

SOCIO-CULTURAL CAUSES OF UNWANTED TEENAGE PREGNANCY**Victoria-Jardon Ana Maria**

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ABSTRACT

This is the initial report of a post-doctoral project aimed to the understanding and containment of teenage pregnancy. The teenage pregnancy represents a high risk of health, due to the fact that the adolescent women have not yet consolidated their physical development and are not in the emotional and economic conditions for dealing with this situation. Social and medical problem has been intensified in spite of the wide distribution of information and access to contraceptive methods, and it affects not only the personal and family life of women, but that also sharpens the conditions of poverty. An exploratory study was conducted with the interview of 20 cases, divided in pregnant adolescents and their mothers, and non-pregnant adolescents and their mothers. All of them are urban marginated population in Mexico City. The results show that none of the young pregnant adolescents wanted to be pregnant, prior to this condition they suffer lack of goals for their future, low self-esteem, disinterest in school's aspects, loneliness and boredom. In contrast the non-pregnant young adolescents have school interests, career and general life goals. Mothers of pregnant teenagers have lack transmission of clear ideas about sexuality, contraception and consequences of unwanted pregnancy and did not have special monitoring of the activities of their daughters. Mothers of non-pregnant adolescents covered the sexuality items and show concern about their consequences and keep close monitoring of the activities of their daughters. This preliminary study shows that besides dissemination of information and access to contraceptive methods, the absence of academic goals and life, tendency to low self-esteem, the lack of participation of the mother in the open information about pregnancy and its consequences, as well as keep abreast of the activities of the daughters are important as a risk factor for unwanted pregnancy in adolescents. Full and deeper investigation about "Understanding and containment of unwanted pregnancy in adolescents" includes greater depth on these aspects.

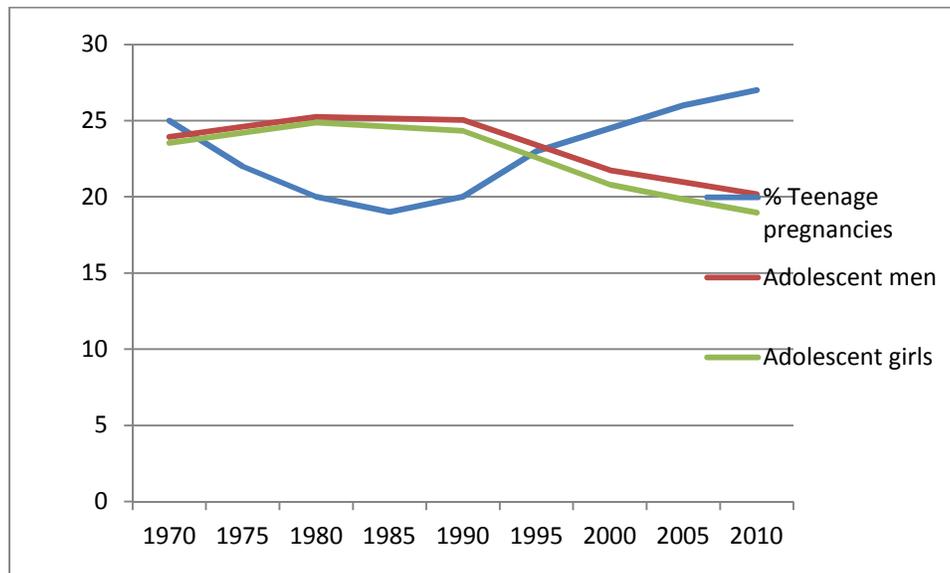
Key Words: *teenage pregnancy, unwanted pregnancy, low self-esteem, adolescence risk factors*

Introduction

The teenage pregnancy is a public health problem and a social problem, the percentage of teenage pregnancy, at least in Mexico, traditionally is kept between 19 to 20% of the total number of pregnancies, in recent years step to 24% and is currently estimated at 27% in spite of

the availability of contraceptive methods, health education and that the demographic proportion of adolescents is decreasing (Figure 1).

