Qualitative Analysis about Teen Pregnancy from the Actors, School Education and Education for Health

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Abstract
In the adolescent pregnancy, constitutes a serious public health problem worldwide with physical consequences and psychosocial impact for the mother and the child. Preventive measures for this event focuses on intervention on risk factors, the educational model is essential from the teachers and educators in health. Aim. Analyze the speech of the teacher-student, pregnant adolescents binomial and promoter of health workers of health education on the teaching methodology implemented and received by students about pregnancy in adolescents. Material and methods. A qualitative study of type ethnomethodological was carried out in the town of Tepeapulco, Hidalgo. Results. The speech of teachers denotes implementing pedagogical methods from traditional education, speeches are consistent with statements by students and traditional method is used in the same way the educator for the health, the latter require be trained in constructivist pedagogy, since they indicate that the students ignore them if the teacher is not in the classroom which denotes loss of interest in critical issues by the students. Conclusion. The beginning of sexual life at an early age, addictions to tobacco, alcohol, overcrowding, are related to pregnancy in adolescents, in the same way deficiencies in the traditional teaching model for the development of learning about the topic which requires the execution of learning based on the constructive approach.

Keywords: pregnancy in adolescence, background gynecologic, addictions, traditional and constructivist

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1. Introduction

It is considered the adolescence as the stage where the greatest physical changes and psychological anergy of the individual, where you complete the specific traits of identity, the basis for the achievement of the personationality; this is why it is divided into three stages: early adolescence, intermediate and advanced. Teenage pregnancy is defined as that which takes place within two years of gynecological age, defined as the time elapsed since menarche and/or when the teenager is still dependent on their family of origin.

The WHO as a pregnancy risk, due to the impact it has on the health of the mother and the product, in addition to the psychosocial consequences, particularly on the draft life of the young adults [1]. Pregnancy breaks into the lives of adolescent girls in moments that still do not reach the physical and mental maturity, sometimes under adverse circumstances such as nutritional deficiencies or other diseases, and in a family environment generally unreceptive to accept it and protect it. That is why a teenager that you become pregnant will behave as corresponds to the time in life when they are traveling, without maturing to later stages by the mere fact of being pregnant; are pregnant teenagers and not pregnant very young. With respect to the risk factors associated with adolescent pregnancy, it has been possible to identify a wide variety that it is possible to group into 3 categories [2,3,4].

| Individual risk factors. | Family risk factors. | Family risk factors. |
|--------------------------|----------------------|----------------------|
| Early menarche, low academic aspirations, impulsivity, ideas of omnipotence and adherence to beliefs and taboos that condemn the regulation of fertility and the walking ability of family planning. | Family dysfunction, history of mother or sister pregnant in adolescence, loss of significant figures and semi-literate parents. | Low socio-economic level, overcrowding, stress, delinquency, alcoholism, not qualified, work, live in a rural area, early entry into the workforce, myths and taboos about sexuality, social exclusion and dominance of “romantic love” in adolescent romantic relationships. |
You can be considered the adolescent pregnancy a problem of public health, not only because of their high figures, but by health risks involved. In Latin America, the leading cause of death for the Group of age between fifteen and nineteen continues the obstetric directly, as well as the complications of abortion, particularly the induced and unsafe [5].

As regards education, the Mexican educational model focuses on basics in teaching traditional and static. In what refers to methods and teaching styles within the school and the classroom; It has been functional and efficient when the design and construction of school and classrooms, but very little thought to the teacher and the students. [6]

The development of programmes of sex education and prevention of STD/HIV/AIDS and pregnancy is very limited by lack of training of teachers and lack of lack of plans or modules of study. These deficiencies contribute, together with some socio-economic factors, to the maintenance of the transmission of STDs / HIV/AIDS and pregnancy [7].

The increase in pregnancy and childbirth in early ages is a universal problem in accordance with the information on Washington Fertility Center, 3 million teenagers stop annually in the world. [8] England, within European countries, has the highest incidence of pregnancy in adolescence. In 1997 more than 9 000 are pregnancies, 8 000 of whom were under 16 years of age, and 2 200 children under 14 years. [9] Scharnt conducted the review of some key statistical data related to pregnancy in adolescence and then explored its association with negative consequences for both the family and the community in general. He concluded, the support of parents and home visits to vulnerable mothers to improve future generations. [10]

The countries of Latin America according to the statistics of the who 20% of pregnancies in low- and middle income countries are in adolescents, where one of the outstanding factors is poor sexual behavior and the relationship with pregnancy in middle ages tempranas [1]. Salvatierra et al. in Chile raised objective describe project life and self-concept of pregnant adolescents in a peripheral area of Santiago, participating in a program of education for health, in relation to being female, teen and mother.

