








## Social determinants associated with teenage pregnancy in the 24 de Mayo community in Ecuador

*Determinantes sociales asociados al embarazo en adolescentes en la comunidad 24 de Mayo en Ecuador*

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### ABSTRACT

Adolescent pregnancy is a significant public health concern with social, economic, and educational repercussions. This study aimed to describe the social determinants associated with teenage pregnancy in the 24 de Mayo community, Manabí, Ecuador. An observational, descriptive, and cross-sectional study was conducted from April to September 2023, during which surveys were administered to 30 community members to assess factors such as sexual education, family background, and contraceptive use. Results showed that 80% of respondents had a family history of adolescent pregnancy, 63.3% considered sexual education insufficient, and 90% did not use contraceptives. Early sexual initiation and limited institutional engagement were also observed. The study concludes that implementing educational strategies, enhancing access to comprehensive sexual education, and reinforcing family planning are essential to reduce the prevalence of adolescent pregnancy and its intergenerational consequences.

**Keywords:** adolescent pregnancy, sexual education, contraception, public health, social determinants.

### RESUMEN

El embarazo adolescente constituye un grave problema de salud pública que afecta el bienestar social, económico y educativo de las comunidades. Este estudio tuvo como objetivo describir los determinantes sociales asociados al embarazo en adolescentes de la comunidad 24 de Mayo, en Manabí, Ecuador. Se realizó un estudio observacional, descriptivo y transversal entre abril y septiembre de 2023, en el cual se aplicaron encuestas a 30 personas de la comunidad para analizar aspectos como la educación sexual, los antecedentes familiares y el uso de métodos anticonceptivos. Los resultados revelaron que el 80 % de los participantes tenía antecedentes familiares de embarazo adolescente, el 63,3 % consideraba insuficiente la educación sexual recibida y el 90 % no utilizaba anticonceptivos. Asimismo, se observó una iniciación sexual temprana y una percepción comunitaria de escasa intervención institucional. Se concluye que es indispensable implementar estrategias educativas, mejorar el acceso a la educación sexual integral y fortalecer la planificación familiar, con el fin de reducir la incidencia del embarazo adolescente y sus efectos intergeneracionales.

**Palabras clave:** embarazo adolescente, educación sexual, anticoncepción, salud pública, determinantes sociales.

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## INTRODUCTION

Adolescence is a transitional period between childhood and adulthood, marked by significant physical, psychological, and social changes. During this stage, the experience of sexuality becomes more evident, often marked by unprotected sexual practices due to a lack of information and communication among family members, as well as the myths and taboos surrounding the topic. These conditions make adolescents a vulnerable group to risky situations, including pregnancy (Santos et al., 2017).

The first sexual experience is a significant factor in adolescent childbearing trends. Often, these relationships lack full consent or adequate contraceptive use, increasing the risk of unplanned pregnancies. Furthermore, factors such as socioeconomic status, limited access to contraception, and gender inequalities profoundly impact adolescents' reproductive health (Espinel-Flores et al., 2020).

In Latin America and the Caribbean, the adolescent fertility rate is one of the highest in the world, surpassed only by sub-Saharan Africa. Approximately 30% of women in the region become mothers before turning 20, and this trend has been increasing since 1990, despite a decline in overall fertility (Rodríguez, 2016). In Ecuador, the problem is particularly alarming as 1,921 live births were recorded in 2022 to mothers aged 10 to 14, corresponding to 2 live births per 1,000 women in that age range, and 38,087 live births to mothers aged 15 to 19, a rate of 47.3 live births per 1,000 women in this age group (Instituto Nacional de Estadística y Censos [INEC], 2023). This situation reflects the persistence of factors such as limited access to contraceptive methods, a lack of comprehensive sexuality education, and social inequalities, which contribute to perpetuating this problem in the country.

