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Original Article



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ABSTRACT

Background: In Colombia, one out of five women between the ages of 15 and 19 years have been pregnant. Almost two-thirds (64%) of these pregnancies were unplanned.

Objectives: To examine the socio-demographic, psychosocial and clinical risk factors associated with adolescent pregnancy.

Methods: An analytical prevalence study was performed using secondary data from the First Demographic Study of Mental Health in Medellin, Colombia. Female adolescents between 13 and 19 years of age were included in the study. The population was evaluated using the Composite International Diagnosis Interview, a structured interview developed by the World Health Organization, which establishes diagnoses according to the DSM-IV and ICD-10 criteria.

Results: A sample of 499 female adolescents was obtained, in which 135 adolescent pregnancies were identified, representing a prevalence of 21.5%. The large majority (84.4%) were between 16 and 19 years old. The median age was 17 years, with an interquartile range of 2 years. Almost two-thirds (61.2%) of female adolescents had initiated sexual activity at the age of 15 or later. Almost one-third (31.9%) reported being physically abused during childhood, and 6.7% sexually abused. Of those who were pregnant, 66.7% reported previous sexual abuse. A bivariate analysis showed that sexual abuse (OR = 7.68), childhood negligence (OR = 4.33), and having a partner (OR = 6.31) were factors associated with an adolescent pregnancy.

Conclusions: Negligence and sexual abuse in childhood and adolescence can be prevented, and adolescent pregnancies can be decreased. This finding has important implications for clinical management and prognosis, and requires public preventive policies.

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The wording of the conclusions in the abstract does not have a clear meaning (e.g. you cannot avoid something in childhood by taking action in adolescence). Moreover, the English version is not equivalent (the title is missing).

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Abuso sexual y situaciones de negligencia como factores de riesgo de embarazo adolescente

RESUMEN

Palabras clave: Embarazo Adolescente Trastorno mental Factor de riesgo Introducción: En Colombia, 1 de cada 5 mujeres de 15–19 años ha estado embarazada. El 64% de estos embarazos no fueron planeados.

Objetivo: Explorar los factores sociodemográficos, psicosociales y clínicos asociados con el embarazo adolescente.

Métodos: Estudio de prevalencia analítica, de fuente secundaria (Primer Estudio Poblacional de Salud Mental Medellín). La muestra fue evaluada usando el Compositum International Diagnosis Interview, instrumento desarrollado por la Organización Mundial de la Salud para realizar diagnósticos con base en criterios diagnósticos del DSM-IV y el CIE-10.

Resultados: Se obtuvo una muestra de 499 adolescentes. Se identificaron 135 embarazos adolescentes, lo que lleva a una prevalencia de embarazo adolescente del 21,5%. El 84,4% de las adolescentes embarazadas tenían entre 16 y 19 años, y la edad mediana era 17 [intervalo intercuartílico, 2] años. El 61,2% de ellas iniciaron la vida sexual a los 15 años. Del total de adolescentes, el 31,9% afirmaba haber sufrido maltrato físico y el 6,7%, haber sido violadas en la niñez. Del subgrupo de embarazadas, el 66,7% reportó haber sufrido violación. En el modelo bivariable, las variables que mostraron asociación con el embarazo adolescente fueron ser víctima de violación (odds ratio [OR] = 7,68), negligencia en la niñez (OR = 4,33) y tener pareja (OR = 6,31).

Conclusiones: La negligencia y el abuso sexual en la infancia pueden evitarse buscando impactar positivamente el embarazo adolescente.

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Introduction

Adolescence is defined as the period between 10 and 19 years of age. According to the World Health Organization (WHO), in 2008 16 million babies were born to mothers aged 15–19 years worldwide, representing 11% of all births. 95% of these births were in low- and middle-income countries.

In Colombia, 1 in 5 girls between the ages of 15 and 19 has been pregnant and 64% of these pregnancies were unplanned. The 19.5% prevalence of adolescent pregnancies^{2,3} is a long way off the Millennium Development Goal (MDG) target of 15%, set by Colombia in 2000 in what has come to be known as the Millennium Declaration.⁴ The factors that have been associated with adolescent pregnancy in Colombia are a low level of education, family violence, poor access to information on sexual health and contraception, a low socio-economic level, poor communication with parental figures, level of urbanisation, supply of reproductive sexual health services, age at onset of sexual relations and cultural and regional factors.^{5,6}

Among the various consequences of adolescent pregnancy is the increased prevalence of unsafe abortion, disability, maternal, neonatal and infant mortality, low birth weight newborns, increased drug use in pregnancy, low levels of education and higher fertility rates.⁷

As well as negative consequences on the biological side, pregnancy in adolescence entails severe risks that destabilises overall wellbeing and life expectancies: it leads to desertion and/or discrimination in educational and social contexts; an early connection to the labour market; greater likelihood of

entering production chains of underemployment or other unstable forms of working relationships; family and emotional tensions; and rearranging or deviating from lifetime projects.⁷

The objective of this study was to determine the sociodemographic, clinical and familial factors and upbringing patterns associated with adolescent pregnancy in Medellín (Colombia).

Methods

An analytical cross-sectional study based on a secondary information source. The study population was made up of non-institutionalised female adolescents residing in the city of Medellín who, according to the 2011 forecasts of the Colombian National Administrative Department of Statistics (DANE), accounted for 125,159 girls between the ages of 13 and 19 years.2 The study sample size was calculated with a population size estimation formula, with a 95% confidence level, 5% precision and an estimated prevalence of 6.9% (expected prevalence of depression, according to the results of the 2003 National Study of Mental Health) and a design effect of 1.0.8 The chosen design was probabilistic and multi-stage, the objective of which was the adolescent population aged between 13 and 19 years, selected using the sampling framework that comprised all homes located on the different socio-economic strata within the 16 boroughs (urban area) and five townships (rural area) of the city of Medellín. Out of 499 adolescent females, 135 were selected, who stated that they had had previous sexual relations.

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