



Risk factors that affect teenage pregnancy from the perspective of pregnant students

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Abstract

Introduction: the students under study experienced direct and indirect emotional neglect by their parents within a context of social and cultural deprivation. Teenage pregnancy also involves disadvantages described by the students: loss of freedom, engagement in parental responsibilities and exclusion from the peer group, as the adolescent mother is devoted to the care of the baby.

Objectives: the aim of this study was to establish the risk factors that play a role in teenage pregnancy from the perspective of pregnant students.

Material and methods: we conducted a qualitative study from a phenomenological perspective. We performed semi-structured interviews with 6 pregnant students aged 16 to 19 years from a rural area in Chile.

Results: most participants did not drop out of the school system, but they did not live adolescence like their peers that had no children, as they focused on their role as mothers and not as daughters dependent on their parents, which generated inner conflicts, anxiety, fear, feelings of guilt and frustration, drastically changing their reaction or responses to events in everyday life, accelerating the cognitive maturation process relative to their age, and changing their behaviour, needs and priorities.

Conclusions: the results of our study raise a red flag and call for the revision and promotion of strategies for the prevention of teenage pregnancy.

Key words:

- Risk factors
- Teenage pregnancy

Factores de riesgo que inciden en el embarazo adolescente desde la perspectiva de estudiantes embarazadas

Resumen

Introducción: los casos estudiados vivencian abandono emocional directo e indirecto por parte de sus padres y contextos de privación social y cultural. El embarazo en la adolescencia también acarrea desventajas expresadas por las alumnas: pérdida de la libertad, asumir responsabilidades parentales, exclusión del grupo de pares, dedicándose la madre adolescente al cuidado del bebé.

Objetivo: el objetivo de este trabajo es dar a conocer los factores de riesgo que inciden sobre la ocurrencia de embarazos adolescentes desde la perspectiva de estudiantes embarazadas.

Material y métodos: cualitativo, que se basa en la perspectiva fenomenológica. Se realizaron entrevistas semiestructuradas a 6 estudiantes embarazadas entre 16 y 19 provenientes de un sector rural de Chile.

Resultados: en la mayoría de los casos no hubo deserción del sistema escolar, pero estas adolescentes no vivencian en la etapa de la adolescencia de manera similar a sus compañeras que no son madres, centrándose en su rol de madre y no de hija dependiente del cuidado de sus padres, lo que acarrea conflictos internos, generando angustia, miedo, sentimiento de culpa y frustración, cambiando drásticamente la reacción o respuestas ante los acontecimientos del diario vivir, acelerando el proceso de maduración cognitiva que a su edad correspondería, modificando su conducta, necesidades y prioridades.

Conclusión: los resultados obtenidos constituyen un llamado de alerta y un incentivo a la revisión y promoción de estrategias para prevención del embarazo adolescente.

Palabras clave:

- Embarazo adolescente
- Factores de riesgo

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INTRODUCTION

Adolescence is considered an especial period of maturation. It is an important stage characterised by the initiation of conscious individuation and the definition of self-identity, ultimately leading to autonomy.¹ A salient feature of this stage is the blurry boundary between identity and narrative, which will gradually solidify on the path to adulthood.² It is expected that by the end of this period adolescents will become independent from the family of origin and pursue goals and objectives fitting their intelligence and skills and according to the opportunities given by the environment.³ However, it is important that adolescents have the necessary information to make conscious choices and for families to allow them to play out the roles they have selected for themselves; that is, to allow autonomy, as establishing one's own rules is part of making one's own choices.⁴

In this stage of life, teenage pregnancy is a significant issue in most countries of the world. This manifests both in its epidemiological characteristic and the social, family and individual repercussions associated with it.

