



## 한국학교지역보건교육학회지 제21권 제1호

ISSN : 1975-7697(Print)

### 쿠바, 아바나 청소년의 성행동 관련 요인

마이빈 에레라 산체스, 이가람, 에디스 콘트레라스 디에고, 루벤 데 아르마스 물리나, 남은우

**To cite this article :** 마이빈 에레라 산체스, 이가람, 에디스 콘트레라스 디에고, 루벤 데 아르마스 물리나, 남은우 (2020) 쿠바, 아바나 청소년의 성행동 관련 요인, 한국학교지역보건교육학회지, 21:1, 47-60

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## 쿠바, 아바나 청소년의 성행동 관련 요인

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## Factors Affecting Sexual Behavior of School Teenagers in Havana, Cuba

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### ABSTRACT

**서론:** 청소년기는 여러 생물학적 변화 및 사고방식의 발전과 함께 성행위가 나타나기 시작하는 인간성장의 단계이다. 쿠바를 포함한 많은 라틴아메리카 국가들은 청소년들의 성관계 초기 시작과 같은 위험한 성행동을 보고해 왔다. 이 연구의 목적은 사회 인구 통계학적 요소, 정보 수단 및 쿠바의 십대 학생의 성적 행동에 영향을 미치는 행동 요소 사이의 관계를 확립하는 것이다.

**방법:** 본 연구를 위해 쿠바 십대들의 생식 및 성적 행동 경향 파악을 위해 설문조사를 실시했다. 전체 260명 중 성경험 여부에 응답한 232명에 대해 인구사회학적 특성의 파악과 성 관련 정보수집수단, 행동적 요인과 성행동 사이의 연관성분석을 위해 회귀분석을 실시했다.

**결과:** 대상자들의 평균 연령은 16.9세이고 대다수는 여성(64.2%)이었다. 232명 중에 45.3%는 무신론

Received: 9 April 2020, Revised: 15 May 2020, Accepted: 19 May 2020

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자, 31.2%는 유신론자이었다. 종교의 중요도에 대한 생각은 39.2%가 종교가 중요하지 않다고 응답했고 34.0%는 중요하다고, 14.0%는 종교가 매우 중요하다고 응답했다. 응답자 232명 중 80.5%의 십대들이 성관계 경험이 있다고 하였으며 첫 성관계 평균 연령은 14.65세였다. 피임약을 사용한 비율은 63.8%이었다. 인구사회학적 특성 중에 성별은 성관계와 통계적으로 유의미한 연관성을 나타냈으며, 남성은 여성보다 성관계를 가질 가능성이 3.8 배 더 높았다. 또한, 종교는 성관계와 관련이 없었다. 그러나 나이는 통계적으로 유의미한 것으로 나타났으며, 나이가 한 살 많아질수록 성관계 가능성은 2.29배 증가함을 알 수 있었다. 성 관련 정보수집수단과 관련하여 친구와 학교의 성교육 커리큘럼이 청소년들의 성행동을 결정하는 중요한 요인이었다.

**결론:** 쿠바 십대들의 연령과 성별은 성행동의 중요한 결정요인으로 나타났다. 또한, 쿠바의 십대들은 친구와 학교로부터 성에 대한 정보를 수집하고 있으므로 학교에서 보다 종합적인 성교육 프로그램을 만드는 등의 십대들의 성행동 문제를 다룰 때 영향요인들을 고려해야 할 것이다.

**Key words:** Adolescence, Sexuality, Sexual Behavior, Sexual and Reproductive Health.

## I. Introduction

Adolescence is an important period of human development occurring between the ages of 10 to 19 years old. Adolescence is characterized by several biological changes, evolution of attitudes, and sexual practices(WHO, 2019). It forms is a crucial period for the formation of a person's identity. Between the ages of 15 to 19, sexual experimentation and behavioral changes occur, followed by an early start of sexual relations. Teenagers interpret the changes in their bodies, not only as a way to procreate, but also for sexual pleasure and physical attraction to others(Parra-Villarreal J& Pérez-Villegas R., 2010). Early initiation of sexual activity may have significant psychological, social, and emotional consequences on teenagers due to unpreparedness, although their body may be ready for procreation. Sexual behavior changes in accordance with psychological and cultural factors (Alvarez et al., 2017), and early initiation may also lead to risky sexual behaviors, leading

to unwanted pregnancies or contraction of a Sexually Transmitted Disease(STD).

