

## Anthropo-biological Theoretical Model of Teenage pregnancy of José Corona

## MSc. José Luis Corona Lisboa

Nathional Experimental University Francisco de Miranda. Mene de Mauroa, Venezuela.

Email: joseluiscoronalisboa@gmail.com

## **Abstract**

This article describes an explanatory theoretical model of adolescent pregnancy in 3 succinct postulates, the product of 8 years of research in the field of sexuality in adolescents. However, the ideas of other models prior to this one were taken into account, which served as the basis for impregnating other ideas that allow a more described adolescent pregnancy phenomenon. This model is not universal, since the behavior of adolescents is heterogeneous and varies according to the context in which it operates and the decision making regarding their sexuality.

## Introduction

Researchers have looked for a way to represent their ideas in a holographic way to explain the entity, being theoretical models one of the most accepted methods at the methodological level to understand a concrete reality. Then, a theoretical model is an ideological synthesis about a phenomenon studied exhaustively, understood as a rational and empirical reconstruction of the information available regarding the object, as an interpretive principle of the glimpsed and tangible reality, which describes and relates a series of postulates and / or accepted theoretical and observational statements, whose usefulness lies in the prediction of new formulas and measures of the reality studied (Schettini and Cortazzo, 2015).

In the following lines, I describe the model that explains pregnancy at an early age in adolescents, from a holistic and empirical perspective, as a resulting product in more than 8 years of research on this subject, without prejudice to the previous models proposed to it, where various scientific publications and a doctoral thesis arose, in which adolescent pregnancy is explained as a family, behavioral, sexual and social phenomenon, related to the natural biological development of the organism that responds to internal and external stimuli from biochemical reactions and hormonal at the cellular level and the surrounding environment.



## Materials and methods

The research is descriptive, with a non-experimental design of a cross-sectional field, since the reality of teenage pregnancy is described in its natural setting without intentional manipulation of variables by the researcher, nor of the subjects participating in the various investigations carried out for 8 years (Corona, 2016).

## **Results and Discussion**

The model detailed below is based on the following premises and / or postulates, which synergistically address the adolescent pregnancy thesis as an interwoven and well-structured conceptual system, which represents an objective reality:

## Postulate 1. Children from birth experience their sexuality.

From pregnancy in the womb, the child receives stimuli from his parents, who then consolidate with the birth through caresses, melee contact and sucking in the breastfeeding process (CLAEM, 2016; Interinstitutional Committee, 2011).

This is vital for a balanced emotional development of the child, remember that the socioemotional part is related to the emotions we experience and the way we express them. Here a relationship between the biological and the psychological is already established, since the external stimuli propitiated by the parents make the child's physiology work better, releasing hormones and anti-stress proteins that trigger more affective and pleasant behaviors, which lead to a Organic and harmonic functioning of the human body even makes the immune system work better, resulting in a healthier life.

Also, Sigmund Freud explains in detail the changes in the behavior of children since birth. Which are related to their sexuality (oral, phallic, anal and Oedipus complex phase). During the sucking reflex in the mother-child bond, a process of breastfeeding and socio-emotional communicational interaction (Serrano and Rangel, 2014) originates. This provides



satisfaction and nourishment to the child, also triggers the release of anti-stress hormones such as serotonin, dopamine and norepinephrine. Both of amino acid nature, whose functions are associated with the sympathetic and parasympathetic vegetative nervous system, which reflect the mood and / or humoral state of the individual.

Serotonin is produced in the stomach in almost 90%, the rest in platelets. Behavioral and neuropsychological processes related to serotonin include: mood, sleep, perception, reward, anger, aggression, appetite, memory, sexuality and attention and its concentration is reduced by stress, causing intestinal malabsorption and indigestion. Dopamine is produced at the level of the adenohypophysis, and is the precursor of norepinephrine and is adrenaline (Fonseca and Graydanus, 2007). Adrenaline and norepinephrine are made in the adrenal medulla and act in the state of alertness and rest of the individual, so that the concentration or decrease of these, are associated with the degree of aggressiveness of the person.

