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## KNOWLEDGE ON PREVENTION OF HUMAN PAPILOMA VIRUSES IN ADOLESCENTS OF THE CITY OF MEXICO, 2020

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**ABSTRACT:** *In the 2019, health is a mix of interactions between economic, biological, ethnographic, cultural and social processes, elements that have determined an integral development. Meanwhile, in the not health process it is been associated with multiple contributions related to the style, conditions and way of life of each individual and population. The prolongation of life is a consequence of global scientific development together with state, social and cultural measures that have allowed an increase in life expectancy. This investigation article is based on findings that were related to a group of adolescents and young people from Mexico City, which describe the little knowledge they have about the Human Papillomavirus and the development of Cervical Cancer, it was also identified that the population under study presents high risk behaviors, which highlights the importance of integrating effective prevention actions.*

**KEYWORDS:** teenagers, human papillomavirus, knowledge, factors, risk.

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## INTRODUCTION

In our times, health is a product and social process, the result of interactions between economic, biological, ethnographic, cultural and social, which have determined an integral development, while in the social process it is sustained through coordination and organization of multiple contributions related to the style, conditions and way of life of each individual and population linked to well-being. The achievement of prolonging life is a consequence of world scientific development together with state, social and cultural measures that have allowed us to increase life expectancy.

Sexually Transmitted Diseases have had a high impact on the burden of morbidity and mortality worldwide, currently more than 1 million people contract an STI, these are spread through sexual contact, they can have clinical manifestations or be asymptomatic in the individual. Among the

STIs with the highest viral prevalence in the field of health are: such as hepatitis, herpes, HIV and finally HPV who has had a high rate of spread in recent years. The number of estimated people with genital HPV infection exceeds 290 million infected women, causing more than 528,000 cases of cervical cancer (CaCU) and 266,000 deaths worldwide, being the second most common neoplasm in Latin America with 68,818 annual cases, 75% of annual deaths from this cause occur mainly in six countries: Brazil, Mexico, Colombia, Peru, Venezuela and Argentina.

In Mexico, it is the second cause of death among women of productive age, 3,771 deaths were registered in women with a rate of 11.3 deaths per 100,000 women, the entities with the highest mortality from cervical cancer are Morelos (18.6), Chiapas (17.2) and Veracruz (16.4) (WHO(World Health Organization), 2013). Due to high worldwide statistics, WHO establishes the implementation of cervical cancer prevention and control programs, extending universal access to sexual and reproductive health services that improve women's health, with the objective of helping countries to prevent and control this pathology (Organización Panamericana de la Salud & Organización Mundial de la Salud, 2016).

The WHO defines adolescence, as the period of growth and human development occurring after childhood, between 10-19 years, one of the most important transition stages during the life of the human being, is characterized by an accelerated pace of growth and development conditioned by various biological processes, such as a process of changes during this stage, with a postponement of the age of marriage, urbanization, evolution of attitudes but especially at the beginning of sexual practices, this contributes to various factors that lead to a Teen to start a sex life at an early age. In Mexico, according to population projections of the National Population Council (CONAPO), the number of adolescents amounted to about 22.5 million in 2012, which represents 19.1 percent of the country's total population in that year (117.1 million), the number of adolescents in the country increased from 21.2 million in 2000 to 22.5 million in 2012, representing an increase of 5.5%. It is estimated that this group will reach 22.2 million in 2018.

Within the country, the State of Mexico is the federative entity with the largest number of adolescents (more than three million), Veracruz and Jalisco are followed in importance with around 1.5 million adolescents, in the Federal District the population from 10 to 19 years of age represents only 16% of the total population in the entity. In 2012, the percentage of adolescent population aged 12 to 19 who reported having had sexual relations was 23.5% nationwide, with significant differences by sex (25.5% in men and 20.5% in women). The ENSANUT (Encuesta Nacional de Salud y Nutrición), 2012 also revealed that three out of ten teenage women aged 15 to 19 had already started their sex lives. On the other hand, the 2009 National Survey of Demographic Dynamics (ENADID) documented that the average age at the beginning of sexual relations in adolescent women is 15.9 years, and that half of these adolescents began their sexual life before 15.4 years.

In 2006, there was a significant increase in STIs in adolescents, predominantly male with asymptomatic HIV infections, which increased the incidence rate from 0.90 to 2.01 cases per 100,000 male adolescents. In 2012, 13,782 new cases of STIs were registered in adolescents between 10 and 19 years of age, with urogenital trichomoniasis and HPV, with incidence rates of

47.27 and 7.97, respectively, per 100 thousand adolescents, being estimated an incidence rate of 61.36 infections per 100,000 adolescents (SSP, 2018).

