

Knowledge About Sexual and Reproductive Health Among Young University Entrance Exam Candidates in a Municipality in the State of Goiás

Conhecimento Sobre Saúde Sexual e Reprodutiva em Jovens Vestibulandos em um Município do Estado de Goiás

Conocimientos Sobre Salud Sexual y Reproductiva en Jóvenes que se Preparan para los Exámenes de Acceso a la Universidad en un Municipio del Estado de Goiás

RESUMO

Objetivo: avaliar o conhecimento de homens e mulheres pré-vestibulandos sobre saúde sexual e reprodutiva no município de Anápolis (GO). **Métodos:** Trata-se de um estudo observacional analítico do tipo transversal, realizado com pré-vestibulandos. Realizaram-se análises por estatística descritiva e associação com o teste G. Adotou-se o nível de significância de 5%. **Resultados:** Participaram do estudo 90 estudantes, sendo a maioria mulheres (64,4%), na faixa etária entre 18 a 21 anos (88,9%), com origem de escolas públicas (52,0%), católicos (44,4%) e sexualmente ativos (57,8%). Quanto à qualidade do diálogo no ambiente familiar, homens (46,8%) e mulheres (51,7%) relataram que este foi considerado bom ($p = 0,824$). Em relação aos conhecimentos sobre infecções sexualmente transmissíveis, os estudantes foram questionados sobre a possibilidade de a pílula do dia seguinte ser considerada um método anticoncepcional, verificando-se que a maioria dos homens (65,6%) respondeu de forma incorreta, enquanto a maioria das mulheres (58,6%) respondeu corretamente ($p = 0,046$). No que se refere aos cuidados com a própria saúde, observou-se maior proporção de mulheres (78,1%) que relataram ter sido imunizadas contra o HPV, em comparação aos homens (21,9%; $p = 0,0001$). E quanto à vida sexual, constatou-se que a maioria dos homens (75,0%) já havia iniciado a vida sexual, enquanto a maioria das mulheres (51,7%) relataram não ter iniciado ($p = 0,023$). **Conclusões:** O conhecimento dos pré-vestibulandos mostrou-se bom, mas foi evidenciado desinformação e lacunas sobre a temática relacionados à educação sexual e reprodutiva, o que pode acarretar riscos à saúde desses jovens.

DESCRIPTORIOS: Educação sexual; Gravidez na Adolescência; Infecções Sexualmente Transmissíveis; Anti-concepção.

ABSTRACT

Objective: to assess the knowledge of male and female college entrance exam candidates about sexual and reproductive health in the municipality of Anápolis (GO). **Method:** This is a cross-sectional observational analytical study conducted with pre-university students. Descriptive statistical analyses and association with the G test were performed. A significance level of 5% was adopted. **Results:** Ninety students participated in the study, most of whom were women (64.4%), aged between 18 and 21 years (88.9%), from public schools (52.0%), Catholic (44.4%), and sexually active (57.8%). Regarding the quality of dialogue in the family environment, men (46.8%) and women (51.7%) reported that it was considered good ($p = 0.824$). Regarding knowledge about sexually transmitted infections, students were asked about the possibility of the morning-after pill being considered a contraceptive method, and it was found that most men (65.6%) answered incorrectly, while most women (58.6%) answered correctly ($p = 0.046$). Regarding self-care, a higher proportion of women (78.1%) reported having been immunized against HPV, compared to men (21.9%) ($p = 0.0001$). Regarding sexual activity, it was found that most men (75.0%) had already become sexually active, while most women (51.7%) reported not having become sexually active ($p = 0.023$). **Conclusions:** The students' knowledge was found to be good, but there were clear instances of misinformation and gaps in their understanding of topics related to sexual and reproductive health, which could pose health risks to these young people.

DESCRIPTORS: Sex Education; Pregnancy in Adolescence; Sexually Transmitted Diseases; Contraception.