This series of biochemical cascades that link the mother-child interaction, makes the temperament of the neonates more balanced, that is, less impulsive and calmer behaviors, this subsequently influences the behavior during adolescence, since in general, they are less likely to make decisions in a compulsive and abrupt manner, they are less rebellious compared to those who did not have a bond with the mother through sucking (Cuba, 2006, Díaz, 2012). This allows adolescents to make the most assertive decisions regarding their sexual life more calmly, so as not to rush into making erroneous and deliberate decisions. It should be noted that this is not a universal rule, behavior is already molded from home, and each individual responds differently to external and internal stimuli.

What is clear is that the relationship between organic and psychological functioning is fundamental in the apprehension of behaviors from childhood. It is here that the individual is forming his personality and the worldview of the world around him, and according to the experiences lived and the interaction with family and friends. In Figure 1, the content ideas of this postulate are presented graphically.



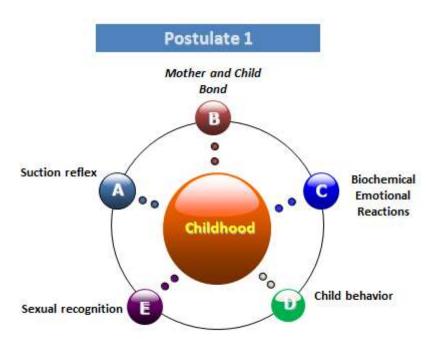


Figure 1. Postulate 1 of the Anthropo-Biological Theoretical Model of Teenage pregnancy

# Postulate 2. Adolescents by their own inalienable nature demand gestures of affection and attention from their family environment in sexual matters.

The lack of affection on the part of the parents towards their children influences in an important way the behavior of the same, and not only of their parents but of their family environment, and involves the brothers and any other member that lives with them (Corona, 2012).

When the opposite sex begins to attract attention, they generally seek opinions and answers to their concerns from their parents. However, this dialogic connection will occur as long as there is tolerance and trust in both parties. Otherwise, they will look outside the house for the information they need. This causes in many cases feelings of repression towards parents for lack of attention and rebel behaviors, which favor the characteristic omnipotence in many adolescents (Corona, 2013).

Faced with any situation of these, adolescents acquire knowledge and erroneous behavior from other couples who somatize it as normal, expressing themselves in many cases as



pregnancies whose consequences we already know (Caffe et al., 2017; Corona, Parra and Sánchez, 2017; Samuel, 2015).

This allows me to explain in greater detail that the cognitive level and the quality of the information received, as well as its transmission and expression, is decisive in risky sexual behaviors. Therefore, the need for assertive communication at home between parents and children and leaving taboos aside and giving way to communicational freedom on this issue is essential to establish lasting links over time.

When conversations about sex and related subjects are vetoed at home, adolescents are unlikely to go to a health care center to ask for support or information, for fear of their parents or what they will say about the community where they live. This particular fact has been demonstrated in multiple investigations in the Latin American context. The children mostly do not attend government and private entities responsible for this function because of fear and grief. Consequently, they prefer to seek help in the opinion of their friends.

Unfortunately, in many homes parents do not feel prepared to address issues related to sexuality. For this reason, the help of trained health professionals to guide their children is imperative, but it is the parents who have to take the step forward in the search for that information that meets the cognitive needs of their children. In Figure 2, the emerging ideas of this postulate are shown.



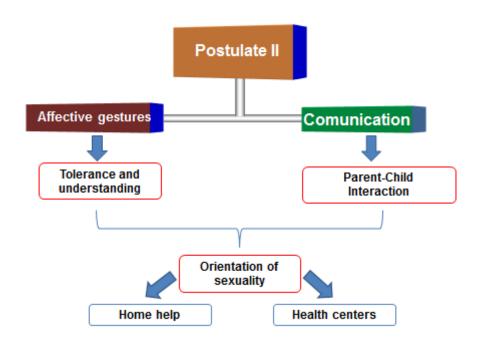


Figure 2. Postulate 2 of the Anthropo-Biological Theoretical Model of Teenage pregnancy

## Postulate 3. The appearance of pregnancy at an early age is due to the imitation of models by the adolescent and the acceptance of their family nucleus.

In multiple investigations we have read that teenage pregnancy derives from a lack of knowledge about the subject. However, I must state that in other more recent studies, including mine, I have found that pregnancy is not associated with a lack of knowledge. In fact, adolescent know the basics on the subject and know the methods of contraception, only they do not use them because one of the two or both do not like the feeling of them during intercourse, and this explains the rejection of their use by teenagers.

