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Prevention of sexually transmitted infections in the sexual scripts of young people: differences according to gender

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Abstract *This study aims to address the vulnerability of young university students to sexually transmitted infections and to identify and analyze the sexual behavior of university students and practices to prevent sexually transmitted infections. A descriptive and qualitative research study conducted in a private university in Rio de Janeiro in 2016, with 30 university students of both genders, aged 18-29 years old. The discursive data were collected by the Focal Group technique and analyzed using the content analysis technique, with the aid of the Nvivo 9.0 software, and anchored in John Gagnon's theory of sexual scripts. The findings denote that university students recognize themselves as a population vulnerable to infections transmitted by unprotected sex. The group has insufficient knowledge about infections and does not use condoms continuously. In the discourses of the university students, it was noticed that the type of affective relationship is determinant for the use (or not) of condoms. Young people believe in the group's invulnerability and therefore assume risky sexual behaviors.*

Key words *Young adult, Vulnerability in health, Sexually transmitted infections, Sexual behavior*

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Introduction

Sexually Transmitted Infections (STIs) are frequent and recurrent, considered a public health problem worldwide. They cause great effects on sexual and reproductive health and are one of the five main reasons for the population to seek health care[1]. The epidemiology of STIs has shown that nearly 25% of the infections are diagnosed in individuals under the age of 25 years old. Biological, cultural and socioeconomic factors corroborate the increase in the incidence rate of STIs[2].

With regard to STIs/HIV/AIDS, there are situations that weaken or make people vulnerable to illness, such as the adoption of unsafe sexual practices. Such practices are due to a set of factors and variables present in private and collective life, as well as the socio-environmental conditions in which people lives, in addition to the responses that public-social institutions may give to their health needs[3]. The inherent characteristics to the young population can produce dynamics which lead to behaviors that will result in a set of high-intensity experiences, which may (or may not) involve the consumption of psychoactive substances and the adoption of risky behaviors with unsafe sexual practices[4].

Human beings are dependent on socialization and the sexual practice is associated with the dynamics and socio-historical complexity of individuals[5]. Human behavior is influenced by social constructs and culture. The theory of sexual scripts, elaborated by sociologist John Gagnon, asserts that sexual conduct is determined by history and culture, being an elaboration interpreted and reinterpreted throughout the life cycle of individuals. Sexuality is acquired and organized by social structure and culture. Sexual behaviors, understood as "sexual scripts", are inserted in cultural settings, interpersonal scripts and intrapsychological scripts[6].

In this context, it is relevant to identify the sexual conduct of young people, which, integrated into the social context, allows for a glimpse of the influence on sexual health, minimizing or expanding the group's vulnerability to STIs. Thus, the objectives of the study were delimited, as follows: to identify and analyze the sexual behavior of university students and the practices to prevent sexually transmitted infections.

Methodology

This is a descriptive study with a qualitative approach based on the Theory of Sexual Scripts. This study is a component of the research entitled "Sexuality and vulnerability of young individuals in times of Sexually Transmitted Infections", linked to the Graduate Program in Nursing at the State University of Rio de Janeiro.

The study participants were 30 young university students, 15 male and 15 female, considering the homogeneity of the focus groups. The inclusion criterion defined was the following: being a student regularly enrolled in an undergraduate course at the university, aged between 18 and 29 years old. This criterion was used, in view of the Youth Statute, which provides for rights and guidelines of public youth policies/programs for individuals aged between 15 and 29 years old[7].

The study scenario was a private higher education institution, located in the city of Rio de Janeiro. The data were collected according to the Focus Group (FG) technique, from June to November 2016. As a strategy to achieve the research objectives, a script was elaborated with themes to be discussed with the students – sexuality, sexual behaviors/gender, prevention of STIs – that had adherence to the object of this study. Three FGs were carried out with the participation of 10 students (of both genders), one moderator and two observers. The meetings lasted nearly 120 minutes.

After data collection, the FGs and the field diary were transcribed in full for the construction of the corpus, which was formatted in order to make the material understandable, removing slang and language addictions, non-verbal expressions and words of inappropriate colloquial use for scientific research.

In data analysis, the content analysis technique, thematic-categorical analysis[8], was used with the aid of the Nvivo 9.0 software. The manual form of coding was used, whose text fragments were clipped and grouped into Nodes that represent the categories. This research worked with three major Nodes: Sexuality; Sexual Conducts of the Youth and Prevention of STIs. The text fragments were called RUs and selected in the light of the theoretical framework, as well as the definition of the Nodes.

