



## REASONS FOR PREGNANCY IN ADOLESCENTS OF RURAL AND URBAN POPULATION

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### ABSTRACT

**Objective:** To identify reasons for teenage pregnancy. **Method:** Comparative study, with 34 pregnant teenagers of rural area (n1), and 34 of urban area (n2) obtained in a simple random way. The applied instrument "The survey for pregnant women". Descriptive statistics were used to determine mean, median, range (mn-mx), standard deviation, standard error and 95% confidence interval, as well as obtaining absolute and relative frequencies, the inferential statistics used, Pearson's X<sup>2</sup>, with alpha of 0.05. **Results:** Reasons expressed were; in rural areas, 32.4% of pregnant adolescents said "They did not know about the different contraceptive methods that currently exist", versus 17.6% in urban areas. 29.4% of rural adolescents, "Feel curious / all my friends did it", 8.8% of urban. Another reason "Thus I showed love to my partner", 20.6% were from the rural area and 23.7% from the urban area. **Conclusion:** teenagers get pregnant, because they do not know the importance and use of contraceptive methods, likewise some adolescents report never having received information about pregnancy, which conditions them to a higher risk, even predisposes a second pregnancy.

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### INTRODUCTION

Adolescent pregnancy has become an important public health problem, because it is basically the sociocultural conditions that determine a considerable increase because of its predominance. Currently teenage pregnancy is a frequent cause of consultation in hospitals.

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Adolescence according to the World Health Organization, is defined as "The period of life in which the individual acquires reproductive maturity, transits through the psychological patterns of childhood to adulthood and acquires the socioeconomic independence of their group of origin, setting its limits between 10 and 20 years. According to the ages, adolescence is divided into: Early (11 to 14 years), late (15 to 19 years)" (Cogollo, 2012).

In Latin America and the Caribbean there is a rate of 55 pregnancies and in Mexico 90 per thousand adolescents between 14 and 19 years old. The INEGI reports that in 1990

the proportion of registered births of adolescent mothers reached 18%, and in 2010 it was 18.8%. The northern states of Mexico, such as Chihuahua and Coahuila, reported 23 and 21%, respectively, while the Federal District reported a low proportion of 16.5% (Mancilla, 2012).

Today's adolescents grow up surrounded by a culture where the channels of socialization of sexuality, such as groups of friends, television, movies, music, and magazines, often convey overt messages or secrets where unmarried sexual relationships are common, accepted and even expected.

The causes of pregnancy in adolescence are numerous and emotionally charged, which is why many other factors must be examined, in addition to the best known: obviating adequate contraception measures, since it is not usually reported with emphasis on the home, the school or the community about responsible sexual behavior and its consequences; therefore, a large part of the "Sexual education" that adolescents receive is through uninformed or untrained filters (Sagaró & Macías, 2010).

Among the reasons that lead the adolescent to decide to get pregnant, there are some that prevail as: the ignorance of contraceptive methods, or know of their existence but not how to use them, they are sorry to ask about them and how to acquire them, they are afraid the stigma of knowing that they have sex and do not think about contraception when they fall in love (Núñez & Ayala, 2012).

In today's world, teenage pregnancy is a public health problem; at a global level, it represents 15 to 25% of all pregnancies; at the level of Latin America and the Caribbean it has increased significantly. Early pregnancy contributes to elevate maternal, perinatal and infant morbidity and mortality, and due to its psychosocial consequences, less analyzed around sociocultural conditions (Aguilar & Zaguma, 2014).

As a public health problem, it is associated with the negative impact on the young woman who did not want or expect it. It also affects their physical, emotional, social and economic status by modifying the lifestyle and often adopting unhealthy behaviors, because pregnancy itself affects the personality, which intervenes in the acquisition of preventive behaviors (Valderrama, 2012). The objective of this article is to identify the main reasons why adolescents get pregnant in rural and urban areas.

## **METHODOLOGY**

It is a comparative study, conducted with rural and urban population. In the rural population only 34 pregnant women (n1) agreed to participate in the study, attending first level medical care units. In the urban population of Veracruz and Boca del Rio of 248 attendees to four units of first level medical attention and seven units of attention, were obtained in a simple random way 34 adolescents (n2).

Inclusion criteria were considered: all pregnant adolescents from the Veracruz-Boca del Rio metropolitan area and rural area, attending the prenatal check-up consultation, who agreed to answer the survey and who signed the informed consent. Exclusion criteria: women from regions not belonging to the municipality and pregnant adolescents with some mental disorder or who have a psychological illness.

This research was approved by the research ethics committee of the Faculty of Nursing of the Universidad Veracruzana, Veracruz, Mexico. Because the patients surveyed were underage adolescents, the free and informed consent of the parents or their guardians and their authorization was necessary.

