Informing Young Girls about the Risk of HPV Infection in Developing Cervical Cancer and Preventing

Genta Nallbani
Ph.D.

Lindita Agolli
Prof. Ass, Sport University of Tirana

Abstract

This study aims to provide detailed information about HPV as a widespread sexually transmitted infection, which is considered one of the most important factors in the occurrence of cervical cancer in young girls, emphasizing the connection between infection. Participants were 126 randomly chosen young girls at the master's level student at Sport University of Tirana. Data were collected using a questionnaire investigating risk factors as well as knowledge on this sexually transmitted infection of HPV where through a descriptive and informative letter which was distributed to all girls participating in this study. From this study it was observed that a significant number of them were aware of the virus and ways of transmission 81 girls (64.28%), of which 22 girls (17.46%) had in hearing that it was a sexually transmitted virus, 11 girls (8.73%) had read that this virus could cause cervical cancer, 9 (7.14%) of whom had heard of an HPV-related vaccine, while 3 of them (2.39) refused to complete this questionnaire. From the data collected in this study it was noticed that information and awareness campaigns should be carried out immediately for this age group as the most at risk in relation to sexually transmitted infections and in particular HPV, enabling in this form the ability to care more specifically for their health thus preventing very dangerous pathologies such as cervical cancer. However for this aspiration to be realized, in practice requires a greater understanding on the part of these young girls of the natural history of early HPV infection and its role in creating cervical epithelial abnormalities.

Keywords: Information, HPV, cervical cancer, prevention

1. Introduction

Human papillomavirus (HPV) infection is a very common sexually transmitted infection. This Infection with high-risk types of HPV is now considered to be a necessary, but not sufficient, cause of cervical cancer (1). A large majority of women
are usually infected soon after they become sexually active in their early teens nowadays (3). Persistent infection with at least one of the 12 high-risk HPV types is a necessary but not sufficient cause of all cervical cancers and part of vaginal, vulvar and oropharyngeal cancers (2). Cervical cancer is mainly caused by HPV 16 followed by HPV 18 which together cause 71% of this pathology worldwide (4). We can also say that most of these infections can be eliminated on their own within a period of time (5). But young girls in whom the virus persists for a long time may be predisposed to exhibit epithelial changes which are a high risk factor for developing cervical cancer in the future (6). Also various concomitant factors may play a specific role in the persistence of this infection increasing the risk of developing cervical lesions (7). These can depend on various causes such as genetic factors, long term use of oral contraceptives, smoking and other sexually transmitted co-infections (8,9). Where as one of the main factors it is worth mentioning the high number of sexual partners as well as the beginning at a very young age of sexual intercourse which increases the exposure to the HPV virus (10,11). Cervical cancer remains the most common sexually transmitted infection with an annual incidence 6.2 million, 80 million infected are between 15-49 years. Cervical cancer kills 270,000 women a year and 9.2 million sexually active young people aged 15-24 are infected with genital HPV (12). It also occupies the second place with (7%) among malignant tumors in women and occupies the first place with (40% of cases) among genital tumors in Albania (13). Where we must emphasize that the biggest problem appears in early adolescence as the most dangerous period in sexual development in young people associated with several developmental factors such as sexual development, emotional development. Where we should consider that the biggest problem appears in early adolescence as the most dangerous period in sexual development in young people associated with certain developmental factors such as sexual development, emotional development. At this age of adolescence there is no proper information about emotional, sexual maturity, as well as sexually transmitted infections and this is a fundamental problem in the way of approaching different situations which pose a high risk for come in contact at a very young age (14). Where we must keep in mind that sexual development begins at puberty at the age of 12-13 years which appears and with an increase in interest about sexual intercourse. What should be noted is that in Albania these data are very evasive and especially in these age groups are almost missing. For this reason, informing the masses of this age group and not only is very important to prevent. Where the main focus is to provide sufficient and accurate knowledge of how this virus is transmitted and referring to the measures taken in some countries to prevent the occurrence of this disease in vulnerable individuals associated with vaccination against certain types of human papillomavirus in young girls to prevent the occurrence of cervical cancer associated with those types and is potentially the most effective form for health care (16). This as it eliminates not only the disease itself, but also its consequences and refers to the measures taken to identify and treat asymptomatic subjects who already have preclinical disease, and thus prevent the progression of the disease in these already sick individuals where it
is intended to minimized the effect of the impact to the disease. What is worth noting is that full knowledge and detailed information against all the risk factors that are determinants provide an opportunity to identify the disease at an early stage, in which the disease should be treatable, as well as treatments should be able to change the natural history of the disease in a favorable way.

