

**EARLY MOTHERHOOD.CASE STUDIES IN
BARINAS, VENEZUELA, 2012**

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ABSTRACT

A QUALITATIVE STUDY WAS CONDUCTED IN COMMUNITIES WITH POOR ECONOMIC AND SOCIAL CONDITIONS IN BARINAS IN 2012 WITH THE PURPOSE OF DIAGNOSING THE SURROUNDING SOCIAL CONDITIONS AND INDIVIDUAL INCIDENTS THAT AFFECTED DECISION-MAKING IN REGARDING REPRODUCTION AMONG ADOLESCENTS. IN-DEPTH, INDIVIDUAL AND GROUP INTERVIEWS TO A PURPOSEFUL SAMPLE OF ADOLESCENT MOTHERS, PREGNANT ADOLESCENTS AND MEMBERS OF THE NEIGHBORHOOD MOTHERS MISSION FOUNDATION¹ WERE PERFORMED. RESULTS: NON EFFECTIVE USE OF PRIMARY HEALTH CARE SERVICES AVAILABLE IS ASSOCIATED WITH CULTURAL, POLITICAL AND IDEOLOGICAL FACTORS, AS WELL AS ORGANIZATIONAL DETERMINANTS OF THE HEALTH SYSTEM THAT LIMIT THE EDUCATIONAL AND PREVENTIVE ACTIONS ON EARLY PREGNANCY. SEXUALITY EDUCATION IS NOT INCIDENTAL. MISCONCEPTIONS PREVAILING IN SCHOOLS REDUCE THE POSSIBILITIES OF PREGNANT ADOLESCENTS TO CONTINUE THEIR STUDIES. MENARCHE AND SEXUAL RELATIONS DEBUT START AT AN EARLY AGE. THE LATTER IS WITH MEN WHO ARE FIVE TO FIFTEEN YEARS OLDER THAN THEM. FIRST PREGNANCY IS MOST FREQUENT BETWEEN 10 AND 16 YEAR-OLD ADOLESCENTS. IN GENERAL, THEY DO NOT USE CONTRACEPTIVES AND WHEN THEY DO IT IS DONE IRREGULARLY AND INCORRECTLY. THEY ACKNOWLEDGE THE EXISTENCE OF CONDITIONS THAT INCREASE THEIR RISK OF HAVING AN EARLY PREGNANCY. CONCLUSIONS: CULTURAL FOUNDATIONS ON ACCESS TO AND USE OF BASIC SERVICES, REPRODUCTION OF MISTAKEN BELIEFS ABOUT SEXUALITY, AND

REPRODUCTION AND PARENTHOOD BASED ON PATRIARCHAL CONCEPTS, FOSTER GENDER INEQUALITY WITH AN IMPACT ON EARLY PREGNANCY AND THE VULNERABILITIES OF ADOLESCENTS.

KEY WORDS: MOTHERHOOD, ADOLESCENCE, DECISION-MAKING, REPRODUCTION

INTRODUCTION

The Venezuelan State identifies early pregnancy as the second sexual health problem and obstetric complications as the third cause of death in women between 15 and 19 years old.² These problems are associated with early sexual relations without the required information on contraception; the lack of regulations on abortion in the country, exposing young girls to having abortion under unsafe conditions; and the consequences derived from such practices. The research findings recognize that early motherhood is the result of searching for an alternative to evade family problems and becomes a vicious circle of reproduction of neglect, poverty, and exposure of these adolescents and their descendants to violence (2, 3).

Despite the policies put in place by the Venezuelan State³ and the social and humane projects focused on improving the living conditions of the socially disadvantage sectors, these indicators remain the same. Hence, the need to have a clear understanding of the conditions associated with this behavior given its social repercussion in limiting social welfare, particularly, the life project of women.

In this regard, the Ministry of the People's Power for Women and Gender Equality of the Bolivarian Republic of Venezuela, requested the National Sex Education Center (CENESEX) to conduct the research "Pilot project on the prevention and care of early pregnancy: Case studies in Cuba and Venezuela 2011-2012."

In Venezuela, the states of Barinas and Zulia were selected given the high fertility rates among adolescents which, according to the available data in 2009, were higher than the country average: 31.5 x 10³ and 28.4 x 10³ women under 19, respectively. The study had a quantitative-qualitative approach and was conducted in two stages. During the first stage, a group of Venezuelan researchers applied a self-administered questionnaire to a probability sample by multistage conglomerates of the adolescent population receiving education. A purposive sample of adolescents and health service providers was also interviewed.

