



Early Pregnancy In Times Of Covid-19 Pandemic: Importance Of Sex Education

Ana Disney Martínez Ocampo^{1*}, Angela Verónica Romero Cárdenas²

¹PhD Candidate in Education, Interculturality and Territory, University of Magdalena. Professor of the Nursing Faculty of the Universidad Cooperativa de Colombia and Universidad del Magdalena.

²PhD in Nursing. University of Carabobo. Professor of the Universidad del Magdalena.

***Corresponding author:** Ana Disney Martínez Ocampo, PhD Candidate in Education, Interculturality and Territory, University of Magdalena. Professor of the Nursing Faculty of the Universidad Cooperativa de Colombia and Universidad del Magdalena, Email: anadisneym@gmail.com

Submitted: 12 March 2023; Accepted: 14 April 2023; Published: 07 May 2023

ABSTRACT

Purpose: This paper of scientific reflection aims to analyze the context of early and unwanted pregnancy in times of the Covid-19 pandemic, considering the importance of sexual education and handling the hypothesis of the influence of confinement as a risk factor in the topic under discussion, as well as considering the years 2019, 2020 and 2021 of quarantine in Latin America, Colombia, the Caribbean region and the ethnic groups.

Methodology: From the methodological perspective of the development of the research of the reflection article, it retakes the findings of previous studies of international organizations to analyze them from a pedagogical and holistic approach, taking into account the study in an observational and cross-sectional way.

Results: According to the statistical contributions of the last three years of the pandemic on early and unwanted pregnancy, it is prudent to contrast the results obtained by entities such as WHO, UNICEF and UN, considering the relevance of DANE, which show figures of an increase of 22.2% pregnancies in girls from 10 to 14 years old and 6.3% in the second quarter of 2021, in which it was demonstrated that there was a high rate of early and unwanted pregnancies as a result of confinement in Colombia.

Analysis: Obviously, there is a lack of sexual education due to the high rate of pregnancies in the forties, along with free time, misinformation and the stress of confinement experienced by adolescents and adults.

Reflection: In any case, at all times, sex education from an early age remains a point of great importance within formal and non-formal education in society to prevent early and unwanted pregnancies, as well as sexually transmitted diseases.

Keywords: *Early pregnancy, covid-19, sex education, pandemic, unwanted pregnancy, prevention*

INTRODUCTION

Life Cycle

In Colombia, the Ministry of Health and Social Protection (MSPS) makes the following classification as a reference for the life cycle: in utero and birth, early childhood (0 to 5 years), infancy (6 to 11 years), adolescence (12 to 18 years), youth (14 to 26 years), adulthood (27 to 59 years) and old age (60 years and older). However, these age ranges vary according to each author.

Each of these stages goes through biological, physical, cognitive, psychological and social changes and adaptations that allow the person to overcome each of these periods of life; for example, in childhood, children have advanced psychomotor and cognitive growth that allows them to develop not only motor skills but also socioemotional skills to relate with others, especially with their peers.

While in the cycle from puberty to adolescence, the physical, physiological and socioemotional changes are of great importance, and they must adapt to them, and face external factors that influence their body images, such as beauty stereotypes imposed by society and the media, in addition to the changes at social and emotional level face the search for identity, way of thinking, acting and relating to others.

At this stage, sexuality acquires more relevance because the adolescent begins to have sexual sensations, thoughts and fantasies as a series of events that are normal at this age are triggered; however, it is at this time that the young person requires family and educational support to resolve doubts and concerns that arise regarding sexual health, reproduction, sexually transmitted diseases (STDs), unwanted pregnancies (END), contraceptive methods, among other topics of interest.

Therefore, adolescent and youth health interventions should be based on the identification of needs, with emphasis on sexual and reproductive health (SRH), mental health, nutrition, prevention of gender-based violence and the use of psychoactive substances, and road safety, among others.

Pregnancy in adolescence

Available data indicate that the age of initiation of sexual activities in adolescents has gradually decreased during the last decades, and this fact is significantly related to a significant number of high-risk behaviors with negative consequences for the physical and mental health of adolescents (Campo-Arias A., Silva J., Meneses M., Castillo M., Navarrete P., 2004).

Concerning the above, Latin America has the second highest fertility rate (66.5 per 1.000) in the world among women between 15 and 19 years of age, according to UNFPA (2020), determining that almost 20% of these pregnancies come from teenage pregnancies, with almost two million pregnant women between 14 and 19 years of age, increasing morbidity and mortality rates in young people and neonatal pregnancies. Moreover, these pregnancies are often unwanted and are usually the result of sexual, physical, economic, and intrafamily violence, among other factors.

Usually, early pregnancy can combine social determinants such as malnutrition and poor medical care, while in developed countries, prevention programs for both pregnancy and sexually transmitted diseases are used in combination with educational interventions, access to contraceptive methods, and adolescent care from all spheres.

In Colombia, pregnancy in children under 14 years of age is on the rise, showing an evident and serious violation of the fundamental rights of children, adolescents and young people; child sexual abuse and violent carnal abscess are classified as a crime in Colombian Penal Code as it is considered a constitutive act of sexual violence.

At the same time, the violation of Law 1098 of 2006, known as the Code of Childhood and Adolescence, establishes substantive and procedural rules for the comprehensive protection of children and adolescents, guaranteeing the exercise of their rights and freedoms enshrined in international human rights instruments, in the Political Constitution and the laws, as well as their re-establishment. Such guarantee and protection shall be the obligation of the family, society and the State.

Physiological development during pregnancy

Adolescence is a transition period between childhood and adulthood, it can take from 11 or 12 years to 18 or 19 years, and some authors speak of up to 21 years. It is a period of rapid growth in height, weight, and physical and psychological changes; most of these changes occur around puberty, at different rates, due to individual characteristics and cultural diversity.

The hormonal surge associated with puberty often increases sexual desire in both men and women, particularly young men. For this reason, it is common for members of both sexes to masturbate in private. However, hormones can also cause episodes of difficult behaviors stemming from impulses that the adolescent cannot yet master and the lack of understanding in many cases with parents or family authority figures.

The immaturity to make complex decisions, the scarce responsibility for their actions and their possible consequences lead them to be easy prey and expose themselves to risky situations and, even more so if they lived this process in the middle of the pandemic, where the availability of resources such as counseling or guidance on sexual and reproductive health issues such as family planning, contraceptive methods and prevention of STD infection were not available or within their reach.

