



SEXUAL INITIATION OF RURAL WORKERS INICIAÇÃO SEXUAL DE TRABALHADORES RURAIS INICIACIÓN SEXUAL DE TRABAJADORES RURALES

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ABSTRACT

Objective: to analyze the sexual initiation of sugarcane-cutting workers from a gender perspective. **Method:** descriptive and cross-sectional study with quantitative approach carried out with 71 male residents and workers of a sugarcane cutting mill who were over 18 years of age and who had already initiated sexual activity. A structured questionnaire was used. Data were analyzed in the SPSS software and presented in tables. **Results:** the study found that 43.7% of the workers had initiated sexual activity with casual partners and motivated by curiosity; 57.7% reported having used some contraceptive method in the first relationship; and 12.7% got their partners pregnant. **Conclusion:** the research contributes to increase the knowledge about sugarcane-cutting workers in the state of Alagoas, with respect to their sexual initiation and the behavioral relations that involve them. **Descriptors:** Sexual Behavior; Men's Health; Rural Workers, Nursing.

RESUMO

Objetivo: analisar a iniciação sexual de trabalhadores cortadores de cana-de-açúcar na perspectiva de gênero. **Método:** estudo descritivo, transversal, de abordagem quantitativa, com 71 homens residentes e trabalhadores de uma usina de corte de cana-de-açúcar, com idade superior aos 18 anos de idade, e que haviam se iniciado sexualmente. Foi utilizado um questionário estruturado e realizada a análise dos dados por meio do software SPSS, sendo estes apresentados em tabelas. **Resultados:** o estudo constatou que 43,7% dos trabalhadores tiveram sua iniciação sexual com parceiras casuais motivados por curiosidade; 57,7% afirmaram ter utilizado algum método contraceptivo nessa relação; e 12,7% engravidaram suas parceiras. **Conclusão:** a pesquisa contribui para alavancar o conhecimento sobre classe trabalhadora do corte de cana-de-açúcar do estado de Alagoas, como se deu a iniciação sexual dos mesmos e as relações comportamentais que envolvem o trabalhador. **Descritores:** Comportamento Sexual; Saúde do Homem; Trabalhadores Rurais, Enfermagem.

RESUMEN

Objetivo: analizar la iniciación sexual de trabajadores cortadores de caña de azúcar en la perspectiva de género. **Método:** estudio descriptivo, transversal, de enfoque cuantitativo, con 71 hombres residentes y trabajadores de una usina de corte de caña de azúcar, con edad superior a los 18 años de edad, y que se habían iniciado sexualmente. Fue utilizado un cuestionario estructurado y realizado el análisis de los datos por medio del software SPSS, siendo estos presentados en cuadros. **Resultados:** el estudio constató que 43,7% de los trabajadores tuvieron su iniciación sexual con compañeras casuales motivados por curiosidad; 57,7% afirmaron haber utilizado algún método contraceptivo en esa relación; y 12,7% embarazaron a sus compañeras. **Conclusión:** la investigación contribuye para mejorar el conocimiento sobre clase trabajadora del corte de caña de azúcar del estado de Alagoas, como se dio la iniciación sexual de los mismos y las relaciones comportamentales que envuelven al trabajador. **Descriptores:** Comportamiento Sexual; Salud de los Hombres; Los Trabajadores Rurales; Enfermería.

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INTRODUCTION

In 2015, the estimated resident population in Brazil was 205.3 million people. The latest survey released by the IBGE in 2011 shows that about 100.1 million of these residents make up the workforce (economically active population - EAP) of the country, of which 13.4 million are agricultural workers.¹ The sugar and alcohol industry is the third most profitable agribusiness activity in Brazil, accounting for approximately 18% of GDP in 2010 and directly and indirectly responsible for generating approximately 3.6 million jobs in Brazil.²

In Alagoas, sugar cane cutting is commonly carried out by men. Before the physical effort required to perform their function, psychosocial needs often fall into the background. This activity is seasonal; many workers leave their families and migrate through different municipalities and states according to the harvest period.

