i>		
Yes	137	69,5
No	60	30,5
TOTAL	197	100,0

There was a significant association ($p < 0.05$) between the adolescents' gender and sexual activity, with the highest percentage among male participants (38.6% vs. 23.1%) (Table 3).

There was also a significant association between the age group of adolescents and the variable sexual activity (Table 3), being higher in the age group of 15 to 18 years than in the age group of 12 to 14 years. Comparing these age groups, in numerical terms, the following percentages were found, respectively: 45.4% x 13.7% for sexual activity (Table 3).

Table 3 – Bivariate analysis and crude prevalence ratios for the use of sexual activity, according to sex and age of the adolescents. Recife - PE.

SEX							
VARIABLE	Male			Female		Value of p _(a)	PR (95% CI)
	n	%		n	%		
Sexual activity							
Yes	61	38,6		56	23,1	0,001*	1,00
No	97	61,4		186	76,9		0,60 (0,44 a 0,81)
	AGE GROUP (years)						
VARIABLE	12 a 14			15 a 18		Value of p _(a)	RP (IC a 95%)
	n	%		n	%		
Sexual activity							
Yes	28	13,7		89	45,4	< 0.001*	1,00
No	176	86,3		107	54,6		3.31 (2.27 to 4.82)

(a) p-value determined by Pearson's Chi-square test.

* Significant difference of 5.0%.

PR: prevalence ratio; CI: confidence interval.

DISCUSSION

When asked about their sexual behaviors, the data analysis showed that approximately one third (30.6%) of the adolescents had already had sexual intercourse, corroborating the results of PeNSE 2019, indicating that 35.4% of schoolchildren aged 13 to 17 had already had sexual intercourse at some point, which represents a reduction of 2.1 p.p. in relation to the result of 2015 ²(IBGE, 2019). In the United States, the evaluation of high school students in 2023 revealed that 32% of students had already had sexual relations in the last three months prior to the survey (CDC, 2024).

In the subgroup that had sexual intercourse, the first sexual intercourse occurred mainly in the age groups of 12 to 14 years (47.2%). In the study by Silva et al (2015) with adolescents aged 14 to 19 years, they observed that 49.25% had already started their sexual life, 49.25% with a mean age at first sexual intercourse of 15.23 years. In an evaluation of unprotected sexual activity, Vieira et al. (2021) observed that the prevalence of sexual activity was 47.3%, with a mean age of sexarche of 14.1 years, and a trend toward early sexual initiation in males. One third of the first sexual relations were unprotected (33.9%).

Another study evaluating sexual practice in adolescence found that of 10% of adolescents reported sexual initiation at < age of 13, these results suggest vulnerability to sexual violence, because children at this age cannot distinguish sexual abuse from deliberate and consensual sexual relations (ARRUDA et al 2020). It is noteworthy, therefore, that when young people start their sexual life early, it is a worrying fact, considering that not all adolescents are properly protected against sexually transmitted diseases, and that girls are also exposed to early pregnancy.

Evaluating sexual behavior and practices among adolescents is a complex condition, due to the different existing conceptions, the sociocultural influence on the behaviors and practices adopted is great Castro et al. (2017).

Data from PeNSE in 2015 revealed that, of adolescents who had an active sexual life (19.5%), who became pregnant at some point, this percentage is 9.0%. In the Northeast Region, of the girls who had an active sexual life, 13.3% declared that they had already become pregnant (IBGE, 2015). Compared to PeNSE 2019, it was observed that, from a regional point of view, the highest percentage of pregnancy continued to be recorded among schoolchildren in the Northeast Region (10.9%), whose percentage in the State of Alagoas reached 15.3% (IBGE, 2019).

Most adolescents (40.1%) had sexual intercourse with only one partner, but a significant percentage (26.4%) had sexual intercourse with four or more partners. In a similar study conducted by Vieira and collaborated with 499 adolescent students in Pouso Alegre, Minas Gerais, he found that the prevalence of sexual initiation among participants was 47.9%, with a mean age of 14.1 years, and a tendency for early sexual initiation in males (VIEIRA ET AL 2021).

