

Knowledge and Sexual Behavior in Young University Students

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Abstract: Sexuality is one of the topics that almost all considered to know, but they are not always able to describe the word sexuality as it is wrapped in fears, myths and expectations. According to the World Health Organization, many adolescents are subjected to pressure to consume alcohol, tobacco and other drugs to begin having sex and with it every time at younger ages. We identified a high rate of risk in the university student population, among which were detected low level of knowledge about sexually transmitted infections and that establish that the hormonal contraceptives and antibiotics can protect these, there is an inadequate use of contraceptive methods, the 40.9 % of the studied population means that the pad of emergency is a method of contraception, the number of couples in average is 3.0 and there is the consumption of drugs allowed and disallowed during sexual intercourse. On the other hand it was detected a self-efficacy in the use of condom satisfactory, since the majority does not give them the penalty or feel uncomfortable at the time of buying condoms or ask the couple who use; but it is still many taboos and social criticism in regard to sexual pleasure with responsibility.

Keywords: Sexuality, sexually transmitted infections, sexual risk behavior.

Introduction

The human being is by nature a be sexed from birth, the first stimuli that are perceived are through the physical contact with the mother and from there it triggers a great release in cascade of biochemical compounds that are going to cause great transformations throughout its life cycle.

After the first years of growth, we reach a stage of adolescence where there are a wide variety of changes in among those found (Ramos, 2006):

- A period of physiological changes mental, affective and social deep that occur very quickly, requiring continuous adaptation.
- A period in which people become more autonomous and independent of the family, institutions, moral and in general of the influence of adults.
- With regard to gender, the feature sociocultural mainly determined by the society and the historic moment of the same, defines the emotions, intellect and behavior of people according to sex.

In Mexico in spite of the great socio-cultural changes there is a great ignorance about sexuality, gender equity, unplanned pregnancy, sexually transmitted infections, among many other taboos that are treated with difficulty or circumvented by parents and educators who lack the information needed to solve this type of problems (Chavez and col., 2009).

The behavior of individuals with regard to the sexuality being the patterns for women entirely different to that of men. Currently the sexual relation in the human being is not limited to the reproduction, the most important parameters that are perceived are: pleasure and enjoyment, on the other hand, the biochemical alterations that cause pathologies of sexual behavior put into play a profound exchange of desires and rarities individual.

Sexuality has been approached from various perspectives scientific, taking into account its dimension of human life and its permanent source of communication, affection and satisfaction which affects differently in the state of health of each person. At the global level there is a concern about the sexual and reproductive health. According to the World Health Organization, constitutes a priority in public health at the national and international level. "Sexual health is a state of physical, mental and social well-being in relation to sexuality, require a positive approach and respectful of the sexuality and sexual relations, as well as the possibility of having sexual experiences pleasant and safe, free of coercion, discrimination and violence" (WHO, 2018).

Lionet emphasizes that "considering that the behavior is the action and that this has been learned from the environment and that they are immersed of risks, it can be seen that the current problems that the young people especially the university live as a consequence of the sexual behavior are sexually transmitted infections (STI) and unplanned pregnancies, this is due to the periodic exposure of unprotected sex, of the various sexual partners or be under the influence of any substance" (Vega, 2018).

A study by Dávila and col. (2008), at the University of Sonora of young university reported that 44.5% had had sex with an average age of beginning of their sexual life of 1.69 years and only 31 % had used a condom in their relations. However for Garcia and col. (2012), the most used method was the condom with the 82.8 %, and only 10.5 % do not use. In regard to Gigliola and col. (2015), the average age in having started their sexual lives at the 16.4 years in men and 17.1 years in women, 58.3 % of the adolescents between 15 to 19 years reported having used some method in the first sexual relation, being the condom the most used. To ask for the use of protection in the last sexual relationship, a 68 % responded positively, being the most common methods used the condom 65 % and birth control pills 33 %. Another study carried out on the knowledge of contraceptive methods of Sanchez and col. (2015) refers to the condom is the most used contraceptive method with a 65.2 %, with regard to the adequate knowledge of contraceptive methods, the adolescents had a level of knowledge means (outstanding in 60.8 %) and low (23.3 %).