RESUMEN

Objetivo: evaluar los conocimientos de hombres y mujeres que se preparan para las pruebas de acceso a la universidad sobre salud sexual y reproductiva en el municipio de Anápolis (GO). **Método:** Se trata de un estudio observacional analítico de tipo transversal, realizado con estudiantes que se preparan para el examen de ingreso a la universidad. Se realizaron análisis mediante estadística descriptiva y asociación con la prueba G. Se adoptó un nivel de significación del 5 %. **Resultados:** Participaron en el estudio 90 estudiantes, en su mayoría mujeres (64,4%), con edades comprendidas entre los 18 y los 21 años (88,9%), procedentes de escuelas públicas (52,0 %), católicos (44,4 %) y sexualmente activos (57,8%). En cuanto a la calidad del diálogo en el entorno familiar, los hombres (46,8%) y las mujeres (51,7%) informaron que era buena ($p=0,824$). En relación con los conocimientos sobre las infecciones de transmisión sexual (ITS), se preguntó a los estudiantes sobre la posibilidad de que la píldora del día después se considerara un método anticonceptivo, y se observó que la mayoría de los hombres (65,6%) respondió de forma incorrecta, mientras que la mayoría de las mujeres (58,6%) respondió correctamente ($p=0,046$). En cuanto al cuidado de la propia salud, se observó una mayor proporción de mujeres (78,1%) que declararon haberse vacunado contra el VPH, en comparación con los hombres (21,9%; $p=0,0001$). En cuanto a la vida sexual, se observó que la mayoría de los hombres (75,0%) ya había iniciado su vida sexual, mientras que la mayoría de las mujeres (51,7%) informó no haberla iniciado ($p=0,023$). **Conclusiones:** Los conocimientos de los futuros estudiantes universitarios resultaron ser buenos, pero se observó desinformación y lagunas sobre temas relacionados con la educación sexual y reproductiva, lo que puede suponer un riesgo para la salud de estos jóvenes.

DESCRIPTORES: Educación sexual; Embarazo en la adolescência; Infecciones de transmisión sexual; Anti-concepción.

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INTRODUCTION

Youth is a period marked by various transformations, including integration into the social environment—whether in the workplace or

in an academic setting—with the aim of helping individuals assume greater responsibilities within their communities. However, the status of young people in society must take into account the historical and cultural context, in addition

to questioning the physical and biological definitions of this transition from youth to adulthood¹. Officially, the Brazilian government considers young people to be those aged 15 to 29, as defined by the Youth Statute, which establishes

the rights of young people based on the principles of autonomy and emancipation².

Among the rights of Brazilian youth established by the Youth Statute is access to information on sexual and reproductive health³. Reproductive rights are those that ensure a person's ability to make free and responsible decisions regarding family planning, which is fundamental to an individual's autonomy over their own body, choices, and self-knowledge². Sexual rights, on the other hand, uphold the right to live and freely express one's sexuality, including the right to prevention of unwanted pregnancy and sexually transmitted infections (STIs); and the right to information and to sexual and reproductive education³.

Despite the recognition of these reproductive and sexual rights—particularly the right to sexual and reproductive education—it is evident that young Brazilians constitute a vulnerable group when it comes to risky sexual behavior. This is largely due to a lack of awareness regarding the risks of contracting STIs, especially among those with low levels of education⁴, or even to the thrill derived from exposing oneself to danger, as seen in the refusal to use condoms or the use of substances associated with sexual activity^{5,6}. This scenario leads to an increase in the incidence of STIs and unintended pregnancies in this age group^{7,8}.

Although the literature extensively describes the reproductive and sexual behaviors of adolescents and college students^{6,7}, there is a scarcity of studies focused on young people preparing for college entrance exams, as they find themselves in a unique situation: they are navigating the transition from adolescence to adulthood in an environment without strict school supervision, facing intense pressure related to exams, and having only informal access to discussions about sexuality, since this topic is not addressed in preparatory courses.

In light of the above, the present

study aimed to assess the knowledge of male and female high school seniors preparing for college entrance exams regarding sexual and reproductive health in the municipality of Anápolis (GO).

METHODS

This was a cross-sectional, analytical observational study, using non-probabilistic, convenience sampling of students preparing for college entrance exams. All recommended items from the *Strengthening the Reporting of Observational Studies in Epidemiology* (STROBE) protocol were included.