Figure 1: Evolution of the percentage of adolescent pregnancy in Mexico. 1970-2010



Source: Programa Nacional de Población. CONAPO. México 2007. Censos Nacionales de Población y Vivienda. INEGI. 1970-2010, <http://www.inegi.org.mx/lib/olap/consulta> Estimaciones de Población. INEGI. 1970-2005

As a part of the full investigation "Understanding and containment of unwanted pregnancy in adolescents", an exploratory study was conducted, in which they were formed 4 focus groups of study with five members each to deepen the information and support and reorient the research.

Literature Review

Adolescence is defined by the World Health Organization (WHO) and the period of life that occurs between 10 and 19 years of age, which is characterized by a series of organizational changes (puberty) as well as by the integration of functions of reproductive character (menstrual cycle in women and the spermatogenic cycle in men), accompanied by profound changes in psychosocial adjustment to a sociocultural environment (SSA, 2002) and according to the United Nations indicate as young people to the population of 15 to 24 years (UNICEF, 2013).

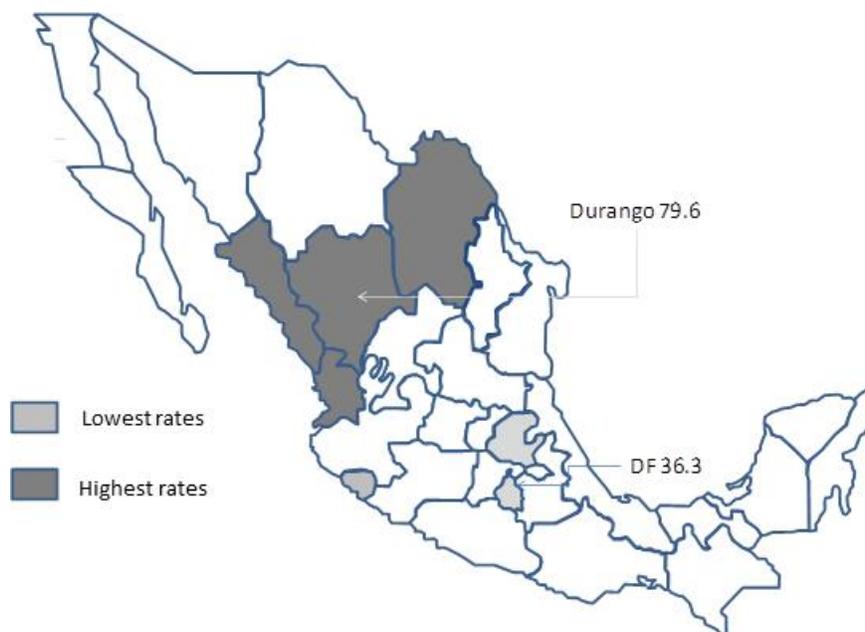
Early fatherhood and motherhood lead abruptly young people to an adult world they are not ready for, with adverse effects on life and the lives of their children. In addition the early pregnancy carries a high risk to their life and health of mother and baby (UNICEF, 2013). In many countries, adolescents come to represent from 20 to 25% of its population. In 1980 in the world had 856 million teenagers and it is estimated that in 2000 were around 1.1 trillion

adolescents. It is undeniable that adolescents' sexual activity is on rise throughout the world, increasing the incidence of births in women under age 20.

Latin America and the Caribbean is the only region of the world that has suffered an increase in adolescent fertility in the past 30 years. (Issler, 2001) (UNICEF, 2013). The data in Mexico have variations, according to the statistics from the National Institute of Statistics and Geography (INEGI), corresponding to 2012, states in the northern part of the country, Coahuila, Nayarit and Sinaloa show the highest percentages of adolescent pregnancies; Durango is the entity with the highest fertility rate among females aged 15 to 19 years, with 79.56 percent (Palacios, 2013) (Figure 2).

The study points out that the Federal District, Queretaro and Colima reported the lowest number of pregnancies among women between the ages of 15 to 19 years, these entities show a percentage of 36.39 , 44.45 and 44.53 respectively (Palacios, 2013) (Figure 2). There are many justifications for intervening in adolescent pregnancies, because it affects their health, especially if they are younger than 17 years, limiting their opportunities for education, work, marriage and its future (Leal, T M L; Medel, P B, 2007), (Rodríguez, 2012), (Climent, 2002). Another determining factor is the mortality rate due to complications related to childbirth and clandestine abortions, as well as the eclampsia, premature labor, prolonged or obstructed labor, fistula, anemia and maternal death (Calvario ML, Medina EA, González ZG., 2010).

