

Risky sexual behavior in LGBTQIAPN+ adolescents: An integrative review

Comportamento sexual de risco em adolescentes LGBTQIAPN+: Uma revisão integrativa

Conducta sexual de riesgo en adolescentes LGBTQIAPN+: Una revisión integrativa

RESUMO

Objetivo: Analisar as evidências científicas disponíveis na literatura acerca do comportamento sexual de risco em adolescentes LGBTQIAPN+. Método: Trata-se de uma revisão integrativa. Realizou-se a busca por artigos; 2002-2022; nos idiomas português, inglês e espanhol; disponíveis na íntegra. Nas seguintes plataformas de dados: BDNF, DOAJ, LILACS, MEDLINE, SciELO, SCOPUS e Web of Science. Resultados: Os dados foram organizados e apresentados em figuras e tabelas. Dos 27355 estudos encontrados, 60 estava disponível na BDNF, 7 na DOAJ, 633 na LILACS, 23373 na MEDLINE, 306 na SciELO, 1794 na SCOPUS e 1182 na Web of Science. Contudo, após a leitura permaneceram apenas os que atendiam aos critérios para inclusão e exclusão descritos na metodologia, 8 estudos. Conclusão: Este estudo permitiu observar que os jovens LGBTQIAPN+ são propensos a comportamentos sexuais de risco devido à falta de informação. Faz-se necessário apontar a necessidade de educação em saúde para que eles tenham o conhecimento.

DESCRIPTORIOS: Comportamento Sexual; Adolescente; Minorias Sexuais e de Gênero.

ABSTRACT

Objective: To analyze the scientific evidence available in the literature on risky sexual behavior in LGBTQIAPN+ adolescents. Method: This is an integrative review. The search for articles was performed; 2002-2022; in the Portuguese, English and Spanish; available in full. On the following data platforms: BDNF, DOAJ, LILACS, MEDLINE, SciELO, SCOPUS and Web of Science. Results: The data were organized and presented in figures and tables. Of the 27,355 studies found, 60 were available in BDNF, 7 in DOAJ, 633 in LILACS, 23,373 in MEDLINE, 306 in SciELO, 1,794 in SCOPUS and 1,182 on the Web of Science. However, after reading, only those that met the inclusion and exclusion criteria described in the methodology, 8 studies remained. Conclusion: This study allowed us to observe that LGBTQIAPN+ youth are prone to risky sexual behaviors due to lack of information. It is necessary to point out the need for health education so that they have the knowledge.

DESCRIPTORS: Sexual Behavior; Adolescent; Sexual and Gender Minorities.

RESUMEN

Objetivo: Analizar la evidencia científica disponible en la literatura sobre conductas sexuales de riesgo en adolescentes LGBTQIAPN+. Método: Esta es una revisión integradora. Se realizó la búsqueda de artículos; 2002-2022; en portugués, inglés y español; disponible en su totalidad. En las siguientes plataformas de datos: BDNF, DOAJ, LILACS, MEDLINE, SciELO, SCOPUS y Web of Science. Resultados: Los datos fueron organizados y presentados en figuras y tablas. De los 27.355 estudios encontrados, 60 estaban disponibles en BDNF, 7 en DOAJ, 633 en LILACS, 23373 en MEDLINE, 306 en SciELO, 1794 en SCOPUS y 1182 en la Web of Science. Sin embargo, después de la lectura, solo aquellos que cumplieron con los criterios de inclusión y exclusión descritos en la metodología, permanecieron 8 estudios. Conclusión: Este estudio nos permitió observar que los jóvenes LGBTQIAPN+ son propensos a conductas sexuales de riesgo debido a la falta de información. Es necesario señalarla necesidad de educación para la salud para que tengan los conocimientos.

DESCRIPTORIOS: Comportamiento sexual; Adolescente; Minorías Sexuales y de Gênero.