The design used was descriptive - analytical, qualitative. The results confirmed the character biopsychosocial of teenage pregnancy and its impact on self-concept and life of the youth project, which are mainly focused on the roles of housewife and mother. [11] The lack of knowledge about sexual education in adolescents is a constant and risk factor for pregnancy at an early age, as says Moreno et al. where the little sexual experience of adolescents, who managed only basic knowledge and maintain erroneous beliefs about the use of protective measures. Similarly he says that adolescents manifest the need for sex education that includes, not only specific knowledge on sexuality and reproductive health, but also training in social skills, related to assertive behavior, self-esteem, interpersonal communication and aspects that would enable them to better manage their relationships. [12]

Rojas and col, (2010), through information collected prior informed consent, medical records, focus groups, in-depth interviews, concluded that the protection program of the State aimed at pregnant adolescents need: establish mechanisms that guarantee the continuity of girls in the educational system; include outpatient follow-up to the binomial mother-infant discharge; implementing participatory strategies that promote the exercise of responsible sexuality in the context of sexual and reproductive rights. [13]

Diaz and col, (2002), showed that there was a causal association between dependent factors of personal and family life of adolescent girls and the incidence of early pregnancies. Not having adequate parent relations, not receive spiritual and economic support of the couple, not to maintain stable relationships and not talking with parent’s aspects of sexuality and reproduction were factors that we would achieve a greater impact on the exposed population by acting on them. [14,15] In Mexico, Torres and col, (2006) presented the low proportion of condom use, coupled with the fact that reported problems for effective use. [16]

In Hidalgo, 80% of users if they were informed about family planning methods. [17] Granados allows to know some socio-demographic characteristics of Tepeapulco pregnant adolescents, as well as the type of family relationship they had with their parents before and upon leaving pregnant, similarly is tries to explain if it received some support from your partner or your family out pregnant. [18]

The ethnomethodology, emphasizes that the characteristics of the Royal Society are produced by motivated adherence of persons to their expectations of the world in which they live and socialize, where every day ordinary practices constitute the reality of people. [19] The ethnomethodology is interested to gather information on observable activities in participants, describe their experiences and expressions, criticism, social and cultural environments, seeks to understand what people perform in their environment, in their [20,21,22] reality that arises in the course of the investigation, you will need to establish what is your focus, since the method and training after obtaining information data categorization and make his analysis [23,24,25,26].

OBJECTIVE: To analyze the speech of the teacher-student, pregnant adolescents binomial and promoter of health workers of health education on the teaching methodology implemented and received by students about pregnancy in adolescents.

2. Material and Methods

Design of the study. A qualitative study of type ethnomet hodological focused on the speech of key informants was conducted. in the town of Tepeapulco, Hidalgo, during the period June 2012 to June 2013. Through the application of in-depth interviews to 4 students from primary level, 5 students secondary 3 primary teachers, 2 teachers of secondary level, 3 pregnant adolescents attending consultation and 2 people in the health sector responsible for promoting "Education for health" health. According to the General health law in the field of research for health this research is classified without risk because techniques and methods of research where there is no intervention by the researcher, however, will be used he is asked for authorization to managers, and
the confidentiality of respondents was preserved. The categories. They correspond to actors in the educational process, which through his speech explored theme in each form to those actors.

Analysis of the information plan. Qualitative analysis was applied to an interview guide in depth, performing a scan using the Statistical Atlas.ti program. You to classify categories and using narrative was analyzed the speech of the actors in the process teaching and learning.

3. Results and Discussion

The discourse of interviewees generally shows the need to intervene in training teachers in constructivist pedagogical perspective, for all practical purposes consider see each of the pictures and analyzing the speech of each of the actors in the process teaching and learning. In the same way it is important to point out that health workers required to be formed in this same paradigm, since it has the Medical-biological knowledge of issues investigated in this project, but lacks pedagogical training to exercise effectively their work, another way is a risk impact sense negative in regards to learning that students receive and far from generating learning where the student to acquire the capacity of discern the importance of exercised with responsibility and impact-free sexuality socially, since in adolescent pregnancy interferes with their academic formation processes and involves changes in social role to which both man and woman are not fully prepared.

It has few research intended to know a qualitative focus on teen pregnancy, in the town of Tepeapulco, Hgo. In addition to know the personal reality of individuals exposed, teachers and staff of health component of sex education. This research produced as benefit to provide deeper knowledge and planning best schemes of intervention to prevent adolescent pregnancy. Allow greater empathy with figures participating in the teaching-learning process and consequently a more promising future to reduce adolescent pregnancy. Teen pregnancy and related problems have become visible more than one decade ago in the international agenda of reproductive health issues. In our country, the issue of teen pregnancy has become one of the fundamental issues of population policies; from different perspectives it talks about the volume of adolescent population, about their pace of growth and reproduction, as well as the risk biopsychosocial involving teenage motherhood.

It is important to mention that there is extensive bibliography on the topic as well as imposed regulations and policies for the care of teenage pregnancy. He has been published an investigation by Granados Alcantara previosly about the factors that determine pregnancy in adolescents in the same locality. In terms of the qualitative approach this qualitative research has been developed to know and understand the process of confronting a teenage pregnancy and makes use of the methodological procedures, since the poor education based on the traditional pedagogical model does not allow that the teenager, thank and wonder about the responsibility to initiate precocious sexual activity This necessitates that the terminal levels of primary and secondary education teachers, are already trained socioconstructivist approach, it is necessary to point out that since the structures of the education for the country focus from this perspective of school education. A sex education from the key informants is poor and it could represent and increase risk factors for pregnancy in adolescent girls in the town of Tepeapulco, Hidalgo.

