
Curso de capacitación para contribuir a la disminución del embarazo en la adolescencia

Training course to contribute to avoiding pregnancy in adolescents

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Resumen: Debido al insuficiente conocimiento por parte de los actores de la comunidad El Salvador sobre los riesgos del embarazo en la adolescencia, se ha producido un aumento de las tasas de embarazo en esta etapa de la vida, lo que evidencia la necesidad de una mayor gestión de programas de capacitación y acciones educativas por parte de las áreas de salud. En este artículo se presenta una propuesta de curso de capacitación para contribuir a la disminución del embarazo en las adolescentes del área de atención del policlínico docente “Francisco Castro Ceruto”.

Palabras clave: Embarazo en la adolescencia; Salud sexual y reproductiva; Programas de prevención; Agentes comunitarios de salud

Abstract: Due to the insufficient knowledge of the people in the municipality El Salvador, in Guantánamo province about the risks of pregnancy in adolescence, there has been an increase in pregnancy rates in that social group, which evidences the need for greater management of training programs and educational actions by the health institutions. This paper presents a proposal for a training course to contribute to reducing pregnancy of adolescents in the area of the Francisco Castro Ceruto polyclinic.

Keywords: Pregnancy in adolescence; Sexual and reproductive health; Prevention programs; Community health agents

Introduction

Pregnancy in adolescence is one of the main problems of sexual and reproductive health today. Adolescents of the new millennium advance towards puberty and youth in changing contexts where ignorance and inadequate information about the biological, psychological and social risks and consequences of pregnancy persist.

The health and public education systems in Cuba, and the political and mass organizations must take into account their strengths and real potential to reduce adolescent pregnancy

rates through health promotion and prevention actions, since this it continues to be a problem that requires special attention due to the serious consequences it can bring.

The research that served as the basis for this article was carried out through documentary review, interviews with adolescents, relatives and community actors, and observation.

This article presents the design of a training course for community health agents, that involves the mass organizations and policies of the locality with the purpose of contributing to the reduction of pregnancy among adolescents in the teaching area of the "Francisco Castro Ceruto" teaching polyclinic of the municipality El Salvador, in the province of Guantánamo, Cuba.

Development

Adolescence is the stage of human development that occurs in the second decade of life. It is characterized by deep somatic, physiological, mental, emotional and social changes that lead the individual towards maturity. Puberty, as it is also known, is the biological period of adolescence, and refers to the morphological and physiological changes that occur in the boy or the girl until reaching the maturity of the sexual organs and reproductive capacity (Álvarez Lajonchere 2001). Although this stage of transition varies between different cultures, in general it is defined as the period of time that individuals need to consider themselves as autonomous and socially independent (Fariñas and Céspedes, 2016).

At this stage of life, pregnancy is a latent problem that affects the future of society, therefore in various international forums and global health strategies - Cairo International Conference on Population and Development (1994); Global Strategy for the health of women, children and adolescents (2016-2030), Minsap (2015), UNFPA (2013), UNDP (2011) - the negative consequences of the matter have been addressed.

Adolescent pregnancy affects all social strata, but predominates in the class of low socioeconomic level, partly due to lack of sexual education and ignorance of birth control methods, since most pregnancies are unwanted, and as a consequence of the practice of sexual relations without contraceptive methods (Gómez, Molina, Zamberlin, 2011).

The average age of menarche (first menstruation), which is close to 11 years, has decreased and continues to do so as the physiological characteristics, ethnic origin and weight of adolescents worldwide have changed (Gutiérrez Muñiz, Berdasco Gómez, Esquivel Lauzurique, 2006). The advancement of fertility allows the appearance of pregnancies at younger ages, and therefore depends not only on biological factors but also on social and personal factors.

Research concurs that the risks of complications, including the chances of mother and child death rates increase respectively as younger than 20 years as the adolescent be. This risk is expressed more frequently in low birth weight, morbidity of the prenatal period including congenital malformations, and later higher probability of malnutrition and retardation of psychomotor development (Salazar Cutido, Álvarez Franco, Maestre Salazar, León Duharte and Pérez Garí, 2011).

Pregnancy at this stage can also be complicated by prematurity, which is the main current obstetric problem, since 8 to 9% of births are related to more than 75% of prenatal mortality and 50% of neurological disabilities (Gómez, Molina, Zamberlin, 2011).

