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The influence of adolescents responsible on the impact of HPV vaccine adhesion

Influencia de los adolescentes responsables del impacto de la adhesión de vacunas del VPH

Influência dos responsáveis de adolescentes no impacto à adesão da vacina HPV

ABSTRACT

Objective: To analyze the role of those responsible for HPV vaccination, identifying factors that influence the vaccination adherence of adolescents. **Method:** Qualitative, descriptive research, using the method of content analysis by Bardin after approval by the Ethical Committee 3.098.551 according to Resolution 580/18. **Results:** the application of the content analysis generated three categories: "The level of information of those responsible for the HPV vaccine", "The link of the FHS team with the family represented by the person in charge" and "The level of the nurse's articulation in the process health promotion. **Conclusion:** It can be observed that there is a relationship between the family members and the FHS team, and that most parents of adolescents vaccinated against the HPV virus have information about the disease, consequences of non-vaccination and its benefits.

DESCRIPTORS: Prevention; Family Relationship; Cervical Neoplasms.

RESUMEN

Objetivo: analizar el papel de los responsables de la vacunación contra el VPH, identificar los factores que influyen en la adherencia a la vacunación de adolescentes. **Método:** Investigación cualitativa, descriptiva, utilizando el método de análisis de contenido de Bardin después de la aprobación del Comité Ético 3.098.551 según la Resolución 580/18. **Resultados:** La aplicación del análisis de contenido generó tres categorías: "El nivel de información de los responsables de la vacuna contra el VPH", "El vínculo entre el equipo de FHS y la familia representada por la persona responsable" y "El nivel de articulación de la enfermera en el proceso promoción de la salud. **Conclusión:** Podemos observar que existe una relación entre los miembros de la familia y el equipo de FHS y que la mayoría de los padres de adolescentes vacunados contra el virus del VPH tienen información sobre la enfermedad, las consecuencias de la no vacunación y sus beneficios.

DESCRIPTORES: Prevención; Relación Familiar; Neoplasias Cervicales.

RESUMO

Objetivo: Analisar o papel dos responsáveis frente à vacinação do HPV, identificando fatores que influenciam a adesão vacinal dos adolescentes. **Método:** Pesquisa qualitativa, descritiva, com a utilização do método de análise de conteúdo de Bardin, após aprovação do comitê ética 3.098.551 de acordo com a Resolução 580/18. **Resultados:** A aplicação da análise de conteúdo gerou três categorias: "O nível de informação dos responsáveis a respeito da vacina HPV", "O vínculo da equipe ESF com a família representada pelo responsável presente" e "O nível da articulação do enfermeiro no processo de promoção em saúde. **Conclusão:** Pode-se observar que há por parte dos familiares um vínculo estabelecido com a equipe da ESF e que a maior parte dos responsáveis de adolescentes vacinados contra o vírus do HPV tem informações sobre a doença, consequências da não vacinação e seus benefícios.

DESCRIPTORES: Prevenção; Relação Familiar; Neoplasias do Colo do Útero.

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Adriana Loureiro da CunhaPhD student at UERJ. Professor at Castelo Branco University. ORCID: <https://orcid.org/0000-0002-6971-4357>.**Daniel Ribeiro Soares de Souza**Master's in Health and Technology. Professor at Castelo Branco University and Uni São José. ORCID: <https://orcid.org/0000-0002-9170-6193>.**Raquel Bernardo da Silva**Master's student in Primary Care at UFRJ. Nursing Residence Preceptor PRESF. ORCID: <https://orcid.org/0000-0001-8791-2720>.**INTRODUCTION**

The motivation for the research emerged while working at a Municipal Health Center in Rio de Janeiro, where it was observed how much the degree of information of those responsible for the HPV vaccine influenced the adolescent's adherence to the vaccination schedule.

Vaccination is one of the most effective means of defending the human body against infectious agents, being one of the prevention strategies against some STIs.