The WHO defines sexual health as "a state of physical, mental and social well-being in relation to sexuality," with a respectful approach to sexuality and sexual relationships, having a pleasurable and safe experience, free of coercion, discrimination, and violence(WHO, 2019). Reproductive health goes beyond the absence of disease, and implies people's right to have satisfying and safe sex, and the freedom to decide when and how often they reproduce(WHO, 2019). People have the freedom to take decisions regarding their sex life, and the number of children they want to have. However, public health policies, economic situation, social and cultural practices interfere with the exercise of these rights(Cleland, 2001). The Sustainable Development Goals(SDG) for ensuring healthy lives and promoting wellbeing for everyone at all ages states the purpose of



providing universal access to sexual and reproductive health services, guarantying information and education for all, and the integration of reproductive health into national strategies and programs(WHO, 2019). Family plays an important role in the sexual education of teenagers. Although teenagers learn about sex related subjects from the media, at school, with friends, and in other social circles, parents constitute their primary sex educators(Turnbull et al., 2008). Therefore, it is important to consider their influence on the sexual education process of teenagers(Mmari et al., 2016).

In Latin America, reproductive health among teenagers is being affected by a series of factors such as gender role, lack of use of contraceptives, unwanted pregnancies, lack of access to sexual health services, and a lack of interest from the government(PAHO, 2008). Several Latin American countries have reported early onset of sexual relations for both sexes(Samandari et al., 2010).

Cuba has reported high-risk behaviors among adolescents(Alvarez et al., 2017; Alarcón et al., 2009; Gálvez et al., 2016). Following the trend of the in the continent, Cuban teenagers are also reporting an earlier sexual debut age(Rodriguez et al., 2006). At the same time, there has been a higher percentage of teenagers initiating in sexual relations(Calero et al., 2010). However, when discussing sexual health, the focus is on teenage pregnancy prevention and maternity(Alvarez et al., 2017), thus other issues are often overlooked. Programs addressed to teenagers health in Latin America(Cuba

included) tend to focus on specific risky behaviors and interventions often happen after the trend is already settle(Rodriguez et al., 2006). More recent studies have included teenagers' family context, socioeconomic and cultural environment, creating more comprehensive promotion and prevention campaigns. Sexual health is an important issue to include when discussing teenagers' health in general. Therefore, it is important to know and recognize the sexual health profiles of adolescents to create more effective prevention strategies.

This research aimed to establish the relationship between sociodemographic factors, means of information, and behavioral factors influencing the sexual behavior of school teenagers in Cuba. The specific objectives of this study are as follows: 1) To analyze the gender differences in the prevalence of sociodemographic factors, means of information, behavioral, and sexual behavior factors, and 2) To identify the influence of these factors on the sexual behavior of school teenagers in Cuba.

## II. Methods

### 1. Population and Sample

This study was performed in the capital city of Havana, Cuba, with teenagers as the study population(Ministry of Public Health, 2019). The survey was conducted by two university professors and co-researchers



from Cuba. Using the convenience sampling method, the sample was selected from four schools located in Havana, constituting 70 students from Saul Delgado High School, 46 students from first year medicine, 40 first year nursing school students, 15 from 2nd year medicine, 21 from first year health technology(specialty nutrition), 25 from 2nd year health technology(specialty bioanalysis), 15 from 3rd year Health Technology(Vector Control and Monitoring Specialty), and 38 1st year Health Technology(Vector Control and Monitoring Specialty) students. The questionnaire was distributed to 270 students. The data for two participants were discarded during the data cleansing process, due to incorrect information. For the analysis, the variable “had sex” where 36 students did not answered the question, we deleted the missing values and used a final sample of 232.

Data were collected using a five-section self-administrated questionnaire selected from the Questionnaire for Interview-Surveys with Young People. This instrument is designed to study the sexual and reproductive health of young people(Cleland, 2001). The questions are intended to assess the sociodemographic and family characteristics, the means of acquiring information on sex related issues, recent relationships, and age at sexual debut. The questionnaire was translated to Spanish for ease in data collection among Cuban teenagers. Before handing out the questionnaires, the instructions for filling the questionnaires were explained to the students.

## 2. Variable Definition

### 1) Sociodemographic

Sociodemographic information such as age, gender, religious affiliation, importance of religion, and household composition was collected. The role of religion was assessed using the following question “how important is religion is in your life”, with responses recorded as “very important”, “important”, or “not important”. “Age” was divided into two categories, “younger”(14-16 years old), and “older”(17-26 years). In addition, household composition was measured by asking the participants if they lived with their mother, father, with both parents, or with other family members.