2. Methodology

A questionnaire was the instrument used to collect the information needed for the study. This study is a survey which is expressed as a percentage in a certain group of subjects. It was a 10 item questionnaire distributed to 126 young girls at the master’s level student at UST during the period November 2018- July 2020. It aimed to collect information for the knowledge that these girls have about the human papilloma virus and how updated they are in relation to the high risk that this virus poses to them in the future. A questionnaire investigating risk factors for HPV infection, and during the completion of the questionnaires all the girls were first explained the reason for this study and were helped during the completion of the questionnaire when they had uncertainties and in this way a detailed profile of social, sexual and behavioral risk factors was collected. Questions were regarding socio-demographic characteristics like the educational level in general for sexually transmitted diseases and ways of transmission, smoking, age at first menstruation, age at first intercourse. And in the second part of the questions were asked about the HPV virus could cause cervical cancer, and vaccination as a preventative measure, as well as if you were given the opportunity would they do it. Of which 126 questionnaires only 123 are valid, because 3 of them refused to complete.

3. Results

This group of questions was designed to generate a general idea to understand how much knowledge these young girls have about this virus and the need for more detailed information about the symptoms and the risk it may pose if it is not detected in time. It consists of ten questions. In the first part of the questionnaire participants have to identify potential risk factors such as socio-demographic data, gynecological history, health and sexual life behaviors, and reproductive data. The second part of the questions asked to elicit the information they have about prevention such as HPV vaccination and screening. The study found that a significant number of them 81 girls (64.28%) they had no knowledge of the HPV virus and modes of transmission. 22 of them (17.46%) had heard that it was a sexually transmitted infection and that it was also related to their sexual behavior, such as the number of sexual partners and the beginning of the first intercourse. 11 girls (8.73%) had information that this virus can cause cervical cancer where only a fraction of these lesions will progress to high-grade cervical intraepithelial neoplasia. 9 of which (7.14%) knew about the vaccine as one of the ways of prevention besides screening, and 3 girls (2.3%) refused to be part of this study.
4. Discussion

Detailed and specific information about HPV taking into account the mode of transmission and care to be shown in relation with the sexual behaviors can raise awareness to conduct examinations like cervical cancer screening programmes may be effective in reducing mortality from cervical cancer, but they do so at the expense of substantial over-diagnosis and unnecessary treatment (15). Although the treatment of pre-malignant changes in the cervix is therapeutically efficacious, it is also procedurally inefficient. Infection with high-risk types of the human papillomavirus (HPV) is the most important risk factor for cervical cancer all these should be known extensively by these girls who having a high level of knowledge thus increase the awareness to be examined in time, and in view of this he clearly understand how important it is to prevent in time.

5. Conclusion

From what is noticed in this study, young people should be informed about sexually transmitted infections and especially against HPV in order to be able to take care specifically of their health by preventing in the future dangerous pathologies such as cervical cancer. And this can only be done through occasional information and awareness campaigns. Also vaccine is one of the most valuable ways of prevention besides screening. The vaccine protects against 90% of the HPV types they cause cervical cancer and 90% of HPV types that cause genital warts (17). Referring to the data every young girl should be able to research and recognize ways of prevention as a right to take care of their health, and early detection of the first signs of lesions caused by HPV is the main point of prevention study to determine the natural history and aetiology of early cervical neoplasia, in young women. This type of study should include an even larger group of girls starting from adolescence where the risk is even higher and to inform them in more detail about this infection and the risk it poses if not prevented in time. This study is also an indication to conduct in the future a more comprehensive study on the lack of information that was identified in relation to the mode of transmission and prevention and to increase in this way their awareness to show caution about risk factors.

