

Sexual Behavior and Health Problems in University Students, University of Antioquia, 1991¹

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Authorities at the University of Antioquia, Colombia, felt it would be advisable to institute a student orientation program aimed at preventing health problems resulting from risky sexual behavior related to new cultural trends. The purpose of the work reported in this article was to collect information on the existing situation and provide appropriate advice to the Health Division of the University Welfare Office.

For this purpose a survey was conducted with the voluntary participation of 836 students enrolled in their final year of study. A survey form containing 45 questions designed to elicit demographic and sexual behavior data was self-administered anonymously by the participating students.

Among the participants who were sexually active, 10.9% (17.2% of the men, 3.3% of the women) said they had contracted some variety of sexually transmitted disease (STD). The most common diagnoses were gonorrhea (42%), genital warts (23%), and genital herpes (19%). The risk of contracting STD was 4.2 times greater in those reporting sex with strangers; 3.4 times greater in those reporting four or more sexual partners; and 2.5 times greater in those reporting homosexual relations, as compared to students not practicing such behaviors. Some 28.4% of 790 survey respondents or their partners had been pregnant; 49% of these pregnancies had terminated in abortions, 77% of these being induced abortions.

Only 51.3% of the survey participants reported customary use of contraceptives, those most frequently cited being condoms (by 32% of the users), pills (20%), the rhythm method (18%), and extravaginal ejaculation (17%).

Generally speaking, it appears that participating students had received little sex education. To obtain information, they had turned primarily to friends and books. Those who said they had received adequate sex education at home participated somewhat less frequently in risky behaviors but appeared a little less apt to have used contraceptives and a little more apt to think that women should not seek satisfaction in their sexual relationships.

It has been recommended that the university establish programs to augment student knowledge in this area, prevent STDs and unwanted pregnancies, and encourage responsible exercise of sexuality.

In human beings, the expressed and shared sexual function constitutes both a means of reproduction and a system of communication. Sexual behavior is influenced by such factors as individual person-

ality, social class, and the moral structure of the social and family environment (1-3).

The onset of puberty currently occurs at an earlier age than in previous generations, while stable unions are established at a later age, commonly at the conclusion of academic studies. Conse-

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quently, a widened gap exists between the age of physiologic maturation and the age at which sexual activity is considered culturally acceptable. This implies a need to postpone sexual expression within a profoundly contradictory social framework where punitive and repressive morality coexists with an eroticism exalted by commercial media advertising that in turn influences the liberalization of sexual behavior (4–6).

This cultural tendency raises the potential for contracting sexually transmitted disease (STD) and contributes to an increase in unwanted pregnancies among teenagers and single women, this latter being associated with increased risk of complications during pregnancy and childbirth and of abortion. Such situations produce adverse health consequences and may lead to sexual dysfunction (7, 8). To prevent these problems, young people need to understand the importance of exercising their sexuality both rationally and responsibly.

The purpose of the work reported here was to identify health problems associated with the sexual behavior of students at the University of Antioquia, as a preliminary step toward advising the Health Division of the University Welfare Office about implementation of a student orientation program in preventive health.

MATERIALS AND METHODS

During August and September 1991, a descriptive survey was conducted in the population of young adults at the University of Antioquia who were completing the final year of their academic study programs. The survey instrument consisted of a questionnaire (Annex 1) containing 45 questions designed to determine (1) the sources of student information about sexual matters, (2) prevailing patterns of sexual behavior and their health consequences, (3) the frequency and types of sexually transmitted diseases (STDs)

in the study population, (4) contraceptive practices in the study population, and (5) rates of pregnancy, complications of pregnancy, and abortion—including induced abortion. This instrument was tested initially on a group of 50 students who had not reached their final academic year, and was then modified on the basis of that experience.

Of the 1 578 university students who were in their final year of academic studies in 1991, 836 agreed voluntarily to participate in the survey. These students were enrolled in 53 of the 54 undergraduate academic programs (lasting between 8 and 13 semesters each) that were then offered by the university. Students from the school of philosophy were excluded because of difficulty determining who was in the final academic year, as their study program did not have the same academic structure as the other programs.

Initially, information was obtained about course schedules for the final year of study, and appropriate teachers were asked for permission to administer the survey questionnaire during the first half-hour of class. Before beginning, the investigators told the participants about the study's aims, explained how the questionnaire was to be completed, and encouraged them to respond honestly.