There is a growing number of adolescent mothers who suffer various negative repercussions in their social integration. Teenage pregnancy in Latin America has given rise to a vicious cycle of inequality that prevents women and their children to get out of poverty.⁵

In Chile, approximately 40355 children are born each year to mothers aged 15 to 19 years. To this we ought to add another 1175 births in girls aged less than 15 years. This corresponds to an incidence of teenage pregnancy of about 16.16%.⁶

From a sociocultural perspective, pregnant adolescents have fewer opportunities to study or work, as most are forced to drop out of the school system, resulting in a very low educational attainment that precludes them from obtaining good enough jobs to at least cover their basic needs. This situation is aggravated by the condition of single mothers that most of these adolescents end up facing, as their partner is usually a male adoles-

cent or young man that refuses to take on the responsibilities of fatherhood, which results in neglect of the mother and child at the emotional, economic and social level.⁷

The scientific literature on school dropout is extensive. Some studies on the subject have summarised the risk factors for school dropout, which can be categorised into individual, school, family and community factors. Individual factors include poor academic performance, negative attitudes towards learning or behavioural problems unrelated to academic performance (such as teenage pregnancy or substance use). The school factors that have proven to be significant in dropout mainly involve the quality of the teaching. Some of the important family factors are belonging to a single-parent household and low parental educational attainment.⁸

Of all pregnant students, 40% are adolescents aged 14 to 17 years. When it comes to school dropout as a result of pregnancy, age has been identified as one of the most important factors, as 28.9% of teenagers that get pregnant drop out of school. This is why research has explored what other factors play a role in the social changes experienced by adolescents and how their environment may promote early pregnancy.⁹

The results of the 2013 Encuesta de Caracterización Socioeconómica (Socioeconomic Characterisation Survey) revealed differences between male and female individuals in the reasons to not go to school: the main reason in males was limited economic means (23.6%), while in females it was pregnancy or motherhood (28.7%).¹⁰

MATERIALS AND METHODS

We conducted a study with qualitative methodology from a phenomenological perspective, exploring the point of view of participants to reconstruct the feelings, thoughts and actions of pregnant students. We obtained data from in-depth interviews and field observations, exploring and interpreting the phenomenon of teenage pregnancy from a holistic, interpretational and also empathic perspec-

tive, guided by the experiences of interviewees

We conducted individual interviews over a period of several days in the absence of any third parties. The interviews were semi-structured, so that interviewees could add any element they considered relevant to make the interviews more interactive, participatory and personal.

For the full interpretation of the content provided by interviewees, we performed a descriptive analysis of their narratives. We also established dimensions and subdimensions to allow a more detailed analysis.

RESULTS

We arranged the content of the interviews by dimensions, grouping content with a similar subject matter.

Perception of pregnant students of pregnancy and their immediate social context

- The first dimension we sought to explore was how pregnant students perceived pregnancy, their experience with pregnancy and how their families faced this event in their lives.

Individual perception of students of their own pregnancy

- Interviewee no. 2: "You see life differently, kind of more... beautiful, not everything is bad anymore, you start to realise all the efforts that your parents do to make sure you're well, I think all of this makes you mature when you're pregnant".
- Interviewee no. 2: "I think it is a huge responsibility, you have to give up things, like going out, you cannot go out anymore, you have to be constantly tending to your baby... things like that. It is... there not so many negative things, because now there are many opportunities for pregnant women, I see little of it".
- Interviewee no. 1: "I found more disadvantages than advantages, the hardest thing was to accept it, because it is up to you... My boyfriend

could not acknowledge the baby because he is studying to be a customs officer and since he was far away I had to go through everything alone, went to my pregnancy appointments alone, did everything by myself, and it was hard, because we all need someone".