Cognitive development during pregnancy

Cognitive development means developing a child's ability to think and reason. This development occurs in various ways between the ages of 6 to 12 years and between the ages of 12 and 18 (Piaget, cited by Saldarriaga et al., 2016). Adolescents go through three stages of their cognitive maturation: physical, preoperational and specific activity.

Studies of cognitive development indicate that thinking becomes more sophisticated during adolescence. For example, young people become increasingly able to think hypothetically, understand abstract concepts, and apply a broader time perspective.

These advances should enable them to understand the risks, reflect on their behavior and consider the consequences of their actions, facilitate responsible sexual decision-making; on the contrary, there is ample evidence that young adolescents are not fully aware of this domain and problem-solving in general; therefore, they are less likely to use contraceptive methods.

One reason may be that young adolescents, just beginning to develop the ability to reason abstractly, cannot do so consistently and continue to reason concretely in many situations. Thus, they are less able to generate enduring alternatives, systematically evaluate the consequences of alternative courses of action, and estimate the likelihood of various outcomes, all of which are key features of sound decision-making (Keating, 1990).

Even when young adolescents have developed the ability to reason abstractly, they are unlikely to apply this reasoning in sexual situations. Stressful issues and time-pressured decisions elicit less sophisticated reasoning in adolescents and adults; adolescent sexual decision-making often occurs in that context. In addition, the attitudes or beliefs of young adolescents may profoundly shape the decision-making process.

Some may not recognize that a sexual situation involves a choice or may prefer not to acknowledge that they have a choice, so they do not go through the decision-making process.

Others may be influenced by community values regarding adolescent sexuality and contraception; decisions may be rational given their cultural system but still put them at risk. Finally, some young women are unaware of contraceptive methods, the risk of becoming pregnant, or the consequences of early childbearing, and consequently base their decisions on poor information.

Although it is assumed that there is contraceptive knowledge among young people, this has not prevented adolescent pregnancy, partly because the adolescents who become pregnant do not have adequate knowledge about these methods and also the perception of how easy it is to become pregnant or get infected with an STD often goes unnoticed.

Early sexual activity initiative

During adolescence, young people are concerned with discovering who they are. In early adolescence, they become more aware of their psychological and emotional characteristics, as well as their talents and values. Later in middle adolescence, young people are faced with integrating these self-observations into a coherent sense of who they are and who they will be in the future.

Young adolescents who are engaged in learning about themselves need opportunities to discover their talents, develop competencies, and take pride in their accomplishments. They also need to feel accepted and valued by others. Support from family and friends, and self-concept appreciation contribute to the growth of their self-esteem. By late adolescence, the young person is ready to start thinking about what he wants for himself in the future; after defining his individuality, he has concretized the values derived from his upbringing.

Adolescents initiate sexual activity early, and this average has been decreasing. The average age of sexual initiation in adolescents is 19 years for boys and 15 to 16 years for girls. According to WHO, approximately 12 million adolescents between 15 and 19 years of age and at least 777,000 thousand girls under 15 give birth in developing regions annually. Moreover, complications of pregnancy and childbirth are the leading cause of death in young women between 15 and 19 years of age.

In this regard, it is recommended that adolescents and young people be made aware of the risk factors and the implications of early sexual initiation and that these orientations should not only be provided to families, who often do not have sufficient knowledge to guide them, but The educational system should also provide adequate means to offer comprehensive sex education in and out of the classroom, the health system should offer preventive and promotional health services, society should be concerned about the welfare of its adolescents and young people, and the government should ensure compliance with the duties and rights of adolescents and young people to enjoy a good OSH.

Minors face numerous challenges and risks regarding their health and the exercise of their sexual and reproductive rights. "Still many women lack autonomy in making decisions about aspects related to exercising their rights, for example, refusing to have sex, using contraceptive methods or deciding for themselves about the medical care they wish to receive" (CPEM, DANE AND UN Women, 2020).

A report of the Health Situation Analysis -ASIS (2018) found that in Colombia knowledge about the most common planning methods among women aged 13-19 years, are condoms, pills, injections and female sterilization, with 61.2%, all women, 79.1% currently engaged women and 81.6% non-reactive but sexually active women who were using contraceptives. At the time of the survey from 2005 to 2010, the contraceptive use rate increased by 0.8% points among all women and increased slightly among unmarried and sexually active women, by 0.9 and 0.6 points, respectively.

Early Pregnancy in times of Covid-19 Pandemic

The WHO announced to the whole world the outbreak of coronavirus disease after being notified for the first time in Wuhan (China) on December 31, 2019. Consequently, before the covid-19 pandemic, governments ordered confinement as one of the measures to curb the contagion, which is why educational institutions implemented virtuality as a strategy for children, adolescents and young people to continue their academic studies. However, this strategy had implications for school absenteeism due to technological gaps at the national level. Also, the educational institutions were forced to prioritize contents considered essential in the institutional curricula leaving aside transversal contents considered less important, such as sexual and reproductive education. Therefore, it would be necessary to investigate more if the lack of this important resource impacted the increase in early pregnancies during the pandemic.

Teenage pregnancy in Colombia

The report of Departamento Administrativo Nacional de Estadística (DANE), carried out

together with the Pan American Health Organization (PAHO), details the situation of adolescent pregnancy in Colombia during the year 2020, leaving statistical figures as follows:

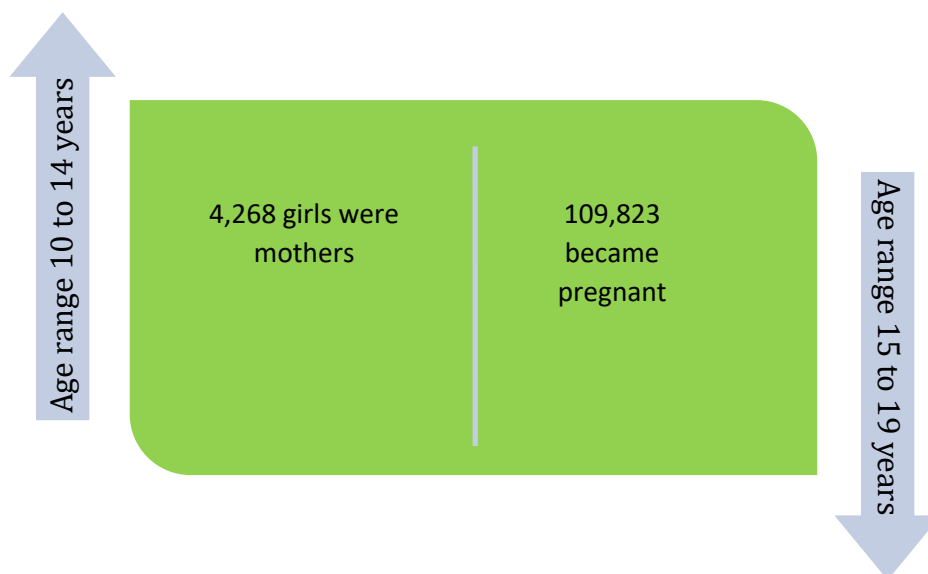


FIGURE 1: Statistical figures of teenage pregnancy in Colombia during 2020.

