

## Embarazo en universitarias, el caso de la UAEH, 2014

*Pregnancy in University Students, the case of the UAEH, 2014*

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### Resumen

El embarazo en adolescentes es un problema de salud de acuerdo con la Organización Mundial de la Salud (OMS). Las universitarias, suele creerse, no corren ese riesgo; sin embargo, los datos demuestran que cada vez más universitarias de distintas regiones del mundo, sobre todo Latinoamérica, se embarazan, lo que pone en tela de juicio la calidad de la educación que reciben en sus universidades. El presente trabajo analiza el fenómeno del embarazo en universitarias de acuerdo a un censo realizado en la Universidad Autónoma del Estado de Hidalgo.

El objetivo de dicha investigación es relacionar el índice de culpabilidad sexual con la actividad sexual, así como con la falta de uso de métodos anticonceptivos en mujeres universitarias de entre 15 y 23 años de edad al momento de embarazarse. Los datos se obtuvieron mediante la aplicación de un breve cuestionario sobre conducta sexual y otras variables de corte sociodemográfico, así como entrevistas. Se intentó demostrar que el sentimiento de culpa en relación con el sexo genera inactividad sexual o falta de uso de métodos anticonceptivos. En parte, los datos obtenidos confirman dicha hipótesis, ya que sí existe relación entre la culpa sexual y el inicio de las relaciones sexuales, así como también entre la culpa sexual y la falta de uso de algún método anticonceptivo en mujeres sexualmente activas. Asimismo, se investigó sobre qué tanta información tienen acerca de los métodos anticonceptivos y su frecuencia de uso.

**Palabras clave:** embarazo, universitarias, culpa sexual.

## Abstract

The teen pregnancy is a problem of health in accordance with the World Health Organization (WHO). The University, usually believed, do not run that risk; However, the data show more College increasingly from different regions of the world, especially Latin America, become pregnant, which puts into question the quality of the education they receive in their universities. This paper analyzes the phenomenon of pregnancy in University according to a census carried out in the Autonomous University of Hidalgo. The objective of this research is to relate the rate of sexual guilt with sexual activity, as well as the lack of use of contraceptive methods in University women aged between 15 and 23 years of age at the time of becoming pregnant. The data were obtained through the application of a brief questionnaire on sexual behavior and other cutting socio-demographic variables, as well as interviews. Attempted to prove guilt in relation to sex generates sexual inactivity or lack of contraceptive use. In part, the data obtained confirm this hypothesis, since there is relationship between sexual guilt and the onset of sexual relations, and also between sexual guilt and non-use of contraception in sexually active women. We also investigated about have so much information about contraceptive methods and their frequency of use.

**Key words:** pregnancy, university, sexual guilt.

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## Introduction

The World Health Organization (who) defines adolescence as the period of life that occurs between 10 and 19 years of age, and characterized by a series of organic changes associated with puberty, as well as with the development functions of reproductive character in both sexes. These changes are accompanied by a profound adjustments psychosocial that are impacted by social and cultural issues, ideological stances of type family, religious, academic, among others.

Various scientific research concern that teenage sexual and reproductive behavior show that increasingly they begin their sexually active at younger ages, and mostly making it devoid of objective, timely and clear information about the management of sexuality, the responsibilities of motherhood and the correct use of modern contraceptive methods (Stern, 2012). This scenario, no doubt, exposes them to a greater risk of experiencing an unwanted pregnancy, abortion, or the spread of sexually transmitted disease.

For who, pregnancy during adolescence is a risk event because of its impact on the health of the mother and the product, also generated sequels psychosocial and impact in the life project of the young. The teen pregnancy represents a given health problem who are going through a period of crisis in which the family plays an important role. For some authors it is a transcendent step where you anchor the success or failure of the young (Reyes, 1993; Stern, 2012).

Despite scientific studies and progress on sexual and reproductive health, is still high the number of unplanned pregnancies that occur in the adolescent population, which represents a challenge for the country and, in specific, for Hidalgo. According to the most recent national data, social programs and sexuality classes in schools are inadequate. In the decade of 2000, the fertility rate among adolescents aged 15-19 years was 70.4 per thousand women. The National Council of Population (CONAPO) reports that 61.5% of youth aged 15 to 19 do not use any contraceptive method at first intercourse; in addition to 60% of pregnancies in this age range they were unplanned and unwanted. Contraceptive coverage for women with or married couples was 72.5%, while among indigenous only 58.3% was covered: 63.7% among women in agricultural activities (rural) and 60.5% without any level of education.