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INTRODUÇÃO

Adolescence is a phase characterized by the social problems associated with this period of life. Several behaviors classified as risk behaviors, such as unsafe sex, the use of alcohol and other drugs and the use of violence, gradually required a detailed analysis and specific guidelines. Youth, which represented an invisible social group until the mid-1970s, was seen as a social problem without family and state protection and until recently was recognized as a subject of law. For young people who are part of sexual and gender minorities, discrimination and prejudice increase the vulnerabilities they normally face.^(1,2)

The way a person identifies with their gender, which can be male or female or other non-binary identities, is called gender identity, and sexual attraction, affective and emotional relationship with a similar and different person or both is a matter of sexual orientation. It is necessary to understand the diversity of gender expression, as in the case of transvestites and queer populations, and of biological sex, as in the case of the intersex population, to understand the lesbian, gay, bisexual, trans, queer, intersex and asexual, pansexual, non-binary and all other (LGBTQIAPN+) population.⁽³⁾

The World Health Organization

(WHO) defines adolescence as the period between 10 and 19 years old. Nationally, according to the Statute of Childhood and Adolescence (ECA - Estatuto da Criança e do Adolescente), youth is in the age group of 12 to 18 years. The phase when sexual activity almost always begins. It is a period of life marked by several psychophysiological changes, during which the body is exposed to the action of hormones that intensify sexuality.⁽⁴⁾ The National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transgenders challenges the importance of understanding the social determinants of people's health that directly impact their quality of life.⁽⁵⁾

Prejudices are not always explicit. Men and women are often exposed to situations of violence and discrimination when they break with social conventions of gender and sexuality.^(2,4) Adolescents who have had homosexual and bisexual relationships are more exposed to health risk factors than those who engage in heterosexual behavior, indicating possible harm to their health.⁽¹⁾

Adolescents with homosexual/bisexual behavior may not only consume more alcohol, but also idealize suicide. The lack of protection provided by condom use can also be exacerbated by the internalization of the disqualification of their sexuality, leading them to believe that they

have nothing more to lose than what they have already lost, or are continually losing it.⁽³⁻⁴⁾

Health issues identified in this population include: frequent suicide attempts, high substance use, symptoms of depression, frequent risky sexual behaviors including HIV, sexually transmitted diseases (STDs), pregnancy, physical or sexual abuse, family rejection, and eating disorders.⁽¹⁻⁵⁾

From this perspective, measures to promote the health of young people aim to strengthen aspects of protection and reduce risky behaviors. Promoting health and well-being helps this group to build resilience so that they can deal with adversity. Therefore, this study aims to analyze the scientific evidence available in the literature about risky sexual behavior in LGBTQIAPN+ adolescents.

METHOD

This is a bibliographic, descriptive, integrative review study with a qualitative approach that offers opportunities to analyze the scientific literature and broadly understand research topics, thus contributing to patient care practices based on scientific knowledge.⁽⁶⁾

The fulfillment of the following steps was determined: (1) elaboration of the guiding question and objective of the

study; (2) definition of inclusion and exclusion criteria for scientific productions; (3) search for scientific studies in databases and virtual libraries; (4) analysis and categorization of the productions found; (5) results and discussion of findings.(7)

To raise the guiding question, the PICO strategy was used, a methodology that helps in the construction of a research question and search for evidence for a non-clinical research, where P = Population/Patient; I = Interest; and Co = Context (P: LGBTQIAPN+; I: Sexual risk behavior in adolescents; Co: Quality of life). In this way, the following guiding question was defined for the research: “What is the risky sexual behavior presented by LGBTQIAPN+ adolescents?”.

For the selection of articles, the following inclusion criteria were used: original article, available in full, with delimitation in the last 20 years (2002-2022) in Portuguese, English or Spanish, which responded to the objective of the study. Gray literature was excluded, as well as repeated publications of studies in more than one database and articles that did not answer the guiding question of the study and that allowed access through the Virtual Private Network (VPN) of the University of Pernambuco (UPE).

