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INTEGRATIVE REVIEW ARTICLE

CAUSES OF THE NON USE OF CONDOMS IN ADOLESCENT SEXUAL PRACTICE: INTEGRATIVE REVIEW

CAUSAS DA NÃO UTILIZAÇÃO DE PRESERVATIVOS NAS PRÁTICAS SEXUAIS DE ADOLESCENTES: REVISÃO INTEGRATIVA

CAUSAS DE NO USAR PRESERVATIVOS EN LAS PRÁCTICAS SEXUALES DE LOS ADOLESCENTES: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to identify the main causes for the non-use of barrier methods in the sexual practices of adolescents. **Method:** integrative review, from the guiding question << What are the causes for the non-use of barrier methods during adolescent sexual practices? The scientific production was searched in the LILACS database, using the descriptors Adolescent Health, Sexually Transmitted Diseases, Condoms. **Results:** The main cause is the difficulty in negotiating condom use with the partner. **Conclusion:** the results show the need to intensify intersectoral actions, with emphasis on the School Health Program (SHP), aiming mainly at raising awareness and changing habits during their sexual practices. **Descriptors:** Adolescent Health; Sexually Transmitted Diseases; Condoms.

RESUMO

Objetivo: identificar as principais causas para a não utilização dos métodos de barreira nas práticas sexuais dos adolescentes. **Método:** revisão integrativa, a partir da questão norteadora <<Quais são as causas para a não utilização dos métodos de barreira durante as práticas sexuais dos adolescentes?>>. Realizou-se a busca da produção científica na base de dados LILACS, empregando os descritores Saúde do Adolescente, Doenças Sexualmente Transmissíveis, Preservativos. **Resultados:** a principal causa encontrada é a dificuldade de negociação da utilização do preservativo com o parceiro. **Conclusão:** os resultados encontrados evidenciam a necessidade de intensificar ações intersectoriais, com destaque ao Programa Saúde na Escola (PSE), visando, principalmente, à sensibilização e mudança de hábitos durante as suas práticas sexuais. **Descritores:** Saúde do Adolescente; Doenças Sexualmente Transmissíveis; Preservativos.

RESUMEN

Objetivo: identificar las principales causas de la no utilización de métodos de barrera en las prácticas sexuales de adolescentes. **Método:** revisión Integrativa, a partir de la cuestión guía << ¿cuáles son las causas de la no utilización de métodos de barrera durante las prácticas sexuales de adolescentes? >> Se buscó la producción científica en la base de datos LILACS, utilizando los descriptores de salud de los adolescentes, enfermedades de transmisión sexual, condones. **Resultados:** la principal causa encontrada es la dificultad de negociar el uso del condón con su pareja. **Conclusión:** los resultados muestran la necesidad de fortalecer acciones intersectoriales, con énfasis en el Programa de Salud Escolar (PSE), dirigido a principalmente a la conciencia y cambio de hábitos durante sus prácticas sexuales. **Descritores:** Salud del Adolescente; Enfermedades de Transmisión Sexual; Condones.

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INTRODUCTION

Sexually Transmitted Infections (STIs) are considered one of the most common Public Health problems in Brazil and in the world, since they can be expressed through their magnitude, transcendence, vulnerability and feasibility.¹ To this end, they are understood as a group of diseases caused by more than 30 etiological agents and transmitted from one person to another, mainly by sexual contact, without the use of barrier methods and, possibly, by blood, during pregnancy, childbirth or breastfeeding.²

In order to minimize this reality, the Ministry of Health emphasizes the importance of using condoms during sexual practices, emphasizing male and female condoms as the main barrier methods to contain STI transmission.³

Based on these assertions, it is understood that adolescents are part of a group of the population most vulnerable to STIs, since it is a stage of the life cycle marked by conflicts in all prisms (social, psychological, physical) as well as discoveries, especially of pleasure.⁴

For the purposes of this study, the adolescent is the individual who is between the ages of twelve and eighteen.⁵ Thus, this research aims to identify, through an integrative review, the causes for the non-use of barrier methods in the sexual practices of Brazilian adolescents.

OBJECTIVE

- To identify, through an integrative review, the causes for the non-use of barrier methods in Brazilian adolescents' sexual practices.