The percentage of condom use by the adolescent and/or his partner in the last sexual intercourse was significant (69.0%), however, 30.0% of the adolescents did not use condoms in the last sexual intercourse, corroborating the results of Vieira et al (2021) indicate that one third of the first sexual relations of the adolescents in their study were unprotected (33.9%). Adolescents' lack of knowledge about contraceptive methods can result in unprotected sexual behavior, which increases the risk of pregnancy and sexually transmitted diseases in this group (MOLINA et al, 2015). It is therefore clear that there is a need to ensure that all young people receive effective education and skills to protect themselves and others from HIV infection, other STDs and unwanted pregnancies.

The magnitude of the problem is evidenced by sexual and reproductive health challenges, such as the high number of teenage pregnancies, early marriages, and sexually transmitted infections. Awareness of these challenges can facilitate the development of

interventions and the implementation and integration of comprehensive sexuality education (Chavula et al, 2020).

Studies suggest that high school provides a window of opportunity for parents and teachers, who can educate adolescents about healthy sexual experiences, the benefits found in the responsible approach to Sex Education, in the form of prevention of cases of early pregnancy and abortions in adolescence, the transmission of sexually transmitted infections, as well as the detection of cases of child abuse that, most of the time, they happen in the family environment (Chavula et al, 2020; MIRANDA & CAMPOS, 2022).

The lack of this education in sexual behaviors in adolescence makes adolescents start their sexual lives unprepared and vulnerable to unwanted pregnancies and STIs. Health and education professionals, supported by the government, should develop sex education programs that ensure that adolescents have healthy sexual experiences (ARRUDA et al, 2020).

In the correlation study, there was a significant association ($p < 0.05$) between the gender of adolescents and the practice of sexual activity, with the highest percentage among male participants (38.6%). Corroborating with PeNSE 2019, in which 39.9% of male students reported having had sexual intercourse at some time, while among female students in this same group the percentage was 31.0% (IBGE, 2019). However, in the survey of the high school student in the United States in the year 2021, it revealed that female students were more likely than male students to be sexually active.

There was also a significant association between the age group of adolescents and the variable sexual activity, being higher in the age group of 15 to 18 years. In the 2019 PeNSE, it was observed that the percentage of students who have already had sexual initiation among students aged 13 to 15 years was 24.3%, while in the age group of 16 to 17 years the percentage more than doubled (55.8%) (IBGE, 2019).

The results of this study point to limitations in relation to the specific sample of a region of Brazil, and it cannot be deduced that the conclusions found are applicable in other Brazilian regions or in other countries. They also point out that school health programs can help young people adopt lasting attitudes and behaviors that promote their health and well-being, including behaviors that can reduce the risk of HIV and other STDs.

Considering the various spaces in which health professionals, especially nursing professionals, can work, and considering the implementation of school health and effective measures of interaction between health services and schools, there is a need to advance strategies that understand adolescents and communicate effectively with this public. It should be noted that the study may contribute to the development and elaboration of

programs that provide adequate sex education to adolescents in schools. This approach could reduce risky sexual behaviours and generally improve the sexual health of adolescents. **Implications for the field of health and nursing:** Nursing and school health actions act in the praxis of health promotion and have a positive impact on raising the health status of the school community, on prevention and health promotion in an equitable and comprehensive way.

CONCLUSION

The results obtained on behavioral risk factors of adolescents, such as age at sexual initiation, number of partners and use of condoms, follow the pattern of other studies in the area, implemented in different geographical and cultural contexts that point to the precocity of sexual life and exposure of adolescents to pregnancy and sexually transmitted diseases.

