

## Sexually Transmitted Infections in Adolescence

Alba Cortes Alfaro<sup>1\*</sup>, Damarys Chacón O`farril<sup>2</sup> and Ramón Suarez Medina<sup>3</sup>

<sup>1</sup>Second Degree Specialist in School Hygiene, Master in Epidemiology, Researcher and Assistant Professor, National Institute of Hygiene, Epidemiology and Microbiology, Havana, Cuba

<sup>2</sup>First Degree Specialist in Obstetrics and Gynecology, Second degree Specialist in Comprehensive General Medicine, Master in Comprehensive Care for Women, Assistant Professor, Luis Augusto Turcios Lima Polyclinic, Mayabeque, Cuba

<sup>3</sup>First Degree Specialist in Biostatistics, Researcher and Assistant Professor, Cuba

**\*Corresponding Author:** Alba Cortes Alfaro, Second Degree Specialist in School Hygiene, Master in Epidemiology, Researcher and Assistant Professor, National Institute of Hygiene, Epidemiology and Microbiology, Havana, Cuba.

**Received:** September 09, 2022; **Published:** October 27, 2022

### Abstract

**Introduction:** Adolescents represent a vulnerable group exposed to sexually transmitted infections (STI). It is a stage in which they are subjected to constant changes in physical, mental and social development and risk factors such as ignorance, early sex, drug addiction, social and gender inequality and myths contribute to this exposure.

**Objective:** To delve into the characteristics of adolescents that put them at risk of acquiring an STI.

**Methods:** A bibliographic review was carried out where the databases included in the LILACS, EBSCO and HINARI services were consulted, and very good coverage was achieved, both in Cuba, in Latin America and the Caribbean, and in the rest of the world.

**Conclusion:** This review article on the risks to which adolescents are subjected to acquire an STI that allows them to undertake prevention actions that will allow us to achieve the objectives set by our Ministry of Health is placed in the hands of all personnel linked to work with adolescents. Public in relation to this indicator.

**Keywords:** Risk; Adolescence; STI-HIV/AIDS

### Introduction

The global health agenda today has an undeniable challenge: to reduce risky sexual behavior in the face of the growing prevalence in the youngest, especially adolescents. In recent years, there has been a growing interest in the study of adolescence as an important stage of life in the development of the human being. At present, social research dedicates great efforts in approaching this population segment, fundamentally to everything related to it.

The incidence of sexually transmitted infections (STIs) follows an upward trend in practically all population groups. However, it is of particular concern that the incidence of STIs among adolescents has doubled.

Adolescence has been a sector of the population to which many studies have been devoted, especially related to sexuality. A specific issue that has been on the agenda of numerous experts due to the social impact it has had on the new generations. Precisely at these ages where the debut of sexual relations and couples occurs and sexual and reproductive health discomforts frequently occur, which is manifested in the increase in sexually transmitted infections (STIs) and unwanted pregnancies.

Risky sexual behaviors are usually very frequent in young people, especially in adolescents. It is a problem that favors the presence of a series of risks that compromise their sexual and reproductive health, in addition to their psychological and social development [1]. In recent years, there has been an increase in the countries of Latin America and the Caribbean [2] due to a decrease in the age of onset of sexual relations, generally without protection, becoming a vulnerable stage for the appearance of sexual behaviors risky.

### Methods

To carry out this review and offer readers an update on the subject in question, the databases included in the LILACS, EBSCO and HINARI services were consulted and very good coverage was achieved, both in Cuba, in Latin America and the Caribbean, as well as in the rest of the world. Web sites on the Internet that are mandatory for their prestige and leadership on the subject were also visited.

The terms used were: adolescence, risk factors and health. All those classifications that addressed the same or similar criteria for the definition of cases were taken into account.

A first bibliographic search was carried out that addressed the characteristics of adolescents, risk factors during this stage and the repercussion on their health and sexually transmitted infections in this stage of life.

For the elaboration of the search strategies, the DeCS controlled language was consulted and the corresponding Boolean operators were included. The documents corresponding to the period 2011-2020 were selected.

### Developing

Teenagers are generally a very healthy group; however, many of them in adulthood suffer from serious but preventable diseases that begin in adolescence. Such is the case of sexually transmitted infections (STIs), such as human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis B, human papillomavirus infection and many more infections.

All of them can cause serious conditions or premature death later in life.