The results of the analysis were expressed in discursive classes, which contain themes identified in the analyzed material. The analysis pointed out three discursive categories, namely: Sexual practices of young university students in cur-

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rent times; young people and the perception of vulnerability to STIs - It will not happen to me, and Sexually Transmitted Infections - Do young people care about prevention?. In this article, the third category will be presented.

Results

The characterization of the participants evidenced that there was greater representation of young people aged between 18 and 24 years old, that is, younger young people. Most of them (28) have no children and live with their parents (25). Regarding age and relationship status, half (13) are single and only one is married. A larger number of university students (16) declared themselves as single, that is, they did not have a partner, and (9) had a fixed partner.

Thematic analysis of the data resulted in the identification and codification of 487 registration units (RUs) that answered the research questions, which were distributed in themes/units of meaning.

Category: Sexually Transmitted Infections - Do young people care about prevention?

This category presents the practices for the prevention of Sexually Transmitted Infections adopted by young people, the care with sexual health, and the prevention of STIs. It represents 30% of the investigated corpus and is structured in two subcategories: 1) Concern of young people with the prevention of Sexually Transmitted Infections – knowledge and fears; 2) Use of condoms in the affective relationships of young people.

Subcategory 1: Concern of young people with the prevention of Sexually Transmitted Infections - knowledge and fears

The discursive data denote the university students' knowledge about STIs and modes of transmission and their fears about exposure to STIs. They represent 15% of the total corpus studied. As a knowledge indicator of the participants, the information they had about the infections and the correct forms of STI transmission that were most recognized by the group were considered:

I think the main ones, that the person is most afraid of, are HIV, syphilis, gonorrhea. (Participant 1)

Mononucleosis, the one of the kiss. (Participant 2)

Chancroid, syphilis. (Participant 3)

HPV. (Participant 4)

You know what else happens? We know more about AIDS, syphilis and the others we don't know. And there are people not taking care of the disease, it is because they have no information. (Participant 5)

In the participants' conception, STI transmission can occur in several ways: during sexual intercourse, in oral sex, due to blood contact, open wounds and nail pliers:

Having sex. (Participant 6)

Oral sex. (Participant 7)

I think it's more the blood contact you get through a syringe. (Participant 8)

Or even open wounds. (Participant 9)

I can get it during oral, even if there's no penis penetration. A bandage on a friend, sometimes, I don't know. Putting the hand, cutting the nail with the same pliers and getting hepatitis. (Participant 10).

Another participant believes that sexual abstinence would avoid exposure:

[...] in fact, sexually transmitted infections are not only transmitted through sex, like the fingers, for example, you already have risks. The only way for you not to get an STD, God willing, is to not having sex at all. (Participant 11)

Some participants mentioned that they only become aware of a certain infection or disease when it affects someone close to them or themselves:

Most people only know when they see someone or themselves [with some infection]. Most of the population has AIDS and doesn't know it. I had no idea of the disease until my best friend found out that his boyfriend had HIV and passed it on to him, and he was sixteen when he found out [...] a shock, because at the time it happened there was no propaganda, not much. Not much was said about HIV. (Participant 10)

The fears and anxieties regarding the STIs, especially HIV, were explained in the descriptions of some university students:

I think the main one, what the person is most afraid of, is HIV. (Participant 1)

AIDS is a disease just like any other, but one that kills and you need to take care. If you don't take care of yourself, you die. (Participant 10)

Other students revealed, however, that they were not afraid of AIDS:

I think that nowadays diseases are being more allowed because young people go "Ah, but there's treatment, I don't need to worry about that". If I get AIDS, I drink a cocktail, I'm not going to die. (Participant 12)

Some young people expressed concern about reducing their vulnerability to STIs, through the continued use of condoms, and stated that it is necessary to protect themselves:

You see the before and after arriving in this fear [of getting a disease], without a condom I don't have sex anymore. (Participant 12)

Because nowadays you have this idea that sex is not a bad thing and you just need to prevent, protect yourself. (Participant 13)

The students revealed being aware of the risks and ways to prevent STIs:

Many people have the information and like the feeling of danger. There are those who know [the ways to contract STIs] and don't care. (Participant 14)

"Oh, I went with that guy and then there was no way, it ended up going on and on". Then I say, "but then, did you take care?", "Oh, we didn't even remember that", you know how it is, right?, he was kind of altered, but I think it's okay, it's not the first time this happens [having sex without a condom] and nothing happened. Why is it going to happen now? (Participant 15)