I also found that in the vast majority of the samples studied, adolescents know the consequences of not using contraceptive methods and the risk of a possible pregnancy, they simply have relationships for pleasure and for experiencing sex with the person they like or it catches their attention, taking the risk of their fit In addition, the imitation of behavioral models and a history of pregnancy at an early age in the mothers of the girls or other



relatives who live with them, has become a repetitive and transgenerational behavior. This is the explanation because mothers defend and support their daughters so much when they repeat this behavior. A sympathetic mother-daughter bond is formed, since the mother, going through the same situation, somatizes that experienced by her daughter (Hindin et al., 2016; Huaynoca et al., 2015).

Following the same order of ideas, it has been proven in several investigations that those girls who do not have a history of mothers who were pregnant during adolescence, are more afraid of becoming pregnant than those who do, since the latter does not See as a stigma, but as something normal. This leads to an increase in the fertility rate due to imitation of behavioral models in the home. In addition to the above, self-image, self-esteem and psychological immaturity are socio-emotional factors that influence the appearance of a pregnancy at an early age, since the adolescent's self-reflection is related to the socio-family environment where he lives and interacts (Ivanova et al., 2016; Svanemyr, 2017).

The above is important, since the vision of pregnancy became a "normal" situation and not something alarming and / or immoral as in past decades, favoring an early onset of sexual intercourse. In Latin America the average age is between 13 and 14 years, with a tendency at younger ages. Even young women living in vulnerable rural areas, pregnancy is seen as a search for social affirmation and affection, that is, a form of personal fulfillment that even increases self-esteem, thus presenting a positive connotation of pregnancy and teenage motherhood as if it were the other side of the same coin (Gómez and Montoya, 2014; Idrogo, 2013).

Even the hormonal changes described in the first postulate and those experienced during early, middle and late adolescence, make the adolescent want to experience sex. However, the decision is personal, impulses and desire can be managed with a good sexual orientation from home and with the support of health professionals. Until a psychologically mature age, in which both the boy and the girl can assume such responsibility. In Figure 3, the premises of this postulate are outlined.



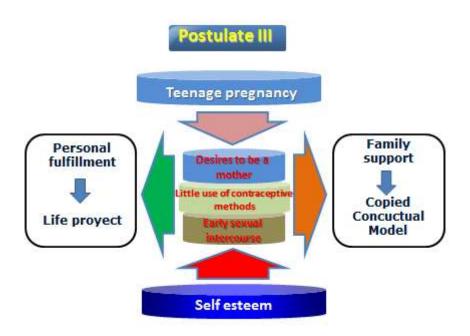


Figure 3. Postulate 3 of the Anthropo-Biological Theoretical Model of Teenage pregnancy

## Conclusion

The present model reveals that the vision that adolescents have about pregnancy is something very typical of modern youth, where unprotected sex is the essential means of communication to express their sexuality, without fearing mostly the risk of pregnancy to early age. Teen pregnancy is recognized and significantly valued by girls and their family as part of the personal fulfillment of being a woman in popular culture. The mother is the first to find out about pregnancy and in case of any eventuality, it constitutes the protection factor par excellence, behind which there are unclear goals about her future projections, in terms of personal, spiritual, material and professional growth. This point is of vital importance, since it is the main reason for resistance to adolescent pregnancy over time in extra-urban areas, product of stereotyped behaviors that are part of the culture where girls live.



From the bio-socio-emotional aspect, most of the girls studied idealize motherhood and children as "life for them", which propitiates the necessary conditions for its existence. However, in this idealization the immediate consequences of the event (school drop-out, professional truncation, among others) are not valued, because they classify it as a personal desire that is associated with very positive emotions, a decision that is expected, that is approved and well qualified by them and their family nucleus.

Most of the research from years ago explains that pregnancies are not planned, but here I show that the vast majority of them are desired. This is necessary to take into account for future research, because the idea of teenage pregnancy is becoming a fact of personal fulfillment in many of the adolescents of our modern society.

## References

Caffe, S. Pleasons, M., Camacho, A., Abdool, S., Mayall, K. (2017). Looking back and moving forward: can we accelerate progress on adolescent pregnancy in the Americas? Reproductive Health; 14:83. https://doi.org/10.1186/s12978-017-0345.