Source: Own elaboration

For 2020, 8.0% of births in girls aged 10 to 14 years were live births recognized by their parents as indigenous and 7.1% of births recognized as black, mulatto, Afro-descendant or Afro-Colombian. Likewise, in 5.0% of births to adolescents aged 15 to 19 years, the birth was

recognized by their parents as indigenous and in 4.5% as black, mulatto, Afro-descendant or Afro-Colombian.

Distribution of births to girls and adolescents according to the ethnicity of the live birth. Colombia 2020.

Dominio	10 a 14 años		15 a 19 años		20 años o más	
	Cantidad	%	Cantidad	%	Cantidad	%
Indígena	343	8,0%	5.482	5,0%	18.737	3,7%
Gitana / Rrom	0	0,0%	8	0,01%	50	0,01%
Raizal del Archipiélago de San Andrés y Providencia	1	0,02%	42	0,04%	301	0,06%
Negra, mulata, afrocolombiana o afrodescendiente	303	7,1%	4.974	4,5%	17.957	3,5%
Palenquera de San Basilio	0	0,0%	16	0,01%	48	0,01%
Ninguno de las anteriores	3.621	84,8%	99.301	90,4%	470.492	92,7%
Total	4.268	100%	109.823	100%	507.585	100%

Source: DANE - Vital Statistics (EEVVV)

In 2020, fertility rates in mothers between 15 and 19 years of age were at the highest levels in departments such as La Guajira, Magdalena, Guainía, Cesar, Caquetá, Bolívar, Huila, Vichada and Sucre, all with EHRs above 70 births per 1.000 women in this age group, for girls aged 10 to 14 years, rates equal to or higher than 4.0 live births per 1,000 women were recorded in the departments of Guaviare, Guainía, Arauca, Vichada, Caquetá and Chocó,

While for the second quarter of 2021, there was an increase of 22.2% in pregnancies in girls aged 10 to 14 years and (6.3%) in young women aged 15 to 19 years, according to DANE.

In addition, most of the adolescent mothers were at a primary and secondary school level of education.

The numbers themselves are alarming; they become even direr when realized that a large number of these pregnancies are a clear result of lack of sex education and lack of access to contraceptive measures, but also included here are the rates of sexual violence.

According to the United Nations Population Fund (UNFPA), every day in the world, there are approximately 331,000 unwanted pregnancies, which can be reduced if policies on sexual and reproductive education are implemented, educational projects and programs oriented to the exercise of full and responsible sexuality are implemented, requiring trained teachers, who have sufficient equipment and tools to be able to guide children from the beginning of school life, including parents and communities.

There are many birth rates in adolescent pregnancies, which vary by region for various reasons, including factors associated with early childbearing, such as household characteristics, economic income, education levels and household poverty status. There are also contextual factors such as access to comprehensive sexual education, family planning methods and guaranteeing their rights.

Likewise, teenage pregnancy and motherhood are influenced by cultural representations surrounding gender, motherhood, sex,

adolescence, sexuality and relationships. Although the different reasons for early pregnancy are dense to analyze and vary across cultural and ethnic groups, how our society has handled sexual activity and contraceptive sex makes it difficult to prevent minors from becoming pregnant (Lowdermilk, Perry and Bobak).

Complications of unwanted pregnancy

Unwanted pregnancy occurs without desire or prior planning and in the absence of adequate contraceptive methods or failure to administer post-coital emergency contraception to prevent a possible pregnancy.

The sequelae of pregnancy in children under 15 years of age are harmful due to the immaturity of their body organs because, anatomically, they do not have the capacity or adequate development to carry a pregnancy to term; this immaturity in the anatomical development of the organs can result in injuries to the female reproductive system with tears, future prolapses. From the physiological point of view, the endocrine glands and their products do not yet have the optimal levels for pregnancy to develop properly.

Maternal morbidity and mortality can occur when the pregnancy ends in abortion, or complications such as edema, proteinuria, hypertensive disorders in pregnancy, delivery and puerperium. However, it can be preventable when they receive quality care (WHO, 2016).

The younger the mother, the higher the probability of a miscarriage, premature delivery, low birth weight, and increased risk of cardiac pathology, bacterial infections, nosocomial infections, congenital syphilis, and cleft lip and palate. Complications in pregnancy, during delivery, in the neonatal stage and up to the first five years of life.

Among the main risks are low birth weight, extreme prematurity and congenital malformations; these are determining factors for survival during the child's first year of life, which requires special care such as hygiene, nutrition and adherence to growth and development programs.