Figure 2: Distribution of the highest and the lowest rates of unwanted pregnancies in adolescents in Mexico. 2012



Source: INEGI (2012)

A study of the organization Ipas Mexico shows that every minute three girls and boys are born in the country; one of them of adolescent mothers. There is 60 percent of additional risk of maternal mortality among pregnant teens and more possibility that these women drop out of school due to lack of resources and discrimination (Nochebuena, 2013).

Children of teenage mothers are more likely to die before the first year of life, also, there are disadvantages for the future, because young girls are not in the best development and psychological conditions, there is the risk of creating an attitude of rejection, or an exaggerated possessiveness, which will have very negative consequences (Capponi).

The pregnancy in adolescents is focused in the groups of the population with inadequate conditions of nutrition and health, without the necessary support and attention (Stern, 1997), besides the fact that the young male evades the responsibility of the newly born and abandon the girl in 60% of the cases (Molina, 1991) and up to 70% (Salazar A; et al , 2009).

Education is most important to prevent not only the unwanted pregnancy in adolescence, but also prevention of sexually transmitted diseases, it is therefore essential a culture change in the society, to ensure that youth have access to comprehensive and clear information and thus prevent health problems from an early age (Lira, 2013), picking up the conference by Dr. Lira of the National Institute of Perinatology (e-consulta, 2013).

The close linkage between education and teenage motherhood has encouraged expectations of a continued decline in adolescent fertility in concomitance with the expected expansion of the coverage of the secondary and university education in the Latin American region. These results confirm that the education continues to be a protective factor against adolescent motherhood (Rodríguez, 2012).

In relation to information on contraception and sexuality, 80.4 % of the pregnant adolescents reported having received it, 17.6 % didn't obtained and the remaining 2% didn't answer (Leal, T M L; Medel, P B, 2007). Women and adolescent girls have a good knowledge about contraceptive methods (97.4 %) however has not translated into access to them or negotiate their use with the couple (Calvario ML, Medina EA, González ZG., 2010).

The data of the National Institute of Statistics and Geography (INEGI), in its report statistics shows that three of every five adolescents aged 15 to 19 years at the time of their first sexual relationship, didn't used contraceptive method, in spite of the fact that 97.6 percent knows or has heard of a method of birth control (Nochebuena, 2013).

The reasons that led teenagers to have sex were: 43.1% curiosity and desire and 39.2 % was by love (Leal, T M L; Medel, P B, 2007).

Research Methodology

Interview with key informants (Almedom AM, 2007) organized as focal group (UNFPA, 2004), supplemented with a research-oriented enclosure to know with greater depth the themes identified by key informants, because it is an anthropological method widely used in health-related research (Almedom AM, 2007), also as a qualitative methodology allows for flexibility in the proposals for analysis (Hernández & Opazo, 2010).

The key informants, urban marginated population in Mexico City and subgroups were formed in different categories:

1. Mothers in two groups:
 - a. **Mothers "not grandmothers"**. Those who have teenage daughters less than 19 years old and have not been pregnant in the last 12 months before the interview.
 - b. **Mothers "grandmothers"**, those mothers of teenage daughters less than 19 years old with unwanted pregnancies in the last 12 months before the interview.
2. Adolescent girls in two groups:
 - a. **Non-pregnant adolescents**. Less than 19 years old girls who didn't have children or are not pregnant during the 12 months before the interview.
 - b. **Pregnant adolescents**. Less than 19 years girls who are pregnant or had children product of unwanted pregnancies during the 12 months before the interview.

During individual interview, self-esteem Rosenberg's questionnaire was carried to each girl and applied the recommended score (Joseph Rowntree Found., 2001).

The four groups were interviewed independently to identify experiences, feelings and memories in each subgroup, because participants will be deemed to have common characteristics and concerns. The meetings were guided by basic questionnaire to promote a reflection between the participants. The session lasted about two hours.

This process seeks to recover the information, think about the importance of the decisions taken about the education, communication and pregnancy, and if they would do something different, and based on their experiences which recommendations could be given to the new generations.