The questionnaires were distributed in the classrooms of all courses included in the final year of each academic program. The researchers remained in the classroom in order to answer any questions that the students might have while completing the questionnaire. Each participant self-administered the questionnaire and, when finished, deposited it in a container placed in the classroom for that purpose, thus helping to ensure anonymity.

The information obtained from the survey was analyzed using the Epi Info computer program, version 5 (Centers for Disease Control and Prevention, Atlanta, Georgia, USA, 1990). For analytical purposes, the sample was divided into three

age groups, these being under 25, 25 to 30, and over 30. The percentage distribution of demographic, sexual behavior, sex education, and contraceptive practice variables, as well as the probabilities of pregnancy and STD transmission, were calculated for each age group by sex. The relative risk of contracting a sexually transmitted disease through a given type of sexual behavior was calculated using 95% confidence intervals.

RESULTS

Demographic Analysis

Of the 836 students surveyed, 812 indicated their age and sex. Of the latter, 394 (48.5%) were men and 418 (51.5%) were women; while 281 (34.6%) were less than 25 years old, 398 (49.0%) were 25 to 29, and 133 (16.4%) were 30 or over.

Analysis of marital status by sex was based on 808 individuals (416 women and 392 men) who provided the necessary information. Among the women, 105 (25.2%) indicated a marital status involving family commitment (married, in a free union, separated, or widowed), as compared to 73 (18.6%) of the men.

Sexual Behavior

Table 1 summarizes the data gathered on the sexual behavior of the 810 survey participants responding to this part of the questionnaire. In all, 667 (82.3%) indicated they had had vaginal coitus, with the percentage of men who did so exceeding that of women in all age groups.

Initial coitus was said to have occurred at ages ranging from 7 to 37 years, but the men in all three age groups tended to have experienced initial coitus earlier than the women. On the average, women under age 25 reported having had their first coitus earlier than women in the older age groups. In contrast, men under age

25 tended to have had their first experience slightly later in life than men in the older groups.

With regard to first sexual partners, women more frequently reported having first coitus with their fiancé, while men more frequently reported having first coitus with a female friend to whom they were not engaged. It was also more characteristic of women to have had initial coitus with their husbands (16%) than for men to have had it with their wives (1%).

Conversely, more men (17%) than women (0.6%) reported having initial coitus with a prostitute or stranger. Fewer men under age 25 than 30 or over (9.5% versus 17.8%) reported having their initial coitus with a prostitute or stranger.

Regarding orgasm, the sexually active men reported achieving orgasm most or all of the time they had sex; none reported never achieving orgasm. On the other hand, 15% of women said they rarely or never achieved orgasm in their sexual relations.

With respect to numbers of lifetime sexual partners, a far higher percentage of men (70.6%) than of women (23.2%) said they had had four or more sexual partners. Of all the students responding to survey question 15 (see Annex), 50.6% said they had had four or more partners.

Of the entire survey population, 30.0% cited homosexual dreams, thoughts, or desires, while 9.6% reported having had homosexual contact. Among men, homosexual contacts had increased during the preceding year, and an analysis of homosexual behavior by age revealed that the frequency of such behavior had increased with age among men, while among women this was a more frequent behavior in younger age groups.

With regard to numbers of homosexual contacts, 2.4% of the sexually active students who answered question 18 reported having had four or more homosexual contacts, with higher percentages of men than women respondents report-

Table 1. Sexual experiences reported by 810 survey subjects, by age and sex, who were university students in their final year of academic studies at the University of Antioquia (Antioquia, Colombia), 1991.