The study was conducted in the municipality of Anápolis (GO), located 53 km from the state capital, Goiânia, and 139 km from the federal capital, Brasília. These cities form the Goiânia–Anápolis–Brasília corridor, considered one of the regions with the greatest growth potential in Brazil. The research was conducted at two college entrance exam prep courses in the municipality of Anápolis (GO), where the level of knowledge among young students regarding sexual and reproductive health was analyzed. These locations were chosen because they are leading prep courses in the city.

The study population consisted of all college entrance exam candidates aged 18 or older who voluntarily consented to participate in the study. All students present in the classroom were invited to participate. Participants under the age of 18 and incomplete questionnaires with more than two blank questions were excluded.

Data collection took place from May to August 2024 using a structured questionnaire consisting of 31 questions organized into five topics: sociodemographic characteristics, sex education, knowledge about STIs, knowledge about contraceptive methods, and sexual health and behavior.

The questionnaire was developed by adapting two previously validated questionnaires: the instrument for ad-

olescents developed by Abreu⁹ and the study on sexuality developed by Abdo, Moreira Jr., and Fittipaldi¹⁰. The adaptation involved selecting and tailoring the items to the context of high school seniors preparing for college entrance exams, with adjustments to the language and the exclusion of inapplicable questions, while preserving the conceptual content of the original instruments.

The questions were made available via Google Forms (online), consisting predominantly of closed-ended and multiple-choice questions, following a face-to-face session with the students during which the purpose and importance of the study were explained. The questionnaire was administered during the break between classes for convenience, which may have influenced the composition of the sample and the time available for completing the responses. The informed consent form (ICF) was completed prior to data collection; participants answered the questions online after providing a digital signature.

Microsoft Excel 2007 was used for data tabulation, and statistical analysis was performed using the *Statistical Package for the Social Sciences* (SPSS) version 20.0. Categorical variables were described using absolute frequencies (n) and relative frequencies (%). The chi-square test was used to assess associations; when necessary, Yates's continuity correction was applied. A significance level of $p < 0.05$ was used for all analyses. The study began after approval by the directors of the preparatory courses and the Research Ethics Committee (CEP/UniEVANGÉLICA), with substantiated opinion No. 6,643,905.

RESULTS

A total of 90 students participated in the study; the majority were female (64.4%) and aged 18 to 21 (88.9%). They had attended public high school (57.8%), wished to enroll in health-related programs (84.4%), and identified as Catholic (44.4%) (Table 1).

TABLE 1 - Sociodemographic characteristics of college entrance exam candidates in the municipality of Anápolis (GO), Brazil (n = 90).

Variables	n	%
Gender		
Female	58	64,4
Male	32	35,6
Age group		
18–21 years	80	88,9
22–25 years	7	7,8
26–28 years	3	3,3
Public school system (high school graduates)		
Public school system	52	57,8
Private schools	38	42,2
What undergraduate program do you intend to pursue?		
Health Sciences	76	84,4
Humanities	9	10,0
Exact Sciences	3	3,3
Not specified	2	2,3
Religion		
Catholic	40	44,4
Evangelical	29	32,2
Did not answer	10	11,1
Christian	7	7,8
Spiritist	3	3,3
Other	1	1,1

Regarding the quality of dialogue within the family environment, both men (46.8%) and women (51.7%) reported that it was considered good, with no sta-

tistically significant difference between the groups ($p = 0.824$). The majority of students, both female (65.5%) and male (56.2%), reported not having received adequate infor-

mation on sex education during elementary and high school, with no statistically significant difference observed between the groups ($p = 0.522$) (Table 2).

TABLE 2 – Distribution of variables regarding the quality of information on sexual and reproductive health among high school seniors preparing for college entrance exams in Anápolis (GO), by sex, Brazil (n = 90).

Variables	Male	Female	Total	p
	n (%)	n (%)	n (%)	
Quality of communication within the family environment				
Excellent	7 (21,9)	14 (24,2)	21 (23,3)	0,824
Good	15 (46,8)	30 (51,7)	45 (50,0)	
Poor	7 (21,9)	8 (13,8)	15 (16,7)	
None	3 (9,4)	6 (10,3)	9 (10,0)	
Adequate sex education in elementary and high school				
Yes	14 (43,8)	20 (34,5)	34 (37,8)	0,522
No	18 (56,2)	38 (65,5)	56 (62,2)	

Who do you turn to when you have questions about sexual and reproductive health?				
Internet	21 (39,6)	49 (51,6)	70 (47,3)	0,441
Friends	10 (18,9)	19 (20)	29 (19,6)	
Parents	19 (35,8)	23 (24,2)	42 (28,4)	
Teachers	3 (5,7)	4 (4,2)	8 (4,7)	

Regarding knowledge of STIs, students were asked whether the morning-after pill could be considered a method of contraception; it was observed that the majority of men

(65.6%) answered the question incorrectly, while the majority of women (58.6%) answered correctly, indicating a statistically significant difference between the sexes ($p = 0.046$).