### 2) Means of information about sexual health

The students were asked to select their most preferred source of information regarding sexual behavior from the following alternatives: “teacher/school”, “mother”, “father”, “brothers/sisters”, “other family members”, “friends”, “doctors”, “books/magazines”, “Films/Videos”, and “others”. The students were also asked to report whether they received sexual education as a part of their school curriculum.

### 3) Behavioral Factors

Age at sexual debut was dichotomized, with having sexual relations before 17 years of age coded as “low”, and over 17 years as



“high”. The students were also asked to report whether they used contraceptives, and were instructed to choose from the following methods: “condoms”, “contraceptive pills”, “injectable birth control”, “withdrawal”, and “others”. This variable was dichotomized as “condom” and “other methods” which included “contraceptive pills”, “injectable birth control”, “withdraw”, and “others”. This study chose using “condom” as a separate category, since using condom is the most prevalent contraceptive method. Further, the students were asked to report whether they were in a relationship at the time of the interview, whether they feared contracting STDs, and whether they engaged in casual sexual encounters

#### 4) Sexual behavior(dependent variable)

The students were asked to report whether they had ever had sexual relations, with a “yes” or “no” response.

### 3. Statistical Methods

Using IBM SPSS Statistics 24, this study used a Chi-square test to analyze the gender differences in the prevalence of the sociodemographic characteristics, means of information, behavioral factors, and sexual behavior. Logistic Regression was used to calculate the adjusted odds ratios(OR) at 95% confidence intervals(CI) to examine the effect of sociodemographic factors, means of information, behavioral factors on the sexual behavior among school teenagers in Cuba.

### 4. Ethical Considerations

Informed consent was obtained from the participants before data collection. The questionnaire was modified for the data collection process to be anonymous. The approval for this research was given by the Scientific Board and the Ethics Committee of the University of Medical Sciences in Havana, Cuba.

## III. Results

### 1. Prevalence of sociodemographic factors, means of information, behavioral factors, and sexual behavior.

Table 1 shows the data regarding sociodemographic factors, means of information, behavioral factors, and outcome variable, that is, sexual behavior. A majority of the sample was female(64.2%), with a mean age of 16.9 years and 55.6% of the students constituted the older age group, that is 17 to 26. Further, 45.5% of the participants identified as atheists(42.7% male, 47.0% female), while the predominant religion was Yoruba/Santeria(24.2%), followed by Christianity(4.8%), and Catholicism(2.2%). Moreover, religion was not important for 39.2% of the students(40.2% male, 38.9% female), very important for 15.5%(15.9% male, 14.8% female), and important for 34.1%(30.5% male, 36.2% female). In addition, 48.3% of the students lived with their mothers(42.7% male, 51.7% female), 5.6% with their fathers(9.8%



male, 3.4% female), 39.2% lived with both their parents, and 6.5% lived with others. A majority of the students(80.6%) reported having had sexual relation(86.6% male, 77.2% female), with an average age of sexual debut at 14.65 years(13.76 male, 15.13 female). Further 63.8% of the participants used contraceptives, with a higher percentage of females(69.1%) than males(53.7%). Most students, significantly more females than males, chose their mother as their preferred means of information regarding sexual

behavior(59.5%), followed by friends(47.0%), father(31.0%), books and magazines(31.9%), films and videos(31.0%), doctors(24.6%), siblings(22.8%), and teachers and school(19.4%). Moreover, 59.5% of the teenagers reported having sexual education at school as a part of their school curriculum, and 92.2% reported being in a romantic relationship. Further, 61.5% of the participants reported that they were worried about contracting a STD, and 65.9% of the participants had engaged in one-night stand.

