

# International Journal of Human Sciences Research

## PROFILE OF YOUNG UNIVERSITY STUDENTS IN THE FEDERAL DISTRICT ASSOCIATED WITH THE BEGINNING OF SEXUAL ACTIVITY

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*Sâmia Daiene de Melo Lins*

Nurse and medical student at  
``Centro Universitário de Brasília``  
(CEUB), Brasília DF

*Ana Carolina Alves Meneses*

Student in medicine at ``Centro  
Universitário de Brasília``  
(CEUB), Brasília DF

*Cristiane Henriques Soares de Paiva Lopes*

Professor of the Medicine Course  
at ``Centro Universitário de  
Brasília`` (CEUB), Brasília, DF  
Gynecologist, PhD in Biomedical Sciences

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**Abstract:** To Know the profile of young university students in the Federal District associated with the beginning of sexual activity is the object of study of this investigation, considering this issue to be a challenge for society, researchers, professionals and health managers. The approach to individual and collective health in the face of the challenges of conception, contraception and sexually transmitted infections were the premises of the present study; taking into consideration, the significant portion of the population that begins their sexual life without adequate guidance regarding safe and planned practice. This is a descriptive study with a quantitative focus, approved by the Ethics Committee under number 5,663,062, with data collection carried out between the years 2022 and 2023. The research consists of applying a questionnaire to participants, via electronic form, via the Google Forms platform, distributed through Whatsapp after signing the Informed Consent Form. The inclusion criteria covered young university students from the Federal District, aged between 18 and 24, attending Universities or Colleges in public or private schools. The exclusion criteria include young university students under 18 and over 24. The sample size calculation was 240 participants in accordance with data from ``*Fundação Universidade Aberta do Distrito Federal*``. After collection, the data were grouped, tabulated and analyzed, using the Statistical Package for Social Sciences program. It is expected that the research will contribute in a unique way, as a theoretical reference on the topic, encouraging other academic work and providing greater support and scientific foundation for the improvement of sexual education.

**Keywords:** sexual education; sexuality; sexually transmitted infections.

## INTRODUCTION

Sexuality is vital, inherent to the human being, changeable and mainly composed of elements that encompass body perception, sexual orientation, sex and feelings, such as pleasure. It is due to its existence that it is necessary to highlight the relevance of sexual education, which allows knowledge and learning of essential topics to be disseminated to all audiences <sup>1</sup>.

It is possible to mention that in Brazil, Sexual Education presented six important phases of development, so that after several years of studies and social debates, the implementation of teaching on the subject in the country was made possible<sup>2</sup>.

Regarding contraception, there is a prevalence and increase in Sexually Transmitted Infections (STIs), such as Chlamydia, Gonorrhoea, Genital Herpes, Human Papillomavirus (HPV), Hepatitis B (HBV), Syphilis and Human Immunodeficiency Virus (HIV)<sup>3</sup>.

In Brazil, based on DATASUS<sup>4</sup>, cases of acquired syphilis in pregnant women and congenital syphilis are compulsory notification. In 2021, according to the Information and Diseases System, 1046 cases of acquired syphilis were reported, of which 713 were reported among young people aged 20 to 39 in the Federal District. Parallel to this, another highlight is the cases of Syphilis in young pregnant women, given that, of 475 cases in 2021, 357 correspond to the population residing in Brasília between 20 and 39 years old.

In view of the above, it is necessary to understand sexual education for young people as the most relevant mechanism for preventing problems linked to sexual and reproductive health.

The object of study in this investigation, considering this problem to be a challenge for society, researchers, professionals and

health managers, is to understand the profile of young university students in the Federal District (DF) associated with the beginning of sexual activity.

This is because a significant portion of the population still begins their sexual life without guidance on safe and planned sexual practice, thus demanding the dissemination of clearer, objective, dynamic, didactic and compressible information.

## THEORETICAL REFERENCE

It is worth highlighting that sexual education comprises the construction of knowledge in the area of health, aiming at the well-being of the population. In this context, adolescents and young adults are expected to become increasingly empowered, so that they can decide about their sexual and reproductive lives, with the guarantee of their Sexual and Reproductive Rights being fundamental<sup>5</sup>.