Knowing that men act decisively about their sexuality, family planning, and sexual and reproductive rights, it is necessary to empower them to be the subjects of their lives and health conditions. In this sense, the National Policy for Integral Attention to Men's Health was created through Ordinance 1944 of August 27, 2009, as a key strategy for improving quality and length of the life of men by focusing on disease prevention and health promotion.³

The Policy focuses most of the attention in aspects related to the sexuality of men, considering them authors of their choices and requiring their engagement in situations and choices directed to women.⁴ Thus, it is necessary to "promote spaces for dialogue, listening to feelings, desires and doubts, providing clear information, building knowledge and actions to promote sexual and reproductive health".⁵

In Brazil, the average age of the first sexual intercourse has decreased in both genders, but boys initiate sexual practices at younger ages than girls. In the 1950s, the first sexual intercourse used to happen around the age of 20.5 years; in 1975, at 18.6 years; in 1996, at 16.4 years. A study conducted between 1998 and 2004/2005 found that the average age of first sexual intercourse among young men was 15 years for men and 15.9 years for women.⁵ Another study developed in 2012 showed that the average age for sexual initiation in Brazil is 14.9 years.⁶

Male sexuality has passed through a process of medicalization in which the aim is to

eliminate the so-called venereal diseases and syphilis and, in a second moment, to treat erectile dysfunction. In turn, issues related to gender and sexuality have been left in second place.⁷⁻⁸

There are several aspects that influence sexual behavior and contraceptive practices. Issues related to sexuality can be determined by the way the social group experiences it and they are, therefore, different between the genders and the social classes.

This study is relevant because there is still a gap in studies on rural workers and especially on those who work in sugarcane cutting. The study aims to analyze the sexual initiation of sugarcane cutting male workers.

METHOD

This is a descriptive, quantitative research with population-based cross-sectional design where information was collected in a single moment. The research site was a sugar and ethanol mill in the state of Alagoas. The mill has a workforce of 1179 sugarcane cutting workers. Of these, 183 (15.5%) live in the housing provided by the mill because they come from cities far from the municipality. Due to the difficulty to interview the workers during work shifts, as they are paid based on production and some return to their homes at the end of the day, it was decided to do the research with the worker who stayed in the housing of the mill.

The participants were sugarcane-cutting male workers in a sugar-alcohol mill in the state of Alagoas. The criteria for inclusion of participants were: being over 18 years old and having started sexual activity.

The size of the sample was established using a prevalence estimate of experience of sexual intercourse of 26.5%⁹ with a sample error of 5% and a confidence level of 95%. This way, a sample of 75 subjects was obtained. Participants were selected by systematic sampling with replacement based on the list provided by the mill. However, it was noticed that the topic sexuality is not easy to be debated. There were several negative reactions during the interviews, due to the content of the questions with personal character. Thus, the final sample consisted of 71 (94.66%) interviewees.

The interviews only occurred after approval of the study by the Research Ethics Committee (REC) under CAE n° 305.027. Before starting the interview, the participants were explained that the content of the questions was related to their sexual experience, explaining their participation,

research objectives, anonymity and secrecy. Then, the Informed Consent Form (ICF) was read and the participants expressed their acceptance by signing or putting their fingerprint in the ICF.

Data collection took place from December 2012 to February 2013. A structured questionnaire prepared by the study group - Nursing, Health and Society/GEESS - was used, covering: identification data; demographic information; and information about sexual initiation. Although the survey was conducted in 2013, the data is not outdated because the information given at the time of the interview does not change over time.

The variables used to characterize sexual initiation were: age of first sexual intercourse, partner of first sexual intercourse, use of contraceptive method in the first sexual intercourse, and variables related to affective relationship and reproduction. To record the first sexual intercourse, the one informed by the interviewee was considered.

The number of responses for each variable differed, because the *N* varied as a result of refusals to answer certain questions or cases where the interviewee said not remembering the information requested. In this way, as the data is presented, the *N* is reported in the tables according to the variable studied.

The data were stored in a spreadsheet (Microsoft Excel®). The Statistical Package for Social Science (SPSS) version 20.0 (license n. 10101121162) was used for statistical analyses.

RESULTS

As for the socio-demographic profile of the participating workers, it was observed that they have a low level of education, with an average of 4.7 years of study; 43.8% have income of two minimum wages and no worker reported receiving less than one minimum wage (R\$ 788.00). Among the workers, 77.8% have a partner (civil or consensual union) and 75.3% have children, with an average of 2.1 children. Among the workers with children, 86.9% receive social benefits from the Federal government. The mean age was 32.2 years, ranging from 19 to 56 years.

The results on sexual initiation were divided into five categories. These are: age at first sexual intercourse; type of relationship with the partner at the time of first sexual intercourse; use of contraceptive method in the first sexual intercourse; occurrence of pregnancy at first sexual intercourse; main motivation to start sexual activity.

The age of the first sexual intercourse (Table 1) among sugarcane-cutting workers ranged from 12 to 33 years, with an average of 19.5 years, with 69.0% having their first sexual intercourse in adolescence, that is, between 12 and 19 years; the age with the highest frequency was 17 years (21.1%).

