

SELF-ESTEEM AS A PROTECTIVE FACTOR TO PREVENT UNWANTED PREGNANCY IN ADOLESCENTS FROM A PUBLIC UNIVERSITY IN QUITO. 2019

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Abstract: This research work analyzes the data found on unwanted pregnancy, adolescent self-esteem and its relationship with the development of sentimental and sexual partners in the university context in a population of students from a public university; The Rosenberg self-esteem test is applied to a population of 342 students in the chronological phase of life at the end of adolescence, as a result it is evident that they have high self-esteem (71.3%) and the presence of pregnancy (4%). Therefore, we can characterize that having a high self-esteem is positive to avoid unwanted pregnancies in this population group. The use of contraceptive methods is 42.1%, there is a group that has never used contraceptive methods and it is 46.5%, ends up being an indicator of the lack of effectiveness of sexual and reproductive health programs implemented by the Ministry of Health and that can be strengthened to protect this population. We take into account that high self-esteem is the result of the interrelationship of social, family and psychological factors that positively affect the life and development of adolescents and provide strength to avoid an unwanted pregnancy.

Keywords: Adolescence, sexuality, pregnancy, self-esteem, Rosenberg scale.

INTRODUCTION

Adolescence is a phase marked by intense physical and biological transformations, which are associated with others in the social, emotional, cultural and psychological spheres, so that the body assumes a very significant dimension in the adolescent's life. (1)

This favors dating and the beginning of sexual experiences and exposes them to a series of risks that compromise their sexual and reproductive health, in addition to their psychological and social development, since it begins without adequate guidance and

without full knowledge of the complications, that early sexual activity can lead to without adequate protection. (2)

The role of peer interaction, alcohol abuse and peer pressure in the case of girls influence premature and unwanted sexual activity. (3)

The World Health Organization states that in low- and middle-income countries, complications of pregnancy and childbirth are the leading causes of death among women aged between 15 and 19, that the adverse effects of teenage motherhood also extend to the health of your children. children, that about 3 million unsafe abortions are performed on adolescents each year and contribute substantially to maternal deaths and chronic health problems, that more than 30% of girls marry before age 18 and about 14% do so before 15 years old, that early marriage is a risk factor for early pregnancy and adverse reproductive outcomes, that globally, one in five women aged 18 already have a child, that in the poorest regions of the planet the number rises to one in every three women, that teenage pregnancy is more likely in rural, poor, and less educated populations, or that sexually active adolescents are less likely to use contraceptives than adult women, even when contraceptives are readily available, and that they can contracting sexually transmitted infections and HIV-AIDS. (4)

The World Health Organization (WHO 2017) states that an average of 2.5 million adolescents under 16 years of age and 16 million between 15 and 19 years of age give birth each year; that is, 11% of annual births worldwide. Complications during pregnancy and childbirth are the second leading cause of mortality worldwide in this population. In this sense, it reports that 830 women die daily from these complications and that 95% of them occur in developing countries. (5)

According to the data mentioned, the highest percentage of pregnancies is generated

between the ages of 15 and 19, corresponding to the mid-adolescence phase in which psychological and social changes are of vital importance, developing and enhancing an image of oneself that projects for others, identity development, acquiring the skills needed to establish adult relationships and assume adult roles, and the ability to reason abstractly are encouraged. Among the risk factors that favor pregnancy are romantic love, non-use of contraceptive methods, low self-esteem, lack of comprehensive sexual education, exposure to the beginning of sexual activity, increasingly early menarche, drug use, among others. (4)

Adolescent pregnancy has been considered a public health priority in the Latin American and Caribbean region, as this region ranks second in the world after Sub-Saharan Africa. According to the Latin American and Caribbean Statistics Center, Ecuador is the third country in the region with the highest rate of teenage pregnancy, after Nicaragua and the Dominican Republic. In South America: Venezuela, Ecuador and Bolivia have the highest fertility rates: 80.9%, 77.3% and 72.6%, respectively. (6)

According to the study "Adolescent pregnancy and poverty in Ecuador (2019)", the group with the highest risk of teenage pregnancy is composed of: adolescents from urban and rural areas, of low socioeconomic status, without schooling or incomplete elementary education, low knowledge about sexuality and who do not use a contraceptive method. (7)

Self-esteem is important in the mental health of adolescents, being essential in their personal, social and family development, allowing better decision-making, good personality development and a high capacity for social and emotional adaptation.