From this perspective, it is necessary to offer training to education professionals so that they are able to address the topic, so that they can clarify doubts and deepen discussions on the subject, without, therefore, disrespecting the student's age group.

When assisting with contraception, the following factors are initially considered: adverse side effects; efficiency; acceptability; availability; ease of use; reversibility; health condition; individual choice and personality; economic conditions; stage and lifestyle; pattern of sexual behavior; among others. Subsequently, according to the criteria of the World Health Organization (WHO), the professional recommends or not the use of a certain contraceptive strategy<sup>6</sup>.

The mentioned criteria were categorized into:

- Category 1: there are no restrictions on the use of the method

- Category 2: the method can be used as long as there is some precaution with its use. The advantages outweigh the risks.

- Category 3: the risks outweigh the benefits. It must be chosen as a last resort and strict monitoring with the user is necessary.

- Category 4: unacceptable risk;

In addition, it is noteworthy that contraceptive methods are divided into hormonal, behavioral, barrier, definitive and Intrauterine Device groups. In this context, health professionals are able to guide citizens, fundamentally, regarding the benefits and disadvantages of using.

It is essential to mention the following worrying issues related to sexual practice in Brazil: the increase in rates of contamination by STIs, mainly HIV; young people's lack of knowledge regarding sexuality issues; the lack of interest in sexual education programs; failure to notify cases of the respective illnesses and; the failure to actively seek out young people for consultations to promote and prevent diseases and/or injuries. Parallel to this, the early onset of sexual activity stands out; the multiple partnerships; sexual relations under the influence of alcohol or drugs and; inconsistent condom use<sup>7</sup>.

A study<sup>8</sup> questioned the contamination or not of STIs in 1036 young university students, demonstrating that: 93.6% said they had never contracted a sexually transmitted infection/disease, and 6.4% said they had already contracted an STI, with HPV being the most reported, with 35.9%. Of the participants who had some type of STI, 25.9% used condoms sometimes during sexual intercourse, 18.5% had never used them, and 55.6% reported always using them.

The aforementioned work demonstrates concern regarding the high rates of STIs given that, the beginning of unprotected sexual activity; the presence of precarious

socioeconomic conditions; the existence of situations of sexual violence; the use of alcohol and other drugs and entry into university life are currently characterized as aggravating factors<sup>9</sup>.

After what has been described, what can be seen is an increase in worrying issues related to sexual practice in Brazil. Thus, investigations into factors related to the beginning of sexual activity can be of great value in supporting strategies focused on the problems highlighted.

## **OBJECTIVE**

To know the profile of young university students in the Federal District regarding sexual education associated with the beginning of sexual activity.

## **METHODOLOGY**

This is a descriptive study, in which Cervo and Bervian<sup>10</sup> argue that in general, descriptive research observes, records, analyzes and correlates facts or phenomena without manipulation. This way, we seek to understand the different situations and relationships that occur in the lives of groups of individuals, communities or society.

This descriptive study will focus on a quantitative approach, as this strategy is more suitable for ascertaining explicit and conscious opinions and attitudes of the interviewees, as it uses structured instruments<sup>10</sup>.

Furthermore, Lakatos and Marconi<sup>11</sup> understand that qualitative research is concerned with analyzing and interpreting deeper aspects, describing the complexity of human behavior, providing more detailed analysis of habits, attitudes, trends and other aspects that involve the actors investigated.

Therefore, the research was carried out by applying a questionnaire (APPENDIX A) to the participants, via electronic form, via the Google Forms platform, published via

Whatsapp, after signing the Free and Informed Consent Form (ANNEX A). The size and sample met the inclusion and exclusion criteria.

Each participant answered the questionnaire once. To do this, Google Forms will recognize the participant's email address and block it from filling in again.

Added to this, every Monday throughout the project, the researchers checked the participants' initials and emails to validate the subjects' participation. A copy of the responses was sent to each participant's email. Researcher I was notified for each completed form.

Data were collected from 240 university students. The inclusion criteria were young university students aged between 18 and 24, who are studying any higher education course, from public or private schools. As exclusion criteria, we highlight young university students under 18 and over 24.

The research carried out by CEUB students (CEP 70790-075) only took place after approval by the Ethics Committee with opinion number: 5,663,062.