6. Recommendations

Information programs and measures should be developed to ensure high coverage and high participation, at the educational level. There are adequate facilities for obtaining cervical striae and adequate laboratory facilities are available to examine them. It is sufficient to have a high level of information and to refer to a specialist doctor. Evaluation and monitoring of comprehensive programs to help and counsel these young girls should be organized effectively. There should be a carefully designed referral system for managing any abnormalities found and for providing information about normal screening tests, providing convenience in the required service. It has been suggested that the link between cervical HPV infection and cervical neoplasia could be utilized to improve the effectiveness and efficiency of primary and
secondary cervical cancer prevention programs. Achieving these improvements still requires a greater understanding of the natural history of early HPV infection on the part of and by setting key objectives regarding prevention and subsequent treatment.

References

[1] Cancer Registry, Oncology Service, Mother Teresa University Hospital Center QSUT

[2] Castellague X, Munoz N, Pitisuttithum P, Ferris D, Monsonego J, Ault K, et al. 2011. “End-of-study safety, immunogenicity, and efficacy of quadrivalent HPV (types 6, 11, 16, 18) recombinant vaccine in adult women 24-45 years of age” Br J Cancer 2011;105:28-37.

[3] Castellsague X, Bosch FX, Munoz N. 2002. “Environmental cofactors in HPV carcinogenesis”, Virus Res 2002;89:191-9.

[4] Castle PE, Giuliano AR. 2003. “Genital tract infections, cervical inflammation, and antioxidant nutrients-assessing their roles as human papillomavirus cofactors”, J Natl Cancer Inst Monogr; 31:29-34

[5] Cogliano V, Grosse Y, Baan R, Straif K, Secretan B, El Ghissassi F, et al. 2005. “Carcinogenicity of combined oestrogen-progestagen contraceptives and menopausal treatment” Lancet Oncol; 6: 552-3.

[6] Crosbie EJ and Kitchener HC (2006). Human papillomavirus in cervical screening and vaccination. Clin Sci (Lond) 110:543-52

[7] Dalstein V, Riethmuller D, Pretet JL, et al. (2003). Persistence and load of high-risk HPV are predictors for development of high-grade cervical lesions: a longitudinal French cohort study. Int J Cancer 106:396-403.

[8] Franco EL, Villa LL, Sobrinho JP, et al. (1999b). Epidemiology of acquisition and clearance of cervical human papillomavirus infection in women from a high-risk area for cervical cancer. J Infect Dis 180:1415-23.

[9] FUTURE II study group (2007a). Quadrivalent vaccine against human papillomavirus to prevent high-grade cervical lesions. N Engl J Med 356:1915-27.

[10] Koutsky L. 1997. “Epidemiology of genital human papillomavirus infection”, Am J Med 102: 3-8.

[11] Moreno V, Bosch FX, Munoz N, Meijer CJ, Shah KV, Walboomers JM, et al. 2002. “Effect of oral contraceptives on risk of cervical cancer in women with human papillomavirus infection: the IARC multicentric case-control study”, Lancet;359: 1085-92.
[12] Moscicki AB, Shiboski S, Broering J, et al. (1998). The natural history of human papillomavirus infection as measured by repeated DNA testing in adolescent and young women. J Pediatr 132:277-84.

[13] Moscicki AB. 2005. “Impact of HPV infection in adolescent populations”, J Adolesc Health 37:3-9. Jack MS. Personal Fable: A potential explanation for behavior in adolescents. Journal of Pediatric Nursing. 1989; (4): 334-8.

[14] Munoz N (2000). Human papillomavirus and cancer: the epidemiological evidence. J Clin Virol 19:1-5.

[15] Munoz N, Franceschi S, Bosetti C, Moreno V, Herrero R, Smith JS, et al. 2002. “Role of parity and human papillomavirus in cervical cancer: the IARC multicentric case-control study”, Lancet; 359:1093-101.

[16] Science Magazine 2005. High Hopes and dilemmas for Cervical Cancer Vaccine, Science Magazine, Volume 308, April 2005

[17] Woodman CB, Collins S, Winter H, et al. (2001). Natural history of cervical human papillomavirus infection in young women: a longitudinal cohort study. Lancet 357:1831-6.