Variable	Men						Women						Total	
	<25		25-29		≥30		<25		25-29		≥30		No.	(%)
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)		
Has had vaginal coitus	89	(82.4)	192	(96.5)	85	(98.8)	111	(63.1)	150	(76.5)	40	(88.9)	667	(82.3)
Age at first coitus:														
<15 years	6	(8.6)	23	(14.7)	11	(21.6)	3	(3.2)	2	(1.4)	0	—	45	(8.3)
15-20 years	57	(81.4)	115	(73.7)	30	(58.8)	63	(67.0)	61	(43.0)	9	(34.6)	335	(62.2)
>20 years	7	(10.0)	18	(11.5)	10	(19.6)	28	(29.8)	79	(55.6)	17	(65.4)	159	(29.5)
Had first coitus with:														
Fiancé or fiancée	27	(32.1)	47	(22.6)	17	(27.4)	83	(79.0)	111	(69.4)	13	(43.3)	298	(45.9)
Male or female friend	49	(58.3)	117	(56.3)	32	(51.6)	14	(13.3)	19	(11.9)	7	(23.3)	238	(36.7)
Husband or wife	—	—	2	(1.0)	2	(3.2)	7	(6.7)	29	(18.1)	10	(33.3)	50	(7.7)
Stranger	4	(4.8)	22	(10.6)	5	(8.1)	1	(1.0)	1	(0.6)	—	—	33	(5.1)
Prostitute	4	(4.8)	20	(9.6)	6	(9.7)	—	—	—	—	—	—	30	(4.6)
Frequency of orgasm:														
Always	42	(53.2)	105	(51.5)	28	(45.9)	15	(14.4)	25	(15.7)	6	(21.4)	221	(34.8)
Most of the time	29	(36.7)	81	(39.7)	24	(39.3)	51	(49.0)	79	(49.7)	14	(50.0)	278	(43.8)
Half of the time	6	(7.6)	6	(2.9)	6	(9.8)	13	(12.5)	24	(15.1)	2	(7.1)	57	(9.0)
Occasionally	2	(2.5)	12	(5.9)	3	(4.9)	16	(15.4)	28	(17.6)	5	(17.9)	66	(10.4)
Never	—	—	—	—	—	—	9	(8.7)	3	(1.9)	1	(3.6)	13	(2.0)
Had sex with strangers	31	(30.4)	108	(49.5)	34	(55.7)	9	(5.5)	11	(5.3)	2	(6.1)	195	(24.8)
Number of sexual partners in lifetime:														
<4	30	(44.1)	39	(23.8)	13	(27.7)	51	(77.3)	91	(77.1)	14	(73.7)	238	(49.4)
≥4	38	(55.9)	125	(76.2)	34	(72.3)	15	(22.7)	27	(22.9)	5	(26.3)	244	(50.6)
Has had homosexual dreams, thoughts, desires	36	(35.0)	73	(33.2)	27	(43.5)	42	(26.4)	42	(21.1)	12	(36.4)	232	(30.0)
Has had homosexual contact	15	(14.6)	31	(14.5)	12	(20.0)	8	(5.0)	7	(3.5)	1	(3.0)	74	(9.6)
Number of homosexual contacts:														
1-3	9	(10.1)	15	(7.8)	7	(8.2)	4	(3.6)	3	(2.0)	2	(5.0)	40	(6.0)
≥4	2	(2.2)	9	(4.7)	2	(2.4)	2	(1.8)	1	(0.7)	—	—	16	(2.4)
Has had homosexual contact during the past year	8	(7.8)	15	(7.0)	7	(7.0)	5	(3.1)	3	(1.5)	—	—	38	(4.0)

ing this in all age groups. The maximum frequency (4.7%) of respondents reporting four or more homosexual contacts occurred among men 25 to 29 years old.

Sexually Transmitted Diseases

Of 793 students who responded to this section of the survey, 73 (9.2%) said they

had had a sexually transmitted disease (STD). This problem had been more frequent among men than among women in all age groups. The greatest risk was found among men over 30, of whom 32.1% reported having had an STD. Overall, the percentage of sexually active respondents reporting STD experience was 10.9% (17.2% of the men and 3.3% of the women). Of those with this experience, 32% reported more than one episode. The disease most frequently reported was gonorrhea (42%), followed by venereal warts (23%) and genital herpes (19%). A noteworthy percentage of the respondents reporting STD cases (16.8%) said their disease had been treated by someone other than a physician.

As Table 2 indicates, the relative risk of contracting an STD was found to have been 1.9 to 6.1 times greater among those reporting four or more sexual partners than among those reporting fewer part-

ners. The relative STD risk was also 1.5 to 4.3 times greater among those who reported homosexual relations, and 2.6 to 6.6 times greater among those who reported having coitus with strangers.

Contraceptive Use

Regarding contraceptives, 51.3% of the sexually active respondents said they used contraceptives all or most of the time, while 37.9% said their partners used contraceptives all or most of the time (Figures 1 and 2). As both charts show, customary use of contraceptives appeared more common among women than among men in all age groups. The most frequently used contraceptive methods were, in decreasing order, condoms (32%), pills (20%), the rhythm method (18%), extravaginal ejaculation (17%), intrauterine devices (8%), and creams or suppositories (7%). Some survey participants reported using more than one method.

