

# Proposal for a model for the care of the sexual health of the young adult before HPV

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## Abstract

**Introduction.** Sexually Transmitted Infections such as HPV mainly affect adolescents and young adults; Women are more susceptible to contracting them due to multiple factors. Promoting sexual health has increased knowledge about prevention, but it is still insufficient. **Objective:** to propose a model of sexual health care in young adults before HPV. **Methodology:** the focus of the study was qualitative, convenience sampling, with 13 sexually active key informants. A semi-structured interview was used in the data collection to identify the paradigm of the young adult against HPV in three categories: sexuality, risk of infection, and care. The theoretical proposal of the model reinterprets the concepts to build the framework of the proposal. **Results:** beliefs or myths prevail about sexuality limited to intercourse as the only source of pleasure; HPV is recognized as an STI, but it is unknown if there are symptoms and it is confused with another STI; there is a risk of infection mainly due to the number of sexual partners, the responsibility for care is left to the couple, and health services are not used as a preventive form. The care proposal emphasizes self-care according to this paradigm that integrates the physical, psychological, self-knowledge and spiritual areas. **Conclusions:** self-care is an interesting concept to address in promoting the sexual health of young adults in the face of the reality that they live concerning STIs.

**Keywords:** young adult, care, sexual health, HPV, self-care.

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## Introduction

Caring is an innate characteristic of the human being; care is given to a sick person, to a child while it is growing up, and to a loved one, and this care implicitly involves providing well-being; it is a relationship between two people, one who cares and the other who requires care. Professional care is developed by nursing professionals with scientific knowledge in health, endowed with technical skills that help individuals, families, and communities to improve or recover their health (1, p. 75) from the care setting to the educational.

Based on these aspects, it is worth asking why care or care is important. Colliere (2) mentions that men have always needed care because this act of life allows it to continue and develop. On the other hand, Leonardo Boff (3) refers that “care is more than an act; it’s an attitude. But who or who needs to be cared for? Waldow affirms that “all beings are vulnerable in their existence, but there are moments or circumstances in which vulnerability is more visible, and they need care” (4, p.235). In each stage of life, the human being requires care; in childhood, when one is an adult, and in old age, there are specific needs. From a demographic point of view, the proportion of adolescents and young people is the largest in the world today; there are 1.2 million young people between the ages of 15 and 24, represen-

ting 16% of the world population (5). As a stage of human development, in adolescence and youth, physical, emotional, mental, and social changes begin during adolescence, and a transition to adult life is experienced; decisions are made regarding a career, work, or starting a family. The expression of sexuality -which has begun during adolescence generally- is lived according to the norms and rules learned at home, with friends, or through own experience; this determines a particular pattern of behavior, which may or may not be healthy.

According to the United Nations Population Fund (6), young people face the main risks of unchosen, involuntary, and/or unprotected initiation of sexual life, exposure to unplanned, unwanted, or impending pregnancy risk conditions, and exposure to an STI, of the latter, HPV is the most prevalent. Its importance lies in the fact that it is primarily asymptomatic, and many women are unaware of the changes it generates at the cellular level; therefore, persistent infections are frequent and are precursors of cervical cancer. According to the General Directorate of Epidemiology in 2021 in Mexico, the incidence of HPV in the female population between 15 and 19 years of age is 6.8 new cases per 100,000 women of the same age. For the 20 to 24-year-old group increases to 21.3 cases. These data are not comparable with men, where only those between 15

and 24 years old represent 5.61 new cases per 100 people of the same age range (7); Another important fact is that according to the 2021 National Health and Nutrition Survey on COVID-19, only 36.9% of adolescent women reported having received the HPV vaccine (8).