Comité de América Latina y El Caribe para la Defensa de los Derechos de la Mujer (CLADEM) (2016). Child mothers. Child pregnancy and forced child maternity in Latin America and the Caribbean. [Consulta: 08 junio de 2019]. Disponible en: <a href="https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8">https://www.google.ch/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8</a> &ved=0ahUKEwimq7PMkf3UAhXBI1AKHaRUBykQFggmMAA&url=https%3A%2F%2 Fwww.cladem.org%2Fimages%2Fimgs-noticias%2FExecutive-Summary-Child-Mothers-FINAL.pdf&usg=AFQjCNHBjhPJfI6NqgDepB3Ob0skVSOrHA.

Comité Interinstitucional (2011). Prevención del embarazo en adolescentes con perspectiva de género y enfoque de derechos humanos: "hacia una política nacional Plan estratégico nacional para la prevención del embarazo en adolescentes en la Republica Dominicana 2011–2016. [Consulta: 12 junio de 2019] Disponible en: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=



8&ved=0ahUKEwix9I\_QqeHTAhXGs1QKHZ20BgQQFggwMAI&url=https%3A%2F%2 Fwww.unicef.org%2Frepublicadominicana%2Fprevencion\_embarazo\_adolescente2011.pdf &usg=AFQjCNG-\_BYw-96Z9HtS7j9EVRwZnC8MPw

Corona, J. (2012). Factores asociados al embarazo precoz en estudiantes de un liceo del municipio Miranda, Venezuela. *Revista Multiciencias*. 12(Ext.): 238-243.

Corona, J. (2013). Experiencia educativa de un programa de educación sexual en Quisiro, Venezuela. *Educere*, 17(57).

Corona, J. (2016). Apuntes sobre métodos de investigación. Medisur, 14(1).

Corona, J., Parra, J., Sánchez, D. (2017). Sexual behavior and perspective on sexual education in high school students Sister Luisa Rosa Sandoval del Castillo, Maracaibo. Venezuela. *International Educational Applied Scientific Research Journal*, 1(3).

Cuba, L. (2006). El CAC-Adolescente como instrumento para explorar los conocimientos, actitudes y conductas frente a las ITS y al VIH/SIDA. *Revista Psicológica Herediana*, *1*(1): 48-56.

Díaz, L. (2012). Relationship between maternal care and complications in newborns and infants among pregnant adolescents affiliated with the subsidized health regime in the ESE Metrosalud. *Revista Facultad Nacional de Salud Pública*, *30*, 90-92.

Fonseca, H., Graydanus, D. (2007). Sexuality in the child, teen, and young adult: Concepts for the clinician. *Prim Care*, (34): 275-292.

Gómez, C., Montoya, L. (2014). Factores sociales, demográficos, familiares y económicos relacionados con el embarazo en adolescentes, área urbana, Briceño, 2012. *Rev. Salud Pública*. 16(3): 394-406.



Hindin, M., Kalamar, A., Thompson, T., Upadhyay, D. (2016). Interventions to prevent unintended and repeat pregnancy among young people in low- and middle-income countries: a systematic review of the published and gray literature. *J Adolesc Health*;59(3Suppl):S8–S15.

Huaynoca, S., Svanemyr, J., Chandra-Mouli, V., Moreno, D. (2015). Documenting good practices: scaling up the youth friendly health service model in Colombia. Reprod Health; (12):90.

Idrogo, JL. (2013). Características materno perinatales del embarazo en adolescentes en el hopital II Lima Norte-Callao" Luis Negreiros Vega", Año 2012.

Ivanova, O., Cordova, K., Segura, Z., Vega, B., Chandra-Mouli, V., Hindin, M. (2016). Lessons learnt from the CERCA project, a multicomponent intervention to promote adolescent sexual and reproductive health in three Latin America countries: a qualitative post-hoc evaluation. Evaluation and Program Planning; (58):98–105.

Schettini, P., Cortazzo, I. (2015). Análisis de datos cualitativos en la investigación social: procedimientos y herramientas para la interpretación de información cualitativa. 1ra edición. Universidad Nacional de La Plata, Argentina. p: 120.

Serrano, J., Rangel, E. (2014). Teorías de teorías sobre la adolescencia. Última Década; (40): 11-36.

Svanemyr, J., Guijarro, S., Butron, B., Chandra-Mouli, V. (2017). The health status of adolescents in Ecuador and the country's response to the need for differentiated health care for adolescents. Reproductive Health; (14):29. doi:10.1186/s12978-017-0294-5.