Table 2. Sexually experienced student respondents who reported whether they had ever contracted a sexually transmitted disease (STD), by three types of sexual behavior. CI = confidence interval.

Sexual relations with:	No.	Probability of STD (%)	Relative risk	
			Estimate	95% CI
Four or more partners:				
Yes	238	(18.9)		
No	233	(5.6)	3.39	1.9-6.1
Same-sex partners:				
Yes	53	(26.4)		
No	418	(10.5)	2.51	1.5-4.3
Strangers:				
Yes	185	(23.8)		
No	455	(5.7)	4.16	2.6-6.6
Four or more partners and same-sex partners:				
Yes	37	(32.4)		
No	434	(10.4)	3.06	1.8-5.3
Strangers and same-sex partners:				
Yes	48	(29.2)		
No	592	(9.5)	3.08	1.9-5.1

Figure 1. Percentages of male and female respondents reporting sexual activity who said they used contraceptive methods all or most of the time, by age and sex.

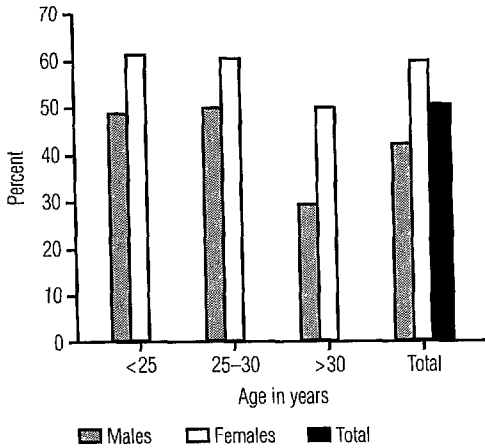
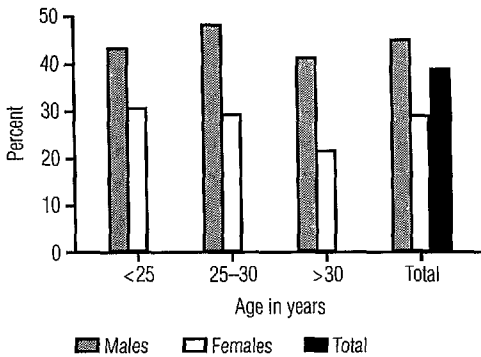


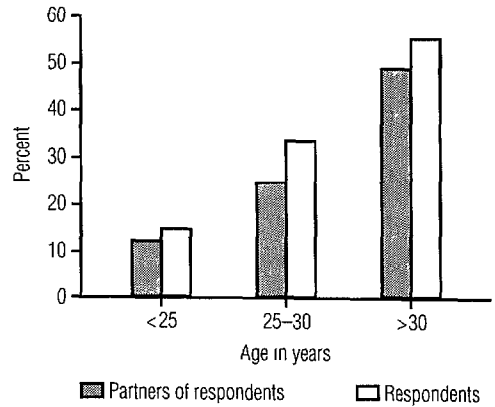
Figure 2. Percentages of male and female respondents reporting sexual activity who said their sexual partners used contraceptive methods all or most of the time, by age and sex of the survey respondents.



Pregnancy and Abortion

In all, 28.4% of the female survey respondents and female partners of the male survey respondents (Figure 3) were found to have been pregnant. As the figure indicates, pregnancy was reported for a higher percentage of the former than the latter, a difference that was smallest in the youngest (under 25) age group.

Figure 3. Percentages of male and female respondents reporting sexual activity who said they had become pregnant (white bars) or had a partner who became pregnant (dark bars).



The responses provided by 790 students on this subject revealed a high rate of complications during pregnancy and childbirth (Table 3). Approximately half of all the pregnancies (49.1%) had terminated in abortion, and 84 (77.1%) of these were induced abortions. Of the total number of induced abortions, 70% were performed by physicians, 14.5% by health personnel other than physicians, 13.3% by people outside the health field, and 2.2% by individuals whose profession was unknown.

Sex Education

The responses to survey questions 6 through 8 (see Annex) showed that less than half the students surveyed felt they had received adequate sex education at home, in school, or in college. As Table 4 indicates, the subject appears to have been less adequately covered at home and college than in school, with slightly higher percentages of women than men reporting adequate sex education at each of the three places.

