

NURSING ACADEMICS AND THEIR SELF-CARE IN RELATION TO SEXUALLY TRANSMITTED DISEASES

ACADÊMICOS DE ENFERMAGEM E SEU AUTOCUIDADO EM RELAÇÃO A DOENÇAS SEXUALMENTE TRANSMISSÍVEIS

ESTUDIANTES DE ENFERMERÍA Y SU AUTOCUIDADO EN RELACIÓN CON ENFERMEDADES DE TRANSMISIÓN SEXUAL

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ABSTRACT

Objective: to know the self-care measures used by undergraduate nursing academics at the Federal University of Santa Catarina in relation to sexually transmitted diseases. **Method:** it is about a descriptive quantitative research, for whose achievement was applied a questionnaire directed to academics of all stages of the undergraduate degree in nursing, totalizing a sample of 149 academics. **Results/discussion:** data obtained through this methodology revealed differences between knowledge and action, leading us to think that despite access to information, academics often neglect the importance of self-care in the context of personal life. **Conclusion:** the difference between action and knowledge justifies relate this study with references to the self-care deficit marked on Dorothea Orem theory, whereby study subjects cannot individually exercise self-care in an effective and self-sufficient way.

Keywords: HIV, Sexually Transmitted Diseases, Self Care, Nursing Academics.

RESUMO

Objetivo: conhecer as medidas de autocuidado utilizadas por estudantes de graduação em enfermagem da Universidade Federal de Santa Catarina em relação a doenças sexualmente transmissíveis. **Método:** trata-se de uma pesquisa quantitativa descritiva, para cuja realização foi aplicado um questionário direcionado a alunos de todas as fases do curso de graduação em enfermagem, totalizando uma amostra de 149 estudantes. **Resultados/discussão:** os dados obtidos por meio dessa metodologia revelaram divergências entre o conhecimento e a ação, levando-nos a refletir que, apesar do acesso à informação, os estudantes frequentemente negligenciam a importância do autocuidado no âmbito da vida pessoal. **Conclusão:** a divergência entre ação e conhecimento justifica relacionar o presente estudo com as referências ao déficit do autocuidado assinaladas na teoria do autocuidado de Dorothea Orem, por cujo efeito os sujeitos do estudo não conseguem, individualmente, exercer o autocuidado de maneira eficaz e autossuficiente.

Palavras-chave: HIV; Doenças Sexualmente Transmissíveis; Autocuidado; Estudantes de Enfermagem.

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RESUMEN

Objetivo: conocer las medidas de cuidados personales utilizados por los estudiantes de grado en enfermería de la Universidad Federal de Santa Catarina, en relación con las enfermedades de transmisión sexual. **Método:** es una investigación cuantitativa descriptiva, al que ha aplicado un cuestionario dirigido a los estudiantes de todas las etapas de la licenciatura en enfermería, una muestra total de 149 estudiantes. **Resultados/Discusión:** los datos obtenidos con esta metodología revelaron diferencias entre el conocimiento y la acción, que nos lleva a pensar que a pesar del acceso a la información, los estudiantes con frecuencia descuidan la importancia de los autocuidados en el contexto de la vida personal. **Conclusión:** la diferencia entre la acción y el conocimiento justifica este estudio se relacionan con referencias al déficit de autocuidado marcado en la teoría de Dorothea Orem, por el efecto los sujetos del estudio no pueden ejercer individualmente autocuidado manera eficaz y autosuficiente.

Descriptor: VIH; Enfermedades de Transmisión Sexual; Autocuidado; Estudiantes de Enfermería.

INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) is a disease that, from its inception till the present, has generated intense controversy in global public health context and has been considered the worst epidemic of the twentieth century. This perception can be related to the fact that AIDS is a disease that causes serious impairment to the immune system of people infected with Human Immunodeficiency Virus (HIV), and not yet have effective cure, only treatment to be applied, even with all current advances.¹

AIDS is characterized as a sexually transmitted disease (STD), since the most common way of infection is through sexual intercourse without proper condom use; however, there are other ways of acquiring the disease, such as direct contact with blood and fluids of individuals infected with HIV.² These features, combined with

the occurrence of the AIDS epidemic, aroused the collective concern about how we exercise our sexuality.

