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Adolescence and teenage pregnancy: A look from the social and public health problem in Venezuela

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Abstract: Adolescence is the stage most difficult from the human point biopsychosocial, due to changes morphophysiological organically and its relationship with teen pregnancy, which represents a priority social and health problem in Venezuela. The purpose of this communication was to analyze the situation of teenage pregnancy in the country, starting from the psychological, physiological and social changes related to sexuality, as well as causes and consequences of early pregnancy, using as research methodology comprehensive documentary. In conclusion, Teenage pregnancy in Venezuela, occurs as a result of a combination of social norms, traditions and economic constraints. Programs sex education should be mandatory throughout the school system, as well as counseling and permanent access to contraception and contribute to providing information and knowledge on the subject.

Keyword: Teen pregnancy, adolescence, sexuality.

Introduction:

Adolescence is the stage of every individual characterized by substantial changes in all (biological, psychological, social and educational) areas, therefore, it has attracted attention in all areas of scientific knowledge, because it is considered the stage where acquired habits and behaviors that will affect the future of the adolescent. Notably aspects related to sexual and reproductive health in this period of life are important to prevent risky behaviors associated with early pregnancy [1].

In Latin America and the Caribbean, young people of 10-24 years represent 30% of the total population and adolescents aged 10 to 19 years account for 20%. Of all pregnancies in the world, 10% occur in women and adolescents. Each year 13 million adolescent girls give birth in developing countries [2].

Venezuela does not escape this reality. Kizer [3] reported their research in our country is number 1 in Latin America unplanned pregnancies in adolescents: 3 out of 10 girls begin sexual intercourse between 12-18 years and 6 out of 10, do not use any contraceptive method. Early pregnancy is associated with adverse effects, in the short and medium term, in the mother-child binomial. Despite interventions in a few studies, teenage pregnancy presents historical resistance to the decline, which has called the attention of the authorities and national and international community.

Adolescents: Definition and stages

Define the word adolescence in society is very difficult because there is no consensus about its meaning. However, it comes from the Latin verb "adolecere" which means "grow" or reach maturity. There are various definitions of adolescence. However, generically it defined as the stage of life of an individual where intense psychological, physiological and social changes occur, enabling the reproductive function. It is a biopsychosocial transformation period in which the adolescent acquires values, skills, attitudes in their thinking, acting and decisions, as well as sexual characteristics and identity that will help you face life [4].

Adolescence is divided into three stages: early, middle and late. Early adolescence (10-13 years); It is characterized by the onset of pubertal changes. The average (14-16 years), defined by the maturation of the reproductive organs, therefore, is the period where it happens in most cases, the onset of sexual activity and increased incidence of teenage pregnancies reported. However, late adolescence (17-19 years); It is where the full maturation occurs from the point of psychological, physiological and sexual view [5].

During the development of adolescence a period of transition between childhood and adulthood, characterized by the search of the inner self (self), developments and / or changes of abstract thinking, emotional and behavioral disorders, vindictive social attitude occurs, need to formulate a life project, among others. Growth of breasts, appearance of pubic and facial hair, widening hips. Also, sexual level occurs morphophysiological changes in the development and maturation of the external and internal sex organs, involving genital maturity and the appearance of secondary sexual characteristics as they occur in women, deepening of the voice and penis in men [6].

In this period it is produced series of chemical changes hormonal type featuring estrogen in girls and testosterone in boys, which are responsible of desire and attraction for the opposite sex, especially in middle adolescence through the axis Hypothalamus pituitary-gonadal (HPG), who is responsible to produce and secrete male and female sex hormones, creating a sequence of hormonal reactions in a cascade that impact on sexual secondary characters and curiosity to experience sex.

However, despite that teenagers feel the desire and curiosity about sex, it is important to note that most are not psychologically prepared for that moment, the main cause of emotional instability and short-lived relationships couple in adolescents.

Teen pregnancy and sex education in the Venezuelan socio-educational context.

Teen pregnancy, is a serious problem in social and public health in Venezuela [7], which is defined as the female gestation period occurs between 10 and 19 years, regardless of their gynecological age. Includes all pregnancies that had reached or not complete its gestation and / or the birth of a living child [8].

The causality of early pregnancy in Venezuelan adolescents is multifactorial, due to biological, psychological and social reasons being experienced by the young. From the point of psychological, social and cultural perspective, the preamble of an active sex life, begins with little information on the subject, taboos about sexuality with resistance to the use of contraceptive methods and feeling characteristic omnipotence in most adolescents as well as low interest student-teacher duo in school for studies related to sexuality [9].

Similarly, part of adolescents come from rural areas with dysfunctional families or mono-parenteral, under the influence of alcohol, drugs or narcotic substances, with lack of a life project in the medium or long term, with little perception or no opportunity for success and lack of expectations to motherhood. In this sense, the changes that generates a pregnancy adds to the psychosocial atteraciones of the adolescent stage, therefore fear, emotional distress, depression, anxiety, somatization, attempted abortion and suicide sometimes occur [10].