To obtain information on sexual topics, high percentages of the survey respondents said they had read books or asked

Table 3. Female student respondents and female partners of male respondents ($n = 790$) who had been pregnant and who reported whether they had experienced complications during pregnancy, complications during delivery, or miscarriage/abortion—including induced abortion.

Complications	Probability for all 790 respondents or their partners (%)	Pregnant women ($n = 222$)	
		No.	%
Pregnancy complications	(5.4)	43	(19.4)
Delivery complications	(4.1)	32	(14.4)
Miscarriage/abortion	(13.8)	109	(49.1)
Induced abortion	(10.6)	84	(37.8)

Table 4. Student respondents, by age group and sex, who reported receiving adequate sex education at home, in school (high school), or at the university.

Place providing sex education	Age group (in years)	Men		Women	
		No.	(%)	No.	(%)
Home	<25	36	(34.0)	68	(38.9)
	25–30	61	(27.0)	65	(31.7)
	>30	22	(35.5)	12	(35.3)
	All	119	(30.2)	146	(34.8)
School	<25	48	(45.3)	81	(46.3)
	25–30	106	(46.9)	86	(41.3)
	>30	26	(41.9)	12	(35.3)
	All	180	(45.7)	179	(42.9)
University	<25	36	(34.0)	66	(37.7)
	25–30	54	(23.9)	53	(25.5)
	>30	13	(21.0)	7	(21.2)
	All	103	(26.1)	126	(30.3)

friends (Table 5). Women tended to rely more than men on their families, while men tended to rely more on books. Generally speaking, those surveyed said they consulted very little with clerics, family members, or teachers, while over a third said they obtained information from health workers. Some limited age difference was observed, with survey subjects in the youngest (under 25) group showing a greater tendency to consult health workers, family members, teachers, and friends.

The group of students who reported receiving an adequate sex education at home also reported somewhat lower fre-

quencies of high-risk behaviors (having four or more sexual partners or sex with strangers), induced abortions, STDs, and performance of induced abortions or STD treatments by people outside the health field (Table 6). However, relatively higher percentages also reported feeling that women should not seek pleasure from sexual activity and stated that they never or almost never used contraceptives.

DISCUSSION

The survey results tended to affirm that there had been a liberalization of sexual conduct, especially among the younger

Table 5. Student respondents, by age group and sex, who reported consulting their families, books, teachers, friends, clergy, or health workers to obtain information on sexual matters. The instructions for answering the relevant survey question (see Annex, question 9) asked the respondents to check only one source of information, but most checked more than one.

Leading sources of information on sexual matters	Age group (in years)	Men		Women	
		No.	(%)	No.	(%)
Family	<25	16	(15.1)	41	(23.4)
	25-30	26	(11.5)	43	(20.7)
	>30	8	(12.7)	6	(17.6)
	All	50	(12.7)	90	(21.6)
Books	<25	92	(86.8)	139	(79.4)
	25-30	192	(85.0)	160	(77.0)
	>30	61	(96.8)	26	(76.4)
	All	345	(87.3)	325	(77.9)
Professors	<25	16	(15.1)	22	(12.6)
	25-30	33	(14.6)	16	(7.7)
	>30	9	(14.3)	1	(2.9)
	All	58	(14.7)	39	(9.3)
Friends	<25	49	(46.2)	91	(52.0)
	25-30	112	(49.6)	96	(46.2)
	>30	16	(25.4)	10	(29.4)
	All	177	(44.8)	197	(47.2)
Clerics	<25	4	(3.8)	1	(0.5)
	25-30	5	(2.3)	3	(1.4)
	>30	2	(3.2)	1	(2.9)
	All	11	(2.9)	5	(1.2)
Health workers	<25	44	(41.5)	73	(41.7)
	25-30	78	(34.7)	61	(29.3)
	>30	15	(23.8)	13	(20.6)
	All	137	(34.8)	147	(35.3)

respondents. This change is seen in initiation of sexual activity at younger ages, an increased frequency of sex before marriage, and a greater number of sexual partners. This trend toward sexual liberation of young people appears to be universal, to judge by reports from a number of different countries (6-13).

It should be noted that an attitude characterized by *machismo* (male dominance in sexual matters) tended to prevail, as indicated by the greater promiscuity and sexual activity of the male survey respondents. The only behavior observed that might be regarded as suggesting some modification of this attitude

was a decline in initial male sexual contact with prostitutes or strangers (see Table 1). It is possible that this could be explained by changing attitudes among women having made women more accessible as sexual partners.³

Generally speaking, this survey found that a higher percentage of participants had homosexual relations than had been found by other studies of Colombian university populations (14, 15).