- Interviewee no. 1: "Although this was a, sort of, unwanted pregnancy, it was something good that happened to me, because now, seeing the results... my son has already grown some, I feel happy when he laughs, when he bubbles and all that. Now, when I see my soon he makes me so happy".
- Interviewee no. 3: "The thing is that having a kid and being so young and so full of dreams is a huge responsibility, because your neurons are firing away and I had to grow up no matter what, because if you have a child, you cannot think like a girl anymore, because your life changes. You're a mother, you have to teach values, educate your child, tell them what is right and what is wrong".
- Interviewee no. 3: "One of the drawbacks is that you have a harder time developing in the outside world, pursuing your dreams, it is not, like they say, that it makes your life complicated, but it makes taking the next step harder, that is, it slows you down a bit; yes, you can still do the same things, but maybe it holds you back a little".
- Interviewee no. 4: "I think one of the advantages of being pregnant as a teenager is that you mature fast. And you also feel like everyone worries about you and helps you out; the downside is that I cannot do the things I used to do, like going out, and I also cannot sleep full nights".
- Interviewee no. 4: "I've felt totally supported by my boyfriend and my parents too, communication has improved, especially with my mom, because we used to not get along well".
- Interviewee no. 5: "One advantage is that you get to know who is really on your side, because sometimes they say they are there for you, but then they are not ...".

- Interviewee no. 7: “No, I don’t see any advantages, only for Eduardo’s family, because it would be their first grandchild, but I see no advantage for my family”.
- Interviewee no. 7: “The disadvantages are not being free to go out, not being able to do the things I used to enjoy, having too much responsibility, all that”.
- Interviewee no. 7: “The hardest thing was that I was studying and thinking that it’s going to be difficult to continue studying, but I am more hurt by how my dad is treating me than by being pregnant itself”.

The perceptions about teenage pregnancy of the students varied, as their emotional stability in this process depends on the support offered by the main players involved in the situation: the fathers of their babies and their families, who in some instances resulted in caring for the students, although due to the experience of a stressful life event, they had to go through various conflicts as individuals and within the family.

However, the greatest challenge of maternity at an early age for these students is that they continued to depend financially on their families, with whom they lived in 80% of cases. This also has an impact on the family system, as a pregnancy is an event that restructures family functioning and introduces new roles in the family, which gives rise to several social changes and friction within the family system, such as crowding, interpersonal conflicts, etc.

Perception of families of pregnancy and birth in their young women

- Interviewee no. 5: “Some said that they did not want to see me again and the rest supported me, they dropped by asking about me, they showed they cared...”.
- Interviewee no. 4: “At first they were really hurt, my mom yelled at me, she was disappointed, that’s why when I found out I didn’t tell her, first I told an aunt... And then, together, we told my mom; she did not want to tell my dad, after 6

months they told him, because he was working in the north, but he took it in his stride and told my mom to support me all the way, that there was nothing they could do at this point”.

- Interviewee no. 2: “I don’t know, she kind of said... ‘Oh no, you’re going to have so many responsibilities now, your life is going to change one hundred percent!’. She was disappointed because she always wanted the best for me... my dad took it calmly, as if he was expecting it”.
- Interviewee no. 1: “Yes, I do remember, my mom didn’t say anything to me, she like kept drinking her coffee, never a word, not even scolding. She just said I had to figure it out on my own”.
- Interviewee no. 3: “She had her eyes on me, it was like I had a different future, something different from continuing to study. She said she’d support me in everything, I think it is hard for any mom to have a daughter get pregnant at 17. Especially since my mom has four kids and she made it eighty percent on her own”.
- Interviewee no. 7: “The hardest thing for me is my parents, they got very angry, before I didn’t get along with my dad and now we get along even worse. Now it is more intense, before we didn’t have many disagreements, but now they fight with me about everything”.

The families of pregnant teenagers exhibited a variety of initial reactions in response to this stressful event in the adolescent’s life.

Individual psychosocial factors

Each human being is unique, and this individuality manifests in the personality, beliefs and goals of each person. However, despite the singularity of each pregnant student, they do share some psychosocial characteristics that have been previously described, such as low self-esteem, limited interaction with their peers and a need to belong, which was implicitly expressed in the in-depth interviews and the life narrative of each of the participants.