Therefore, the study was developed in accordance with the resolution of the National Health Council n° 466/12, of December 12, 2012, which establishes the Guidelines and regulatory standards for research involving human beings. This is so that there is protection, confidentiality and guarantee of integrity for research participants.

The results were divided into descriptive and association analysis. The data were compiled in a Microsoft Excel data spreadsheet (2016) and analyzed using the SPSS program (Statistical Package for the Social Sciences), version 23 (IBM Corp., 2015), with two-sided tests and a significance level of 5%.

The anticipated risks of the research were minimal and/or non-existent, representing, however, only an inconvenience due to

the time taken to evaluate and answer the questionnaire, as well as possible embarrassment with any question included in the data collection instrument.

To alleviate these occurrences, the objective of the research was explained clearly and in advance, with the researchers being willing to answer any clarifications that may arise, providing contact emails. Study subjects could withdraw from the research without any harm to themselves.

## RESULTS AND DISCUSSIONS

The qualitative variables were presented as frequency (n) and percentage (%) in tables 1 (sociodemographic variables and variables related to sexual activity) and 2 (types of contraceptives used). Table 3 shows the descriptive measures used for the quantitative variables: mean, median, standard deviation, minimum, maximum and interquartile range.

Contraceptive used	N	%
Male or female condom	105	43,39
Oral or injectable contraceptive	62	25,62
Intra uterine device	51	21,07
Subcutaneous implant	7	2,89
Tablet	12	4,96
Cervical mucus	12	4,96
Basal temperature	12	4,96
Vaginal ring	1	0,41
Other	4	1,65

**Table 2:** Descriptive analysis of the type of contraceptive used by university students aged between 18 and 24 years, studying any higher education course, from public or private schools.

It can be seen in table 4 that color and/or race, initiation of sexual activity, use of a contraceptive method when initiating sexual activity, performance and frequency of STI preventive exams were significantly associated with the use of contraceptives by students. College students. White students were

significantly more likely to use contraceptives compared to black students, especially. Young people who had already started sexual activity and who used contraceptives during their initiation were 12,300 and 4,821 times more likely, respectively, to use contraceptives. Students who had already undergone preventive STI exams were 2.465 times more likely to use contraceptives, just as those who took exams more frequently were also significantly more likely to use contraceptives.

The beginning of sexual intercourse is an important milestone in an individual's life, especially in families that value virginity. In the past, the beginning of sexual activity was after marriage, however, nowadays, it is clear that sexual intercourse is becoming increasingly precocious<sup>12</sup>. In this work, it was observed that 55.39% (113) of the interviewees began sexual intercourse between the ages of 14 and 17, followed by 36.76% (75%) who began sex between the ages of 18 and 20, as shown in table 1. These data can be explained by the emergence of contraceptive methods, as young people feel protected against pregnancy, thus allowing sexual intercourse outside of marriage<sup>13</sup>, and, consequently, hidden from those responsible.

A fact that corroborates the above is that 77.16% (152) of young people, when asked about the use of a contraceptive method during their first sexual intercourse, report using it and the condom is cited as one of the most requested protective mechanisms in this research. with 43.39% (105) of respondents.

The preference is in line with what was described in the study by Moreira et al<sup>14</sup> with 1237 students from undergraduate courses in Rio Grande do Sul in which the most commonly used condom was the male condom, which was required in situations such as the occurrence of a casual partner in the last relationship, in those who had sex in the last month or in those who had two

		n	%
Gender	Masculine	66	27,27
	Feminine	175	72,31
	Other	1	0,41
Marital status	Single	219	91,63
	Stable union	12	5,02
	Married	8	3,35
	No reply	3	
What is your color and/or race?	White	163	67,63
	Brown	57	23,65
	Black	15	6,22
	Yellow	6	2,49
	Without answer	1	
Have you already started sexual activity?	Not	36	15,00
	Yes	204	85,00
	No reply	2	
At what age did you start sexual activity?	Under 14 years old	6	2,94
	Ages 14 to 17	113	55,39
	Between 18 and 20 years old	75	36,76
	Over 20 years old	10	4,90
	Not applicable	38	
When you started your sex life, did you use any contraceptive method?	No	45	22,84
	Yes	152	77,16
	Not applicable	45	
Before starting your sex life, did you seek consultation with a qualified health professional?	No	159	75,71
	Yes	51	24,29
	Not applicable	32	
Use contraception	Not	68	28,10
	Yes	174	71,90
How many partners have you had?	Between 1 and 5 Partners	126	62,38
	Between 6 to 10 Partners	47	23,27
	Between 11 to 20 Partners	20	9,90
	More than 20 Partners	9	4,46
	Not applicable	40	
Have you ever had a Sexually Transmitted Infection?	Not	197	89,14
	Yes	24	10,86
	Not applicable	21	