Studies in Mexico show that teen sexually active which ending pregnancy, have a most greater affinity with the anguish and sadness [11]. Also, from the biological aspect, early menarche probably influences the early onset in sex in girls, at risk of teen pregnancy. However, according to most research carried out in Venezuela, it has seen the greatest danger of teen pregnancy does not appear to be influenced by the special physiological conditions of the girls, but by the socio-cultural, educational and care variables health that they provide the adolescents

In the homes of our Venezuelan society, most parents do not speak directly about sexuality with their children and if so, the information is limited in a tone of secrecy, shame and as a situation that we all must bear with as children grow and develop in the surrounding community.

Sex education at home, is the main base for educating our children in the formation of new emphasized sex models in the need to seek an active sex life oriented towards the formation of values and responsible way: self-care, self-esteem, respect, responsibility and love [12]. Furthermore, we must inform children and adolescents about issues related to sexuality, such as pregnancy, contraception, sexual behavior, sexually transmitted infections and the impact and / or outcome of such conduct in the health physical and mental.

Obviously, communication between parents and children about sexual issues is not an easy task, because many taboos that revolve around this subject in our homes, making dialogue a precarious event. Generally, girls are who receives a little more information regarding sexual matters, where the main spokesperson is the mother, as father involvement is low. Instead, male children are not given little or no sexual information. Commonly, the teenager faces his first sexual experiences without having any idea what they mean, ask cohibiéndose of shame leaving a void difficult to fill knowledge.

However, compulsorily we must educate them about human sexuality, making them understand that the human body perceives a mixture of sensory pleasures, where the behavior of the child and adolescent should be accompanied by a good grounding in moral, ethical and religious values [7].

Situation of adolescent pregnancy in Venezuela

According to official data from the National Statistics Institute (INE) [13] indicate that by 2011 the fertility rate between 15 and 19 years is located at 88.40 per 1,000 women.

In 7 states the highest figures are recorded, with significant differences in rates of adolescent fertility by place of residence of adolescent girls. Delta Amacuro state presents the most alarming situation with a rate of 113.40 (per 1,000 live births). The other states are: Monagas, Zulia, Apure, Amazonas, Táchira and Guárico.

Table 1. Fertility rate in adolescents aged 15 to 19 years

State	Rate	State	Rate
Delta Amacuro	113,4	Falcón	84,1
Monagas	99,1	Bolívar	82,8
Apure	98,3	Yaracuy	82,5
Zulia	97,8	Aragua	81,4
Amazonas	97	Carabobo	80,8
Táchira	96,8	Mérida	80,6
Guárico	88,6	Trujillo	79,6
Venezuela	88,4	Dtto Capital	78,5
Anzoátegui	87	Miranda	77,2
Portuguesa	87	Lara	72,8
Barinas	86,7	Nva. Esparta	72,5
Sucre	85,6	Vargas	70,4
Cojedes	85,4		

Source: INE, 2011

Moreover, the data indicate that 72% of adolescents who have had at least one child, are outside the education system, although there is no evidence to say that these girls have become pregnant within the system or have defected when They became pregnant.

As for the educational level, it showed that over 70% of adolescents between 12 and 19 years old (with or without children), have achieved the level of secondary education. However, it is noteworthy that adolescents who reported having at least one son show slightly lower levels schooling than those who have not had children.

Also, the AVESA [14], in a study it records that Venezuela has the highest teen pregnancy rate among the countries of South America, with 101 births per 1,000 women aged 15 to 19 years old. Of 10 women who have a son or daughter, two (2) are teenagers. Venezuela is placed above all Latin American countries except Nicaragua (108) and Honduras (109), generating deep concern at the country level public health system and education, since the percentage of teenage mothers is on increase gradually.

Sexuality and consequences of teen pregnancy

Teens give meaning to the transformations in your body and mind in two ways: as a means of procreation and / or reproduction, as a means of physical and sexual enjoyment and erotic attraction to other people. Its manifestations can be classified into fantasies, desires, fondling, attraction, search girlfriend and sex [10].

At this stage, although the / adolescent have the biological capacity for procreation, usually they are not mature from the psychological, social and emotional perspective, which causes many start early sexual activity, based primarily on sexual relations passing, unloving, where continuous change of partner is common, foci becoming risky and inappropriate behaviors that can lead to both unwanted pregnancy or suffering from a sexually transmitted infection (STI) and not face the process of gestation and much less the responsibility of motherhood.

Several studies in adolescents from all social classes in Latin America or North America shed light on some reasons why young people engage in early coital activity, highlighting: social pressure from peers, communicating affection, avoid loneliness, get affection by need to be valued and encouraged through tenderness and warm affection; demonstrate independence in decision-making, because genital activity constitutes a form of expression against "authoritarianism of their parents" and show that adult. The teenager sees sex as necessary to be known and appreciated by others of their surroundings and curiosity to experience, either for pleasure or fun, without prejudice to the consequences of their actions [15].