Adolescence is a period in biological, psychological, sexual, and social development immediately following childhood and beginning with puberty. It is a vital period between puberty and adulthood, its duration range varies according to different sources and medical, scientific and psychological opinions [1].

Adolescence is like a new birth, it is at this stage when social interests appear and feelings never before experienced flourish, which together with the physiological changes make evident a significant transformation in this subject who little by little ceases to be a child [1,2].

It is a time of continuous biopsychosocial changes, where it is sought to strengthen the personality and the roles that will be developed in society. It is considered a period of human development in which an important decision-making process of the subject with respect to himself begins; tis also the beginning of the transition to adulthood. Without possessing the necessary psychological resources, adolescents often face the problem of beginning to outline the paths to follow in order to be fully incorporated into society, which is why their projection of life and their position within it change [3,4].

It is a stage in which serious and profound transformations take place. The growth spurt of puberty occurs, breast development, development of the genitals, appearance of pubic hair, interest in sex, sexual fantasies, acquisition of reproductive capacity [5,6].

This is also a formative stage, crucial in the life cycle; identity, autonomy and life project are taking shape, for which a comprehensive approach to sexuality is necessary, taking into account that the influence exerted by the different spaces where adolescents develop in their daily lives is decisive, if considers that, at this stage of life, relationships with peers are very significant [7,8].

Human sexuality according to the WHO is defined as: A central aspect of the human being, throughout his life. It encompasses sex, gender identities and roles, eroticism, pleasure, intimacy, reproduction, and sexual orientation. It is lived and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and interpersonal relationships [8].

There is a close relationship between adolescence, sexuality and sexually transmitted infections. Its distribution in the world is not uniform, the incidence of the different pathogenic germs varies depending on the geographical area that is studied, the socio-economic level of the population that inhabits it, the prevailing sexual habits in it and sexual education. of its individuals, its culture, its beliefs, the legacy that is transmitted from generation to generation, among other aspects.

In addition to the prevalence of STIs in a given population, there are a number of variables related to individual sexual behavior that are associated with an increased risk of STIs.

### Risky sexual behaviors [8-10]

- a. Onset of earlier sexual relations:
  - 76% of adolescents and young people start sexual relations when they are 16 years old or younger.
- b. Adolescents become fertile 4 or 5 years before they are emotionally mature:
  - 75% of pregnancies end in abortion.
- c. Premarital sexual relations are common, acceptable and expected today:
  - Teenagers do not plan their sexual encounters.
  - Existence of many sexual partners or a sexual partner who has many sexual partners or frequency of having casual sexual relations with unknown partners.
- d. Little knowledge and presence of myths about contraceptive methods (MAC):
  - 85% know the MAC, 63% have used them at some time, less than 35% use them systematically.
  - Lack of knowledge of emergency contraception.
  - Lack of communication with their partner about the use of MAC, sometimes they express that their partner does not like to use them, they do not have it at hand at the time of intercourse, the man is afraid of losing his erection.
  - Responsibility for reproductive sexual health is delegated only to women, as well as the use of MAC.

- e. Continuing to have sexual relations despite having symptoms of an STI and not informing sexual partners and that both need treatment:
- Education on responsible sexual behavior is not normally offered in the home, school, or community. Insufficient topics related to sexual reproductive health (SRH) in school curricula.
  - Increases the lack of family communication in dysfunctional families.

All of the above constitute risk factors for an increase in sexually transmitted infections in adolescents and young people.

Age is also indisputably associated, through these behaviors, with the incidence of STIs, so that they fall more frequently in the age groups that correspond to the periods of adolescence and youth, according to statistical data that for years have been followed, the incidence in these ages is alarming, it is for this reason the compelling need to emphasize in our adolescents that every day the range of the beginning of sexual relations and their contagions is smaller and smaller [8].

Sexually transmitted infections (STIs) are a set of infectious-contagious clinical conditions that are transmitted from person to person through sexual contact that occurs almost exclusively during sexual intercourse, including vaginal sex, anal sex, and oral. However, they can also be transmitted through the use of contaminated syringes or through contact with blood or other secretions, and some of them can be transmitted during pregnancy or childbirth, from mother to child [9-11].

Most sexually transmitted infections are caused by two types of germs: bacteria and viruses, but some are also caused by fungi and protozoa [10,11].

Gonorrhoea and syphilis are spoken of more frequently, but currently there are others that are increasing their incidence, such as genital herpes virus and condyloma acuminata, so it is necessary that the population in general learn more about this problem [10].