	Genital herpes	8	40,00
	Illness Pelvic Inflammatory (DIP)	2	10,00
	Chlamydia and HPV	1	5,00
	Chlamydia	2	10,00
What Sexually Transmitted Infection?	Syphilis	1	5,00
	Chlamydia and Syphilis	1	5,00
	HPV	4	20,00
	Gonorrhea	1	5,00
	Not applicable	222	
	Not	1	3,85
Have you sought medical care for a Sexually Transmitted Infection?	Yes	25	96,15
	Not applicable	216	
	Not	85	35,42
Have you already taken preventive STI exams?	Yes	155	64,58
	Not applicable	2	
	I never realized	85	35,42
	I only did it once	40	16,67
	Every 6 months	25	10,42
How often do you carry out preventive STI exams?	Every 1 year	84	35,00
	Every 2 years	5	2,08
	Every 4 years	1	0,42
	Not applicable	2	
Total		242	100,00

**Table 1:** Descriptive analysis of sociodemographic variables and variables related to sexual activity of university students aged between 18 and 24 years, studying any higher education course, from public or private schools.

	n	Average	Median	Standard deviation	Minimum	Maximum	Interquartile range
Age years)	230	21,42	21,00	1,66	18,00	24,00	3,00

**Table 3:** Descriptive analysis of the age variable of university students aged between 18 and 24 years old, studying any higher education course, from public or private schools.

			Use contraceptives		Total	P*	RC	I.C. 95%
			Not	Yes				
Gender	Masculine	n	19	47	66	1,000	-	-
		%	27,94	27,01	27,27			
	Feminine	n	49	126	175			
		%	72,06	72,41	72,31			
	Other	n	0	1	1			
		%	0,00	0,57	0,41			

Marital status	Single	n	62	157	219	0,377	-	-
		%	91,18	91,81	91,63			
	stable union	n	5	7	12			
		%	7,35	4,09	5,02			
	Married	n	1	7	8			
		%	1,47	4,09	3,35			
What is your color and/or race?	White	n	41	122	163	0,034	-	-
		%	60,29	70,52	67,63			
	Brown	n	16	41	57			
		%	23,53	23,70	23,65			
	Black	n	9	6	15			
		%	13,24	3,47	6,22			
	Yellow	n	2	4	6			
		%	2,94	2,31	2,49			
Have you already started sexual activity?	Not	n	27	9	36	<0,001	12,300	5,364 - 28,208
		%	40,30	5,20	15,00			
	Yes	n	40	164	204			
		%	59,70	94,80	85,00			
At what age did you start sexual activity?	Below 14 years	n	0	6	6	0,653	-	-
		%	0,00	3,66	2,94			
	Between 14 and 17 years	n	24	89	113			
		%	60,00	54,27	55,39			
	Between 18 and 20 years	n	14	61	75			
		%	35,00	37,20	36,76			
	Above 20 years	n	2	8	10			
		%	5,00	4,88	4,90			
When you started your sex life, did you use any contraceptive method?	Not	n	17	28	45	<0,001	4,821	2,197 - 10,580
		%	50,00	17,18	22,84			
	Yes	n	17	135	152			
		%	50,00	82,82	77,16			
Before starting your sex life, did you seek consultation with a qualified health professional?	Not	n	36	123	159	0,170	1,840	0,763 - 4,434
		%	83,72	73,65	75,71			
	Yes	n	7	44	51			
		%	16,28	26,35	24,29			
How many partners have you had?	Between 1 and 5 Partners	n	23	103	126	0,902	-	-
		%	57,50	63,58	62,38			
	Between 6 to 10 Partners	n	11	36	47			
		%	27,50	22,22	23,27			
	Between 11 to 20 Partners	n	4	16	20			
		%	10,00	9,88	9,90			
	More than 20 Partners	n	2	7	9			
		%	5,00	4,32	4,46			