Moreover, STDs are often cited as an additional risk factor because body gets vulnerable to external factors and thus end up being a facilitator in the HIV transmission process. This means that the individual with some of the diseases classified as STD is more vulnerable to HIV than others.²

Because AIDS is a disease currently considered incurable, it is known that the most effective way to fight against AIDS and STDs in general is prevention. Therefore, advice in the form of an individual prevention, emerged as a strategy elaborated by the national team of Ministry of Health, in order to work with the identification of risk and provide a reflection on preventive measures with the individual.³⁻⁴

Among health professionals, we highlight those working in nursing field, especially because such professionals, according to the system of nursing care, have great contact and relationship with the customer at all levels of care, beyond the ability and knowledge needed to accomplish this task.⁵

When it comes to STD prevention in general, young people stands out as an important group to be considered. It should be noted, also, that the young population is defined as a priority in prevention campaigns promoted by the United Nations (UN). This may be related in part to the recognition of the vulnerability of this group, particularly, as predisposing factors, the feeling of omnipotence, lack of adequate information, unprepared professionals to deal with teenagers and low quality of health services, among others.⁶

Studies reveal that much of the health academics, especially from undergraduate nursing course, shows no real concern with the acquisition of sexually transmitted diseases; this fact, however, is not necessarily related to the lack of knowledge about such diseases.⁷

We also highlight the important link between nursing and self-care, given that care is considered the epistemological object of nursing, which makes education

activities related to self-care one of the competences from the profession. The self-care settings vary greatly between cultures. In general, self-care is a regulatory function, through which individuals adopt attitudes and behaviors that aim to benefit their health, in vital requirements, in the development and full operation, without formal medical supervision.⁸

Besides that, we emphasize the importance of nurses in the STDs prevention; however, in order for this work be carried out correctly and efficiently, professionals must be continuously trained for such activity. This way, preparation should be started in academic education, because professional knowledge, in most cases, is acquired during undergraduate course. We point out the importance of evaluating whether knowledge acquired in nursing undergraduate by academics, group considered vulnerable according to UN data, it is being applied in the personal lives of these academics. This study aims to identify if future health professionals are actually prepared to perform strenuous activity, and if they already know and use such principles of prevention, diagnosis and treatment of HIV/AIDS and STDs in their personal life.

These facts make us reflect on the real knowledge of these young people about the issue and, based on the level of

perception that demonstrate, if they really perform self-care prevention of these diseases. The question that drives this study is: how is performed self-care in relation to HIV/AIDS and STDs in the personal life of undergraduate nursing academics at the Federal University of Santa Catarina (UFSC)?

Therefore, this study aims to understand the self-care measures used by undergraduate nursing academics from UFSC in relation to sexually transmitted diseases in the context of personal life.

In order to establish a better understanding of the context of this research, Dorothea Orem's Self-Care Theory was chosen as theoretical framework as it is the one that best reflects the theme under discussion in this study. Dorothea Orem's Theory has been widely used in current issues in nursing practice, not only in regards specifically to certain conditions, but because it concerns a wide range of dimensions of care, proving that the theory has a great applicability.

In dimension of self-care theory, Dorothea Orem postulates that when an individual is unable to supply their own basic needs, nursing comes as an additional aid system for self-care.⁹

Also in accordance with the above stated factors, we point out here that Dorothea Orem's Self-Care Theory

contemplates, in the general context, three interrelated theories, in which we work in order to search basement in a prestigious and traditional author on this theme:¹⁰

- Self-care Theory: "Self-care is the practice of activities initiated and executed by the individual, for their own benefit, to maintain life, health and welfare".¹⁰

- Self-care Deficit Theory: this theory constitutes the essence of the general nursing theory created by Orem, since it establishes the moment when there is need nursing intervention. Thus, nursing becomes necessary when an adult (or the one who has custody) is disabled or limited to provide continuous and effective self-care.¹⁰

- Nursing Systems Theory: this system planned by the professional is based on self-care needs and the capabilities of the patient to perform the self-care activities.¹⁰

METHOD

This research consists in a descriptive study with a quantitative approach, in which the respective data collection instrument also contained qualitative characteristics, as will be detailed later.

The study population was initially formed by all academics enrolled in undergraduate nursing course at UFSC,

regardless of semester, curriculum or number of subjects that the academic was enrolled during the data collection period.

According to the system from UFSC, in the data collection period, the undergraduate nursing course had 292 academics enrolled. However, through an investigation with their teachers, number of academics who regularly attended classes was determined at 255. In addition, in this research we can contemplate 149 academics as studied sample, in other words, 58.43% of all the initial sample.

Important to note, also, that a test was performed with pilot instrument, applied with 10 undergraduate academics to assess the quality of the data collection instrument. According to the reported by the academics, the necessary changes to improve the instrument have been implemented.