Given this scenario, it is necessary to address the care needs for HPV among young people; Comprehensive sexual education is a sexual right of adolescents, as well as information about sexuality; these and other rights promote and protect health, well-being, and dignity by providing the necessary tools to have knowledge, attitudes, and skills (6) and is a condition for adolescents and young people to exercise their sexuality with autonomy and responsibility. In this sense, international programs focus on promoting sexual health, understood as a state of physical, mental, and social well-being that includes the experience of sexuality pleasantly and safely (9), primarily through education and information comprehensive, prevention of gender violence, HIV prevention, psychosexual orientation, contraceptive methods, among others (10). Returning to these guidelines, in Mexico, there are Specific Action Programs for Sexual and Reproductive Health, but they are directed mainly toward adolescents. However, it is said that fewer risky behaviors are incurred among young people; statistics show high rates of STIs and HPV in this age group, mainly among women. Given this, three

risk behaviors related to the spread of HPV have been identified and their inclusion in educational strategies in health promotion: early initiation of sexual relations, not using condoms frequently, and having multiple sexual partners, in addition to preventive information related to the infection and the knowledge and application of the vaccine is integrated, obtaining favorable results to increase knowledge on these topics (11-13). Although there are advances, why does HPV persist in this population despite the attention in preventive matters?

According to Heredia and Rodríguez (14), in Mexico, there are two models in the academic field to approach sexual education: a model of education for reproductive sexual health, which prioritizes responsibility to acquire knowledge, attitudes and healthy and healthy styles, and the model of integrated sexual education, whose purpose is the learning of cognitive, physical, social, and emotional elements of sexuality. However, programs aimed at adolescents are dominated by biomedical content (15, 16). Nursing interventions in the field of sexual health have focused on sexual education, as shown by various studies (17-19). Still, it is also important to recognize who the young adult is and the behaviors that make them vulnerable to infection.

This reflection led to consider other aspects of the human being such as the perception or beliefs about the infection, as well

as the methodologies used to address this issue that have focused on the informative aspect and today must be expanded and oriented towards the experience of sexuality, the meanings they attribute to life, the body, care, among others (20). In this sense, Foucault shows a perspective towards self-care, which can be applied to sexual health care; Self-care is knowing, training, and improving oneself to assume certain established rules and principles (21). This is conceptualized as a set of activities that a person usually performs to satisfy their own needs; It is a basic attitude of the human being that responds to physical, spiritual, intellectual, psychic, and emotional needs of himself and others; it demands the cultivation of being integral: body, psyche, mind, and spirit (22).

Promoting self-care from this age is relevant for different reasons; Exposure to infection is determined by the beginning of sexual life, which occurs in the stage of adolescence and young adulthood to a lesser extent; young adults are the population group with the least approach to health services, the perception about of infection is low compared to cervical cancer, it takes more than knowledge to adopt preventive behaviors. Universities are spaces where they develop, learn and acquire habits; therefore, attention and care become key elements to dealing with the issue of STIs and their implications for health and using the means and resources available to create strategies. and alterna-

tives that affect care in their lives. For this reason, the objective of this research is a proposal for sexual health care emphasizing self-care before HPV.

### ***Methodology***

The study has a qualitative approach; a Non-probabilistic sample made up of 13 young adults between 18 and 25 years old, men and women from the first period of the Nursing career at UAEMex in February-July 2018 with the beginning of sexual life. Data collection was through a semi-structured interview that began with a trigger question: What care do you take to prevent HPV infection? This question generated additional questions that provided valuable information in analyzing the care carried out by the young adult against this infection. The participation of the students was voluntary, informing previously and verbally about the objective of the study interview, and an informed consent letter was provided where the confidentiality of the data was emphasized.

The generation of a care proposal poses a series of steps or phases; It is a systematized process comprising a reference framework or theoretical framework and a methodology. Implicitly is the planning, development, implementation, and evaluation of the same as organizing the data. For the first phase of the proposal, the construction of the reference framework started with the

content analysis that investigated the meaning of infection for young adults and the care they take to prevent it, transforming unstructured textual data into structured ones. This analysis allowed us first to know young adults' paradigm regarding infection and care for its prevention, from their reality and from which the main concepts that include the proposal in self-care were identified. Considering basic elements already incorporated into educational strategies and care needs interpreted from qualitative data. The analysis generated three main categories: construction of sexuality, vulnerability, and self-care.

For the definition of these concepts, theoretical references such as Heidegger, Foucault, Colliere, and Leonardo Boff were taken up again, which respond to the objective of the proposal, that is, from an existentialist approach, propose a proposal that responds to the concerns and needs and care that the young adult lives and feels, as a person whose existence gives him at some point in his life the expression of his sexuality, the experience of care and the self-care for authentic existence, that is, living with the greatest possible freedom and responsibility.