It is striking to note that the results obtained through this study design, though, does not allow to generalize with respect to the results detected your social application, is necessary to recognize that this type of research, with this sample acquires a value of use so that even the authorities carry out actions aimed at improving the process of teaching and learning, not only on issues such as adolescent pregnancy, but in general to find a pedagogical model which awarded greater perspective to future school children, this derived from the educational intervention, both by teachers and by health staff, responsible for promoting health.

Analysis of the discourse of sixth year of primary level 3 students

| Category                                           | Knowledge of the subject                                      |
|----------------------------------------------------|-------------------------------------------------------------|
| "The"                                             | 1. The course get sexual education issues seen? If no      |
| perception of the student"                         | 2. Do tell me sex education?                                |
|                                                   | 3 tell me as they saw him with his teacher (o). ?         |
|                                                   | 4 What about pregnancy in adolescence?                     |

Interview 1-female gender, sixth year of primary school.
1-Yes, 2-(sighs... smiles shyly, a brief silence and begins talking). Maybe just what you told the teacher that... that as people grow and that for example the wet dream happens to men and women menstruation... that this is first adolescence, puberty and all that... and nothing else, 3. my master amm... my teacher, gave them me in fifth, aja because they give them me so, we talked about playing and we talked about how they would grow. Seen themes are "Male and female sexual apparatus and reproduction" not with the book and with the Blackboard and tasks of exhibits and models. On the reproductive system mmm as a week. 4.-well I say that it isn't right. Why... it's like a child to take care of another child, because they are not yet ripe to care for a child, because they need, because they don't know anything.

Interview 2-gender female sixth year of primary school; 1-Yes, 2-bone when playing someone, what happens to the women men, etc. What them? Do send? Good when this... bone... (Enters the classroom teacher student, long silence) already is forgetting me. Is your teacher? Yes... when... the women are in their menstruation, ejaculation, or wet dreams about men, something. 3 as in the books, "leyemos", let us work from that, we explain everything. As reading books, not is it is explaining, we read internationally. 4. as is wrong because they still do not reproduce well.

Interview 3. Male gender 1.-Mmm if one time in fifth year.
2.-is that we were seeing what you said but put us on the Board and taught us devices of men and women, which we have different devices than women. We instead of having menses have ejaculation and we have different devices and us when we ejaculate think it is when we already started to produce semen and... nothing more -
was explaining how we were going to develop us, by saying that we were going to make larger, we would leave hairs on parts intimate us women them would grow breasts and that we would begin in adolescence to smell parts more like what we have here and we already have to be dealing with deodorants or toes, we already have to throw dust. (Long silence)... is that I already do not remember, is that you as taught us much beyond that, risks and all that. 4. (long silence)... I think it would be great for women because they would already have something that most worry them, as by their children and now not just be thinking of them. As one of my friends called wake. No, is that as much thinks about it and says that when she comes to get pregnant when you have your child will kill. Because aja because she thinks just, he thinks that he is the smartest of all our salon, says that when it comes to getting pregnant you will kill your child, because you will not want to. As a bonus I have, well not a well-known one raw material, they raped her and also had his son and as not wanted it killed him and continued his life as fixing a lot and because and deceiving others.

Interview 1. Female gender, 1st high school. 1.-Mmm... in the primary only when we talked about science, but not. If in elementary school when the science teacher spoke. Talking science, good... 2 Mmm how? Sex? Because as it is that I did not understand, sexual... about sexuality? Good sexuality, well what I understood in the primary was when the sex parties... this... well... am... had sex, well not having sex, intimate things. 3.-Oh... because... when we got to a topic of sexuality, the teacher we explained about sexuality and... well... the male sexuality and sexuality of women... and that risks... eh... that caused that. 4.-because that is haunting the more because now currently... well. There are more teenagers... well there are more teenage girls... well I say that right now there more women pregnant... well of fourteen, fifteen years.

Interview 2. Female gender, 2nd high school.
1.-Yes 2-what I taught me is that... sexuality is... is a...
What is called?... me I talked about diseases that can be transmitted sexually, like transmission I spoke of sexuality, which was the sexuality, that girls could get pregnant... mmm... by not care... mmm... this... is that I get nervous... on various topics. 3.-East by books, by talks, the teacher gave us talks, sexuality, which was all that. 4.-which is bad, for that you have to take care of.

Interview 3. Male gender, 2nd high school. 1.-Yes 2-Ah ohm, have taught me about pregnancy, how important that is to use condom, diseases... among others... and nothing more, is what I have heard. 3. they taught them by book, by video, no video will as well as sperm is going to the egg was formed baby and all that, I also know that it is important to use a condom because you can attract a lot of diseases such as AIDS, gonorrhea, herpes, among others and if you want to ensure not to have a disease you never do it , but is a decision itself. 4.-Ah ohm as I think that it is just something natural, that happens every day... and that pregnancy I will try to prevent at my age, I'm going to do between the twenties and thirty, and I'm going to try to avoid as much as possible.

Direct source: interview with depth applied in the presence of a second observer in a school of Tepeapulco, Hidalgo. México.