Data collection took place during the month of August 2022 in the following Databases: Nursing Database (BDEFNF); Directory of Open Access Journals (DOAJ); Latin American and Caribbean Literature in Health Sciences (LILACS); Medical Literature Analysis and Retrieval System Online (MEDLINE); SCOPUS and on the Web of Science. And in the Scientific Electronic Library Online (SciELO) virtual library.

Articles indexed from the Health Sciences Descriptors (DeCS) were searched: “Comportamento Sexual”, “Adolescente”, “Minorias Sexuais e de Gênero”. The respective terms from the Medical Subject Headings (MeSH) were used: “Sexual Behavior”, “Adolescent”, “Sexual and Gender Minorities”. The operationalization and search strategy were based on the combination of the Boolean operator

AND and OR, performing the search together and individually so that possible differences could be corrected (Chart 1).

The selection of studies was based on the Preferred Reporting Items for Systematic Review and Meta-Analyze

Chart 1: Database search strategy. Recife, Pernambuco (PE), Brasil, 2022.

Databases	Search terms	Results	Selected
BDEFNF	((gender) OR (men who have sex with men) OR (Male sex work) OR (HIV/AIDS) OR (HIV prevention) OR (risk factors) OR (transgender people) OR (condoms) OR (Condom negotiations) OR (Unsafe Sex) OR (Sex) OR (Sexual Behavior) OR (Sex Work) OR (Sex Workers) OR (Sexual Partners) OR (Multiple Sexual Partners) OR (Coitus) OR (Sexual Intercourses) OR (Risk sexual behavior) OR (Unprotected sex) OR (Promiscuous sex) OR (Sex of High Risk) OR (Risk Sex) OR (Sexuality) OR (Sexually Transmitted Diseases) OR (Venereal Diseases) OR (sexually transmitted infections) OR (STD)) AND ((Sexual and Gender Minorities) OR (Bisexual) OR (Sexual Dissidents) OR (Gay) OR (Gueis) OR (HSH) OR (Men Who Have Sex with Men) OR (Gay Men) OR (Homosexual Sis HomosexualS) OR (Homosexual) OR (Lesbian) OR (Lesbians, Gays, Bisexual, Transsexual, Queer, Intersex, Asexual and Other Identities) OR (Sexual Minorities) OR (Gender Lesbian) OR (Lesbian Women Having Sex with Women) OR (Women Who Have Sex with Women) OR (Lesbian Person) OR (People GLBT) OR (People GLBTQ) OR (People LGB) OR (People LGBT) OR (People LGBTQ) OR (People LGBTQIA+) OR (Lesbigays) OR (Lesbian People) OR (Non-Heterosexual Queer) OR (Queers) OR (Non-Heterosexual People)) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School)))	60	0
DOAJ	(Risk sexual behavior) AND (Sexual and Gender Minorities) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School))	7	1
LILACS	((gender) OR (men who have sex with men) OR (Male sex work) OR (HIV/AIDS) OR (HIV prevention) OR (risk factors) OR (transgender people) OR (condoms) OR (Condom negotiations) OR (Unsafe Sex) OR (Sex) OR (Sexual Behavior) OR (Sex Work) OR (Sex Workers) OR (Sexual Partners) OR (Multiple Sexual Partners) OR (Coitus) OR (Sexual Intercourses) OR (Risk sexual behavior) OR (Unprotected sex) OR (Promiscuous sex) OR (Sex of High Risk) OR (Risk Sex) OR (Sexuality) OR (Sexually Transmitted Diseases) OR (Venereal Diseases) OR (sexually transmitted infections) OR (STD)) AND ((Sexual and Gender Minorities) OR (Bisexual) OR (Sexual Dissidents) OR (Gay) OR (Gueis) OR (HSH) OR (Men Who Have Sex with Men) OR (Gay Men) OR (Homosexual Sis HomosexualS) OR (Homosexual) OR (Lesbian) OR (Lesbians, Gays, Bisexual, Transsexual, Queer, Intersex, Asexual and Other Identities) OR (Sexual Minorities) OR (Gender Lesbian) OR (Lesbian Women Having Sex with Women) OR (Women Who Have Sex with Women) OR (Lesbian Person) OR (People GLBT) OR (People GLBTQ) OR (People LGB) OR (People LGBT) OR (People LGBTQ) OR (People LGBTQIA+) OR (Lesbigays) OR (Lesbian People) OR (Non-Heterosexual Queer) OR (Queers) OR (Non-Heterosexual People)) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School)))	633	1