The proximate determinants of adolescent fertility, such as access to contraception, the legality of abortion, and comprehensive sexuality education, are key to understanding this issue. In countries where contraceptive use is almost universal, such as Spain, adolescent fertility rates are significantly lower. However, in contexts like Ecuador, social taboos, a lack of information, and sexual violence contribute to perpetuating this situation (Rodríguez, 2016).

Despite advances in urbanization and education, first-time pregnancies among adolescents, especially those from lower socioeconomic backgrounds, have not decreased. Early motherhood

negatively impacts the health and education of young mothers, perpetuates intergenerational poverty, and deepens gender inequality. It has been reported that the effects of adverse socioeconomic conditions, such as teenage pregnancy, not only impact youth but can also affect the quality of life in later stages, such as adulthood or old age, by limiting access to education and employment (Angulo et al., 2024).

In this context, this article aimed to analyze the determinants associated with teenage pregnancy in the 24 de Mayo canton of Manabí, Ecuador. Personal, familial, socioeconomic, and cultural aspects will be analyzed to provide a basis for developing effective prevention strategies that promote the well-being of adolescents and guarantee their right to a healthy and fulfilling life.

## METHODOLOGY

An observational, descriptive, qualitative, and cross-sectional study was conducted to analyze relevant information from our knowledge integration project, identifying key factors influencing teenage pregnancy in the 24 de Mayo canton, Manabí, Ecuador. The study was conducted between April and September 2023.

Data collection involved administering a six-question survey to 30 community members. The questions addressed sexual education, family issues, and educational level to determine awareness of this issue in the area. This survey was conducted in conjunction with health professionals to ensure the quality of the responses and results, allowing us to address the social determinants associated with teenage pregnancy.

Quantitative data were collected through in-person surveys, while qualitative data were obtained through interviews and observation at the health center and in the community. The quantitative data were analyzed using Excel, where descriptive analyses, such as frequencies and percentages, were applied to sociodemographic and health variables. The qualitative data were analyzed using a content analysis approach.

This study strictly adhered to the ethical principles of health research. The privacy and anonymity of participants were ensured at all times. Data were treated confidentially, and the results were presented without any form of personal identification.

## RESULTS AND DISCUSSION

This study highlights the intricate relationship between socioeconomic and health factors that contribute to teenage pregnancy in the 24 de Mayo community. The results of the survey conducted among 30 community residents reveal important information about the living conditions and health challenges faced by community members. Table 1 shows the age distribution at which respondents report starting their sexual life. It can be seen that 30% of the surveyed population began their sexual life between the ages of fourteen and sixteen, while 70% did so between sixteen and eighteen.

**Table 1.** Consolidated data on adolescent pregnancy (n = 30)

| Variable   | Category                 | Frequency | Percentage | Main implications   |
|--|--------------------------|-----------|------------|---|
| Age at first sexual intercourse                        | 14–16 years              | 9         | 30         | Early initiation requires sexual education starting at early school levels.           |
|  | 16–18 years              | 21        | 70         | Confirms regional trend: most adolescents begin sexual activity before age 18.        |
| Family history of teenage pregnancy                    | Yes                      | 24        | 80         | Indicates intergenerational normalization of adolescent pregnancy.                    |
|  | No                       | 6         | 20         | Minorities without family precedent may experience a protective effect.               |
| Main factors influencing adolescent pregnancy          | Lack of sexual education | 19        | 63.3       | Urgent need for comprehensive sexuality education programs.                           |
|  | Family problems          | 11        | 36.7       | Family dynamics directly impact reproductive decisions.                               |
| Use of contraceptive methods                           | Yes                      | 3         | 10         | Very low usage suggests lack of access, information, or presence of taboos.           |
|  | No                       | 27        | 90         | Immediate action needed to improve access and promote responsible contraceptive use.  |
| Willingness to implement prevention tools in community | Yes                      | 18        | 60         | Community is receptive to preventive strategies and educational outreach.             |
|  | No                       | 12        | 40         | A portion of the community still does not prioritize adolescent pregnancy prevention. |

In this sense, early sexual initiation constitutes a risk factor for adolescent health, since inaccurate preventive education can lead to sexually transmitted infections (STIs) or even an increase in unplanned pregnancies at this stage.