〈Table 1〉 Prevalence of sociodemographic factors, means of information, behavioral, and sexual behavior variables

	All		Male		Female		p
	n	%	n	%	n	%	
Gender							
Male	82	35.3					
Female	149	64.2					
Missing	1						
Age							.137
Younger (14-16)	103	44.4	43	52.4	60	40.3	
Older (17-26)	129	55.6	39	47.6	89	59.7	
Religious Affiliation							.271
Atheism	105	45.5	35	42.7	70	47.0	
Catholicism	5	2.2	2	2.4	3	2.0	
Christianism	11	4.8	1	1.2	10	6.7	
Yoruba	56	24.2	20	24.4	36	24.2	
Missing	55						
Importance of Religion							.362
Important	79	34.1	25	30.5	54	36.2	
Very Important	36	15.5	13	15.9	22	14.8	
Not Important	91	39.2	33	40.2	58	38.9	
Missing	26						
Household Composition							.342
Lives with Mother	112	48.3	35	42.7	77	51.7	
Lives with Father	13	5.6	8	9.8	5	3.4	



	All		Male		Female		p
	n	%	n	%	n	%	
Lives with both	91	39.2	31	37.8	59	39.6	
Lives with others	15	6.5	8	9.8	7	4.7	
Missing	1						
Age at Sexual Debut							.702
low ( $\leq 17$ )	157	67.7	57	69.5	99	66.4	
high ( $> 17$ )	75	32.3	25	30.5	50	33.6	
Contraceptive Use	148	63.8	44	53.7	103	69.1	.013
Condom Use	140	60.3	43	52.4	96	64.4	.060
Preferred Source of Information							
Teachers/school	45	19.4	20	24.4	25	16.8	.609
Mother	138	59.5	29	35.4	108	72.5	.000
Father	72	31.0	32	39	40	26.8	.335
Siblings	53	22.8	17	20.7	36	24.2	.871
Other family members	54	23.3	16	19.5	38	25.5	.738
Friends	109	47.0	44	53.7	64	43.0	.407
Doctor	57	24.6	13	15.9	43	28.9	.072
Books and magazines	74	31.9	22	26.8	52	34.9	.608
Films and videos	72	31.0	34	41.5	38	25.5	.128
Other	8	3.4					
School curriculum	138	59.5	45	54.9	93	62.4	.191
Missing	7						
Has boy/girlfriend	214	92.2	77	93.9	136	91.3	.962
Missing	4						
STD worries							.315
No	18	7.8	10	12.2	8	5.4	
Somewhat	30	13.0	10	12.2	20	13.4	
Yes	142	61.5	49	59.8	93	62.4	
Missing	41						
One-night stand	118	65.9	54	65.9	64	43.0	.001
Missing	45						
Had Sex							.084
Yes	187	80.6	71	86.6	115	77.2	
No	45	19.4	11	13.4	34	22.8	

## 2. Influence of sociodemographic factors, means of information, and behavioral factors on sexual behavior in teenagers.

Table 2, Table 3, and Table 4 show the results of the analysis of the associations between sociodemographic factors, means of information, behavioral factors, and sexual



behavior. Among the socio-demographic factors, gender reported a statistically significant association with having sexual relations, with males being 3.8 times more likely to have sexual relations. Religious affiliation, importance of religion, and household composition depicted no association with having sexual relations. Conversely, age had a statistically significant association with sexual behavior, with the likelihood of having sex increasing by 2.29( $p<.000$ ) each year, with an increase of 2.3 in females and 2.0 in males. Students who chose their friends as a preferred means for information on sexual behavior were 3.3 times less likely to have intercourse. We also

found that females were 3.2 times less likely to have sex as compared to males, when using friends as the preferred means of information(95%CI:.035). In addition, students who had not received sexual education at school were 30.4 times more likely to have sexual relations, while those who reported receiving sexual education at school were 17 times more likely to engage in sexual intercourse. Conversely, the behavioral predictors, including age at sexual debut, contraceptive use, condom use, worrying about contracting STDs, one-night stand, and relationship status did not depicted statistically significant associations with sexual behavior.

〈Table 2〉 Association between sociodemographic factors and sexual behavior

(N=232)

Sociodemographic Factors	Previously had sex		Female	Male
	OR, 95% CI	p-value	OR, 95% CI	(sig)
Gender				
Male	3.8 (1.4-9.4)	.008		
Female				
Age	2.29 (1.7-3.2)	.000	2.3 (.000)	2.0 (.032)
Religious affiliation				
Atheism	1 ref			
Religious	.424 (.16-1.2)	.092	.860 (.780)	.454 (.358)
Importance of Religion				
Not Important	1 ref			
Important / Very Important	1.8(.93-3.6)	.078	1.1 (.907)	2.7 (.224)
Household Composition				
Father	.000	1.000	.000 (1.000)	.787 (.852)
Mother	.000	1.000	.000 (1.000)	624... (.999)
Both Parents	.000	1.000	.759 (1.000)	.663 (.757)
Others	.26	1.000	.000 (1.000)	