According to (Contreras, 2017) the high incidence of HPV infection is associated with the early onset of sexual activity, HPV rates are higher in the adolescent population with a cumulative prevalence of up to 82%. Considering the age of 15-24 years of higher prevalence, which leads to the average age of 35-45 years have a high rate of developing cancer in both genders (Márquez, Salinas Urbina, Cruz, & Hernández, 2014). For this reason, it is very important to make known the risk factors that this specific population is going through for the opportune prevention of HPV, in turn the decrease of CaCu in the population of this pathology, which offers the possibility of providing a treatment early, timely, and identify the risk factors that predispose them to this pathology.

### **Risk factors in adolescents associated with HPV**

Risk factors are constituted by physical, psychological and social conditions, which significantly increase the chances of an individual incurring risky behavior. Risk behavior is defined as any situation that goes against the physical, mental, emotional or spiritual integrity of the person and that threatens the life of a human being (Contreras, 2017).

### **Physical Risk Factors**

Among the physical conditions are those that can damage or endanger the health of the adolescent. (Castaño & Tamayo Acevedo, 2016) comments in a study I conducted in Medellín, Colombia to determine the prevalence of STIs in adolescents and to know the most frequent risk factors for acquiring them were the beginning of sexual intercourse before the age of 15 (59 , 9%), not using a condom (58.2%) or not having used it in the last sexual relationship (41.7%), not having adequate knowledge about sexual health (39.1%), having a history of 3 or more sexual partners (30.6%), having sex partners ten years or older than them (20.4%), having sex with people other than the formal partner (18.8%) which leads to the adolescent having a high prevalence of presenting signs and symptoms at an early age. (Sánchez, Wilkinson Gregory, Alvarez Ponce, & Alonso Uría, 2018) Refers and supports with a retrospective study that conducted adolescents aged 16-19 years 50% of the adolescents studied had high-grade injuries affirming the early onset of life sexual, multiple sexual partners.

HPV has increased rates with a prevalence of up to 82% according to a study conducted in Spain. At the beginning, the adolescent women at the time of detection were left with a negative result, and in a period of 1-3 years the results were positive. It was noted that in younger ages most of these infections will disappear spontaneously without leaving any sequelae during the first or second year, but as sexual life increases it will develop faster. (Vicar, 2007). According to the study carried out by (Bango, 2018), where 76 patients from 10 to 19 years old were taken into account, with an average age of 17 years of age, who reported having started their sex life at age 15, 41 These patients were screened in which it was found that 53.9% of the total population was infected by a viral type, 43.1% by the most frequent viral type 6. The most frequent cytological finding was Low-grade cervical intraepithelial lesion with 52 patients. Flat acetoblast epithelium occurred in



32 patients, and in 57 the lesions were exocervical. Of which the most frequent histological diagnosis was intraepithelial neoplasia 1 in 77.6%.

On the other hand (Ruiz, Ojeda, & Loretta Di, 2009) performed detections of HPV lesions in the oral cavity through a swab, a population of 85 patients, 49 female and male of them 16 with age under 25 years. 47 of the totality reported having started sex life between 16-20 years, and 26 began between 10-15 years, with the presence of HPV as the highest prevalence in women aged 23 -48 years, of which they began sex life before of the 20 years. While 47% presented manifestations of mild to moderate inflammatory process. Then the incidence of pre-malignant lesions of the cervix, inflammatory manifestations, positive HPV in the oral cavity, has increased at early ages due to other factors, psychological, and social that are manifested by risk behaviors.

### **Psychological Risk Factors**

On the other hand, in the psychological factors in this population they are related to the lack of knowledge of HPV, changes in the sexual habits of the new generations, promiscuity and the misuse of contraceptive methods. As he affirms (Murcia Lora JM, 2017) in his article, the misuse of contraceptive methods has increased pregnancy at ages 11-15 years, and therefore the termination of pregnancy in women aged 15-19 years of age. Age, there were 12,500 unwanted pregnancies, of which 500 were under 15 years of age, in sixth and elementary school girls. The termination of pregnancy is another means that favors the transmission of HPV since, by making an induced curettage, the cervix is left with micro lesions, increasing the incubation and proliferation of the virus. If we add to this the one that does not use the barrier contraceptive methods, there is a greater risk. Not having used a condom is the most frequent risk factor as emphasized (Villegas Castaño, 2016) the percentage of 100% of its population, they gave the reasons why they do not use it. 58.2% reported not using a condom during sexual intercourse, 41.7% did not use it during the last sexual intercourse, 30.6% said they had more than 3 sexual partners, and 20.4% had a relationship with older couples.

