ORIGINAL ARTICLE

Socioeconomic characteristics influence attitudes towards sexuality in adolescents

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Abstract

Backgroung: Attitudes Towards Sexuality in Adolescents (ATSA) are built according to the experiences and different social contexts.

Objectives: to analyze attitudes towards sexuality itself, according to socioeconomic factors in adolescents aged.

Methods: Cross-sectional school-based study was carried out with 2,292 adolescents enrolled in high school, in 54 schools, through interviews using the Attitudes Toward Sexuality in Adolescents (AFSA) instrument that has four dimensions, and measures the Permissiveness, Communion, Instrumentality and Sexual Practices. Then, the attitude of each adolescent was classified as: unfavorable, indifferent and favorable. Pearson's Chi-square test and Multinomial Logistic Regression were used in statistical analyses.

Results: It was verified that the majority of the adolescents presented unfavorable AFSA, being these behaviors directly associated to: age of 15/16 and 17 years (OR=0.59; OR=0.47); lower secondary education (OR=2.03); adolescent's head of family having low education (OR=2.00); to live with the partner (OR=2.77); race / color black (OR=2.04) and brown (OR=1.88); and lower family income (OR=2.50).

Conclusion: Adolescents with lower socioeconomic status are more likely to have unfavorable attitudes towards their own sexuality.

Keywords: sexuality, adolescent health, sex education, unprotected sex.

Authors summary

Why was this study done?
Epidemiological studies on adolescents aged 15 to 19 years, late adolescence, are scarce in Brazil. In this age group, sexual initiation occurs for most adolescents. Therefore, the investigation of attitudes towards sexuality becomes relevant to identify elements that can function as risk factors for the health of adolescents and their insertion in adulthood.

What did the researchers do and find?
From an epidemiological investigation, with a representative sample in high schools in a Brazilian metropolitan region, attitudes towards sexuality in adolescents and the social factors that determine more favorable and less favorable attitudes were investigated. The result of the Multinominal Logistic Regression identified an adolescent profile that has a greater chance of developing unfavorable attitudes towards sexuality, such as: being older, attending the initial grades of high school, living with a partner, being black (black or brown), having head of the family with low education and with lower family income.

What do these findings mean?
These findings indicate that the most vulnerable socioeconomic condition, obtained by the combination of the analyzed variables, is still a factor of damage to the health of adolescents in this phase of sexual initiation and transition to adulthood. In this sense, the approach to sex education by the family-school-health services triad, with an approach from the perspective of the adolescent, considering individuality and respecting them as individuals with rights, focused on the most vulnerable, can resolve attitudes towards sexuality more unfavorable conditions and promote health.

■ INTRODUCTION

Human sexuality has undergone transformations in the last decades, which have changed rigid norms of behavior, generating doubt and insecurity, especially in adolescents[1].

The concept of sexuality is multidimensional and includes, in addition to biological and psychological formation, production in the cultural, social and historical context, in which the individual is inserted[2,3]. It integrates personality development, the learning process, as well as the adolescent's physical and mental health[4] and is linked to personal values and desires, in addition to being a structuring and forming element of identity[5].

In Brazil, adolescent sexual health continues to challenge health policies[6], not only on issues related to biological aspects, but also psychosocial[7]. According to data from the last Brazilian census[8], the adolescent population (10 to 19 years old) corresponds to 17.9% of the Brazilian population, a population that needs to have their sexual and reproductive rights assured.

In this sense, the Atitudes Face à Sexualidade em Adolescentes (Attitudes Towards Sexuality in Adolescents/AFSA) will also be built according to the experiences and different social contexts. These contexts can determine these attitudes as positive or negative, and they are not watertight, but can be modified[1], becoming a way of measuring sexuality through the attitudes reported by individuals.

In adolescents, even if in a introverted way, sexual education has been exerting positive influences on AFSA, since they can promote the exchange of experience, dialogue, reflecting in greater autonomy in the exercise of sexuality and favoring the reduction of possible undesirable consequences arising from practices sexual[9,10]. Therefore, identifying the AFSA becomes a fundamental tool for the exercise of sex education and health promotion.

Since the beginning of the 20th century, sex education has been instituted in Brazil, but it was only in 1990 that it started to be supported in a citizenship perspective, seeking to promote autonomy, considering the sexual rights of adolescents, causing changes in a totally preventive approach[11]. These changes stem from the need to develop practices aligned with the adolescent's comprehensive health, with an emphasis on sexual and reproductive health[12].

In this new approach to sex education, it is understood that adolescents have special needs related to sexual health, and that it can produce empowerment for the experience of sexuality, contributing to the consistent use of methods of protection and contraception[13]. Recent data show that diseases related to sexuality and teenage pregnancy are still a public health problem, with negative individual, biopsychosocial and socioeconomic consequences[14,15].