According to WHO data, every year about 16 million girls aged 15 to 19 give birth, accounting for approximately 11% of all births worldwide. To reduce the number of early pregnancies recommends having laws and community activities that support the minimum age for marriage and a better access to contraception (WHO, 2012).

For Latin America, the paper Adolescent Pregnancy Prevention published by the United Nations Population Fund, said that according to the State of World Population per thousand births

occurring in South America, 74 are from women. Teens also states that teenage pregnancies account for about 18% of all pregnancies in the Andean region (UN, 2012).

For the Mexican case and according to data from the National Health and Nutrition Survey 2012 (ENSANUT, 2012) it concluded that 90% of the population of adolescents (12-19 years) nationally know or have heard of any contraceptive method, but there is no certainty that they know the proper way they are used. The percentage of adolescents aged 12-19 years who have started their sexual life reaches 23%, with 25.5% men and 20.5% women. Of all sexually active adolescents, 14.7% of men and 33.4% of women did not use any contraceptive method at first intercourse, though the male condom is among the most used by adolescents with 80.6 percent methods.

Of all female adolescents 12-19 years who had sex, half (51.9%) have ever been pregnant and 10.7% was going through a pregnancy at the time of the interview. The fertility rate in 2011 women 12-19 years of age was 37.0 births per 1,000 women, higher than that observed in 2005 for the ENSANUT 2006 of 30.0 births per 1,000 women. The results show that there has been an increase in births to teenage women 2005-2011, from a rate of 30.0 to 37.0 respectively per thousand women, evidence that the promotion of health and sex education among teenagers is great relevance. However, in the same survey notes that: "It is important to note that before the fall of overall fertility, the relative contribution that make teenagers total fertility is increasing and this phenomenon is therefore more important" (ENSANUT, 2012).

With regard to the incidence or fertility rate of adolescents aged 15 to 19 years to 2012, the National Institute of Statistics and Geography (INEGI) describes the data reflected in Table I. It is observed that Durango is the state that presents rate highest fertility in adolescents aged 15 to 19 years old with 79.6 per thousand and, conversely, the lowest incidence rate is the Federal District with 36.4. The state of Hidalgo is located in ascending order at 16th, with a rate of 58.3 pregnancies per thousand women aged 15-19 years.

Considering the layers handled by the INEGI and the rate of incidence, seven states are those with the highest fertility rate, which is between 64.8 and 79.6. These states are: Chiapas, Guerrero, Chihuahua, Coahuila, Nayarit, Sinaloa and Durango.

**Table I**  
**Mexican fertility in women 15 to 19 years**  
**according to its federal organization, 2012.**

Entidad	Tasa	Entidad	Tasa
Nacional	58.65	Nacional	58.65
Aguascalientes	59.90	Morelos	54.22
Baja California	59.99	Nayarit	73.90
Baja California Sur	61.39	Nuevo León	59.45
Campeche	58.11	Oaxaca	50.22
Chiapas	66.79	Puebla	56.54
Chihuahua	72.47	Querétaro	44.45
Coahuila	72.67	Quintana Roo	60.66
Colima	44.53	San Luis Potosí	48.90
Distrito Federal	36.39	Sinaloa	74.92
Durango	79.56	Sonora	64.77
Guanajuato	50.32	Tabasco	60.72
Guerrero	69.18	Tamaulipas	64.31
Hidalgo	58.32	Tlaxcala	50.27
Jalisco	50.21	Veracruz	59.25
México	54.55	Yucatán	48.79
Michoacán	54.48	Zacatecas	56.69

Source: INEGI, 2012.

Thirteen states which are in the range of 54.6 to 64.8 in the fertility rate: Puebla, Zacatecas, Campeche, Hidalgo, Veracruz, Aguascalientes, Baja California, Nuevo Leon, Quintana Roo, Tabasco, Baja California Sur, Sonora and Tamaulipas . And nine states are located at a level of 44.5 to 54.6: Yucatan, San Luis Potosi, Jalisco, Oaxaca, Tlaxcala, Guanajuato, Morelos, Michoacan and Mexico.

Finally, there are three states that are located in the range lower than the INEGI 36.4 points to 44.5: Mexico City, Queretaro and Colima. After analyzing these data it is indisputable that the diagnosis and management of unplanned teen pregnancy is an important issue, and that is on the rise in the Mexican case, associated with poverty, lack of access to contraceptives and lack of information.

**Factors in adolescent pregnancy**

Some researchers have found that a variable weight for a pregnant teenager is the early onset of sexual relations, which are linked to some extent with the courtship, but not always. Other researchers have found that early onset of sexual activity is also due to factors such as belonging to low socioeconomic status, have poor guidance on personal goals, poor academic performance, poor opportunities and failing schools (Klerman, 1993).