For the remaining variables, there was no statistically significant difference between the groups (Table 3).

TABLE 3 – Distribution of cases according to knowledge of STIs among high school seniors preparing for college entrance exams in the municipality of Anápolis (GO) by sex, Brazil (n = 90).

Variables	Male	Female	Total	p
	n (%)	n (%)	n (%)	
Is it possible to contract HIV through kissing?				
No (Correct answer)	18 (56,3)	40 (68,9)	58 (64,4)	0,331
Yes (Incorrect answer)	14 (43,7)	18 (31,1)	32 (35,6)	
Is it possible to contract an STI through oral sex?				
Yes (Correct answer)	28 (87,5)	53 (91,4)	81 (90,0)	0,826
No (Incorrect answer)	4 (12,5)	5 (8,6)	9 (10,0)	
Can a person contract an STI from a single sexual encounter?				
Yes (Correct answer)	32 (100)	57 (98,3)	89 (98,9)	0,766
No (Incorrect answer)	-	1 (1,7)	1 (1,1)	
After an STI diagnosis, should both partners receive treatment?				
Yes (Correct answer)	31 (96,9)	56 (96,6)	87 (96,7)	0,602
No (Incorrect answer)	1 (3,1)	2 (3,4)	3 (3,3)	
Regarding HPV, which viruses pose the greatest risk of malignancy?				
Types 6 and 11 (Incorrect answer)	8 (25)	18 (31)	26 (28,8)	0,607
Types 16, 18 (Correct answer)	20 (62,4)	28 (48,3)	48 (53,4)	
Types 2.42 (Incorrect answer)	2 (6,3)	7 (12,1)	9 (10)	
Types 54.41 (Incorrect answer)	2 (6,3)	5 (8,6)	7 (7,8)	
The first manifestation of syphilis is:				
A painless sore in the genital region, called a "chancre." (Correct answer)	18 (56,3)	31 (53,4)	49 (54,4)	0,264
Warts in the genital and anal regions, known as "cockscomb." (Incorrect answer)	6 (18,8)	5 (8,6)	11 (12,2)	
Small, painful blisters appear on the genitals and around the anus. (Incorrect answer)	8 (25)	22 (38)	30 (33,4)	
Is withdrawal an effective method of preventing pregnancy?				
No (Correct answer)	28 (87,5)	52 (89,7)	80 (88,9)	0,968
Yes (Incorrect answer)	4 (12,5)	6 (10,3)	10 (11,1)	
Can the morning-after pill be considered a method of birth control?				
No (Correct answer)	11 (34,4)	34 (58,6)	45 (50,0)	0,046
Yes (Incorrect answer)	21 (65,6)	24 (41,4)	45 (50,0)	

During which period is a woman most likely to become pregnant?				
At the beginning of the menstrual cycle (Incorrect answer)	3 (9,4)	7 (12,1)	10 (11,1)	0,465
Midway through the menstrual cycle (Correct answer)	15 (46,9)	30 (51,7)	45 (50)	
End of the menstrual cycle (Incorrect answer)	9 (28,1)	18 (31)	27 (30)	
I don't know	5 (15,6)	3 (5,2)	8 (8,9)	

Legend: human immunodeficiency virus (HIV); sexually transmitted infection (STI); human papillomavirus (HPV).

to self-care, it was observed that the majority of women (78.1%) reported having been vaccinated against HPV, in contrast to men (21.9%), indicat-

ing a statistically significant difference between the sexes ($p = 0.0001$) (**Table 4**).

With regard to knowledge related

TABLE 4 - Distribution of cases according to students' knowledge of self-care, by sex, in the municipality of Anápolis-GO, Brazil (n = 90).