METHOD

Integrative review, which aims to search for a specific subject in literature collections, in which the six steps were followed: the first stage was the definition of the guiding question of the research; In the second stage, the inclusion and exclusion criteria were delimited; In the third stage, the databases were chosen and the search for the scientific productions was carried out; In the fourth stage, the categorization of the selected studies was performed; In the fifth stage, the discussion of the data was developed and, in the sixth step, the synthesis of the review was presented.⁶

The guiding question of the study is: What are the causes for the non-use of barrier methods during the sexual practices of Brazilian adolescents? In this sense, the

inclusion criteria for this study were: articles published in full, articles published in Brazilian journals and published in the LILACS database. Theses, dissertations, monographs and articles were excluded, which, after reading the abstracts, did not converge with the proposed study object; Doubly indexed publications and articles that used as study subjects individuals who were outside the age range that includes adolescence. There was no temporal delimitation, in order to broaden the search.

The search was performed in the Latin American and Caribbean Literature in Health Sciences (LILACS) databases, at the end of the first semester of 2015, with descriptors standardized and available in the DeCS: "Adolescents" [and] "Sexually Transmitted Diseases" [and] "Condoms." After analyzing the articles, eight scientific productions met the inclusion criteria.

In order to carry out the analysis of the sample, an adapted instrument was used, which included the following aspects: source, studied intervention, results and final considerations/conclusions.⁷ Regarding the references, the authors were cited identifying and respecting the sources, according to Ethical rigor. In order to maintain quality studies in this research, the pre-selected articles were evaluated as relevant and methodologically appropriate using a Critical Appraisal Skills Program (CASP) study evaluation form.⁸ Studies that reached a score of seven, of the maximum of ten points, were included in the sample, reaching the amount of eight articles.

We adopted an evidence-based practice that emphasizes the use of research to guide clinical decision-making and requires the learning of skills to use different processes to critically and reflexively evaluate literature.

A seven-level classification was proposed for the evaluation of evidence from research that considers the methodological approach of the study, the research design employed and its rigor: level 1 - evidence from a systematic review or meta-analysis of all randomized controlled trials or from clinical guidelines, based on systematic reviews of randomized controlled trials; Level 2 - evidence derived from at least one well-delineated, randomized controlled trial; Level 3 - evidence obtained from well-designed clinical trials without randomization; Level 4 - evidence from well-delineated cohort and case-control study; Level 5 - evidence originating from a systematic review of descriptive and qualitative studies; Level 6 - evidence derived from a single descriptive or qualitative study;

Level 7 - evidence from the opinion of authorities and/or expert committee reports.⁹⁻¹⁰

The studies that composed the sample, composed of eight articles, were listed according to source, type of study/level of evidence, sample and results, as shown in figure 1:

RESULTS

Source	Type of Study /Level of Evidence	Sample	Results
1 Costa, Santos, Souza, Cruz, Satana, Nascimen to et al	Descriptive / Level of Evidence: 6	3,030 pregnant adolescents and young adults who underwent serological testing for HIV and syphilis, from 1/1/2004 to 12/21/2008. Bahia Brazil.	44.1% - first sexual intercourse between 15 and 17 years; 32.5% - one partner; 7.8%, two partners and 4.4% ≥ three partners; 31.2% vaginal ratio; 5% - oral and vaginal practice and 4.4% - oral sex; 86% use condoms in the 1st relation; 82.2% understand the concept of HIV and protect themselves because they know that contact is via sex, blood or placenta.
2 Bastos, Cunha, Bertoni	Exploratory / Level of Evidence:6	5,040 respondents living in large urban areas of Brazil aged 16-65 in 2005.	Among young and middle-aged men of both sexes and young men living in stable relationships, condom use was less frequent among those who reported using psychoactive substances (alcohol and/or illicit drugs).
3 Miranda, Ribeiro, Rezende, Pereira, Pinto, Saraceni et al	Transversal / Level of Evidence:5	Young men across Brazil, aged 17 to 20 years old, in a mandatory military service, from July 10 to October 13, 2007.	The variables associated with lower schooling were: being 19-20 years old, lack of knowledge about STD transmissions, beginning of sexual activity before 14 years of age.
4 Hartmann , Cesar	Transversal / Level of Evidence 6	Adolescents aged 13 to 19 years, living in urban and rural areas, in the municipalities of Caracol and Anísio de Abreu. Piauí, Brazil.	Being female, having a low age, low schooling, not having a girlfriend, ignoring oral contraception and STDs increased the probability of not knowing a condom.
5 Miranda, Gadelha, Szwarc eald	Descriptive / Level of Evidence: 6	Female adolescents, aged 15 to 19, who lived in the neighborhoods of the Maruípe region. Vitoria, Brazil.	Although they are aware of the transmission of STD/AIDS, adolescents are not adequately warned.
6 Romero, Medeiros, Vitale, Wehba	Transversal / Level of Evidence 6	Female adolescents enrolled between the fifth grade of elementary school and the first year of high school at the State School Dr. Roberto Feijó. Guararema / SP, Brazil.	Young women in rural areas sought more information about sexuality compared to urban ones, and the main source of information was the parents in both regions. The condom is the best known in both groups, just as AIDS is the most known STD.
7 Costa, Lins, Araújo, Araújo, Gubert, Vieira et al	Quantitativ e, Transversal / Level of Evidence 6	296 adolescents of both sexes, in the age group of 10-19 years, resident and domiciled in the studied municipality, enrolled in the schools, adolescents with authorization granted by the legal guardian. Imperatriz / MA, Brazil.	Most young people who have used condoms during their last sexual intercourse usually maintain this practice, just as adolescents who understand the concept of HIV protect themselves against this infection and believe that the main form of contamination is through sexl, blood or barrier Placental disease.
8 Taquette, Andrade, Vilhena, Paula	Observatio nal, Transversal / Level of Evidence 6	Adolescents who sought medical care at NESSA-UERJ between August 2001 and July 2002.	Comparing the young women with STDs with those who did not have them, we observed, respectively, school delay, alcohol use in the last month, consumption of other drugs, did not live with both parents, domestic violence, sexual abuse and did not use a condom in sexual intercourse.