Self-image

When it comes to their self-image, some pregnant teenagers perceive themselves negatively and in a critical light, focusing only on the negative aspects of their personality, and this is directly correlated to the low level of self-esteem that they express having. Broadly speaking, the individuals that have the greatest impact on the development of personality and self-acceptance are the primary groups to which we belong as human beings: family groups, friends, and love relationships.

- Interviewee no. 4: “I don’t know, that is what I wonder, and I tell my mom, why are my sisters calm and I am this nervous, when we were all raised the same way? It upsets me and that’s why I hit my older sister, and she tells me: ‘Hit me then, if it makes you happy...’. Ugh, that makes me even angrier!”
- Interviewee no. 2: “It was like a rebel stage in my life, I felt I was not getting much attention, and I think it was my fault. Yes, because they would ask me ‘Belén, why are you acting this way?’, and I didn’t want any of it. I was very different, I was not positive, like everything I saw was dark, I didn’t have friends because I always told myself that friends will betray you, I had a hard time having relationships. I did not have a problem interacting with other people, getting to know them, that kind of stuff, but I had difficulty trusting, I found it hard”.
- Interviewee no. 2: “Ah, my self-esteem was really shot... Because I did not have friends... I had all these pimples in my face, I did not bother grooming or dressing up, I felt no motivation to try to look good”.
- Interviewee no. 1: “I felt bad because I always had problems for one reason or another, because I felt alone without support from anyone for anything”.

There is no question that self-esteem is a subjective perception that each individual has of him or herself on account of personal virtues and flaws; in the case of the pregnant teenagers in our sample, despite the initial decline in self-esteem, it did

bounce back. Their self-esteem has increased with time, since having a stable partner makes them more confident in themselves, as does fulfilling the responsibilities that come with motherhood and the countless joys they perceived through pregnancy, all of them a reflection of the resilience that allows the necessary adaptation to the changes brought about by this momentous event. Thus, the mental health of the adolescents (associated with the inner emotional life of the interviewees) determined how they acted and perceived their lives.

Need to belong

- Interviewee no. 1: “I wanted to have a child, I don’t think I could ever feel alone, because he (Matías) is pure love”.
- Interviewee no. 4: “I was starting to worry that I wasn’t getting pregnant, so when I got the test results I felt happy, and also a bit scared about my mom, because she gets angry and yells all the time. I wanted to be a young mom because I wanted to be young when my child was grown up to not feel alone at night, because my dad is a driver and he travels a lot. I just wanted to be a mom, I did not think of anything else, about how to raise the baby or anything, because I knew my boyfriend would help me out”.
- Interviewee no. 2: “Yes, I think that my baby is going to be like the little person that will be there always, giving me strength, always there, pushing me on, to have a career, so I can offer my child a good future”.
- Interviewee no. 2: “I would choose to get pregnant, because it is the greatest motivation to... It gives you the strength you need to fulfil your dreams, to accomplish things, because if it were for me, just me, maybe I would not take it so seriously, I would not be so earnest about things... I would choose to get pregnant”.
- Interviewee no. 7: “Yes, I think that now I am motivated to find my way and work, but not for me, really, but for him... I want to study and find a job and leave home”.

The feeling of belonging is a vital need for humans, and it seems that it is a risk factor for teenage pregnancy, as the families in our sample seemed to be detached, so that participants sought to satisfy this need outside the family circle, as the romantic partner can be a very important source of social support and emotional safety in adolescence. However, the arrival of the child provides an anchor that motivates the adolescents and gives them the sense of security that they crave, as from that moment on they have a child that belongs to them and furnishes the company that they were unconsciously seeking.

Limited social interaction with peers

During adolescence, the most important influence in the psychosocial development of the individual comes from the peer group, including friends, classmates, etc, as the adolescent seeks to identify models of behaviour that then get internalized.

One of the psychosocial risk factors for teenage pregnancy is limited social interaction with peers, either in the context of informal groups or with the friends or groups that the adolescent seeks to belong to.