(PRISMA) in order to assist in the development of articles.⁽⁸⁾ At first, duplicate studies were eliminated by reading titles and abstracts. Of these pre-selected, a full reading was carried out in order to verify those that meet the guiding question and the inclusion/exclusion criteria. The final sample was then constructed with studies relevant to the pre-established criteria (Figure 1).

After reading the selected articles, the studies were categorized, classifying the knowledge produced in levels of evidence according to Melnyk and Fineout-Overholt⁽⁹⁾: at level I, evidence is related to a systematic review or meta-analysis of randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials; at level II, evidence derived from at least one well-designed randomized controlled clinical trial; at level III, evidence from well-designed clinical trials without randomization; at level IV, evidence from well-designed cohort and case-control studies; at level V, evidence from a systematic review of descriptive and qualitative studies; at level VI, evidence derived from a single descriptive or qualitative study; and at level VII, evidence derived from the opinion of authorities and/or the report of expert committees.

Also, quality of evidence according to the GRADE system: High – There is strong confidence that the true effect is close to that estimated; Moderate – There is moderate confidence in the estimated effect; Low – Confidence in the effect is limited; and Very Low – Confidence in the effect estimate is very limited. There is a significant degree of uncertainty in the findings.⁽¹⁰⁾

To assess the risk of bias, the Cochrane Collaboration tool was used, based on seven domains (1. Random sequence generation; 2. Allocation concealment; 3. Blinding of participants and professionals; 4. Blinding of outcome assessors; 5. Incomplete outcomes; 6. Selective outcome report; and 7. Other sources of bias), which assess different types of bias that may be present in randomized clinical

