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SEXUAL INITIATION OF SCHOOL ADOLESCENTS IN A CONTEXT OF SEXUAL AND GENDER DIVERSITY

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Highlights: (1) Early sexual initiation among adolescents is not limited to chronological age. (2) Factors related to early sexual initiation create situations of vulnerability. (3) Early sexual initiation is marked by prejudice in family, school, and community settings.

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ABSTRACT

Adolescence is marked by various biopsychosocial transformations that influence decision-making. The awakening of sexuality and early sexual initiation are factors that expose adolescents to vulnerable health situations. This study aims to understand the experiences and influencing factors related to the sexual initiation of adolescents within the context of sexual and gender diversity, through the lens of Madeleine Leininger's theory. This qualitative study was conducted with adolescents from a public school in Recife, Pernambuco, Brazil, using semi-structured interviews carried out between June and December 2019. The results were analyzed using Bardin's content analysis and processed with IRaMuTeQ through the similarity analysis interface. Three thematic axes emerged: Factors contributing to early sexual initiation; Conflicts related to sexual orientation, gender identity, and gender expression; and Knowledge about sexual and reproductive health. Early sexual initiation among adolescents is not limited to chronological age, as recognizing vulnerability factors may support a better understanding of sexuality in the context of sexual and gender diversity.

Keywords: Adolescents; Gender diversity; Sexual and gender minorities; Sexuality; Health vulnerability.

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INTRODUCTION

Adolescence encompasses a multifaceted stage in which experiences and distinct contexts must be considered according to social groups, generating diverse conceptualizations and understandings of what it means to be an adolescent[1]. It is important to recognize this period as a sociocultural phase associated with early sexual experiences, interwoven with personality formation and the individual's overall development, with an emphasis on the emergence of sexuality and the awakening of new interests, which contribute to exposing this population to contexts of health vulnerability[2].

With the discovery of sexuality, adolescence unfolds in alignment with identity construction processes, combined with biological aspects that are intrinsically linked to existential experience[3]. From this perspective, it becomes evident that adolescents' understanding of their transformations is accompanied by sensations that are part of this unique moment in their life cycle—rich in discoveries and experimentation[3].

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During the construction of adolescent identity, experiences related to sexual initiation may vary depending on socioeconomic and cultural factors, family customs and values, and sexual knowledge informed by gender performance, as these elements influence decision-making and are directly related to the care they received from their parents during childhood—again, shaped by gender performance[4]. Therefore, these experiences are not limited to sexual acts involving genitalia but rather encompass intersubjective relationships that manifest through expressions of affection, desires, fantasies, communication, emotion, and pleasure[5].

Gender roles and sexual orientations considered dissident from cisheteronormative norms—alongside the historical invisibility of the social and health needs of adolescents who do not conform to hegemonic social standards, perpetuated through the exclusion that denies human and social rights—are variables correlated with patterns of health vulnerability, with an emphasis on Early Sexual Initiation (ESI) in this minority group[6].

Cultural and social aspects, along with gender issues, reveal differences in adolescent experiences. However, these are often not taken into account in the planning of health actions, despite the early exposure to multiple partners, sexually transmitted infections (STIs), unplanned pregnancies, and the association with excessive alcohol and drug use, all of which have lifelong consequences for adolescents[1,7].

To understand ESI, nurses must recognize the existence of social, parental, and cultural forces that influence human attitudes and decision-making, giving visibility to health vulnerabilities that create hierarchies based on the unequal distribution of power between men and women in a context of sexual and gender diversity. This understanding contributes to building a dialogical arena around health rights and the care process, incorporating sociocultural movements[8].

Thus, the constructs of the Theory of Culture Care Diversity and Universality (TCCDU), proposed by Leininger, offer essential scientific tools to support the exploration of this phenomenon in the present study[9]. TCCDU provides nurses with an individualized holistic perspective by considering cultural context, beliefs, and values in nursing care, acknowledging differences and particularities that support safe and appropriate decision-making, thereby promoting culturally congruent nursing care[10].

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In light of the above, this study aims to understand the experiences and factors influencing the sexual initiation of adolescents in the context of sexual and gender diversity, through the lens of Madeleine Leininger's theoretical framework.

METHODS

This is a descriptive, exploratory study with a qualitative approach based on the TCCDU, proposed by Madeleine Leininger. The choice of this theoretical framework is grounded in its ability to facilitate an understanding of adolescents' worldviews, based on the sociocultural structures that influence their health status. It seeks to comprehend cultural contexts and their influencing factors, using this information as a resource for the appropriate promotion of care actions[9].

The study was conducted in a public basic education state school in the city of Recife, Pernambuco. The selected school offers basic education from the 5th grade of elementary school through the 3rd year of high school and does not have integrated actions with the School Health Program. The intentional selection of the study site was based on reports from the school's pedagogical leadership regarding the presence of health vulnerability factors among students, namely: alcohol and drug use, bullying, teenage pregnancy, and ESI.

Data collection took place from June to December 2019. The study included adolescents of all genders, between 15 and 19 years of age, whether cisgender or transgender, who had already engaged in sexual activity. Adolescents with a medical diagnosis indicating cognitive impairments requiring special education, and those participating in another sexuality-focused study, were excluded.

Participants were recruited using the snowball sampling technique, in which initial participants referred others, and so on[11]. The initial participant was identified by the school's pedagogical staff. To determine the number of participants, the criterion of theoretical saturation was applied[12].