This is due to the high prevalence of sexual initiation among adolescents without using a condom[16]. However, it must be emphasized that socioeconomic factors can be deterministic to modulate attitudes towards adolescents' sexuality in a pre-established social context of vulnerabilities. Thus, the objective is to analyze attitudes towards sexuality itself, according to socioeconomic factors in adolescents.

■ METHODS

Study Design

Observational cross-sectional study carried out through a school-based epidemiological survey, with the objective of measuring the exposure of adolescents to various risk behaviors, diseases and conditions that can affect the development of physical and mental health.

Study Location and Period

This research was carried out in public and private high schools in the Região Metropolitana da Grande Vitória (RMGV-ES), from August 2016 to May 2017.

Study Population and Eligibility Criteria

The sample size was calculated in order to ensure the representation of high school students, considering a population of 65,763 adolescents, enrolled in 168 schools in the Região Metropolitana da Grande Vitória - Espírito Santo (RMGV-ES), Brazil. The prevalence of 50% for the occurrence of Attitudes Towards Sexuality in Adolescents/

(AFSA) of adolescents aged 15 to 19 was considered the highest expected proportion, the 95% confidence interval, standard error of 2.5% and 1.5 design effect safeguarding the accuracy of random sampling, resulting in a minimum sample size to be reached of 2,252 adolescents.

Municipal sample quotas were established, according to the percentage distribution of students enrolled in high schools by municipality of RMGV-ES, obtaining: (Cariacica = 19.3%; Fundão = 0.5%; Guarapari = 5.8 %; Serra = 23.2%; Viana = 3.7%; Vila Velha = 22.7%; Vitória = 24.8%). At the end of the research, 2,292 high school students from 54 schools participated, who did not have cognitive, hearing or visual disabilities, who studied in the morning and afternoon shift.

Data Collection

A structured form with closed questions was applied to students. The investigation process, with the participation of interviewers previously trained, was carried out by means of an electronic form, filled out individually by each adolescent in a portable computer.

To describe the socioeconomic profile of the adolescents, the following variables were used: age (15 to 19 years), biological sex (Male/Female), year of high school (1st to 4th year), municipality of residence (Vitória, Serra, Vila Velha, Cariacica, Fundão, Guarapari, Viana), marital status (Lives with a partner/Has a partner, but Does not live with him/does not have a partner), self-declared race/color (Black/Brown/White), paid work (Yes/No), head of the family (Father/Mother/Others), education level of the head of the family (illiterate/incomplete elementary I, complete elementary I/incomplete elementary II, complete elementary II/incomplete high school, complete high school/incomplete higher education, complete higher education), family income (≤ 1 minimum wage, 1 to 3 minimum wages, >3 minimum wages) and separated/divorced parents (Yes/No).

Also, the research instrument called "Scale of attitudes towards sexuality" was used, which consists of 26 items elaborated on an ordinal scale, Likert type, validated in Portuguese and intended to analyze the attitudes of adolescents towards sexuality[1]. This instrument was created and used in research with adolescents to establish sexual education practices at school. Each item has five answer alternatives and their quotation is processed in ascending order, that is, the first answer option in each item is quoted at 1 and the last at 5, with the following categories: (1) totally disagree, (2) strongly disagree; (3) neither agree nor disagree; (4) strongly agree; (5) totally agree. This scale also has items that are counted inversely. In this case, favorable behaviors on one side and unfavorable behaviors on the other were polarized[1].

In addition, to present the descriptive results, Alferes's[17] proposal was considered, which classifies the AFSA through four dimensions: Sexual permissiveness (attitudes towards the occasional sexual act, the sexual act without commitment and the diversity and simultaneity of partners), Sexual practices (attitudes towards family planning and sex education and acceptance of practices such as masturbation and unconventional sexual intercourse), Communion (attitudes towards sexual intercourse as intimate physical and psychological experience, involvement and sharing of feelings) and Instrumentality (attitudes towards the utilitarian sexual act, obtaining merely physical pleasure). To obtain the percentage of dimensions, the sum of the items for each category is considered (totally disagree, strongly disagree, neither agree nor disagree, strongly agree and totally agree).

Data Analysis

Initially, to test the AFSA instrument, a pilot study was carried out with 46 adolescent students from a public school in the city of Vitoria, Espírito Santo, Brazil. The mean of each answer and the global mean of respondents were calculated, as well as the standard deviation to determine the Attitude Index towards Sexuality in Adolescents. Then, the Kappa adjusted for frequency was applied to all questions of the AFSA instrument, being significant at the level of 5%. And the McNemar test was used to test the tendency of disagreement between the items on the AFSA scale, after reapplying the questionnaire.

To finish testing the instrument, determining the degree of uniformity and consistency between the students' responses to each of the items that make up the instrument, Pearson's correlation coefficient was performed. And to check the reliability of the instrument, Cronbach's alpha coefficient was applied.