For this study, the general principles of the Declaration of Helsinki are considered in sections 19 and 20, on vulnerable groups and the confidentiality of information. Regarding the General Health Law in force in Mexico, article 100 preserves respect for the dignity, protection of the rights and

well-being of the individual and does not expose them to any risk during the development of the interview or for the investigation. Finally, an Ethics Committee approved the development of the research.

## **Results and discussion**

The paradigm of young adults regarding HPV was organized into three main areas: sexual behavior, risk of becoming infected, and care (Table 1). Based on the WHO definition, sexuality is lived and expressed through various forms according to the context in which the young person lives and practices his sexuality, influenced by biological factors and social, cultural, ethical, and religious issues, to mention a few (10). This gives them a particular conception of sexuality while they are integrating their paradigm; the construction of knowledge about sexuality permeates the sexual behaviors they practice and how they perceive the presence of STIs, particularly HPV. In this paradigm, the biological part of sexuality still permeates the group of young people; It is already known that the beginning of sexual life is decisive for exposure to the genital HPV virus, but if added to this it is observed that young people see sexuality as only sexual contact with another person (with or without reproductive purposes), it implies that they do not recognize other forms of sexual pleasure or satisfaction and it is very likely that young people expose themselves to problems related to STIs sin-

ce they do not distinguish other forms of sexual expression that can protect them or at least reduce the risk of infections, even

more so if these They do not show apparent symptoms such as HPV.

**Table 1.** The paradigm of young adults regarding HPV

Concepts	Young Adult Paradigm
Sexuality	<ul style="list-style-type: none"> <li>● Sexuality equals reproduction.</li> <li>● Physical differences between men and women.</li> <li>● Sexuality focuses on genitals.</li> <li>● Intercourse as the only form of pleasure.</li> <li>● Meet the couple.</li> <li>● There is a sexual morality that approves or disapproves of sexual behavior, it is related to the stigma of HPV (rejection from the family).</li> </ul>
Risk of becoming infected	<ul style="list-style-type: none"> <li>● Have an active sexual life.</li> <li>● Multiple sexual partners.</li> <li>● The lack of symptoms.</li> <li>● It is an infection associated with cervical cancer.</li> <li>● It is recognized as an STI and is a normal infection.</li> <li>● Listen and learn about HPV infection.</li> <li>● Confusion of symptoms with other STIs, mainly HIV.</li> <li>● The woman is more at risk since the man is only a virus carrier.</li> <li>● The risk of becoming infected is higher among men than women.</li> <li>● The infection is preventable.</li> </ul>
Careful	<ul style="list-style-type: none"> <li>● Use of condoms as a safe method, but to prevent pregnancy, not STIs.</li> <li>● Having only one sexual partner.</li> <li>● The early start of sexual life is not an important care element.</li> <li>● Little attendance at diagnostic studies (vaginal cytology).</li> <li>● Low percentage of women with HPV vaccine application.</li> <li>● Going to the doctor is the most visible form of care, but not until they observe a sign or symptom.</li> <li>● The responsibility of caring for oneself falls on the couple (mainly from woman to man).</li> <li>● There is a feeling of indifference to information as a way of taking care of yourself.</li> <li>● Care is directed toward preventing pregnancy, not an STI.</li> <li>● Poor communication with the couple.</li> <li>● Desire to take care of yourself vs ways of taking care of yourself</li> </ul>

**Source:** Semi-structured interview. Own elaboration

The risk of infection is another aspect that impacts health care in the face of an STI. Since HPV is a very frequent STI, it is to be assumed that young adults have information about it; in fact, it was identified that there are differences between hearing about the virus and being aware of it. And this could be observed when young people identify the main forms of contagion that have to do with sexual behavior (although

for this study, the early age for the onset of sexual life was not recognized as a risk factor), which was included in educational strategies to prevent STIs. Knowledge also accounts for the tools that young people have to protect themselves against infection, and this is one of the most studied aspects in research on HPV; Risk behaviors and, therefore, the preventive part are identified, but they are unaware of its associa-