Self-esteem can be considered one of the oldest concepts in scientific psychology.

William James 1890 says that «The esteem we feel for ourselves depends entirely on what we intend to be and do» (9) while Sigmund Freud (1856-1942) did not deal with self-esteem. On the other hand, he speaks of a self caught between the "superego" and the "id". Pressured by the superego mandates, which means that Anxiety produces alteration of the ego and this in turn produces defense mechanisms, in short, a threatening environment produces alterations, while Jung sees in the unconscious Self a central power and computer of psychic capacity. activity, Alfred Adler (1870-1937) states that the person tries throughout his life to develop self-esteem through actions aimed at overcoming. Carl Rogers (1902-1987) said that it is necessary to accept oneself and thus overcome problems, Abraham Maslow (1908-1970) indicates that man is based on needs and self-esteem is another one of these needs that is necessary to overcome and complete our Development, Virginia Satir (1916-1988) says that the structured family develops a good self-esteem, and it is necessary to express emotions, Eric Berne (1910-1970) tells us that a good self-esteem helps the better development of people making them collaborative, good, assertive The California Commission for the Promotion of Self-Esteem and Personal and Social Responsibility, in 1984, indicates that it is necessary to solve the problems of adolescence such as delinquency, violence, absenteeism and school failure, drug use, increase in unwanted teenage pregnancies, chronic unemployment, etc. self-esteem improvement.

There is a false and erroneous belief that raising self-esteem will eliminate adolescent problems and poor performance, or teenage pregnancy (10), according to Roy F. Baumeister (2003) The modest correlations between self-esteem and school performance do not indicate that self-esteem high leads to good performance.

Ecuador is the third country in the region with the highest rate of teenage pregnancy (10-19 years), after Nicaragua and the Dominican Republic. (7)

According to the 2019 study “Teenage pregnancy and poverty in Ecuador, the group with the highest risk of teen pregnancy is composed of: adolescents from urban and rural areas, of low socioeconomic status, with no schooling or incomplete elementary education, low knowledge about sexuality and who do not use a contraceptive method. (11)

UNESCO has published new evidence-based guidance on the crucial role of education in preventing early and unwanted pregnancies and addressing issues related to them. education leads to a 10% reduction in fertility. In India, a study of 58 programs found that girls in secondary school were 70% less likely to marry early than illiterate girls. (12)

However, today, there is no operational guidance for the education sector on how to deal with early and unwanted pregnancies. The technical report sets out priority areas for action, which promote reintegration policies, comprehensive sexuality education to prevent pregnancy, access to school health services and a safe school environment for girls. “Pregnancy must be approached from the broadest spectrum of life skills or sex education, and not as a separate and isolated topic,” said Joanna Herat, UNESCO’s lead project officer. “Integrating it into life skills or sex education also means the topic is addressed with both girls and boys - recognizing that students of both sexes have a role to play in making decisions about a healthy sex life, now and in the future. (13)

This research intends to contribute to State policies, elements of judgment that contribute to promoting the reduction of teenage pregnancy; Finding positive and supportive answers, the literature shows a

gap in this type of research, thus emerging the hypothesis. High self-esteem can prevent early pregnancy and its main objective is to identify self-esteem as a protective factor that prevents pregnancy in adolescents from the Faculty of Medical Sciences of a Public University, academic year 2019.

METHODOLOGY

We worked with 342 students from the Faculty of Medical Sciences of a public university, to whom a questionnaire was applied that allowed: the collection of demographic data, sexual and reproductive characteristics and the Rosenberg Self-Esteem Scale (RSES) which aims to explore the self -personal esteem understood as feelings of personal worth and self-respect. (8).