After testing the AFSA instrument, for analysis of the entire sample, the absolute and relative frequencies were calculated, as well as the mean and standard deviation. Then, Pearson's chi-square test was applied to test the association between the pattern of behavior: favorable, indifferent and unfavorable with socioeconomic characteristics. Associations with significance less than 20% were included in the multinomial logistic regression model, with the lowest p-value as an input order criterion. The selection of the adjusted model was performed manually, with only variables with p <0.005 remaining in the model, as the theoretical model allowed. In this study, the indifferent category was not considered for discussion purposes, as it does not bring a relevant theoretical reflection on the topic. In all analyzes, 95% confidence intervals and a significance level of 5% (α = 0.05) were used. The Statistical Package for the Social Sciences (SPSS) version 20.0 was used for statistical analysis.

Ethical and Legal Aspects of the Research

The present study complied with the rules of the Research Ethics Committee (CEP) of the Universidade Federal do Espírito Santo, and was authorized under opinion No. 971.389. The Secretaria Estadual de Educação (State Department of Education/SEDU) also authorized the execution of the research, letter No. 1,223, as well as the author of the instrument.

■ RESULTS

Initially, when conducting the pilot study to test the AFSA instrument, the score obtained allowed the adolescents to be classified into three groups: I - Global average minus 0.25 standard deviation, means an unfavorable AFSA; II - global average plus 0.25 standard

deviation, means a favorable AFSA; III - adolescents with values between these limits were classified as indifferent AFSA. Thus, a global average was obtained: 3.577 and standard deviation: 0.501 with the following classification: Unfavorable AFSA ≤3.452; 3,452≤ Indifferent AFSA ≤3,702 and Favorable AFSA ≥3,702.

When performing the adjusted Kappa, the values ranged from 0.61 to 0.94, being significant at the level of 5%. For the McNemar test, significant disagreement was found only for the item "I would be unable to discuss sexuality issues with my parents" after the questionnaire was reapplied. To check the reliability of the instrument, Cronbach's alpha coefficient was applied, which was considered acceptable for all items and in the global value (r>0.600)[18], as shown in Table 1.

Table 1: Internal consistency of the Attitude Scale towards Sexuality. Região Metropolitana da Grande Vitória, Espírito Santo, Brazil, 2016-2017.

Items	n	Media	Standard Deviation	Corrected total item Pearson correlation	Multiple squared correlation (H2)	Cronbach's Alpha if the item was deleted
To date, I just need someone to like me	2236	2.969	1.366	0.112*	0.120	0.691
I only feel good if I do everything my friends do	2240	4.113	0.961	0.205	0.175	0.683
The search for independence is part of adolescence	2233	3.450	1.177	0.158*	0.202	0.686
Loving heartbreak (disappointment) only happens to me	2233	3.676	1.301	0.150*	0.134	0.687
The first sexual intercourse should be with someone I love	2233	3.793	1.334	-0.128*	0.358	0.711
I consider myself very tolerant towards other people	2230	3.282	1.229	0.034*	0.220	0.696
I am pleasant in contact with others	2236	3.693	1.053	0.098*	0.271	0.690
For me it is very important to have a boyfriend/girlfriend with whom I have a good relationship	2231	4.097	1.110	0.055*	0.256	0.693
Girls/women who take the pill (contraceptive) are easy women	2223	4.198	1.059	0.428	0.323	0.667
I will only have sex with my boyfriend/girlfriend if I'm sure that I will marry him/her	2188	3.116	1.459	0.349	0.462	0.669
Women must be more passive in sexuality than men	2204	3.337	1.252	0.405	0.295	0.666
For girls/women sexuality is not as important as for boys/men	2182	3.521	1.301	0.342	0.243	0.671
Sexual relations should only happen to have children	2217	4.321	0.983	0.446	0.303	0.667
It would be unable for me to discuss sexuality issues with my parents	2227	3.450	1.336	0.161*	0.092	0.687
Masturbation in girls/women is as normal as in boys/men	2195	3.148	1.367	0.252	0.224	0.679

Continuation - Table 1: Internal consistency of the Attitude Scale towards Sexuality. Região Metropolitana da Grande Vitória, Espírito Santo, Brazil, 2016-2017.

Items	n	Media	Standard Deviation	Corrected total item Pearson correlation	Multiple squared correlation (H2)	Cronbach's Alpha if the item was deleted
I don't think it's bad to have sex against my will	2220	4.245	1.198	0.239	0.182	0.680
Young people with a better understanding of sex education feel better about themselves	2213	3.455	1.212	0.250	0.280	0.679
Sex education is as important for boys/men as it is for girls/women	2217	3.948	1.159	0.273	0.304	0.677
Only boys/men should have sex education	2222	4.373	0.991	0.431	0.301	0.668
The sex education of boys/men and girls/women must be different	2225	4.090	1.097	0.349	0.231	0.672
The girl/woman must not have sex before marriage	2227	3.678	1.390	0.465	0.495	0.658
Sexual intercourse between a couple is perfectly normal	2226	2.397	1.283	-0.371*	0.321	0.728
I avoid practicing masturbation because it is harmful to health	2173	3.170	1.391	0.356	0.280	0.669
Sexuality sites/magazines/books only show crap	2214	2.894	1.392	0.293	0.288	0.675
Premarital sex is a sin	2224	3.070	1.522	0.359	0.502	0.668
Before marriage only caresses are acceptable, without complete sexual intercourse	2214	3.519	1.364	0.481	0.498	0.657

Cronbach's Global Alpha 0.689
*Very low association. But, they are not inextricably linked, but the intensity is accompanied with the intensity of the other.