(Monica Celis Guzman, 2016) In her article “Incidence of Human Papillomavirus Injuries at the Universidad UAEM Valle de Chalco” she inquires about the most used contraceptive methods, of which 44.4% followed by 26.7% occupy a condom, 20% use hormonal methods, 2.2% use definitive methods (OTB). Of that 71.1% who used a condom, 22.2% said they had never used a condom, 37.8% sometimes used it, 17.8% always, 8.9% almost always. 62% said their partners have had STIs. The ages of the population for which these percentages were obtained are of the age of 25 years, 52.5% being women and 30.6% men. As explained in the previous articles, psychological risk behaviors in adolescents influence sexual practice, giving high percentages of positive results in the 20's stage.

### **Social and communication factors**

Other risky behavior are social factors, environmental media in which the adolescent, such as friends, couples, family, cultural level, media, etc. The adolescent in this stage begins to interact with a social environment. One of them is the “courtship” couple in a relationship, (Alejandro, Méndez Martínez, & Galarza Tejada, 2016) one of the main factors for which the adolescent does not decide to protect himself, by choice, is supposedly, “diminishes sexual pleasure”. They prefer

“bare back” sexual practice, which consists of neither being protected, by feeling close to the couple, as proof of loyalty and trust. In the case of women, some report being forced not to use it, since the couple loses satisfaction and excitement during sexual intercourse, showing authoritarianism and losing their autonomy as a person, others mention not having the condom, at the time of the act, leaving responsibility to the couple reflecting lack of caution in both. The existence of taboos in the use of condoms is still an element of decision among sexual partners, but it is important to make the youth aware that having a partner, you should not leave your autonomy, preserve your values and health, on the contrary, there must be communication between them to reduce the risk factors for both.

The messages of family and friends are factors that seem to influence the onset of sexual relations of young people. As the study conducted by (Ruiz-Canela M, 2012) was used to detect how students obtained information about sexuality, the main source of information used by students to receive information about sexuality was parents (37%), followed of friends (33%), siblings (17%), books (14%), magazines or Internet (13%), teacher (10%) and priest (6%), in terms of communication of the young people with the parents, it was observed that those who received counseling, or lived with them, had less sexual practice, unlike those who used friends as a source of information, since they see it as a fun way, including the Increase in addictions such as tobacco, alcoholism, drugs and the decrease in condom use during the act. It is important to emphasize that the environment in which the adolescent develops will influence decision-making in their sexual life, the supervision they have of parents, communication, interaction with them, is of paramount importance for the beginning of sexual life.

On the other hand, (León, 2013) is refers the important source that the media become in relation to sexual and reproductive health. Information and Communication Technologies (ICT), are composed of cell phone networks, satellite waves and the Internet, these allow data to be transmitted to different population and international sectors, the internet becomes the mechanism with the greatest information reach, provides accessibility , applications with chat rooms, social networks, contact pages of couples that facilitate social interaction around the world, having hyperlinks to explicit sexual material, has become the way to expand the spaces of sexual recognition, beyond the body organic, crosses the conventional limits of territories such as the body, allowing visualize, internal organs, coital sex through photographs, videos (pornography), favoring through these images an alternative to transmit, ideas, information and concepts about sexuality . The search for information through social networks, chats, cell phones, has transformed the vision of young people regarding the limits of human capabilities, exposes the acceleration of sexuality to an early onset, sexual relations or search of promiscuity, and freedom. Profamilia, Probienestar Association of the Colombian Family, based on their studies, reports that the approaches to sexuality of young people occur in 51%, in different media than school, since 66% of young people receive information through of television, 23% of the internet, and only 19% through education teachers. That is why a theoretical approach is necessary to reveal, reflect on the relationships between ICTs, and sexuality in postmodern society.



## **METHODS AND METATERIALS**

The study was quantitative, the design was transversal, descriptive and prospective, the universe of study was adolescents and young people from Mexico City, in 2019, the study population were adolescents from the Technological University II, and students from the Institute of Higher Secondary Education (IEMS), the sample was 95 students, obtained from the formula for calculating sample size for finite populations, which had a 95% reliability and .5 margin of error. The sampling was simple random.

The Inclusion criteria that were included in the study were students from 17 to 19 years old students from Technological University II and students from 14-18 years of the Institute of Higher Middle Education. Exclusion criteria that were considered, were students who do not want to answer the instrument or participate in the investigation.