tion with cervical cancer and whether or not there are symptoms, which is why it is often confused with other STIs such as herpes, gonorrhea or HIV/AIDS. However, in addition to sexual behavior and knowledge, an aspect little studied was identified within risk; perception: it is recognized that the risk is greater among women since the man is a carrier (23), but in this study, it is men who are recognized as more susceptible to becoming infected, which was revealing and interesting data from analyze; and this can be related to how they provide care, an aspect that will be discussed later. Finally, how young adults take care of themselves starts from the transmission factors themselves. Still, with some particularities: of the three known risk behaviors, the one most related to HPV is that of multiple sexual partners; the use of condoms is referred to as a preventive method, being this more common and accessible, although more towards avoiding pregnancies (24) and, the age of onset is not considered as a conduit of transmission, neither risky nor much less preventive.

Health services are essential in preventing STIs and even more as a preventive measure; this was another relevant aspect within the young adult paradigm: attendance at screening programs such as Pap smears by women is low, and a minimal proportion of them have been vaccinated against HPV. Since exposure to the virus occurs from the beginning of sexual life, it represents

one of the great challenges for working between institutions and society in general to destroy taboos and factors that impact attendance at health services; Young adults do not attend sexual health training or workshops as a way of taking care of themselves, but rather because they are educational programs at school or they respond to scheduled appointments at health centers as part of government program support.

An interesting aspect of addressing and analyzing is that they are not aware of self-care; that is, men and women know that they must take care of themselves so as not to become infected, but the care falls on the behavior and knowledge of the couple: they refer to the fact that they can take care of themselves by going to the doctor or using protection methods, but in the end, they do not know if their partner will have multiple partners or if they go to the doctor, which exposes them to contagion regardless of what each one does. Here it can be deduced that, on the one hand, they desire to take care of themselves and be healthy. Still, in their behavior, the lack of knowledge, couple care, seeking information, and approaching health services prevail.

For the second stage of the model proposal, the concepts that frame the care proposal were defined -where the person, the environment, health, and care are implicit as basic elements- to establish new meanings in the health-HPV relationship. that guide new care guidelines for HPV and other STIs.

**Table 2.** Conceptualization of the care proposal

Young Adult HPV Paradigm		Conceptualization of the care proposal	
Concepts	Young Adult Paradigm	Concepts	Framework
Sexuality	From the point of view of sexuality, it is important to point out that certain beliefs or myths about sexuality still prevail, referring only to sexuality. presence of intercourse (anal, vaginal, oral) as a source of pleasure.	Experience of sexuality	Rubio (25) refers that the experience of human sexuality focuses on 4 dimensions or holons: reproduction, gender, eroticism, and bonding. affective
Risk of becoming infected	It is related to the knowledge and perception of the infection: HPV is recognized as an STI and it is a normal infection because it is frequent; Although risk behaviors are recognized, having multiple sexual partners stands out, they do not have apparent symptoms, and the woman is vulnerable since the man is only a carrier of the virus.	Vulnerability	They are defined as vulnerable to a specific threat or, one is vulnerable to being in a situation of loss, which can be health, employment, etc. Being vulnerable can appear before the situation, which makes it more or less prone to a specific loss; that is, it is susceptible or, after an event, to how the individual deals with the situation (26).  In this sense, being vulnerable to STIs has various aspects, one is vulnerable in various ways: individually and collectively. In the first, the stage of youth itself, which is full of physical, psychological, and emotional changes, makes young adults prone to acquiring STIs; on the other hand, the context in which they live make them vulnerable because it exposes them to risks, such is the case. the case of the beliefs, norms, or ethics under which it has been formed and creates patterns of more or less predictable behavior in this population.
Careful	The use of protection methods such as condoms and the age of sexual initiation is not considered important factors in care or first choice against HPV, there is little assistance to health services as a preventive form, and few women attended to receive the vaccine. This shows that there is little search for information, couple care is infrequent, and the responsibility is left to the couple.	Take care of existence	Being in coexistence with the world. The consciousness of being determines existence; it understands itself from its existence, from the possibility of being or not being. To exist is to always be on the way through the experiences encompassing consciousness, the way of living in the world with a particular meaning (21; 27). The young adult must become aware of his being, this implies realizing his existence, and his existence is knowing himself and the world where he is and from this, being free to make decisions.
		Take care of sexual health	Recognize that sexual health is part of a person's overall health and should consider removing barriers or prejudices, valuing their own body, seeking information about reproduction, establishing meaningful relationships, making informed decisions, and maintaining effective communication, characteristics of a person sexually healthy.  It requires comprehensive education, training, and support for health professionals, comprehensive sexual health services, and promoting research on sexuality that generates new knowledge and new forms of care (28, 29).
		Self-care	Self-care is conceptualized as a set of activities a person usually performs to satisfy their needs. In addition to health care, it takes care of thoughts, attitudes, behaviors, emotions, values, and biopsychosocial needs, including goods and everything that generates well-being (22). This makes it possible to focus care on the individual's ability to seek care to prevent risk behaviors, prevent adverse situations, and promote a vision of promoting life rather than care for the disease and thus influence the perception of care that young adults have regarding HPV infection and seeking care