Have you ever had a Sexually Transmitted Infection?	Not	n	47	150	197	0,742	1,191	0,422 - 3,363
		%	90,38	88,76	89,14			
	Yes	n	5	19	24			
		%	9,62	11,24	10,86			
Have you already taken preventive STI exams?	Not	n	34	51	85	0,002	2,465	1,380 - 4,401
		%	50,75	29,48	35,42			
	Yes	n	33	122	155			
		%	49,25	70,52	64,58			
How often do you carry out preventive STI exams?	I never realized	n	34	51	85	0,002	-	-
		%	50,75	29,48	35,42			
	I only did it once	n	12	28	40			
		%	17,91	16,18	16,67			
	Every 6 months	n	7	18	25			
		%	10,45	10,40	10,42			
	Every 1 year	n	11	73	84			
		%	16,42	42,20	35,00			
	Every 2 years	n	3	2	5			
		%	4,48	1,16	2,08			
	Every 4 years	n	0	1	1			
		%	0,00	0,58	0,42			
Total	n	67	173	240				
	%	100,00	100,00	100,00				

**Table 4:** Analysis of the association of sociodemographic variables and those related to sexual activity in relation to the use of contraceptives by university students aged between 18 and 24 years, studying any higher education course, from public or private schools.

\* Pearson's Chi-square test.

or more partners in the last month and STI prevention.

Oral or injectable contraceptives were the second most cited method with 25.62% (62). In an analysis carried out by Freitas and Giotto<sup>15</sup>, this choice is preferred by women in order to prevent pregnancy, but it leaves something to be desired in terms of preventing STIs.

When cross-checking data, as shown in table 4, white students were significantly more likely to use contraceptives compared to black students, especially.

In another research with 240 university students from a state college in São Paulo, Silva<sup>16</sup> states that young black women use fewer contraceptive resources and have less access to services linked to sexual and reproductive health to the detriment of

non-black young women. Given the existing inequality, a significant distinction can be inferred in relation to access to quality health information and strategies, social vulnerability and education<sup>16</sup>, noting this problem as a social alert.

On the one hand, young people are concerned about preventing unplanned pregnancies; on the other hand, there is an increase in cases of Sexually Transmitted Infections<sup>14</sup>. Of the 242 people interviewed in this research, 10.86% (24) stated that they had already had STIs. According to Freitas and Giotto<sup>15</sup>, the Government of the Federal District (GDF), in 2017, received notifications of at least 3 cases of STIs per day. These data generate a relevant impact on public health.

This confirms the findings of this research

since 40% (8) of those interviewed have already contracted Genital Herpes, 20% (4) HPV, 10% (2) DIP and 10% (2) Chlamydia, as shown in table 1.

According to the data obtained in this research, women were significantly more likely to undergo preventive exams compared to men. Furthermore, among those who sought professional consultation before initiating sexual activity, there was a greater probability of having previously undergone preventive tests against STIs.

## CONCLUSIONS

Knowing the profile and understanding of young university students about Sexual Education, relating the age at the beginning of sexual activity with the use of contraceptives and the prevalence of Sexually Transmitted Infections expanded the understanding of safe sexual activity.

From already published bibliographies, it was observed that the beginning of sexual intercourse is increasingly earlier due to the self-confidence that young people have regarding contraceptive methods to avoid both pregnancy and STIs.

Young people preferred to use condoms due

to possible factors such as: double protection function (pregnancy and STIs), practicality, ease, low cost and absence of side effects. On the other hand, there was a low demand for intrauterine devices, given the existence of myths such as the increased incidence of cancer and infertility.

Although condoms have been the most used method, the prevalence of these infections is still high due to: lack of knowledge on how to use contraceptive methods correctly; difficulties in scheduling an appointment with a qualified professional; and social vulnerability and racial distinction. In view of this, it is worth highlighting that young black women use fewer contraceptive resources and have less access to services linked to sexual and reproductive health to the detriment of non-black young women.