〈Table 3〉 Association between means of information and sexual behavior

(N=232)

	Previously had sex		Female	Male
	OR, 95% CI	p-value	OR, 95% CI	
Means of Information				
Teacher/school	1.21 (.000)	1.00	7.6 (.999)	.646 (.588)
Mother	1.1 (.488-2.6)	.788	.584 (.346)	1.08 (.943)
Father	.708 (.29-1.7)	.444	.761 (.646)	1.1 (.913)
Siblings	1.04 (.399-2.7)	.938	1.4 (.574)	1.7 (.662)
Other family members	1.3 (.517-3.0)	.610	1.7 (.295)	276...(.998)
Friends	.306 (.132-.707)	.006	.320 (.035)	1.9 (.463)
Doctors	.719 (.276-1.9)	.499	.402 (.153)	.443 (.402)
Books/magazines	1.12 (.414-3.0)	.823	1.2 (.757)	1.3 (.784)
Films/videos	7.12 (.269-1.9)	.494	.690 (.589)	.565 (.515)
Sexual education at school				
Don't know	5.2 (.916-30.025)	.063	512... (.999)	3.4 (.448)
No	30.4 (3.4-272.3)	.002	3.5 (.999)	769... (.999)
Yes	17.0 (2.9-100.2)	.002	2.8 (.999)	.195 (4.09)

〈Table 4〉 Association between behavioral factors and sexual behavior

(N=232)

Behavioral Factors	Previously had sex		Female	Male
	OR, 95% CI	p-value	OR, 95% CI	
Contraceptive use	9.005 (.000)	1.000	2.52 (.999)	3.8 (1.000)
Condom use	45576115.450(.000)	.999	1.8 (1.000)	453.0 (1.000)
STD Worry				
No	.352 (.003-39.1)	.664	.000 (.996)	.212 (1.000)
Somewhat	6654097.990 (.000)	.998	.000 (.999)	.549 (1.000)
Yes	.541 (.084-3.5)	.519	.901 (.944)	.300 (1.000)
One-night stand				
No	.848 (.096-6.8)	.808	5.08 (.277)	.00 (.997)
Yes	72980689.5 (.000)	.996	884... (.996)	516... (.997)
Has a boy/girlfriend				
No	1.28 (.003-374.1)	.968	.000 (1.000)	108... (1.000)
Yes	12.04 (.060-2399.1)	.357	591... (.999)	180... (1.000)



#### IV. Discussion

This study aimed to analyze the sexual behavior in school teenagers in Cuba. The results showed that the average age of sexual debut was 14.65 years, a trend consistent with other countries in the region(Samandari et al., 2010; Apaza-Guzman & Vega-Gonzales, 2018). Other Latin American countries like Mexico and Colombia, have also showed males have a tendency to start sexual relations earlier(Valle et al, 2010; Castillo et al, 2003). In addition, South Korea According to the statistics from the 14th(2018) Youth health Behavior Survey, conducted by the Ministry of Education, the Ministry of Health and Welfare, and the Korean Centers for Disease Control and Prevention, to 60,040 adolescents in 2018, 5.7% of the adolescents answered that they had sexual intercourse. The average age was 13.6 years old(KCDC, 2018). Early initiation of sexual activity demands promoting a more comprehensive school curriculum integrated up to the secondary school level as part of the sexual education for teenagers. A high percentage of the students reported having had sexual intercourse (80%), with a higher number among males(86.6%) than females(77.2%), which is also consistent with a previous study (Puentes et al., 2012); however the percentage of teenagers that reported having had sexual relations was lower(76.5) as compared to our results. By contrast, in a country like South Korea, although the age of sexual initiation has decreased in the past years, the percent

of teenagers who had experienced sexual intercourse remains lower at only 4.0%(Chin Y & So E., 2019). Moreover, males showed a higher tendency to have one-night stand than females(65.9% vs 43%). Conversely, females were more likely to worry about STDs as compared to males. Although a higher percentage of males reported having had sexual intercourse, the difference was not statistically significant, and a chi-square test between worrying about STDs and having had sex showed no significance either. Furthermore, the most preferred means of information regarding sexual behavior among the students was their mother. Consistent with past findings, which state that teenagers tend to have a better communication with the parent of the same gender(Puentes et al., 2012), this study reported a significant difference between females and males with regards to choosing their mothers as a preferred means of information regarding sex. Although the difference was not statistically significant, a higher percent of males choose their fathers instead. A higher percentage of females reported using contraceptive.