The search for preventive exams was described by the young people:

So, my girlfriend and I, we have been together for two years, and we usually do the exams at least once a year for prevention. Even in a relationship, you have to take care of yourself and you have to know. (Participant 10)

Subcategory 2: Use of condoms in the university students' emotional relationships

This category represents 15% of the total corpus studied and describes the use of male and female condoms by the students, the use according to the type of sexual partner, the negotiation to use condoms, and factors involved in non-adherence to condoms:

I don't normally use condoms. (Participant 13)

It's shocking but, when I was 20, I found out that I didn't know how to put on a male condom. [...] I had to learn! (Participant 16)

There are men who just come and say: I don't use condoms, I don't know why, but I bluff. (Participant 14).

The condom bothers me. (Participant 17).

The man does not like it and will not like the woman with that [the female condom]. (Participant 11).

Most of the university students reported that, in a casual or sporadic relationship, it is necessary (and more frequent) to use condoms:

But, sporadic relationships, I don't enjoy having sex [without a condom] with all the women, men and animals I see in front of me. (Participant 11)

If you are with a completely unknown person, you are more likely to use a condom because you don't know their sexual past and don't feel confident. (Participant 1)

The type of affective relationship and trust (or not) in the partner determine the use (or not) of condoms, in the students' conception:

You will stop using a condom when you start to have a relationship [fixed relationship] because it is a proof of trust. Stopping using a condom becomes extremely important as if it were another step in the relationship. (Participant 11)

There's not much reason to use it [the condom], since the two are healthy and trust each other. (Participant 18)

I think that with the question of trust "oh, I'm already married, I'm used to having sex with one [only one woman]". (Participant 3)

There are cases of friends of mine who have been dating for years and haven't used a condom for a long time because the girl takes the pill every month. (Participant 6)

In Chart 1 the female and male sexual behaviors in the studied group are shown.

Discussion

In the findings, it can be seen that some university students had insufficient knowledge about STIs and that a large part had difficulty in naming the infections they knew. Knowledge is greater in relation to the most widespread infections, such as HIV/AIDS, which is disseminated in various communication media. The rest, on the contrary, such as trichomonas infections and others, are not mentioned by the group. Mononucleosis, mentioned by one student, is not considered an STI; it is a virus known as the "kiss disease". In the case of university students, it is noticed that some have less than expected knowledge and verbalize contact in dressings and wounds as a possibility of STI transmission. Lack of information, therefore, is an element that contributes to the individual vulnerability of university students.

Considering the vulnerability of young people to STIs, many researchers have been working to verify the knowledge of this group on the topic. A research study that assessed the knowledge about sexually transmitted diseases (STDs) and the sexual behavior of 532 adolescents in

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Chart 1. Use of condoms in the sexual itineraries of university students. Rio de Janeiro, 2020.

Male university students	
Sexual behavior with fixed partners	**Sexual behavior with casual partners**
They do not always use condoms.	They use condoms more often, because they believe it is necessary.
They trust their partners, believe to know them well, that they are healthy.	They do not know their partner well and, therefore, are suspicious of their health condition.
They stop using condoms if the female partners take birth control pills.	They use a condom even if they know that their partner uses contraceptives.
They ignore and disapprove of the female condom.	
In the presence of alcohol and/or drugs, they may not use a condom	
They may not use a condom because they do not like it and because they believe it prevents sexual pleasure.	
Female university students	
Sexual behavior with fixed partners	**Sexual behavior with casual partners**
They trust their partners because they believe they know them well; therefore, they do not always use condoms.	They do not know their partner well and, because they are unaware of their health condition, they always use condoms.
They use (male) condoms more often at the beginning of the relationship. Then, for trusting the partner, they replace it for another (contraceptive) method.	They use condoms more frequently in all sexual relationships; they do not trust their sexual partners. They always use (male) condoms.
They do not usually use female condoms because they are unaware of them. They believe that the partner will criticize and dislike.	
In the presence of alcohol and/or drugs, they may not use a condom.	

Source: The authors, 2020.

Rio Grande do Sul found that 78% of the girls and 89.3% of the boys had adequate knowledge about the diseases and that the boys knew more STDs than the girls (p=0.002)[9]. A study conducted with 768 university students in Rio de Janeiro analyzed the relation between the social aspects of young people and the knowledge about the ways of transmission of sexually transmitted infections and found that the students had below-mean knowledge in relation to STIs. Female students, married or living with a partner, who had children and were studying in the health field, had more knowledge, being statistically significant (p=<0.05)[10]. In Malaysia, a study conducted with 700 university students in the health and non-health fields found that 86.6% had already heard of STDs. HIV/AIDS had the highest representation in the group (83.6%), while chlamydia (26%) and trichomonas infections (21%) are little known[11].