Discourse analysis

The speech of the students that were interviewed confirms that there is risk for teen pregnancy, has little knowledge about sex education. very soon saw him in class, for a week and the way in as you saw these themes denote traditional education in his speech somehow denotes that by his age and his little knowledge regarding pregnancy, the value of responsibility with regard to teenage pregnancy. Learning that aspire students at this level is dependent on the traditional model, exposure to the teacher or Professor, tasks, readings and apparently according to his narrative by readings made at the group level. The interview 3 denotes that cases requiring immediate attention from mental health might be detected through this type of research. Interviewee number 4, confirms that the pedagogical methods are traditional, but suggests that if it is possible to display the value that gives the pregnancy in adolescence, since it can impact on the person, put examples of left truncated career and change of style and quality of life.

Direct source: interview with depth applied in the presence of a second observer in a school of Tepeapulco, Hidalgo. México.

Discourse analysis

The speech confirms that there is risk for pregnancy in adolescent, have little knowledge about sex education. If the issues they saw, and they realize it is a problem in adolescent pregnancy. Denotes traditional education, who has to take care, in his speech there is nervousness, the interviewee number 4, confirms that the pedagogical methods are traditional, that they can acquire an STD, but suggests that if it is possible to display the value that gives the pregnancy in adolescence, since it can impact on the person. Finally, it seems that the value of the liability to adolescent pregnancy, this interviewee is wobbly, natural every day, will try to take care of yourself, avoid it as much as possible.

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Direct source: interview with depth applied in the presence of a second observer in a school of Tepeapulco, Hidalgo. México.

Analysis of the discourse of 6th grade of primary level teacher.

Category: Traditional teaching method.
1. The course gets sexual education issues seen? If no
2. Do tell me sex education? The constructivist teaching
3. Tell me as they saw in its class.
4. What you think of pregnancy in adolescence?

Interview 1. Male gender, 6th grade teacher. 1.-If had I third, I now have sixth. Mm eh Yes. Yes, if the program marks it us Yes. 2. for me, sex education, is this speak to the children how our reproductive organs, hygiene which must have, eh, how we must take care of them and otherwise talk about the problems caused when by mistake or anything else girls can children, well mainly girls can get pregnant and the problems that children may have upon that mnmj so broadly. 3.-well before that there is nothing to educate children that is a normal thing, of all the, all people, all human beings have. Desirable first to raise awareness to children that what we do is not thing of this world, because unfortunately the children bring still taboo, that was eh... so get in their homes. Well, according to the schedule we begin to see the first parts of what HD is the male reproductive tract of the female reproductive
tract, and already after one leaves there enca... this... again I will repeat, I am very repetitive on the program... we are based. Unfortunately many times we investigated more, but parents are that put us a bumper, this should not see this there if, on. But what is the sexuality we focus on our plans and programs of study what? Because we see reproductive this... of the wife of the man, diseases of... I contagion sexual eh... unwanted pregnancies, thats what comes mainly in our books and we focus upon that. 4.-I think that the media are so open, that instead of doing them a favor, that... take care of yourself, having more communication; I think that by the way you want to experience. The media if not are well built up the values inside the House then... go to that small mistake. I think that the easiest is to rescue those values that there are inside the House. We know that the situation is very difficult both dad and MOM have to work now, but I think that we should give that space to our students or our children say... to rescue those values, talk to them, that... that problems can cause... up to where eh... as I will tell you (long pause)... mmm what can cause in your life in your personal life , in his professional life because few truncated his career there, if we're talking about high school, if we are talking about primary few defect... is right now where there are more in secondary and high school, let alone College.

| Discourse analysis |
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| The speech of Professor who interviewed confirms that there is risk for teen pregnancy, has little knowledge about sex education. Very soon saw him in class, by a week and form in as he saw these themes denotes traditional education, in his speech somehow denotes that for her age and her poor knowledge regarding pregnancy, de notes the value of responsibility regarding teenage pregnancy. Learning for students at this level is dependent on the traditional model, exposure to the teacher or Professor, tasks, readings and apparently according to his narrative by readings made at the group level. The interviewee says that the media can negatively impact, that the foundations of values values are at home, so working parents do not talk with their children, but it suggests that if it is possible to display the value that gives the pregnancy in adolescence, since it can impact on the person, put examples of left truncated career and change of style and quality of life. |

Direct source: interview with depth applied in the presence of a second observer in a primary of Tepeapulco, Hidalgo. México

Analysis of the discourse of 6th grade of primary level teacher.

| Category: | Traditional teaching method. |
|-----------|-----------------------------|
| "Teaching approach of teaching" | 1. The course get sexual education issues seen? If no |
| | 2. Do tell me sex education? The constructivist teaching method. |
| | 3. Tell me as they saw in its class |
| | 4. What you think of pregnancy in adolescence? |