**Source:** Semi-structured interview. Own elaboration

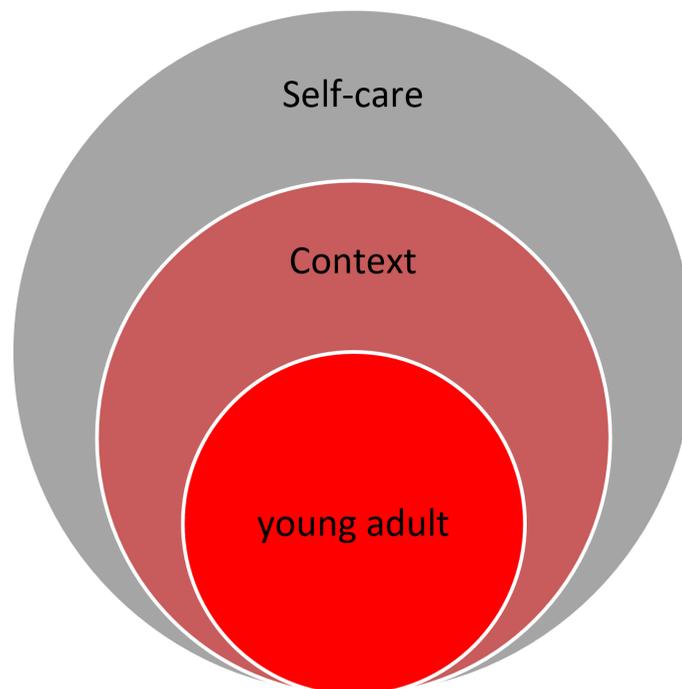
This conception established the relationships between these concepts and the logical process guiding the proposal as shown in Figure 1. Being a young adult implies a stage of changes in many areas, preparing for academic or professional life, but rarely think about planning to take care of health and much less sexual health, and this is mainly because of the stage of youth where people perform multiple activities, and young people have a sense of well-being, which leads them to take risks without realizing it the consequences in the medium or long term because it is a “healthy population” and the disease is not “part of their life.”

These behaviors are determined according to an established role and personal experiences, the experience of friends, acquaintances, or strangers, as well as information sources related to technology and health personnel, complement their knowledge about their sexual health and the behaviors that “ must be carried out”, although many times these are not healthy. In addition, there are beliefs, morality and ethics of the family and the community influence the behavior of the young person even without him being aware of this, however, social pressure most of the time points them out for not meeting expectations their role as men or women in the sexual realm. These situations place the young adult in a state of both physical and social vulnerability; Although physi-

cal vulnerability has been addressed more, it should be noted that since they are in a late adolescence stage, the growth phase has not yet ended and the lack of tissue maturation (for example in the cervical area) as well as other Cofactors such as the use of oral contraceptives or the abuse of tobacco use may favor the easy acquisition of the infection, aspects that should continue to be reported in educational programs (30-32). Social vulnerability on the other hand speaks of the context of the young adult; sexuality continues to be a taboo subject in Mexican society and this aspect should be considered when proposing a strategy to promote healthy sexuality because young adults cannot be isolated from their environment, or suddenly change the way they think and in what you think is right because you were taught that way or because experience has dictated it that way. Many times, you can't change the environment, but you can find tools that become an opportunity to want to take care of yourself. Faced with this reality but also perceived vulnerability, interventions in their health *care* become essential for their well-being; the health professional's role in this aspect must be guided by always listening to the young adult and his feelings about his sexuality and how he lives it. This is an important point because, for many young people, talking about this subject is overwhelming, and their first approach to health services is usually one of rejection or prejudice.