Regarding the elimination criteria, questionnaires that were poorly answered or incomplete were included. The Data Collection Plan was made up of 2 instruments, the first one was "Knowledge of the adolescent" by M. Teresa Urrutia Soto, which has a Cronbach Alpha of 0.90 and consists of a total of 66 items distributed in five dimensions:

- Definition and diagnosis of CaCu
- Factors associated with the CaCu and its prevention
- Pap smear and CaCu
- HPV and CaCu
- HPV immunization

The second instrument M. Griselda Vega Alpha de Cronbach of 0.82, which evaluated the risk factors of the adolescent, consists of a total of 30 items distributed in 3 dimensions:

- Psychological
- Sexual Background
- Sexual Behaviors

The application of the instruments was carried out directly-personally

## **RESULTS DIFFERENTIATED BY EDUCATIONAL INSTITUTION**

### **College**

According to the results obtained from the application of the Sexual Risk Behavior instrument, it was identified that the mother is the one who provides information on sexuality to young people, since 51% said that they receive information from it, with this data the trust that is still within the caretaker and housekeeper. Regarding the educational level of the mothers, 15.2% have studies in primary school, 36.7% secondary and with a technical career 32.2%; However, although it is not determined to provide objective information and you will see, the educational level does influence the appropriate orientation. However, the results make it clear that the educational level of the people to whom half of the young people turn to for information on sexuality have a basic educational level.

Regarding the beginning of active sexual life in this population group, 78.77% of the sample had their first sexual relationship in a range of 12-17 years of age, being in the middle stage of adolescence, in this the body has not had physical or psychological maturity for this process, with respect to sexual practice, 58.8% indicated having had sex with penetration, of which 94.3% did not use a condom during their first sexual intercourse, which is why it is considered a high risk practice.

It is worth mentioning that the beginning of his sexual life 62.3% was carried out by an emotional relationship and 30.8% with occasional partners, justifying this action with arousal, since 32.1% stated that it was for that cause that he had their first sexual relationship, and 19% under the influence of a drug. It is important to note that this minimum percentage is considered within the risk behaviors for contracting a Sexually Transmitted Infection (STI) such as hepatitis, Human Immune Deficiency Virus and Human Papillomavirus.

94.1% had 1-7 sexual partners, regarding the use of condoms, 50% used it as a family planning method and the remaining 50% to prevent an STI, however, when questioning what are the main reasons why who prefer not to use the condom, 47.1% mentioned that it reduces pleasure and sensitivity to the relationship, and 29.4% for not having a condom at the time of sexual intercourse. It is important to note that 82.2% of the sample does not have fixed economic income.

As mentioned earlier, half of the population uses the condom to prevent an STI, however, 53.3% who reported having had an oral sexual relationship, did not use any protective barrier, so STIs are more focused

According to the second instrument of knowledge of Ca Cu, 44.4% of the population has knowledge about the organ that mainly compromises this pathology, 45.6% do not know through which study it is diagnosed. The knowledge about risk factors, 57.8% mentions that it is through multiple sexual partners, 13.3% having sex before the age of 16, 43.3% due to HPV infection.

Regarding the transmission factors, 41.4% said it was for unprotected sex, 25.6% for using oral contraceptive methods and 12.2% for the use of public restrooms. In relation to knowledge about the signs and symptoms of HPV infection, 27.8% said they are condylomas, 22.2% said that due to vaginal discharge, 22.2% genital itching, and 20% burning when urinating. As a prevention method for CaCu, 44.4% refer to the use of condoms, 47.8% application of immunizations and gynecological control, however, only 22.7% do not have the knowledge as to when a diagnostic study (PAP) can be carried out.

### **High school**

According to the results obtained from the application of the Sexual Risk Behavior instrument, applied in the IEMS with a sample size of 77 students, it was identified that 53.9% of young people obtain information about the mother's sexuality, with this data You can establish that trust is still within the caregiver and in charge of the home, the level of education of this is primary 19.7%, secondary with 44.7% and technical with 31.6%. Regarding the beginning of their active sexual life, 76.6% of the sample had their first sexual relationship between 12 and 15 years of age, even when they were in the first stage of adolescence, a stage in which the body has not had Maturity physically or psychologically for this process. 38.2% indicated having had sex with penetration, of

which 34.5% of the sample did not use a condom during their first sexual intercourse, which is a high-risk behavior.