These data highlight the importance of sexual education from an early age. Although a significant percentage of adolescents begin their sexual life after the age of 16, there is still a considerable group that does so before that age. This underscores the need to address issues such as preventing unwanted pregnancies and sexually transmitted diseases, especially among adolescents who may not be fully prepared to handle the emotional and physical implications of sexual activity. This approach is consistent with the findings of Altamirano and Sandoval (2023), who indicate that first sexual intercourse begins at an increasingly earlier age. However, the real problem lies in the lack of guidance and adequate knowledge about responsible and healthy sexual behavior, with knowledge about contraceptive methods being essential.

In the North American region, 62.8% of adolescents are sexually active and 850,000 students become pregnant each year, estimating that this occurs during the first sexual encounter due to the lack of information and tools, linking it to a percentage of 20% of induced abortions (Committee on Adolescence et al., 2014).

In Latin America, descriptive studies show that the majority of the population begins their sexual life before the age of 18. However, access to and knowledge about contraception are inadequate. Ecuador is among the countries with the lowest access and lowest levels of sexual education, surpassed only by Venezuela and Colombia (Chiliquinga et al., 2021).

A total of 24 respondents, representing 80% of the sample, reported that there are or have been cases of teenage pregnancy within their families. This indicates that this may be a common situation within these families and may be reflected as a social determinant for future generations. This is because early pregnancy is normalized, and family planning is not followed.

This high prevalence suggests a normalization of early childbearing within family structures, which could decrease the perceived risks associated with adolescent pregnancy and reduce the motivation to seek or use contraception. This intergenerational pattern underscores the absence of effective preventive models within the community. Espinel-Flores et al. (2020) found similar influences of the family and social environment on adolescents' reproductive decisions.

The normalization of early childbearing in communities with limited opportunities may reinforce a cycle of poverty and limited educational attainment (Rodríguez, 2016).

The normalization of teenage pregnancy in some communities can have profound and lasting consequences. This situation not only affects the adolescents directly involved but also impacts the family and social structure, perpetuating cycles of poverty and educational limitations. The lack of access to comprehensive sexuality education and adequate contraception contributes to these dynamics. It is crucial to address this problem on multiple fronts, including education, women's empowerment, and promoting a culture that values family planning and personal development before motherhood.

A relevant article on this topic highlights that "educating and empowering adolescent girls are critical to reducing unintended pregnancies and improving future opportunities" (Martínez et al., 2020). This approach suggests that investing in young women's education can break the intergenerational cycle of teenage pregnancies and foster a brighter future for them and their families.

The results revealed that 63.3% of respondents believe that teenage pregnancy is not adequately addressed within their community and reported infrequent discussions in health centers or community settings. On the other hand, 36.7% believe that family problems are the primary driver of teenage pregnancy. This lack of open discussion translates into limited access to essential information about contraception and family planning, which can lead to an increase in unplanned pregnancies. The findings are consistent with the assertion of Rodríguez (2016), who pointed out that lack of access to comprehensive sexuality education is a key determinant of adolescent fertility in Latin America and the Caribbean. This deficiency highlights the critical need for accessible and culturally sensitive educational programs within the community.

Comprehensive sexuality education is a fundamental component to ensuring that young people have the information and tools necessary to exercise their right to full and responsible sexual and reproductive health. To effectively address this issue, relevant topics such as anatomy, sexual physiology, prevention of sexually transmitted infections (STIs), available contraceptive methods, consent in interpersonal relationships, and the promotion of healthy and respectful

emotional bonds must be included, using language appropriate for the population to be educated (Peláez, 2016).