Interview 2. Female gender, 6th grade. 1.-If we see them throughout the school cycle, in different subjects, now we start with the subject of civics and ethics this... started with some themes from that and that just a few weeks of classes. But also much seen those topics in natural sciences and in Spanish when you see the topics that are of interest to students as to make any survey, a questionnaire that has to deal with topics of interest of the children. 2.--well, eh when I was small, not remember that in elementary school more than anything else is for giving me a topic as well as sexual education. And I think that we have learned it, I have learned it along, apart from life, already today more than anything else giving classes, front of the children. We try to educate them about sexuality, mainly giving them to know the subjects so that they are not taboos for them. They left carrying much by what people are saying and often isn't it?, this or is not the right thing so say friends, that we are trying to investigate or take some support materials so that they are focused and they really know how they would be or because they are things in terms of sexuality, eh books some issues that many times they are most interested include us depth that many times we have to investigate a little more, but subjects that sex education at primary level they are interested, maybe they are very basic, eh, I have a child in high school and already your questions about sex education are a bit different that drive with children in fifth and sixth, regularly get me fifth and sixth. Then education which are treated to them is respect also questions questions or comments that they also have in their house. 3.-well often assume questions of them, Yes? To open the topic eh this started giving them the title, will talk about menstruation, e.g. and or and begin the doubts that they would like to know about the subject, then starts a rain of ideas that we wrote on the Blackboard and children are scoring in their notebooks to subsequently investigate that and already reach the concepts that handled us the book in a certain way isn't it? EH this in many books come many activities that are more than nothing to research and then also opens up an opening to get to what they want to try, eh whenever we handle issues of sexuality began with which are very important topics as well as everyone, but first and foremost they have to have great respect, because there are many children that when you start talking about sex Sexuality of take it as a subject of mockery It makes them laugh, come some scheme in the book of a naked child or of a naked girl and start lol lol, so in my case whenever I see a topic that, bone remember that all people deserve respect, our bodies deserve respect, we must respect we will try is equally important, it is better to be informed, knowledgeable than ill-informed prior to cover those topics such because I tell him that if in this school in particular that children do not tend to go by others for other sides when it looks when those types of topics, then see if it is important we have tried to also get lectures and this many children if they come with different ideas of your House, then sometimes if get me a limit, I remember much two years ago I had sixth also , who came to a Conference of the center of health about contraceptive methods and the doctor give the nurse who came brought them condoms and said "open them, feel them ask" and then it wouldn't have twenty-five children this of which about fifteen did not dare or open the condom right? Then already then because this some reviews said the nurse not cannot force them, we are given instruction but because if not they put where? He would not tell her mother that saw or had a condom, then yes much also comes from home? We would then also need to have that kind of classes maybe with parents, so that they help us a little bit open these issues with children. (Gave his opinion about pregnancy in adolescents).
The speech of the person who interviewed confirms that there is risk for teen pregnancy, has little knowledge about sex education. Very soon saw him in class, for a week and the way in as you saw these themes denote traditional education in his speech somehow denotes that by his age and his little knowledge regarding pregnancy, the value of responsibility with regard to teenage pregnancy. Learning that aspire students at this level is dependent on the traditional model, exposure to the teacher or Professor, tasks, readings and apparently according to his narrative by readings made at the group level. It says respect to see these themes, invited speakers, some students do not dare to open a condom, is that that comes from home.

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### Discourse analysis

| Category:                | Traditional teaching method. |
|--------------------------|-----------------------------|
| “Teaching approach of teaching” | 1. The course gets sexual education issues seen? If no |
|                          | 2. Do tell me sex education? The constructivist teaching method. |
|                          | 3. Tell me as they saw in its class. |
|                          | 4. What you think of pregnancy in adolescence? |

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Direct source: interview with depth applied in the presence of a second observer in a primary of Tepeapulco, Hidalgo. Mexico.

### Analysis of the discourse of teachers of secondary level

Interview 1. Female 3 of secondary 1.-Yes, but more focused in first year. Mmm maybe contraceptive methods do more? Mmm what is adolescence looks from first and second and third is to see mnnj broadly sexually transmitted diseases and contraception. 2.-from sex education? Hijoles! This... mmm... as it is a very important issue but now we see nowadays young people exceed most sexuality, which is already at this stage already, is more... until they practice it? And this and talk to them about that topic, is not for them, but this, but that they are interested and sometimes we say that what is forbidden is what we like to do or? and to them that is what their attention most the guys mnnj. 3.-how? As taught, well by means of posters, good explaining each of the methods, if I can I bring so they know them, palpen them, see them and this and that way or through videos and this even have supported this health sector with talks and bringing some of them, some contraceptives.

And pedagogical method which you consider that would be ideal to teach this kind of issues in teens? What material? Which teaching method? What pedagogical approach? Because more than anything the explanatory right? Them and also to know, explain to them and who know it is his role as it is, mnnju. What is the explanation? Thus by means of posters. AJA, I explained to them on some occasions have been asked to investigate them, on the internet there is more of it. 4.-damn this, as it is a problem? In the girls who sometimes, because that comment this mistake in becoming pregnant at an early age that, for them, is truncated his life and this, but well the fact of this region I’ve noticed that many girls, out of many problems that exist in your home, there are many family disintegration, and as that sometimes they think that that is the best way to go with boy or a pregnancy and who has them to take, and sometimes unfortunately is not the case, because they not comply or anything. That now nobody now wants a formal commitment, and because the teenagers if they discuss those mistakes.