Data saturation was achieved during the 21st interview, at which point no new information was identified as relevant to the research. To confirm saturation, four additional interviews were conducted, resulting in a final sample of 25 adolescents.

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Semi-structured interviews were conducted in a private setting within the school, with an average duration of 40 minutes. A semi-structured data collection instrument was used during the interviews. The first part of the instrument consisted of closed-ended questions designed to gather sociodemographic information and health perceptions of the participants, including: age; age at first sexual intercourse; sexual orientation; marital status; religion; ethnicity; level of education; type of residence; household composition; total number of people in the household; family income; primary income provider; parents' educational level; self-perceived health status; presence of any illness; use of medications; health care services accessed; and whom they usually turn to when facing problems.

Subsequently, an interview guide was applied[13], with the following questions: 1) What factors do you identify as having contributed to your sexual initiation? 2) How would you describe your experience of sexual initiation? 3) How do you perceive your gender identity? 4) What knowledge and biopsychosocial and cultural conditions do you believe are necessary for adolescents to feel prepared to begin sexual activity? The interviews were audio-recorded and later fully transcribed twice, faithfully preserving the integrity of the participants' statements. After transcription, the narratives were validated by the adolescents in the school setting through reading and approval of the transcriptions[14].

The interviews underwent two types of analysis: Bardin's content analysis and similarity analysis. Bardin's content analysis involved the following steps: pre-analysis, during which the research corpus was established; material exploration, during which techniques for coding the corpus were applied; treatment of results, inference, and interpretation, in which the data were processed; and consolidation of the coded data, which was considered a moment of intuition and critical-reflective analysis[15].

To assist in the similarity analysis process, the software IRaMuTeQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires), version Alpha 2, was used. The software performs various types of statistical text analyses, allowing for different visualizations of results and multiple ways to examine text corpora[16].

Similarity analysis enabled the identification of connections between words in the text corpus and the structuring of thought regarding the social object, in order to highlight relationships between the adolescents' statements. This analysis made it possible to identify

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the central word, which supported the corpus data and enabled an analysis consistent with the various variables involved[16].

The discussion of the data was grounded in the TCCDU by Madeleine Leininger, which enables nurses to recognize the multiple factors that influence expressions of cultural care and their meanings[9].

The study complied with Resolution 466/2012 of the Brazilian National Health Council and was approved by the Research Ethics Committee of the Federal University of Pernambuco, under opinion number 4.969.531 and CAAE: 14640819.5.0000.5208. Adolescent assent was obtained through the signing of the Informed Assent Form (IAF), along with the Informed Consent Form (ICF) signed by parents or legal guardians; adolescents aged 18 or older signed the ICF themselves. To ensure anonymity, participants were identified by the letter P followed by a sequential number corresponding to their entry into the study (P1 to P25). The manuscript was developed in accordance with the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ), fulfilling the scientific requirements established for qualitative studies[17].

RESULTS

The study included 25 adolescents within a context of gender diversity. Participants ranged in age from 15 to 19 years, with a mean age of 16.76 years. Regarding the age of sexual initiation, the youngest age reported during the interviews was 10 years, and the oldest was 17 years, with a mean age of 13.96 years. In terms of sexual orientation, sixteen adolescents identified as heterosexual, three as homosexual, three as bisexual, and three as transgender—one a trans man and two trans women undergoing hormone therapy.

With regard to marital status, twelve adolescents reported being in a relationship, and only one adolescent had children.

Regarding religion, fourteen adolescents reported not adhering to any religion but stated that they believed in the existence of God. With respect to ethnicity, ten adolescents self-identified as Black, eight as mixed race (pardo), three as White, one as Indigenous, one as Asian (amarelo), one as “moreno,” and one adolescent stated that they did not care about

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ethnic self-identification. As for education, twenty-one adolescents were enrolled in high school, and four were attending elementary school.

Concerning their housing situation, twenty-three adolescents lived in their own homes, while two lived in rented housing. Most lived with their father, mother, and siblings. However, three participants reported living in new family arrangements composed of uncles and cousins, replacing the figurative presence of parents. Only one adolescent reported living with both parents and a partner. The average number of people per household was 4.4.

Regarding the source of household income, twenty participants stated that income was provided by both parents or by one parent only. Concerning monthly family income, nine reported receiving more than one minimum wage (up to two minimum wages); three had no fixed income; five had a household income of one minimum wage; and eight had an income of two or more minimum wages. With respect to the educational level of parents or guardians, twelve had completed high school.

According to data on the adolescents' health perceptions, seven classified their health as fair and one as poor, highlighting the need for health promotion initiatives and strategies to ensure this population group's access to primary health services. Nine adolescents reported health complaints or conditions such as headache, myopia, hepatitis B, and rhinitis/sinusitis; among them, one reported signs and symptoms suggestive of an STI.

Seven adolescents reported using medications, including two undergoing hormonal therapy with outpatient follow-up for gender transition. The remaining adolescents reported using medications such as contraceptives, antihistamines, and cold remedies. Twenty adolescents reported accessing the Unified Health System (SUS in Portuguese), which constitutes the Brazilian public health care network, and identified their parents/guardians and friends as support networks when facing health issues. However, three adolescents stated that they do not seek help from anyone.