Sexually Transmitted Infections (STIs) comprise the set of distinct infections that have the intertextuality of being transmitted by sexual contact, being recognized as an important public health problem worldwide, with greater visibility since the 1980s, when first AIDS cases⁽¹⁾. Among the STIs, there is the human papillomavirus.

The human papillomavirus (HPV) is a virus of the Papilomaviridae family capable of causing lesions of the skin or mucosa. There are more than 100 types, however, studies show that only 20 infect the genital tract, with an incubation period of one to twenty months, with an average of three months⁽²⁾.

When in the human body, HPV can cause a disease that often manifests itself as an infection in the genitals, both in men and women, causing multiple, localized, or diffuse lesions of varying size. The location of these lesions in men occurs in the regions of the penis, balano-preputial groo-

ve, perianal region. In women, they occur in the vulva, perineum, vagina, and cervix. These lesions are characterized by genital wart/condyloma commonly known as "cock crest"⁽³⁾.

In 2014, the Ministry of Health included the quadrivalent human papillomavirus vaccine 6, 11, 16, 18 (recombinant) in the vaccine calendar of the Unified Health System (SUS). Through recombinant technology, the quadrivalent vaccine is produced from purified structural L1 proteins, which pose no health risks. These proteins produce a specific type of HPV that does not contain live products or viral DNA, and is therefore non-infectious⁽⁴⁾.

Adolescents are a population of high vulnerability to cervical cancer (UCC), also known as cervical, as the early onset of sexual life and the multiplicity of partners in an unprepared and irresponsible way bring them closer to problems of reproductive and sexual health⁽⁵⁾. Contagion by HPV, the main oncogenic agent of cervical cancer, occurs in early sexual life in adolescence or around 20 years of age⁽⁶⁾.

One of the biggest influencers in the acceptance of prevention offered by the Ministry of Health is still the family group, in which it is the first and most important influence on people's lives. It is there that we acquire the values, uses and customs that will form our personality and emotional baggage. We can characterize it by a group of people with affective ties, consanguinity and coexistence⁽⁷⁾.

Thus, the object of the study is the influence of those responsible for

the impact of adolescents' adherence to the HPV vaccine and the research question: What is the role of those responsible for adolescents regarding HPV vaccination? Having as general objective to analyze the role of the responsible of the adolescents regarding the vaccination and, specific objectives: to identify factors that influence the adherence of the adolescents to the HPV vaccine and to discuss the participation of the nurse in the educational articulation to the parents and adolescents in the vaccination adherence.

METHODOLOGY

This is a qualitative, quantitative, and descriptive research which aimed to know the influence of those responsible for the adherence of adolescents to the HPV vaccine. The study was carried out in a Municipal Health Center (CMS) located in the Vila Kennedy neighborhood, West Zone of the city of Rio de Janeiro, General Coordination Programmatic Area 5.1. The choice of territory was due to knowledge of an unsatisfactory vaccine epidemiological profile regarding adherence to the HPV vaccine. The program area of the highlighted team is composed of 1025 families and 2,772 registered users until the moment of the research, having as a characteristic an area with a high level of dangerousness and vulnerability.

The participants were the legal guardians of adolescents of both sexes in the age group of 9 to 14 years old. The Informed Consent Form

(ICF) was signed by those who participated in the interviews. The participants were identified by numbers, for example: 1, 2, 3,4 ... in order to guarantee anonymity.

The inclusion criteria were legal guardians of female adolescents aged 9 to 14 years old and legal guardians of male adolescents aged 11 to 14 years old. The sample was composed of responsible persons registered through the Vitacare electronic medical record of a team responsible for five micro areas of the Family Health Strategy (FHS).