### Magnitude of the problem

The WHO estimated 333 million new cases of curable sexually transmitted diseases in people aged 15 to 49, the majority in developing countries, which include member countries of the European Community. On the other hand, recent calculations report that each year there are more than 340 million cases of curable vaginal infections in the world, which have vaginal discharge syndrome as a manifestation, susceptible to effective treatment and that at least one million infections occur every day. For Latin America and the Caribbean alone, between 35 and 40 million cases were infected with more than 100,000 average infections per day.

It is estimated that the worldwide incidence of curable STIs is 333 million cases, 62 for gonorrhoea, 89 for chlamydia, 12 for syphilis and 170 for trichomoniasis.

In the last forty years, a progressive increase in the frequency of cervical-vaginal infections caused by *Trichomonas vaginalis* has been observed, which contrasts with the increase registered in those caused by *Candida* Sp; likewise, the most frequent age of presentation has decreased, falling mainly in the age group under 20 years of age.

In the US, 15 million people are infected with one or more STIs each year. The largest proportion is observed in South and Southeast Asia, followed by sub-Saharan Africa and Latin America and the Caribbean [11].

In relation to HIV, in the world around 38.6 million people suffer from it; 10.3 million of them are young people between 15 and 24 years old, 42% were recently infected. On the other hand, 50% of new infections, almost 6,000 daily, occur in young people. If a gender analysis is done, it can be seen that it infects an increasing number of women, and at significantly younger ages than men [10].

Cuban adolescents and young people benefit from the National Program for the Prevention and Control of HIV/AIDS, which has an educational component and intersectoral participation that pays tribute to different educational strategies.

There is also a manual “Methodology for the prevention of STI-HIV/AIDS for adolescents and young people” a work tool that constitutes a contribution in the field of health promotion and prevention of STI-HIV/AIDS for this vulnerable and exposed population, this methodology contributes to the increase of knowledge, beliefs and modification of risk perception and attitudes towards these diseases [12].

The influence that the different spaces where adolescents develop in their daily lives can exert is decisive, even more so if it is considered that at this stage of life, relationships with their peers have a special character.

### Conclusion

In conclusion, we must emphasize the importance of promoting training and educational activities that reinforce reflection and analysis techniques, considering the sensitivity of adolescents to the opinion of their peers and their influence on behavior.

### Bibliography

1. Olivera Carmenates C., *et al.* “Intervención educativa para prevenir el embarazo en la adolescencia”. *Tecnosalud* (2016).
2. Mendoza Tascón LA., *et al.* “Actividad sexual temprana y embarazo en la adolescencia: estado del arte”. *Revista Chilena de Obstetricia Y Ginecología* 81.3 (2016): 243-253.
3. Cruz Sánchez F., *et al.* “Adolescencia”. *Pediatría, La Habana: Ciencias Médicas* (2011).
4. Guerrero Borrego N and Pérez Enríquez M. “Educación Integral de la sexualidad en la infancia, adolescencia y juventud. Aproximación conceptual. En Guerrero Borrego N. Reflexiones y miradas sobre la sexualidad en la infancia, adolescencia y juventud”. *La Habana: CENESEX* (2016): 21.
5. Rodríguez Alonso B., *et al.* “Promoción de salud y autocuidado. En: La puericultura en la adolescencia. Ministerio de Salud Pública”. *La Habana* (2014): 152-153.
6. Santillano Cárdenas I. “Educación Integral de la sexualidad en la infancia, adolescencia y juventud. Aproximación conceptual. En Guerrero Borrego N. Reflexiones y miradas sobre la sexualidad en la infancia, adolescencia y juventud”. *La Habana: CENESEX* (2016): 45.
7. Sam Soto S., *et al.* “Comportamiento sexual y anticoncepción en la adolescencia”. *Acta Pediatr México* (2014): 07.
8. Organización Mundial de la Salud. *Infecciones de transmisión Sexual* (2016).
9. Organización Mundial de la Salud. *Infecciones de transmisión Sexual* (2011).
10. Organización Mundial de la Salud. *Lidiar con el VIH en la adolescencia* (2013).
11. Organización Mundial de la Salud. *Infecciones de transmisión Sexual. EUA* (2016).
12. Cortes Alfaro A., *et al.* “Metodología para la prevención de las ITSNIH/sida en adolescentes y jóvenes”. *La Habana: Editorial Lazo Adentro* (2006).

**Volume 4 Issue 11 November 2022**

**©All rights reserved by Alba Cortes Alfaro., et al.**