The adolescents' interview narratives resulted in the establishment of three thematic categories, titled: Factors Contributing to ESI; Conflicts Arising from Sexual Orientation, Gender Identity, and Gender Expression; and Knowledge about Sexual and Reproductive Health.

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Category 1, titled *Factors Contributing to ESI*, reflects the factors that influence adolescents to begin sexual activity at an early age. This demonstrates that adolescents are engaging in risky sexual behaviors, which, when combined with external, individual, and collective factors, may intensify the likelihood of ESI. Another point that stands out regarding early sexual debut is the influence of peers, which represents a requirement for adolescents to be respected and accepted within their social group.

> It was desire and curiosity. I also suffered psychological pressure from my friends. They talked too much about sex. And, to add to that, I used to watch a lot of erotic movies to learn more. At the time, I was twelve years old. (P16)

> What led me to start my sexual activity was psychological pressure and the fear of being left out of the social group I was part of at school. I was under a lot of pressure from my friends. Everyone started asking if I had had sex, and I was the only one who hadn't. So I went with the quickest way and had my first sexual experience. (P2)

> Trust, desire for him in the moment. He likes me, I like him, and I feel that the relationship will go further and that I won't give myself to just anyone and end up alone. (P17)

Situations of sexual violence must also be considered as contributing factors to ESI and should be understood as a serious problem in the lives of adolescents, since the dependency that victims often have on their abusers is, in most cases, a result of their own immaturity and the distorted view of sexuality imposed by the abuser, reinforcing the fear of reporting the abuse.

> It wasn't my choice. It was abuse. After that, I had sex because I wanted to — I thought I should try again to forget what happened. I've never had the courage to talk about what happened to me, and not even my parents know. I've always preferred to keep it hidden. (P19)

Category 2, titled *Conflicts Arising from Sexual Orientation, Gender Identity, and Gender Expression*, refers to the social and communicative conflicts present in family relationships due to the non-acceptance of adolescents' gender identities. This reinforces the emergence of prejudiced and violent attitudes through situations that result in sexual

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repression during adolescence and contributes to the rise of feelings of fear, distress, and social exclusion among adolescents.

> There were conflicts when I told my mother I was homosexual. Only a few people in my family know, and it took them a while to understand. I haven't told my father yet because I don't feel comfortable, and I also believe it would lead to arguments and fights at home. So I talked to my mother, and we decided not to tell him for now. (P6)

I never had effective communication about LGBTQIA+ issues. My first real contact was with someone from the LGBTQIA+ community. I already liked men, but being close to him made that desire grow stronger. My family is very religious, and developing that feeling was very complicated because I already knew they wouldn't accept it. At school, there were conflicts. It was a little harder in the beginning, before my father found out, because I couldn't show much, since a lot of people knew my family. (P3)

Category 3, titled *Knowledge about Sexual and Reproductive Health*, refers to the knowledge adolescents report having about sexual and reproductive health. The findings show that the knowledge gap among adolescents is driven by social contexts that contribute to the vulnerability of this group, leading them to engage in unsafe sexual behaviors. This results in situations of vulnerability with negative future consequences, such as ESI, acquisition of STIs, unintended pregnancies, and social issues such as school dropout and abandonment.

> I had little information. What I knew was about STIs and condom use, so I used one. I had many limitations. I didn't have many conversations about sex with my parents—I always preferred to talk to my friends. (P18)

> I used a condom because I was afraid of diseases and especially of getting pregnant. I had little information because my stepmother isn't someone open to talking about these things. My father never talked to me about it, and my mother passed away. (P21)

> I attended a lecture a few years ago at school about genital organs and the STIs that can come from unprotected sex. But after that, there was never any further support to talk about these issues. (P3)

Figure 1 shows the diagram generated by the similarity analysis interface, identifying the co-occurrences among the words and the connections between the terms: no, because, never, know, sex, talk, desire, mother, father, and speak—assisting in the identification of the