However, the lack of access to comprehensive sexuality education remains a significant problem in Latin America and the Caribbean. Rodríguez (2016) points out that the absence of this type of education is a key determinant of adolescent fertility in the region. This deficiency highlights the need for accessible and culturally sensitive educational programs within the community. The lack of open discussion about sexuality translates into limited access to essential information on contraception and family planning, which can contribute to the increase in unplanned pregnancies.

In the study by Martínez et al. (2020) in Cuba, the risk factors for teenage pregnancy were identified as the initiation of sexual relations between the ages of 15 and 19 and the lack of knowledge about pregnancy complications at this stage. This highlights the importance of sex education in the family and school settings, focusing on the implementation of contraceptive methods to prevent teenage pregnancies. Furthermore, the family environment plays a determining role in young people's sexual behavior.

Molina et al. (2019) indicate that around 80% of teenage pregnancies occur in family contexts characterized by a lack of communication, affection, and problematic relationships. Martínez et al. (2020) suggest that, in some cases, teenage pregnancy may represent an attempt by the young woman to be recognized, valued, and loved by her family, or a way to emancipate herself from a restrictive family system. However, these attempts can generate harmful dynamics, affecting both the mother and her environment.

On the other hand, Martínez et al. (2020) note that, on the psychosocial level, adolescents may distance themselves from the influence of their parents or caregivers, becoming more self-centered and believing they no longer require supervision. They often seek information about sexuality in the media, where a vision of limitless sexual activity is presented, sometimes associated with debauchery and violence.

Furthermore, the assertion that family problems are a key factor in teenage pregnancy highlights its impact not only on young mothers but also on their families. Lack of emotional

support, financial hardship, and dysfunctional family dynamics can affect adolescents' physical and emotional well-being, limiting their access to education and economic opportunities.

Data showed that 90% of young women surveyed stated that they did not use contraceptive methods, while 10% mentioned that they did use them. Liang et al. (2019) mentions that adolescents are shy or embarrassed to request information regarding contraceptive methods, in addition to the fact that in certain countries their access is limited, prohibited and very expensive to request, however, in places where they are readily available, the adolescent population less uses them about the adult.

It is essential to offer adolescents the broadest range of options, including emergency contraception, while also evaluating each method in terms of biological, psychological, socioeconomic, and family values. The best contraceptive method is the one chosen by the adolescent, and preferably by both partners.

A proportion of community respondents (60%) agreed that it would be effective to implement various activities to reduce or prevent teenage pregnancy within the community. This receptivity demonstrates that the community is open to implementing comprehensive strategies that combine sexuality education, access to contraception, and the promotion of gender equity. Combining educational interventions with accessible reproductive health services has been shown to reduce adolescent pregnancy rates significantly. Community engagement and culturally sensitive approaches are essential to the success of such interventions.

Given this context, implementing comprehensive sexuality education programs is essential. Santos et al. (2017) emphasize that adolescents' knowledge about sexually transmitted diseases and pregnancy is directly related to the presence of educational programs in this area. These programs should address topics such as reproductive anatomy, contraceptive methods, sexually transmitted infections, consent, and healthy relationships, in order to provide practical tools for responsible decision-making. Furthermore, the importance of comprehensive sexuality education, which encompasses the development of emotions, feelings, and attitudes, as well as intersectoral collaborative work to enhance adolescent health and well-being, has been emphasized. Involving parents and the community in these initiatives increases their effectiveness (Castillo et al., 2022). Campo (2024) also highlights that families with effective communication



and an emotionally supportive environment are essential to preventing teenage pregnancy, arguing that interventions in family dynamics through workshops and educational programs can significantly reduce teenage pregnancy rates by fostering healthy and open relationships between parents and children.

Structural determinants such as poverty, food insecurity, and limited access to basic services play a critical role in shaping adolescents' psychosocial and reproductive trajectories. These conditions not only affect health and educational opportunities but also condition dietary patterns that may reinforce cycles of vulnerability. In resource-constrained environments, food choices are often guided by affordability rather than nutritional value, resulting in diets that are high in energy but deficient in essential micronutrients.