Interview 2. Male gender, 2nd high school teacher. 1.-is it in general? 2.-education sexual so we don't have, say the kind of sex education, we have, we see certain nothing else, instructing us to guide that sends us the program. How do I create? Well we have a program plan that tells us clearly how we should address, for example this, address according to the issue if we are to see male reproductive system today can see that? Its functions, eh what names you? Internal organs, external bodies all that. 3.-we see according to the book, they take a book and as I say in the book it is also explained, this comes... by themes, it comes also ethics and civic information relates much science and Spanish, sciences that are the how are you called?

The physical qualities of the human being, all that. And in civic topics we see, for example address dating also, this address also that they should not have relationships to young age, this and similar topics. Because I make my planning and this... through talks, in fact here you come to (referring to the health center) we support with health eh! That at one time also you come to give them that kind of talks. You is a doctor not? (ask the interviewer who says), you come to give us that kind of talks, we stand with you. (Interrupted) a doctor clear! To speak of sex education a teacher or a doctor? I believe that both not?, this teachers have that obligation if they give us the issues we have to expose them to the students, let them work not is to them to investigate, but if we have to support a doctor also why not?, in this case from here from the health center? There are people specializing in the subject, not! I want to say that we are not a specialist us but we can support in doctors for example in this case. And us support of facts, Health Center programs come and tell us a lecture, and then later not and we talk about these topics, also students at this time, in this age question much also have to deal with them? What is the pedagogical method leading to sex education?

Teaching, it would be apart to investigate students as ourselves this... teach them through talks, lectures us,
teachers. 4.-from the teenage pregnancy? That is a serious problem? Currently and e gives more do not know if in communities or in urban areas, this but misinformation, bad information, either they have problems at home, or that these issues is never touch at your school? Or students with parents, children with parents. And it is a problem that has been given very strong, right? We have heard of several cases. Even last year at the Cides, a student came out pregnant.

| Discourse analysis |
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| The speech of the person who interviewed confirms that there is risk for teen pregnancy, has little knowledge about sex education. And on issues in class, according to the program, these themes reflect traditional education, he followed the program. Includes the doctor that he would come to explain these issues, says that both us support between the two, they come from the health center to give us lectures. The pedagogical approach is to investigate students, talks, conferences. Teenage pregnancy is a serious problem, bad information, problems at home, or never played those themes in your school is a very strong problem, there have been cases of pregnancy. |

Direct source: interview with depth applied in the presence of a second observer in a school of Tepeapulco, Hidalgo. México

Interview 1. Female gender, medical health promoter. 1.-Yes 2-well, I know these issues because since I was in school we see them it is like us are familiar, in addition to the XI like me very much, then these issues are closely related. When they gave us the courses on family planning methods, we reinforce this knowledge that van focused to prevent unplanned pregnancies or infections. Have you received courses on sex education by work center? If, a year ago. 3. as with the material we have here... rotating them sheets, presentations but those should I prepare. We are going to schools and is explained on the methods of family planning mainly, but here if we need the support of teachers, or of you, because then we go and children ignored us or they are talking, I think that if we are to small groups it would be better. Because I know that we, we are asking you to give the subject in school and we are dealing with the material we have, but I think that if it is important for teachers to support us with this, 4.-which can be many factors that can cause it, from domestic violence, addictions or do not know how to use family planning methods, can be prevented, but young people depends on this decision.

Interview 2. Female gender, medical health promoter. 1.-si 2-believe that it is an important topic within the promotion and prevention, which is our main function on a unit like ours. But we have to have the correct and up-to-date, information to be able to transmit to the population in our care since we have teenagers, women and men of all ages. Eh, in a health sex education center is based on reproductive health as planning pregnancies and prevent sexually transmitted infections. This information must match the population which goes it is very different in students of primary, secondary or high school, housewives of the population of opportunities, as well as women in puerperium. We have to be emphatic in the benefit of the method of family planning and awareness of why. Since they identify this acceptance will be easier. Have you received courses on sex education by work center? Mmm Yes... in this year. 3.-more than a course, are talks that I try to prepare with foils in PowerPoint because I think that visually children learn more, I try to be very didactic in my presentations and before starting the paper also give a frame, I do a little evaluation by asking questions to find out if they have mastered the subject, also ask questions during the presentation to know if me are understanding and try to do workshops to reinforce knowledge. Do not know as the pedagogical models that should be used to expose the sexual education issues... mmm but last year I received a course of facilitators, where taught us techniques to prepare themes, which I use to expose, I believe that I used to make the final assessment results are satisfactory. I believe that schools should share their curriculum so that when we give the subject, we give according to the age and knowledge that children, have since we can impact the information we give them. 4.-because I believe that it is a window of opportunity for the promotion of health services, the fact that there are pregnancies in girls and female adolescents is an indicator that something is wrong in education. A pregnancy at an early age we know that it has multiple risk factors threatening the life of the binomial, is why we must intensify the actions of education in this age group, so that they have the tools necessary to plan parenthood.

| Discourse analysis |
|---------------------|
| The speech of the person who were interviewed confirmed that if these courses are taught. He likes the themes, Gynecology, we reinforce focused expertise to prevent unplanned pregnancies or infections. USA broken pages, presentations in schools mainly outlines methods of family planning, but with support from teacher, then the children, ignore small groups would be better, is important the support of teachers. This denotes that health personnel is an expert on their issues, but not in how to work them, loses control of the group if it is not the teacher, denotes these themes through traditional education learning. The value of responsibility regarding teenage pregnancy. It is clear by the doctor. Among the causes of teen pregnancy, domestic violence, poor knowledge of family planning methods. If they have received courses, but they seem to be from the traditional pedagogy with presentations and more. In the adolescent pregnancy is an indicator that something is wrong in education, are multiple risk factors for teen pregnancy and that's that it must intensify the actions of education. |

Direct source: interview with depth applied in the presence of a second observer at an institution of health of Tepeapulco, Hidalgo. México.