³Gómez A. Conducta sexual en la población universitaria de Colombia. (Unpublished photocopied document.)

Table 6. Opinion as to whether women should seek pleasure in the sex act and sexual experiences of student respondents, by whether they reported receiving adequate sex education at home.

Sexual behavior	Adequate sex education at home			
	Yes		No	
	No.	(%)	No.	(%)
Feels that women should not seek satisfaction in the sex act	22/256	(8.6)	33/541	(6.1)
Has had 4 or more sexual partners	68/149	(45.6)	182/343	(53.1)
Has had sex with strangers	56/263	(21.3)	143/542	(26.4)
Has had a sexually transmitted disease (STD)	12/214	(5.6)	61/457	(13.3)
Has received treatment for STD from nonmedical people	3/12	(25.0)	17/61	(27.9)
Has never or almost never used contraceptive methods	83/200	(41.5)	164/430	(38.1)
Has had one or more induced abortions	18/264	(6.8)	66/523	(12.6)
Has had an induced abortion performed by nonmedical people	5/18	(27.8)	22/66	(33.3)

Regarding STDs, the study findings are consistent with gonorrhea frequencies reported by various other sources. According to WHO estimates for developing countries, two-thirds of all gonorrhea cases occur in individuals under age 25 (7); and according to a 1985 study by González (15), gonorrhea was the most frequent venereal disease among university students in Barranquilla, Colombia. Also, a 1975 study by Alzate (14) found that 49% of a population of medical students with coital experience had had some type of STD, and that 87.5% of the latter had contracted gonorrhea. The same author observed in 1980 (13) that the frequency of STDs among sexually experienced subjects had dropped to 25.3% but that most of these subjects (78.9%) had had gonorrhea. In addition, results obtained by Soto (16) in 1986 on Peruvian university students found STD frequencies of 23% for men and 7% for women but did not refer specifically to gonorrhea.

Regarding conception, it may be said that the high percentage of sexually active students lacking appropriate contraceptive protection exposes considerable

numbers to unwanted pregnancy and to the need to resort to abortion to resolve the situation, a practice that poses elevated health risks. The infrequent use of contraceptives in Latin America generally has been confirmed by a number of studies conducted in various countries (6, 8, 10, 11, 13, 15, 17, 18).

The unwanted pregnancies that result from engaging in sex without the mutual responsibility of both participants give rise to problems of a biological, psychological, and social nature, especially among unstable couples and young women (4, 8, 19). Our study findings support the theory that men in Colombia tend to have little concern about the reproductive effects of sexual relations, commonly leaving responsibility for planning to the woman. In addition, the risk of unwanted pregnancy is quite high, since contraceptive use is far from universal and some of the methods used by the young population involved afford little security against conception.

One way to resolve the problem is by interrupting the pregnancy, a practice that in Colombia entails illegal abortion and

commonly causes critical health problems for women. The illicit nature of this practice makes it hard to estimate the rate of clandestine abortions in Colombia with precision, but it has been suggested that at least 8% of all pregnancies in young women between the ages of 15 and 19 end in induced abortion (20). At the Maternal-Child Institute of Bogotá, 20% of 3 000 women hospitalized in 1980 for abortion complications were less than 20 years old. This percentage was higher (23%) in 1987 (8).

The limited sexual education received by the students surveyed appears typical of Latin America, as has been indicated in several studies by other workers (10, 11, 15). One of those studies identified friends and books as being the sources most commonly consulted by students (11). Another, also in agreement with ours, found that sex practices had fewer adverse consequences for students who felt they had received adequate sex education at home (10).

In general terms, human sexuality is a function like any other—with organic, psychological, and social facets that allow individuals to reproduce, experience satisfaction, and relate to their fellow human beings. However, expression of the sexual function is regulated in accordance with sociocultural norms transmitted through education received from birth onward, as part of an integral process in which individuals adopt the attitudes and values of the society in which they live. It is therefore reasonable that sexual education should be the responsibility of the parents as socializing agents, and that such education should subsequently be reinforced by formal institutions responsible for the instruction and health of the general population (1–11).

