

Study on responsible sexual behavior in volleyball players



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Abstract

The objective of the research is to diagnose the current state of responsible sexual behavior in athletes within the age of adolescence, who belong to sports initiation centers. The selected sample consisted of 12 athletes of volleyball, female sex. These were selected in a simple randomized manner to which a questionnaire consisting of closed questions and multiple options were applied, where attitudes, knowledge, and assessments were recorded. It was a cross-sectional study. The results of the work allowed characterizing the sexual behavior of adolescent athletes taking into account that they are under school conditions of an internal center where, in turn, a sport is practiced, systematically and intensively, at the same time the study made it possible to deepen in the perception of their behavior and the estimation of risks of contracting sexually transmitted infections.

Keywords

*athletes of volleyball;
risks of contracting
sexually;
sexual behavior;
responsibility;
women's volleyball;*

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1 Introduction

Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV), which is the prelude to Acquired Immunodeficiency Syndrome (AIDS), can be contracted by any individual. Do not take extreme measures for prevention. Despite the worldwide effort, cases of ITS/VIH/SIDA infection among people continue to rise, showing 1 in 100 adults between the ages of 15 and 40 with HIV infection, also estimated that 1 in 10 infected people know that it is. For the next years, it is expected that this number of infected continues to rise.

The Cuban government has always set its sights on the physical and mental health of its inhabitants, which is why, before the emergence of this epidemic of the twentieth century, the Ministry of Public Health (MINSAP), taking as experience the events worldwide, has destined its resources intending to control if not minimizing such situation. One of the mechanisms to which it has been appealed has been the implementation of health programs aimed at the prevention of STIs / HIV / AIDS.

Coupled with the actions of social institutions to face this situation, research is being carried out from various sciences to understand more deeply the factors that influence the development of this global problem. A line of research of weight is the one developed by Psychology and Sociology, these provide the tools, not only for the mental health of infected or already sick subjects but also to increase the effectiveness of prevention actions ([Hernán et al., 2001](#)).

For this purpose, works with valuable contributions have been developed, including studies on behaviors and characterization of adolescence ([Artiles, 2001](#); [Rasmussen et al., 2003](#); [Guerrero et al., 2008](#); [Palacio, 2018](#)), which address their criteria of risk, threat and seriousness ([Núñez et al., 2001](#); [Lascano et al., 2014](#)). In the specific case of the sports field, the contributions of concepts of perception of the risk of contracting STIs/HIV/AIDS in students of Physical Education and Sports ([Centelles, 2008](#); [Edwards & Kurlander, 2010](#); [Fink, 2015](#); [Edwards & Casto, 2015](#)), as well as the incidence of sex in the athlete ([Ochoa, 1997](#), stand out).

The School of Sports Initiation (EIDE) "Captain Orestes Acosta Herrera" of Santiago de Cuba has a high student population throughout the province of Santiago, where adolescents represent 70% and the rest is made up of children. This institution is directly attended by the Provincial Center of Sports Medicine of Santiago de Cuba (CEPROMEDE), where various health specialists work who support the ITS/VIH/SIDA prevention program within their lines of work.

However, there is still an irresponsible sexual behavior materialized in the high promiscuity, instability in relationships, the exchange of partners, and the conduct of unprotected sex; which, in turn, are causes of negative consequences for sexual health. As the most frequent are the acquisition of STIs, unwanted pregnancies among others ([Díaz et al., 2004](#); [Díaz, 2018](#)).

Corresponding to the aforementioned situation, the research aims to diagnose the current state of responsible sexual behavior in athletes included in the age of adolescence belonging to sports initiation centers and leads to identify the incident aspects that concern adolescents Volleyball practitioners at the EIDE on responsible sexual behavior. This issue concerns the process of sexual education based on responsible sexual behavior.

2 Materials and Methods

A mixed methodology was used: qualitative-quantitative; being a descriptive investigation of the cross section. The sample consisted of 12 athletes of the volleyball sport, female sex of the EIDE of Santiago de Cuba, aged between 14 and 16 years, and was developed during the period corresponding to the 2018-2019 sports training macrocycle. These were selected in a simple random way to which a questionnaire consisting of closed, open, and multiple-choice questions was applied where attitudes, knowledge, and assessments were recorded.

3 Results and Discussions

Through the results of the questionnaire, it was found that 100% know about STIs/HIV/AIDS. Regarding the knowledge of these adolescents about the routes of transmission of STIs/HIV/AIDS it was observed that they had adequate information about sexually transmitted infections, not happening in the case of HIV/AIDS, in the same order, it was appreciated that knowledge about measures to prevent the risk of contracting STIs/HIV/AIDS is insufficient.