In the scientific literature, one of the peak in teen pregnancy issues are the consequences to physiological, psychological, social and family level, it has on the teenager. Organically pregnancy triggers a series of endocrine to adapt to such a critical condition that involves changes to hormonal and morphological level in its internal sexual organs, In the scientific literature, one of the peak in teen pregnancy issues are the consequences to physiological, psychological, social and family level, it has on the teenager. Organically pregnancy triggers a series of endocrine to adapt to such a critical condition that involves changes to hormonal and morphological level in its internal sexual organs, for nesting in the uterine endometrium of the fertilized egg or zygote.

Although many teens admit feel prepared to bring to fruition the gestation period, do not take into account the abrupt change experienced by your body during pregnancy, including a risk of physical health mother and child, as to: rending of cervix, pre-eclampsia, difficulty at the time of hand, premature death of the newborn, among others.

From the psychological point of view, it involves a personality change to address this new situation, leading to a change of roles, from adolescence to early adulthood, bringing in many cases: depression, induced abortion, anguish and rejection maternity. It also socially pregnancy at an early age creates more family dependency, as the young can not be sustained economically, in some cases social or family disapproval, dropout, difficulty achieving a stable home and lost opportunities in the professional field and labor [16].

However, in other cases it is evident that the relatives of the teenage couple, take the reins and responsibilities of caring for their children after pregnancy. Latin American culture in this situation is very common, which detaches young couples of their responsibilities, which increases the risk of stereotyped behaviors regarding vision about motherhood, resulting in new pregnancies in the short or medium term. Thus, teenage pregnancy is established as a highly complex issue in itself, revealing various vulnerability alerts that combine making clear an intricate panorama, revealing various vulnerability alerts that are combined in a complex situation, where the risk of dropout of the mother adds, remaining at a low level of schooling and not having opportunities to get a job in the medium term to enable it meet your needs and your child / a. This situation increases the rate of poverty in society, becoming a social and public health problem, prenatal and postnatal conditioning control, which it comes in later times.

Social and educational interventions aimed at minimizing the frequency of teen pregnancy.

Socio-educational interventions in adolescents, are a powerful educational tool to minimize the long-term rate of teen pregnancy. Reports of studies in this area have shown encouraging results in terms of acquired knowledge and changes in perception regarding ideas and meanings about sexuality. However, such knowledge is not used properly by adolescents, since the frequency of pregnancy worldwide continues to rise, especially in Venezuela.

In this regard, Lopez et al. [17] explained that it is insufficient merely knowledge possessed teens about the consequences involved early initiation of sex and teenage pregnancy. Therefore, the implementation of educational programs for the psychological, social and educational space adolescent contribute to the modification of knowledge in adolescents, both in their sexual sphere and on a personal level. Studies in Cuba, Colombia and Chile, have shown considerable efficiency of preventive educational activities through such programs. However, in Venezuela publications in this area are very rare [12]. It is imperative to clarify that the psycho-educational programs are aimed at minimizing the occurrence of early pregnancy and to promote responsible sexual health.

Unfortunately, no program will prevent the complete eradication of the problem, since it is a complex reality that involves ideas, beliefs and social and family implicit in every teenager aspects, and it is these that govern sexual behavior thereof, being one of the main causes of low efficiency of educational protocols performed in many Latin American countries with ways to achieve the reduction in the frequency of adolescent pregnancy [18].

Noguera and Alvarado [6], show that interventions in sexual health should allow participation of adolescents for the preparation thereof, in order to meet individual and collective needs of young people, providing its duties and rights sexual and reproductive health within the framework of the legislation in Venezuela. To do this, you need to offer a comprehensive sex education based on ethical, moral, civil and religious aspects, which can give meaning and responsibility in the exercise of sexuality, either in institutions of primary,

secondary and university, to promote a critical and reflective thinking that allows adolescents, acquire positive attitudes towards sexuality and assertive decisions about the care of your body.

In addition, is necessary promoting true counseling on the optimal use of contraceptive methods, to exercise a free, safe and responsible sex to avoid unwanted pregnancies and promote the continuation of schooling. However, educational and health institutions should have a qualified staff that useful, comprehensive and timely response to questions of the adolescent population in sexuality response.

Therefore, offer friendly services on sexual health and issues related to / the teenager, which predominates trust and young people feel heard and their privacy is protected, is the pedagogical key to success to strengthen the responsibility of the youth population attitude against their sexuality.

Conclusion

Despite the few interventions published in the Venezuelan scientific literature on reproductive and responsible sexual health oriented adolescents to promote the use of contraceptive methods, improve access to them and increase knowledge about protective behaviors, with great concern it has not generated the expected impact on early motherhood, so it is suggested that these interventions are based on information on the demands, requirements and needs of young people in specific contexts of their surrounding reality, favoring the use of designs more appropriate, according to the characteristics of each population to intervene.

It is necessary to implement public and private policies that give a strong and visible to the efforts of researchers in this area, to minimize the frequency of early pregnancy back. In particular, they must ensure that mandatory programs are established comprehensive sex education throughout the school system, as well as counseling and permanent access to contraception and contribute to providing information and knowledge on the subject.

The findings of this study allow us to conclude that teenage pregnancy in Venezuela is multifactorial, which exhibits an important exponential behavior, the product of a decontextualized vision of adolescent sexuality and little responsibility in making assertive decisions regarding the role of them in the society.

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