In this context the National Institute of Statistics and Geography (INEGI, 2017) referred to in the National Survey of the Demographic Dynamics reports that 62.3 % of young women aged 15 to 29 years have started their sexual life. Of these 49.9 % did not use a method of contraception during their first sexual intercourse. By age groups, it is noted that one of every three (29.2 %) adolescents 15 to 19 years had already begun their sexual life and 44.9 % of this group reported not having used some method of contraception during their first sexual intercourse. On the other hand, 72.4 % of the young people of 20 to 24 years and 90.1 % of the 25 to 29 years are initiated sexually and the percentage of those who did not use some method in its first ratio increases with respect to adolescent girls to 45.8 % and 54.4 %, respectively. The percentages of young people who used some method of birth control in their first sexual intercourse, contrasts with the knowledge almost universal of contraceptive methods among women in this age group: 98.6 % of young women 15 to 29 years know or have heard of at least one contraceptive method and 94.4 % known functionally at least one. The main reason declared by the young people who did not use contraception at first intercourse was because they planned to have sex (30.6 %); Other reasons were: who wanted to become pregnant (22.0 %); were not aware of contraceptive methods or did not know how to use them (20.3 %); not thought they could get pregnant (15.9 %), and 11.2 % mentioned different reasons.

Sexuality is not an act merely biological more repetitive and vánales of daily life, the norms of the love and sex life are, in fact, prescribed and proscribed by various spaces, times, modes and rites and it is therefore considered that the sex education contributes to the knowledge of the individual in such a way that this can enjoy their sexuality in a responsible manner and consent (Garcia, 2007).

The WHO (2015), reports raises the "draft Global Strategy of Health Sector against Sexually Transmitted Infections 2016-2021" where sow five points six points to reduce this problem:

1. Preparation of the ground: discusses the current state of the epidemic of STI.
2. Formulation of the strategy: Describes the three frames for the organization of the strategy universal health-care coverage, the continuum of services to meet the STI and a public health approach.
3. Vision, goal, goals and guiding principles: Presents a set of goals on impact and coverage of services.
4. Strategic guidelines and priority actions: recommend actions to be taken both by countries and who within the framework of each one of the five strategic orientations.
5. Implementation of the strategy: Leadership, alliances, accountability, monitoring and evaluation.

World Association for Sexual Health (WAS, 1997), it mentions that the WHO, noted that sexual rights must be recognized, respected, exercised, promoted and defended by all societies with all their media, the same organization framed eleven basic declarations of sexual rights which are human rights based on the freedom, dignity and equality inherent in all human beings, therefore sexual health should be a basic human right, it is essential for the well-being of the individual, interpersonal and social.

1. Right to autonomy, to the integrity and the sexual security.
2. Right to sexual freedom.
3. Right to sexual privacy.
4. Right to sexual equality.
5. Right to sexual pleasure.
6. Right to emotional sexual expression.
7. Right to free association sexual.
8. Right to the taking of reproductive decisions.
9. Right to sexual information based on scientific knowledge.
10. Right to comprehensive sexual education.
11. Right to sexual health care.

Within the couple sexual communication acquires a high relevance and is an element that helps maintain a harmony between the relationship; if this is not given or set properly breaks its stability. It is an act that maintains the relationship itself and the time at which changes occur in sexual life, affects the satisfaction, the sense of commitment and love between the couple (Nina, 2008).

The objective of this research was to analyze the knowledge and sexual behavior of young adults at university.

Materials and Methods

It is a cross-sectional study of quality, in where the population are adults between 19 and 25 years of age in the State of Mexico in the East Zone, to sign a letter of consent and are willing to participate in the project, the sampling was by convenience. It was used a tool developed and validated by pineapple and col. (2007), based on the assumptions of the psychological model of prevention of diseases. Consists of 45 questions, subdivided in risky behaviors, reasons, States biological and interactive situations. Depending on the number of questions about the types of risk behavior, to those are specific questions about the reasons, States biological and interactive situations that are provided.

