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**RESEARCH ARTICLE**

# Analysis of risky sexual behaviors in young peruvians

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## ABSTRACT

Risky sexual behaviors (RSB) are associated with a lack of sex education, misinformation, and contexts of social vulnerability. The level of risky sexual behaviors in young Peruvians was analyzed according to their sociodemographic variables. The study was descriptive, quantitative and cross-sectional, involving 2064 young people obtaining sociodemographic information, and a validated instrument was used to assess risky sexual behaviors. Non-parametric statistical analyses were performed for data comparison. A high level of RSB (69.3%), sex with a condom was found at a low level (67.9%), sex without a condom at a high level (89%), sex under the effect of substances at a high level (87.5%) and in the casual sex dimension at a high level (88.3%). Likewise, RSB, according to the sociodemographic variables, presented statistically significant differences. It is concluded that substances such as alcohol and/or drugs may be associated with decreased self-control and greater participation in RSB, such as an increased probability of contracting sexually transmitted infections and unwanted pregnancies.

***Keywords:*** risky sexual behaviors; sexuality; sex education; sexual relations; sociodemographic variables

## 1. Introduction

Risky sexual behaviors (RSB) represent a current problem that significantly impacts the integral development of young people, affecting both their physical health and their emotional, psychological and social well-being. These behaviors are closely related to the lack of adequate sex education and poor communication within the family environment. In many cases, parents avoid addressing topics related to sexuality for fear of stimulating early sexual initiation, which makes it difficult to establish an open and constructive dialogue[1].

Studies indicate that parents have difficulty initiating conversations about sexuality with their children, perceiving it as an uncomfortable or inappropriate topic[2]. This resistance tends to transfer the responsibility for sex education exclusively to educational institutions, when the family plays a key role in the affective and ethical formation of adolescents. The absence of clear and reliable guidance can lead to poorly informed decisions, increasing the likelihood of engaging in risky sexual behaviors, such as early initiation of sexual relations, multiple partners, sex under the influence of substances, unplanned pregnancies, induced abortions

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and sexually transmitted infections (STI)[3].

Data from the National Institute of Statistics and Informatics (INEI, 2021)[4], show significant differences in condom use among young women. For example, 15.4% of women aged 20 to 24 used condoms with their cohabiting partner, while 45.3% of women aged 15 to 19 did so with non-cohabiting partners. Likewise, condom use was more frequent in casual relationships among adolescents.

On the other hand, according to the Demographic and Family Health Survey (ENDES)[4], 78.1% of the women surveyed reported the use of some contraceptive method. Of this group, 57.0% used modern methods, 21.1% used traditional methods, and 21.9% did not use any method, which shows a significant gap in access, knowledge, or acceptance of effective contraceptive strategies.

SRCs include behaviors that increase the risk of negative consequences for sexual and reproductive health, such as STI infection or unwanted pregnancies. These behaviors are usually associated with the consumption of psychoactive substances (alcohol and drugs), the lack of contraceptive methods, and multiple or unprotected sexual relations[5–7].

From a theoretical approach, Ajzen's Theory of Planned Behavior[8] argues that behavior is determined by three main factors: individual attitudes toward behavior (personal judgments about the consequences of an action); perceived social norms (perception of social pressure to perform or not to perform a behavior); perceived behavioral control (perception of the ease or difficulty in executing the behavior). These elements condition the intention to act and, consequently, the final conduct.

In addition, Vygotsky's historical-cultural approach[9] highlights the importance of the social context in the educational process, highlighting that learning and the internalization of values are built from the interaction with the family, the school and the community. This perspective suggests that sex education should be adapted to the cultural and social particularities of the young person's environment, to promote a comprehensive education that favors informed, responsible and autonomous decisions.