Analysis of the discourse of pregnant teenager.

| Reason which is pregnancy. |
|---------------------------|
| Category: "Perception of pregnancy by the teenager" |
| 1. Did you at school see issues of sex education? If no |
| 2. Do tell me sex education? |
| 3. Tell me as they saw their teacher (o).? His perception. Style and quality of life after pregnancy. |
| 4. Describe your experience with pregnancy, how has impacted in your daily life? |
Interview 1, pregnant teenager. (She was accompanied by her mother, at the time of the interview). It has 16 years of age, up to second study of secondary, do not finish high school. 1 Yes, 2. In addition to school, did somewhere else they teach you sexual education issues? No. I can tell you, what do you know about sex education? Ahh (sighs). You know, (laughs... Silence). I mean if you know about methods of family planning, the differences in the body, you know. As on the differences of the body. 3. (long silence)... first by part books... so in the book. 4. what kind... then (laughter)... well for me, I feel that it is something that we must of...? (The sentence does not finish). 5. what currently as it's your life with pregnancy? Normal, it has changed a little bit, but it has been normal. You have not used any time some method of family planning, although known condom. Why has it changed? Mmm because sometimes, as right now, I have the belly and I cannot do anything. But when it had to many things. Mmm (laughs)... involved the mother: "no longer you can go to the courts"... well now not I can leave.

Discourse analysis

Reasons which is pregnancy.
1. Did you at school see issues of sex education? If no 2. Do tell me sex education?
Category: "Perception of pregnancy by the teenager"
3. Tell me as they saw their teacher (o)? His perception. Style and quality of life after pregnancy.
4. What do think of pregnancy in adolescence?
5. Describe your experience with pregnancy, how has impacted in your daily life?

The speech of the pregnant teenager is very limited, this can be derived from the presence of the mother, if he saw these themes when study, until a second high school, provides moments of silence and limited answers, your knowledge connection very poor sex education, says not to use contraceptive methods, although he claims to know the condom. Content saw them at the school from the book, does not point to the methodology by the teaching staff, but denotes education based on traditional pedagogy. About your everyday life says that it is normal, although it seems that being pregnant limits you to do other things, where the belly not bothering you, no signal what kind of things. Said the mother: "no longer you can go to the courts"... well now not I can leave.

Direct source: interview with depth applied in the presence of a second observer at an institution of health of Tepeapulco, Hidalgo. Mexico

Mexico Analysis of the discourse of pregnant teenager.

4. Proposal of Intervention

Actions that you can use to reduce the pregnancy in adolescent women in workplaces health of the Secretariat of health are several. Some of the most relevant will be then mentioned: They are areas of opportunity to the Organization and education constructivist:

a) designing work methods among health personnel and teachers for the proper teaching of subjects.

(b) defining the missions and functions of persons providing sex education information.

(c) train teachers on sex education to teach the subjects in their entirety.

Areas of opportunity for health personnel.

(a) define its functions and mission in the workshops on sex education in schools.

(b) meet the needs of the adolescent population of responsibility.

Areas of opportunity for prenatal care:

(a) integrate the clinical file interrogation of history / obstetrical homogenized to health personnel.

(b) integrate the clinical file interrogation of addiction, whereas the time of use and neglect.

(c) integrate and homogenize criteria on knowledge and training on methods of contraception to the user.

(d) integrate to record causes of teen pregnancy.

(e) provide comprehensive care for the prevention of subsequent unwanted pregnancies.

5. Conclusions and Recommendations

Prevent a pregnancy from occurring in adolescence is not easy, it depends on own teenager as their environment. You should place greater emphasis on the promotion of the use of contraceptive methods for the prevention of two fundamental aspects that are the unwanted pregnancy, as well as sexually transmitted diseases, very interrelated entities. This task depends on the social sphere to which the school belongs as to his own family. Once produced the pregnancy it is important to make an early and appropriate control in order to avoid the complications that brings with it both for the mother and the son. Regardless of the participation of the health sector in
prevention of teen pregnancy and school education, this continuous arising, derived from poor schooling based on the traditional pedagogy that have been trained and is required training approach socioconstructivist to impact this terminal problem of public health from the levels of primary and secondary education.

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Conflict of Interest

The authors declare that no conflict of interests for the publication of this research paper.

References

[1] Vignoli J. Reproducción adolescente y desigualdades en América Latina y el Caribe: un llamado a la reflexión y a la acción. Santiago de Chile: Organización Iberoamericana de la Juventud; 2007; 39-42.