A number of research studies have shown that there are flaws in the STI prevention process due to lack of visibility of the infections, forms of transmission, incidence, symptoms and health consequences. STIs cause uncertainties and doubts among young people who are unable to identify the danger that surrounds them[12]. A study that adopted the scale of knowledge, attitudes and practices (KAP) for evaluation indicates that young people still have dubious, contradictory and taboo praxis about certain STIs, especially in the dimension of *knowledge and practice*[3]. These factors contribute to increasing the vulnerability of the young population to STIs.

HIV/AIDS is the most well-known and feared infection by some participants. Fear of the virus and the disease (AIDS) was manifested in the group, especially among young people with homosexual orientation, due to the stigma of AIDS. Even nowadays, AIDS is perceived as a disease that affects people with reprehensible transgressive, moral and social behaviors. A study[13] addressed the negative value that people still have in relation to HIV/AIDS, anchored in the imaginary idea of the beginning of the epidemic, in the 1980s. The negative elements of the disease were addressed in a research study that revealed the feeling of sadness and fear associated with death[14].

In the context of STIs, it is added that, in the 1990s, AIDS was understood as a disease and the apprehension of the pathology surpassed

the health field, with concern about the sexual conducts of society, in the sanitary and political spaces. Thus, there was an epidemiological mobilization in the face of "risky sex" and the use of condoms in sexual intercourse as a healthy habit[5].

Fear of death is real for some participants of this study. Currently, it is known that having HIV is not synonymous of death. The quality of life of HIV-positive people has significantly improved, but it follow-up with appropriate treatment is indispensable. The behavior of young people in relation to HIV can be associated with distancing from the problem because they do not see people dying, as occurred in the 1980s and 1990s; and also because of the false feeling of invulnerability they believe to have. A number of authors[3] indicate that, although the vulnerability of young Brazilians is recognized as high, this group has a low perception of risk. Today, AIDS is understood as a chronic disease and, in case of exposure to HIV, the exposed person can use the cocktail (anti-retroviral medications). A research study[15] found changes in the social representations of AIDS for health professionals. Elements that integrated the central nucleus of the representation migrated to the periphery, such as the term "death"; central elements, previously negative, became positive after the transition from the concept of fatal disease to chronic disease. There was a decrease in the importance of *death*, in the process of transforming the social representations of AIDS, for health professionals. Human relationships build a complex symbolism, capable of expanding the knowledge associated with the syndrome and the practices of health professionals[15].

The participants' attitudes of neglect towards sexual health are worrisome, considering that few reported the performance of preventive exams. In the focus groups, it was noticed that female university students showed greater concern with health care, when compared to men. Brazil has shown an increase in the prevalence of HIV among the younger individuals, especially among men who have sex with men (MSM)[16]. It is known that prevention of STIs is directly related to the practice of safe sex and to the overcoming of contexts of vulnerability. A number of authors[3] point out that it is important to strengthen public health care programs and policies for young people, making it necessary to know the vulnerabilities and social determinants.

The lack of cohesion of the sexual practices mentioned by the university students and the prevention practices adopted were observed. Thus, although the participants described health concerns and the prevention of STIs, they incurred in inappropriate sexual behaviors and were exposed to risk situations. In this context, the existence of services for counseling and assistance to the sexual and reproductive health of young people would be opportune[17].

Sex education in the school environment can be a resource for deconstructing misinformation about sexuality. It is a contemporary conception of social apprehension related to the sexual experiences in adolescence, which have become more frequent and independent of moral influences over time[5].

With regard to condom use, it is known that young people tend to use it more frequently in their first sexual encounters. The condom is a resource that contributes to the prevention of STIs, but many participants stated that they do not like it and are not in the habit of using this preventive method in sexual relations. A study[18] shows that young males are less concerned with sexual health when compared to females. Young men, aged 15 to 24 years old, do not usually seek Basic Health Units to carry out tests for the detection of STIs, such as HIV, syphilis and Hepatitis B and C; among young women, this precaution is more frequent. The difficulty of access of young people to health units, the low promotion of men's health, the low visibility, and the limitations found in the Public Health Policy for Men can justify this male behavior.