A review of previous studies in Latin America shows common patterns in risky sexual behaviors (RSB) in young people. In Colombia, Badillo et al.[3] identified factors such as early sexual initiation, lack of protection, and impulsive and exploratory behaviors as the main causes of unwanted pregnancies and sexually transmitted infections (STI). In Ecuador, it is reported that young people begin their sexual life between the ages of 13 and 16, with an average of four sexual partners and a low use of contraceptive methods[10].

In the Peruvian case, Romero et al.[11] found that men have higher levels of RSB than women, especially when engaging in unprotected sex with friends or strangers. The least frequent behaviors in both sexes were promiscuity and sex under the influence of substances. It should be noted that most of these studies focus on adolescent populations.

Given this evidence, the need to deepen the study of RSB in young Peruvians is relevant. This research will not only contribute to the existing body of knowledge at the national and international level but will also serve as a basis for the design of sexual health prevention policies and programs. In this way, it will contribute to improving the interventions of health professionals and promote the comprehensive well-being of Peruvian youth, being a priority in the field of public health.

Therefore, the objective was to analyze the level of risky sexual behaviors in young Peruvians according to their sociodemographic variables.

# 2. Method

## 2.1. Type of study

A non-experimental, quantitative, cross-sectional design was used[12]. The information was collected during the last half of 2024.

## 2.2. Participants

2064 young Peruvians between the ages of 18 and 29 participated, men and women. A non-probabilistic snowball sampling was used, which consisted of initially recruiting a group of young Peruvians who met the study criteria and, subsequently, requesting references to incorporate other participants into their social networks. This process was repeated until the sample size was reached. Voluntary participation was guaranteed, excluding young people with severe cognitive disabilities or who did not give their consent.

To determine the sample size, the G-Power program was used, with the following criteria: descriptive analysis for the comparison of up to 7 groups with non-parametric comparison tests, Kruskall Wallis test, Mann's U test, and small effect sizes (.10).

## 2.3. Instruments

To measure risky sexual behaviors (RSB), the scale originally developed by Ali and Quiñones[13], designed to evaluate multiple dimensions related to risky sexual behaviors in young people, was used. This instrument has been widely recognized for its psychometric robustness in various contexts. For its application in the present study, the scale was subjected to a process of cultural and linguistic adaptation specific to the Peruvian population, guaranteeing the semantic and conceptual relevance of the items.

The internal structure of the adapted instrument was validated by confirmatory factor analysis, evidencing a good fit for a four-factor model, with factor loads greater than 0.70 in each item. In addition, adequate internal consistency was verified, reaching high reliability according to the Alpha coefficient ($\alpha$ = 0.87) and the Omega coefficient ($\omega$ = 0.88). This adapted version has previously been used in research carried out in Peru, demonstrating its validity and reliability to evaluate risky sexual behaviors in young Peruvians.

Likewise, along with the scale, a sheet was added with the sociodemographic characteristics to identify: age, sex, marital status, occupation, with whom they lived, religion, place of residence, their educational level, sentimental relationship, their sexual orientation, the frequency of sexual relations, type of contraceptive method used, the age of initiation of sexual relations and the frequency of alcohol and/or drug consumption. In addition, the data of the informed consent were recorded.

## 2.4. Procedure

After agreeing to carry out this study, both local authorities and researchers coordinated the collection of information in the community; the instrument was digitized in the Google Forms program and was shared both virtually and physically. For the application of the instrument virtually, social networks were used, and for the physical application, strategies were used for its filling in public spaces such as supply centers, parks, squares and shopping centers; likewise, youth institutions and organizations were contacted. At the time the participants had the instrument, they were given instructions, were informed of the objective of the study and were provided with informed consent where the confidentiality of the data was guaranteed.