It can be observed that the results are still insufficient to understand, in depth, the elements that make up the world of adolescents, when dealing with such burning issues of their daily lives, such as risks, sociability, pleasure, human development in the context of sexual relations. Considering, within this horizon, the continuity of this research, the need to deepen studies on adolescents and to understand their behavior and feelings in relation to sexuality, pregnancy and sexually transmitted diseases is highlighted.

REFERENCES

1. UNICEF/Ipec. (2022). *Educação brasileira em 2022 – A voz de adolescentes*. Setembro de 2022. Recuperado de https://www.unicef.org/brazil/media/20186/file/educacao-em-2022_a-voz-de-adolescentes.pdf
2. Instituto Brasileiro de Geografia e Estatística. (2021). *Pesquisa Nacional de Saúde do Escolar PENSE 2019*. Coordenação de População e Indicadores Sociais, Rio de Janeiro. Recuperado de <https://biblioteca.ibge.gov.br/visualizacao/livros/liv101852.pdf>
3. Organização Pan-Americana da Saúde. (2018). *Ação Global Acelerada para a Saúde de Adolescentes (AA-HA!): Guia de Orientação para apoiar a implementação pelos países*. Recuperado de <https://iris.paho.org/bitstream/handle/10665.2/49095/OPASBRA180024-por.pdf?ua=1>
4. National Academies Press. (2019, maio 16). *Desenvolvimento do Adolescente*. Recuperado de <https://www.ncbi.nlm.nih.gov/books/NBK545476/>
5. Brasil. Ministério da Saúde. Secretaria de Atenção em Saúde. (2023). *Carnaval seguro*. Recuperado de <https://www.gov.br/saude/pt-br/assuntos/noticias/2023/fevereiro/mais-de-52-mil-jovens-de-15-a-24-anos-com-hiv-evoluiram-para-aids-nos-ultimos-dez-anos>
6. Brasil. Ministério da Saúde. Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas. (2010). *Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde*. Brasília: Ministério da Saúde. Recuperado de https://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_atencao_saude_adol_escentes_jovens_promocao_saude.pdf
7. World Health Organization. (2024). *Working for a brighter, healthier future: how WHO improves health and promotes well-being for the world's adolescents* (2ª ed.). Geneva: World Health Organization. Recuperado de https://globalhealth.org/?gad_source=1
8. Sena, C. A., & Colares, V. (2008). Comportamento de risco para a saúde entre adolescentes em conflito com a lei. *Cad. Saúde Pública*, 24(1), 2314-2322. <https://doi.org/10.1590/S0102-311X2008001000012>
9. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas e Estratégicas. (2018). *Proteger e cuidar da saúde de adolescentes na atenção básica* (2ª ed.). Brasília: Ministério da Saúde.
10. Santrock, J. W. (2014). *Adolescência*. Porto Alegre: AMGH Editora.
11. Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1), 78-106. <https://pubmed.ncbi.nlm.nih.gov/18509515/>
12. Joint United Nations Programme on HIV/Aids. (2021). *Young people and HIV*. Geneva: UNAIDS. Recuperado de <https://www.unaids.org/en/resources/documents/2021/young-people-and-hiv>
13. Boisvert, I., Boislard, M. A., & Poulin, F. (2017). Início sexual precoce e uso e abuso de álcool desde a adolescência até a idade adulta jovem. *J Adolescent Heal*, 61(4), 514-520. <https://doi.org/10.1016/j.jadohealth.2017.04.013>

14. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2009). *Saúde na escola*. Brasília: Ministério da Saúde. Recuperado de [não disponível no texto]
15. Fialho, V., et al. (2015). Espaços compartilhados e práticas vividas: cartografia social e espaços de mobilização do bairro de Santo Amaro – Recife/PE. *Iluminuras*, 16(37), 212-241. Recuperado de <https://seer.ufrgs.br/iluminuras/article/view/53149>
16. Altman, D. G. (1991). *Practical statistics for medical research*. London: Chapman and Hall. Recuperado de <https://doi.org/10.1201/9780429258589>
17. World Health Organization. (2012). *Global school-based student health survey (GSHS)*. Geneva: WHO. Recuperado de <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey>
18. Instituto Brasileiro de Geografia e Estatística. (2021). *Pesquisa nacional de saúde do escolar: 2019*. Coordenação de População e Indicadores Sociais. Rio de Janeiro: IBGE. Recuperado de <https://biblioteca.ibge.gov.br/visualizacao/livros/liv101852.pdf>
19. Centers for Disease Control and Prevention. (2024, maio). *Youth engage in sexual risk behaviors*. Recuperado de <https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm>
20. Silva, A. de S. N., Silva, B. L. C. N., Silva Júnior, A. F. da, Silva, M. C. F. da, Guerreiro, J. F., & Sousa, A. do S. C. de A. (2015). Início da vida sexual em adolescentes escolares: um estudo transversal sobre comportamento sexual de risco em Abaetetuba, Estado do Pará, Brasil. *Rev Pan-Amaz Saude*, 6(3), 27-34. Recuperado de http://scielo.iec.gov.br/scielo.php?script=sci_arttext&pid=S2176-62232015000300027
21. Arruda, E. P. T., Brito, L. G. O., Prandini, T. R., Lerri, M. R., Reis, R. M. dos, Barcelos, T. M. R., et al. (2020). Sexual practices during adolescence. *Rev Bras Ginecol Obstet*, 42(11), 731–738. <https://doi.org/10.1055/s-0040-1713411>
22. Castro, J. F. de L., Araújo, R. C. de, & Pitangui, A. C. R. (2017). Comportamento e práticas sexuais de adolescentes escolares da cidade do Recife, Brasil. *J. Hum. Growth Dev*, 27(2), 219-227. Recuperado de http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-12822017000200013
23. Instituto Brasileiro de Geografia e Estatística. (2016). *Pesquisa nacional de saúde do escolar: 2015*. Coordenação de População e Indicadores Sociais. Rio de Janeiro: IBGE. Recuperado de https://www.iciict.fiocruz.br/sites/www.iciict.fiocruz.br/files/PENSE_Saude%20Escolar%202015.pdf
24. Vieira, K. J., Barbosa, N. G., Dionízio, L. A., Santarato, N., Monteiro, J. C. S., & Gomes-Sponholz, F. A. (2021). Atividade sexual e sexo protegido em adolescentes. *Esc Anna Nery*, 25(3), e20200066. Recuperado de <https://www.scielo.br/j/ean/a/xhbCGz6p8CgXWxHdhBZJZCy/?format=pdf&lang=pt>
25. Molina, M. C. C., Stoppiglia, P. G. S., Martins, C. B. G., & Alencastro, L. C. S. (2015). Conhecimento de adolescentes do ensino médio quanto aos métodos. *O Mundo da

Saúde*, 39(1), 22-31. Recuperado de https://bvsms.saude.gov.br/bvs/periodicos/mundo_saude_artigos/Conhecimento_adol_escentes_ensino.pdf

26. Chavula, M. P., Zulu, J. M., & Hurtig, A. K. (2022, setembro 29). Factors influencing the integration of comprehensive sexuality education into educational systems in low- and middle-income countries: A systematic review. **Reprod Health**, 19(1), 196. <https://doi.org/10.1186/s12978-022-01504-9>
27. Miranda, J. C., & Campos, I. do C. (2022). Educação sexual nas escolas: Uma necessidade urgente. **Boletim de Conjuntura (BOCA)**, 12(34), 108-126. <https://doi.org/10.5281/zenodo.7151234>. Recuperado de <https://revista.ioles.com.br/boca/index.php/revista/article/view/732>
28. Arruda, E. P. T., Brito, L. G. O., Prandini, T. R., Lerri, M. R., Reis, R. M. dos, Barcelos, T. M. R., et al. (2020, novembro). Sexual practices during adolescence. **Rev Bras Ginecol Obstet**, 42(11), 731–738. <https://doi.org/10.1055/s-0040-1713411>