Another factor to consider is the influence they receive from colleagues and sisters; teenage sisters and friends surrounded by sexually active tend to be more permissive about premarital sex and sexual behavior. This has a strong impact on the nubile girls, because their intentions of having sex increases. Parents with young adolescents are also at higher risk of early pregnancy. Klerman warns that for a woman to be separated from their families, friends and neighbors and propose: 'I will live differently', must have extraordinary determination (Klerman, 1993). Therefore, adolescents and pregnant sisters surrounded by colleagues or children tend to experience positive or ambivalent feelings about early motherhood.

In that sense, sexual activity without the use of contraception, or without the use of any contraceptive method correctly, it contributes significantly to increasing rates of teenage pregnancy. Some girls even do not want to get pregnant and even reject the possibility, say misconceptions that enhance your chances of getting pregnant, for example, believe that pregnancy is a result only of frequent sexual activity, or even that the first sexual relationship can not be pregnancy or when pregnancy is menstruating impossible.

Other factors related to childbearing among adolescents are having a young mother and experience positive or ambivalent feelings towards fatherhood. In that sense, Cox discovered that the factors contributing to the high rate of teenage pregnancy is related to young mothers living with the permissive attitudes, lack of parental control and the presence of a mother (Cox, 2007) sister. The influence of this sister perhaps is linked to the positive role played by the teenage mother in the home, with more favorable attitudes toward early onset of sexual life and shared activities, or maybe just be a broad permissiveness. Also they impact some sociocultural factors, such as certain standards of the community and society that favor early childbearing, which

interact with peer influences and alters social skills and self-regulation, the feeling of self-efficacy and sexual values Every person. Some factors such as depression, despair, poverty, domestic violence, sexual and physical abuse, and substance abuse, increase the risk of early pregnancy in the lives of adolescents. The central integration process within families, cultural and personal factors has personal meaning, and impact significantly on the subjective life of the teenager (FEIM, 2003).

The teenage pregnancy is an event of great concern in many countries because of the negative consequences associated with it. These effects have been observed, especially in the context of demography and health, representing significant costs and psychosocial consequences for individual young people who face.

### **This research positions on teenage pregnancy**

This research seeks to relate the rate of sexual guilt with sexual activity and the use and non-use of contraceptive methods in college women between 15 and 23 years old at the time of pregnancy occur. We excluded those students living as a couple, married, cohabiting or amasiato, and with the knowledge of their families. Moreover, information on some youth who stay in the city of Pachuca and its metropolitan area, living with her boyfriend, friend or partner, with whom they share the expenses and maintain intimate relationships without being aware their parents, was obtained those They believe living alone or with fellow students.

### **Some census results applied to pregnant students**

When pregnant, 85.7% of the students were single and only 14.3% said they lived as a couple. It is noteworthy that those students who were legally married or cohabiting, amasiato, or a different but consensual relationship and the knowledge of their parents, were omitted from this research because their perception of pregnancy was another to arise in a relationship partner.

For this research took into account most of the students, ie 14.3%, since they lived in Pachuca or surroundings with your partner without authorization or knowledge of their parents. Even some students in the focus groups reported knowing of her companions who lived with their boyfriends without their parents knowing. They said that when their parents go to visit them deceive taking

them to the homes of other colleagues who do live alone or accompanied by other women. It is noteworthy that most of the students who reported sexual guilt (82.3%) started their sexual activity after the rest of pregnant girls.

Another interesting fact is that 93.3% still have only one child, while 6.7% already have two or more children. With respect to their employment status at the time of pregnancy, 89.1% had no gainful employment situation has not changed much since currently 85.7% have no paid work although they are already mothers. Instead, they use their family relationships, specifically his family of origin, as the main vehicle to support themselves and their children.

Moreover, the average age at which they had their first boyfriend went to 14.5 years; according to various theoretical, if you have a boyfriend at an early age increases the chances of having sex and, therefore, an unwanted pregnancy (Klerman, 1993). With regard to sexual partners, 12.6% said they were pregnant with their first sexual partner, 65.5% reported to be pregnant with her second sexual partner, 13.4% reported having had three sexual partners, 7.6% reported having had four sexual partners and only 0.9% reported having had five or more sexual partners. However, if the age is related in which you have the first boyfriend with the age in which they have their first sexual relationship, the result is positive (0.436), ie, the earlier a courtship you have, the sooner you tend to have their first sexual relationship.