MEDLINE	((gender) OR (men who have sex with men) OR (Male sex work) OR (HIV/AIDS) OR (HIV prevention) OR (risk factors) OR (transgender people) OR (condoms) OR (Condom negotiations) OR (Unsafe Sex) OR (Sex) OR (Sexual Behavior) OR (Sex Work) OR (Sex Workers) OR (Sexual Partners) OR (Multiple Sexual Partners) OR (Coitus) OR (Sexual Intercourses) OR (Risk sexual behavior) OR (Unprotected sex) OR (Promiscuous sex) OR (Sex of High Risk) OR (Risk Sex) OR (Sexuality) OR (Sexually Transmitted Diseases) OR (Venereal Diseases) OR (sexually transmitted infections) OR (STD)) AND ((Sexual and Gender Minorities) OR (Bisexual) OR (Sexual Dissidents) OR (Gay) OR (Gueis) OR (HSH) OR (Men Who Have Sex with Men) OR (Gay Men) OR (Homosexual Sis HomosexualS) OR (Homosexual) OR (Lesbian) OR (Lesbians, Gays, Bisexual, Transsexual, Queer, Intersex, Asexual and Other Identities) OR (Sexual Minorities) OR (Gender Lesbian) OR (Lesbian Women Having Sex with Women) OR (Women Who Have Sex with Women) OR (Lesbian Person) OR (People GLBT) OR (People GLBTQ) OR (People LGB) OR (People LGBT) OR (People LGBTQ) OR (People LGBTQIA+) OR (Lesbigays) OR (Lesbian People) OR (Non-Heterosexual Queer) OR (Queers) OR (Non-Heterosexual People)) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School))	23.373	1
SciELO	((gender) OR (men who have sex with men) OR (Male sex work) OR (HIV/AIDS) OR (HIV prevention) OR (risk factors) OR (transgender people) OR (condoms) OR (Condom negotiations) OR (Unsafe Sex) OR (Sex) OR (Sexual Behavior) OR (Sex Work) OR (Sex Workers) OR (Sexual Partners) OR (Multiple Sexual Partners) OR (Coitus) OR (Sexual Intercourses) OR (Risk sexual behavior) OR (Unprotected sex) OR (Promiscuous sex) OR (Sex of High Risk) OR (Risk Sex) OR (Sexuality) OR (Sexually Transmitted Diseases) OR (Venereal Diseases) OR (sexually transmitted infections) OR (STD)) AND ((Sexual and Gender Minorities) OR (Bisexual) OR (Sexual Dissidents) OR (Gay) OR (Gueis) OR (HSH) OR (Men Who Have Sex with Men) OR (Gay Men) OR (Homosexual Sis HomosexualS) OR (Homosexual) OR (Lesbian) OR (Lesbians, Gays, Bisexual, Transsexual, Queer, Intersex, Asexual and Other Identities) OR (Sexual Minorities) OR (Gender Lesbian) OR (Lesbian Women Having Sex with Women) OR (Women Who Have Sex with Women) OR (Lesbian Person) OR (People GLBT) OR (People GLBTQ) OR (People LGB) OR (People LGBT) OR (People LGBTQ) OR (People LGBTQIA+) OR (Lesbigays) OR (Lesbian People) OR (Non-Heterosexual Queer) OR (Queers) OR (Non-Heterosexual People)) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School))	306	3
SCOPUS	(Risk sexual behavior) AND (Sexual and Gender Minorities) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School))	1.794	1
Web of Science	(Risk sexual behavior) AND (Sexual and Gender Minorities) AND ((Adolescent) OR (Adolescence) OR (Adolescents) OR (teenagers) OR (Young) OR (Youth) OR (Minors) OR (Smaller) OR (Minor) OR (Students) OR (School))	1.182	1
Total		27.355	8

Source: Research data, 2022.

trials, such as selection bias, performance bias, detection bias, attrition bias, repor-

ting bias, and other biases. The judgment of each domain is performed in three ca-

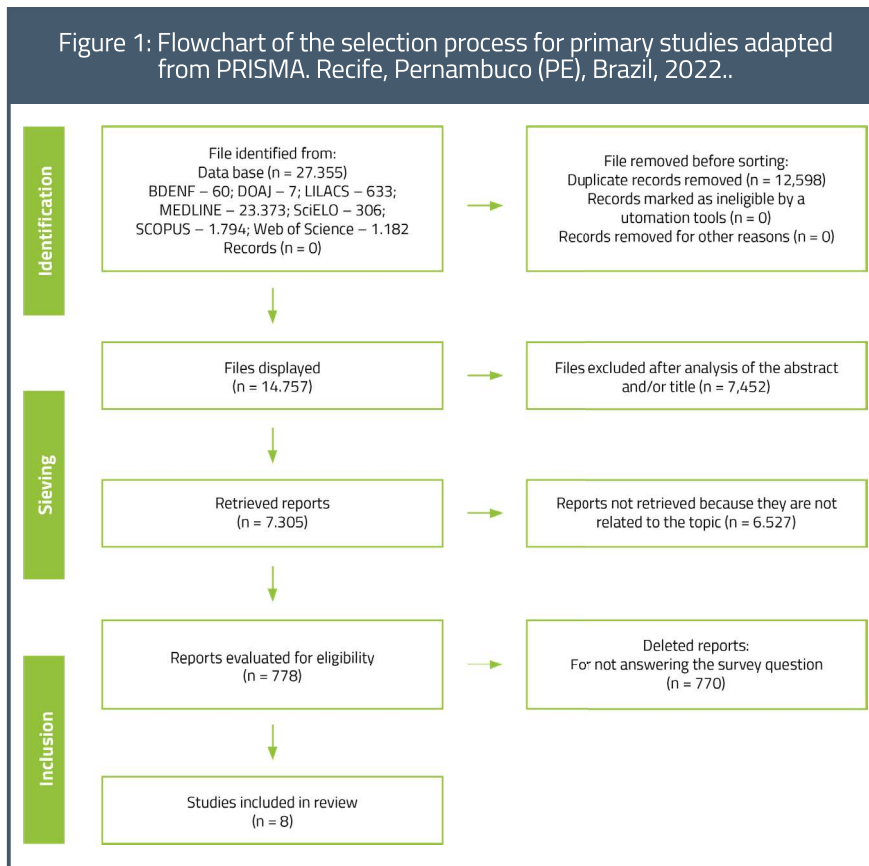
tegorias (high risk of bias, low risk of bias and uncertain risk of bias).⁽¹¹⁾