This is a descriptive, cross-sectional study applied to the population of late adolescents, belonging to the group of students in the first semester of all careers at the Faculty of Medical Sciences of a public university. The research was developed from the application of a test to determine the type of self-esteem and a structured survey with open and closed questions based on the Clinical History for the care of adolescents (MSP/DNEAIS/Form n° 056/Ene/ 2014) of the Ministry of Public Health of Ecuador, in June and July 2018.

The Rosenberg self-esteem scale (EAR) was applied by the researchers, with the support of student representatives from each parallel of each career, this test was validated in 2009 by Rojas-Barahona, Zegers and Förster, aiming to measure global self-esteem - esteem. The time of application of the scale was approximately 5 minutes, it has 10 items related to statements of feelings that people have about themselves, these are divided into positive items: item 1. I feel that I am a person worthy of appreciation, at least as a as much as others; Item 2. I feel that I have positive qualities; Item 4. I can do things as

well as most others; Item 6. I adopt a positive attitude towards myself; Item 7. Overall, I am satisfied with myself; and Negative Items: Item 3. In general, I am inclined to think that I am a failure; Item 5. I feel I don't have much to be proud of; Item 8. I wish I had more respect for myself; Item 9. I certainly feel useless at times; Item 10. Sometimes I think I'm useless. The Rosenberg scale has a Cronbach's alpha of 0.86. Numerous studies have tested the psychometric qualities of the scale (Hagborg, 1993; Pullmann & Allik, 2000; Rosenberg, 1979; Vazquez Morejon, Jimenez Garcia Boveda, & Vazquez Morejon Jimenez, 2004). from 30 to 40 points high self-esteem, from 26 to 29 points average self-esteem, less than 25 points low self-esteem. (14)

To carry out this research, approval was obtained from the Dean of the Faculty of Medical Sciences and from the directors of the Medicine, Nursing, Radiology and Clinical Laboratory careers, then agreements were established with student representatives. The study respected the ethical values required in research with human beings, respecting the fundamental principles: informed consent and the right to information, protection of personal data and guarantees of confidentiality, non-discrimination, gratuity and possibility of abandoning the study in any of its phases., adolescents were always informed that their participation was voluntary and confidential.

Data were collected in numbered forms and informed consent was attached, which was later separated to blind the collected data, data analysis was performed using the Chi-square statistical test.

RESULTS

STUDIED (n=342)	Variable n(%)
BIRTH GENDER	Female 227 (66,4)
	Male 115 (33,6)
MARITAL STATUS	Single 336 (98,2)
	Stable union 5 (1,5)
	Separated 1 (0,3)
NATIONALITY	Ecuadorian 335 (98)
	Foreigner 6 (1,8)
ETHNICITY	White 5 (1,5)
	Mixed race 322 (94,2)
	Afrodescendant 1 (0,3)
	Indigenous 12 (3,5)
	Others 2 (0,6)
ORIGIN	Countryside 108 (31,6)
	Urban 221 (64,6)
	Urban Marginal 10 (2,9)
ECONOMIC SITUATION	Dependent 321 (93,9)
	Independent 21 (6,1)

Table I. Sociodemographic characteristics of adolescent students

The age of students in the first semester corresponded to 21.6% from 17 to 18 years old and 66.1% from 19 to 20 years old. 66.4% are women, most are single, only 5 are in a stable relationship, most are Ecuadorians and mestizos, 7 out of 10 come from urban areas and 9 out of 10 students are dependent on their economic situation. The sociodemographic characteristics are presented in Table I.

ROSENBERG'S SELF-ESTEEM	(n=342)
Self steem n(%)	High 244 (71,3)
	Medium 58 (17)
	Low 40 (11,7)

Table II.

The scores obtained with the self-esteem scale are shown in Table II, 7 out of 10 students have high self-esteem, corresponding to 71.3%, average self-esteem 17% and 11.7% who have low self-esteem.

TEENAGE PREGNANCY		(n=342)
Pregnancy		n (%)
No		328 (95,9)
Yes		14 (4.1)

Table III.

Table III shows the occurrence of teenage pregnancy, 0.4 per 10 pregnant students. In table IV, self-esteem and pregnancy are related. When applying Pearson's square statistics, the value of 3.484 and $p=0.175$ were obtained. In the chi-square statistic, the likelihood of 5.264 and the value of $p=0.072$.