Figure 1. Distribution of selected articles according to source, type of study, sample and results.

In this integrative review, it was possible to list ten causes identified in the publications for the non-use of barrier methods in the sexual practices of adolescents, listed in figure 2:

Difficulty in negotiating usage	4	17
Partner confidence	3	12,5
Unfamiliarity	3	12,5
Do not believe in the transmission of diseases	3	12,5
Not liking	3	12,5
Not programming it	3	12,5
Marital Status	2	8,33
Desire to have a child	1	4,16
Inadequate guidance	1	4,16
Regular use of alcohol and illicit drugs	1	4,16

Figure 2. Frequency of causes for non-use of condoms found in selected articles.

DISCUSSION

Data in figure 2 shows that the most cited cause for not using barrier methods in adolescent sexual practices evidenced in the publications concerns the difficulty of negotiating condom use with the partner.

By pointing out the difficulty of negotiating condom use, the interference of the gender model is verified. This model can be explained as the predominance of the masculine imperative in the face of decisive situations in the sexual practices, for example, the use or not of the barrier methods at the moment, preventing their negotiation.¹¹

Adolescent girls are more vulnerable to the consequences of unprotected sexual practices due to the acceptance of the male adolescent's posture when they refuse to use condoms, such as: unplanned pregnancy, becoming infected with an STI, and erroneous Part of society. Another study also points out that among the reasons for the lack of use of contraception is the difficulty of dialogue with the partner.¹²

With regard to trust in the partner, there is a gradual reduction in condom use with the advancement of the relationship because they are considered as "fixed partners", thus not believing in the possibility of cases outside the relationship. They then demonstrate resistance to adopting condoms for reasons such as trust in the partner.¹³

There is a proportional dispensation of the use of barrier methods with the advancement of the relationship, increasing the risk of exposure to risks and a chain of new infections and re-infections.

Another frequent reason is the lack of knowledge about the barrier methods and other themes related to sexuality, relating the level of education and risk behavior, where those with a higher level of schooling postpone the onset of sexual activity and there is greater acceptance of condom use.¹⁴⁻⁵

These studies can be understood as subsidies in order to strengthen and ground

initiatives aimed at inserting diversified subjects related to sexuality in the adolescents' school curriculum, in order to inform and prevent them from consequences resulting from the non-use or misuse of Methods during their sexual practices.

A number of adolescents who choose not to use condoms because they do not believe in the transmission of diseases - they are considered healthy - and even in the occurrence of possible gestation.^{11,16}

More investments are needed in educational actions aimed at sensitizing them and bringing them closer to the real aggravations they are exposed to when they engage in risky sexual behavior, especially the various forms of transmission and the existing protective options.

Some adolescents use the use of condoms as a justification for not appreciating their use, mainly because they classify it as an obstacle to achieving full pleasure.¹³ This interference in pleasure brought by adolescents can be classified as of the existing myths that reinforce and demonstrate how necessary is the intensification of educational actions with the purpose of clarifying, addressing the various types of existing condoms and valuing the tranquility resulting from protected relationships.