Similarly, if the variables of age of first love and the feeling of sexual guilt are correlated, the result is positive weak: 0.191, that is, the lower the age of first sexual intercourse occurs less sexual guilt. On the other hand, the relationship between the age of first intercourse and contraceptive use is no: -0.284, suggesting that women who began their sexual activity at an earlier age, had slightly less information on contraception .

The average age at time of pregnancy was 19.4 years, however, if we look at the average age of European women who give birth to her first child, and the average age of motherhood, this has increased. Overall, 1999 women had their first child at age 28 in Luxembourg, the Netherlands, Switzerland and the United Kingdom, and in 2012 increased to about 30 years. Meanwhile, in countries like Ireland, women do college level around 33 years. A telling statistic is that in couples, 47.1% of men are younger than their partners, 16.0% of men and women are the same



age, and 37.0% of women are smaller than men. As additional data shows that couples of the students aged 15 to 19 were older than themselves, and that 20 to 23 years had the highest percentage in younger couples them. This result invited to analyze why if these women are older and more education, get pregnant younger men.

Moreover, 83.2% of university students who have been pregnant report that did not plan their pregnancy, and only 16.8% consider themselves had foreseen but not by that time imagined that in the medium term. The National Council of Population (CONAPO) warns that 60% of pregnancies in women aged 15-19 years were unplanned and unwanted, whereas in the group of university analyzed increased to 83.2 percent.

It is interesting that the students who lived with their boyfriends or friends with benefits without notifying their parents, 47.1% had planned to become pregnant, while only 11.8% of those living alone did. It is important to note that the planned pregnancies, 85% of women say they have planned together with the boyfriend or partner, one in ten said that she planned one, and one in twenty said the couple planned it and not her. It is also noted that the students who lived with a partner consensually, in three out of four cases the pregnancy was planned by both, while only one in four reports that she planned it. In the case of the students who were single, 91.7% reported that they planned pregnancy together with their boyfriends or partners, while 8.3% said that the pregnancy was planned by her boyfriend or partner.

With respect to receive financial support for their children, 68.1% of the students report that did receive support from their boyfriend or partner, and 67.2% their partners continue to support them, which validates that 100% of planned pregnancies in 95 % men supported their partners and continue. 100% of unplanned pregnancies, 62.6% of men financially support their partners. Another interesting fact is that 26.9% of men have children with other women, however, this has to do more with men who did not plan to have children.

Moreover, some questions to determine the incidence of certain social theories about sexuality, sexual guilt, among others were made. They were asked what they thought about sex before

getting pregnant. About four in five students (78.6%) said it had a right to enjoy them, 18.6% reported moral or religious guilt, and almost all of this group did not plan their pregnancy.

In this sense it seems to coincide with the approach of Luster and Small (1994), who classified the factors that determine the feasibility of contraceptive use in three large groups: personal, family and family bonus. Among the personal factors it is that they called "lack of acceptance of sexual behavior." In this case, the students with sexual guilt even have knowledge about contraception, they are more concerned about the introyectándolos adverse effects in the moral or religious area, so do not consistently use any method of birth control.

When the students were asked with whom they lived, 74.1% reported that their parents or close relatives, which represents an economy that does not allow them to have an independent housing; 50% of women say they are married live with their parents or in-laws, and 34.7% of those who said they live in union or common-law also live with their parents or parents of their partners, while 94% of unmarried college living with their parents or a close relative to their family of origin.

When asked about the income of the mother, 45.4% reported not perceive income, 12.6% said they earn less than minimum wage, 23.5% said their mother perceived between one and two minimum wages, and 10.9% perceived between two and three minimum wages, totaling 92.4%, suggesting a lower economic status. Research conducted in the US about teenage pregnancy show that poverty and the changes in habits and sexual behavior, coupled with little consistent use of contraception have led to a high rate of teenage pregnancies. The factors associated with teenage pregnancy, as mentioned, ranging from belonging to low socioeconomic status, have limited educational opportunities, come from single-parent families have poor family relationships.

With respect to parental income, no income 14.4%, 15.1% earn less than the minimum wage, 27.7% earn between one and two minimum wages and 20.2% earn between two and three minimum wages, totaling 77.4%. This scenario seems to suggest that pregnancy actually come

mainly from economically disadvantaged women, although it would have to validate this assumption with the rest of the university who are not pregnant.

To question them about what the marital status of their parents, shows that 24.3% are divorced, separated or never lived together; 75.7% are married or living together, and 34.7% do not live together for work, migration, etc., which speaks of a significant number of female-headed households, and these nearly one in three (35%).