Variables	Male	Female	Total	p
	n (%)	n (%)	n (%)	
Should someone who has never had sex see a gynecologist or urologist?				
Yes	28 (87,5)	57 (98,3)	85 (94,4)	0,106
No	4 (12,5)	1 (1,7)	5 (5,6)	
Is it impossible to contract an STI when you always have the same partner?				
Yes	7 (21,9)	19 (32,8)	26 (28,9)	0,311
No	25 (78,1)	39 (67,2)	64 (71,1)	
Have you ever participated in a course, seminar, program, or class on sex education?				
Yes	10 (31,3)	22 (37,9)	32 (35,6)	0,685
No	22 (68,8)	36 (62,1)	58 (64,4)	
Have you received the HPV vaccine?				
Yes	14 (43,8)	50 (86,2)	64 (71,1)	0,0001
No	18 (56,3)	8 (13,8)	26 (28,9)	
Do you believe that the HPV vaccine encourages early sexual activity?				
Yes	-	1 (1,7)	1 (1,1)	0,766
No	32 (100)	57 (98,3)	89 (98,9)	
Do you believe that sex education in schools influences young people to engage in sexual activity at an early age?				
Yes	6 (18,8)	3 (5,2)	9 (10)	0,099
No	26 (81,3)	55 (94,8)	81 (90)	
Do you think there is a right age to become sexually active?				
Yes	23 (71,9)	48 (82,8)	71 (78,9)	0,352
No	9 (28,1)	10 (17,2)	19 (21,1)	

Legend: STI: sexually transmitted infection; HPV: human papillomavirus.

Regarding the students' sexual behavior, it was observed that the majority of men (75.0%) reported

having already had sexual intercourse, while the majority of women (51.7%) reported not having become sexually active, indicating a statistically significant difference

between the groups ($p = 0.023$). For the other variables, no statistically significant differences were observed between the groups (Table 5).

TABLE 5 - Distribution of cases regarding aspects of the sexual lives of students preparing for college entrance exams. Anápolis, GO, by sex, Brazil (n = 90).

Variables	Male	Female	Total	p
	n (%)	n (%)	n (%)	
Have you ever had sexual intercourse?				
Yes	24 (75,0)	28 (48,3)	52 (57,8)	0,023
No	8 (25,0)	30 (51,7)	38 (42,2)	
If you answered yes (n=52):				
Do you have sex with:	20 (83,3)	22 (78,6)	42 (46,7)	0,870
Heterosexual	2 (8,3)	2 (7,1)	4 (4,4)	
Homosexual	1 (4,2)	3 (10,7)	4 (4,4)	
Bisexual	1 (4,2)	1 (3,6)	2 (2,2)	
I'd rather not say				
Do you use or require the use of a condom during every sexual encounter?	13 (54,2)	16 (57,1)	29 (55,8)	0,948
Yes	11 (45,8)	12 (42,9)	23 (44,2)	
No				
Number of sexual partners in the past 12 months:	5 (20,8)	5 (17,9)	10 (19,2)	0,233
0 partners	11 (45,8)	16 (57,1)	27 (51,9)	
1 partner	3 (12,5)	6 (21,4)	9 (17,3)	
2–3 partners	5 (20,8)	1 (3,6)	6 (11,5)	
4 or more partners				
Overall, how would you rate your sex life:	6 (25)	9 (32,1)	15 (16,7)	0,883
Great	9 (37,5)	11 (39,3)	20 (22,2)	
Good	6 (25)	6 (21,4)	12 (13,3)	
Fair	3 (12,5)	2 (7,1)	5 (5,6)	

DISCUSSION

The participants were predominantly young women, graduates of the public school system, and Catholics. There was also limited space for family dialogue about sexuality, with the internet serving as the primary source of information on the subject for these young people. Overall, most

participants demonstrated adequate knowledge of reproductive physiology and basic sexual health care. However, gaps in knowledge about contraceptive methods and inconsistent condom use were identified, indicating a tendency toward risky behavior.

The predominance of female participants observed in this study is consistent with trends showing that

women account for the majority of enrollments in higher education¹¹. This pattern is consistent with historical shifts in the gender division of labor, as described in the literature, in which increased female enrollment in school has been associated with greater participation by women in educational and professional settings traditionally occupied by men^{12,13}.