A summary of the information in the corpus was obtained through an instrument: identification of the original article; authorship of the article; year of publication; country; methodological characteristics of the study; and study sample. An analytical reading of the studies was carried out, identifying the key points for the hierarchy and synthesis of ideas.

RESULTS

The studies surveyed are arranged showing their titles, authors, years of publication, levels/qualities of evidence, objectives and results. After reading the selected articles, the studies were categorized, classifying the knowledge produced on the topic, into levels of evidence, mostly level VI - evidence derived from a single descriptive or qualitative study; in quality of evidence, Low – Confidence in the effect is limited. The main findings set out in the objectives and conclusions are directly associated with risky sexual

Figure 1: Flowchart of the selection process for primary studies adapted from PRISMA. Recife, Pernambuco (PE), Brazil, 2022..



Source: Research data, 2022

Table 1: Synthesis of the main findings on risky sexual behavior in LGBTQIAPN+ adolescents. Recife, Pernambuco (PE), 2022.

N	Title/Database	Authors (Year)	Country	Level/ Quality of Evidence	Objective	Results	Sample
1	Self-injury, suicide ideation, and sexual orientation: differences in causes and correlates among high school students. / DOAJ	DeCamp W, Bakken NW. (2015) ⁽¹²⁾	Iran	VI / Low	To examine the prevalence of non-suicidal self-harm among sexual minority youth.	The results indicate that bullying victimization, fighting, substance use, sexual behavior, depression, and unhealthy eating behaviors were generally associated with non-suicidal self-harm and suicidal ideation.	N = 7,326 Age group <18 Collected by Delaware Youth Risk Behavior Survey; USA; 2014
2	Sexual behaviors and personal characteristics according to sexual orientation in Chilean adolescents. (Comportamientos sexuales y características personales según orientación sexual en adolescentes chilenos.) / LILACS	González A. Electra, Molina G. Temístocles, e San Martín V. Jimena. (2016) ⁽¹³⁾	Chile	VI / Moderated	To analyze sexual behaviors and personal characteristics according to sexual orientation in adolescents treated at a university center for sexual and reproductive health.	LGBTQIAPN+ adolescents were at risk of having more sexual partners, started sexual activity earlier than their heterosexual peers, and those using contraceptive methods were not shown to be a risk factor.	N = 5,143 Age group <18 consulting on CEMERA; Chile; 2000-2012