The transmission routes best identified by athletes were intercourse with no penetration and condoms, the use of non-sterile syringes, blood transfusions and / or uncontrolled blood products and tattoos with non-sterilized instruments, with a percentage of recognition between 91.6% (n = 11) and 83.3% (n = 10), the least recognized routes were, a single unprotected sexual relationship 75% (n = 9), during delivery from mother to child 75% (n = 9), oral sex without a condom 66.6% (n = 8), breastfeeding 58.3% (n = 7), organ transplantation 42% (n = 5), dialysis and hemodialysis 33.3% (n = 4), thus showing that despite In addition to the general information on STIs/HIV/AIDS and the routes of transmission, there is still a lack of knowledge of adolescents, which shows the risk of contracting these infections.

About preventive measures, it is observed that they coincided with 6 of the proposals proposed representing a low percentage, among the least recognized are: being faithful (represented in 83.3%, n = 10), the practice of safe sex (83.3%, n = 10), avoid tattoos with unsterilized syringes (75%, n = 9), sexual abstinence (42%, n = 5) and perform laboratory tests systematically (33.3%, n = 4). One of the most effective ways to avoid contracting STIs/HIV/AIDS has been the condom, appreciating little sexual abstinence and fidelity as preventive ways to these conditions. Something of interest to note is related to the clarity of the transmission pathways, seen in previous responses, where they identified blood transfusions as one of these, while the least indicated preventive measure was to avoid blood transfusions, showing in it Ignorance of this element.

Regarding sex (safe or protected), 75% (n = 9) identified some of those mentioned as protected sex: anal and vaginal penetration with a condom 58.3% (n = 7), manual stimulation in the vagina or anus with gloves or latex thimble, 25% (n = 3). As safe sex: rub body to body, 42% (n = 5), shake hands, hug, kiss and caress, 42% (n = 5), stimulation with the mouth, 33.3% (n = 4), ejaculation with healthy skin, 25% (n = 3). In general, the criterion of trusting sex with a condom is the most appropriate to protect oneself, with this they showed poor knowledge about the various existing sexual practices and constitute safer and responsible ways to avoid contagion.

Of the girls surveyed, 66.6% (n = 8) use the condom in their sexual relations, showing a positive attitude towards it. 92% (n = 11) state that it is a safe method, they argue that it has the advantage of protecting them against STIs/HIV/AIDS and unwanted pregnancies. As for the frequency, 25% (n = 3) use it sometimes and allege allergies, dissatisfaction, having stable partners, as well as having laboratory checks in conjunction with their partner, couples who do not they like its use; others claim to be irresponsible and careless in response to the consequences of their sexual acts and behaviors at risk.

Some start the sexual relationship with a condom on and without finishing it, their partners withdraw it or vice versa, those who only use it when they are going to be unfaithful to their partner or simply do not have it within their reach at that time, This response clearly shows irresponsible risk behaviors in the face of these infections. Regarding the negotiation on the use of the condom with his partner, 16% said that this could cause insecurity and distrust between them. They also said that their partners dislike them at some times when they demand the use of a condom. Despite the wrong attitudes and judgments, the majority express that sex is better, safer, and without worry when it is protected and that there should be communication between couples so as not to take risks.

Regarding the number of sexual partners in the last year, 50% (n = 6) of the students referred only one partner, 25% (n = 3) from 2 to 3 couples, 16.6% (n = 2) of 4 couples and more, 8.3% (n = 1) replied that they had no partners. 42% (n = 5) is evidenced as a frequent change of partners, since the fact of having more than 2 sexual partners in just one year is a high-risk behavior of contracting STIs/HIV/AIDS, having 1 to 3 sexual partners in that period. 75% (n = 9) report a low tendency to be unfaithful permanently, that is, having 2 sexual partners in the same period of time, but 58.3% (n = 7) very often have unprotected sex with a person

Only for one day, 42% (n = 5) have sexual relations with a person occasionally and 50% (n = 6) now do not maintain them, but first, demonstrating that this behavior persists.

92% (n = 11) know that HIV/AIDS can be contracted when having unprotected interrupted sex since VIH/SIDA is found in the pre-seminal fluid and vaginal secretions. 92% (n = 11) express that anyone can become infected when they are all exposed, vulnerable and not exempt from contracting these infections by an unprotected carelessness or practice, or in the worst case, by condom rupture, in contrast with this, 8.3% (n = 1) raises the opposite, thus demonstrating a feeling of invulnerability and inadequate perception of risk, by stating that with protection and with a stable partner they are not exposed to contagion. 42% (n = 5) state that they do not run any risk of contracting STIs/HIV/AIDS because they protect themselves, have stable partners, have confidence in each other and there is fidelity because they take into account the ways by which they can be infected and they see the importance of condom use.