The collection was carried out by means of a semi-structured questionnaire containing 06 objective questions that, in advance, had been clarified by the researcher regarding the filling of the same and applied individually in the months of September and October 2018 according to the availability of the time of the responsible, but they were made in three groups. Before the beginning of each group, the IC was read. The interview was based on a questionnaire, previously tested, which was also presented for approval by the Ethics Committee. The script was composed of closed and open questions to users who agreed to participate.

Soon after, a conversation wheel was developed with the aid of slides in order to hear experiences, inform and guide those responsible for the benefits and importance of adhering to the HPV vaccine, where it was observed how those responsible had adherence and knowledge about the HPV vaccine.

For the analysis of the results, we used the content analysis method⁽⁸⁾, one of the most referred works in qualitative studies that suggests the use of content analysis provides for three fundamental phases: pre-analysis, material exploration and treatment of results - inference and interpretation.

Then, the most important and

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relevant ideas were selected from this material, seeking the necessary data to reach the research objectives, through the observations made during the groups and individual interviews, the data obtained were divided into nuclei or units that were presented by categories⁽⁹⁾.

The research was carried out by the Research Ethics Committee in accordance with Resolution No. 580/18 under opinion No. 3,098,551. The material collected was for the exclusive use of the researcher, being used for the sole purpose of providing elements for carrying out this research project, the research itself and the articles and publications that result from it.

In the survey, the confidentiality of the participants' identity was ensured. The material collected will not be subject to commercialization or disclosure that could harm the interviewees. But an article will be made for publication.

RESULTS AND DISCUSSION

There were 42 guardians of adolescents from 9 to 14 years old as participants in the study and, during the research, there was a withdrawal, leaving 41 participants.

The knowledge of those responsible for the immunization of the HPV vaccine was analyzed, in which 27% of the participants were well informed, 22% with partial knowledge and 51% without any knowledge of the mentioned subject, making the information deficiency clear about the benefits of the vaccine cited. The most prevalent response among those responsible was that the highlighted vaccine prevents cervical cancer and STIs. However, in the educational conversation given, it was reported to those present that it only immunizes against the HPV virus, the main responsible not only for cervical cancer, but also penile cancer and cancer in the anus. The result exposed makes

clear the lack of progress in approaching the population on the subject discussed, when compared to the results⁽¹⁰⁾ which already warned: "The results reinforce the need for educational interventions in the population to provide adequate information about HPV and preventive measures".

When approached about the person of confidence that the adolescent is free to declare his fears, doubts about health, physical and physiological discoveries, sexual and emotional interest in the eyes of those responsible, 54% stated that they are the greatest confidence figure of teenagers. The figure of the grandmother also stood out with 27%, with the reason for the parents' work reason and in other cases, abandonment due to the addiction to illicit drugs, resulting in the absence of those responsible and formation of greater confidence with the grandmother, according to a study⁽¹¹⁾ that says: "The grandparent-grandchildren relationship marked by pleasure and play occurs more in childhood, but as the grandchildren grow up, other meanings acquire more relevance, such as the characteristics of the grandparents and their grandchildren, as well as the relationship".

In addition to 7% having other family members as a reference. In addition to 12% trusting friends, without family ties.

In most of the reports, 66% of the guardians say that their children study in public schools and that at some point they come home informing, citing: [...] 1, 2, 4 "the post was there at school today", however 34% of the guardians are dissatisfied due to the absence of the FHS in the school where their son works because it is a private institution. This means that several registered in the area do not receive assistance from the FHS in their teaching unit. The protocol to be practiced in the case and oriented about the group of adolescents in the

reference unit was presented, making it clear the importance of the FHS also entering into a partnership with private schools, since the users are working in it, in addition to having the figure of the teacher as of great influence in his decision-making related to the topics addressed in the classroom.