Table 1. Distribution of sugarcane-cutting workers according to age at the first intercourse. Maceió (AL) Brazil, 2016. (n = 71).

Age at first sexual intercourse		
Age group	n	%
12 - 14	13	18.3
15 - 19	49	69.0
20 - 24	5	7.0
25 - 29	3	4.2
30 - 34	1	1.4
TOTAL	71	100

Regarding the type of relationship with the partner who they had the first sexual intercourse, 43.66% of the interviewees had their first sexual intercourse with someone with whom they were "hooking up", 32.39%

reported having had their first sexual intercourse with a girlfriend, 4.23% with a partner and 16.9% reported that their sexual initiation was with a program girl or sex worker. (Table 2).

Table 2. Distribution of sugarcane-cutting workers according to age at the first intercourse. Maceió (AL) Brazil, 2016. (n = 71)

Partner of the 1st sexual intercourse	N	%
Person with whom was "hooking up"	31	43.7
Girlfriend	23	32.4
Program girl/sex worker	12	16.9
Partner	3	4.2
Other	2	2.8
Total	71	100

*A person with whom the participant had a casual relationship.

It was observed that a contraceptive method in the first sexual relation was used among the majority of the participants. Of the 71 interviewees, 57.7% (41) reported having used some contraceptive method in this first relation.

Of the 41 participants who reported using a contraceptive method at their first sexual intercourse, 56.09% (23) stated that the decision to use the contraception method at sexual initiation was theirs; 17.07% (7) of the interviewees stated that they used the method because of the exclusive decision of

the partner; and 26.84% (11) stated that it was a mutual decision of the couple.

When questioned about their knowledge of contraceptive methods, many different answers were given. The best known method was the male condom, in which 91.5% reported knowing it; then the method of coitus interruptus or "enjoying out" was mentioned by 70.4%, and 69% reported knowing the contraceptive pill (Table 3).

Table 3. Distribution of knowledge of contraceptive methods among sugarcane-cutting workers. Maceió (AL) Brazil, 2016. (n = 71).

Contraceptive methods	Knowledge of contraceptive methods			
	Yes		No	
	n	%	N	%
Male condom	65	91.5	6	8.5
Coitus interruptus	50	70.4	21	29.6
Contraceptive pill	49	69.0	22	31.0
Contraceptive injections	42	59.2	29	40.8
Tubal ligation	30	42.3	41	57.7
Female condom	28	39.4	43	60.6
Tablet	25	35.2	46	64.8
Vasectomy	20	28.2	51	71.8
Morning-after pill	18	25.4	53	74.6
Intrauterine device (IUD)	12	16.9	59	83.1
Diafram	05	7.0	66	93.0
Implants	03	4.2	68	95.8

Pregnancy at first sexual intercourse occurred in the case of 12.7% (9) of the study participants. An important situation to be studied is what led the individual to sexual initiation, here called the "motivation." When questioned, 31% (22) reported that they were

led by curiosity; 26.8% (19) claimed to have felt lust; 22.5% (16) because they wanted to lose their virginity soon; and love only appears in fourth place, in the responses of 16.9% (12) of the interviewees (Table 4).

Table 4. Distribution of motivation to sexual initiation among sugarcane-cutting workers. Maceió (AL) Brazil, 2016. (n = 71)

Main motivation for sexual initiation	N	%
Curiosity	22	31.0
Lust	19	26.8
Desire to lose virginity as soon as possible	16	22.5
Love	12	16.9
Other	1	1.4
Refused to respond	1	1.4

Another important point for the discussion is the influence of some kind of pressure for sexual initiation (Table 5). In that aspect, 25.4% (18) of the participants stated that they

were under some kind of pressure for sexual initiation.

When asked about the person who pressured them (Table 5), 61.2% (11) of the participants reported having been pressured

by friends/colleagues, 27.7% (5) by their partner and 11.1% (2) by same-age relatives

such as brothers, cousins.

Table 5. Distribution of the population that underwent pressure for having the 1st sexual intercourse, according to the gender and the person by whom they were pressed. Maceió (AL) Brazil, 2016. (n = 18)

Person who was making pressure	n	%
Friends/coleagues	11	61.2
Partner	5	27.7
Siblings/cousins	2	11.1

DISCUSSION

♦ Sexual Initiation

In general, men and women present different sexual behaviors and are motivated to initiate sexual activity by different factors. However, the age of onset of sexual practice has declined for both.