Based on these reflections, the proposal emphasizes *self-care* as a goal; This was an aspect identified as a prevailing need for care by young adults in their sexual health care, although not consciously; the majority of young people (men and women) leave the responsibility for their

health care to their partner, so the risk of HPV infection is given “by what the other does or does not do” about care in your sex life; not only because of the relationship with one’s own body but also with others and the environment.



**Figure 1.** Care proposal based on the young adult paradigm and frame of reference.

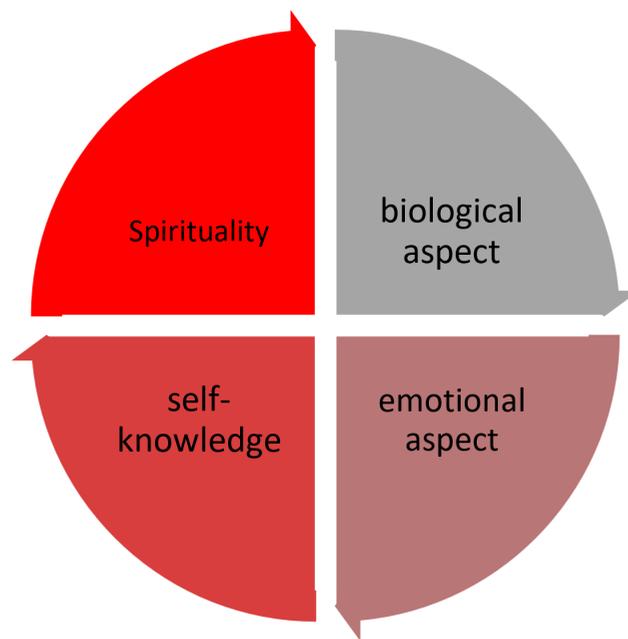
This makes it possible to elucidate that taking care of sexual life is not only using the condom correctly and frequently, having only one sexual partner and having information, but also the awareness of human existence, valuing the body, communicating with people, their own pleasure, sexual satisfaction, mental and spiritual well-being that make sexual life more fulfilling at this stage of life; with informed decisions and with the responsibility to also care for the other, from the perspective of promoting sexual health.

For Heidegger, care seen from existentialism is before any attitude that the person may have or the situation in which they find themselves, it is the first root of the human being and it is an essential way of being; and this arises when the existence of the other person is important to me as a person, it represents an intrinsic action, but at the same time it is a conscious act born from the circumstances, caring and taking care of oneself is recognizing one’s own existence in the first place (33). In accordance with Boff, caring is an essential characteristic of

the human being and lies in its own nature; this human condition reveals an evolution of their physical condition, thoughts and emotions in the interaction and adaptation with their environment. This must provide a sense of existence and, therefore, a value in caring for life, the other, and the world in which one lives (3).

Now, and returning to the existential part of care, self-care (Figure 2), according to

Foucault, creates a consciousness that then allows the potentization of both individual and group strengths to care for oneself above all else, not because it is present in this world, but because his existence requires him to take care of himself so that this existence is authentic, and that is where well-being fits.



**Figure 2.** Base elements for self-care as a care model for HPV in young adults.

It is a way of caring that enables the person, it is an interpersonal relationship, it also represents an educational approach at the individual level, and it represents a transformative practice because it is a model of understanding, respect, sensitivity, and solidarity, which make up dimensions of care

through accompaniment and monitoring in the first individual instance.

Self-care appeals not only for the assistance of urgent needs but guides the individual, family or community to take care of their health, a fact that implies a constant throu-

ghout their lives. Foucault also mentions that taking care of oneself is to know, train and improve oneself in order to assume certain rules and principles established in morality that led to the truth (21). It has to do with the relationship with others because it involves how one takes care of oneself and of caring for others, but self-care should always be above all else because it is ethically and ontologically the first philosophy of the relationship with oneself; this is related to the body constitution and the soul which are connected and represent the actions of people; that is, that the body is understood in addition to the biological aspect in the relationships and experiences that the person lives as well as the educational processes that make up this relationship between body and soul to seek virtues and cultivate them, in the formation and authentic valorization of the body itself (34).