During the second stage, Cuban researchers conducted individual and group interviews with adolescents and adult women belonging to the Neighborhood Mothers Mission Foundation, who contributed valuable information about this problem in their communities and served as a bridge to approach the adolescents. The technique of the ten desires, developed by Doctor in Science Diego González Serra (4), was applied to the adolescents. Analysis of the discourse content was used to analyze the qualitative information, and descriptive statistic measures (frequency, average, fashion, and category) were used to analyze the quantitative information. The results achieved by the Cuban team in the second stage are presented in this article.

OBJECTIVE

To diagnose the conditions of the surrounding social setting and the individual incidents influencing decision-making regarding reproduction in a group of adolescents from communities with poor social and economic conditions in the state of Barinas in 2012.

METHODOLOGY

In-depth, individual, and group interviews were conducted with a purposive sample of pregnant and mother adolescents as well as neighborhood mothers of the communities of Rómulo Gallegos⁴ in Pedraza, Ciudad Tavacares,⁵ Las Palmas⁶ urban area in Barinas, and Libertad de Barinas Parish in Rodas.

A total of 20 interviews were conducted with 10 pregnant adolescents between 16 and 17 years old, three adolescent mothers between 15 and 17 years old, and seven neighborhood mothers. All interviewees come from low income households and poor social and economic conditions.

RESULTS

1. Exploring the surrounding social setting

a) Health services, school, and family

Several difficulties in the community generating discomfort were identified: the extreme poverty in which they live due to the fact that "many lack the resources to meet their daily food and hygiene needs"; insufficient recreation, information and job sources;⁷ poor housing conditions; frequent sexual abuse; pressure on the part of the family or due to the living conditions to establish and/or formalize a couple relationship between adolescent women and men who are criminals or are over 50 years old.

They lack specialized institutions or services for sexual and reproductive health. They only have the required prenatal control visits during pregnancy but the population makes little use of them. Besides, prenatal controls are not highly appreciated by the population, mainly among adolescents, who show certain reluctance due to family or personal conflicts in terms of accepting the pregnancy.

b) About the family of pregnant adolescents and/or adolescent mothers

Most of these adolescents are from low income families with difficulties for providing adequate food and nutrition, clothing, hygiene, healthy recreation, education opportunities, and health care. Some of them who have not benefited from the Great Venezuelan Housing Mission lack a decent house. Most of them are middle or big size, extensive and single parent families, made up by two or three generations. In very few cases they are two-parent families. In most cases the father figure is represented by the step-father.

The family reproduction pattern reflects a tradition of both early pregnancy and single motherhood—in the beginning, because they later on form a family—and multiparity.

There is a long tradition of women devoted only to household chores.

Lack or absence of communication in the family regarding sexuality issues has resulted in distorted and poor knowledge that may lead precisely to the consequences they wish to avoid.

The topics addressed maintain a sermonizing, prejudiced, formal and incriminating approach towards sexual behavior, permeating adolescents with such representations. The most recurring actions in the family when talking about sexuality with their sons and daughters are:

- advice, generally given by mothers, regarding the need to plan their pregnancies for an older age, after they have concluded their studies, achieved economic independence and established a steady couple relationship;
- prohibiting sexual relations debut: during early adolescence any kind of courtship is prohibited, and throughout the adolescence they disapprove of coital sexual relations or having sex in their own homes;
- avoid explanations about sexual development, sexual practices, and the use of contraceptives, as both fathers and mothers associate sexual relation planning and contraceptives with prostitution.

When adolescents get pregnant before concluding their high school studies, the family tends to express rejection and disappointment by verbal or physical aggression and even expelling them from their homes. In this regard, parents are deeply affected because they associate sexual initiation and early pregnancy with an "indecent" life, interruption of studies and hence, the possibility of achieving economic independence. Such attitude is cause of fear in adolescents, particularly when their partners do not assume their responsibility, reason for which sometimes they hide the identity of their baby's father.

Rejection to terminate pregnancies under the consideration that it was tantamount to murder was perceived. When practiced, mothers threaten their daughters with severing maternal-filial relations. They pressure them to assume motherhood under such arguments as: "If you do it, don't ever speak to me again. If you had the courage of having sex, then have the courage to bear your child."

For families, in general, an early pregnancy in an adolescent daughter represents the arrival of a new member of the family that has to be raised and this brings about discomfort and conflicts. Mothers are of the view that pregnancy marks the border between adolescence and adulthood: "They are no longer to be treated as girls but rather as women."