They also justify non-use because they have not planned sexual intercourse, and there is no availability of the condom at the moment and this is not enough to interrupt the act.¹⁷

In addition to the intensification of the guidelines by health professionals and family members that address and reinforce the forms of transmission of STIs, another action that may have a positive impact on this aspect concerns the implementation of condom dispensers in commercial establishments. Once the survey and identification of the most frequent places of adolescents have been carried out, the installation of the devices at these strategic points aims at expanding and facilitating access to the condom.

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There is a relationship between the adolescent's marital status in this decision: in one study, it was seen that 51.1% of the interviewees deny habitual condom use with the fixed partner. With the eventual partner, the habitual use of the condom was 32.2%.¹⁷

This confirms the initial idea, where a significant portion of adolescents inserted in stable relationships choose not to use barrier methods in their sexual practices. The high percentage of adolescents who do not use condoms with casual partners (67.8%) is a significant drawback, and there is a high risk of exposure and infection.

The justifications less quoted are: desire to have a child; Inappropriate/inadequate parenting and regular use of alcohol/drugs.

The desire to have a child influences about 20% in the decision to use the condom or not.¹⁷ Concluding that it is the right time to have a child, there is a dispensation from the condom. At this point, it is important to emphasize the importance of pre-conception examinations, in order to minimize risks and promote a healthy pregnancy, respecting the desire and the rights of the adolescent.

Lack of guidance relates to superficial guidance from parents in addressing the issue of sexuality with their children, making them more vulnerable to the consequences of improperly protected sexual practices.¹⁶

The sense of false protection common to parents regarding issues related to sexuality acts as a barrier, which hampers clear and direct dialogue with their children. This theme still creates embarrassment and distress for parents and children.¹⁸

It is observed, then, that the possible gaps in the communication between parents and children can generate doubts and, often, there is not enough space to cure them, either with relatives or health professionals, which results in sexual practices partially or not properly protected, increasing the chances of recurring accidents, such as condom breakage.

Thus, collective learning that includes professionals, families and adolescents is necessary in order to resolve doubts and minimize the occurrence of interurrences at the time of the sexual act, and finally, the regular use of alcohol and drugs seems to influence the condom use in sexual practices and is less commonly used in individuals using them.

The proportion of adolescents who reported frequent use of all types of drugs is highest for the 15-19 age group, followed by the age range of 10-14 years. Of the latter:

45.9% made and/or used alcohol; 23% of cigarettes; 2.4%, marijuana and 3.7% of another illicit drug.

The modulating effect of these substances increases the chances of condom dispensing among adolescents in their sexual practices. Often, they cause the loss of recent memory, making the search for a health service unfeasible. Thus, in cases of visible dependence, intersectoral actions that include the Centers for Psychosocial Care - Alcohol and Drugs (CAPSad), for example, are important in order to assist in the reestablishment and social reintegration of the individual.

Data in figure 2 shows that the most cited cause for using barrier methods in adolescent sexual practices evidenced in the publications and concerns the difficulty of negotiating condom use with the partner.

CONCLUSION

From this study, it was possible to identify that there are several reasons why adolescents choose not to use barrier methods during sexual practices. In the analysis of the state of the art of this topic, it was possible to observe that the most frequent cause refers to the difficulty of negotiating the use of the condom with the partner, being this a demonstration that the gender model still reigns in society, increasing the vulnerability, especially of female adolescents.

Regardless of the frequency of the justifications used for not using barrier methods in their sexual practices, when analyzed more often, all are consequences of the lack of guidelines and monitoring of adolescent sexual practices by health professionals and their parents.

Thus, in view of the above justifications, it is necessary to organize educational actions including the adolescent, their respective parents, teachers and multiprofessional team aiming at providing the necessary guidelines, as long as there is prioritization of the school environment as the venue for these meetings, Since it is considered, in a large part of the studies analyzed, the place of preference on the part of the adolescents for this type of orientation, in order to include the parents, whenever possible, since they are seen as the primary source for obtaining this type of orientation.

These intersectoral actions are necessary in order to promote integral care, such as the School Health Program (SHP) as a strategic action, aiming to establish partnerships with teachers and enable them to address issues

such as sexuality, testing adolescents for STIs when necessary, in order to provide early diagnosis, access to appropriate treatment and longitudinality of care of these individuals.

Continued follow-up of these adolescents will result in greater linkage, accountability and, consequently, the creation of trust bonds with the health professional, facilitating access to adolescents, establishing a reference for their care, facilitating and broadening the dialogue, related guidelines to the theme of STIs, follow-up by means of consultations and routine exams, aiming at the prevention of these diseases and the adoption of safe sexual practices.

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