For the application of the survey, an explanation of the purpose of the study was given, the anonymity of it as a requirement for participation. The structuring of the instrument was made known, in order to make the answers as complete and reliable as possible. The instrument that was applied was the survey for pregnant women, based on the objectives and population chosen, which was validated initially by a round of experts, and finally with Richardson's KR20 (Kuder & Richardson, 1937), since these are dichotomous questions obtaining reliability of 0.95.

Which consists of two sections; in the first section, sociodemographic data are shown such as: age of adolescents, level of study, level of study of parents, economic dependence and family coexistence and the second section, consists of a list of reasons why teenagers became pregnant, these were classified in four dimensions:

1. Affective relationships, sexual behavior and contraception with the following reasons for pregnancy: it was a moment that occurred without thinking about the consequences, I was in love, so I showed love to my partner this way, getting pregnant would keep my partner, my parents are separated and I was looking for the protection of a man in my partner, I wanted to feel that someone loves me and that I care.
2. Sexual information and education: I did not know about contraceptives, I did not know how to use a condom, nobody explained the consequences of being a mother, we used the method of early retirement but he won, no one explained to me about sexual relations and age to have them.
3. Desire and experience of a pregnancy in adolescence; I wanted to be pregnant, all my friends had sex and I wanted to be like them, I wanted to have a child, my mother wanted to be a grandmother, I did not want to go to school, I am a woman to do it, I was curious to know what it felt.
4. Social image and teenage pregnancy; We were sorry to buy a condom, my partner knew about contraceptives but he was sorry to get them, we were watching an adult movie we felt like it and we did it without thinking, we did not have money to buy them, it was a forced sexual relationship, it was blackmail to have sexual relations, it was the only way to get out of my house, I was drunk I did not realize what I did. The structuring of these dimensions is based on the research of Álvarez C, Pastor G, Linares M, Serrano J, Rodríguez L. (2012), Motivations for teenage pregnancy.

In the analysis of the data, descriptive statistics were used for the determination of mean, median, range (mn-mx), standard deviation, standard error and 95% confidence interval, likewise, obtaining absolute and relative frequencies, the Inferential statistics, the Pearson X<sup>2</sup> with alpha of 0.05 was used. The tabulation and analysis of the information was done through the Statical Package for The Social Sciences (SPSS), version 22.0 for Windows, together with the elaboration of the

statistical analysis of the variables. The resources used were the data matrix, the instrument, Microsoft Word computer and Microsoft Excel 2010.

**RESULTS**

Of the 68 pregnant adolescents, from the rural area, 22 (64.7%) and urban area, 29 (85.3%) were from the group of 16 - 19 years old, respectively, a lower proportion was observed in the range of 12 - 15 years old.

**Table 1** Pregnant adolescents, age, rural and urban, Veracruz-Boca del Rio, 2014.

Years old	Rural		Urban	
	N	%	n	%
12 - 15	12	35.3	5	14.7
16 - 19	22	64.7	29	85.3

The average age in years of the rural area is 16.32 ± 2.01, median of 16.00, range 7 (12-19) and IC95% of 15.62-17.03 and the urban area had an average of 17.32 ± 1.49, median of 17.50, range of 5 (14-19) and IC95% of 16.30-17.84.

**Table 2** Statistical data, age of pregnant adolescents from rural and urban areas, Veracruz- Boca del Rio, 2014

Years old	$\bar{X} \pm DE$	Me	R(Mn-Mx)	IC95%
Rural	16.32±2.01	16.00	7(12-19)	15.62-17.03
Urban	17.32±1.49	17.50	5(14-19)	16.80-17.84

Regarding schooling, in the rural area, 17 (50.1%) were completing or had completed secondary school, 12 (35.3%) primary school and 1 (2.9%) with illiteracy. In the urban area, 15 (44.2%) the secondary, 1 (2.9%) primary and 4 (11.7%) with illiteracy.

**Table 3** Schooling, pregnant adolescents from rural and urban areas, Veracruz- Boca del Rio, 2014.

Schooling	Rural		Urban	
	n	%	n	%
Illiteracy	1	2.9	4	11.7
Primary	12	35.3	1	2.9
Secondary	17	50.1	15	44.2
Preparatory	4	11.7	10	29.5
Degree	0	0	4	11.7

According to Table 4, the level of education of parents of pregnant teenagers in the rural area, 15 (44.1%) said they have no schooling, 14 (41.3%) have finished primary school, 5 (14.6%) have secondary school and more, in the urban area, primary education predominates with 16 (47.1%), followed by 10 (29.4%) without any schooling and 8 (23.4%) with secondary and more. On the other hand, the education of adolescent mothers in the rural area was 15 (44.1%) without schooling, followed by 12 (35.3%) with primary and 7 (20.6%) with secondary education, in the urban population Secondary education predominated with 12 (35.3%), followed by high school with 10 (29.4%).