Results and Discussion

According to the analysis of data from the sample average age is 20.66 years with a standard deviation of 1.9, where 40.5 % corresponds to the male sex. With regard to marital status of the population: Singles the 88.8 %, 5.2 % are married, 4 % in free union, 1.2 % are separated and the 0.8 % divorced; 56 % does not have fixed income. Within the study population can be seen that the religion with the highest percentage is catholic with a 65.1 % and 21 % referred to not having any religion. In relation to the educational level of the parents, it was found that the highest percentage of mothers and fathers is concentrated at the secondary level or technician.

Knowledge

With regard to STI is important to note that the 91.2 % have knowledge that the condom is the main measure of protection, but there are interesting data for the rest of the population, 5.2 % and 3.6 % considers that hormonal contraceptives and antibiotics protect against STI respectively. The 63.5 % do not know that the Human Papilloma Virus can cause cancer, while only a 36.5 % knows the complications of the contagion of HPV. With regard to the Papanicolaou test it was found that a 46.4 % have no notion of the study. With regard to the modes of transmission of HIV, only 54.4 % the known. On the other hand the 40.9 % considers the tablet of emergency as a contraceptive method; that 81.3 % referred that the condom reduces to 100 % the risk of STI.

As for knowledge on anatomy, 56 % recounts to know them, 15.1 % knows the erogenous areas, 57.5 % the point "G", 36.9 % the coitus, only 5.6 % knows the phases of the orgasm. In their own perspective to the level of knowledge about sexuality, we found that only a 5.2 % considers that is excellent, a 38.1 % refers to have information in a good level, and in its most commented that the source of the knowledge obtained was the school in 56 % and the family in a 21.4 % and in third option with a 12.4 % friends, social networks, internet.

Sexual behaviors

Through the study it was detected that 72.6% of the population studied has initiated active sexual life, that the earliest age was 10 years, the maximum was 22 years, having an average of 17.08, with a standard deviation of 1.69; of which 60.7% was with her boyfriend at that time, and only 70.5% use condom. Identified an average of 3.34 with a standard deviation of 4.40 in terms of the number of sexual partners, where the 57.5 % the initiative is both.

In regard to the use of condom, 28.2 % it always uses and 20.6 almost always, and a data muyinteresante is that 53.2 % confessed having misled your partner, say and use a condom; 35.3 % prefer to use hormonal contraceptive methods instead of using a condom to prevent an unplanned pregnancy, and 13.9 % would have greater sexual pleasure to beware of an STI. It was identified that only 23.8 % plans to their sexual relationships.

The 65.5 % of the studied population are heterosexual. With regard to the frequency of sexual intercourse, 24.1 % did not have sex, 3.2 % mentioned that journal, 25.8 % refer to take them on a weekly basis, 17.1 % referred to sex monthly and 29.8 % very sporadic.

The 3 main reasons to use condoms are, to avoid a pregnancy at 94.8 %, avoid an STI in a 97.3 %, 67.8 % it is demanded to your partner, to 56.8 % your partner is required. The results obtained with respect to the non-use of condoms: 21.3 % refers not being used because your partner did not want to use it, 41.7 % preferred to use another method of contraception, 25.4 % referred that subtracts sensitivity and pleasure to the sex, 39.3 % did not have a condom at that time, 26.2 % because of the effects of alcohol, 58.4 % for having a stable partner,

23.8 % les wins the excitement for not being able to use a condom, and 31.7 % for not having provided for sexual relations.