With the purpose that the evaluation of academics in self-care and knowledge on HIV/AIDS and STDs were held in order to generate the most reliable results possible, we designed a questionnaire with 28 questions aimed at knowing the profile of the academic and define which self-care measures are used by them. Of these issues, the instrument had 27 quantitative approaches and a single issue with a qualitative approach, thus seeking to identify the specific reason for

the academic having or not having fear of acquiring an STD.

Data collection of classes from the first to sixth semester, previously scheduled with the teachers, was held on the campus of UFSC during school hours. In the 7th and 8th semesters of the course, the final periods, due to the fact that academics are distributed in the fields of practice, it was not possible to collect personally, which is why the instrument was applied by e-mail. The data collection period was between the months of February and March 2014. After data collection, these were organized and categorized by information similarities and presented in tabular form with simple frequency.

Corroborating and respecting the pre-established in the standards, rules and guidelines proposed by the Committee of research involving human subjects, as defined in Resolution 466/12 of the National Health Council - Ministry of Health, this study was submitted to and approved by the Research Ethics Committee with Human Beings of UFSC under number 526 350.

RESULTS

After data collecting, results coming from the 149 questionnaires were individually computed and analyzed. We

begin the presentation of the results by the profile of the subject matters concerning the personal lives of academics. We can trace as predominant profile, heterosexual (94.63%), dating (51%), with an average higher relationship to two years in duration and without children (92.61%).

Regarding the sexual life of the academics, when asked about the average age of first sexual intercourse, they had, in descending order, from 15 to 17 years (51%), 18-20 years (22.81%), did not start sexual activity yet (10.73%), 12 to 14 years old (10.73%) and finally those who had their first sexual intercourse with more than 20 years (4.69%).

About the average of sexual partners during life, we obtained 10.73% not sexually actives, 5.36% who had 1 to 3 sexual partners; 22.81% who had 4 to 9 partners, 9.39% who had 10 to 14 partners, 2.01% who had from 15 to 19 partners and 1.34% who had over 20 sexual partners.

When asked about the use of contraception and prevention of sexually transmitted diseases, 73.15% of academics always consider important to use condoms during sexual intercourse, 19.46% almost always consider, 6.04% sometimes consider and 1.34% almost never consider, even noting that no academic said that the use of condoms is not importante. But when asked whether they use condoms

during sexual intercourse, we got different information from previous: 35.57% of academics reported using condoms always, 23.48% often, 14.76% sometimes, 10.06% almost never, 10.73% never and 5.36% chose not to answer the question. Here is the Table 1, which shows the reasons why academics do not use condoms, and Table 2, which shows the contraceptive methods most used by these academics.

Table 1 - Main reasons for academics not using condoms in all sexual relations, Florianópolis, 2014.

Reason	Percentage
Trust in partner	79,10%
Another reason	10,44%
Moment of pleasure "speak louder"	4,47%
Forgetfulness	2,98%
Invulnerability feeling	2,98%

Table 2 - Contraceptive and preventive methods most used among academics, Florianópolis, 2014

Method	Percentage
Contraceptives, of use of the person or partner (Pills, injectables and stickers)	61,83%
Condoms (male and female)	30,53%
None	5,34%
Intra uterine device	1,52%
Natural methods (rhythm, mucus or billing, interrupted coitus)	0,76%

When asked about submission to tests and exams that detects HIV/AIDS and STDs, 56.37% reported already have

conducted some examination of gender and 43.62% never carry out such tests and examinations. And the reasons for such academics performed these tests are shown below in Table 3.

Table 3 - Reasons why academics performed the HIV or STD detection test, Florianópolis, 2014

Exam Reason	Percentage
To donate blood or blood products	35,71%
Curiosity	32,14%
Hospital exposure to body fluids	14,28%
Risk behaviors	11,90%
Routine tests during prenatal	5,95%

For detection of other means of preventive care related to HIV/AIDS and STDs, academics were asked about the use of injectable drugs, and 100% of academics have denied the use of any type of injectable drugs. As for the influence of the undergraduation nursing course in changing the perception and understanding of academics on HIV/AIDS and STDs, the academics said: 24.16% stated that their perception has changed completely, 38.92% changed partially their perception and 30.20% stated that there was no change in their perception. An interesting fact about the perception of change in knowledge regarding the theoretical and practical teaching of the theme HIV/AIDS

and STD is that 42.22% of those who claimed to have been no change in their level of knowledge after entering the course are from first semester, which partly justifies such result.