Aspects that need to be taken up again within the physical aspect of caring for oneself are the assessment and knowledge of one's own body; most young adults are unaware of signs and symptoms not only of HPV infection but of other STIs, or there is confusion about it. This leads to the fact that in the event of an anomaly, men, and women see as normal what is some alteration, in addition to the feelings of shame that this can lead to, and therefore, they are not tended promptly. Although some infections can present symptoms, many others are asymptomatic, making

their identification difficult. One of the proposals that at the educational level is integrated into the strategies is to provide information on STIs such as syndromes; that is, various STIs share signs or symptoms, and in the event of any of them, it is important to check oneself. This breaks with a traditional scheme of listing STIs and their characteristics, information that is little captured by young adults. They generally have information on the most frequent ones or those where more prevention is done, such as HIV or HPV.

Another aspect identified and that gains importance is that sexuality is seen in addition to reproductive purposes, such as only having coital relations. Undoubtedly, it is a way of experiencing pleasure, but it is not the only one. This perception of sexuality limits its exercise to the genitals (29), considering there are other ways of experiencing pleasure without necessarily having intercourse. This aspect is important because susceptibility can be reduced if you have other practices (whether with safe sex or protected sex) where the risk of becoming infected is lower. This information should be provided within educational programs on sexual health and contraception promotion.

Self-knowledge is another element to consider as a way of taking care of oneself, understood as the person's beliefs about the qualities that make them know themselves. This faculty of observing themselves (in-

trospection) accounts for their thinking and the meaning of their experiences. This includes both self-esteem and self-concept (35). According to Guevara (22), these aspects are key to developing favorable behaviors and is based on values that produce well-being and feeling good about oneself, which generates behaviors that protect health. Hence, strengthening these aspects can help to change the behavior of unhealthy lifestyles observed by the same young adult; behavior or behavior change is the goal to prevent STIs and is an aspect that takes a long time to achieve. Because it is a process and often remains unfinished, it requires a commitment from both the young adult and the nursing professional (36).

Finally, one of the aspects that are left aside is spiritual needs, understood not as religiosity (which will undoubtedly be important in the life of the young adult if he considers it a significant aspect) but as those activities that, in addition to feeling a feeling of pleasure, have a meaning in my person, my life, with my family or in my social relationships or as a couple. This meaning creates a feeling of well-being and commits me to my person, my health, and its care not as a duty but with the responsibility and freedom of how I want to live and exercise sexuality.

## Conclusions

Given the statistics that account for the constant incidence of STIs, health strate-

gies promote sexual education focused on reducing risky sexual behaviors mainly, focusing on using condoms and emphasizing contraceptive methods in case of unplanned pregnancies desired. These strategies are focused on the adolescent population, which, although it is a vulnerable population, ranges from young people from 19 to 25 or up to 29 years of age also requires joining health programs related to sexuality and reproduction and considering beyond contraception, beliefs, perceptions, and thoughts about sexuality not only in the physical sphere but also in the social or spiritual sphere, aspects that, according to Rubio Aureoles, need to be in harmony for health education strategies to be more effective. Healthy sexuality is essential for these young people because it impacts the development of other spheres of life (social, psychological, etc.), and learning to take care of it brings well-being, security, satisfaction, fulfillment, or any other feeling that gives the young adult a pleasant sensation. Taking care of oneself is not learned overnight if it can be taught; it is a process and, as such, requires a path that must be guided by personnel who demonstrate empathy and the responsibility of wanting to know the other person to offer their aid; on the other hand, the young adult must have a willingness to know himself in all areas of his life, because in this way he will identify the strengths and weaknesses that he can use in his health care through being aware of his existence and the changes you

can make in your life that put your health at risk. Taking care of your own health by taking care of the other, of your partner, because it reflects what you do for yourself and exercising healthy and responsible sexuality by your own way of seeing life.

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