

## Risk of HIV Infection in Adolescence

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According to global HIV statistics, it reports that at the end of 2019, 1.7 million people contracted HIV infection, 3.8.0 million people were living with HIV worldwide and 36.2 million of them were adults, 1.8 million children up to the age of 14 and did not know they were living with HIV 7.1 million. Only 25.4 million people had access to treatment and around 5,500 young women between the age of 15 and 24 get HIV each week [1].

The UNAIDS Coordination Board approved, among others, at its 37<sup>th</sup> meeting, the UNAIDS Strategy for 2016 - 2021 to end the AIDS epidemic by 2030 [2].

The World Health Organization (WHO) reports that more than two million adolescents between the age of 10 and 19 live with human immunodeficiency virus (HIV), figures showing that the number of infected has increased by a third in the last decade, phenomenon that is due to the lack of education programmes on the subject aimed at this age group and because they do not receive the care or support they need and that sometimes they do not even know their status as infected, so millions more adolescents are at risk of infection. The entity proposed a guide to address this situation based on councils that include recommendations to governments to review their laws to make it easier for young people to obtain HIV testing without the consent of their parents as well as the importance of creating health services in improving the quality of care and social support for the infected and the international community was committed to ending the AIDS epidemic by 2030 as a threat to public health [3,4].

It is estimated that one-seventh of new HIV infections worldwide occur during adolescence and somewhat worrying that affected people often do not know about their condition [3]. Data at the end of 2019 indicate that about 7.1 million people did not know they were living with HIV [1].

Mortality rates among adolescents with HIV are not declining to the same extent as in other population groups. Although the total number of HIV-related deaths fell by 30% between 2005 and 2012, deaths from the virus among adolescents increased by 50% during the same period. One approach that has proved particularly fruitful is that HIV treatment and care services are accompanied by additional support specifically for adolescents. A recent study in Zimbabwe concluded that of 1776 young people receiving treatment under such a programme were no longer more likely than adults to die from HIV-related causes, contrary to the general trend in Southern Africa and around the world [4].

According to WHO, adolescents face difficult, and often confusing, social and emotional pressures as they move from children to adults, so they need medical HIV prevention services tailored to their situation and said that this population group is less likely to be tested than adults and need more help to monitor their health and follow antiretroviral treatment with commitment. In this sense, it is noted in sur-

veys conducted by this organization in 2011 and 2012, that adolescents around the world expressed their concerns and the difficulties they face; these include a lack of sufficient access to HIV testing, counselling services and treatment [3,4].

Current statistics show that the populations most at risk for sexually transmitted infection (STI) are adolescents and young adults, especially between the age of 14 and 24. The World Health Organization (WHO) reports that more than one million people are infected each day with some STIs and 60% of them, or about 600,000 of these people, are under the age of 25 [5].

In the prevention of STIs, WHO, its location "Assessment and approaches behavioral" highlights sexual counselling and education tailored to the needs of adolescents [5].

### Adolescence

WHO considers adolescence as the period of life between the ages of 10 and 19 and is assumed as a "psychological age" where psychological development needs to be conceived "as a process that does not occur automatically or fatally determined by the maturation of the organism, but has first and foremost a social historical determination, considered this stage to be vulnerable due to risky sexual and social behaviors that increase susceptibility to illness or poor health, as well as being associated with the perception of erroneous risk of the possibility of infesting or being immersed in a pregnancy. Different are the factors influencing the increase in STIs-HIV-AIDS, among which are changes in sexual and social behavior due to urbanization, industrialization and travel facilities, changes in concepts related to virginity, the current tendency to greater precocity and sexual promiscuity and joins this an increasingly early menarche, among others [6,7].

Adolescence is a stage of discovery of one's identity (psychological identity, sexual identity...) as well as that of autonomy individual autonomy, it is essentially a time of change. At this stage secondary sexual characteristics appear in a period of turbulence with great affective ambivalence, in addition, during this stage sexual experimentation increases and there are unpredictable changes in behavior and character that may be determined by social and educational influences that together with the early onset of sexual intercourse and their unprotected practice make them a vulnerable stage to STI-HIV/AIDS infection.