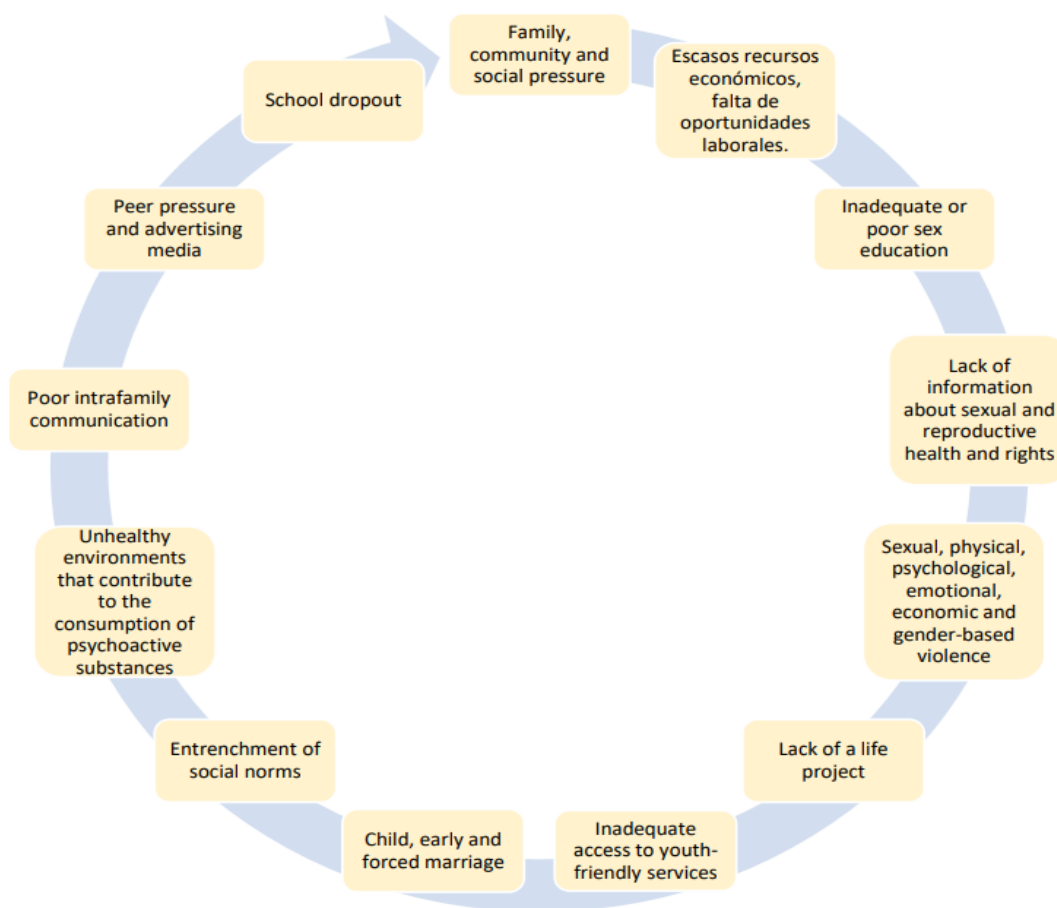


FIGURE 2: Conditions that affect the occurrence of adolescent pregnancy
Source: Own elaboration

The lack of economic resources to provide adequate care to the mother in terms of nutrition and nutritional supplements such as vitamins and minerals to prevent problems in the baby’s muscle and nerve development and the formation of strong and healthy bones, as well as common congenital disabilities such as defects in the development of the structures of the nervous system, for example, neural tube defects, spina bifida, anencephaly, among others.

On the psychological side, the mother may face postpartum depression and difficulties in the coping system when developing the role of mother and caregiver of her newborn. In addition, affecting her social sphere, the educational project was interrupted, and there was a need to find work early, often with a low salary. Sometimes hasty marriages last only briefly, with social, economic, personal and child health consequences. In this regard, Barrozo, M and Pressiani G, (2011). They state the following:

The proportion of adolescents who have had sexual intercourse before the age of 18 has progressively increased since the 1970s. Today, more than half of females and almost 75% of males have had sexual intercourse before 18. Adolescents who engage in high-risk behaviors, such as unprotected intercourse, are at risk for pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), pelvic inflammatory disease (PID), and future infertility (p.17)

In line with these contributions, during the covid-19 pandemic, early and unintended pregnancy rates have increased considerably, perhaps due to confinement and other factors that can affect sexual relationships and recognition by young people and adults worldwide.

When doing the statistical and bibliographic review in the cloud, you can find interesting data on the percentage figures related to demographic data of early pregnancy from different

international entities. The data varies according to the locality, some higher, others lower due to the cultural, social and political influence of the same, showing that it is a latent issue in the world and that the pandemic somehow aggravated the issue in question.

Sources are addressed in this context, such as the United Nations Children's Fund (UNICEF), the United Nations (UN) and the World Health Organization (WHO) and during the last three years, 2019, 2020 and 2021. And contrast results for reflective analysis.

Within this constructive framework, sex education can link the phylogenetic potential and the environment or create an impassable abyss, creating a sexual imbalance. Likewise, sex education can enhance the comprehensive knowledge of the human sexual function and thus provide a comprehensive explanatory system about it, as well as the social transformation of the limited sexual patterns of individuals and our sexual limitations.

Some hypothesis is that the risks of pregnancy during the pandemic may have been due to the lack of prevention and use of contraceptives in adolescents due to the lack of sex education. On the other hand, it could have been the levels of anxiety and leisure that caused the confinement. Socioeconomic and cultural factors may influence the increase in the number of pregnancies in adolescents between the ages of 12 and 19 years; with the emergence of the COVID-19 pandemic, the factors have varied according to the quarantine and among them may appear psychological and personal factors.

Adolescent Pregnancy during the Covid-19 Pandemic in Latin America

The UNFPA for Latin America reports that the impact of the Covid19 pandemic on teenage pregnancies can be quantified at approximately two million teenage pregnancies, resulting in an economic cost of almost 610 million dollars.

Different scenarios to assess the impact of the Covid-19 pandemic on adolescent pregnancy:

1. First, there is the conservative side, which does not observe or does not want to observe directly that Covid19 can have a great different impact in terms of adolescents' access to contraceptive methods, but also expects it to have the same impact on normal pregnancies in non-adolescent, adult women.
2. Secondly, unlike the previous one, there is a radical, extreme side; here it can be seen that teenage pregnancy does increase because girls and adolescents are at greater risk of sexual abuse, more so in the family environment, and they do not have access to contraceptives.
3. Third, there is an intermediate side between the two previous ones; it is assumed that there is an impact of Covid19 on access to contraceptive methods, which would be considerably more noticeable in the cases of adolescent women than in the cases of adult women.

Source: Own elaboration

Although there is no single definition of adolescence that is accepted by the international community, the most commonly used age ranges according to the Pan American Health Organization (PAHO), the UN (United Nations), and the World Health Organization (WHO) are between 10 and 19 years of age.

The "Milena" model applies the aforementioned classification to the name of an adolescent, as it considers this an age group of interest. At the same time, it recognizes that within this wide range, a variety of profiles or characteristics can be recognized for adolescent women.

The conceptual and methodological basis of the Milena model has been presented to UNFPA and is based on previous studies promoted by them, particularly on the 2017 study of El Salvador, which is a pioneer on this issue. This states that “if it is assumed that around 71.70% of births among adolescents between 10 and 19 years of age were the result of unintended pregnancies, an effective prevention program could generate

savings of that proportion in the health system for pregnancy, childbirth and postpartum care in adolescents.”