It is important to note that the majority of pregnant adolescents are first time mothers (73-93%). The first pregnancy poses specific risks such as pre-eclampsia or pregnancy-induced hypertension. Other consequences are abortion, anemia, urinary infections, hemorrhages associated with placental affections, symptoms of premature birth, retarded intrauterine growth and rupture of the ovular membranes (Salazar Cutido, Álvarez Franco, Maestre Salazar, León Duharte and Pérez Garí, 2011).

From the biological point of view its negative consequences are: ectopic pregnancies, sexually transmitted diseases, low birth weight of infants due to organic causes such as placental anomalies or poor nutrition. In addition, a large part of maternal mortality is caused by embolism, hypertensive disease, and induced abortions that sometimes occur clandestinely, which endangers the lives of adolescents due to sepsis and hemorrhages resulting from the process.

From the psychological point of view, the emotional health of the pregnant adolescent can be significantly affected, since pregnancy is usually assumed in difficult conditions and

away from a truly free and responsible option. Young mothers may experience frustration and depression caused by the limitation of following a normal life according to age, as well as feelings of guilt and low self-esteem, fear of being rejected socially, rejection of the baby or problems with the family.

From an economic point of view, teenage pregnancy provides a large number of economically inactive mothers. The concept of hospital stages would avoid a high cost to the economy due to the permanent health problems and other complications that it generates, as well as the use of medicines and other expensive resources that, in the case of Cuba, are received through third countries due to the economic and financial blockade.

From the social point of view pregnancy during adolescence can change the life and future of the mother, the father, and their relatives; limit the ability of parents to finish their studies or get a job; the dropout rate that leads to poverty caused by low educational levels, since the adolescent will face the challenge of assuming her new role as mother taking charge of the care, attention and education of her son, despite the fact that she has not yet consolidated her formation and development.

The international health authorities advocate every year for the reduction of pregnancies in adolescents in order to achieve greater physical, mental and social well-being and environments conducive to the development of health and quality of life in adulthood, which logically brings demographic, social and economic benefits.

The United Nations Children's Fund (UNICEF) warned in its 2016 Report on the State of the World's Children, the bleak outlook for the year 2030, when it is estimated that about 750 million women will be married being still underaged.

According to recent WHO reports:

- Approximately one billion young people live in the world today. That means that one person of five, approximately, is between 15 and 24 years old, or that 18% of the global population is young.
- More than half have had sex before the age of 16.
- 10% of deliveries worldwide are deliveries of adolescents.

- Maternal mortality is two to five times higher in women under 18 than in those 20 to 29 years old.
- Teen suicide occurs every five minutes due to problems inherent to their sexual and reproductive health.

The world's adolescent population has amounted to more than 100 million. In developing countries one in four people is in their teens, unlike one in seven in developed countries (UNDP, 2011).

In Latin America and the Caribbean, 18% of all births now correspond to adolescent mothers. 95% of these births occur in developing countries. Among the developed countries, the United States has the highest adolescent birth rate, according to the Centers for the control and prevention of diseases in the United States, in 2011 there were 329,772 births in adolescents between 15 and 19 years of age.

A report by Unicef and the Plan International organization, presented in six countries of the hemisphere: Dominican Republic, Guatemala, Honduras, Colombia, Paraguay and Brazil explained that in the region one out of three young people becomes a mother before the age of 20 years, and that one of the countries with the highest teen pregnancy rates are Nicaragua (28%), Honduras (26%), Dominican Republic (25%), Guatemala and El Salvador (24%), Ecuador (21%), and Bolivia and Colombia (20%). The study focused in turn on the main causes of early pregnancy: structural violence linked to poverty, ideological or sexist violence, and sexual offence.

According to Christian Skoog, representative of Unicef in Guatemala, teen pregnancy is a violation of girls' human rights that condemns girls to perpetuate the cycle of poverty and lack of access to education. The report estimated that births in children under 15 years old would increase to three million per year in the region by 2030.

In other developing regions such as West and Central Africa, the highest percentage is of 6% of births reported before 15 years of age, while in Eastern Europe and Central Asia it has the lowest percentage of 0.2%.

In Cuba, national statistics show that teenage pregnancies have increased. The adolescent pregnancy rate in 2010 was 52.9%, in 2011 it was 57.3%, in 2013 it was 54.2%, and in 2014 there was a fertility rate in children under 20 years of age of 51 , 6% per thousand women of that age group, more than 15% of the total fertility of the country.