It was observed that the internet is the primary source of information for addressing questions about sexual and reproductive health in the study in question. In the Brazilian study by Soares¹⁴, even though the majority of young people identified school as the primary agent responsible for sex education, they chose the internet as their main source of information on the subject. The aforementioned author also reports that the major difficulty faced by teachers is related to a lack of training in sex education, which is a cause for concern, as it can directly influence teaching practices and hinder classroom discussions on this topic.

In the aforementioned study, families were also consulted to address questions about sexual and reproductive health. Although families serve as a more important source of information than teachers for students preparing for college entrance exams, and the quality of family dialogue was considered good by most study participants, fathers and mothers face difficulties when discussing issues of sexuality with their teenage children¹⁵—not only due to embarrassment but also out of fear that an open and honest conversation might suggest to adolescents that they are ready to begin their sexual lives. In contrast, a study of adolescents found that most of them do not have open conversations at home, with embarrassment cited as one of the reasons by both parents and adolescents¹⁶.

Regarding knowledge of STIs in this study, most of the participants demonstrated adequate understanding of basic issues such as common modes of transmission and risks associated with oral sex. However, heterogeneity was observed regarding more specific issues, such as the identification of oncogenic HPV types and the initial clinical manifestations of syphilis. This finding regarding specific knowledge of HPV and its character-

istics is corroborated by other studies, pointing to a persistent gap in awareness of one of the most prevalent STIs in Brazil¹⁷.

Although most participants recognized the importance of gynecological and urological care even before becoming sexually active, low adherence among men to specific preventive measures—such as HPV vaccination—was observed. This pattern is widely described in the literature and may be related to misconceptions about the risk of infection, as well as historical failures in the implementation of educational campaigns targeting this population^{17,18}.

An analysis of the present data regarding contraceptive methods revealed significant uncertainties, particularly regarding the classification and proper use of the morning-after pill. The divergence observed in the responses suggests conceptual ambiguity previously described in other studies involving young people, in which emergency contraception is often understood as a method for regular use^{19,20}.

Regarding sexual behaviors, a significant proportion of the participants in this study reported having already become sexually active, with a predominance of sexual activity among men. This characteristic is well documented in the literature, which shows that men become sexually active earlier than women^{21,22}. As for the number of partners, monogamous relationships were predominant, which is consistent with findings in the same age group from the Brazilian Sexual Life Study²³.

In addition, inconsistent condom use was observed among males. According to studies, the main factors contributing to this lack of use are trust in sexual partners, being underage when initiating sexual activity, and being unable to convince the partner to use a condom^{24–26}. Among the main factors influencing these

practices is the masculine ideal of underestimating the occurrence of certain diseases compared to women, who are more concerned with health care²⁵.

The coexistence of adequate theoretical knowledge and risky practices reinforces a phenomenon widely described in studies with young people, in which contextual and relational factors influence behavior more than knowledge alone²⁷. This finding should be interpreted with consideration of potential social desirability bias, since questions about sexual practices may be under- or overestimated by respondents.

In addition, a gender disparity was observed regarding negative experiences during or after sexual intercourse.

In this study, it was observed that the majority of men had already had sexual intercourse, while the majority of women reported not having begun their sexual lives; furthermore, the study suggests that pain during or after intercourse is relatively common among women, and there is a lack of widespread knowledge among young women regarding pelvic pain or the normal sensations experienced after intercourse, as a result of which they often refrain from having an active sex life out of fear of pain recurrence. In addition to women's lack of knowledge about their own pelvic floor muscles, there are a large number of complaints regarding sexual and dysfunctions, such as anorgasmia and anejaculation, highlighting the importance of disseminating knowledge on this subject²⁸.

Finally, although the study has limitations inherent to its cross-sectional design, convenience sampling, and the use of a self-administered questionnaire, the results contribute to our understanding of a population group that has been little explored in the literature: young students preparing for college entrance exams in

an urban setting in rural Brazil. The sample size and convenience sampling limit the statistical power for more robust comparisons, making it impossible to establish consistent differences between groups. Thus, these observations should be interpreted as indicative of patterns rather than as evidence of structural inequalities.