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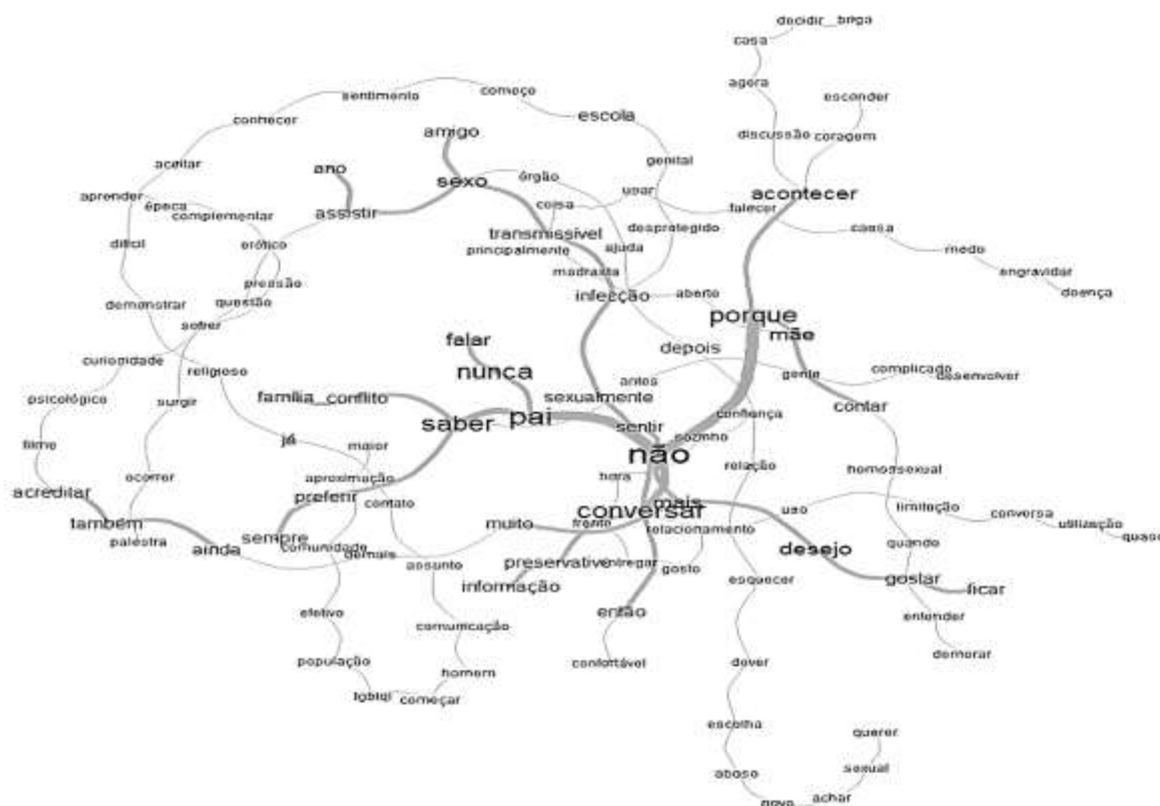
structure of the representational field associated with ESI among adolescents in the context of gender diversity.



Central words and main connections:
não → *no*; **porque** → *because*; **nunca** → *never*; **saber** → *know*; **pai** → *father*; **mãe** → *mother*; **conversar** → *talk / have a conversation*; **desejo** → *desire*; **gostar** → *like*; **ficar** → *be with / stay*; **acontecer** → *happen*; **sexo** → *sex*; **preservativo** → *condom*; **informação** → *information*; **contar** → *tell*; **sentir** → *feel*; **sofrer** → *suffer*; **pressão** → *pressure*; **psicológico** → *psychological*; **assistir** → *watch*; **filme** → *movie*; **erótico** → *erotic*; **religioso** → *religious*; **escola** → *school*; **amigo** → *friend*; **transmissível** → *transmissible*; **infecção** → *infection*; **sexualmente** → *sexually*; **homossexual** → *homosexual*; **conflito** → *conflict*; **comunidade** → *community*; **população** → *population*; **relacionamento** → *relationship*; **autocuidado** → *self-care* (implied in *cuidado*).

Figure 1 – Maximum similarity tree of adolescents’ interviews on the factors influencing early sexual initiation (ESI) in the context of gender diversity. Recife, PE, Brazil. 2022.
Source: Prepared by the authors, 2023.

As observed in the co-occurrence tree, the results indicated that among the associated word pairs, the word “no” stood out prominently, allowing for an understanding of the denials and gaps that contribute to ESI.

The distribution of the words *relationship*, *desire*, *like*, and *pressure* reveals an interrelation with the factors contributing to the initiation of sexual practices during adolescence, based on diverse expressions related to gender.

Considering the context of gender diversity and the socially established heteronormative patterns, a category emerged from the words *father*, *mother*, *family*, *conflict*, *never*, *speak*, *talk*, and *because*, referring to the conflicts arising from sexual orientation, gender expression, and family relationships. This highlights the communication barriers experienced between parents and their children, revealing a lack of knowledge and unpreparedness to address issues related to sexuality, influenced by prejudiced beliefs and the failure to recognize adolescents' autonomy. These dynamics contribute to the persistence of taboos, prejudice, and insecurity.

The scope of the theme addressed leads to the recognition of vulnerability among the studied population, as the words *information* and *communication*, linked to the central term *no*, bring to light the gaps in dialogical relationships and in the availability of safe, informative spaces to address the needs and concerns that arise in relation to human sexuality during this stage of the life cycle.

DISCUSSION

The discussion was grounded in Madeleine Leininger's *Sunrise Model*, which made it possible to understand the dimensions of cultural care diversity and universality, emphasizing the importance of understanding individuals within their sociocultural context[18]. In this regard, it is worth noting that the participants presented a low socioeconomic status, absence of religious practice, and a predominance of self-identified Black adolescents, with a mean age of sexual initiation of 13.96 years.

Studies show that this profile is strongly associated with current socio-familial and cultural conflicts and creates conditions of health vulnerability when linked to early sexual initiation in contexts of sexual and gender diversity[19,20,21], supporting findings from another study that reported a mean age of sexual initiation of 13.8 years[22].

Early sexual debut is experienced through the self-acceptance of adolescents' sexual and gender identity, which tends to generate conflict due to the rupture with heteronormative

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models, as evidenced in narratives that describe experiences of embarrassment and the breakdown of emotional and dialogical relationships within the family. Recognizing that adolescent sexuality is embedded in a process of self-discovery, it is necessary to consider the biopsychosocial and cultural influences that are essential for building social relationships capable of forming new emotional, romantic, and/or familial bonds, thereby impacting the development of their sexual and psychosocial identity[23].