In accordance with the findings of this survey, it is therefore recommended that the Health Division of the University Welfare Office take the following actions:

- Offer programs to complement the sexual education received by students at home, in order to promote stable interpersonal relations and a healthy, responsible exercise of sexuality.
- Implement programs for controlling sexually transmitted diseases that will contribute to their early diagnosis and timely treatment.
- Make instruction in family planning readily available to students and subsidize provision of appropriate materials.

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Annex 1. The questionnaire presented to the participating University of Antioquia students (English translation).

UNIVERSITY OF ANTIOQUIA
OFFICE OF UNIVERSITY WELFARE
NURSING FACULTY, EPIDEMIOLOGY GROUP

This survey form is strictly anonymous. Do not sign it. Answer it and place it in the indicated box. The information obtained by this survey will be used by the Health Division of the University Welfare Office to design a student health program. Therefore, it is important that your responses be sincere.

Demographic variables

1. Year of university program _____ 2. Year of entering the university _____
3. Sex: M

1

F

2

4. Age in complete years _____
5. Civil status: Cleric

1

 Free union

4

Single

2

 Separated

5

Married

3

 Widowed

6

Sexual education

Do you think that you have received adequate sexual education in your:

6. Home? Yes

1

 No

2

 7. School? Yes

1

 No

2

 8. University? Yes

1

 No

2

9. What source do you turn to *preferentially* to obtain information about sex?
Family member

1

 Friends

4

Books

2

 Clerics

5

 (choose only one)
Teachers

3

 Health personnel

6

Sexual behavior

10. Have you had vaginal coitus? _____ 11. At what age did you have your first coitus? _____
Yes

1

 (If no, proceed to number 14)
No

2

12. With whom did you have first coitus? 13. How often do you experience orgasm during vaginal coitus?
Fiancé or fiancée

1

 Always

1

Male or female friend

2

 Most of the time

2

Wife

3

 Half of the time

3

Stranger

4

 Occasionally

4

Prostitute

5

 Never

5

14. Do you believe a woman should seek pleasure in the sex act? Yes

1

No

2

15. How many different people have you had vaginal coitus with during your life? _____
16. Have you had sexual contact with strangers? Yes

1

No

2

17. Have you had dreams, thoughts, or desires of a homosexual nature? Yes

1

No

2

18. Have you had homosexual contacts? 19. How many times? _____
Yes

1

 (If no, proceed to number 21)
No

2

20. Have you had homosexual contacts within the past year? Yes

1

No

2

Annex 1. (Continued)

21. Have you suffered venereal diseases? 22. How many times? _____
 Yes 1 (If no,
 No 2 proceed to number 29)

Which ones?

23. Syphilis: Yes 1 24. Gonorrhoea: Yes 1 25. Genital herpes: Yes 1
 No 2 No 2 No 2

26. Chancroid: Yes 1 27. Genital warts: Yes 1
 No 2 No 2

28. Who treated you?
 A doctor 1
 Other health personnel (nurse, pharmacist) 2
 Empiricists (friends, relatives) 3
 Yourself 4

Use of contraceptives

29. How frequently do you use contraceptive methods?
 Always 1 Occasionally 4
 Most of the time 2 Never 5
 Half of the time 3 Don't know 6

30. How frequently does your sex partner use contraceptive methods?
 Always 1 Occasionally 4
 Most of the time 2 Never 5
 Half of the time 3 Don't know 6

If you or your sex partner use some contraceptive method, indicate which of the following:

31. Pills: Yes 1 32. Intrauterine device: Yes 1 33. Condom: Yes 1
 No 2 No 2 No 2

34. Creams or suppositories: Yes 1 35. Rhythm method: Yes 1
 No 2 No 2

36. Ejaculation outside the vagina: Yes 1 37. Don't know: Yes 1 Others (which?):
 No 2 No 2 _____

Pregnancies and abortions

38. If you are a woman, Have you been pregnant?
 If you are a man, Has your partner been pregnant?
 Yes 1 (If no,
 No 2 stop here) 39. How many times? _____

Were there complications during the:

40. Pregnancy? Yes 1 (If yes, which?) 41. Delivery Yes 1 (If yes, which?)
 No 2 No 2

42. Did any of the pregnancies terminate in an abortion? Yes 1 (If no,
 No 2 stop)

43. How many? _____

44. Were any of them induced? Yes 1 (If no,
 No 2 stop)

45. Who induced the abortion? A doctor 1
 Other health worker 2
 Another person 3
 Don't know 4