For neighborhood mothers, the family is to blame for the early pregnancy, due to lack of strictness and control: "girls are hanging out all night and they turn to prostitution", "even mothers who are professionals neglect their daughters."

They consider that school is one of the few sources of information on sexuality. The topics most dealt with are early pregnancy and contraception, through formal and technical talks. They believe that advice given in schools and by the family are not enough to prevent pregnancy. They do not know how adolescents could be influenced in order to change risk behaviors (early sexual relations and without protection), though they insist on the need to develop actions for this purpose.

Friends and other groups in which adolescents are involved emerge as sources of information on sexuality and sexual and reproductive behavior regulation.

c) What do adolescents say about their conditions?

They come from households where the head of the family is female, either because the father left or died. After their pregnancy was revealed, some of the interviewees went to live with their in-laws, sometimes because they lack resources back home for health care or because they were thrown out.

Most of them drop out of school before they get pregnant. Many of them said they were working in low-paid jobs: agriculture, housework or helping in the family business. Some do it to compensate the income of their partners, and others to contribute to the family economy, where incomes are low and the social burden is high due to the number of children their parents have (usually between 3 and 5).

2. Sexual and couple history

The average age for menarche oscillates between 10 and 14 years old and coital sexual relations begin between the ages of 10 and 15 years old, motivated by curiosity, the desire to feel the experience, and at the request of their partners, without being prepared for it. They admit that they started earlier than their mothers or older sisters.

It is not possible to define a pattern for selecting the partners with whom they initiate their sexual relations: "kids their same age", "men who know what they want and wish to enter a formal relationship". Most of them mention men with anti-social behavior, drug addicts and/or traffickers, or gang members:

Usually one tends to look for older men, who are tramp ... they are more attractive for society; because if they own a motorcycle ... they take you to party every day. It's like you feel you are older when you hang around with them [pregnant adolescent, Libertad Parish in Barinas].

They are tramps ... It seems contradictory but the more tramp they are the more we feel attracted to them, they are light.... tramps because they don't work, they smoke, steal [mother, Ciudad Tavacares].

Attraction to this model is due to the idea that they enjoy a high social status in the communities, thus they will provide social recognition and economic benefits for them.

They frequently identify initiation of sexual relations as a result of rape. In other cases, they are motivated by meeting family rather than personal demands, because it is a means to satisfy the economic needs of the family.⁸

Their first sexual relations are with men who are 5 to 15 years older than them, with whom they have a steady or occasional relation during parties or when going out with friends. The main places where these relations take place are hotels, the family homes of men when their parents are not at home, places where festivities are held, and high school toilets and sports courts.

They all state that men were the ones to plan the experience and make the decision, frequently using provocative arguments to achieve their purpose: "They take you to their homes under the pretext of watching a film together." This mechanism gives adolescents the feeling of being cheated or used: "To have relations one let others manipulate you, walk all over you" (Rómulo Gallegos community in Pedraza).

The female answer to the proposal of sexual initiation is usually to accept. They admit that in case they refuse, men can respond with physical or verbal aggression, sexual violence, insults or breaking up.

First pregnancy is most frequent in ages between 10 and 16 years old, soon after menarche. They consider very unlikely that it will happen after the age of 20. This has brought about a standardization of early pregnancy making women who decide

to become mother at a later age feel they have not chosen the proper age to become mothers. Among the factors leading to teenage pregnancy, they admit lack of protection being the responsibility of women, the desire to imitate other adolescent mothers, rebelliousness against their parents, their vulnerability as women, their desire to experience and know what motherhood is all about, and the false belief that they can preserve their couple relation ("tie the man"). They also associate living with their partners with freedom:

They make the mistake of thinking that if they go to live with their partners they'll have freedom.... that isn't true, you'll have less freedom; you'll never again go to party unless you go with your husband; and if he doesn't want you dancing with anyone, you won't dance; or if the child doesn't want, you don't dance with anybody. You give up almost everything [pregnant adolescent, Las Palmas].

They do not admit ignorance about contraceptive methods and/or not using them as an element associated with pregnancy.

Some of the interviewees got pregnant while involved in an official relationship (boyfriend) that grew to become a consensual union. Others got pregnant as a result of an occasional relationship. One of them does not know who the father of her child is. Those who got pregnant while in a steady relationship got the acceptance of their partners and their families.