The total sample involved 2,292 high school teenagers. The age of 16 years (29.8%) presented the highest frequency, followed by adolescents aged 15 years (25.7%) and 17 years (25.4%). The female sex corresponded to 60.0% of the sample. The year of high school in which most adolescents were enrolled was the first year (47.7%), followed by the second year (27.0%).

When analyzing the dimensions of the AFSA instrument, it is possible to observe that in the Permissiveness dimension, there is a tendency for adolescents to agree on the items that integrate it, representing a favorable attitude towards the occasional sexual act, without commitment and the diversity of sexual partners (42.9%), however, when analyzing the categories in isolation, 25% of the adolescents did not have a formed opinion. In the Communion dimension, there is total disagreement in relation to the items, reflecting an unfavorable attitude of adolescents towards the sexual act as an intimate physical and psychological experience of involvement and sharing of feelings (35.1%). The

Instrumentality dimension showed total disagreement in relation to the items, reflecting non-utilitarian attitudes towards the sexual act, aiming at the mere obtaining of physical pleasure (30.3%). The Sexual Practices dimension, related to family planning, sex education and practices such as masturbation and unconventional sexual intercourse, tended to agree (38.4%), but the category neither agree nor disagree also presented a considerable percentage, 28.6 % (table 2).

When analyzing the proportional differences between the classification of the AFSA instrument, which classifies the adolescents' attitudes, and the socioeconomic variables, there was a statistically significant association of attitudes towards sexuality with age (p=0.001), year of high school (p<0.001), education of the head of the family (p<0.001), marital status (p<0.001), race/color (p<0.001), total family income (p <0.001) and municipality of residence (p=0.003), according to Table 3.

Table 2: Categorization of the AFSA instrument variables. Região Metropolitana da Grande Vitória, Espírito Santo, Brazil, 2016-2017.

Items on the Attitudes Scale Towards Adolescent Sexuality	Total	Totally disagree		Strongly disagree		Neither agree or disagree		Strongly agree		Totally agree	
		n	%	n	%	n	%	n	%	n	%
Permissiveness											
I consider myself very tolerant of other people	2230	281	12.3	212	9.2	729	32.0	612	26.7	396	17.5
I am pleasant in contact with others	2236	133	6.0	100	4.4	594	26.0	902	39.1	507	22.1
Sexual relations could only happen to have children*	2217	1326	57.8	423	18.4	362	16.0	56	2.5	50	2.2
Young people with a better understanding of sex education feel better about themselves	2213	246	11.0	138	6.0	713	31.1	631	27.5	485	21.2
Sex education is as important for boys/men as it is for girls/women*	2217	146	6.5	84	4.0	416	18.1	651	28.5	920	40.1
The sex education of boys/men and girls/women must be different	2225	1129	49.2	394	17.2	505	22.0	132	6.0	65	3.0
Sexual intercourse between a couple is perfectly normal*	2226	248	11.0	153	7.0	584	25.5	568	25.0	673	29.4
Communion											
I only feel good if I do everything my friends do*	2240	1004	44.0	662	29.0	458	20.0	75	3.3	41	2.0
Loving heartbreak (disappointment) only happens to me*	2233	826	36.0	511	22.3	465	20.3	233	10.2	198	8.6
The first sexual intercourse should be with someone I love	2233	254	11.1	119	5.2	409	18.0	507	22.1	944	41.2
It is very important for me to have a boyfriend/girlfriend with whom I have a good relationship	2231	129	5.6	70	3.1	305	13.3	695	30.3	1032	45.0
I will only have sex with my boyfriend/girlfriend if I am sure I will marry him/her*	2204	1215	53.0	419	18.3	433	19.0	61	2.7	76	3.3

Continuation - Table 2: Categorization of the AFSA instrument variables. Região Metropolitana da Grande Vitória, Espírito Santo, Brazil, 2016-2017.