Self-efficacy in the use of condoms

According to the study it was found that 87.7 % referred to security at the time of buying condoms, 63.1 % feel or feel comfortable to the time to talk with their partners about the use of this, 65.1% have no fear of rejection at the time to suggest condom use, the 18.6 % would not suggest or suggests the condom for fear that your partner think that does so because it believes that could have an STI, 78.6 % referred to comfort to the hour of getting or putting your partner condom, the 19.9 % confesses that he does not remember to use a condom with the consumption of alcohol, 64.3 % of the students perceive security to be able to stop at the moment of greatest excitement and putting on the condom or attach it to your partner.

Perception of risk

On the basis of the data analyzed, it was found that 74.6 % fear him to an unplanned pregnancy, 90.3 % fear him to an STI, 90.5 % perceive fear toward spread of HIV and the 90.1 % to HPV.

Prevention

It was found that 11.5 % of the sample, believe that the consumption of alcohol makes more pleasant sex, 6.7 % referred that sex is more pleasurable to the consumption of a drug, 32.5 % referred having had sex under the influence of alcohol, 5.6 % has had experience of sex with the consumption of a drug. However, only 10.7 % referred to have been carried out a study of Papanicolaos/penescopia, 38.5 % the analysis was performed for the detection of HIV, 7.1 % has done any other laboratory study to detect STI, among which mention the VDRL, it is determined that the 90.1 % knows that the condom is the main measure of protection against an STI, It coincides in the study by Garcia-Vega (2012), in relation to the 86 % of students that refer sex with penetration, with 72.6 % of this study, however, is not matched in condom use in the first sexual relationship, since Melo (2018) refers that only 36.4 % use it, against the 70.5 % of this study. Also, it coincides with Garcia-Vega (2012), with regard to the 63 % of the studied population I declare that its first penetrative sexual intercourse was with your partner at that time, like this study identified that the 60.7 % had his first relationship with her boyfriend at that time.

Barbon (2011), who identifies the beginning of sexual relations at the age of 12. Identified an average of 3.34 with a standard deviation of 4.40 in terms of the number of sexual partners, so that I agree with Castro and Gómez (2008), who referred more than 3 sexual partners in their results.

With regard to the Perspective that was found in relation to the level of information about sexuality with a 56.7 % between regular and very bad, it coincides with Domínguez (2011), who found that the information received about sexuality is insufficient and deficient, despite be adequate communication between parents and children. In regard to the source of data, I do not agree with Saeteros and col. (2013), who found that more than half of the students preferred to talk about sexuality with friends, following in second place is the percentage of parents and relatives, meanwhile, the results of this study showed that 56 % obtained knowledge about sexuality in the school, followed by the family in a 21.4 % and friends in third place with a 12.4 %.

Fernandez and col. (2016), found that 40 % under the effect of a substance in their last sexual relationship, meanwhile, in this study 32.5 % referred having had sex under the influence of alcohol, which means that it is a risk factor predisposing to an STI in students, by the low likelihood of condom use.

I agree with the study by Ehrenzweig and col. (2013), who referred in his study, that women know of the utility of the Papanicolaos test, but that it serves little purpose but it is practiced or if they do not do so at the time indicated, I find that nearly six in every ten women who had made the Papanicolaos test were made the first after the 30 years hence, in this study it was found that only 10.7 % referred to have been carried out a study of Papanicolaos.

Conclusions

The present study has identified a high rate of risk behaviors in the university student population, among which it was detected that the start of active sexual life is at a very early age , it was found that there is a great lack of knowledge about sexuality ,sexually transmitted infections, the consequences that could cause the HPV if is not detected in time, or that hormonal contraceptives and antibiotics can protect against STI, the inadequate use of hormonal methods of contraception, the 40.9 % of the studied population means that the pad of emergency is a contraceptive method, that the number of couples in average is 3.0, as well as the consumption of alcohol and other drugs during sex. On the other hand it was detected a self-efficacy in the use of condom satisfactory, since the majority does not give them the penalty or feel uncomfortable at the time of buying condoms or ask the couple to use it. It is therefore essential to develop innovative strategies, practices,

truthful to the teaching - learning in matters of sexuality, because despite being a very common, continues to have many taboos and social criticism in regard to sexual pleasure with responsibility.

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