## 2.5. Data analysis

Google Forms program generated a database in a Spreadsheet of the xls extension. The questionnaires that were collected physically were digitized on the Excel platform, in which the data from the virtual

spreadsheet was incorporated. The database was then exported to the statistical program Jamovi, allowing the necessary statistical tests to be used. Then, normality was analyzed with the Shapiro Wilk test, resulting in the data not fitting a normal distribution, and nonparametric tests were used for inferential analyses. For the comparison of two independent samples, the U of Man Whitney test was used; and for the comparison of k independent samples, the Kruskal Wallis test and the post hoc tests, with their respective effect sizes.

### 2.6. Ethical considerations

The study was carried out under the ethical considerations of the Ministry of Health of Peru, where ethical guidelines for health research with human beings were developed under Ministerial Resolution No. 233-2020-MINSA, published on April 27, 2020, which aims to promote health research in an ethical manner. The ethical standards of the Declaration of Helsinki were also considered.

## 3. Results

**Table 1**, shows the scores in the assessment of the level of RSB with their respective dimensions, considering the scores and cut-off points of the instrument; obtaining as a result in the general measurement RSB high level: referring to the dimensions of sex with condoms, young people do not use it when they are going to have sex (high level); In the dimension of sex under the effect of substances, young people consume high amounts of substances before or during sexual intercourse (high level), and in the last dimension, it was observed that young people have sex with different partners in short periods of time (high level).

**Table 1.** Descriptive analysis of the level of risky sexual behaviors and their study dimensions.

| Level | CSR (fx) % | D1 (fx) % | D2 (fx) % | D3 (fx) % | D4 (fx) % |
|---|---|---|---|---|---|
| Loud | (1882) 69.3 | (258) 12.5 | (1836) 89.0 | (1806) 87.5 | (1823) 88.3 |
| Media | (169) 8.9 | (404) 19.6 | (111) 5.4 | (90) 4.4 | (131) 6.3 |
| Casualty | (13) 21.8 | (1402) 67.9 | (117) 5.7 | (168) 8.1 | (110) 5.3 |
| Total | (2064) 100 | (2064) 100 | (2064) 100 | (2064) 100 | (2064) 100 |

***Note.*** *CSR = Risky sexual behaviors; D1= Sex with a condom; D2 = Sex without a condom; D3 = Sex under the influence of substances; D4 = Casual sex; fx= Frequency; %= Percentage*

The analysis of risky sexual behaviors according to sociodemographic variables revealed significant differences. It was evident that men are more likely to manifest RSB than women. Similarly, young people without a stable partner showed a greater inclination towards these behaviors compared to those who maintain a formal romantic relationship (**Table 2**).

**Table 2.** Comparison of risky sexual behaviors according to sex and sentimental relationship.

| Statistical Tests | Man | Woman | In a relationship | No relation |
|---|---|---|---|---|
| Sample (N) | 835 | 1229 | 886 | 1178 |
| Mid-range | 1273.51 | 868.76 | 215.52 | 991.25 |
| In the | 311867 | | 473264 | |
| p (0.05) | <.001 | | <.001 | |
| ES | 0.392 | | 0.0931 | |

***Note.*** *N = sample; U= Mann Whitney; p = p-value; ES= effect size.*

**Table 3**, comparing risky sexual behaviors according to different age groups, finding significant differences through post hoc tests. Young people between 18 and 20 years of age showed a greater propensity to present these behaviors compared to other age groups. On the other hand, about occupation, those young people who are only dedicated to work revealed a higher frequency of RSB. In addition, regarding the cohabitation variable, it was identified that living with friends is related to a higher average of these behaviors compared to other types of cohabitation.