The findings reinforce the need for more comprehensive, continuous, and context-specific sex education

strategies that integrate schools, families, and health services, focusing not only on the transmission of information but also on the promotion of safer sexual behaviors.

CONCLUSION

Most participants demonstrated awareness of STI transmission, reproductive physiology, sexual health care, and risky behaviors. However,

the low rate of condom use among participants—particularly among males—and gaps in knowledge about other contraceptive methods suggest shortcomings in the sexual education of this population. Considering the study's limitations, the data presented contribute to characterizing knowledge and behaviors related to sexual health among young people preparing for college entrance exams, thereby meeting the proposed objectives.

REFERENCES

1. Matos IOB. Juventude brasileira: dificuldade de definição. *Tempo Ciênc.* 2022 [acesso em: 27 de dezembro de 2025]; 29(57): 79–86. Disponível em: <https://e-revista.unioeste.br/index.php/tempodaciencia/article/view/29904>
2. Brasil. Lei No 12.852, de 5 de Agosto de 2013. Institui o Estatuto da Juventude e dispõe sobre os direitos dos jovens, os princípios e diretrizes das políticas públicas de juventude e o Sistema Nacional de Juventude - SINAJUVE. Art. 1º § 1º, 12.852. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2011-2014/2013/lei/l12852.html
3. Brasil. Ministério da Saúde. Direitos sexuais, direitos reprodutivos e métodos anticoncepcionais [Internet]. Brasília: Editora do Ministério da Saúde; 2006 [citado 12 de janeiro de 2025]. 54 p. (Série F. Comunicação e Educação em Saúde). Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/direitos_sexuais_reprodutivos_metodos_anticoncepcionais.pdf
4. Ferreira HLOC, Barbosa DFF, Aragão VM, Oliveira TMF, Castro RCMB, Aquino P S, et al. Determinantes Sociais da Saúde e sua influência na escolha do método contraceptivo. *Rev Bras Enferm.* 2019;72:1044–51.
5. Melo LD, Spindola T, Arreguy-Sena C, Krempser P, Brandão JL, Costa CMA, et al. Comportamento sexual segundo jovens universitários: perspectiva da enfermagem transcultural e do enquadramento interseccional. *Rev Bras Enferm.* 2023;76(6):e20220786.
6. Spindola T, Fonte VRF, Francisco MTR, Martins ERC, Moraes PC, Melo LD. Práticas sexuais e comportamentos de risco para infecções sexualmente transmissíveis entre jovens universitários. *Rev Enferm UERJ.* 2021;29:e63117–e63117. DOI: 10.12957/reuerj.2021.63117
7. Campos HM, Paiva CGA, Mourthé ICA, Ferreira YF, Assis MCD, Fonseca MDC. Diálogos com adolescentes sobre direitos sexuais na escola pública: intervenções edu; cativas emancipatórias! *Rev Pesqui E Práticas Psicossociais.* 2018 [acesso em: 27 de dezembro de 2025];13(3):1–16.
8. Stephanou AT, Freitas IK, Dias ACG. Factors Associated with Condom Use Behaviour Among Young University Students. *Psico-USF.* 2022;27:539–52.
9. Abreu, JFR. O conhecimento e a atitude face à saúde sexual e reprodutiva: um estudo correlacional em estudantes universitário [Tese de mestrado em Educação]. Lisboa: Universidade de Lisboa; 2008. Disponível em: <http://hdl.handle.net/10451/1249>
10. Abdo CHN, Moreira Junior ED, Fittipaldi JAS. Estudo do Comportamento Sexual no Brasil - ECOS. *Rev Bras Med.* 2000 [acesso em: 27 de dezembro de 2025]; 57:1329–35.
11. Brasil. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (Inep). Censo da educação superior 2024: notas estatísticas. Brasília (DF): Inep; 2025 [citado 6 de janeiro de 2026]. 34 p. Disponível em: <https://download.inep.gov.br/publicacoes/institucionais/estatisti->

cas_e_indicadores/notas_estatisticas_censo_escolar_da_educacao_superior_2024.pdf

12. Nunes DH, Pina ST, Silva JB. A representação feminina nas universidades e a concreção da cidadania. *Rev Direito E Justiça Reflexões Sociojuríd.* 2021;21(41):159–73.