**Table 4** Schooling of parents of pregnant adolescents from rural and urban areas, Veracruz- Boca del Rio, 2014.

Schooling	Father				Mother			
	Rural		Urban		Rural		Urban	
	N	%	n	%	N	%	n	%
None	15	44.1	10	29.4	15	44.1	2	5.9
Primary	14	41.3	16	47.1	12	35.3	9	26.5
Secondary	3	8.8	4	11.8	5	14.7	12	35.3
Preparatory	1	2.9	3	8.8	2	5.9	10	29.4
Degree	1	2.9	1	2.9	0	0	1	2.9

Regarding the occupation of the people living with the pregnant adolescent, in the rural area, 16 (47.1%) are peasants, 6 (17.6%) employed and 5 (14.7%) workers and in the urban area the majority were employed. In relation to economic dependence in rural area 7 (20.6%) depend on the father, 6 (17.6%) of father and mother, draws attention that 16 (41.1%) depend on others, in urban area 6 (17.6%) depend on the mother and 21 (61.8%) of others. With regard to coexistence, in rural area 13 (38.2%) live with father and mother, as well as others, respectively, in urban area 19 (55.9%) live with other people and 10 (29.4%) with father and mother.

**Table 5** Family history of pregnant adolescents from rural and urban areas, Veracruz-Boca del Rio, 2014.

Family background	Rural		Urban	
	n	%	n	%
<b>Occupation</b>				
House wife	2	5.9	2	5.9
Employee	6	17.6	20	58.8
Workman	5	14.7	3	8.8
Merchant	4	11.8	4	11.8
farmer	16	47.1	0	0
Professional	0	0	3	8.8
Plumber	1	2.9	1	5.9
<b>Economydependence</b>				
Father	7	20.6	1	2.9
Mother	5	14.7	6	17.6
Father and Mother	6	17.6	6	17.6
Others	16	47.1	21	61.8
<b>Coexistence</b>				
Father	2	5.9	0	0
Mother	6	17.6	5	14.7
Father and Mother	13	38.2	10	29.4
Others	13	38.2	19	55.9

The reasons for pregnancy in the adolescents studied, in rural area 11 (32.4%) said they did not know about contraceptives against 6 (17.6%) of the urban area, 10 (29.4%) of the rural area said they were curious / all of my friends did it against 5 (14.7%) of the urban population, 7 (20.6%) of the rural area reported that they showed love to their partner and 8 (23.7%) in the urban area. The differences in observed proportions were not significant X<sup>2</sup> (p>0.05). In rural areas there is a greater lack of education in reproductive health than in urban areas.

**Table 6** Reasons for teenage pregnancy in Veracruz-Boca del Rio 2014.

Reasons	Rural		Urban		P
	n	%	n	%	
I wanted to be pregnant	1	2.9	3	8.8	0.289*
I was curious / all my friends did it	10	29.4	5	14.7	
I did not know about contraceptives	11	32.4	6	17.6	
I showed love to my partner this way	7	20.6	8	23.7	
Wefeltembarrassedbuying contraceptives	3	8.8	6	17.6	
It was a moment that occurred without thinking	2	5.9	3	8.8	
We did not have money to buy a condom	0	0	2	5.9	
I wasdrunk and I did not realize what I was doing	0	0	1	2.9	

\*X<sup>2</sup> (p>0.05) N. S

**DISCUSSION**

The situation in Mexico in relation to adolescence reflects a total of 12.8 million adolescents between 12 and 17 years of age in 2009, of which 6.3 are women and 6.5 are men. 55.2% of Mexican adolescents are poor, one in 5 adolescents have family and personal income so low that it is not even enough for the minimum required food. In 2008 almost 3 million

adolescents between 12 and 17 years of age did not attend school, 48.6% of men and 44.1% of women correspond to this age group.

In 2008 there was a high percentage of adolescents who do not study and are married, live in a free union or are divorced (19.2%) with respect to men (4.5%) of the same age group.

The lack of sexual orientation in a low educational level increases the number of premature pregnancies. Almost half a million Mexicans under the age of 20 gave birth in 2005. In this year 144,670 cases of adolescents with a child or a first pregnancy between 12 and 18 years who had not completed their basic education. In this same age range, considering those who have more than one child, the data amount to 180,408 cases of mothers. In Mexico there were 472,987 girls and boys whose mothers were under 19, of whom 11,521 were under 15 years old.

Early fatherhood and motherhood lead adolescents, abruptly, to an adult world for which they are unprepared, with unfavorable effects on their lives and that of their children. Premature pregnancy also carries a high risk to the life and health of the mother and baby.