In addition and to some extent, it may be important influence that by companions and sisters, that is, who are sexually active, and the factor of having a working mother and, therefore, monitors unless her daughter. Klerman (1993) states that the student must show an extraordinary determination to be separated from their families, friends and neighbors, and decide: "I will live differently." Thus, adolescents and pregnant sisters surrounded by colleagues or children tend to experience positive or ambivalent feelings about early motherhood.

The views of parents and mothers about sex in young still unmarried, are very similar to each other. 47.9% of parents say they have a sex life at this stage of life is wrong, 23.5% said that you can have without getting pregnant, 11.8% reported that it is up to each individual, and apparently mentioned only 16.8% They should abstain until marriage.

The opinions of mothers are very similar, 47.8% said they can have sex but with no children, 21% consider that there should be abstinence until marriage, and 17.1% mentioned that it is an incorrect behavior.

To ask young women about the reactions that their parents did when they knew they were pregnant, specifically with regard to the mother, 76.4% showed any sign of annoyance or anger, 16% reported happiness, 3.4% said to his daughter help her cope and 4.2% took it in stride. Parents showed similar reactions, 78.4% bother, 9.2% said they supported and 9.2% said they gave them joy.

With regard to the sexual education received in school, 94.1% of the students said having completed, excelling that 94% of them were using contraception before becoming pregnant. They were asked whether they thought they knew how contraceptives are used correctly, to which 21% said no.

Interviewed in 65.5% they said they used contraception before becoming pregnant, and only one in three (34.5%) were not using any contraceptive method. It is noteworthy that the use of contraceptives is related to household income: there is a positive correlation (0.380) between these factors, ie, the higher the household income, university students ever pregnant using more contraception.

It also shows that women who did not plan their pregnancy, the majority (93.5%) states that did not know proper use of contraceptive methods. It is this same block which was mostly an emotional charge of religious or social nature for sex when he was banned at home. Smith suggests that women with sexual guilt and using contraception they tend to lose their effectiveness; show a negative emotional orientation toward sexuality, which express sexual guilt and erotophobia (Smith, Eggleston, Gerrard and Gibbons, 1996; Gerrard, 1987). As concerns Gerrard, sexual guilt is a predisposition characterized by the expectation of feeling guilty by transgressing personal standards of sexual behavior related to religious or moral norms.

For Gerrard, guilt inhibits sexual behavior and the use of contraceptive methods; It manifested as a resistance to sexuality, which is inhibited punished. Even cognitive processes related to sex, thinking about punishment as a result of the violation of social, religious or moral norms (Gerrard, 1991) are interrupted. Therefore, it is assumed less likely than women with a high level of fault engage in sexual behavior or using contraception. And although used, they can do it incorrectly and consequently, have an unwanted pregnancy. In the case of college students with sexual guilt, this theory rightly met.

Interviewed in 67.4% they said their partner used any contraceptive method, 35.3% who did not use. 80.1% are partners of women who did not plan their pregnancies and reported feeling sexual guilt, it seems to reaffirm the thesis of Smith, in which even did not bother to use contraception.

When asked whether they thought having a family in the short term, 78.2% of students responded negatively and only 21.8% did so in the affirmative. Of those who said they had thought themselves, 72.2% initiated sexual intercourse before age 19, and had their boyfriends mainly before age 18. This may suggest that it is traditional stereotypes of women, for whom marriage and motherhood play a role. Consequently, for them to reach marriageable age, which ranges around 19 years old, he is the beginning of your sex life and the arrival of the first child.

Similarly, these data confirm that these pregnancies are the result of the early onset of sexual activity, which is linked to some extent with the engagement, as confirmed by the data collected. Some scholars refer to as risk factors having boyfriend early, belonging to a low socioeconomic status, lack sufficient guidance aimed toward future achievements, show academic difficulties, and have limited opportunities and poor schools (Klerman, 1993). All this is the breeding ground of unplanned teenage pregnancies.

In the case of the university, specifically those who had sexual guilt and not using contraception or who could not use them properly, and also their boyfriends not using contraception, 72% of parents earning less than three minimum monthly wages. This validates broadly Klerman thesis (1993).

With regard to the concept of sexual guilt, 41.2% of women said that if they committed adultery they would feel guilty or sinful. Most of these women belong to the group described above, the circumscribed sexual guilt. Similarly, 10.3% of this group considered that pornography corrupts, 16.4% said premarital sex ruin the happy couples, and therefore 30.5% say that the best thing is to repressed sexual desires. When asked about unusual sexual practices such as positions or fancy places, 72.6% said they were adequate if they are part of sexuality, 23.9% described them as undesirable and 2.7% said they were good if they were heterosexual. Again, the students with sexual guilt, one in four, most said they are undesirable, and came to accept that such practices were circumscribed within the heterosexuality.

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