In the province of Manabí, regional studies have documented that traditional dishes exhibit a high energy density and low nutrient diversity, reflecting the adaptation of local populations to socioeconomic limitations (Alvarado et al., 2021; Alvarado & Zambrano, 2023). Such dietary patterns, while culturally rooted, may contribute to early physical maturation and altered health outcomes in adolescents. These nutritional deficiencies, coupled with limited reproductive education and scarce access to contraceptive methods, may facilitate early sexual initiation and unplanned pregnancies. A low-antioxidant diet may impair redox balance and adolescent reproductive health, increasing vulnerability to risk factors (Forbes-Hernández et al., 2020).

Thus, the intersection of inadequate nutrition, poverty, and educational inequalities constitutes a latent driver of early motherhood, reinforcing intergenerational cycles of social disadvantage. Addressing these issues requires a comprehensive approach that integrates food security, health promotion, and culturally sensitive strategies for sexual and reproductive education.

Table 2 presents a summary of basic descriptive statistics derived from the survey data. On average, 18.6 respondents provided affirmative answers to key questions related to adolescent pregnancy, reflecting a general awareness and recognition of the issue across the sample. The standard deviation of 6.8 indicates a moderate variability in responses, suggesting that while some variables show high consensus, others reflect more diverse opinions. The median value of 19 confirms that at least half of the variables received 19 or more positive responses. Notably, the

most frequent response was 27, corresponding to the number of adolescents who reported not using any contraceptive methods—a finding that underscores a critical gap in reproductive health practices. The overall non-prevention rate of 90% highlights the urgent need for targeted interventions aimed at improving access to and education about contraceptive methods among adolescents.

**Table 2.** Basic descriptive statistical parameters (n = 30)

| Indicator                               | Value | Interpretation  |
|---|-------|---|
| Mean of positive responses              | 18.6  | Most of the relevant responses (on average) acknowledge the existence of the issue. |
| Standard deviation (positive responses) | 6.8   | Moderate dispersion across the variables of interest.                               |
| Median (positive responses)             | 19    | Half of the variables have $\geq 19$ affirmative responses.                         |
| Mode                                    | 27    | The most frequent value corresponds to “no contraceptive use.”                      |
| Overall non-prevention rate             | 90%   | Reflects the percentage of adolescents not using any contraceptive methods.         |

## CONCLUSIONS

The research identified the social determinants that influence teenage pregnancy in the 24 de Mayo community of Manabí. It revealed that the normalization of teenage pregnancy, the lack of comprehensive sexuality education, and low-income family communication are key factors that prolong this problem. The community recognizes adolescent pregnancy as a preventable problem through educational strategies and access to contraceptive methods. The research contributes to the field of public health by providing evidence of the need for interventions aimed at preventing teenage pregnancy. Therefore, the implementation of policies that strengthen sexuality education, access to reproductive health services, and gender equity is essential to reducing the incidence of this problem and ensuring better opportunities for adolescents. It is recommended that future research further explore the factors that contribute to the normalization of teenage pregnancy in the 24 de Mayo community. It would also be helpful to investigate the effectiveness of different interventions for preventing adolescent pregnancy.

## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

## AUTHOR CONTRIBUTIONS

**Conceptualization:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, and Helen Z. Veliz. **Data curation:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, and Helen Z. Veliz. **Formal analysis:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, and Helen Z. Veliz. **Investigation:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, Helen Z. Veliz, José A. Cedeño, and Reisey Batista. **Methodology:** José A. Cedeño and Reisey Batista. **Supervision:** José A. Cedeño and Reisey Batista. **Validation:** José A. Cedeño and Reisey Batista. **Visualization:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, and Helen Z. Veliz. **Writing – original draft:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, Helen Z. Veliz, José A. Cedeño, and Reisey Batista. **Writing – review & editing:** José D. Barcia, Alisson L. Bravo, Renata M. Leones, Valeria I. Mendoza, Helen Z. Veliz, José A. Cedeño, and Reisey Batista.

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