Situation that is linked to the data of the 1st National Survey of Intolerance and Violence in Public Schools of Higher Secondary Education, where 4 out of 10 men and almost half of adolescents between 15 and 19 years old, have had sexual relations without contraceptive methods. The reasons found in this survey, is that they did not plan the meeting (55%), one of them did not want to use a method of contraception (15%), they did not think it was necessary (10%), they did not think there were consequences (4 %), they did not know how to acquire it (3%), they did not know its existence (2%) and for lack of money (1%) (World Health Organization, 2009), (United Nations International Children's Emergency Fund, 2015), (National Population Council, 2015), (Menéndez, Navas, Hidalgo & Espert, 2012).

In the present study, it was observed that the majority of adolescents in rural areas have basic education, such as the maximum level reached, since adolescents, when pregnant, lose their study project and modify their life project, acquiring responsibilities as mothers.

On the other hand, in the urban area in an inverse manner, one might think that education is accessible, but a difference in the results is observed, showing a higher number of illiteracy. In this area, the degree is the highest level of studies, but a minimum of adolescents reach this level of preparation.

One characteristic within the urban area is that adolescents have easy access to mass media, and sometimes channels of socialization of sexuality such as; groups of friends, television, movies, music and magazines, transmit messages where sexual relations are encouraged. That is why education is considered an important factor that allows adolescents to have the necessary tools to make assertive decisions.

The above agrees with a qualitative study, in a population of 12 pregnant teenagers, information about sexuality is dispersed and erroneous. The family is not a reference for this topic or offers essential information based on the transmission of fears and taboos, but not in the promotion of healthy and risk-free sexual relations (Álvarez et al, 2012).

The degree of study of parents of adolescents, where literacy and basic education are the level reached in rural and urban areas, could be considered to directly affect adolescents, because they are the ones who provide information to adolescents. Young people, and prepare them to face the changes of adolescence. In the study it was found that parents who do not have the education and information necessary to explain to their children the risks of unprotected sex leave adolescents uninformed and in most cases with erroneous information.

Coinciding with the arguments of another study, in a population of 151 adolescents, where it mentions among its sociodemographic data: mothers of young girls play an important role in sexuality issues, teenagers in pregnancy or with children had a higher proportion of mothers with low schooling, a fact that showed association with her pregnancy. Lack of education on sexuality issues is associated with adolescent pregnancy (Sánchez, Mendoza, Grisales, Ceballos, Bustamente, Castañeda, Chaverra, & Acuña, 2013).

Among the main reasons for pregnancy in rural areas, were: 1st I did not know about contraceptives; 2nd I was curious / all my friends did it; 3rd I showed love to my partner this way; 4th We felt embarrassed buying contraceptives. While in urban areas the reasons were: 1st I showed love to my partner this way; 2nd did not know about contraceptive methods; 3<sup>rd</sup> We felt embarrassed buying contraceptives; 4th felt curious / all my friends did. The reasons listed above coincide in both groups.

These results vary in comparison with the polyclinic study, in a population of 24 pregnant teenagers, mentioned among the main reasons: early sexual relations; no use of means of protection; poor communication with parents; lack of motivation for school activities; few options for distraction; have been born to a teenage mother; consumption of alcohol; lack of community education activities; lack of friendships; economic problems.

In another qualitative study with a population of 18 people, they were interviewed to find out the causes why adolescents get pregnant resulting in the main causes: lack of knowledge of contraceptive methods, or know of their existence but not how to use them ; they are sorry to ask about contraceptive methods; as well as acquire them; They are afraid of the stigma of knowing they have sex; the male may not like to use contraception; and do not think about contraception when they fall in love (Núñez & Ayala, 2012)

Among the results found in this research, it was observed that the information in sexuality and reproduction of teenagers and parents is deficient because of the level of education. From this, the different reasons why teenagers get pregnant arise, because they do not know the importance and the correct way of using contraceptives, likewise some of the adolescents report never having received information about the pregnancy, which conditions them to a greater risk, even predisposes them to a second pregnancy.

The reasons why adolescents get pregnant are of multifactorial origin, and everything will depend mainly on the educational level of both parents and adolescents, for making assertive decisions that allow them to continue with their educational and life project, that they do not have to abandon or change it, for a role that does not correspond to him in this stage of life.

As a result of the study, it can be concluded that adolescent pregnancy is currently a public health problem as it causes a chain reaction where the situation repeats itself, as was mentioned among the young women surveyed who claim to be daughters of teenage mothers.

This affects the social and family environment, because pregnancy brings with it a series of changes; like the abandonment of their studies, family disintegration, adoption of the role as a mother, to name a few. Although this is not a new issue, the problem continues to this day, showing repeated adolescents as this age group is the most vulnerable.

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