They feel that fear of being rejected or discriminated, plus the prohibition by their mothers, work as social mechanisms to control the sexual and reproductive behavior of some adolescents, in line with the traditional methods used by society to educate on sexuality.

3. Knowledge about and use of contraceptives

In general, they do not use contraceptives in their sexual practices and when they do, it is irregularly and incorrectly:

"We don't get pregnant because we don't know about contraceptives. It is because we disregard the advices we are given. Even though you see it happens to others you keep thinking that it won't happen to you, until you get pregnant." "I had my first sexual intercourse when I was sixteen; I saw my mother and my sisters taking the pill and began to do the same but I thought that one was enough and I just took one and got pregnant."

The most familiar methods are condoms, the pill and IUDs. Regarding the condom, they say it protects them from sexually transmitted infections (STIs) and unwanted pregnancy. We were able to establish the existence of prejudices in the male population limiting their use ("they reduce pleasure"); girls allege that "they break". Adolescents are ashamed of carrying condoms with them and proposing their use.

According to what they said, pills are the most frequent method used and they get it through friends or cousins who recommend them. We were able to establish that there is poor knowledge about contraceptives not allowing their correct use to protect themselves from STIs and unwanted pregnancies:

I learned in school, because there was a lecture about AIDS and chancre, but that doesn't worry me, I've never had any of those infections, just the infections I mentioned earlier [pregnant adolescent, 16 years old].

I began to use contraceptives thanks to a friend who told me. I bought them to use them but obviously didn't know how to take them because I was on the pill when I got pregnant [pregnant adolescent, 14 years old].

They mention Postinor (emergency contraceptive method) though they include it in the group of abortion methods and state that it is one of the most popular. They say men carry it with them and once the sexual intercourse has finished they force them to take it. This is an act of violence, as they are forced by the partner to make an indiscriminate use of the method.

In all cases, women are considered responsible for taking the necessary precautions to prevent getting pregnant during their sexual relations. In this regard, they admit that adolescents lack their own resources to buy contraceptives and they do not involve their parents in the purchase of these family planning and protection methods because most of them hide from the adults in her family that they have initiated sexual relations. Their partners, on the other hand, tell them they do not want a child but don't assume the responsibility of providing for using contraceptives.

Some were of the view that fidelity was a means of protection in a couple. If the couple was faithful to each other there would be no need for using condoms in their sexual relations. "No, I was the one who took care. Actually he didn't like the idea and said there was no problem because he only slept with me" (pregnant adolescent, 15 years old).

4. Voluntary pregnancy termination

Representations about pregnancy termination are centered on the idea that it is an inadequate practice: once it happens, pregnancy should not be interrupted because "you would be killing a person". They point out that, in any case, precaution should be taken while having sexual intercourse and not afterwards.

They consider that the possibility of terminating pregnancy is tantamount to bearing a child lacking the adequate social and economic conditions to meet their needs, and confronted with a choice, they rather choose the latter: "If you don't want a child, why go looking for it? If bringing a child into this world to suffer is bad, getting rid of him/her is worse" (pregnant adolescent, Rómulo Gallegos community).

Families not always reject the possibility of terminating pregnancy. In some cases, relatives recommend and insist on it due to the fact that it is impossible to assume a new member in the family. The responsibility of deciding whether to terminate or not the pregnancy lies with the women (the adolescent and her mother), though they say that men insist on terminating the pregnancy once they receive the news.

The most common and used abortion practice is Cytotec,⁹ and the use of homemade methods such as drinking cinnamon and spring onion infusions are quite frequent.

5. Communication with parents on sexuality issues

In some families, menarche marks the beginning of intra-family discussion on sexuality issues. This has been quite poor and characterized by ambiguous explanations, reproduction of fears, hiding of information required or imposition of criteria on sexual and reproductive practices. In this regard, self-care is recommended but without explaining how. They avoid talking about things such as sexual abuse. They encourage their daughters and put them under pressure to enter into a couple relationship with criminals or older men and to terminate a pregnancy without taking into consideration the adolescent or the couple's opinion.

6. Social collective imagination on sexuality and motherhood

They consider that psychological transformations associated with body changes during puberty (development of breasts, broadening of hips, and menarche) generate sexual attraction in men and lead to greater risks for sexual initiation and, accordingly, pregnancy.

They identify motherhood as one of the most significant and most vividly experienced changes in this stage, starting with pregnancy, as it brings about an inevitable change in lifestyle, particularly the habits and the way they occupy their time: "One has to ... settle down, and can't go around doing crazy things" (adolescent mother, Rómulo Gallegos community).