It was also observed the knowledge of the guardians and, consequently, of the adolescents regarding the existence of the active health group of adolescents from 9 to 16 years old that occurs in the reference unit every two weeks, in this, 98% pointed to the lack of knowledge, up to that moment, of the existence of the group mentioned as reports [...] 3,4,6, I never knew about the group and I always come to the health unit [...] and 2% knew about it, but they did not work in the group. However, in the educational activity given, parents were instructed about the existence of groups, dates of meetings, characteristics and importance of the adolescents being welcomed, in order to create a bond with the FHS team in order to absorb and practice guidance on topics related to health, family and society.

The problem was also passed on to the nurse responsible for the area of the interviewees, who, in turn, was committed to the greater role in publicizing the group in home visits and outpatient care.

Most of those responsible represented by 76% say they have facilities in accessing the FHS team, including mentioning the names of doctors, nurses and CHAs, according to the reports: [...] 4,5,7, "I know my team and they they know me and I have no difficulties even with my family in the FHS", however 24% of the participants, who represented their family members, stated that even though they knew the team, they did not feel welcomed and linked to it and even had interviewees who said [...] 7, 9 "I

don't know anyone on my FHS team".

Regarding the adherence to the HPV vaccine and if such adherence had influence from those responsible, 56% reported that their children had adherence to the vaccine, even though some of them, so far, were unaware of it. Already 32% stated that minors did not adhere to the vaccine with the consent of those responsible, and among the reasons stood out the "lack of time on the part of the parents due to daily chores", "for having too much time, such as the teenager having nine years of age and the age group is up to ten years old", and still because they no longer have the habit of "looking at the vaccination calendar since they are already big". Another 12% responsible did not know how to respond due to the loss or damage to the vaccination booklet. According to a study⁽¹²⁾, the initial barrier to low adherence to the anti-HPV vaccine is the population's (parents and adolescents) lack of knowledge about the HPV virus, its consequences, health and form of immunization.

CONCLUSION

From the analysis of the interviews, it was found that those responsible, including surprisingly the image of the grandmother, are major influencers of the vaccination adherence of adolescents in the age group of 9 to 14 years, mainly with regard to the HPV vaccine, with the majority of the adolescents in question, those responsible as the most reliable figure regarding the discoveries and clarifications of doubts related to health.

As for those responsible, it was concluded that, although most of them had an active presence in the health unit, they did not participate in groups in the unit and many did not even know about the existence of educational groups focused on prevention that work in the FHS unit. Such participation could be an ally

to update and resolve doubts of adolescents, participating in the educational practices that take place in the unit, such as: groups, lectures, waiting rooms, conversation circles and the outpatient consultation itself, which are not dedicated to apprehend the knowledge offered, because even when present, they focus on health problems already present at the expense of preventive measures. Such an attitude prevents the entry of knowledge regarding health and, consequently, the multiplication of information within the family, directly affecting the adolescent in question, since most of them do not have contact with the FHS team in internal groups of the unit, as well as in the units. of private education, resulting in the lack of welcome, information and the lack of bonding with the team. It is conclu-

ded that the lack of guidance prevents knowledge; this prevents understanding, which prevents acceptance and, consequently, adhesion.

It is possible to observe the responsibility for this lack of adherence, which not only generates around professionals working in the FHS, but also those responsible and adults who are not responsible for self-care with regard to their own health, family and community, thus having a dependency absurd and often unnecessary for the user referring to the professional, with a need to raise awareness of self-care, such as, for example, the professional having to conduct an active search at the residence, request the vaccine booklet and point the responsible person to the delayed vaccines, being that at all times the passbook is in the possession of the

family, containing the date of application of the immunization.

As a proposal, there was a need to disseminate the group of adolescents of educational materials from the Ministry of Health, improving language and visual media; valuing the individual receiving the message, be it the adolescent or their guardian; improving team communication about the group at the unit's front door; improving communication between health professionals inside and outside the unit; creating a partnership with a teaching unit in the area even though it is a private unit, avoiding technical-scientific language in the materials, creating a less authoritarian and more humanized health education and requesting more frequently the presence of the Family Health Support Team at meetings and Home Visits. ■

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