33.3% (n = 4) has a negative and unfavorable attitude towards STIs/HIV/AIDS, they raise the need to keep the information secret if they were infected, due to social repercussions, shame, or fear of being socially rejected or discriminated against, erroneous comments. On the other hand, other of the girls surveyed consider that no one could help them, they would feel sorry for them and they would not accept them, with these criteria it is observed that those who think so do not ask for help immediately and in the worst case, they will continue to act irresponsibly in their relationships sexual, without confirming if they are infected. Others, on the contrary, 58.3% (n = 7), report that they would let their family members know to receive professional help, emotional support, advice, and a lot of understanding, also so that other people learn from their experiences and do not make the same mistake. And know that they have to protect themselves so as not to get STIs/HIV/AIDS.

Regarding accepting an infected person in their classes and groups of friends, 92% (n = 11) responded in the affirmative, since nobody has the right to judge others, also, these people should not be excluded, nor discriminated against, they would accept her to help her, support them and learn to live with them as normal individuals, part of society that can fulfill her daily activities while being socially active. This reveals that they would live with an infected person.

The main sources of information about ITS/VIH/SIDA were: television 92% (n = 11), friends 75% (n=9), prevention campaign 75% (n=9), radio 58.3% (n = 7), school 58.3% (n = 7), written press 58.3% (n = 7), family members 42% (n = 5) and the couple 42% (n = 5), not being so for the councils, workshops, Health promoters, doctors and nurses, the "cart for life" that appeared poorly identified as a source of information, this work of promotion and education actions for sexual health should be stronger and more intense.

On the knowledge of how information on STIs/HIV/AIDS is provided, in the EIDE it was found that 33.3% (n = 4) do not know how they do it, on the other hand, 58.3% (n = 7) receives the information through the murals, through posters and, from time to time, in written propaganda, although to a very small extent in scientific forums, classes, workshops and mainly in classes scheduled on the world day against AIDS, which demonstrates the insufficient performance of these activities at school.

This is reflected by the average level of performance of these activities, when the students themselves represented by 50% (n = 6) state that they do not know the actions, corroborating with the low attendance of the students. The adolescents report that these activities are rarely carried out, so they do not find out, others do not have time to attend, nor are they motivated by the lack of disclosure and unattractive nature of the planning of the subject, reflecting difficulties in the quality of the activities.

50% (n = 6) of the students value the exposure of advertisements written in the school as good, being this one of the smallest actions, but of great influence to prevent and educate the adolescents and other reference students on the topic. As a more practical means to report sexual health, 33.3% (n = 4) consider it regular and 8.3% (n = 1) classify it as bad, which indicates that this exposure is deficient and students do not feel informed in their social environment in this way.

Although 75% (n = 9) presented a high degree of motivation, 42% (n = 5) said that these were not enough to reduce the possibility of adolescents contracting STIs/HIV/AIDS, which shows that this The population group is contagious, even having information, there is still a lot of awareness, maturity, and responsibility in their sexual life and it is never too well known when it comes to educating teenagers about their sexuality, also although the topic is frequently addressed You must neglect and continue fighting in the prevention of these infections (Nehru, 2016; Willard, 2007; O'Connor & Meister, 2008; Wolosin *et al.*, 1973). In turn, many express that the messages that are occasionally transmitted are superficial without effectively reaching the

population, due to the existence of taboos, beliefs and prejudices regarding these tasks; Of course, this leads to rejection of condom use, that is, these activities can influence them, but determine their sexual behavior or conduct since, if so, cases would decrease.

The application of an observation guide to the activities of the institution shows that there is little information through written propaganda about STIs/HIV/AIDS, meaning that adolescents see very little preventive messages in their social environment, in this case, the school receives little educational talks, conferences on sexual health and especially on infections are almost nil, the topic is approached in a non-motivating way, when a case appears or when disorderly sexual behavior by some students, interferes with the proper development of the plan School training (Forsberg *et al.*, 1987; Lindenberg *et al.*, 2002; Edwards & Burge, 1971).

According to the type of activities carried out on this subject, this work reflects that only through the murals of the medical post, students are informed, do not feel linked, or identified with activities on this subject, there is a deficiency in the realization and dissemination in activities of this type to be unsystematic; they are perceived as something not indispensable for their sexuality, they are not allowed to participate in them, by prioritizing other tasks, putting up with the poor knowledge they have about the numerous sexually transmitted infections that exist and the physical and social consequences What can they do? These activities are mostly carried out in bulk, with the intention, also, to provide information, to assess knowledge, behaviors, and thoughts regarding STIs/HIV/AIDS.

4 Conclusion

1. It was evidenced that the level of knowledge on sexuality issues and the actions carried out around STIs/HIV/AIDS is insufficient. The motivation of volleyball players in sexual health promotion and education activities is low.
2. The activities of promotion and education for sexual health are not carried out systematically, nor with the required quality due, among other causes, to their lack of disclosure in the EIDE, thus influencing the disinformation and scarce prominence of athletes in these actions.




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