Below are some general statistical percentages of the increase in pregnancy during the covid-19 pandemic in 2018-2021, considering UNFPA data and inputs.

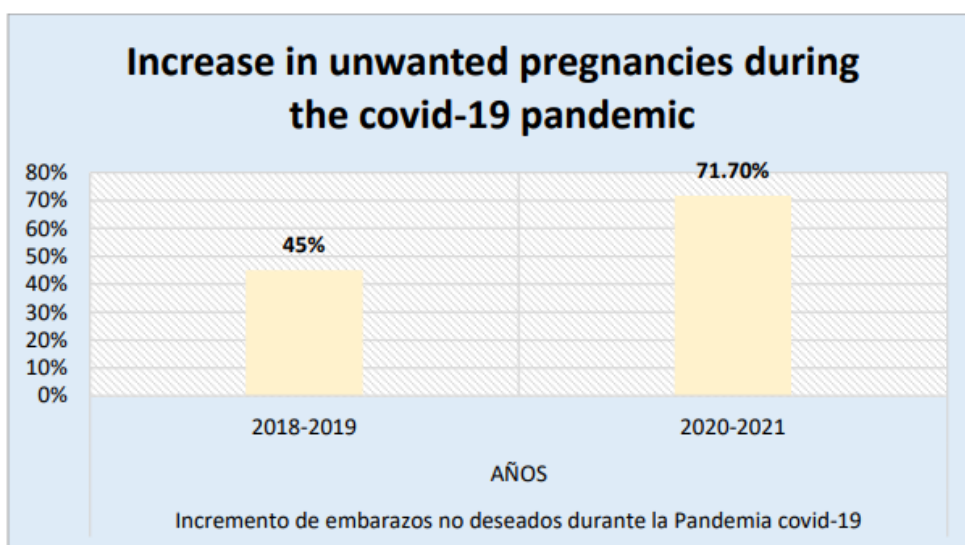
TABLE 1: Increase in unwanted pregnancies during the covid-19 pandemic.

Increase in unwanted pregnancies during the covid-19 pandemic	
YEARS	
2018-2019	2020-2021
45%	71,70%

Source: Own elaboration

Increase in unwanted pregnancies during the covid-19 pandemic.

Likewise, the percentage references are plotted for analysis:



Source: Own elaboration

Analysis

According to this report by years, when contrasting the figures, the differences show an increase of 26.7% in early pregnancy; it is deduced the negative impact that the Covid-19 pandemic meant on the health and integrity of children, adolescents and young people, it also represents a setback of years in terms of the

achievements on the Specific Adolescent Fertility Rate in Latin America and the Caribbean.

In the case of Colombia and the respective region, it is evident that the increase was high compared to previous years, and the pandemic greatly influenced this. In addition to this, some factors add to this increase in early pregnancies,

such as the lack of protection of minors, the violation of their fundamental rights, misinformation, lack of sex education, the level of education of many girls, adolescents and women, as well as additional family and social factors. It is also necessary to mention the economic aspect and access to public health, which are important in this context.

For this reason, it is convenient to reflect on the importance of sexual education from an early age and that governmental entities should take measures and actions so that educational, social and health policies can be implemented to prevent and avoid early pregnancies.

Sex education

Sex Education is the activity of providing knowledge about sex and sexuality. It helps people get information to make healthy decisions about sex and sexuality. It also includes teaching and learning about new things related to sex. Sex Education also helps to manage our sexual health. Sex education should be given under the guidance of trained educators. And it should cover topics such as what, when, and how about relationships, sexual identity, body language, decision-making, contraception and sexually transmitted infections (STIs).

In many conservative communities, the topic is discussed hesitantly due to the myths on the subject, and minors may not discuss it openly with their parents or educators.

Why is sex education for adolescents important?

Due to religious boundaries, many communities cannot provide sex education to adolescents. Providing sex education to teens is as important as teaching any other subject. Due to inconsistent laws and policies, too many young people do not receive proper sex education. However, sex education helps teens learn about their biological development, physical, mental, social, and emotional changes, as well:

1. It helps to reduce the onset of sexual relations and promiscuity: Sex education motivates adolescents not to have sex at an early age.

Sex at an early age can generate many complications; if it is done, it can be oriented to have a stable partner.

2. It also helps to build their boundaries in the development of sexual activities: Providing sex education to adolescents helps to recognize that sexuality is a human dimension that should be developed healthily.
3. Using condoms and contraceptive methods during sexual intercourse: It also includes comprehensive knowledge on the use of contraceptive methods during sexual intercourse. Promotes which contraceptive method is best to use for adolescents.
4. Keeps youth safe from sexual abuse and violence: Education provides sufficient knowledge about sexual behavior to keep adolescents away from sexual abuse and violence and recognize dangerous situations.
5. Reduce the number of sexual partners and understand consent: Education motivates adolescents to make excellent and desirable decisions about their sexual partners and also helps them understand their right to decide whether or not to consent to sex.
6. Decreases the possibility of early pregnancy and STDs: Pregnancy rates at young ages have increased. If sex education is provided in the curriculum of adolescents, early pregnancy rates will be reduced because sex education promotes self-care, decision-making, and responsibility in actions and strengthens the adolescent's self-concept, self-worth and self-esteem.
7. Promotes healthy lifestyles, away from the consumption of psychoactive substances, the healthy development of the personality and the vision of achieving a life project.

There is a great deal of uncertainty and stigma about sex education. Many people think schools provide enough sex education for adolescents; however, too many do not receive any useful sex education. Poor adolescent sex education affects physical, mental, social, and emotional health. When adequate sex education is provided, it improves opinions and decreases the myths and beliefs people have about sex. Topics to develop within sexual and reproductive health programs:

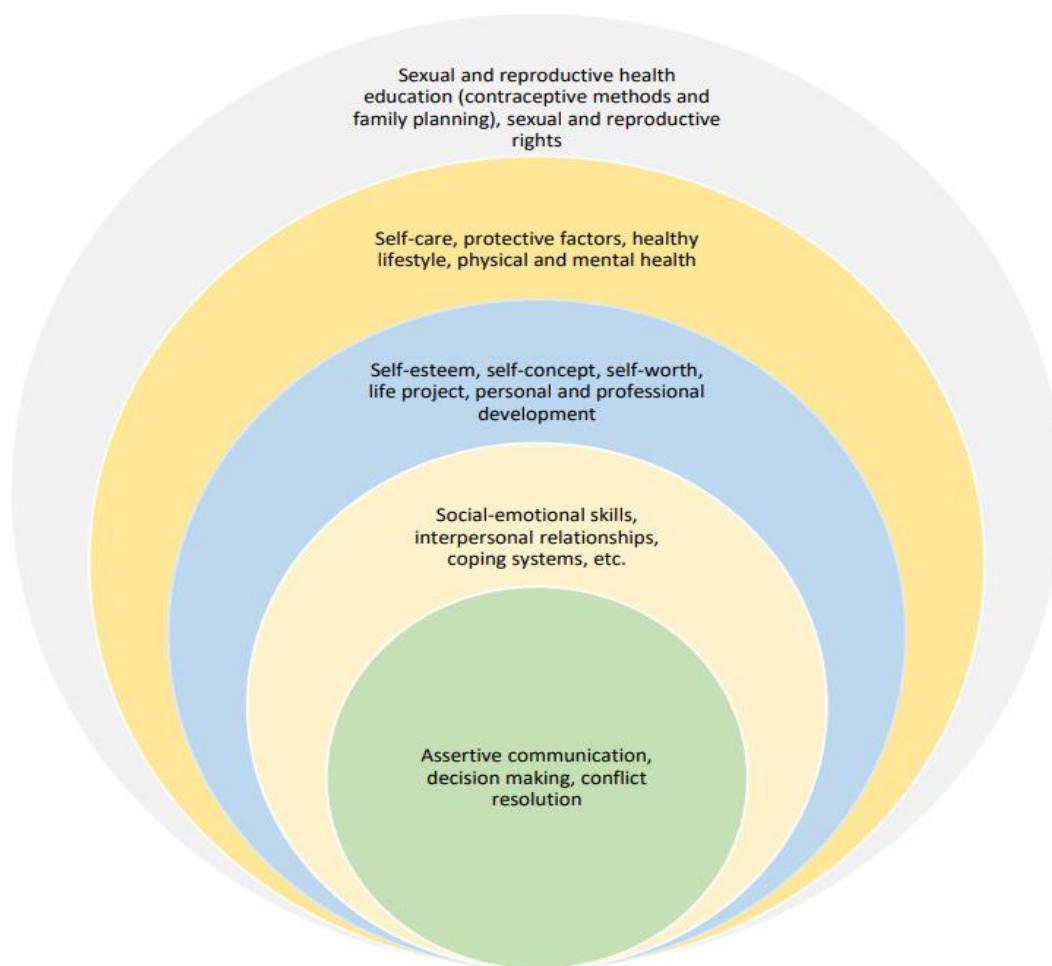


FIGURE 4: Sexual and Reproductive Health Education
Source: Own elaboration

Some variables to consider both before, during and after the pandemic are the following, according to psychologist Vasquero (2020) in her online journal *psicoterapeutas.com*:

- Today’s young people have a more liberal view of life and are very clear about the right to have sex. There are fewer and fewer conditions attached to sex as long as both parties want it. It does not have to be affection, love or commitment, although these are often important requirements for some people, especially girls. If before it was only necessary to get married to love and commit, now it is enough to love and love each other.
- Society gives adolescents contradictory messages about sex: on the one hand, it encourages consumption and the search for

positive emotions and pleasures, inviting sexual activity but denying it. Sex education in the family and at school. Television, gender-affirming advertising, has its schedules and activities, but parents should not assume that their children, especially adolescents, are sexually active.

One of the characteristics of adolescents is that they tend to be daring and daring and like to explore and have new experiences. In addition, they feel healthy and invulnerable to risk, question what adults tell them, identify more with their peers, and yield to peer pressure. It is estimated that at least 55% of male and female adolescents have had sex before age 18, and approximately 80% of adolescents used some form of contraception at first intercourse,

according to a new report from the CDC’s National Center for Health Statistics (NCHS).

When it comes to sex education, information is important but not enough. Adolescents are raised in the style of arguing around the birth of “daughter, now be careful because you can get pregnant”, “son, in this drawer” there will always

be condoms, use them” By reducing sex to sex, pornography has become synonymous with sex, procreation and heterosexuality.

According to Barrozo and Prezianni (2011), some risk factors can be triggers for early pregnancy:

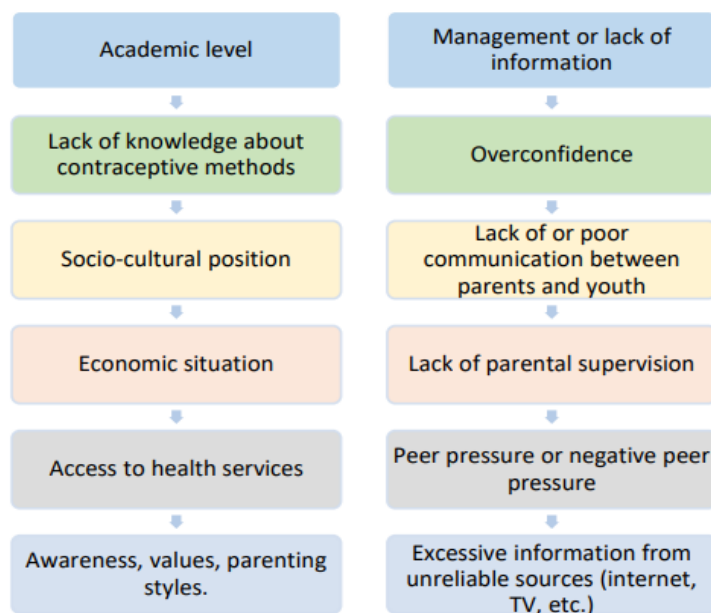


FIGURE 5: Risk factors that can lead to teenage pregnancy
Source: Own elaboration

Other factors that the authors state have worsened during the pandemic are:

- Early sex: when love is not yet mature, it is necessary to take due precautions.
- The dysfunctional family: highlights the protective needs of a family with good parent-child dialogue. However, its absence creates emotional deficits that lead to receptive sex rather than a real bond of love.
- Low educational level: when there is a life plan that favors reaching a certain educational level and delaying childbearing until adulthood, young women, even active ones, are more likely to have sexual relations and use effective contraceptive methods.
- Dream: Typical of this stage of life, leading them to believe they will not get pregnant because they do not want to.
- Fantasizing about infertility: they initiate sexual relations without interest, and since

they do not get pregnant, they believe they are infertile.