PREGNANCY	NO	YES	TOTAL
Variable	n (%)	n (%)	n (%)
Self steem	High 231 (67,5)	13 (3,8)	244 (71,3)
Medium	57 (16,6)	1 (0,29)	58 (17)
Low	40 (11,7)	0 (0)	40 (11,7)

Table IV. Self steem vs pregnancy. (n=342)

In table IV, we can observe the presence in percentage of high self-esteem in 67.5% of the studied population who did not have a pregnancy and 3.8% had a pregnancy, average self-esteem in 16.6% who did not have a pregnancy, only 0.29% are pregnant; and 40% of low self-esteem who are also not pregnant. The group that is pregnant and has high self-esteem is 3.8% of the student population and a minimum of 0.29% with average self-esteem.

DISCUSSION

Considering the population, university students, their general sociodemographic characteristics are similar to those of the general population. Regarding our hypothesis that high self-esteem is a protective factor for teenage pregnancy, it is confirmed since only 4% report this condition of pregnancy, data from the National Institute of Statistics and Censuses (INEC) indicate that, in In 2019, 17.5% of the total pregnancies that occurred and registered were adolescents between 15 and 19 years old. (fifteen)

The explanation of the data obtained in general, in this research, refers to what Jiménez (2017) states, the sociocultural context and access to education by adolescents is of considerable value in responsible sexual and reproductive decisions. (16)

The self-esteem of 7 out of 10 students is high in both males and females. Therefore, no difference was found between men and women, which differs from the findings of González (2010), (17), who mentions that "The subject's gender is important in the formation of self-esteem, especially women have lower self-esteem. esteem because they are moving away from traditional stereotyped roles". It must be mentioned that there is a discrepancy with González (2010), (17) because he mentions that there is a clear tendency to low self-esteem in young people who enter university, which can be a consequence of a high level of anxiety, in our study, o The data show the opposite, students seem to feel like winners for having managed to pass the entrance exam with high grades, which allowed them to enter university studies in health-related careers. At this point, it will also be important to address the results on the life project, as 87.1% of the students reported having a life project, and they also have it clearly established from the age of 19, is also mentioned by Baeza (2007), (19) in their study on the identification of

risk factors and protective factors for teenage pregnancy.

Coinciding with Kuri-Morales (2020) (20), it is observed that in general, in our case, half of the adolescents need sexual and reproductive education, which must aim to increase information and knowledge about the correct use of the drug. condoms, access to contraceptive methods, demystification of fears, beliefs about their possible side effects, among other topics, as mentioned by Campero (2019), (21) knowledge of reproductive biology. Aburto(2020), (22) in his research on the sexual-reproductive health profile of medical students, concludes that it is important to promote specific sexual competences among those who will be doctors in the future, and this must be for all medical students. the Faculty of Medical Sciences.

Parra (2013), representative in Ecuador of the United Nations Population Fund (UNFPA) states that precocity is not a story, in Cuenca, adolescents between 12 and 18 years old were studied and concluded that the average was fifteen years for men and 14 for women of coital onset age. In addition, pregnancy occurs if there is no regulation of the erotic stimuli that the adolescent receives, if there is a lack of information and a lack of educational elements for decision-making.

The use of contraceptive methods is 42.1%, who never used methods 46.5%, ends up being an indicator of the lack of effectiveness of sexual health programs. Salazar found the same, 16.6% of adolescents used planning methods before pregnancy. (25) and Heavey E. reported that 82% of adolescents did not use them. (2010), (26)

Most of the people studied had high self-esteem, different from that found by Overbeek (2010), (29) who mentions that most students had normal self-esteem, and even more so with Ceballos (30) who indicates that in university students, 15.7% had low self-esteem.

CONCLUSION

This group of students of late adolescence from the Faculty of Medical Sciences of a public university located in Quito, has a high self-esteem (71.3%) which fortunately had a protective influence against the presence of teenage pregnancy, which is only a (4 %). These results indicate that we can intervene based on protective factors such as adequate education on sexual and reproductive health, contraceptive methods that strengthen their knowledge on the subject.

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