Finally, it is necessary to highlight the need to value and recognize the topic, so that it is widely researched and disseminated. To this end, it is essential that the topic of sexuality is widely discussed in university education institutions; and that more government campaigns are carried out; and that access to public health services be expanded; and that the variety, as well as the correct use of protection methods, are disclosed.

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## **APPENDIX A: SEXUAL ACTIVITY AND HEALTH QUESTIONNAIRE**

1. Name initials:

2. Age: 3. Sex:  Male  Female  Other: \_\_\_\_\_

4. Marital status:  Single  Married  Cohabitant  Widowed

5. What is your color or race?  White  Yellow  Brown  Black  Indigenous

6. Have you already started sexual activity?  Yes No

7. If the answer to question 6 was yes, at what age did it occur?  Under 14 years old  Between 14 and 16 years old  Between 16 and 18 years old  After 18 years old

8. When you started your sex life, did you use any contraceptive method?  Yes No

9. Before starting your sex life, did you seek consultation with a qualified health professional?  Yes No

10. Which contraceptive method do you use today? If not used, mark: not applicable. If used, indicate the method(s) used.  Oral or injectable contraceptive  Intra-Uterine Device  Male or female condom  Table, cervical mucus, basal temperature  Subcutaneous implant  Vaginal ring  Other: \_\_\_\_\_  Not applicable

11. How many partners have you had?  Between 1 and 5 partners  Between 6 and 10 partners  Between 11 and 20 partners  More than 20 partners

12. Have you ever had a Sexually Transmitted Infection?  Yes No

13. If the answer 12 was yes, which one(s) were they?  Chlamydia  Gonorrhoea  Syphilis  HPV  HIV/AIDS  Genital herpes  Chancro mole  Pelvic Inflammatory Disease (PID)  Donovanosis  Lymphogranuloma venereum (LGV)

14. If answer 12 was yes, did you seek medical assistance?  Yes No

15. How often do you carry out preventive STI exams?  Every 6 months  Every 1 year  Every 2 years  Every 3 years  Never performed it  Only performed it once

## **ANNEX A: FREE AND INFORMED CONSENT FORM (T.C.L.E)**

You are being invited to participate, as a volunteer, in scientific research. If you are or are not interested, select the corresponding option at the end of this page. This document, called the TCLE (Free and Informed Consent Form), will present the main information about the study, the objectives, methodology, risks and benefits of this study. This ICF refers to the research project “A (DIS)SEXUAL EDUCATION AMONG YOUNG UNIVERSITY STUDENTS.”, whose objective is to understand the understanding of young university students regarding Sexual Education. To have a copy of this TCLE, you must print it or generate a PDF copy to save on your computer. You may also request a version of this document from the study researchers at any time.

The research will be carried out using an online questionnaire, consisting of 14 questions. It is estimated that you will need approximately 10 minutes. The accuracy of your answers is crucial to the quality of the research. You will not be remunerated, as your participation in this research is voluntary. If you decide to give up the research, you can interrupt the questionnaire and leave the study at any time, without any restrictions or punishment. The risks foreseen by the research are minimal and/or non-existent, representing, however, inconvenience, due to the time taken to answer the questionnaire, and possible embarrassment with any question that appears in the data collection instrument. As benefits, the contribution as a theoretical reference on the topic stands out; encouragement of other studies on the same topic, and, finally, an instrument for scientific foundation and improvement of knowledge regarding sexual education. As strategies for achieving the benefits, the results obtained will be disseminated through the publication and presentation of the work. The researchers guarantee and commit to the secrecy and confidentiality of all information provided by you during the study. Therefore, the processing of collected data will follow the provisions of the General Data Protection Law (LGPD – Law 13,709/18). This research was approved by the Ethics Committee – Opinion nº\_\_\_\_\_. If you have any doubts about the study, or in case of complaints and/or suggestions, the Ethics Committee is available to assist you at: \_\_\_\_\_. To contact one of the research researchers, you can send an email at any time: Sâmia Daiene de Melo Lins (samia.lins@sempreceub.com), Cristiane Henriques Soares de Paiva Lopes (cristiane.lopes@sempreceub.edu.br), Ana Carolina Alves Meneses (ana.cmeneses@sempreceub.com).