Research Results

We interviewed five young **pregnant teenagers** users of health services, they know the contraceptive information, have received information at school and some also in their houses; nobody wanted to get pregnant; we asked why not used some method at the time, the response

was "I thought that it was not going to happen", "several times I did it without protection and nothing happened". The results of Rosenberg's self-esteem chart were less than 21 points.

In table 1, shows the summary of the information from the individual interviews on questionnaire of self-esteem. The table 2 shows the main concepts on debate.

In some of the families there are other pregnant teenager's and all the girls interviewed thought that would not happen to them (table 2).

Girls interviewed didn't indicate a goal in life before becoming pregnant, neither any thought to study. At school, they were middle or bad students. This subgroup did not have a life plan in the future. Some of them felt boredom and loneliness before becoming pregnant. Some of this girls suffered verbal violence in their homes such as "You're a good for nothing" or "You are stupid" (table 2).

All of them received from their mother's recommendation "beware", on which for each one that meant different things: it is a very ambiguous phrase; for one of them means "to be separated from the boys", for other means "don't have sex relations"; for other simply have not meaning. They didn't receive a clear explanation about use of contraceptive methods at home (table 2). Many of the classmates spread the myths of lack of effectiveness of contraceptive methods such as "the condom can be broke", "the pills fail".

They arrived to the medical consultation with symptoms attributed to gastrointestinal diseases, with one or two months period of denial, in the beginning they didn't accept the pregnancy, expecting the absence of menstruation is transient, when already there is no doubt about the pregnancy, the legal abortion never was considered neither was an option at that time.

The girls expect the support of their couples, which only happens at the beginning and concludes few months after; none had married; finally they increase the weight of the maintenance in the family and stops at short-term its school time.

The five **girls under the age of 19 that have not been pregnant**, have pointed out they received information through the school and other means, used condom in their sexual relationships (table 2). In addition, all of them reported having received insistent talks from their mothers of the consequences of unwanted pregnancy, the concomitant economic difficulties and a potential lack of support.

They also indicate having clear personal goals that would be hampered by a pregnancy in this period, aware of thinking a future before having sex. The results of Rosenberg's self-esteem were upper than 21 points (table 1). The table 2 shows the main compared concepts.

They also received the recommendation "beware", meaning also different things, but their mothers gave them clear explanations about the use of contraceptive methods, and then they

understood the recommendation as “use the condom” (table 2).

Table 1: Results of Rosenberg’s self-esteem chart between pregnant and non-pregnant teenagers.

Questions (0 to 3 points) Cases	Pregnant					Non-pregnant				
	1	2	3	4	5	1	2	3	4	5
Age	17	16	15	16	14	18	17	18	18	17
1. On the whole, I am satisfied with myself.	2	2	3	2	2	3	3	2	3	3
2. At times, I think I am no good at all. (rev)	1	1	1	1	1	3	3	3	3	2
3. I feel that I have a number of good qualities.	1	1	2	1	1	2	1	2	2	2
4. I am able to do things as well as most other people.	2	1	1	1	1	3	2	2	2	2
5. I feel I do not have much to be proud of. (rev)	1	1	1	1	1	3	3	3	3	2
6. I certainly feel useless at times. (rev)	2	1	1	1	1	3	2	3	2	2
7. I feel that I’m a person of worth, at least on an equal plane with others.	2	3	2	2	3	3	3	2	3	3
8.* I wish I could have more respect for myself. (rev)	1	2	1	2	1	3	3	2	3	3
9.* All in all, I am inclined to feel that I am a failure. (rev)	3	3	2	2	3	3	3	3	3	3
10. I take a positive attitude toward myself.	2	1	2	1	3	3	3	3	2	3
TOTAL	1	1	1	1	1	2	2	2	2	2
	7	6	6	4	7	9	6	5	6	5

Source: Personal interviews

Table 2: Principal points of discussion between pregnant and non-pregnant teenagers