The use of the *Sunrise Model* allows nurses to identify the multiple factors that may influence expressions of cultural care and their meanings. According to Leininger, the cultural and social structures to be considered include technological, religious, philosophical, social, political, legal, economic, and educational factors, as well as ways of life[9]. The adolescents' social environment, in conjunction with their lived interactions, redefines the meanings of their expressions amid the emergence and discovery of human sexuality.

From a contextualized perspective, the issue of sexual initiation during adolescence revealed, through adolescents' accounts, a desire to feel valued by society and peers, leading them to adopt behaviors that reflect self-affirmation and a willingness to conform to socially imposed expectations. This was especially evident in the narratives of male adolescents, who described peer influence as a driving factor for initiating sexual activity, regardless of whether they felt ready, motivated by the desire to be accepted into the group.

The pressure of hypermasculinity and peer influence constitutes a vulnerability factor in adolescent sexual initiation, as illustrated in a study showing that Mexican adolescents who were influenced by socially reinforced machismo were more likely to be encouraged to engage in sex, unlike those who did not value machismo[18].

Situations of sexual violence are noteworthy as they contribute to the early initiation of sexual practices, constituting a global health issue that involves social, psychological, and legal aspects. This condition of vulnerability can affect adolescents of all ages and genders and is deeply rooted across all social strata.

It is essential to recognize the sociocultural context, which enables the characterization of living conditions and individually lived experiences, with the aim of strengthening positive behaviors and habits and reorganizing customs that are not conducive to adolescents' overall well-being[9].

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In the present study, adolescents reported having limited knowledge about sexuality and sexual relations, as they did not feel comfortable talking about sex with their parents. Guidance on sexuality within the family setting was described by the adolescents as limited, superficial, and full of taboos, making dialogue difficult and leading them to rely on their peers instead. One study highlights that communication between parents and children fosters a relationship of trust, enabling dialogue and access to reliable information about sexuality[24].

While recognizing the importance of family support in accessing knowledge about sexuality, it is also important to highlight the potential contributions of the school environment. From the perspective of adolescents' civic development, schools are expected to contribute to the discussion of topics related to sex education, supporting ESI based on responsible attitudes and informed decision-making. In this regard, providing adolescents with information on sexual health is essential for promoting healthy sexual development and reducing harm resulting from risky sexual behaviors[25].

The role of the school must include an understanding of how gender relations are constructed and established in our society, which is fundamental to any curriculum planning. When revisiting the 2017 draft of the *Base Nacional Comum Curricular* (BNCC), submitted to the Ministry of Education, suggestions were made to remove the concepts of gender and sexual orientation, thereby failing to address the multiple dimensions of sexuality. This represents a setback linked to the *Escola sem Partido* political movement and the anti-gender discourse that emerged from the Brazilian conservative movement, contributing to the weakening of dialogical spaces and hindering efforts to combat prejudice and intolerance toward minority groups[26,27].

Critical thinking and the reintroduction of issues related to sexual and gender diversity require the revival of social mobilization grounded in a holistic understanding of adolescents—acknowledging the relationships that shape their lives within family, school, sociocultural, and peer contexts. This approach seeks to understand the influences, pressures, difficulties, silences, conflicts, and taboos that may be present during this life stage, which can affect their decision-making processes[28].

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The cultural dimensions that encompass adolescents' worldviews, knowledge, experiences, and experimentation—whether individual or collective—formed during adolescence will shape their choices and the meanings they assign throughout their lives[9].

Regarding gender diversity, it is important to consider the need to include standards that transcend the heteronormative model and the biological classification of sex. Among the adolescents in the study, two who identified as trans women reported undergoing hormone therapy to promote gender transition, with outpatient follow-up at a public health reference service (SUS), and with the consent of their families. Hormone therapy is considered a first-line approach to body modification used by transgender individuals[29].

For an individual to undergo gender transition, it is essential to ensure the safety and certainty of genuinely wanting to change their body through hormone use, as some effects may be irreversible. Thus, gender affirmation involves adopting behaviors and bodily changes aligned with the individual’s perceived and assumed gender identity[30].

The gender transition process often leads to reports of conflict related to these changes, as many parents and family members struggle to understand and accept them. Various prejudices propagated by family and society are rooted in cis-heteronormative standards, which dictate how each person should behave. This causes harm to those who diverge from these norms. However, the TCCDU enables nurses to provide culturally specific, holistic care to sexual and gender minorities by taking into account biopsychosocial factors, family dynamics, sexual orientation, gender identity, and social class, while promoting the inclusion of individuals in society[31].

The theory highlights that engaging with individuals in their sociocultural context helps to break down impersonal barriers. By becoming familiar with their reality—understanding their habits, values, and beliefs—it becomes possible to dismantle disharmonious and hierarchical relationships based on gender differentiation, fostering a broader perspective that embraces multiple gender identities[9].

The study emphasizes the importance of adolescents feeling confident in discussing their sexual orientation and/or gender transition with their parents. Adolescents who lacked parental acceptance for being homosexual or bisexual reported negative impacts on parent–child communication[23]. Family conflicts stemming from the refusal to accept a child's or

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relative's gender identity—driven by a socially stigmatized and prejudiced worldview—result in emotional suffering and may contribute to the development of vulnerability factors. When adolescents prioritize resolving family conflicts over expressing their gender identity, they often feel oppressed and unable to show who they truly are, due to negative judgments and socially embedded prejudice.