13. Gonçalves LEC, Freitas MES de, Dutra JAA. Um panorama histórico das mulheres no processo educacional brasileiro. *Cad Cajuína.* 2025;10(4):e1286–e1286.

14. Soares, C. Educação Sexual: Concepções de Professores e Alunos Do Ensino Médio do Instituto Federal de Educação, Ciência e Tecnologia do Maranhão Campus São Raimundo Das Mangabeiras [Dissertação de Mestrado]. Urutai (GO): Instituto Federal de Educação, Ciência e Tecnologia Goiano; 2023 [citado 27 de dezembro de 2025]. Disponível em: <https://repositorio.ifgoiano.edu.br/handle/prefix/3644>

15. Cano MAT, Ferriani MGC. A família frente a sexualidade dos adolescentes. *Acta Paul Enferm.* 2000 [acesso em: 27 de dezembro de 2025];13:38–46.

16. Fonseca AD, Gomes VLO, Teixeira KC. Percepção de adolescentes sobre uma ação educativa em orientação sexual realizada por acadêmicos(as) de enfermagem. *Esc Anna Nery.* 2010;14:330–7.

17. Galvão MPSP, Araújo TME, Rocha SS. Conhecimentos, atitudes e práticas de adolescentes sobre o papilomavírus humano. *Rev Saúde Pública.* 1o de abril de 2022;56:12.

18. Melo LD, Sodré CP, Spindola T, Martins ERC, André NLNO, Motta CVV. A prevenção das infecções sexualmente transmissíveis entre jovens e a importância da educação em saúde. *Enferm Glob.* 1o de janeiro de 2022;21(1):74–115.

19. Chofakian CBN, Borges ALV, Fujimori E, Hoga LAK. Conhecimento sobre anticoncepção de emergência entre adolescentes do Ensino Médio de escolas públicas e privadas. *Cad Saúde Pública.* 2014; 30:1525–36.

20. Piantavinha BB, Machado MSC. Conhecimento sobre métodos contraceptivos de adoles-

centes atendidas em Ambulatório de Ginecologia. *Femina.* 2022;50(3):171–7.

21. Castro LDC, Viana VAO, Rufino AC, Madeiro AP. Prevalence of sexual initiation and associated factors in school adolescents in Piauí, Brazil, 2015. *Epidemiol E Serviços Saúde.* 2023;32(1):e2022612.

22. Borges ALV, Latorre MRDO, Schor N. Fatores associados ao início da vida sexual de adolescentes matriculados em uma unidade de saúde da família da zona leste do Município de São Paulo, Brasil. *Cad Saúde Pública.* 2007 [citado 7 de janeiro de 2026];23(7). Disponível em: <https://cadernos.ensp.fiocruz.br/ojs/index.php/csp/article/view/3354>

23. Scanavino MT, Abdo CHN. Parceiros sexuais nos últimos 12 meses e parceiros significativos ao longo da vida, segundo o Estudo da Vida Sexual do Brasileiro. *Diagn Tratamento.* 2010;15(3):138–42.

24. Monte LL, Rufino AC, Madeiro A. Prevalência e fatores associados ao comportamento sexual de risco de adolescentes escolares brasileiros. *Ciênc Saúde Coletiva.* 2024;29:e03342023.

25. Hentges B, Knauth DR, Vigo A, Teixeira LB, Leal AF, Kendall C, et al. Uso inconsistente do preservativo com parceiros casuais entre homens que fazem sexo com homens no Brasil: um estudo transversal. *Rev Bras Epidemiol.* 2023;26:e230019

26. Moreira AS, Alves J, Melo G, Paixão J, Carnaúba M. Fatores associados ao não uso de preservativo por adolescentes brasileiros: uma revisão sistemática. *Res Soc Dev.* 2022;11:e54011528450.

27. Zappe JG, Alves CF, Dell Aglio DD. Comportamentos de risco na adolescência: revisão sistemática de estudos empíricos. *Psicol Em Rev.* 2018;24(1):79–100.

28. Prudencio CB, Nava GTA, Souza BR, Carr AM, Avramidis RE, Barbosa AMP. Knowledge of pelvic floor disorders in young women: a cross-sectional study. *Fisioter Em Mov.* 2022;35:e35607.