It is worth mentioning that the cause for which they had their first sexual relationship, 65.5% was carried out by an emotional relationship and 39.3% with occasional partners, of the above, the above, 31% said it was due to excitement, 27.6 %, because the occasion was presented, 17.2% out of curiosity and 20.6% under the influence of a drug. It is important to note that this minimum percentage is considered within high-risk behaviors to contract an STI such as hepatitis, HIV and HPV. Regarding the number of sexual partners, 79.2% had 1-5 sex partners, 6.8% 6-9 sexual partners and 3.4% more than 10 sexual partners. The use of condoms has been used more as a family planning method, since 85% reported using it for this reason and only 13.6% to prevent an STI, however, when questioning what are the main reasons why they prefer not to use the condom more frequently, 26.3% did not want to use it, 26.3% subtracted pleasure and sensitivity from the relationship and 36.8% did not use it because they did not have one at the time of the relationship. As mentioned previously, less than a quarter of the population use condoms to prevent an STI, however, 34.7% reported having had an oral sexual relationship, of which 96.4% did not use a condom during act a risk behavior factor to contract oral and pharyngeal vph According to the second instrument of knowledge of Ca Cu, 34.2% of the population has knowledge about the organ that mainly compromises this pathology, 66.3% do not know through which study it is diagnosed.

The knowledge about the risk factors 33.8% mentions that it is through multiple sexual partners, 15.6% having sex before the age of 16, 23.4% due to an HPV infection. Transmission factors 37.7% unprotected sex, 24.7% for using oral contraceptive methods, 15.6% for genetic inheritance, 7.8% for the use of public restrooms, 6.5% drug use. As a prevention method for CaCu 41.6% refer to the use of condoms, 37.7% application of immunizations. Only 27.3% have knowledge of when a diagnostic study (PAP) can be performed. In relation to knowledge about the signs and symptoms of vph infection, 16.9% more frequently referred to condylomas, 15.6% bleeding and burning when urinating, 11.7% genital itching, and 10.4% reported vaginal discharge. When comparing the level of knowledge of both educational institutions, the Kolmogorob test was applied, finding a significant variation between the knowledge of the students of the university and the high school, with a better level of knowledge of the students of the University (Table 1).

Table 1. General results of knowledge about Human papillomavirus

Factor	Minimum Score	Maximum Score	□	DE	Low level	Medium level	High level
Total Score	103	175	144.61	139			
College	68	119	100.75	94	58	42	72
High school	61	108	94.83	84.5			

**Source:** Knowledge test results for university and high school students

## **DISCUSSION**

### **Sexual behavior**

The mother is the first informant regarding sexuality, although she does not have the objective knowledge for the orientation, since the academic level, although not decisive, does influence the level of knowledge that mothers may have to give objective information to their children. When conducting an analysis of the academic profile of the mothers, most have primary and secondary education. Caricote 2008, describes that education influences gender stereotypes, also influences poor communication, sexual misinformation, and inappropriate management of sexual behavior and this is encouraged by parents.

In Figueroa 2016 establishes that adolescence is the period of great physical, psychological, emotional and social changes, which increase the sexual risk factor, this is a stage in which a large part of the population begins their sexual life and presents behaviors of risk, since it is a period of maturation in which experiencing is part of that evolutionary stage. The present study showed that sexual behavior in adolescents and young people presents various sexual risk factors such as: early onset of sexual life, multiple sexual partners, sexual contact under the influence of drugs and unprotected sex, which is consistent with the author, when referring that adolescence are a stage of great risks.

### **KNOWLEDGE of VPH**

According to the results of the study it was determined that there is little knowledge about HPV, since they do not know that there are different types of viruses, which cause different diseases, since they only relate it to cervical cancer and that it only affects the uterus, They also has no knowledge about the main carrier and its mode of transmission, they even mention that HPV can be transmitted in public baths, tampons or sanitary pads, which coincides with studies conducted by Contreras-González 2017, in establishing that the papillomavirus Human is a sexually transmitted infection with a high rate of infection in young and adult population and the main factor of cervical-uterine cancer linked to the early onset of sexual intercourse. Although as one of the most used methods for the prevention of STDs is the condom, the population investigated uses it more as a contraceptive method.

In this population group there is also a great lack of knowledge about the timely detection of HPV and cervical cancer, since only a limited number of the sample identified that it can be detected through cervical cytology and penescopy, which coincides with Contreras-González 2017 , which in their study identified that the level of general knowledge was low in 80% of the participants.

## **CONCLUSIONS**

The study showed a low level of knowledge about HPV transmission mechanisms. There are ways of prevention and physiological involvement. The highlights are the high-risk sexual behavior of the population of adolescents and young people, which is the main reason to establish actions that help reduce the risk of cervical cancer or some other disease caused by HPV

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