**Table 3.** Comparison of risky sexual behaviors according to age, occupation and cohabitation.

| Sociodemographic Variables | Interval | N | Mid-range | H | df | p | e² |
|---|---|---|---|---|---|---|---|
| Age | 18 - 20 | 1000 | 1182,9 | 53,449 | 3 | <.001 | 0.02591 |
| | 21 - 23 | 614 | 1075,57 | | | | |
| | 24 - 26 | 294 | 941,31 | | | | |
| | 27 - 29 | 156 | 1164,07 | | | | |
| Occupation | Just study | 960 | 922,61 | 64,871 | 1 | <.001 | 0.0314 |
| | Just work | 265 | 1140,22 | | | | |
| | Study and work | 809 | 1131,18 | | | | |
| | He neither studies nor works | 30 | 936,47 | | | | |
| Cohabitation | Only | 515 | 1096,73 | 44,316 | 6 | <.001 | 0.0215 |
| | Parents | 306 | 1131,69 | | | | |
| | Parents and siblings | 877 | 950,75 | | | | |
| | A single father and brothers | 171 | 1037,77 | | | | |
| | Grandparents, parents and siblings | 57 | 997,61 | | | | |
| | Grandparents, aunts, uncles, parents and siblings | 83 | 963,61 | | | | |
| | Friends | 55 | 1306,47 | | | | |

***Note.*** *N = sample; H = Kruskal Wallis; df = degrees of freedom; p = p-value; $\varepsilon^2$ = Epsilon-squared.*

The comparative data in **Table 4** reveal statistically significant differences associated with sexual orientation, frequency of sexual activity, age of initiation of sexual relations and substance use. It was identified that young people with bisexual orientation, those who have sex daily, who began their sexual life before the age of 15 and who have frequent alcohol or drug use, have a higher probability of engaging in risky sexual behaviors.

**Table 4.** Comparison of risky sexual behaviors according to sexual orientation, frequency of sexual relations, age of initiation of sexual relations and frequency of alcohol and/or drug consumption.

| Sexual variables | Interval | N | Mid-range | H | df | p | e² |
|---|---|---|---|---|---|---|---|
| Sexual preference | Heterosexual | 1782 | 1016,4 | 9,61 | 2 | 0.008 | 0.0046 |
| | Homosexual | 103 | 1133 | | | | |
| | Bisexual | 179 | 1134,95 | | | | |

| Sexual variables | Interval | N | Mid-range | H | df | p | $e^2$ |
|---|---|---|---|---|---|---|---|
| Frequency of sexual intercourse | Once a day | 83 | 1301,96 | 467,738 | 4 | <.001 | 0.227 |
| | 1 to 2 times a week | 349 | 1331,86 | | | | |
| | Once a month | 325 | 1267,2 | | | | |
| | 2 to 3 times a month | 343 | 1286,1 | | | | |
| Age of initiation of sexual intercourse | 12 - 15 years | 164 | 1422,92 | 848,92 | 4 | <.001 | 0.411 |
| | 16 - 19 years old | 922 | 1288,25 | | | | |
| | 20 - 23 years | 3588 | 1174,54 | | | | |
| | 24 - 27 years old | 34 | 932,38 | | | | |
| | I haven't had sex | 587 | 439,87 | | | | |
| Frequency of alcohol and/or drug use | Once a day | 23 | 1508,33 | 218,791 | 4 | <.001 | 0.106 |
| | 1 to 2 times a week | 158 | 1414,2 | | | | |
| | 1 to 2 times a month | 689 | 1134,15 | | | | |
| | More than twice a month | 213 | 1224,15 | | | | |
| | Does not consume alcohol and/or drugs | 981 | 846,86 | | | | |

***Note.*** *N = sample; H = Kruskal Wallis; df = degrees of freedom; p = p-value; $\varepsilon^2$ = Epsilon-squared.*

# 4. Discussion

The present study examined risky sexual behaviors in a large sample of young Peruvians, analyzing their relationship with various sociodemographic variables. A high level of these behaviors was identified in the evaluated population, a finding that coincides with previous studies carried out in the region[3,14]. Despite this, the knowledge that young people have about sexuality is limited and their sources of information, in many cases, unreliable[10]. This situation contributes to a distorted perception of sexual freedom, increasing exposure to sexually transmitted infections (STI), HIV, unplanned pregnancies, and abortions, among other consequences[15].