Many male participants have shown that they do not like using condoms because they bother or tighten, because they are allergic to latex, and because condoms make it difficult to maintain an erection and reduce pleasure. It is known that difficulties in using condoms stimulate the practice of unsafe sex. A research study carried out with 1208 young people found that 40% of the participants believe that, in stable relationships, it is not necessary to use condoms and that 36.1% did not use condoms in the last sexual encounter[3]. A study evaluated the perception of heterosexual young people about condom use with casual partners and found the prevention of STIs and unwanted pregnancies as advantages. As disadvantages, they indicated the quality of sex and physical sensations (decreased sensitivity and erection)[19].

The female condom is not used by the university students interviewed. When using condoms, they prefer to use the masculine one, due to its practicality. Many participants reported ignorance about the handling of the female condom, in addition to difficulty of access; thus, they

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prefer to use the male condom. A research study finds that the female condom has low adherence due to lack of adequate information and accessibility; male condoms, on the other hand, are more publicized and accessible to the general population[20]. Considering the risk of exposure to STIs, the use of the female condom should be encouraged and valued. In order to incorporate the habitual use of this resource, it is necessary to implement spaces to have access to the input and having information appropriate to the schooling level of the people, in addition to the exchange of experiences so that they can exercise their autonomy and citizenship, with systematized actions of public policies existing.

It is known that many young people do not use condoms or use them sporadically and are exposed to the practice of unsafe sex. The participants stated that the male condom is more adopted and better accepted with casual partners. A study[18] conducted with individuals aged 15 to 64 years old evidenced that most of the young people used condoms continuously during sexual intercourse, unlike adults, who despised the use of the device. A research study[21] conducted with conscripts from the Brazilian army found that condom use was lower with fixed partners (34.5%) and higher with less stable partners (45.6%).

Casual relationships are scripts that take place in just a single encounter. They have different degrees of intimacy and, when coitus occurs, it can be considered as "accidental sex or a one-night stand". In the most solid relationships, such as dating or stable union/marriage, it is a moment with a beginning, middle and end, socially scripted[6].

From the perspective of the interviewees, the type of affective relationship is decisive for adhering (or not) to condom use in sexual relations. The sexual scripts (fixed or casual partners) will therefore guide the adoption (or not) of preventive practices. The university students add that trust in the partner replaces the prevention of an STI, as mentioned by Participant 11: "You will stop using a condom when you start a relationship [stable] because it is a proof of trust". Young people believe in the fidelity of their partners and claim to know them (that they are healthy people). For this reason, they stop using protection practices. Young people who are married or who live in union with a partner are more vulnerable because they make lesser use of condoms and seek less information about STDs, when compared to single individuals[3]. When investigating HIV-positive women, some authors emphasize that, in stable relationships, women do not seem to realize the possibility of exposure to STIs/HIV/AIDS, considering that, in the female imagination, infection is still associated with prostitution, promiscuity and extramarital relationships[20].

The sexual scripts are structured on three different levels and involve the psychological aspect, interaction and culture, emphasizing that sexual conduct is more influenced by the social environment than driven by biological instincts[6]. Therefore, the levels of scripting in the sexual conducts of university students go through intrapsychological and interpersonal aspects and through the cultural scenario that dialog with each other, being possible to restructure them to promote positive scenarios in relation to STIs.

Intrapsychological scripts are the judgments that the individuals make with themselves according to the social and cultural expectations of behaviors. Interpersonal scripts can be described as a representation of the self guided by the implicit mirroring of the other, with the ritualized maintenance of actions. It is a person's way of acting and being connected to what others expect and/or practice. It acts on the level of social interaction and establishes that the individual acquires the norms based on the socially accepted patterns of behavior. Cultural scenarios are those evidently linked to the determinants or guides of collective life and establish social roles, in general[6].

The dynamics that encompass these three levels described are directly related to the subject's historical, cultural and individual dimensions, and are translated into the experience that each person may have in their sexual scripts. Considering that youth is a time of experiencing sexuality and structuring identity, it is understood that, in the cultural sense, prejudices and beliefs organize the sexual-affective possibilities of young people.

It was also noticed that, when young university students stopped using condoms with their partners, they did not put themselves in the position of an individual vulnerable to STIs. A study[22] evaluated the social representation of young university students about vulnerability and concluded that young people view vulnerability as belonging to the "other", especially when they have a steady partner, do not show promiscuous behaviors or may be contaminated with some STI.

The Theory of Sexual Scripts can aid the understanding of important phenomena, such as

the AIDS epidemic, considering that the author has a different conception of the theories that turn biology into a reference for explanations about sexuality. The motivations of sexuality, as the author asserts, are eminently social and cultural and are not conditioned to biology or to psychological determinations[6].