3	HIV and Sexually Transmitted Infection Testing Among Substance-Using Sexual and Gender Minority Adolescents and Young Adults: Baseline Survey of a Randomized Controlled Trial. / MEDLINE	Parker, Jayelin N et al. (2022) ⁽¹⁴⁾	USA	VI / Moderated	To explore patterns of HIV and STD testing among 414 sexual and gender minority adolescents and young adults ages 15 to 29 who reported substance use and lived in southeastern Michigan.	We observed disparities in HIV and STD testing in sociodemographic (eg, sexual identity, education, and income) and health (eg, substance use) correlations. Specifically, cisgender gay men who have sex with men were more likely to report being tested for HIV.	N = 414 Age group 14-29 years; Multinomial logistic regression on 2 categorical HIV and STD testing variables; Michigan; 2021
4	HIV infection in male adolescents: a qualitative study. (Infecção pelo HIV em adolescentes do sexo masculino: um estudo qualitativo.) / SciELO	Taquette, Stella Regina, Rodrigues, Adriana de Oliveira e Bortolotti, Livia (2015) ⁽¹⁵⁾	Brazil	VI / Moderated	Knowing the vulnerabilities of male adolescents who favored HIV contamination.	Disbelief in the possibility of contamination, sexual subjection, homophobia and commercial sexual exploitation were evidenced as situations of vulnerability.	N = 16 Age group 12-18 years Semi structured interview; Rio de Janeiro; 2010-2011
5	The AIDS epidemic in adolescents aged 13 to 19 years in the city of Rio de Janeiro: a space-time description. (A epidemia de AIDS em adolescentes de 13 a 19 anos, no município do Rio de Janeiro: descrição espaço-temporal.) / SciELO	Taquette, Stella Regina et al. (2011) ⁽¹⁶⁾	Brazil	VI / Low	To analyze the AIDS epidemic in adolescents in the city of Rio de Janeiro to support public prevention policies.	The first sexual experiences and, in general, in a veiled way, without the knowledge or reception of the family. The psychic suffering arising from homophobia and social isolation to which these adolescents are subjected contributes to their exposure to situations of greater risk of contracting STD/AIDS.	N = 656 Age group 13-19 years; SINAN secondary data; 2009
6	AIDS prevention with incarcerated adolescents in São Paulo, SP (Prevenção da Aids com adolescentes encarcerados em São Paulo, SP) / SciELO	Peres, Camila Alves et al. (2002) ⁽¹⁷⁾	Brazil	VI / Low	To describe the profile of adolescents in terms of social and family support, drug use and knowledge, practices and attitudes related to AIDS and its prevention.	Most were sexually active; they had had more than 15 sexual partners throughout their lives; they had had homosexual experiences; they had already exchanged sex for material benefits.	N = 275 Interview São Paulo; 2001
7	Mental and Sexual Health Disparities Among Bisexual and Unsure Latino/a and Black Sexual Minority Youth. / SCOPUS	Pollitt, Amanda M.; Mallory, Allen B. (2021) ⁽¹⁸⁾	USA	VI / Low	Examine disparities in intimate partner violence and mental and sexual health for black and Latino/bisexual and insecure youth compared to their white bisexual and insecure and black and Latino/heterosexual peers.	Insecure bisexual youth were more likely to have depressive symptoms, suicidal ideation and plans, and physical intimate partner violence than their heterosexual peers of the same race. Insecure bisexual black and Latina women were more likely to report sexual health risk behaviors.	N = 131,363 A school survey; Texas; 2015
8	Family Factors and HIV-Related Risk Behaviors Among Adolescent Sexual Minority Males in Three United States Cities, 2015. / Web Of Science	Morris, Elana et al. (2020) ⁽¹⁹⁾	USA	VI / Low	To examine the relationship between familial factors and HIV-related sexual risk behaviors among adolescent male sexual minorities who are disproportionately affected by HIV.	Had anal intercourse without a condom in the last 12 months, had multiple male sexual partners in the last 12 months, and had vaginal or anal sex before age 13.	N = 569 Age group 13-18 years; Interview; Chicago, New York and Philadelphia; 2015

Source: Research data, 2022.



behavior in LGBTQIAPN+ adolescents (Table 1).