Gender differences were significant. As Romero[11] points out, men are at greater risk of contracting STI due to more liberal sexual attitudes. Badillo et al.[3] reinforce this statement by highlighting that males are more likely to have early sexual initiation, relationships with casual partners, and less parental supervision. On the other hand, women tend to have sex mainly within stable relationships, although with less condom use[16].

Regarding age, young people between 18 and 20 years of age manifested higher levels of risky sexual behaviors, which coincides with Vargas et al.[17], who indicate that men are more willing to maintain relationships with multiple people due to a desire to experiment. However, other studies show that women start their sexual life at younger ages due to social pressure or lack of information[18].

Regarding cohabitation, it was observed that living with friends is related to a higher prevalence of risky sexual behaviors. Orcasita et al.[19] argue that peers and the social environment have a decisive influence on young people's sexual decisions and can facilitate or prevent these behaviors. In addition, dysfunctional families with poor communication, affection and supervision are associated with greater risk, while a positive family relationship acts as a protective factor[20,21].

In relation to religion, young people with no religious affiliation showed higher levels of RSB. According to González and Molina[22], belonging to a religion (Catholic or Evangelical) tends to delay sexual

initiation and reduce the number of sexual partners. However, religiosity is also linked to a lower likelihood of condom use during first sexual intercourse and a greater tendency to abandon contraceptive use.

In terms of occupation, young people who only work presented greater RSB. This finding contrasts with the study by Amaro-Hinojosa et al.[24], which found increased risk in students during COVID-19 confinement, due to factors such as lack of privacy or decreased sexual desire.

Regarding the age of onset of sexual life, a higher risk was identified in those who started between 12 and 15 years of age. This result coincides with the findings of Leal et al.[25] and Lisboa and Ortega[27], who point out that early onset is more common in men, although it is also present in women from the age of 15[26]. However, Badillo et al.[3] suggest that older young people may also exhibit risky behaviors when engaging in casual sex.

Finally, alcohol and drug use stand out as a facilitating factor for these behaviors, by decreasing self-control and increasing the likelihood of engaging in unprotected sex. This coincides with what was reported by Córdoba-Paz et al.[28], who highlight the impact of these substances on decision-making.

In summary, it is important to continue researching the sexual behaviors of young people, as stated by Bedout[29], who stresses the importance of comprehensive sex education. State intervention through health centers and the media can help reduce the incidence of STI and unwanted pregnancies, promoting more informed and responsible sexual decisions.

### 4.1. Limitations

The limitations identified in the research process were, first, the scope for the participation of young Peruvians residing in rural areas who manifest digital divides, since without access to the internet it is not possible to fill out the form. Second, the lack of willingness of young people to participate in the study, as well as being a cross-sectional study, limits the use of more robust statistical tests. Finally, sharing the surveys through social networks may result in a form that is not completely reliable since it will not be possible to ensure in total that the people surveyed are from the population and sample selected.

### 4.2. Conclusions

These findings support the need to implement comprehensive sex education programs aimed at young people from adolescence, with content contextualized to their sociocultural environment. These programs should promote the development of skills for informed decision-making, responsible use of contraceptive methods, and STI prevention, in coordination with the health sector and educational institutions.

Likewise, community interventions should be designed and implemented focused on populations with greater exposure to risks, such as young people who live outside the family nucleus, start their sexual life at an early age or have habitual consumption of alcohol or drugs. These strategies should strengthen family and peer support networks, improve access to sexual health services, and foster safe and confidential spaces for youth care.

Finally, we consider that the present research fills a theoretical gap by relating RSB with the population of young people, as well as, it is necessary to continue studying risky sexual behaviors in different environments, this provides a more complete understanding of the factors that influence the sexual health of the population, contributing to taking measures within health institutions. in professionals and in the community to address this problem.

## Conflict of Interest

The authors declare that they have no conflict of interest.

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