Items on the Attitudes Scale Towards Adolescent Sexuality	Total	Totally disagree		Strongly disagree		Neither agree or disagree		Strongly agree		Totally agree	
		n	%	n	%	n	%	n	%	n	%
Women must be more passive in sexuality than men*	2223	560	24.4	343	15.0	556	24.2	283	12.3	481	21.0
Girls/women who take the pill (contraceptive) are easy women	2188	556	24.2	320	14.0	843	37.0	255	11.1	214	9.3
For girls/women sexuality is not as important as for boys/men*	2182	742	32.4	315	13.7	668	29.1	271	11.8	186	8.1
I don't think it's bad to have sex against my will*	2220	1437	62.7	291	12.7	242	10.6	125	5.5	125	5.5
Only boys/men should have sex education*	2222	1417	62.0	403	17.6	281	12.3	57	2.5	64	3.0
I avoid practicing masturbation because it is harmful to health*	2173	556	24.2	258	11.3	707	30.8	278	12.1	374	16.3
Premarital sex is a sin	2224	637	28.0	217	9.5	526	23.0	321	14.0	523	23.5
Instrumentality											
I would be unable to discuss sexuality issues with my parents*	2227	679	29.6	421	18.4	615	27.0	260	11.3	252	11.0
The girl/woman must not have sex before marriage	2227	927	40.4	317	14.0	519	22.6	193	8.4	271	12.0
Sexuality sites/ magazines/books only show crap*	2214	418	18.2	263	11.5	668	29.1	347	15.1	518	22.6
Sexual practices											
To date, it is enough that someone likes me *	2236	429	19.0	339	14.8	629	27.4	423	18.4	416	18.1
The search for independence is part of adolescence	2233	230	10.0	171	7.5	620	27.0	811	35.4	401	17.5
Masturbation in girls/ women is as normal as in boys/men	2195	391	17.1	270	12.0	668	29.1	379	16.5	487	21.2
Before marriage only caresses are acceptable, without complete sexual intercourse	2214	774	34.0	329	14.3	618	27.0	240	10.5	253	11.0

(*) items quoted inversely

Table 3: Association of the classification of the AFSA instrument and the socioeconomic variables. Região Metropolitana da Grande Vitória. Espírito Santo. Brazil. 2016-2017.

Characteristics	Total	Unfavorable		Indifferent		Favorable		$\mathcal{X}^2$ p $^{-value}$
		n	%	n	%	n	%	
Age								
Fifteen/sixteen	1130	463	41.0	241	21.3	426	37.7	
Seventeen	529	175	33.1	126	23.9	228	43.0	0.001
Eighteen/nineteen	409	181	44.2	99	24.2	129	31.6	
Total	2068	819	39.6	466	22.5	783	37.9	
Sex								
Female	1258	483	38.4	289	23.0	486	38.6	
Male	810	336	41.5	177	21.9	297	36.7	0.375
Total	2068	819	39.6	466	22.5	783	37.9	
High School year								
First	967	437	45.2	209	21.6	321	33.2	
Second	574	210	36.6	128	22.3	236	41.1	<0.001
Third/fourth	527	172	32.6	129	24.5	226	42.9	
Total	2068	819	39.6	466	22.5	783	37.9	
Head of household								
Father	1027	409	39.8	227	22.1	391	38.1	
Mother	808	321	39.7	181	22.4	306	37.9	0.940
Others	85	34	40.0	22	25.9	29	34.1	
Total	1920	764	39.8	430	22.4	726	37.8	
Education of the head of the family								
Illiterate/incomplete elementary I	137	64	46.7	37	27.0	36	26.3	
Complete elementary I/ incomplete elementary II	354	170	48.0	75	21.2	109	30.8	
Complete Elementary II/ Incomplete High School	474	203	42.8	106	22.4	165	34.8	<0.001
Complete high school/ Incomplete higher education	684	249	36.4	158	23.1	277	40.5	
Complete higher education	382	119	31.2	79	20.7	184	48.2	
Total	2031	805	39.6	455	22.4	771	38.0	
Marital status								
Lives with a partner	131	76	58.0	30	22.9	25	19.1	
Has partner, but does not live with him/her	459	147	32.0	110	24.0	202	44.0	<0.001
Does not have a partner	1465	587	40.1	323	22.0	555	37.9	
Total	2055	810	39.4	463	22.5	782	38.1	
Race/Color								
Black	376	178	47.3	88	23.4	110	29.3	
Brown	938	406	43.3	210	22.4	322	34.3	<0.001
White	583	176	30.2	127	21.8	280	48.0	
Total	1897	760	40.0	425	22.4	712	37.6	

Continuation - Table 3: Association of the classification of the AFSA instrument and the socioeconomic variables. Região Metropolitana da Grande Vitória. Espírito Santo. Brazil. 2016-2017.