The province of Guantánamo has not escaped the influence of this phenomenon, in 2015 the rate was 64.2 per 1,000 women aged 15 to 19 years, 22% of pregnant women are adolescents (MINSAP, 2015). In the municipality of El Salvador, in 2016 there were 43 adolescent pregnant of the 329 reported, representing 13%, data that corroborates the increase in teenage pregnancy in this area of Guantánamo.

Despite the research carried out and the actions taken to reverse this situation, favorable results have not been achieved, which demonstrates the need to strengthen health actions with intersectoral and communal participation in promotion and prevention for the improvement of health styles.

It also imposes a greater management of training programs and educational actions in the health areas because the programs of professional development which addresses the issue of prevention of pregnancy in adolescence are still insufficient.

In this article, the impact of training programs in decreasing adolescent pregnancy rates is weighed, as knowledge about the negative consequences of adolescent pregnancy increases, based on the interrelation of all health professionals and all social actors of the community from a multisectoral and multidisciplinary perspective, the audiovisual media, the Ministry of Education, the Ministry of Public Health, and social and mass organizations.

An example of these training programs is the course on risks related to adolescent pregnancy, which in the year 2017 was taught to the teaching staff of the health care area of the "Francisco Castro Ceruto" teaching polyclinic in the municipality of El Salvador.

The preliminary research for the design of the program of the course was structured in three stages:

Diagnostic stage

In this stage, a questionnaire was applied to evaluate the knowledge of health professionals in relation to the subject, to specify the need to receive permanent improvement according to the training needs and the real situation of the population.

The diagnostic stage corroborated that:

- Few training activities are developed with the polyclinic professionals who interact in their daily work with adolescents.
- Few health hearings are developed in the community with the incorporation of family and adolescents to address the issue of how to avoid pregnancy in adolescence.
- Poor systematization of intersectoral work.
- In the health care area of the polyclinic, few programs dealing with sexual education topics are taught.

Course design stage

It was a methodological theoretical process in which the scientific results published on this subject were taken into account. Teachers who are graduates in Higher Medical Education and specialists in Primary Health Care participated.

Approval by the scientific council

The design was approved by the scientific council of the teaching polyclinic once its rationale was presented, and its usefulness and relevance at the community level.

To make this type of professional improvement modality, the didactic principles were taken into account, in addition to what is stated in the Graduate Regulations of the Republic of Cuba.

The course provided for the study of the historical evolution of the subject in primary health care services, the updating and contextualization of the content to be taught, and the consolidation of the knowledge under study from the following points of view:

- The epistemological: related to the communication of updated statistical figures about the subject, and the state of the art of the subject.

- The methodological: related to the most efficient and motivating way to teach this knowledge.
- The axiological: related to the search for meaning and knowledge about the essential aspects of risk prevention in adolescence.
- The ontological: related to the role played by the individual who learns and who guides in the development of the teaching-learning process.

Systematizing the proposal was necessary to validate it, so the study revealed:

- The internal logic of the knowledge system that is provided to the student.
- Procedures for the scrutiny of the object of study.
- The link between the different processes, phenomena and objects that are studied.

Among the basic bibliography used was:

Peláez Mendoza J. *Pediatric and adolescent gynecology*. In: Torre Montejó E, José Pelayo E. *Pediatrics VII*, Collective of authors. Ecimed, Havana 2012, p.2807-2886.

Collective of authors. *Manual of Procedures for the attention of prioritized groups (children and adolescents) addressed to family doctors*. Minsap. Havana. 2011

UNFPA. Maternity in childhood. *Face the challenge of teenage pregnancy. State of World Population 2013*. Available at: <http://www.unfpa.org/publications/state-world-population-2013>

Teaching strategy

The course had municipal character, and was designed to be taught in 96 hours of face-to-face classes. The theory was linked to the practice in the accredited teaching scenarios of the teaching polyclinic "Francisco Castro Ceruto", forming working groups of four and five course members who then, at the level of the attention area in spaces of exchange with the population, socialized what they learned about adolescent pregnancy, its risks and consequences, while developing preventive orientation and education.

The introduction was made with the presentation of the course using dynamic forms such as posters, discussion panels and other means that allowed implementing the new technologies of computerization and communications.

64 hours of activities were used for workshops and seminars, and 32 hours of class for the evaluation activities.

All topics covered theoretical and practical activities with the use of participatory techniques in which the debate and the construction of new knowledge dominated collectively. Methods of group learning and the exchange of experiences for the analysis and solution of problems were used, which developed in the students' skills for teamwork.