It also represents new responsibilities and obligations in terms of care, sustainment and complete dedication to their children's upbringing:

... one has to be responsible, you have to take care of your child, now everything has to be for him/her, you have to make sure he/she is fine [adolescent mother, Rómulo Gallegos community].

Being a mother is a nice but complex experience. I, for one, don't have anybody at home providing for me. I have to manage with what my mother gives me and with what I earn, which is quite little. Sometimes I have nothing to give to my son and that makes me feel bad.

Faced with their first pregnancy, some of them experienced shame and fear of what people might say about them. Assimilating motherhood with or without the necessary support has led, in most cases, to abandoning significant individual projects, like studies: "I left my studies because my son was hospitalized for almost two months; studying was what I wanted most and that was why I felt so sad when I had to quit studying but I had to" (adolescent mother, Las Palmas).

They say that pregnancy modifies the decision-making process in the couple: at first, men decide about sexual relations and contraceptives, but once they get pregnant, women get to decide and, frequently, they have to choose keeping the baby, without the support of their partners.

The pregnancy experience brings about conflicts within the family adding to the discomfort of adolescents due to the contradiction between the rising needs associated with pregnancy and/or their child/children and the lack of resources of their own to meet such needs: "Sometimes I cry because my mother is the one who supports me and I can't provide for my child; sometimes she gets mad at me and she is right, because I live in her house at her expense and I have nothing to give to my son."

They establish a causal relationship between fulfilling their maternal duties and filial self-realization so that the future and individual realization of their child/children shall depend on their "good" performance as mothers: "You can't be fooling around, everything has to be for the child's sake; you have to settle down, so that one day he can become somebody important" (mother, Rómulo Gallegos community).

On the other hand, they associate fatherhood with the responsibility of taking care of the son/daughter, to be proud of being a father and provide love to his family, as well as the duty to live with the mother of their son/daughter. Besides their expected duties, they include their involvement in the affective, material, and educational/informational life of their child/children. Likewise, they highlight the importance of the father's presence for the child/children.

They are of the view that parents share the same duties, though mothers are in charge, to a greater extent, of the education and upbringing of the child: instilling proper moral values and guaranteeing their going to school and finishing their studies. The main difference between fatherhood and motherhood functions is the irresponsibility with which many fathers assume their fatherhood.

7. Ideal age and conditions required for reproduction

They consider that having a steady job to meet the basic needs of their sons/daughters is the only condition required for becoming a mother: "... a steady job so that son does not go hungry, so that he has his food, his pampers ..." (adolescent mother, Rómulo Gallegos community).

They believe that the ideal age for starting to live in couple is 20 and that such relations should be based on mutual respect (avoid infidelity) and cooperation (setting common goals).

They say that the ideal number of children for a woman is from two to four. The argument lies in strengthening the family support network, given the possibility that brothers/sisters have for relating with each other and doing things together (like playing, for example). They said that today this ideal does not square with reality as women are having five or more children. The minority thought that one was the ideal number of children, justified in terms of affection under the belief that when you have more than one child you have to share your affection for them and differences between brothers and sisters are perceived.

They also point out that the number of children must go hand in hand with your actual possibilities to raise them: "One must have as many children as one can sustain. If a woman has the resources to provide for her children, she can have two or as many as she wants" (adolescent mother, Rómulo Gallegos community).

Some are of the view that the ideal age for having your first child is between 18 and 20, while others believe it is over 20. In both cases, they argue that women achieve their highest degree of maturity during the ages mentioned, enabling them to take up motherhood responsibilities. The group that believed the ideal age was over 20, acknowledges the fact that by that time one has guaranteed a profession and a steady couple relationship. They believe these criteria also reduce the risk of having to terminate a pregnancy.

They believe that the ideal number of children for men is between three and five, for which they should meet the following conditions: have a house and a steady job, provide food for the family and assume fatherhood responsibilities. The ideal age for becoming a father is between 20 and 25 years old when, like women, they would have attained their highest degree of maturity and are capable of taking care of their home.

There are differences in their perceptions of the ages for social maturity of woman and men. They are of the view that currently most men do not meet this ideal, because many of them have their sons/daughters without an age limit, do not assume fatherhood and/or live a disorganized life, inconsistent with their role as fathers, even when that have formed a family: "they invest their money in drugs or in having a couple relation with another woman", leading them to abandon their responsibility as a father.