Characteristics	Total	Unfavorable		Indifferent		Favorable		X^2 p $^{-value}$
		n	%	n	%	n	%	
Paid work								
Yes	484	205	42.4	99	20.5	180	37.2	
No	1584	614	38.8	367	23.2	603	38.1	0.287
Total	2068	819	39.6	466	22.5	783	37.9	
Family income								
≤ 1 minimum wage	267	147	55.1	57	21.3	63	23.6	
1 to 3 minimum wages	736	302	41.0	172	23.4	262	35.6	<0.001
> 3 minimum wages	708	227	32.1	156	22.0	325	45.9	
Total	1711	676	39.5	385	22.5	650	38.0	
Divorced/separated parents								
Yes	857	345	21.7	187	21.8	325	37.9	
No	1195	465	38.9	276	23.1	454	38.0	0.745
Total	2052	810	39.5	463	22.6	779	38.0	
City of residence								
Vitória	363	145	39.9	76	20.9	142	39.1	
Serra	530	206	38.9	116	21.9	208	39.2	
Vila Velha	463	163	35.2	103	22.2	197	42.5	
Cariacica	427	193	45.2	97	22.7	137	32.1	0.003
Fundão	67	30	44.8	12	17.9	25	37.3	
Guarapari	122	37	30.3	32	26.2	53	43.4	
Viana	96	45	46.9	30	31.3	21	21.9	
Total	2068	819	39.6	466	22.5	783	37.9	

The age of fifteen/sixteen and seventeen years of the adolescents presented itself significantly as a protective factor for unfavorable AFSA (OR = 0.59; 95% CI: 0.40-0.86 and OR = 0.47; 95% CI: 0, 33-0.68) in relation to eighteen/nineteen year old students. However, adolescents attending the first year of high school had a greater chance (OR = 2.03; 95% CI: 1.41-2.92) of unfavorable AFSA compared to those attending the third/fourth year.

The adolescent student who has the head of the family with a very low level of education has a higher risk of having unfavorable sexual attitudes in relation to that the head of the family has a complete higher education (OR = 2.00). It is observed that the lower the level of education, the greater the risk of unfavorable AFSA.

The adolescent's marital status was an unfavorable risk factor for AFSA considering who lives with a partner (OR = 2.77; 95% CI: 1.56-4.91) compared to those who do not have a partner. However, those who have a partner and do not live with him (OR = 0.67; 95% CI: 0.50-0.89) presented an unfavorable protection factor for AFSA in relation to those who do not have a partner.

As for race/color, the adolescent student who defines himself as black has a higher risk (OR = 2.04; 95% CI: 1.43-2.89) compared to white. The same occurs with brown (OR = 1.88; 95% CI: 1.42-2.49) adolescents in relation to white, that is, blacks and browns are at greater risk of having an unfavorable attitude towards whites. Low family income was also another major factor for higher risk of unfavorable AFSA, thus, the lower the family income the greater the risk (OR = 2.50; 95% CI: 1.72-3.63).

■ DISCUSSION

Most adolescents had predominantly unfavorable AFSA and the socioeconomic factors that influenced to a greater or lesser extent the chance of unfavorable attitudes towards sexuality were: being 18 or 19, being in the first year of high school, belonging to a family where the head has a low level of education, live with a partner, be black/brown and live in a family whose income is low.

Adolescents were favorable to the diversity of partners and sexual relations without the affectivity component, which shows more liberal attitudes towards sexuality. This behavior may be related to changes that have occurred in society from the breaking of paradigms in relation to sexuality through dialogue and social support[19]. However, care should be taken with these changes, as the diversity of sexual partners increases the chances of exposure to Sexually Transmitted Infections (STIs)[20,21].

There was also evidence of disagreement regarding utilitarian attitudes towards the sexual act, and agreement about unconventional sexual relations and masturbation,

Table 4: Multinomial Logistic Regression testing the association between socioeconomic variables and the final classification of the AFSA instrument. Região Metropolitana da Grande Vitória, Espírito Santo, Brazil 2016-2017.

Variables	Unfavorable AFSA			
	Crude OR*	95% CI*	Adjusted OR*	95% CI*
Age				
Fifteen/sixteen	0.77	0.60 - 1.00	0.59	0.40 - 0.86
Seventeen	0.55	0.41 - 0.74	0.47	0.33 - 0.68
Eighteen/nineteen	1.00	-	1.00	-
Year of high school				
First	1.80	1.41 - 2.30	2.03	1.41 - 2.92
Second	1.18	0.89 - 1.54	1.26	0.89 - 1.79
Third/fourth	1.00	-	1.00	-
Education level of the head of the family				
Illiterate/incomplete elementary I	2.75	1.72 - 4.39	2.00	1.15 - 3.49
Complete elementary I/incomplete elementary II	2.41	1.73 - 3.37	2.00	1.33 - 3.03
Complete Elementary II/Incomplete High School	1.90	1.40 - 2.59	1.45	0.99 - 2.12
Complete high school/Incomplete higher education	1.39	1.04 - 1.85	1.31	0.92 - 1.87
Complete higher education	1.00	-	1.00	-
Marital status				
Lives with a partner	2.87	1.80 - 4.58	2.77	1.56 - 4.91
Has a partner, but does not live with him/her	0.69	0.54 - 0.88	0.67	0.50 - 0.89
Does not have a partner	1.00	-	1.00	-
Race/color				
Black	2.57	1.90 - 3.49	2.04	1.43 - 2.89
Mixed	2.00	1.58 - 2.55	1.88	1.42 - 2.49
White	1.00	-	1.00	-
Total family income				
≤ 1 minimum wage	3.34	2.38 - 4.70	2.50	1.72 - 3.63
> 1 to 3 minimum wages	1.65	1.30 - 2.09	1.41	1.08 - 1.84
> 3 minimum wages	1.00	-	1.00	-