Parents or guardians, as well as friends, were identified by adolescents as those they turned to when facing health-related problems. However, some adolescents reported not seeking help from anyone. Therefore, when implementing adolescent health promotion strategies, it is essential to establish a mediating tool that addresses the complex situations faced by this population and contributes to better access to health education, more autonomous decision-making, and more assertive actions[32].

In light of the recognition of factors that contribute to ESI—such as desire, curiosity, and psychological pressure—and considering gender issues and pre-established concepts rooted in the values of a patriarchal culture, it is necessary for adolescent health promotion actions to address the topic of sexuality in a dialogical manner, valuing adolescents' questions and autonomy in fostering behaviors that promote sexual health[28]. In addition, an association was identified between the desire for sexual initiation and the desire for stability and permanence in a relationship with a partner. Therefore, adolescents' sexual initiation is expected to stem from responsible attitudes and conscious decision-making[23].

With regard to prevention strategies, the need for access to knowledge that supports awareness of sexual and reproductive health was emphasized. In line with the present study, adolescents reported understanding the importance of safe sex for preventing STIs and unintended pregnancies[20]. However, a gap between knowledge and health practices was evident, as some adolescents reported feeling insecure and unprepared to engage in safe sex or to communicate effectively with their partners.

The theory highlights the critical importance of recognizing cultural and behavioral diversity, as well as values and beliefs, for the appropriate development of health education actions. This approach enables care that aligns with the emerging needs of adolescents, either by maintaining satisfactory care practices or by reorganizing them to achieve more beneficial health outcomes[9].

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These findings are supported by a study conducted in public schools in Rio Grande do Norte, Brazil, which affirmed that although adolescents may have sufficient knowledge about STIs, this does not necessarily ensure adherence to safe behaviors[33]. From this perspective, it is important to emphasize the need for a commitment to health education grounded in the dialogical process of culturally sensitive sexual health care, ensuring that individuals recognize their realities and act as protagonists in their self-care[34].

Adolescents who identify as part of the LGBTQIA+ population reported difficulties in establishing effective communication when addressing the emergence of their sexuality and the doubts they experienced regarding their feelings and desires. The lack of family acceptance contributed to negative experiences, including the absence of dialogue, drug use, and the solitary search for information—factors that constitute vulnerabilities in their sexual initiation[35]. The TCCDU equips nursing professionals to care for this population and their families by revealing discriminatory attitudes and promoting inclusion, while taking into account the family's cultural uniqueness and the need to foster an environment conducive to interpersonal relationships that support healthy growth and development[9].

One of the study's limitations was the resistance of some adolescents to discuss the topic, due to difficulties in expressing feelings and behaviors involving subjective issues, which are still often regarded as taboos. This highlights the need for further studies that provide opportunities for listening to and supporting adolescents within the context of gender diversity.

FINAL CONSIDERATIONS

The study provided an understanding that ESI among adolescents is not limited to chronological age and should be viewed as a process that requires preparation for informed decision-making. In this regard, it was observed that the factors associated with early sexual practices among adolescents include desire, curiosity, trust in a partner, sexual violence, psychological pressure, and fear of social exclusion imposed by peers in the school environment. These elements expose adolescents to vulnerability and foster the development of risky sexual behaviors.

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Another important aspect to consider is that adolescents experience ESI within a context of sexual and gender diversity, often marked by repression and prejudice in family, school, and community environments. These circumstances can lead to self-blame, as adolescents come to understand that their gender identity and sexual diversity do not conform to cis-heteronormative models.

Thus, recognizing the experiences and factors that expose adolescents to ESI contributes to a broader understanding of the complexity surrounding sexuality in contexts of sexual and gender diversity—encompassing not only sexual health care but also the promotion of holistic individual development during this stage of life, with potential repercussions throughout their lifespan.

To support safe decision-making regarding sexual and reproductive health, it is necessary to implement systematic health promotion strategies for adolescents that address sexuality as an inherent aspect of human development. These strategies should be approached through dialogue and by valuing adolescents' questions and concerns, while considering their prior knowledge. The school setting emerges as an ideal environment for the involvement of nurses and other health professionals, in collaboration with teachers, to ensure educational strategies that promote sexual and reproductive health.

The transcultural care model proposed by Leininger enables nurses to recognize the contexts of vulnerability related to adolescent sexual initiation and to identify possibilities for individual, collective, and programmatic care interventions to address these vulnerabilities—acknowledging cultural influences and the potential of adolescents to act as agents in promoting their own health. Establishing human relationships based on inclusion and respect for adolescents' rights, within the context of sexual and gender diversity, should ensure favorable conditions for their full development and for the construction of equitable and responsible social integration.

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REFERENCES

[1] Assis SG, Avanci JQ, Serpeloni F. O tema da adolescência na saúde coletiva – revisitando 25 anos de publicações. Ciência & Saúde Coletiva. 2020 [acesso em 04 jun 2024]; 25(12):4831-4842. doi: https://doi.org/10.1590/1413-812320202512.18322020

[2] ORGANIZAÇÃO MUNDIAL DA SAÚDE (OMS). Saúde sexual, direitos humanos e a lei. Trad. coordenada por Daniel Canavese de Oliveira e Maurício Polidoro. Porto Alegre: UFRGS, 2020. Disponível em: https://apps.who.int/iris/bitstream/handle/10665/175556/9786586232363-por.pdf Acesso em: 25 jun. 2023.