[2] Burgos P, Costreras M, Klassen F. Embarazo en la población adolescente. Experiencia en el Hospital Victor Ríos Ruiz de Los Ángeles y Hospitales tipo IV de la provincia de Bio-Bio. Resímenes IV Congreso Chileno de Obstetricia y Ginecología Infantio-juvenil 2002; 30.

[3] Chen C, Ward C, Williams K, Abdullah A. Risk Factors Affecting Teenage Pregnancy Rates in the United States. European International Journal of Science and Technology 2013; 2 (2): 41-51.

[4] Camacho C, Camacho G, Gaviria P, Lision I, Molina A, Ortiz L. Embarazo en la Adolescencia. Albacete 1994-1995. Revista de enfermería. 1996; 6:1-8.

[5] Guttmacher A. Into a New World: Young Women’s Sexual and reproductions lives, New York, NY: The Institute 1998.

[6] Andere E. "El Modelo Educativo en México" en México Sigue en Riesgo: Monumental Reto de la Educación. México: Editorial Planeta; 2006.

[7] Barros T, Barreto D, Pérez F, Santander R, Yépez E, Abad-Franch F, et al. Un Modelo de prevención primaria de las enfermedades de transmisión sexual y del VIH/SIDA en adolescentes. Washington D.C. Rev Panam Salud Pública. 2001; 10 (2).

[8] Jauregui ML. Maternidad temprana, pobreza y educación. Taller sobre embarazo en adolescentes. Kingston, Jamaica. 2000; 1 (16): 3-7.

[9] Schnart PF. Teenage pregnancy: Ours responsibility. New York: Ed. Scientific; 1995.

[10] Bishop D. Teenage pregnancy – An Adolescent Health Issue in Australia. Nurtitinga electronic journal of nursing. 2007; 8: 1-9.

[11] Salvatierra L., Arauca M, Ramírez P, Reyes L, Yovanó C, Orozco A, et al. Autoconcepto y proyecto de vida: Percepciones de adolescentes embarazadas de un sector periferico de Santiago, participantes de un programa de educación para la salud. Revista de Psicología. 2005; 16:141-152.

[12] Moreno S, León Canelón M, Becerra L. Conducta sexual, conocimiento sobre embarazo y necesidades percibidas con relación a educación sexual, en adolescentes escolarizados. Espacio Abierto 2006; 15: 787-803.

[13] Rojas D, Alarcón MH, Calderón P. Vivencia del embarazo en adolescentes en una institución de protección en Colombia. Index Enferm. 2010; 19 (2).

[14] Díaz A, Sanhueza RP, Yaksie BN. Riesgos obstétricos en el embarazo adolescente: estudio comparativo de resultados obstétricos y perinatales con pacientes embarazadas adultas. Revista Chilena Obstetricia Ginecología. 2002; 67 (6): 481-487.

[15] Alarcón R, Coello J, Cabrera J. Factores que influyen en el embarazo en la adolescencia. Rev Cub. 2009; 25: 1-2.

[16] Torres P, Walker D, Gutiérrez JO, Bertozzi S. Estrategias novedosas de prevención de embarazo e ITS/VIH/SIDA entre adolescentes escolarizados mexicanos. Salud Publica Mex 2006; 48 (3): 308-316.

[17] González-Garza C, Rojas-Martínez R, Hemandéz-Serrato M, Olaz-Fernández G. Perfil del comportamiento sexual en adolescentes mexicanos de 12 a 19 años de edad. Resultados de la ENSA 2000. Salud Publica de México. 2005; 47 (3).

[18] Sánchez A. Embarazo en adolescentes caso del Hospital Obstétrico de Pachuca. [Tesis de licenciatura]. Pachuca: Universidad Autónoma del Estado de Hidalgo; 2005.

[19] Ortiz RM, Serrano T. Salud y sexualidad en el estado de Hidalgo. Pachuca: Universidad Autónoma del Estado de Hidalgo; 2010.

[20] Garfinkel, H. (2002). Ethnometodology program. MD: Rowman & Littlefield Publishers.

[21] Cohen, L., & Marioni, L. (1994). Research methods in education (4th ed.). Great Britain: Biddles Ltd, Guilford and Kings Lynn.

[22] Denzin, N. K., & Lincoln, Y. S. (Eds.). (2003). Strategies of qualitative inquiry (2nd ed.). Thousand Oaks, CA: Sage.

[23] Denzin, N., & Lincoln, Y.S. (2004). Strategies of qualitative inquiry (2nd ed.). London: Sage.

[24] Polit DF, Hungler BP. “Diseno y métodos en la investigación cualitativa”. En: Polit DF, Hungler BP. Investigación científica en ciencias de la salud. 6ª ed. México: McGraw-Hill Interamericana; 2000. p. 231-247.

[25] Salamanca Castro, AB. Crespo Blanco CM. El diseño en la Investigación Cualitativa. Nure INVESTIGACIÓN, nº 26, 2007.

[26] González, F. (2006). Los métodos etnográficos en la investigación cualitativa en educación. Recuperado de: http://biblioteca.idict.villaclara.cu/biblioteca/compendios-informativos/metodología/11.