(*) Reference category: Favorable Classification; OR - Gross Odds Ratio and adjusted for all independent variables; CI – Confidence Interval.
Only the variable municipality of residence, which presented p-value <0.05 in the chi-square test was not used in the multinomial analysis, as it was used in the sampling process.

which can be considered as behaviors that involve controversies and contradictions[1]. On the other hand, there was agreement among the adolescents regarding family planning and sex education, which may also be related to the social construction of sexuality in adolescence through information acquired at school about reproductive health and sexual health[22]. In this sense, Carvalho et al.[23] argue that the construction of sexuality is based on several social, economic, cultural, family and educational aspects, and that these influences can contribute to the construction of favorable or unfavorable attitudes towards sexuality.

Younger adolescents (fifteen to seventeen years old) had a lower chance of unfavorable attitudes in relation to eighteen/nineteen year old students, probably related to the change in the age profile of adolescents in relation to AFSA. According to the Pesquisa Nacional de Saúde do Escolar, the percentage of schoolchildren between 13 and 15 years of age who reported having started their lives sexually was 30.5% in 2009[24], to 27.0% in 2015[25], even with a drop, the percentage is still significant for the age of sexual initiation. Studies also show that adolescent puberty, early sexual initiation and immaturity

are important risk factors for sexual and reproductive health[26,27], which can be aggravated when associated with smoking, drunkenness and drug use[28].

Although the risks contribute to the occurrence of unfavorable outcomes to the adolescent's health, there are protective factors that can contribute to these outcomes being reduced. Some studies show a very significant relationship between educational level and development of skills to avoid unfavorable AFSA and later, risky sexual behavior, suggesting that adolescents with a higher level of education can exercise better sexual behaviors[23,29,30]. This was corroborated in this study, since the students of the initial grades have a higher risk of unfavorable AFSA compared to the students of the final grades of high school, showing that education can cause changes in the behavior of individuals.

In studies with adolescents, not only intrinsic aspects should be considered, but also those related to the family context in which they are inserted. Fundamentally, parents can play an important role as their children's primary educators, directly influencing AFSA. However, the lack of knowledge, skills or discomfort when talking about sexuality, can prevent them from successfully fulfilling this role[31]. In this study, the education level of the head of the family was presented as an explanatory variable for unfavorable AFSA. Education at the lowest levels was shown to be an unfavorable risk factor for AFSA in relation to the head who had completed higher education. This fact is worrying, since sex education is partly dependent on the family's educational level[32].

Considering that parents are still the greatest source of information at the time of first sexual intercourse, for both girls and boys, adolescent children of better educated parents will have better representation as for AFSA[7]. The protective influence of sex education is not limited to questions about when or whether sexual activity will start, but extends to questions of successful choices in relation to sexuality[9], which may reflect in reducing socioeconomic disparities. Brazil is the fourth country in the world in absolute number of girls married before 18 years of age[33], a condition that can contribute to school dropout, making it difficult to enter the labor market and, as a consequence, the perpetuation of poverty[32,34]. Thus, when analyzing the marital situation of adolescents, the experience with the partner, in this study, represented the greatest risk to unfavorable AFSA in relation to those who do not have a partner.

According to data from UNICEF (2005)[35], living with a partner already in childhood and adolescence directly affects the adolescent's health and sexual and reproductive rights, in addition, it may be related to greater exposure to domestic violence or even coercion by the partner for the practice of unfavorable AFSA, due to the lack of perspective and family support. On the other hand, the fact of having a partner, but not living with him, in relationships (dating), presented itself as a protective factor for AFSA unfavorable in relation to those who do not have a partner, being able to demonstrate the experience of sexuality without daily living, showing more stable relationships decreasing the risks to sexual health with or without sexual activity[36]. It should be noted

that, possibly, adolescents who do not have a partner did not initiate sexual activity, therefore, they have more favorable AFSA.

Among the most structural, economic vulnerability is directly associated with low education, varying to a greater or lesser degree of risk depending on the condition of each group[34]. However, other economic factors may also be related to unfavorable AFSA.