Finalizing the instrument, we use a question with a qualitative approach to obtain answers whose justifications were more specific. So when the academics were asked whether they were afraid or awe of acquiring HIV/AIDS or STDs, 83.89% answered yes and the other 16.10% denied this fact.

Justifying the fear or awe of acquiring HIV/AIDS or STDs, we point out here some of the answers of the academics:

Acquiring this disease is a risk to decrease my quality and life expectancy (academic of 1st semester).

As much as I do not present a risk behavior because my partner and I periodically conduct tests and did not keep sex with others without using condoms, there is always the fear of contracting the disease through, for example (but this can only be explained in my position as a future nursing professional), handling infected sharps (academic of 2nd semester).

It is a disease that you'll have to deal with for the rest of life, which will never again be the same. Even with treatment, I see the fear of death in

people close to me who have the disease (academic of 3rd semester).

Due to the hospital and health area routine, we are exposed to risks every day (academic of 4th semester).

Prejudices and the very situation of the disease evolution and complications, often coexisting with death (academic of 4th semester).

After making stage in the center of counseling and testing of HIV I realized that AIDS is not something that is stamped on the face of people. I was afraid to see how many people have HIV. After this I was afraid to take the exam, because I know with who I had sex, but I do not know with who that person had sex. After a while I did all STD and HIV testing and all resulted nonreactive (academic of 5th semester).

Exposure to accidents due to professional training. Risk behavior is a possibility, especially when there is alcohol consumption associated (academic of 6th semester).

Fear, because it is a difficult disease to deal with, mainly by prejudice. I would have to treat me for life, it's complicated, I have fears related to exposure that we are susceptible in the workplace (academic of 7th semester).

Among those who answered not be afraid or awe of acquiring HIV/AIDS or STDs, some academics justified with the following answers:

Because I take preventive measures (academic of 1st semester).

I have only one partner in my life, of extreme confidence. I did not have and will never have sex with anyone else (academic of 1st semester).

I do not consider myself in any risk group (academic of 2nd semester).

I always use a condom, even in case of serious relationship or common-law marriage. Everytime. I never stopped to use, never had sexual intercourse without a condom. I already used female condom by the lack of male condoms (academic of 6th semester).

I think I have enough information and resources to care and prevent myself (academic of 6th semester).

Scientific advances and sophisticated attention paid to HIV/AIDS and STDs currently make individuals have significant quality of life if they have compliance to the treatment (academic of 7th semester).

DISCUSSION

As already stated above, the objective of this study was to identify how self-care is performed by academics of the nursing course at UFSC in relation to HIV/AIDS and STDs within their personal life.

According to data analysis, the average age of these academics is between 18 and 22 years, which is within one of the main age groups affected by these diseases, that is 15-29 years, according to the data

from the Epidemiological Bulletin about AIDS and STDs of the Ministry of Health of 2015.¹¹ These data reinforce the importance of this research, that is study this group of academics included in the main risk group subject to the incidence of these diseases in Brazil.

About the sexual profile of the academics, the fact that most academics have already experienced sex is quite similar to the results of other studies that have worked with themes in the same train of thought. There are authors who made this same statement with reference to sexual intercourse, although the average age of academics included in such researches is slightly lower than those included in this study.¹²

When asked if they think it is important to use preventive measures (condoms) against sexually transmitted diseases during sexual intercourse, most academics always considered important to use condoms during sexual intercourse. This is a feature already reaffirmed in other studies, which resulted in that almost all of the academics participating in the research considered that teenagers should use condoms in all sexual relations.¹³

Later, the academics in the research were asked whether they use condoms during sexual intercourse - only a minority said that always use condoms. The reasons

given by academics who said they do not use condoms were, in most cases, trust in partner, while some mentioned that the moment of pleasure "speak louder" and other reasons in fewer number and relevance.

Data obtained in this study were analyzed using as basis the framework of self-care theory, as already explained previously. In this approach, we seek to understand the direct relationship of the way the academics evaluated self-care exercise in personal life, taking into account the concepts of Orem self-care.¹⁰ The analysis of the results exhibited an obvious imbalance, in that care incorporated into the daily lives of academics are inversely proportional to the knowledge acquired in the classroom and pre-existing.

In fact, even though academics are aware of the importance of self-care to maintain their health and well-being, in most cases these factors are not taken into account in everyday practice, which is possible to view through the data already mentioned in this research.