- Interviewee no. 2: “I felt alone. Yes, because, I don’t know, I felt like I did not have any good friends, I did not trust people, because the girlfriends I had, like, they always kept me at arm’s length, one was just like that, we never had any issues, but we just grew apart because of her studies”
- Interviewee no. 1: “My boyfriend was very moody, possessive, he was jealous of all friends, of everything. He was really super jealous. But not anymore, it’s like Matías changed our lives completely”.

One of the factors that may play a role in the limited interaction with peers is the personality of the adolescents that become pregnant, which may have predominantly introverted traits, interact little with people or have shallow relationships; however, there are instances where romantic relationships pose a barrier, when the partner is exces-

sively controlling of the activities of the adolescent and keeps them from spending time with friends of either sex, which makes the adolescent withdraw and become dependent on a single relationship.

Local culture

In this dimension, we analysed the influence of the local culture, within which we considered aspects like socioeconomic level and educational attainment, in addition to assessing whether these factors were related to teenage pregnancy.

In Bronfenbrenner’s ecological model,¹¹ the fourth level or macrosystem represents that the development of individuals is the product of multiple influences that come from the different contexts where their lives unfold. The influences exerted between the subject and the environment are bidirectional. This theory conceives of the subject as a dynamic being that is influenced by the environment but that also has the capacity to restructure this same environment.

Socioeconomic level

This aspect refers to the standard of living of the interviewed students, who placed in the first three quintiles of household income, a reflection of the scarcity of economic and social network resources, which hinders personal fulfilment.

The students reported feeling that the environment conditioned how they experienced their pregnancy, and particularly considered the socioeconomic factor essential in their conception and planning of their life trajectory, and they did not contemplate within their personal and social resources the possibility of accessing social and institutional networks as possible sources of support to counteract their adverse socioeconomic status.

This brings up questions regarding the true social impact of institutions serving the most vulnerable groups of our society from the perspective of the social responsibility that they have to improve quality of life in these disadvantaged subpopula-

tions and reaching out to individuals that do not currently have access to the benefits afforded by social services. It raises doubts regarding the impact of social integration and equal opportunity programmes based on sex and the impact of sexual and reproductive health programs, and reflects how these programmes do not seamlessly reach the low-income female adolescent population.

- Interviewee no. 4: “My life would be different because I would have the resources to study and fulfil my dream, which was to become a police officer, it would be totally different, I think”.

The indicator used to assess the socioeconomic status of the students was the income of their parents, who had temporary employment, which is poorly paid and resulted in income below the poverty level (source: student files).

Educational attainment

This dimension refers to the level of education obtained in important subject areas, especially by the parents of the students in the sample. In this dimension we analysed the influence of attainment throughout generations and how low attainment can be a risk factor in families for poor personal development and quality of life, as knowledge provides confidence and the necessary tools to lead and prevent.

The indicator of educational attainment used in the study was whether parents of the students in the sample failed to complete their secondary education; we found that the majority did not complete lower secondary education, which plays a role in the low household income. Furthermore, the students we interviewed were adolescents midway through their lower secondary education (source: personal student files).

We can conclude that most of the interviewed students had commonalities when it came to social factors. We ought to highlight the type of employment in their family, belonging to families with low educational attainment, and socioeconomic status in general.

On the other hand, when it comes to the reasons why they eventually became pregnant, these were the most salient:

- The interviewed students generally engaged in sexual activity before receiving specific information on birth control methods and how to use them responsibly.
- Participants had common characteristics, such as: being adolescent mothers, daughters of single mothers, daughters of mothers that were adolescents at the time of birth, being from households of low socioeconomic status and families with poor communication and low educational attainment, all of which makes it reasonable to assume that they lacked emotional stability and had to learn to assume responsibilities and shift priorities in a short period of time.