Points of discussion Cases	Pregnant					Non-pregnant				
	1	2	3	4	5	1	2	3	4	5
Age	17	16	15	16	14	18	17	18	18	17
Family composition: C= Father, mother and brothers-sisters; D=Mother, brothers-sisters and other members.	C	C	C	C	D	C	D	C	D	C
Student: BP: Before pregnancy; A: active	BP	BP	BP	BP	BP	A	A	A	A	A
Academic level: J (junior high school); S (senior high school)	S	S	S	S	S	S	S	S	S	S
Mean school notes: 0 min, 10 max	8	7	6-7	7	6	8	8	9	8	9
Goals for the future: C= career, SA=Self activity, N=not clear	N	N	N	N	C	C	C	C	SA	C
Other pregnant adolescents relatives Y (yes) N (not)	N	N	Y	Y	Y	N	Y	N	Y	N
Verbal violence at home: Y (yes) N (not)	N	N	Y	Y	Y	N	N	N	N	N
Maternal recommendation like "beware" received: Y (yes) N=not	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Interpretation of “beware”: C= clear, NC=not clear	C	C	NC	NC	NC	C	C	C	C	C
Knowledge about contraceptive methods: Y (yes) N (not)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Points of discussion Cases	Pregnant					Non-pregnant				
	1	2	3	4	5	1	2	3	4	5
Source of knowledge about contraceptive methods: S (school), H (home), B (both school+home), O (others, including internet)	S	S	S	S	S	S	B	S	B	S
Use of condom or other contraceptive method Y (yes) N (not)	N	N	N	N	N	Y	Y	Y	Y	Y
Sex relations without condom	3	5	5	6	3					
Wanted to be pregnant	N	N	N	N	N	N	N	N	N	N
Months of pregnancy before to inform the family	5	4	3	3	4					
Support of the couple Y (yes) N (not)	N	N	N	Y	Y					
Legal abortion as option Y (yes) N (not)	N	N	N	N	N					

Source: Focus group information

The mothers "not grandmothers" group, are five mothers which arrived with their daughters near to 19 years without being pregnant, in the exploratory interviews were asked "What is your secret to their daughters are not pregnant before the 19 years?"

The answer was the education on values at home, including explanation about potential for life and contraceptives. They created into their daughters goals of more ambition than its actual context of life. They are continually slope of their daughters, even by phone, because all of them are workers.

On sex education and contraceptives, they consider that the information at school can be enough, however this information can even generate curiosity, and they do not deny that their daughters have secret active sex lives and that it is important the awareness on the consequences of pregnancy, the maintenance of the baby, the economic constraints, the change of priorities.

The mothers (potentially grandmothers) may offer some support, but consider the responsibility is totally of the daughters; which leads to hard phrases repeated as "don't do it, but if you do, beware; use this or this and this method" or "look, not only is the pregnancy, there are many infections", " If something happens, I won't lay outside the home, but I won't be able to help, you know clearly our situation", "if you do and something happens, the consequences are for you".

In the case of **the mothers "grandmothers"**, which having pregnant teenage daughter, they didn't treat clearly the topic of sexuality and contraceptive methods. They supposed their daughters knew well the use of contraceptive methods by school, it considered a taboo subject and point out that their daughters are "making herself wise", "they have excess of confidence", "they are very influenced by television, magazines, friends". These mothers remarked that the family of adolescent boys help them to avoid their responsibility, to evade the commitment with the girl and the baby.

Finally, although reluctantly agreed to support, in reality takes charge of the adolescent mother and the child as another son.

We interviewed a **father-grandfather**, the father of a teenager of 16 years who recently gave birth. His opinion on what could fail? Was that in spite of the information and multiple warnings, believes that there's a lot of pressure on the part of the media, in their view the television continually presents the topic of sex, there are obvious availability of journals in all sides, makes it seem easier and "the verbiage of the boy convinces the girl". He has supported her two daughters in a similar situation (both pregnant teenagers) and that the problem lies in the males, as there is no respect for the family, or the teachers and they don't concern for the girl or the baby.

Adolescent boys "not fathers" of up to 19 years, we interviewed three boys and they received the information in the school and by internet, several of them directly from his father, in that he taught the use of the condom; several were instilled the fear of sexually transmitted infections, especially AIDS. Some by a bad family experience of teenage pregnant, sisters or family friends, were more motivated to use the condom.