With the use of active teaching methods, participants were given a leading role in the process of instruction and orientation of the members of the community of the attention area, as well as cooperating members representing mass organizations.

Education at work contributed to the practical application of the knowledge acquired, while independent study through bibliographic research and self-preparation was an indispensable element and a permanent source for the analysis and debate of the topics discussed.

The form of organization of the teaching activity that was most used was the class-workshop to create the conditions of development of creativity and learn by doing through practice in real situations, intersectoral and community work.

The course brought with it an important qualitative leap in the health services of the polyclinic, and greater professional competence and performance.

Conclusions

Adolescents have the right to an informed sexual and reproductive life through education in sexuality and reproductive health, which generates better conditions for their growth and the development of their potential, the construction of their autonomy and empowerment in the field of sexuality.

The implementation of well-designed training programs with the participation of all agencies and social actors of the community is an essential contribution to solve this

problem that brings risks and negative consequences for the health of adolescents and their quality of life.

Bibliographic references

Álvarez Lajonchere, C. (2001). *El embarazo en la adolescencia*. La Habana: Científico Técnica.

Colectivo de autores. (2011). *Manual de Procedimientos para la atención de grupos priorizados (niños y adolescentes) dirigido a Médicos de la Familia*. Minsap. La Habana.

Conferencia Internacional de Población y Desarrollo. El Cairo (1994). Recuperado de https://www.unfpa.org/sites/default/files/event-pdf/icpd_spa_2.pdf

Estrategia mundial para la salud de la mujer, el niño y el adolescente (2016-2030). Recuperado de http://www.who.int/maternal_child_adolescent/documents/women-deliver-global-strategy/es/

Fariñas, L., y Céspedes, L. (2016, 22 de julio). Adolescencia y juventud en Cuba: de urgencias y desafíos. *Granma*. Secc. Cuba por Dentro, (col.3).

Gómez, P. I., Molina, R., y Zamberlin, N. (2011, enero). Factores *relacionados con el embarazo y la maternidad en menores de 15 años en América Latina y el Caribe*. Federación Latino Americana de Sociedades de Obstetricia y Ginecología. Lima, Perú, Recuperado de <http://www.unal.edu.co/bioetica/documentos/2011/Maternidad>

Gutiérrez Muñiz, J. A., Berdasco Gómez, A., y Esquivel Lauzurique, M. (2006). Crecimiento y desarrollo del niño. En Colectivo de autores. *Pediatría*, parte1, pp. 28-58. La Habana.

Informe estadístico: Alta tasa de embarazo adolescente en América Latina. Recuperado de <http://www.20minutos.com/noticia/b93185/informe-alta-tasa-de-embarazo-adolescente-en-america-latina/#xtor=AD-1&xts=513357>

Ministerio de Educación Superior. *Resolución 132/2004. Reglamento de la Educación de Postgrado de la República de Cuba*. La Habana: MES.

- Ministerio de Salud Pública. (2015). *Indicadores de Salud de Niños, Adolescentes y Mujeres en Cuba 2014*. Dirección de Registros Médicos y Estadísticas de Salud. La Habana.
- Ministerio de Salud Pública (2015). *Anuario Estadístico*. La Habana: Dirección Nacional de Estadística.
- Peláez Mendoza, J. (2012). Ginecología pediátrica y de adolescente. En Colectivo de autores. *Pediatría*, parte 7, pp. 2807-2886, La Habana.
- PNUD (2011). Informe sobre desarrollo humano. En *Sostenibilidad y equidad: un mejor futuro para todos* [Internet]. New York: Programa de las Naciones Unidas para el desarrollo; Recuperado de <http://hdr.undp.org/es/informes/mundial/idh2011/>
- Salazar Cutido, B., Álvarez Franco, E., Maestre Salazar, L.C., León Duharte, D., y Pérez Garí, O. (2011). Aspectos Fisiológicos, Psicológicos y Sociales del embarazo precoz y su influencia en la vida del adolescente. *Revista Medisan*, 10 (3). Recuperado de http://bvs.sld.cu/revistas/san/vol10-3-06/san_07306.htm
- Unfpa. *Maternidad en la niñez. Enfrentar el reto del embarazo en adolescentes. Estado de la Población Mundial 2013*. Recuperado de <http://www.unfpa.org/publications/state-world-population-2013>