Social inequalities have increased in Brazil, affecting a large part of the Brazilian population, but mainly, the black population, which is the majority among the poorest[37]. In the present study, black and brown adolescents had a higher risk of unfavorable AFSA compared to whites, as well as a lower income had a higher risk for unfavorable AFSA compared to a higher family income. Another study[29] also found that risky sexual behavior was also prevalent among black, low-income and low-education adolescents. Allied to this, the National Health Survey[38], highlighted that blacks and browns, without access to education and with less economic conditions, have less access to health services. Evidence that these adolescents need more focused attention from health services, as they may not have access to care for their health and education needs[39].

In this study, it is important to note that the sample consists of high school students, properly enrolled and residing in a metropolitan region that has a Municipal Human Development Index (MHDI) equal to 0.772 and MHDI Education equal to 0.695[40]. And even in this context, inequalities regarding AFSA were found in the sample of adolescents.

It is also necessary to realize that structural health determinants, such as the provision of continuing secondary education, are important aspects to be addressed to improve adolescents' sexual and reproductive results, especially in less favored regions[41]. Ideally starting with the family, but in conjunction with the school and health services[41,42].

Sexual attitudes can be modeled through sex education programs conducted in schools, and these have contributed to developing favorable AFSA. However, they still need to be readjusted not only as a health policy, but also as an educational one[9]. For Jackson et al.[43] government policies must be formulated for the transition period between childhood and adulthood and be inserted early, promoting a broader social change to reduce social influences on the development and behavior of adolescents and to reduce marginalization, social exclusion and vulnerability. This corroborates with this study that showed a greater chance of unfavorable attitudes in more vulnerable adolescents.

The present study brought relevant contributions on the association between Attitudes Towards Adolescents' Sexuality and socioeconomic and demographic factors, as it presents a considerable sample size, includes students from public and private schools and minimizes information bias when applying an electronic form preserving privacy of teenagers. However, it has limitations inherent to the representativeness of students, since there was low adherence by students to participate in the research and the cross-sectional method that does not have temporality,

allowing only association and no causal relationship to be established, since the outcome and exposure were measured at the same time. In addition, there was a considerable amount of missing data for the variables family income and race/color (about 25%).

CONCLUSION

Adolescents in transition to adulthood, attending the initial grades of high school, living with a partner, blacks or browns, whose heads of the family have low education and families with low income had a greater chance of unfavorable AFSA, showing that unfavorable socioeconomic factors negatively influenced the reproductive and sexual attitudes of adolescents.

Sex education, when carried out by the school and the health system, is a measure that can minimize the effect of socioeconomic factors on unfavorable attitudes regarding the sexual and reproductive health of adolescents. However, the ideal is the joint work of the family-school-Unified Health System triad. The approach should occur from the perspective of the adolescent, considering individuality and respecting them as individuals with rights.

Author Contributions:

Juliani da Silva Araújo Alves: Data collection, Data analysis and interpretation, Scientific writing, Final manuscript review.

Silvana Granado Nogueira da Gama: Analysis and interpretation of data, Scientific Writing, Final revision of the manuscript.

Maria Carmen Moldes Viana: Conception and design of the Study, Analysis and interpretation of data, Final revision of the manuscript.

Katrini Guidolini Martinelli: Interpretation of data, Scientific Writing, Final revision of the manuscript.

Edson Theodoro dos Santos Neto: Conception and design of the Study, Coordination of data collection, Analysis and interpretation of data, Scientific Writing, Final revision of the manuscript.

Conflicts of Interest:

There are no conflicts of interest.

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Resumo

Introdução: Atitudes Face à Sexualidade em Adolescentes (AFSA) são construídas conforme as experiências vivenciadas e os diferentes contextos sociais.

Objetivo: Analisar as atitudes diante da própria sexualidade, de acordo com fatores socioeconômicos em adolescentes.

Método: Estudo transversal de base escolar foi realizado com 2.292 adolescentes matriculados no ensino médio, em 54 escolas, por meio de entrevistas utilizando o instrumento AFSA, com quatro dimensões: Permissividade, Comunhão, Instrumentalidade e Práticas Sexuais. Em seguida, a atitude de cada adolescente foi classificada em: desfavorável, indiferente e favorável. Foram usados os testes Qui-quadrado de Pearson e Regressão Logística Multinomial nas análises estatísticas.

Resultados: Verificou-se que a maior parte dos adolescentes apresentou AFSA desfavorável, sendo tais comportamentos diretamente associados a: idade de 15/16 e 17 anos (OR=0,59; OR=0,47); menor série do ensino médio (OR=2,03); chefe da família do adolescente ter baixa escolaridade (OR=2,00); conviver com o companheiro (OR=2,77); raça/cor preta (OR=2,04) e parda (OR=1,88); e menor renda familiar (OR=2,50).

Conclusão: Adolescentes com menor nível socioeconômico possuem maior chance de apresentarem atitudes desfavoráveis face à própria sexualidade.

Palavras-chave: sexualidade, saúde do adolescente, educação sexual, sexo sem proteção.