In the case of men, sexual initiation is "an event marked by social constructions of sexuality." In this sense, sexuality varies from one culture to another, because different values are attributed by societies to the encounter between sexes. There is a standardization of sexual behavior, although its construction occurs throughout the life of the subjects and has an individual character. Thus, sexual behaviors sculpted by society and culture pass through modifications, because "there are spaces for human creativity."¹⁰

Subjective conceptions, cultural aspects transmitted and shared within a social circle, and economic and affective factors that permeate the experiences of sexuality end up increasing the vulnerability to HIV/AIDS and other sexually transmitted infections (STI), pregnancy and abortion, which may compromise the life of adolescents.¹¹ This happens because of the increasingly early onset of sexual activity that may be associated with the rapid transformation of values and cultural patterns of societies.¹² The present research shows that most sugarcane-cutting workers have had their sexual initiation in casual relationships.

Sexual initiation often occurs without the minimum of cohesive information about safe sex practices, what lead people to adopt sexual practices and/or behaviors that make them more vulnerable to STIs.

In this context, the professional must refrain from imposing personal moral values on sexual orientation. The preparation for sexual initiation includes knowledge about puberty and bodily development, the use of contraceptive methods and the need to discuss these issues, regardless of religious

positions, especially the use of condoms, the only method that guarantees the double protection against STIs and unplanned pregnancy.

In this way, the health professionals that provide assistance to these workers need to be able to develop health education activities addressing the topic of sexuality, which is still permeated by taboos in society. This was proven by the fact that the participants of the research showed to be uncomfortable to talk about the theme. Educational strategies on sexuality should be offered continuously.

♦ Relationship with partner at the time of sexual initiation

Sexual initiation can be characterized as a time when there is more pressure for young people to prove that they are "men" in the eyes of society, what has occurred earlier and earlier, and has favored carelessness in the performance of safe sex, with consequent health problems stemming from STIs and AIDS.¹⁰ Furthermore, the emotional and intimate aspects that often involve the discovery of sexuality, the discovery of the own body and the body of the other person end up as secondary, and this experience - which is a milestone in anyone's life - does not often happen as a positive one. This is because affectivity for the development of relationships is very important.¹⁰

Several meanings were attributed to the onset of sexual life, as a milestone in a life stage, the awakening of the desire for another person; in short, the senses that relativize the values attributed to a hegemonic masculinity and that express the masculine sensibility.

The types of relationships with the partner at the time of the first intercourse are different for boys and girls. A survey revealed that most of the girls indicated their boyfriend as the first sexual partner (90.7%) and only 9.3% of respondents indicated that the first relationship occurred with a friend. As for the boys, only 33.3% had their first sexual intercourse with a girlfriend and 55.5% cited a friend as their first sexual partner.⁶

The research above mentioned⁶ corroborates our findings regarding the relationship with the partner of the first sexual intercourse, that there was an affective bonding in 36.62% of the interviewees - 32.39% with a girlfriend and 4.23% with a partner. Most interviewees (43.7%) had their first sexual intercourse with someone with whom they were "hooking up" (a friend or someone they knew, with whom they had no stable relationship). We cannot, however, overlook the fact that the first sexual intercourse may often occur with sex workers, as reported by 16.9% of respondents.

♦ Use of Contraceptive Methods at Sexual Initiation

Society attributes different meanings to the virginity of man and woman and these directly interfere in the decision of beginning sexual life. Considering that the onset of sexual life occurs earlier and earlier, the promotion of health and well-being of young people involves educational initiatives with the participation of their family, their school and health services, with the aim of directing efforts to provide guidance on STIs and unwanted pregnancies. Study revealed that young people tend not to use condoms in the beginning of sex life and they define the first relationships as casual. The main reasons given for their inconsistent use of condoms are: "they are unpleasant", "relying on partner" and "unpredictability of sexual relations".¹³

A study carried out with men and women in the city of Maceió, Alagoas state capital, showed that the percentage of participants who reported having used some form of contraception at the first sexual intercourse was 40.5%, while 59.5% reported not using any form of protection at the beginning of their sexual lives. Among men, 64% reported that they did not use contraception at the time of the first intercourse,¹⁴ a higher frequency than that reported by sugarcane-cutting workers. Despite the social issues, the latter sought more protection in this early sexual event and this may be related to the age at which they started it.

As for the decision to use a contraceptive method in sexual initiation, the majority affirmed that it was their own, showing that, in this group, the man decides on the issues of sexual protection.