We interviewed a **male adolescent "father"**. He wanted to study mechanical. He knew about the use of contraceptive methods, he didn't want become adolescent father. He knew that the girl had not used the contraceptive (pills), believing it was a medical indication, after knowing there wasn't.

When he knew about the pregnancy he was frightened, but also happy. He didn't feel angry, but understood that their plans have changed. He never thought on abortion. Went to live in the girl's house, his humor changed. His suggestion for other boys is to know better the contraceptive methods and use a real one. He thinks clearly this situation will change his life.

Discussion

Pregnancy in adolescents in Mexico is a growing problem and many myths around being, for example, "it is thought that occurs in a field of broken homes", "that happens to young people who are not studying", "young people don't know about contraceptive methods", other myth is than in the developing world today, teenage pregnancy is a result of traditional roles and early marriage. The results of this preliminary study show differences about.

All the girls are studying; almost all belong to integrated families; all the young people have received information on contraceptive methods at school, some also at home.

In Mexico, the proportion of teenage pregnancies in recent years is estimated at 27% in spite of the availability of contraceptive methods, health education and that the demographic proportion of adolescents is decreasing.

The relationship between teenage pregnancy and levels of education according Giovagnoli and Veza (2009, cited by Näslund) found that adolescent girls who have children complete between 1.8 and 2.8 fewer years of education compared with adolescents that do not have children. (Näslund-Hadley E; Binstock G., 2011).

These preliminary results show some differences between the pregnant and non-pregnant teenagers. In the pregnant teenage subgroup predominate a tendency to low self-esteem, as was found by the Rowntree Foundation (Joseph Rowntree Found., 2001), Wild et all (Wild, Alan, Arvin, & Lombard, 2004) and Rudlin (Rudlin, 2014) also found that the teenage pregnancy in Latin America and the Caribbean is associated with poverty, and low achievements in education (Näslund-Hadley E; Binstock G., 2011).

Despite the availability of information on contraceptive methods in schools and medical units, young people with low self-esteem did not used them. In the interviews there was no explanation of this lack of consistency between information and the low use of contraceptive methods. Mothers recommend "beware" but there is no clarity in this recommendation, the interpretation of each girl varies and is not useful.

The pregnant girls had no goals in life; their notes at school were not good in contrast to the non-pregnant girls who had clear goals and better notes at school.

This findings show that some asseverations about adolescence and pregnancy are not oriented to the actual situation on contraconceptive knowledge, lack of clear communication between mother and girl, and over-all a tendency to low self-esteem that could be an important factor in teenage pregnancy and other conditions found during this preliminary research, as school evaluation notes, goals in the future life and academic interest.

40% of the young male remain with the pregnant girls, this data are coincident with the findings of Molina and Salazar (Molina, 1991), (Salazar A; et al , 2009). Then, the presence of a teenage pregnancy generates an economic impact for the family with more responsibilities of emotional and social kind.

In this research there are also differences between the way of communicating of mothers toward the two subgroups, although it requires greater depth interviews and review. In the case of adolescent males there is also differential information, but the groups were not comparable.

The results of this preliminary research are used to reorient the full investigation "Understanding and containment of unwanted pregnancy in adolescents" that includes greater depth on these aspects.

Conclusions and Recommendations

The factors involved into the increased risk of unwanted pregnancy in adolescents include a series of aspects not considered in the traditional literature, in the pregnant adolescents subgroup are very important the low self-esteem or tendency to low self-esteem; low academic performance; fails in the clear communication between mothers and daughters especially oriented to the clear explanation of the sex, the form of unwanted pregnancy prevention, on the correct use of contraceptive methods and dispel myths that avoid its use.

At the family level it will also be noted the lack of awareness in young people to the approach of clear goals toward the future and draw attention to the role of contraceptive methods.

After this preliminary study come out the clear differences between the subgroups of young pregnant women and young people not pregnant by themselves. It also shows the mother's participation in this process, which may potentiate the result in relation to the unwanted pregnancy.

The importance in future of this research will address the issue of maternal intervention into the way of communication toward the two subgroups, using greater depth interviews and review; also the paternal intervention and child education on these issues. In the case of adolescent males depth interviews are required.

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