Household structure

This dimension studies household structure as a dominant social factor in the proliferation of teenage pregnancy among students, as adequate functioning of the nuclear family results in adequate childrearing measures that allow each member of the family to correctly go through each of the stages of psychosocial development.¹²

Family dynamics

Family dynamics refers to the interaction between different subsystems within the family system, and determining these dynamics is essential for the purpose of understanding how the family system functions in relation to adherence to family roles, communication between family members and boundaries between subsystems; when the boundaries are blurry, it is more likely that the family is dysfunctional or has multiple problems.

- Interviewee no. 2: “We did not communicate well, because before I was headstrong, and when she tried to talk to me, it’s like I wouldn’t... Just to see if she would worry, take an interest, or try to find out what was up with me, why I was acting this way ...”.

- Interviewee no. 1: “My mom has problems with alcohol, I think she’s addicted. She’d hit us for whatever reason, out of the blue, because we did not want to go to church, stupid reasons. Once she hit my sister because she did not rinse a dish well, we made the meals at home, everything”.
- Interviewee no. 4: “I always argue that my mom always sides with my older sister, the thing is that she is not my dad’s daughter, my mom was a single mom and she always favours her, and my dad always sides with my younger sister, and I tell him: why do you love her more, when I am older? And they tell me that because she’s the baby, they treat her like that, and that they love me the same, but before I used to get angry because I felt they did not pay any attention to me”.
- Interviewee no. 7: “yes, because the problems he had made me want to leave home, and he told me if I got pregnant I would get kicked out, that’s why I also tried to kill myself.”

When it came to the interaction between the pregnant students and their families, there were several factors involved, parents and children with communication problems that resulted in conflicts within the family system, the emotional neglect experienced by these adolescents, and dyads, triads and other alliances that formed between family subsystems either due to affinity or to the attention granted to different children in these families, as sometimes siblings from different parents lived together in the same household, so that excluded members would seek to fulfil their needs outside the family unit, either within their peer groups or through their romantic relationships.

We ought to mention that most of the families of origin of the participants were characterised by detachment due to the boundaries formed within the family group, due to the aforementioned formation of dyads, triads and alliances between subsystems. The students expressed that their parents had either permissive or authoritarian parenting styles that promote dysfunction in the family unit, with a lack of adherence to parental roles, in part influenced by the lack of education of the parents.

Sex education is a key aspect in the integral education of individuals, for beyond knowledge of pure biology, it includes essential processes such as the development of gender identity or love relationships, patterns that are usually transmitted from the family unit influenced by the cultural patterns of the larger community to which the students belonged. However, affection plays a heavier role in the onset of sexual activity in these teenagers, for if the family to which they belong fulfilled their emotional needs, these girls would not hurry to seek sexual intimacy or emotional security in a partner this early in life.

Sex education given by parents

- Interviewee no. 2: “We do not discuss sex itself, never talk about it, of the methods... They told me to be careful but didn’t give me any details”.
- Interviewee no. 1: “No, never. And it is necessary because we all need our moms to tell us about everything, especially when one is already dating and all that”.
- Interviewee no. 4: “Yes, my mom told me again and again, I was tired of it every day and it made me upset and I would tell her to shup up and then leave. No... she only told me that, take care, take care, but constantly, so I was fed up”.

Use of birth control methods

In adolescence, risk behaviours are frequent due to a lack of adequate information on contraception, so that teenagers act based on beliefs and ideas that are incorrect and unscientific in most instances. Other possible factors are the incorrect and inconsistent use of birth control methods, engagement in unplanned and sporadic sexual relations, and unprotected sex.¹³

Thus, on this subject, the pregnant students reported that they used birth control methods inconsistently, however, we found that on this subject the students did not have a particularly strong interest, but rather they stated that they had sexual relations because they needed the affection, the emotional security that they did not

find in their homes and instead found in their partners.

- Interviewee no. 2: “I did not... I knew little about birth control, only knew about condoms, pills and the copper IUD. I didn’t know about the vaginal ring, the calendar rhythm method...”.
- Interviewee no. 1: “I didn’t use them because the pill hurt me, they made me dizzy and made me vomit, I bought the pills, the ones the doctor gave me made me sicker”.