In adolescence, the risk of STIs-HIV/AIDS is increased by constant partner changes, the use of toxic substances and the low use of preventive methods, the lack of knowledge about infection and the insufficient perception of the risk of contracting it, inappropriate beliefs are often formed about the different objects and phenomena of reality and inadequate attitudes are also exhibited with regard to these phenomena. These are the main reasons for its growing spread and difficult control.

During the adolescence period, different attitudes are assumed in relation to the psychological, physiological, sociocultural and biological aspects; independence is acquired; family take-off is achieved and some behaviors that negatively affect the family and social environment are generated, which can become sources of stress and unhealthy lifestyles. During the teenage years, the psychic constitution of sexual identity and loving choice will be at stake and the pros processes of bodily change, new and disconcerting feelings and sensations often lead them to constant experimentation and to be surprised by their own behavior.

The vulnerability of adolescents to acquire a sexually transmitted infection (STI) including HIV is accentuated, because when starting their sexual activity at an early age, they generally do not stay with a single partner from the beginning, nor do they use a condom regularly.

Knowing the age of onset of sex makes it easy to design and target actions that aim to neutralize the risk of transmission of these infections, so that adolescents are able to decide for themselves when to start their sex, but accompanied by sufficient knowledge, skills and skills, that allow them to opt for self-care and care for their partner.

Bravo Galarza, in his article states that the age of onset of sex life of adolescents around the world population exposes that there is a growing tendency to have sex at younger ages, in his study he found that 60.7% of adolescents claimed to have had sex and that 37.2% of adolescents surveyed started sex life between the ages of 13 and 15, 24% between the age of 16 - 18, 4% between 10 - 12 years and 39.3% deny having sex. Cortés Alfaro (2,000) in his study "Sexual Behavior and Sexually Transmitted Diseases in Adolescents of Havana City Basic High School, 1995 - 1996 found that the average age of initiation of sexual intercourse had occurred at 13.19 for the female sex and at 12.08 for the male [8].

Communication of HIV/AIDS in adolescence has specific characteristics, mostly adolescents are considerably sensitive, regarding the opinion of their peers, the perception of what peers think usually has a greater influence on sexual behavior or any other type of risky behavior, compared to the opinions of parents and other adults.

Clear and accurate information is needed in adolescents on sexually transmitted infections and HIV so that they seek to rely on people who use appropriate language, are referent, show interest in their attitudes and motivate them to practice carefully.

In Cuba, the impact they have had on adolescent sex education, the multiple educational programs at the school and community level, as well as by mass media such as the press, radio, television have contributed to greater protection towards these infections that could be the cause of relatively lower involvement in this population in Cuba and the trend of the epidemic, although it is upwards, as in the rest of the world, has not reached the magnitude that in other countries.

The Cuban curriculum educational conception assumes the process in education of sexuality with a focus of gender and sexual rights from a cross-cutting integral perspective that promotes an educational process of an active nature and for achieving the cognitive incorporation of sexuality, the acquisition of correct attitudes and beliefs with high perception of risk should be drawn up educational intervention strategies relevant to this age.

The political will of the Cuban State to promote, protect and guarantee the rights of infants, adolescents and their families as a priority of their social project, materializes in public policies, programs and projects that are based on a national legal framework [9].

There are several deployed in Cuba with the aim of reducing the incidence of STIs/HIV-AIDS in adolescents including the Gender-Focused Sexuality Education and Sexual Rights Programme in the National Education System contained in Ministerial Resolution 139/2011 whose fundamental goal is to promote the development of healthy sexual behavior, full and responsible in girls and boys, adolescents and young people based on the training and development of knowledge, psychosocial skills, values and attitudes that favor the ways of behaviors and human relations based on the exercise of sexual rights and gender equity and is embedded in the school curriculum of each level and type of education. It provides for extradocent and extracurricular activities and is also complemented by the family and community [10,11].

The National Sexual Education Program (PRONES), promoted by the National Center for Sexual Education (CENESEX), is a precedent, which lays the foundation for integration between the Ministries of Education and Public Health and Disciplines within the Social Sciences [12].

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We conclude that it is necessary to develop skills through knowledge that allows assertive dialogue towards adolescents in the prevention of sexually transmitted infections-HIV/AIDS by preventing responsibility.

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