- Missing or distorted information: Adolescents spread sexual myths or beliefs that lead to inappropriate caregiving behaviors.
- The controversy between their value systems and those of their parents: when there is strong censorship in the family regarding adolescent sex, young people are often seen as rebellious.
- Socio-cultural factors: evidence of multifaceted change resulting from new sexual freedom, also occurring at different socioeconomic levels.
- Adolescent pregnancy has become a serious concern for many segments of society, medically, due to its clinical and psychosocial complications and the harmful

consequences that the practice produces in adolescents and their families.

Research Objective

General Objective

Analyze the pandemic context covid-19 and early pregnancy, as well as unwanted pregnancy, to identify possible causes and risks according to confinement.

Specific Objectives

- Identify possible causes of early and unwanted pregnancy during the covid-19 pandemic.
- Detecting potential risks of early and unintended pregnancy during the covid-19 pandemic
- Contrast results obtained from some organizational entities in Colombia.
- Elaborate on a global analysis of reflection according to the results.

METHODOLOGY

From the methodological perspective of research development, the reflection article is a document that presents the results of completed research from an analytical, interpretative or critical perspective of the author, on a specific topic, using sources. In this order, previous research results are approached to analyze them from an educational and holistic approach, taking into account the study in an observational and cross-sectional manner. Based on the need for research and inquiry, the bibliographical review of the topic is carried out, considering the theoretical references for data collection and subsequent analysis through contrast.

Regarding the type of study, it is a qualitative-quantitative, descriptive, retrospective, cross-sectional study since it is carried out on an age group of 12 to 19 years old from the point of view of the entities under study. It is descriptive because it is based on the observation of facts without explaining them, and it will be retrospective because aspects are studied as they were present at the time of the survey. At the same time, it is horizontal because the cuts are

made at the right time, in this case only for the duration of the pandemic, that is, 3 years.

The data resolved are those proposed by three selected organizational units: the UN, UNICEF and WHO. The sample is based on all references that these entities are globally visible, looking at the unit of analysis of young people aged 12 to 19. As for the data collection techniques and tools involved, they are in line with those provided by the entities' records on the respective websites. The processing, presentation, and analysis of the data are reflected through the corresponding tables and graphs, allowing the reading, interpretation and checking of the data obtained to prepare the final reflection.

RESULTS

Latin America has the second-highest teenage pregnancy rate in the world. In addition, a little less than 20% of teenage pregnancies that end in an increase in the birth rate correspond to teenage mothers in the region. Each year, just under two million girls between 15 and 19 become pregnant. The numbers are alarming, all the more serious when many of these pregnancies result from a lack of information, limited access to contraception, and sexual and gender-based violence.

In light of this concern, according to these studies, the steady increase in teenage pregnancy and early motherhood, UNFPA for Latin America and the Caribbean published its report "The socioeconomic consequences of teenage pregnancy" in six countries in the Americas and the Caribbean, using the Milena 1.0 method". The report presents results in Argentina, Colombia, Ecuador, Guatemala, Mexico and Paraguay.

Therefore, this comparison provides an important conclusion to understand a large number of teenage pregnancies currently and how to prevent them, with special relevance for research in the context of the health emergency introduced by Covid19.

The outstanding social costs of adolescent pregnancy for countries and mothers are reported, including education, willingness to work outside the home, high unemployment

rates, the income earned, and all that is economically involved in pregnancy, childbirth and postpartum care.

In addition, it also includes a tax aspect (collecting taxes directly and indirectly). So, adding up these costs, the great consequence it economically has on a nation becomes substantial. Furthermore, those opportunity costs

associated with teenage pregnancy prevention become even more relevant.

According to the analysis of the articles and reports consulted, the main consequences according to the dimensions that led to the increase of early pregnancy during the pandemic in Colombia specifically:



FIGURE 2: Main dimensions and consequences in the increase of early or unwanted pregnancy
Source: Own elaboration

Analysis

In the educational and training context, the average number of women who were mothers in the first year of the pandemic as adults reached some level of third-level education, with the remainder among adolescent mothers with a high school education. This translates into a college education gap with a significant average in the Colombian region. This gap is stable and consistent among several countries, but in the case of Colombia, the percentage was 14.7% at the Latin American level.

In terms of labor income, the evidence shows that women, on average, 24% obtained lower incomes than in the years before the pandemic, considering the income gap that affected women and adolescents during the pandemic and who were mothers in adolescence, which turned out to be the most stable and consistent among the countries compared to Colombia.

Regarding participation in the paid labor market (inactivity and unemployment), most women who were already adolescents were affected by

labor inactivity; those who experienced teenage pregnancy were the most affected.

In Colombia and its regions, while adolescent mothers have an inactivity rate of 46.8%, adult mothers have a rate of 41.9%, reflecting absolute and relative deviations of 4.9% and 11.5%, respectively. It should be clarified here that this high level of inactivity in the paid labor market is strongly linked to the burden of unpaid domestic work assumed by women in general, and even more so when they become pregnant prematurely.

Women are not the only ones affected by this situation since the state and society are affected by the reduction in tax collection, which translates into decreased labor participation rates and women’s income. This became more acute during covid-19 and more so among pregnant and adolescent women in Colombia.

Regarding health expenses, it is worth mentioning that adolescent pregnancy generates health costs that can be saved by developing and

strengthening public policies to prevent pregnancy effectively.

Overall, depending on the number of births attended, the care categories involved and their costs increased significantly in Colombia during the pandemic. Due to the high prevalence of unplanned adolescent pregnancies, these costs could become increasingly acute if not addressed early and preventively.

Summarizing the respective analysis, the impact of teenage pregnancy is estimated at 0.35 in taxes in the case of Colombia. It was also consistently concluded that in Colombia specifically, the most significant impact was felt on women's labor income due to the income gap between teenage and older mothers during the pandemic.

CONCLUSIONS

This study shows how adolescent pregnancy continues to be a significant contributor to maternal and infant mortality. Complications related to pregnancy and childbirth are the leading cause of death among girls aged 15-19 worldwide. Pregnant girls and adolescents also face other health risks and complications due to their immature bodies. Babies born to younger mothers are also at increased risk.

For many adolescents, pregnancy and childbirth are unplanned and unwanted. However, in countries where abortion is banned or highly restricted, adolescents often resort to unsafe abortion, risking their health and lives. Some 3.9 million unsafe abortions are performed yearly on girls aged 15-19 in developing regions.