Based on the results, age and gender reported statistically significant differences with regards to sexual relations. Gender has a tendency to modify sexual behavior, as men tend to initiate sexual relations earlier than females. Moreover, the analysis revealed that the likelihood of having sex increases with age. Inconsistent with past research, which emphasize on the importance of religion in



determining sexual behavior(Agardh A et al., 2011; Thornton Arland & Camburn Donald, 1989), our results revealed no significant relationship between religion and sexual relations. Religion may not have played a significant role in determining sexual relations among the students since, almost half of the sample identified as atheists(45.5%), and 24.2% of the sample identified as Yoruba(Afro descendent religion). Although the Yoruba religion, does not promote sexual initiation or reckless sexual behavior, it does not condemn it either. Thus, their religion, places no impediment, moral or otherwise, regarding sex. Similarly, household composition had no association with sexual behavior. Consistent with our findings, previous studies based on Cuban teenagers reported that the knowledge teenagers have regarding sexual issues is not related to the information they receive from parents or any other social means as such as school, media, or books(Dominguez, 2011). Means of information regarding sexual issues had no statistical significance in relation to sexual behavior. This contrasts to the panorama presented in El Salvador, where means of communication play an important role in teenagers' sexual activity(Ruiz-Canela et al., 2012). However, friends may play an important role in the development of sexual behavior among teenagers. Our results revealed that friends as a means of information reported a statistically significant relation with having sexual relations. Females who chose friends as a preferred means of

information regarding sexual issues were less likely to engage in sexual intercourse. Thus, future research should study the role friends in influencing sexual behavior among teenagers, especially females. Since this study only examine the influence of friends as a means of information, further research is required to gain a deeper understanding of the influence of friends on sexual behavior in teenagers. The inclusion of sexual education in the school curriculum, which serves as a means to provide information regarding sexual issues, is an important tool for sexual development adolescents. Although teenagers prefer parents, friends, or media as sources of information regarding sex, school also plays an important role. Our results showed that 19% of the students preferred school as a means of information, and 59.5% of the sample stated that sexual education was included in the school curriculum. Moreover, the results showed that the students who reported that sexual education was not included as a part of their school curriculum were 30 times more likely to have sex, while those who reported having sexual education classes at school were 17 times more likely to have sexual relations. This finding highlights the relevance of the inclusion of sexual education in the school curriculum. However, this study did not examine the kind of information students received or the role played by the teacher in this process. Consistent with the present findings, results from a research conducted in 2011 regarding the sources of information for



teenagers(Barbon, 2011), highlighted the role of school as an important means of information. Furthermore, behavioral factors, including age at sexual debut, contraceptive use, condom use, worrying about contracting STDs, one-night stand, and relationship status, did not depict statistically significant associations with having sexual relations.

The results of this research help picture the general panorama of the sexual behavior of school teenagers in Cuba. However, generalizations and conclusions should be drawn with care. This study has certain limitations with regards to the representativeness of the sample. The proportion of Christian and Catholic teenagers in the sample was small less than 10%. Moreover, future research should consider factors such as differences between teenagers raised in urban and rural areas, and parents' age, educational background, and income.

## V. Conclusion

Based on the findings, Cuban teenagers continue to engage in risky sexual behaviors, such as early initiation of sexual relation, and one-night stand, mostly males. However, over 60% reported using contraceptives. Teenagers' have a tendency to prefer parents of the same gender as their chosen source of information regarding sex. Moreover, friends also played a significant role as a preferred means of information regarding sex,

specifically among females.

Conversely, gender and age were reported as important determinants of sexual behavior among school students in Cuba. Although household composition had no association with sex, the role of the family needs to be reinforced when addressing sexual behavior among teenagers. Age at sexual debut remains an important issue to be addressed. In addition, although teenagers prefer obtaining information from friends or parents, school also plays an important role. Therefore, it is important to consider the influence of friends and school when addressing sexual behavior among teenagers. Nevertheless, further research is needed to gain a deeper understanding of the factors affecting sexual behavior among Cuban teenagers.

The trend of early initiation of sexual intercourse in teenagers is undeniable and risky. Therefore, it is essential to better prepare teenagers to face such situations by providing the necessary information, creating more comprehensive programs at school, and including parents in the discussion. In addition, doctor's advice should also be considered to avoid the spreading of misinformation about sexual related issues among students.

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