Regarding the knowledge about contraceptive methods at the time of the first sexual intercourse, it was observed that the male condom is more widely disseminated by the media, and it is more available in health

services specially aiming at prevention of STI and HIV/AIDS. This method was the best known, despite some respondents said they to be unaware of it when they started sexual activity. It is observed that most of the interviewees also knew the interrupted coitus method, or "enjoying out", and the contraceptive pill. The other methods that are currently offered by the Ministry of Health were little known among the interviewees.

The study developed in Maceió that showed that 78.8% of participants had no information on contraceptive methods and did not use any method, while 21.2% had no information, but did use some method. With regard to having information and using the contraceptive method, it was observed that in the case of 50% participants they did not use any method despite being aware of them. This percentage can be considered low, since it is expected that education be a transforming agent of society and that knowledge lead people to seek better living conditions and health.¹⁴

Fears, anxiety and insecurities are part of this period of the lives of young people. They must be heard so that the health education of this generational group can be effectively promoted.¹⁰ Despite the context of distinct social and cultural spaces, the urban and the rural populations should be assisted by health and education programs aimed at promoting health among young people, educating them and guiding them about existing contraceptive methods, risk behaviors, and finally, quality sex life.

♦ Occurrence of pregnancy at first intercourse

According to the United Nations for Educational, Scientific and Cultural Organization, 33% of Brazilian youth between the ages of 12 and 17 have already started sex life, and 61% of these are boys. Pregnancy is a frequent consequent event of early sexual activity, which contributes to increased fertility. According to IBGE data from 2000, an increased contribution of young women between the ages of 15 and 19 took place in the Brazilian fertility rate.¹⁵

This increase is mainly observed in the North, Northeast and Center-West regions. The latter region presents the highest proportional growth of pregnancies in women under 20 years of age (11% in 1980 to 24% in 2000). The reasons for the high pregnancy and STI rates in adolescence are attributed to the non-use or inadequate use of contraceptive methods, the tendency to deny the possibility of becoming pregnant, the casual nature of sexual encounters, the fact that the use of

contraceptive methods means they are assuming their active sex life, and the little knowledge of the methods.¹⁵

A minority of respondents (12.7%) reported the occurrence of pregnancy at the first sexual intercourse and this may be related to the percentage of participants who said they did not use contraceptive methods in this occasions.

It is understood that teenage pregnancy is not a problem in itself, but a context of iniquity that produces and reproduces it, and that can be part of the life projects of adolescents and even reveals itself as a reorganizing element of life.¹⁶

Generally, teenage pregnancy occurs without planning. This denotes sexual initiation without information or without necessary preventive measures. We cannot generalize teenage pregnancy as a negative result, but we must emphasize that adolescents are not always ready to take on the responsibility of providing for a child, be it financial or the maturity needed to care for this child.

♦ Motivation for Sexual Initiation

A study reported that "sexual initiation is anchored in an established sociocultural model of being a man, obeying the norm of heterosexual conduct and having penetration as the main practice attributed to the male sexual act". In this way, sexual initiation has a momentary configuration in which young people are socially pressured to affirm their masculinity.¹⁰

The society and the family have a marked role in the sexual initiation of men, which ends up forcing young men to acquire values, roles and sexual identities revolving around sociocultural impositions and the parents' concern for their children to assume their identity and sexual preference as soon as possible.^{10,17}

This pressure to experience the first sexual intercourse is even more present among adolescents with low family income and schooling. In addition, these young people entry very early in the labor market with the aim of assuming family responsibility and support their families. This entails an anticipation of some behaviors, including sexual initiation.^{18,19}

In this sense, the sugarcane cutting workers did not cite love, but curiosity as the most reported main motive for sexual initiation.

It is common in the Brazilian scenario that men be represented as sexually active and desirous of sex, and male initiation is important for the constitution of virility. In

this way, men are encouraged to demonstrate their virility and masculinity as early as possible.⁴

CONCLUSION

The data produced in this study allowed to draw a profile of the sexual behavior with respect to sexual initiation of sugarcane cutting workers, of the decisions that they made when in the age group of sexual initiation.

Socioeconomic factors such as low schooling may be associated with the onset of sexual and reproductive life in adolescence and the lack of empowerment over the own body, leaving the pressure exerted by the social environment in which they live to be primarily responsible for decision-making on sexual initiation and making this moment a way to show their virility and masculinity.

It is necessary that the professionals who work with health of workers realize the importance of developing health actions with this population which by many factors has become vulnerable, either by the lack of information or by poor access to health services. The need to encourage research on the reality of rural workers in other aspects besides sex education to this group is clear, expanding actions beyond the problems arising from the exercise of work.

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