In stable relationships, such as dating and marriage, young people usually substitute the male condom for the oral hormonal contraceptive method (pill), demonstrating that they are concerned with an unplanned pregnancy, but not with STIs. A study with university students found a difference in the proportion of condom use between those who are dating and married or with a partner and indicates that, in these relationships, peculiarities can occur, including the adoption of protective behaviors[23]. The negotiation of condom use in affective relationships often faces obstacles. In relationships with fixed partners, such as dating and marriage, it is known that it is difficult for women to negotiate condom use, this being a delicate issue to be addressed in the couples.

Throughout a person's life, the scripts can vary according to the number of times sexual intercourse has occurred and the practices resulting from these encounters (a scripted set of behaviors ranging from kissing to intercourse) and the number of partners each person has[6]. Sexual behaviors can be described as sexual scripts that are renewed with each sexual act or partner and are linked to the young person's feelings of desire and pleasure.

In the view of university students, women are the main agent for negotiating the use of condoms in relationships. Communication in couples, however, can be an obstacle to negotiation. Thus, despite the belief that women have in their role as mediators in relationships, it is known that this issue is delicate and situations such as the association with infidelity by one of the parties can emerge. For women, the fact that the male condom is more publicized represents a disadvantage, since they need to negotiate with the partner, who is going to make use of the resource, to take care of their body. The fact that women are unaware of prevention technologies and the stigmas related to HIV/AIDS makes infection not a concern for women, especially among those who exercise sexuality in a normative matrix[24].

The participants verbalized that the couple's relationship can be strained by possible distrust of the partner's fidelity if one of them requests the use of condoms for STI prevention. Among the nine university students who were dating, four reported not having difficulty negotiating condom use with sexual partners. The existence and maintenance of a communication channel within the couples is an indispensable element for understanding and overcoming difficulties. For the sexual harmony of couples, it is important that they share opinions and respect each other when making decisions. Maintaining dialog and harmonious coexistence in affective relationships ensures autonomy in the exercise of sexuality.

Conclusion

The knowledge about Sexually Transmitted Infections, the modes of transmission, and fears about exposure to infections were perceived in the speeches of the university students. The lack of knowledge about the infections, presented by some, who recognize only those most publicized in the media and academic circles, such as HIV, corroborates the increase in the individual vulnerability of the group in relation to STIs.

With regard to the prevention of STIs, they understand that it is directly related to the practice of safe sex, with the continuous use of condoms, and in overcoming contexts of vulnerability, being aware that they need to take care of themselves and preserve their health. It was noticed that risky behaviors, externalized in the sexual practices of the students, was dissonant from their speeches and did not follow the preventive measures adopted by the group.

The periodic search for health care and preventive exams (such as the gynecological exam) was more frequent among female university students, who showed concern about sexual health care. Male students, on the other hand, reported seeking to carry out tests for the detection of HIV and other STIs.

The university students revealed that they did not use condoms on a regular basis, because they did not like it and due to lack of habit. For men, male condom made it difficult to maintain an erection and reduced sexual pleasure, and some mentioned latex allergy. The female university students described difficulties in handling the female condom, which had an unpleasant aesthetic appearance, and preferred to use the male condom. The students used condoms sporadically (or did not use them) and were exposed to the risks of unprotected sex, which is an aggravating factor for their health since some STIs are silent.

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In the speeches of the university students, trust in sexual partners replaces the use of condoms by other methods, such as oral contraceptives, believing in the fidelity of the couples. It can be perceived that the sexual scripts of stable relationships make young people more vulnerable to STIs, since they are more exposed when compared to those who have casual partners.

It is believed that the identification of the psychosocial elements that favor the greater vulnerability of this population must be relevant to the construction of a prevention culture. Education in health of the young group could be stimulated and developed in the university environment, contributing to the reduction of the vulnerabilities of this group. The study had as a limitation the fact that it was conducted with students from a single institution. It would be opportune to replicate it in other environments and with other methodologies, although the results presented are in line with other research studies with university students.

Collaborations

T Spindola: conception and design of the article, data analysis and interpretation, writing of the article and critical review. RSC Santana: data analysis and interpretation, writing of the article and critical review. RF Antunes: conception of the article, data analysis and interpretation, writing of the article and critical review. YY Machado: data analysis and interpretation and writing of the article. PC Moraes: data analysis and interpretation and writing of the article.

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