[3] Guedes CL, Martins LK, Rodrigues RM, Conterno SDFR, Reis ACE. Percepção de adolescentes sobre sexualidade e adolescência em grupos focais on-line e presencial. Sau. &Transf. Soc.[Internet]. 2020 [acesso em 01 mai 2023]; 11(1): 46-57. Disponível em: https://incubadora.periodicos.ufsc.br/index.php/saudeetransformacao/article/view/5165

[4] Sawalma M, Shalash A, Wahdan Y, Nemer M, Khalawi H, Hijazi B, Abu-Rmeileh N. Sexual and reproductive health interventions geared toward adolescente males: A scoping review. Journal of Pediatric Nursing. 2023 [acesso em 05 dez 2023]; 73(e19–e26):1-8. doi: https://doi.org/10.1016/j.pedn.2023.07.004

[5] Leite PL, Torres FAF, Pereira LM, Bezerra AM, Machado LDS, Silva MRF da. Construção e validação de podcast para educação em saúde sexual e reprodutiva de adolescentes*. Rev. Latino-Am. Enfermagem. 2022 [acesso em 02 jan 2024]; 30(spe):e3706. doi: https://doi.org/10.1590/1518-8345.6263.3705

[6] Santana ADDS, Melo LPD. Pandemia de covid-19 e população LGBTI+. (In) visibilidades dos impactos sociais. Sex, Salud Soc (Rio J) [Internet]. 2021 [acesso em 04 mai 2023]; 37(e21202):1-19. doi: https://doi.org/10.1590/1984-6487.sess.2021.37.e21202a

[7] Costa SF da, Moraes CL de, Taquette SR, Marques ES. Social vulnerabilities and sexual initiation of 10- to 14-year-old pupils in the city of Rio de Janeiro, Brazil. Ciência & Saúde Coletiva. 2022 [acesso em 05 dez 2023]; 27(7):2763-76. doi: https://doi.org/10.1590/1413-81232022277.20892021

[8] Santana ADDS, Araújo ECD, Abreu PDD, Lyra J, Lima MSD, Moura JWDS. Health vulnerabilities of transgender sex workers: an integrative review. Texto contexto - enferm [Internet]. 2021 [acesso em 04 mai 2023]; 30(e20200475):1-17. doi: https://doi.org/10.1590/1980-265X-TCE-2020-0475

[9] Leininger MM, McFarland MR. Culture care diversity and universality: a world wide nursing theory. 2nd Edition. Jones & Bartlett Learning; 2006.

[10] Almeida GMF, Tayomara FN, Rosemary PLS, Marielle PB, Cassiana MBF. Theoretical reflections of Leininger’s cross-cultural care in the contexto of Covid-19. Revista Gaúcha de Enfermagem. 2021 [acesso em 04 mai 2023]; 42(e20200209):1-10. doi: https://doi.org/10.1590/1983-1447.2021.20200209

PRE-PROOF

[11] Bockorni BRS, Gomes AF. A amostragem em snowball (bola de neve) em uma pesquisa qualitativano campo da administração. Rev Ciênc Empresariais UNIPAR [Internet]. 2021 [acesso 2022 Out 09]; 22(1):105-17. doi: https://doi.org/10.25110/receu.v22i1.8346

[12] Moura CO de, Silva ÍR, Silva TP da, Santos KA, Crespo MCA, Silva MM da. Methodological path to reach the degree of saturation in qualitative research: grounded theory. Rev Bras Enferm. 2022 [acesso em 05 dez 2023]; 75(2):1-9. doi: https://doi.org/10.1590/0034-7167-2020-1379

[13] Yin RK. Qualitative research from start to finish. New York: Guil ford publications; 2016.

[14] Costa AP, Minayo MCS. Building criteria to evaluate qualitative research papers: a tool for peer reviewers. Revista da Escola de Enfermagem da USP. 2019 [acesso em 10 mai 2023]; 25(53):e03448. doi: https://doi.org/10.1590/S1980-220X2018041403448

[15] Bardin L. Análise de conteúdo 70. ed. São Paulo: Almedina Brasil; 2011.

[16] Martins KN, Paula MC de, Gomes LPS, Santos JE dos. O software Iramuteq como recurso para a análise textual discursiva. Revista Pesquisa Qualitativa. 2022 [acesso em 26 dez 2023]; 10(24):213-32. doi: http://dx.doi.org/10.33361/RPQ.2022.v.10.n.24.383

[17] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007 [acesso em 04 mai 2023]; 19(6):349–57. doi: https://doi.org/10.1093/intqhc/mzm042

[18] Espinosa-Hernández G, Velazquez E, McPherson JL, Fountain C, Garcia-Carpenter R, Lombardi K. The role of Latino masculinevalues in Mexicanadolescentsexuality. Cultural DiversityandEthnicMinorityPsychology. 2020 [acesso em 10 mai 2023]; 26(4):520–31. doi: http://dx.doi.org/10.1037/cdp0000328

[19] Abreu RL; Lefevor GT; Gonzalez KA; Teran M; Watson RJ. J Clin Child Adolesc Psychol. 2022 [acesso em 04 jun 2024]; 22;1-16. doi: https://doi.org/10.1080/15374416.2022.2096047

[20] Vieira KJ, Barbosa NG, Dionízio LA, Santarato N, Monteiro JCS, Gomes-Sponholz FA. Initiation of sexual activity and protected sex in adolescents. Esc Anna Nery [Internet]. 2021 [acesso em 04 jun 2024]; 25(3):e20200066. doi: https://doi.org/10.1590/2177-9465-EAN-2020-0066