Sex education programmes in school

In this dimension, we found that the school did not offer sex education programmes, as they did not have the human resources needed to implement this type of programme, did not have a counsellor, and only starting this year offered guidance classes within the curriculum as a way to promote the integral development of their students; however, these classes do not address sex education explicitly, considering what we have presented above.

- Interviewee no. 2: “Perhaps if I had... If my school had offered sex education classes for children to be more aware.... Things like that... and I had known the pros and cons... of sexual relations, of everything, it’d have been different ...”.
- Interviewee no. 4: “Yes, I think in school they don’t tell them much about it because of religion, I think, and in religious schools they don’t discuss this too much.”

DISCUSSION

We believe that the information provided by the accounts of the interviewees reflects the experience of pregnant students, as the methodology employed allowed the research team to reach the roots of the phenomenon beyond the isolated event of the pregnancy, revealing the individual psychosocial perception of the adolescents.

The dimension of self-esteem turned out to be a factor that was associated with pregnancy in all 6 interviewees: since they had low self-esteem, the

students did not feel secure on their own and sought someone outside the home to give them love, devotion and affection. It is clear that we internalise the messages we receive from a young age, and self-esteem is shaped by the expression of how others perceive oneself (as conveyed by their words and attitudes), what one believes others think of oneself (which involves the subjective interpretation of those messages) and what one believes oneself to be (a personal perspective that develops in deep association with the previous two).

We ought to highlight the importance of the factor of adolescents developing self-esteem in the household, as this provides the tools that makes them understand the importance of self-acceptance and being valued in the family unit.¹⁴

When it came to peers, students recognised that from the time they stated their respective relationships they became solely focused on their partners, who were jealous and asked them not to meet with their peers, so the adolescents started to withdraw from all social relationships, getting attached to the affection, love and attention they received from their partners and changing their social behaviour.

As for the roles in the family, in most instances pregnant students experienced direct and indirect emotional neglect by their parents in the context of family dysfunction, as in 50% of cases they belonged to single-parent households where the mothers were the sole providers of the family, so that children spent most of the time alone, which can lead to them seeking to have their needs met outside the home, making them more vulnerable to the influence of third parties, to which we must add the effect of lacking the father figure, which usually provides the boundaries, emotional security and sense of self-reliance; thus, most of these children tend to feel insecure, which has an impact on their self-esteem and psychosocial development.

Furthermore, we found that the parenting style in these families was dichotomous, as in some cases it was a permissive or *laissez faire* style without

boundaries, by which adolescents were allowed to do anything, with no respect to the rules, when human beings need boundaries, as individuals, being social agents in a community, need to adapt to the systems where they participate assuming the rules of conduct, values, traditions etc; and in the other extreme we found authoritarian parents characterised by an excess of rules, so that adolescents had little autonomy, which makes them insecure, easily influenced and unable to make their own decisions.

At the institutional level, the sex education delivered in the school was deficient, not to say non-existent, and the school lacked a counsellor, sex education and emotional health programme, which is a disadvantage that promotes the proliferation of teenage pregnancy, one of the problems most commonly identified by the actors in the school community, be them students, teachers, assistant teachers or administrators, which has motivated the implementation of guidance classes in the curriculum, where teachers have mainly

focused on the prevention of social problems such as unwanted pregnancy, school bullying, smoking, violence of any kind etc. At the same time, the lack of a sex education programme is compounded by the scarce and vague information provided by parents.

Lastly, based on the accounts of the students and the rural setting where they are growing up, institutions are not giving sufficient importance to sex education, and myths and false beliefs associated with sexual behaviour are still pervasive. These are the roots of the general ignorance about sex, and which public policy should have a greater impact on, with more vigilant intervention, demanding that institutions representing the state, in cooperation with civil society, undertake their massive and specific dissemination.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare in relation to the preparation and publication of this article.

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