When performing the risk of bias analysis, it was observed that as for the generation of the random sequence, all studies had a low risk of bias; regarding allocation concealment, 25% (n = 2) were uncertain; regarding the blinding of participants and professionals, all had a low risk of bias; and finally, regarding incomplete outcomes, 62.5% (n = 5) of the studies had a low risk of bias (Table 2).

After reading the selected articles, the studies were categorized, classifying the knowledge produced on the subject, about the risks of bias, mostly low risk.

DISCUSSION

Given the above, it was possible to identify some risky sexual behaviors among LGBTQIAPN+ adolescents due to lack of information, such as multiple sexual partners, started sexual activity earlier, commercial sexual exploitation, and relationships without condoms. (12-19)

DeCamp and Bakken (2015) (12) observed in their results that bullying, fighting, drug use, sexual behaviors, depression and unhealthy eating habits in general were associated with non-suicidal self-harm and suicidal thoughts. Corroborating, González, Molina and San Martín (13) showed that LGBTQIAPN+ adolescents were at risk of having more sexual partners, started sexual activity earlier than their heterosexual peers, and those who used con-

traceptive methods were not considered a risk factor.

Still, Parker et al. (14) note that men who have sex with men were more likely to report having been tested for the Human Immunodeficiency Virus (HIV). Disbelief in the face of the possibility of contamination, sexual submission, homophobia and commercial sexual exploitation were identified as situations of vulnerability. (15,20) Corroborating, Taquette et al. (16) point out that the mental suffering caused by homophobia and the social isolation that these young people face contribute to their exposure to situations of greater risk of contracting Sexually Transmitted Infections (STIs).

Pollitt and Mallory (18) showed that insecure bisexual adolescents were more likely to have depressive symptoms, suicidal thoughts and plans, and physical violence at the hands of an intimate partner than their heterosexual peers of the same race. Insecure and bisexual black and Hispanic women were more likely to report unhealthy behaviors. Corroborating, Morris et al. (19) pointed as risky sexual behavior anal sex without a condom in the last 12 months, had several male sexual partners in the last 12 months and had vaginal or anal sex before the age of 13 years.

Using search strategies, we found a small sample size and little availability of academic articles to compare results. Articles based on the descriptors appeared, however, few met the objective of the study. In addition, the included studies have

limitations such as: unicentric, different comparison systems, small sample size and lack of randomization.

Even so, there was the possibility of observing the existence of scientific evidence related to risky sexual behavior in LGBTQIAPN+ adolescents. However, it is necessary to carry out more studies containing a larger sample and allowing more discussion about risky sexual behavior in LGBTQIAPN+ adolescents.

This study can help publicize the importance of promoting the health of LGBTQIAPN+ youth, particularly in school and family settings. Expand the knowledge of the profession and help form the multiprofessional health team.

CONCLUSION

This study allowed us to observe that LGBTQIAPN+ youth are prone to risky sexual behavior due to lack of information. Point out the need for health education so that they have the knowledge. However, there is a lack of studies that give real importance to this topic, which is fundamental for education, work and continuing education, although this number has gradually increased in recent years.

In this way, the study provided the finding that the number of studies looking at risky sexual behavior in LGBTQIAPN+ youth is increasing, albeit slowly.

Table 2: Risk of bias analysis. Recife, Pernambuco (PE), 2022.

	DeCamp, Bakken. (2015)	González, Molina, e San Martín (2016)	Parker et al. (2022)	Taquette, Rodrigues, e Bortolotti (2015)	Taquette et al. (2011)	Peres et al. (2002)	Pollitt, Mallory (2021)	Morris et al. (2020)
Random sequence generation	-	-	-	-	-	-	-	-
Allocation concealment	-	-	-	-	?	?	-	-
Blinding of participants and professionals	-	-	-	-	-	-	-	-
Incomplete outcomes	+	-	-	-	+	-	-	+

(+) high risk of bias, (-) low risk of bias, and (?) uncertain risk of bias
 Source: Research data, 2022.

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