The required conditions to have children are: firstly, to have a steady couple as a sound economic and structural basis for guaranteeing the full education of their children; and secondly, to have a job, followed by a house as the physical space for creating a home and live in family.

8. Prospects for the future

Their expectations for the immediate future were expressed in a rather melancholic and pessimistic tone and focused on sharing a home with their children, bringing them up and, to a lesser extent, getting a university degree.

One of their immediate future goals is to continue their studies and get a university degree or learn a trade that will allow them economic independence though they do not have a clear picture of the strategy they will follow to achieve that goal. In most cases, their prospects for the future are based on continuing playing their role as mothers.

9. The ten wishes

Adolescents expressed socially relevant personal needs. Four of them mentioned their desire to study, two of them in the present and two in the future. In terms of their aspirations, most of them referred to better economic living conditions and having money to achieve this. They also expressed the desire of maintaining contact between their family of origin and the family they had established.

CONCLUSIONS

The use of and access to sexual and reproductive health services by adolescents is a great challenge in the design of social policies. It points out the need to implement comprehensive strategies doing away with cultural barriers hindering the access of adolescents to such services and solving the existing disarticulation between the public health system and other systems providing basic services, like education, and civil society organizations.

The relation between social and economic vulnerable conditions, staying in the education system, and the narrow margins of motivation that give meaning to life and, consequently, guide the adolescent population is a challenge that has to be overcome in any strategy aimed at modifying the teenage pregnancy panorama.

The family, the primary group to which social protection during pregnancy is assigned, lacks the conditions and resources to assume this process requiring, therefore, strategies aimed at developing a closely interconnected and active involvement of the communities and localities.

Gender inequality is at the root of many of these teenage pregnancies, starting with the initiation of sexual relations without prior negotiation on such initiation or the conditions in which it takes place and where adolescents usually do not have the possibility to agree with their sexual partners on the protection method to be used. It can be stated that adolescents of both sexes reproduce mistaken beliefs on sexuality, reproduction, and parenthood, all based on patriarchal concepts.

NOTES

¹ The Madres del Barrio (Neighborhood Mothers) is a Mission Foundation promoted by the revolutionary government of the Bolivarian Republic of Venezuela as a social movement of women from poor social strata in the Venezuelan society.

² According to the data of the National Statistics Institute of Venezuela (2010) the adolescent fertility rate in 2009 was 89.4 mothers per 1,000 women in this age group. The analysis of the maternal mortality in 2008 and 2009 shows that 42 adolescents died in the country representing 10.9% and 10.6% respectively. In 2011, this figure increased to 62, representing 15.6% in the whole country (1).

³ . The Ministry of Health of Venezuela has established the National Child and Adolescent Comprehensive Care Program (PANNA, its acronym in Spanish), with strategic guidelines for such care. The National Commission for Early Pregnancy Prevention was reactivated in 1993. In the regulatory framework, we have the Constitution of the Bolivarian Republic of Venezuela (1999), the Organic Law for Comprehensive Protection of the Child and the Adolescent (LOPNA) (1998), and Resolution 1762 of the Ministry of Education (1996) prohibiting pregnant adolescents from being removed from educational centers (2).

⁴ Rómulo Gallegos, in Pedraza, is a semi-urban community with very poor social and economic resources, evidenced not only in its infrastructure but also in the educational level of its inhabitants. It has Comprehensive Diagnosis Centers and outpatient medical offices.

⁵ The Ciudad Tavacares Housing Complex in Barinas was developed as a result of the agreements signed by the Bolivarian government with China. Another 7,300 houses are currently being built.

⁶ The Las Palmas urban project, located in the municipality of Barinas, is a community built approximately ten years ago by the current Bolivarian government, because the majority

of its inhabitants lived under poor social and economic conditions. The housing conditions are adequate and there is a module for outpatient medical care.

- 7 The most frequent job opportunities are social-productive projects promoted by the government of the country, benefiting mostly women. Men work in the construction and most of them are unemployed or involved in illegal activities such as drug-trafficking and/or consumption.
- 8 This situation was witnessed in the Rómulo Gallegos community, where relations between adolescents and middle-age or older men who are entrepreneurs (mainly from PDVSA), engineers or traders are accepted, irrespective of the kind of link established.
- 9 Indiscriminate use of this anti-inflammatory drug for preventing and treating gastric and duodenal ulcers and hemorrhage was evidenced.

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