Given the above, it is reasonable to conclude that in this disproportionate relation in which the self-care capacity is less than the demand, the deficit of self-care disables the realization of an effective self-care when it comes to STDs.

Thus, results of this research allow to include the academics in the self-care deficit discussed in Orem self-care theory, given that they would need additional aid to achieve promote self-care efficiently. In this case, we can admit as an option a support through educational measures - and non technical, since there is no physical but psychological limitation, that may be related to multiple sources.⁹⁻¹⁰

Regarding contraceptive methods used by individuals of this research, most academics cited the use of contraceptive pill as the main method. Such result differs from most of the previous studies in the area with very similar themes and individuals, since that, in other studies, most of the studied group cites condoms as the first method of choice.¹⁴

With regard to sexual risk behavior, it is observed that most of these academics underwent risky sex without condom use, circumstance that leads us to studies that indicate, in general, how it is remarkable that academics in the health field, especially in nursing course, show no real concern with the acquisition of sexually transmitted diseases. According to data collected, this fact is not necessarily related to the lack of knowledge about STDs, reaffirming that knowledge and action are not directly linked.⁷ Corroborating with this justification, we have studies still that

bring, as plausible explanation for the exposure of young people to sexual behaviors that put their health at risk, a possible biological or sociocultural common predisposition. However, we still consider these justifications as assumptions, given that there are still no scientific studies proving their theories.¹²

It's possible consider that contraceptive practice of first choice of these academics, the contraceptive pill, is closely related to a primary concern in the view of young people, which is, the results support the conclusion that, for these young people, the prevention of pregnancy is more important that the prevention of STDs, such as HIV/AIDS. This can be justified by the reasons already mentioned, referent to the non-use of condoms.

To end points that must be considered for discussion, we have the data collection done when academics were asked about having or not awe and fear of acquiring HIV/AIDS and STDs in general. We found that the vast majority claimed to have fear of acquiring diseases and only a minority denied this fact. Among the justifications of the academics who said have fear or awe, the most cited reasons were the decline in the quality and expectancy of life and prejudice. Since the emergence of HIV/AIDS till the present, this disease has always been surrounded by

prejudice, and much of it is due to the constant association of the disease with gay people, sex workers and drug users, and to the description of AIDS as a disease severe and fatal.¹

We have a study that provides some justification for these issues, stating that this is due in part to the fact that AIDS is a disease that still has no cure and its main mode of transmission is through sexual contact, which gives rise to many prejudgments and gender biases, making it a difficult disease to be faced.¹⁵ Another fairly addressed justification was the inability to identify who is or is not HIV positive, since the allusive stereotype to HIV positive patient has changed over time, because, while in the early days the disease revolved around the physical appearance of extreme weakness, later the concept was deconstructed by the improvement in the treatment of these individuals.¹⁶

The justifications of academics to the absence of fear of contracting STDs lead us again to Orem and her theory, making it clear the misunderstanding of these academics about self-care. Based on these statements, we assume that all subjects have the potential to perform self-care; however, sometimes the offer of subsidies to contemplate this care is needed. This reaffirms the applicability of

Orem's self-care deficit theory to this group because of the obvious disproportion between information, knowledge and actions of young people studied in this research.

We know that undergraduation is responsible for providing encouragements and theoretical support to such academics; However, complexity of matter prevents full comprehensiveness of the problem just at the time available in the undergraduate course. The academics surveyed presented several contradictions and weaknesses regarding to self-care exercise, which contributed to the reflection on their training and future difficulties to be faced, with regard to their own self-care and in respect to self-care of their future clientele.

CONCLUSION

Regarding results obtained in this study, we highlight here the way that nursing academics are exercising their self-care, visibly done inefficiently, especially as regards the use of condoms in sexual intercourse.

This finding leads us to self-care of the studied sample, causing us to base these results on the Orem's theoretical model, with regard to the deficit of self-care, whereby individuals are not able by themselves to perform their self-care actions, demanding aid for this purpose. As

aid, we believe in the adoption of theoretical actions in order to educate these academics about the importance of self-care within the personal life and especially sexual, done correctly, since these academics do not have physical disabilities which prevent self-care. Such issues gain greater significance when we remember that these academics in the future will be nurses with responsibility for promoting actions in the context of public and community health, including public awareness actions on self-care.

Finally, we note, as limitation of this study, the fact that it was not possible to address all of the nursing academics in the university researched, which made it impossible to reproduce the full reality of the studied population.

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Received: 10/12/2015

Approved: 01/07/2016

Published: 31/07/2016