Adolescent pregnancy can also have negative social and economic effects on girls, their families and communities. For example, unmarried pregnant adolescents may face stigma or rejection from parents and peers and threats of violence. Girls who become pregnant before age 18 are also more likely to experience intimate partner or marital violence.

For this reason, the countries of the region must invest in youth, creating awareness of self-care of their bodies, development of skills and abilities, and positive leadership; in this way, abuse can be prevented, distancing young people from risk

factors such as violence, consumption of psychoactive substances and by connecting them with support networks, educational services in health. In this way, social programs will be more successful, and we can reduce the numbers of this social problem, especially focused on the youngest (10 to 14 years) who are most at risk.

So having looked at all of these points, we believe that the right thing to do is to call on governments to strengthen national health systems, implement comprehensive sexuality and relationships education in and out of schools, and provide safe and affordable contraceptive methods to address the root causes of teenage pregnancy. People also demand that governments do more to support pregnant girls and young mothers to continue and complete their education.

Pregnancy among girls and adolescents is a public health and human rights issue. Consequently, it is essential to create strategies to counteract this social problem, to make visible the impact of the covid-19 pandemic and to identify the territories with the greatest economic gaps, the impact of social determinants and characteristics or barriers to access to medical and social services, the entrenchment of social and cultural norms that undermine to a greater or lesser degree the freedom of women to decide on their sexual and reproductive health.

Considering that the evidence does not support the effectiveness of abstinence-only sex education. It is ineffective in decreasing HIV risk in the developed world; it does not decrease rates of unplanned pregnancy compared to comprehensive sex education. In addition, it does not decrease the sexual activity rates of students compared to students taking comprehensive sex education classes.

The role of parents in the sex education of children is critical; parents require guidelines for their role that promote early, open and unreserved communication. The timing of sex education is also crucial to ensure that sexuality is as integral to the individual as numeracy and literacy and is approached similarly. So it would help that teenage pregnancy can be reduced through sex education at home or through education in schools.

Finally, there is an urgent need for an integrated approach to national and international policies on the protection and comprehensive development of children, adolescents and young people to contribute to the reduction of the impact of social determinants, increase the economic commitment to the creation and maintenance of permanent programs aimed at young people, in favor of initiative, development, and the achievement of a life project, improvement of working conditions, which is of benefit to young people, the family, the community and contributes to the economic growth of Latin American countries.

REFERENCES

1. Análisis de Situación de Salud (ASIS), (2018). Dirección de Epidemiología y Demografía, Ministerio de Salud y Protección Social (MSPS). Imprenta Nacional de Colombia, Bogotá, Colombia, 2018.
2. Barrozo, M y Pressiani G, (2011). Embarazo Adolescente entre 12 Y 19 años. Tesis Final. Universidad Nacional De Cuyo, Facultad De Ciencias Médicas, Licenciatura En Enfermería
3. Campo-Arias A., Silva J., Meneses M., Castillo M., Navarrete P, (2004). Factores asociados con el inicio temprano de relaciones sexuales en estudiantes adolescentes de un colegio de Bucaramanga, Colombia. *Revista Colombiana de Psiquiatría*, vol. XXXIII / No. 4 / 2004. Disponible en: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0034-74502004000400002
4. CPEM, DANE Y ONU Mujeres. (2020). *Mujeres y Hombres: Brechas de Género en Colombia*. Disponible en: <https://www.dane.gov.co/files/investigaciones/genero/publicaciones/mujeres-y-hombre-brechas-de-genero-colombiainforme.pdf>
5. Departamento Administrativo Nacional de Estadística DANE: Nacimientos en niños y adolescentes en Colombia. Nota estadística, enero de 2022. Disponible en: <https://www.dane.gov.co/files/investigaciones/notas-estadisticas/ene-2022-nota-estadistica-embarazo.pdf>
6. Keating, DP (1990). Pensamiento adolescente. En SS Feldman & GR Elliott (Eds.), *En el umbral: El adolescente en desarrollo* (págs. 54–89). Prensa de la Universidad de Harvard.
7. Ley 1098 de 2006 “Código de la Infancia y la Adolescencia”. Disponible en: <https://www.icbf.gov.co/bienestar/ley-infancia-adolescencia#:~:text=Consulta%20la%20Ley%201098%20de,y%20libertades%20consagrados%20en%20los>
8. Lowdermilk, Perry, Bobak. Versión española de la 6ª edición *Maternity and Women's Health Care* Revista Ciencias. Com. Publicaciones Científicas. “Cerca de 300 adolescentes argentinas se convierten en madres cada día”.
9. Ministerio de salud y Protección Social (MSPS). *Ciclo de Vida*. [consultada 11 mayo 2022]. Disponible en: <https://www.minsalud.gov.co/proteccion-social/Paginas/cicloVida.aspxMSPS>
10. Profamilia. *Determinantes del Embarazo en Adolescentes en Colombia*. Explicando las causas de las causas. Un estudio a profundidad a partir de la Encuesta Nacional de Demografía y Salud – ENDS 2015. Disponible en: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/ED/PSP/informe-determinantes-sociales-embarazo-en-adolescente.pdf>
11. Saldarriaga, Bravo y Loor (2016). La teoría constructivista de Jean Piaget y su significación para la pedagogía contemporánea. *Revista Científica Dominio de las Ciencias*. ISSN: 2477-8818 Vol. 2, núm. esp., dic., 2016, pp. 127-137
12. Organización Mundial de la Salud (OMS, 2019). *Coronavirus*. Disponible en: <https://www.paho.org/es/temas/coronavirus>
13. Organización Mundial de la Salud (OMS). “Recomendaciones de la OMS sobre atención prenatal para una experiencia positiva del embarazo”. Disponible en: <https://apps.who.int/iris/bitstream/handle/10665/250802/WHO-RHR-16.12-spa.pdf;jsessionid=95CF05BA82C853BBB7A106B417C5C35C?sequence=1>
14. UNFPA, (2020). *Consecuencias socioeconómicas del embarazo en la adolescencia en seis países de América Latina*. Implementación de la Metodología Milena en Argentina, Colombia, Ecuador, Guatemala, México y Paraguay. Fondo de Población de las Naciones Unidas - Oficina Regional
15. Vasquero, F (2020). *Psicoterapeutas.com 10ª edición, el objetivo de la educación sexual*. [Consultada 20 Abr 2022]. Disponible en: <https://psicoterapeutas.com/psicologia-clinica-infantil-y-adolescentes/el-objetivo-de-la-educacion-sexual/>