[21] Alves JSA, Gama SGN da, Viana MCM, Martinelli KG, Santos Neto ET dos. Socioeconomic characteristics influence attitudes towards sexuality in adolescents. J Hum Growth Dev [Internet]. 2021 [acesso em 04 jun 2024]; 31(1):101-15. doi: https://doi.org/10.36311/jhgd.v31.11084

PREPROOF

[22] Silva AJC da, Trindade RFC da, Oliveira LLF de. Presumption of sexual abuse in children and adolescents: vulnerability of pregnancy before 14 years. Rev Bras Enferm [Internet]. 2020 [acesso em 04 jun 2024]; 73(Suppl 4):e20190143. doi: https://doi.org/10.1590/0034-7167-2019-0143

[23] Araújo WJS, Bragagnollo GR, Galvão DLS, Brandão Neto W, Camargo RAA, Monteiro EMLM. Male adolescents' early sexual initiation in the contexto of gender diversity. Texto contexto - enferm [Internet]. 2023 [acesso em 20 dez 2023]; 32(e20220285):1-15. doi: https://doi.org/10.1590/1980-265X-TCE-2022-0285en

[24] Harchegani MT, Dastoorpoor M, Javadnoori M, SHiralinia, K. Factors Contributing to Mother-Daughter Talk about Sexual Health Education in an Iranian Urban Adolescent Population. Iran J Nurs Midwifery Res. 2021 [acesso em 10 mai 2023]; 26(3):223-29. doi: https://doi.org/10.4103/ijnmr.ijnmr_86_19

[25] Luft HM, Rigo NM, Valli MD. SAÚDE E SEXUALIDADE: Abordagens Contemporâneas no Ensino. Editora Unijuí – Revista Contexto & Saúde. 2022 [acesso em 26 dez 2023]; 22(46):1-16. doi: https://doi.org/10.21527/2176-7114.2022.46.13316

[26] Vicente LS. A Educação Sexual nas diferentes versões da Base Nacional Comum Curricular: Da abertura ao silenciamento em torno da temática. In *SciELO Preprints*. 2023 [acesso em 04 jun 2024]. doi: https://doi.org/10.1590/SciELOPreprints.5559

[27] Maria Angela Nolli MA, Lima IG, Voigt JMR. Gênero e educação: uma breve análise das políticas educacionais e os marcos legais. Monumenta – Revista de Estudos Interdisciplinares. 2021 [acesso em 04 jun 2024]; 2(4):236-259. Disponível em: https://monumenta.emnuvens.com.br/monumenta/article/view/75

[28] Araújo WJS, Moura MIA, Bragagnollo GR, Camargo RAA, Monteiro EMLM. Factors related to the initiation of early sexual practices in adolescence: an integrative review. Research, Society and Development. 2021 [acesso em 15 mai 2023]; 10(14):1-15. doi: http://dx.doi.org/10.33448/rsd-v10i14.22505

[29] Carrara S, Hernandez JDG, Uziel AP, Conceição GMSD, Panjo H, Baldanzi ACDO, et al. Body construction and health itineraries: a survey among travestis and trans people in Rio de Janeiro, Brazil.Cadernos de saúde pública. 2019 [acesso em 10 mai 2023]; 35(4):1-15. doi: https://doi.org/10.1590/0102-311XER110618

[30] Castilla-Peón MF. Manejo médico de personas transgénero en la niñez y la adolescencia. Bol. Med. Hosp. Infant. Mex. 2018 [acesso em 10 mai 2023]; 75(1):7-14. Disponível em: https://doi.org/10.24875/bmhim.m18000003

[31] Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions

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to Reduce Them: a systematic review. Int J Environ Res Public Health. 2021 [acesso em 10 mai 2023];18(22):2-16. doi: https://doi.org/10.3390%2Fijerph182211801

[32] Carmo TRGD, Santos RLD, Magalhães BDC, Silva RA, Dantas MB, Silva VMD. Competencies in healthpromotionby nurses for adolescentes. RevBrasEnferm. 2021 [acesso em 28 jun 2023]; 74(4):1-7. doi: https://doi.org/10.1590/0034-7167-2020-0118

[33] Silva N, Rego T, Mendonça L, Costa M, Nascimento E, Maia A. Nível de Conhecimento de Adolescentes Sobre a Infecção Pelo HIV: Uma relação com autocuidado e comportamentos de risco. Enfermería Actual de Costa Rica [online]. 2022 [acesso em 07 jul 2023]; (43):1-14. doi: http://dx.doi.org/10.15517/enferm.actual.cr.v0i43.48182

[34] Masson LN, Silva MAI, Andrade LSD, Gonçalves MFC, Santos BDD. A educação em saúde crítica como ferramenta para o empoderamento de adolescentes escolares frente às suas vulnerabilidades em saúde. Reme: Rev. Min. Enferm. 2020 [acesso em 12 jul 2023]; 24(e-1294):1-7. doi: http://dx.doi.org/10.5935/1415-2762.20200023

[35] Hlalele D, Matsumunyane K. Sexual Diversity: Peerand Family RejectionorAcceptance in Lesotho? JournalofAsianand African Studies. 2021 [acesso em 12 jul 2023]; 57(4):635-49. doi: https://doi.org/10.1177/00219096211024674

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